The New Zealand Health Research Prioritisation Framework

Maximising the benefits of health research for New Zealanders

hrc nz Health Research Council of New Zealand
Te Kaunihera Rangahau Hauora o Aotearoa

MINISTRY OF HEALTH
MANATŪ HAUORA

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

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Contents

Introduction

This Prioritisation Framework was developed as part of the implementation of the New Zealand Health Research Strategy 2017–2027 (NZHRS)[1].

It is comprised of two distinct components to facilitate prioritisation through research design:

+ The **Health Research Domains** frame the vision of the NZHRS with high-level health and social outcomes that New Zealand should aspire to – outcomes that a coordinated health research ecosystem will advance towards.

+ The **Health Research Attributes** prioritise five essential attributes of health research and establish roles and responsibilities for contributors.

The schematic on page 6 shows how these components fit together.

Need to know more about the background?

Click on the following links or go to the Appendices:

- **Why was the Prioritisation Framework developed?**
- **Why do we need a Prioritisation Framework?**
- **How has the Prioritisation Framework been developed?**

The principles underpinning the Prioritisation Framework

This framework is underpinned by key principles that will improve how we do health research in New Zealand. The principles align with, and build upon, the pillars of the Research, Science and Innovation Strategy[2] – excellence, impact and connectivity.

+ Prioritisation through research design

+ Advancing Māori health (see Health Research Attributes – Mana Tāngata, page 12)

+ Achieving health equity (see Health Research Attributes – Equity, page 13)

+ Valuing a system of research excellence (see Health Research Attributes – Excellence, page 12)

+ Supporting discovery research (see Health Research Attributes – Excellence, page 12)

+ Engaging and empowering communities (see Health Research Attributes – Impact, page 13)

+ Responding to environmental impacts on human health

+ Embedding human rights in health research.

What is the purpose of this framework?

The purpose of this Prioritisation Framework is to:

+ Unite health research stakeholders – funders, research providers, research teams, and communities – to drive high-level health and social outcomes that health research can achieve (Health Research Domains, page 7).

+ Identify areas for research focus and infrastructure needs (Research and Infrastructure Aims, page 8).

+ Prioritise how and why health research needs to be done in New Zealand to best deliver on Health Research Domains (Health Research Attributes, page 12).

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[1] https://www.health.govt.nz/system/files/documents/publications/nz-health-research-strategy-jun17.pdf

[2] The National Statement of Science Investment. Ministry of Business, Innovation and Employment, 2015, Wellington (currently being refreshed for republication).

Who is the Prioritisation Framework for?

The purpose of the framework is to ensure the support of research that has the best possible chance of delivering on the vision outlined by the NZHRS. As such, the framework is relevant to all contributors to, and potential beneficiaries of, health research.

The framework is for all who have the capacity to shape, influence or advance health research in New Zealand. It provides a structure to map current research, identify important lines of inquiry and inform research design. Key user groups identified in this framework are:

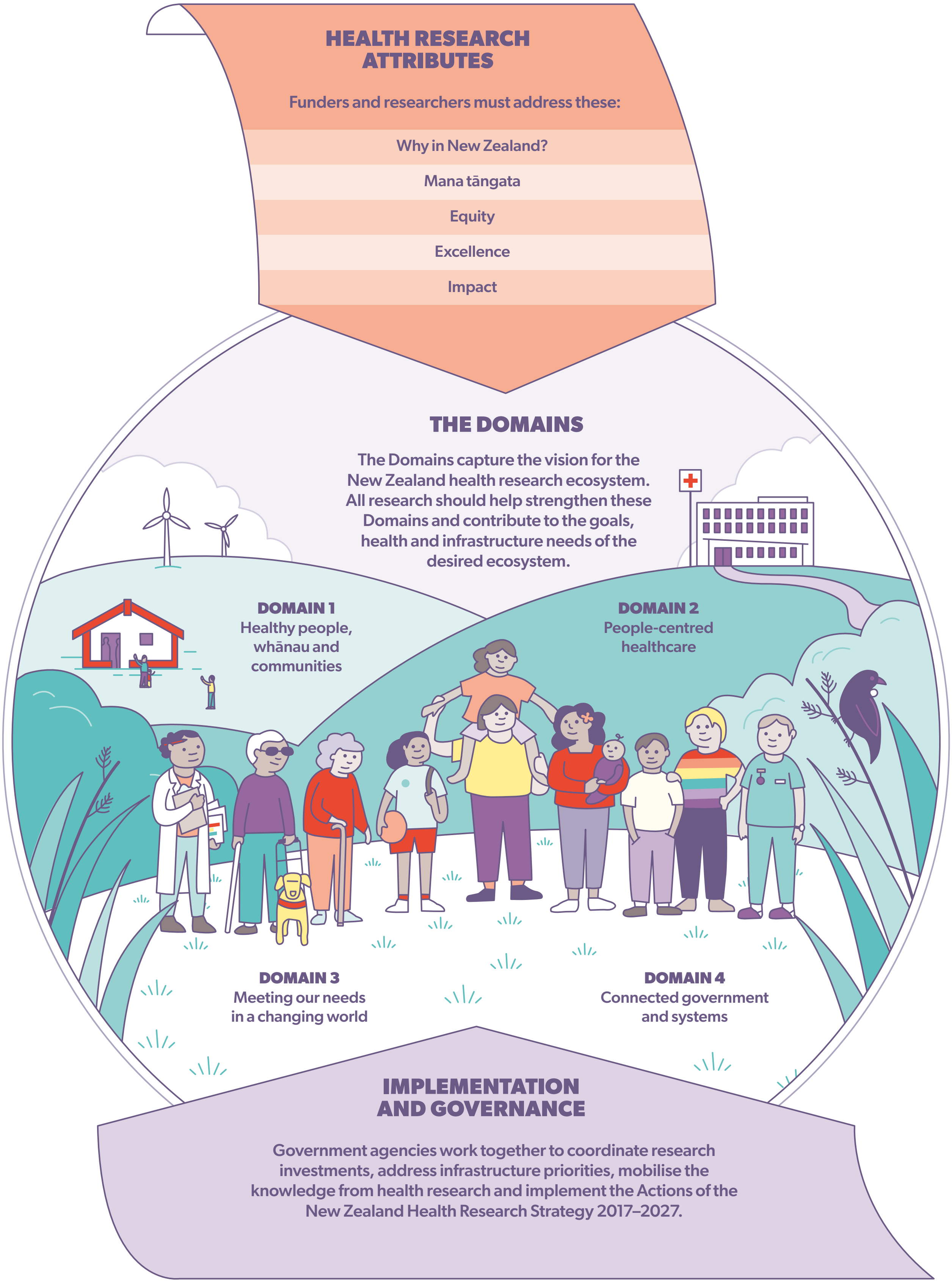
+ Funders: any agency or institution, government or non-government, investing in health research. Only those investing government funds are required to align, but the framework is drafted to be inclusive of funders who want to support a common vision for health research. This includes iwi and community funders as well as charities and companies.
+ Research providers: any organisation that conducts health research. These include universities, polytechnics, healthcare providers, Crown Research Institutes, iwi organisations, non-governmental organisations and community groups and industry.
+ Researchers and research teams: those who are engaged in researching health and wellbeing.
+ Communities: in their multiple roles as research funders, research providers, researchers, participants and potential consumers of research findings.

Industry are also an important user group, that may engage with research as funders, providers or partners with communities.

While the Health Research Domains and Attributes are relevant for all user groups, it is intended that there is flexibility for some to focus more on one or other of these areas. Research funders may focus more on the Health Research Domains when developing their research plans, particularly when commissioning ‘mission-led’ research, whilst providers and researchers may focus more on the Health Research Attributes when developing ‘investigator-led research’. Both mission and investigator-led research are needed to achieve the vision of the NZHRS.

The Prioritisation Framework applies to all government investment in health research to ensure maximum impact for New Zealand. The framework will inform the investment strategies of the the Health Research Council of New Zealand (HRC), Ministry of Health (MoH), District Health Boards (DHBs), and the Ministry of Business, Innovation and Employment (MBIE), and will guide other areas of Government-funded, mission-led research such as the National Science Challenges, health sector agency research and health research commissioned by healthcare providers and other government-funded agencies. Co-investment approaches between the government, industry and/or the not-for-profit sector will also be informed by this framework.

The New Zealand Health Research Priorisation Framework



HEALTH RESEARCH ATTRIBUTES

Funders and researchers must address these:

- Why in New Zealand?
- Mana tāngata
- Equity
- Excellence
- Impact

THE DOMAINS

The Domains capture the vision for the New Zealand health research ecosystem. All research should help strengthen these Domains and contribute to the goals, health and infrastructure needs of the desired ecosystem.

DOMAIN 1
Healthy people, whānau and communities

DOMAIN 2
People-centred healthcare

DOMAIN 3
Meeting our needs in a changing world

DOMAIN 4
Connected government and systems

IMPLEMENTATION AND GOVERNANCE

Government agencies work together to coordinate research investments, address infrastructure priorities, mobilise the knowledge from health research and implement the Actions of the New Zealand Health Research Strategy 2017–2027.

Progressing the vision of the NZHRS with high-level health and wellbeing outcomes that New Zealand should aspire to.

What are the Health Research Domains?

The four Health Research Domains represent high-level aspirational outcomes for New Zealand, which recognise that health and social issues are fundamentally connected.

Government, funding agencies, research and healthcare providers, and researchers all have a role in improving the health and wellbeing of New Zealanders through research. The Health Research Domains establish aims for a) research and b) infrastructure. These are areas of inquiry or infrastructure that have been identified as critical to advancing progress within each Domain and will be subject to revision as the health research system delivers knowledge and evolves over time. Domain 4 has been targeted to focus specifically on the actions of government as a whole.

How are the Health Research Domains intended to be used?

Guidance on how the different user groups can utilise the Domains is provided under these specific headings.

Funders

The government will use the Domains to communicate expectations to funding agencies, focus new funding for health research and monitor investment.

The Prioritisation Framework does not ascribe any funding levels to the Domains and it is not intended that they be utilised as funding pools. Rather, funders should use the Health Research Domains to frame their investment plans and funding opportunities, chart and report the outcomes of research, and balance their investments. The Aims provide important areas of focus within each Domain so that funders can identify knowledge gaps for 'mission-oriented' investment.

The Domains are designed to be flexible enough to suit the needs of all health research funding agencies. Funders will be able to choose the extent to which they want to focus on specific Domains and the Aims within them. The framework serves to coordinate and facilitate communication between the principal health research funding agencies to ensure that, overall, government investment is balanced appropriately.

Research providers

The way that research and healthcare providers incorporate and respond to the Domains will vary. Certain providers will use the Domains to align their own research priorities to these sector-wide research Aims or to identify research gaps. Other research and healthcare providers may ask researchers to consider specific research Aims when designing research proposals, framing funding applications, and reporting the outcomes of their research. Healthcare providers may use the Domains to ensure that areas of research needed within clinical or health services research are prioritised, particularly when seeking partnership with research funders, other providers or the community.

Research teams

The Domains are a guide for research teams that will be useful when framing research ideas and proposals for investment, using language and goals that are common to all government health research funding agencies.

Communities

The Domains provide a framework for communities to use when advocating their health research needs and/or participating in the co-production of research. They will provide a tool to foster partnership between research and healthcare providers and the community, to ensure a people-centred healthcare system. They will also be a valuable tool for communities conducting and funding their own research.

Domain 1: Healthy people, whānau and communities

Scope

+ Generating knowledge to promote individual and community health and wellbeing.

+ Discovering the way that biological, social, cultural and environmental determinants of health interact to influence wellbeing now, throughout lifetimes and across generations.

+ Producing the innovations and interventions needed to make better health and wellbeing a reality.

+ Developing new and better ways to prevent, predict, diagnose and treat mental and physical ill-health and forecast the path, severity and impact of illness.

Research Aims

a. Furthering our knowledge of the body and mind in health and disease using the tools afforded to us by mātauranga Māori, public health and biomedical approaches.

b. Understanding determinants of health and wellbeing and how these interact now, across time and across generations to shape outcomes for people, whānau, iwi, hapū and communities.

c. Partnering with communities to co-design interventions for improved physical and mental health and wellbeing.

d. Generating the knowledge and innovations needed to assist people living with chronic or incurable physical and mental illness and support all to live well, age well and die well in their homes and communities.

Infrastructure Aims

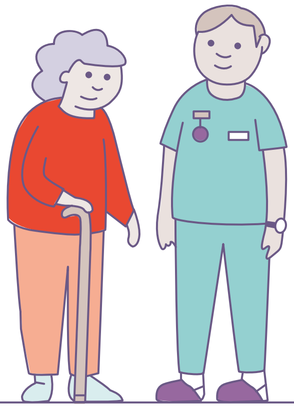
a. Providing support and systems for researchers and communities to connect, discuss aspirations and ideas, advance research goals in partnership, and share the knowledge and outcomes from research.

b. Building and sustaining the health research workforce, including community members experiencing health inequities: for example, Māori, Pacific peoples, persons with disabilities, and members of migrant and SOGIESC (Sexual Orientation, Gender Identity and Expression and Sexual Characteristics) communities.

c. Strengthening systems that support researchers to move discoveries along the pathway to impact, and identifying and engaging next-users and end-users of discoveries and knowledge.

d. Ensuring that New Zealand's health researchers have access to the facilities and equipment necessary to effectively perform research that uses approaches that are current, timely, and in line with international best practice.

Domain 2: People-centred healthcare



Scope

- + Fostering a people-centred health system ensuring that all members of society have the knowledge and ownership of their health and wellbeing, as well as equitable access to services that are appropriate, deliver to their needs and empower them to achieve and maintain good health.
- + Strengthening our health and disability services (including mental health services) and improving their effectiveness, efficiency and reach.
- + Translating ideas and discoveries into diagnostics, prognostics, treatments and interventions with a direct impact on patient care and capturing the commercial value for New Zealand.

Research Aims

a. Providing the knowledge needed to improve health and disability services and ensure optimal use of resources.

b. Translating basic discoveries into medical and assistive technologies, tools, treatments and interventions that will improve healthcare in New Zealand and around the globe.

c. Commercialising health research innovations to accelerate access for New Zealanders and capture the benefits for our economy.

d. Harnessing the power of multi-national and multi-centre clinical trials to improve the treatment of health conditions and hasten answers for New Zealanders.

e. Tailoring services to the specific needs of communities through understanding the diverse range of perspectives, the social, cultural and historical contexts behind them, and the inequities that are a reality for marginalised communities.

f. Improving health literacy in all New Zealand populations, and in all age-groups and forums.

Infrastructure Aims

a. Building and sustaining health research capacity and capability for Māori, Pacific peoples and persons with disabilities and ensuring that our research workforce reflects our diverse communities.

b. Building and sustaining the clinical health research workforce, to improve clinical services and care, aid research translation and attract and retain top clinicians in New Zealand.

c. Building and sustaining a strong clinical research network with the support and systems (including ethics) to facilitate efficient multi-centre and multi-national clinical trials.

d. Supporting health service provider organisations to increase health research activity and provide the necessary environment for employees to pursue research opportunities and an evidence-based approach to care.

e. Valuing and investing in knowledge translation skills in the health sector and promoting greater contact between researchers, policymakers, practitioners and service users so that ideas and evidence can be freely exchanged.

f. Increasing the capacity to undertake health delivery and health services research and cost-effectiveness evaluations in New Zealand, including specialist training for health economists.

g. Ensuring researchers have access to a world-class commercialisation system.

Domain 3:
Meeting our needs in a changing world

Scope

+ Meeting the challenges our world and our country face due to climate change, our shifting population, future threats and burdens of infectious and chronic diseases.

+ Linking with global research efforts to address major threats to health and wellbeing and advance and learn from international indigenous health research knowledge.

Research Aims

a. Understanding the implications of climate change and environmental degradation on the health and wellbeing of New Zealanders and our Pacific citizens and neighbours, and ensuring we have the knowledge and innovations necessary to address the risks to health posed by threats such as natural disasters, pollution, water shortages and food security.

b. Understanding the implications for our population of changes in fertility, mortality, morbidity, disability, and migration and ensuring that we have the knowledge, systems and innovations necessary to support healthy and independent lives, or supported living, for all our communities into the future.

c. Harnessing the power of new advances and technologies and better understanding the environmental determinants of health to build healthier homes, communities and workplaces.

d. Supporting Māori approaches to the interaction between people and the environment and building on the unique contribution this makes to achieving more sustainable environmental outcomes and healthy communities.

e. Meeting the threats to health posed by emerging infectious diseases, such as pandemics, new zoonoses and vector-borne diseases, and diseases affected by climate change, along with the responses needed to manage these threats – including the development of new antimicrobial agents.

f. Predicting, planning for and ameliorating the impact of the increasing burden of chronic diseases on health and social services.

g. Delivering on the relevant UN Sustainable Development Goals and global programmes designed to tackle the research Aims and advance the health, wellbeing and self-determination of indigenous communities.

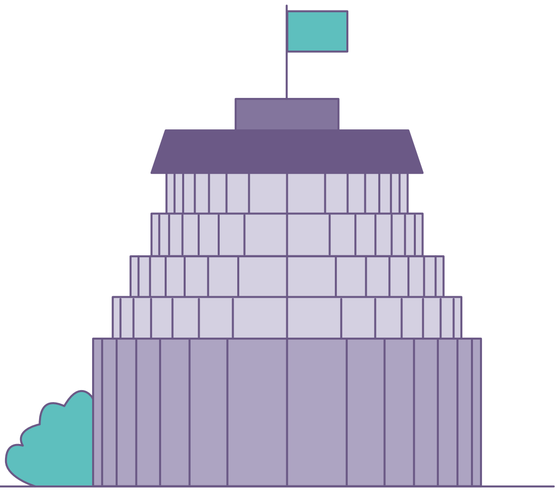
Infrastructure Aims

a. Supporting the research community to connect with, and contribute to, global research efforts and build on, adopt and adapt knowledge and innovations designed in other countries for use in New Zealand.

b. Increasing opportunities for Pacific researchers in New Zealand to connect, partner and collaborate with those in the Pacific to share skills and provide the knowledge needed to prepare New Zealand government services and populations in the Pacific for increased migration in the region.

c. Supporting and encouraging innovative research against the above research Aims that draws on skills and knowledge from disciplines not traditionally involved in health research to take an ‘all of science’ approach to our future challenges.

Domain 4: Connected government and systems



Scope

+ Being accountable for the impact, evaluation, effectiveness and ethics of government legislation, actions and decision-making in relation to health and social issues in New Zealand.

+ Ensuring that we have the national systems and infrastructure required to conduct ethical, excellent, innovative and impactful health research in New Zealand, communicate the findings broadly and effectively, and attract, train and retain the best health researchers.

Research Aims

a. Understanding and evaluating the impact of government legislation, policies and interventions on the health and wellbeing of all people and communities in New Zealand.

b. Addressing ethical issues associated with use and ownership of personal data for health research, particularly in relation to the use of linked datasets such as the Integrated Data Infrastructure (IDI).

c. Understanding broader ethical issues around the development and uptake of new technologies and access to new and improved treatments to guide decision-making.

d. Understanding the role, risks and opportunities of artificial intelligence in healthcare.

e. Understanding and evaluating the downstream effects of the 10 Actions outlined in the NZHRS and their effectiveness in contributing to the ultimate vision: "By 2027, New Zealand will have a world-leading health research and innovation system that, through excellent research, improves the health and wellbeing of all New Zealanders".

Infrastructure Aims

a. Addressing national capacity and capability issues related to expertise in health economics, use of big data, new and emerging technologies, and advancing research methodologies.

b. Fostering a strong health research workforce through nurturing the next generation of health researchers, providing support and opportunities throughout the career path and attracting and retaining the best health researchers and clinicians in New Zealand.

c. Addressing ethical issues relating to the ownership of personal data and its use and abuse.

d. Providing the infrastructure required to ensure that health research is conducted to the highest scientific and ethical standards and that our processes for research review, approval and oversight are as robust, streamlined and efficient as possible.

e. Ensuring that comprehensive and transparent data on health research investment and its outcomes is routinely shared among funders and with national and international stakeholders – addressing issues of dissemination, such as open publishing policy in New Zealand and access to research datasets.

The Health Research Attributes

Prioritising five essential attributes of health research and outlining the roles and responsibilities of contributors.

What are the Health Research Attributes?

The second element of the Prioritisation Framework is the Health Research Attributes. These define how health research should be conducted in New Zealand, taking into account our unique context and issues and the priorities already set by the government.

How are the Health Research Attributes intended to be used?

The key user groups for the Health Research Attributes are listed on page 5. The attributes are described in full on pages 14–18, including the actions expected of research funders, research providers and research teams. The framework requires that everyone that is investing in or applying for government funding for health research in New Zealand addresses the attributes. However, the degree to which the attributes are addressed will depend on the funding opportunity. For example, funders will not expect that career development awards, feasibility and scoping studies will meet all of the requirements of the attributes. This does not mean that applicants for smaller grants can ignore the attributes altogether, simply that they must use their judgement about what is feasible and appropriate and be guided by the funding agencies to which they are applying. Funding agencies should make requirements clear for every opportunity on offer.

Research funders will align their research assessment processes to incorporate the five attributes. Research providers and research teams will also align in the ways that have been made specific for each of the attributes. Flexibility has been built into this component of the framework, with additional criteria provided 'as appropriate'.

The attributes form a pathway, starting with: establishing whether a piece of research should be done in New Zealand; ensuring that it is designed and delivered in alignment with New Zealand's founding document –Te Tiriti o Waitangi; that it is 'excellent'; has potential for impact; and that it actively considers health equity.

Why in NZ?

The criteria for whether a piece of research should be done in New Zealand and supported by government funding are necessarily broad. If a research project does not meet at least one of these criteria, it should be supported through sources other than government-managed health research funds.

Mana Tāngata

The importance and value of mātauranga Māori in shaping and ensuring the future prosperity of our nation is a key consideration throughout the framework. The definition of excellent research includes Kaupapa Māori methodologies, and the definition of health is founded on the model presented in **He Korowai Oranga**[3] and the interconnected elements of:

+ Mauri ora: healthy individuals

+ Whānau ora: healthy families

+ Wai ora: healthy environments.

Health research in New Zealand has the opportunity to advance Māori by upholding and valuing Māori rights, worldviews and knowledge, tikanga Māori (Māori processes and protocol), and by addressing inequity.

Māori health advancement can occur in many diverse ways for whānau, communities, and organisations: through meaningful engagement and relationship building; by the development of relevant knowledge; through the transformation of health services or policies; by strengthening the health research workforce and leadership; and by improving health and health research literacy.

An optimal relationship between health researchers and Māori will be a real partnership that extends beyond the timeframe of any one research project or single instance of consultation. Research is likely to be improved if it is recognised that iwi, hapū, whānau, and other Māori communities can make an important contribution to health research and improving health outcomes for Māori and, therefore, for all New Zealanders.

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[3] https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga

Excellence

For our health research system to advance the health and wellbeing of New Zealanders we need to continue to support and value excellent research. The definition of research excellence includes the need for research to be both 'methodologically sound and scientifically robust'. Excellent research also identifies genuine knowledge gaps or needs, and is ethical, well-performed and well-reported. In prioritising excellent health research, we create a system that is best placed to answer the health questions that New Zealanders need answers to.

Excellence is an essential prerequisite for all research, as research that is methodologically flawed cannot generate the knowledge needed to advance the health and wellbeing of our people. The definition also includes the need for research to be 'well-performed and well-reported' to minimise the amount of research waste stemming from duplication or unsound results.

Impact

The Prioritisation Framework aims to empower research teams to use their specialist knowledge and creativity to identify and solve problems, while ensuring that research has the best possible chance of delivering impact.

The Impact attribute encourages researchers from all disciplines and at all stages of research development, to identify and maintain a line of sight to impact and take steps to maximise opportunities for the impact of their work. All researchers should be able to articulate next steps in the impact pathway. This includes those engaged in discovery science.

Discovery science underpins impact

Discovery science fuels innovation, providing the foundations for more applied research, increasing our international standing and linking with global health research efforts. The concept of discovery applies to all health research, including the contribution of indigenous knowledge.

Outcomes from all research are uncertain and unpredictable, and this is particularly true for discovery science. Solutions to some health challenges may take decades. Therefore, research always needs short-term, medium-term, and long-term time horizons. An approach that focuses purely on rapid and certain solutions will not deliver what New Zealand needs.

Empowering research teams to utilise their collective knowledge and creativity to drive discovery for the public benefit is central to a high-performing health research system. Health research is central to New Zealand's national innovation system.

Engaging and empowering communities is key to delivering impact

Communities are vital to realising the vision that the NZHRS sets for health research. This Prioritisation Framework is built on the premise that communities are not passive recipients of research knowledge or the research process. Rather, communities have the capacity to fund and conduct research, as well as contribute to driving the research agenda. An increasing amount of health research is supported through community or iwi trusts and conducted by community researchers. Communities are significant stakeholders of health research and must be involved at every level, including study design and assessment processes.

Equity

Our society is evolving and is growing more diverse ethnically, culturally and socially. Some of our communities do not have the same access to privilege, and experience inequities in health and wellbeing. The effects of inequity and issues such as colonisation are cumulative and inter-generational. Health and social outcomes are profoundly affected as a result.

Consideration of these issues and the health inequities faced by all affected groups pervade all components of this Prioritisation Framework. This includes, but is not limited to, inequities stemming from colonisation, race, ethnicity, disability, age, geography, and SOGIESC.

The 'Equity' attribute is uncompromising. Health inequity is one of the biggest issues that New Zealand is currently facing.

The research system must not make inequities worse but work to reduce them. There is a compelling need for research that will reduce inequities, and research funders will be best placed to adjust their investment processes accordingly. All researchers, regardless of research stage or discipline, should consider and address how their research will contribute to health equity in the short- and long-term.

Why in New Zealand?

First, we must be clear about why a specific piece of health research needs to be conducted here and that New Zealanders will benefit, directly or indirectly.

Funders will:

Ensure that all research funded meets one or more of these criteria:

a. Addresses a health problem that is unique or particularly important to New Zealand

b. Addresses a health problem that is unique or particularly important to Māori

c. Builds on gains already made through investment of New Zealand government funds in health research

d. Enables a better understanding of New Zealand's diverse population and social contexts

e. Supports the development of relevant policy, services and treatments that achieve health equity

f. Has the potential to raise the efficiency and effectiveness of government services in the health, social, justice, environment and biosecurity sectors

g. Contributes to innovation for economic gain through commercialisation of research and innovation

h. Sustains or develops a unique competitive advantage

i. Builds international standing, reputation and credibility

j. Benefits Pacific peoples and countries (which has a direct bearing on New Zealand's population)

k. Supports a critical element of New Zealand's health research infrastructure

l. Ensures that the criteria are formally incorporated in the research assessment process.

Research providers will:

a. Ensure that research teams are supported and encouraged to undertake research in areas of special importance to New Zealand.

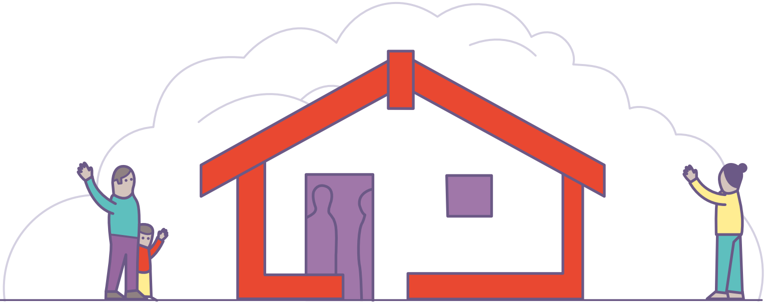
Research teams will:

a. Ensure that research submitted for government funding is providing at least one of the benefits listed above for New Zealand

b. Articulate clearly which of the above criteria their research addresses and why.

and researchers must demonstrate for New Zealand government funding

and engage with health research at every stage in the process, as appropriate.



Mana Tāngata

Once it is clear that a piece of research should be done here, we must ensure that it is conducted appropriately for our New Zealand context and meets the spirit, obligations, and opportunities of our founding document – Te Tiriti o Waitangi.

Funders will:

(Māori funders will self-determine, as appropriate)

Work in partnership with Māori to ensure that commissioning and investment processes appropriately include Māori advancement principles and criteria. In addition to honouring Te Tiriti, investment processes should be explicit about:

a. Actively supporting Māori-led health research

b. Meeting the requirement to respond to the principles of Vision Mātauranga

c. Valuing and respecting Te Ao Māori knowledge, research methods and concepts of health

d. Supporting and embracing appropriate opportunities to partner with Māori to achieve better health and wellbeing

e. Ensuring that criteria put in place are flexible recognising that different forms of engagement are acceptable and appropriate, depending on the focus and nature of research and advice received from local Māori consulted

f. Co-operating with other funders to align systems and criteria to the greatest extent practicable

g. Providing clear communication with provider institutions about new guidelines and criteria, to allow them to put support systems in place.

Research providers will:

(Māori providers will self-determine, as appropriate)

a. Provide mechanisms to ensure cultural competency of researchers

b. Build institutional relationships with iwi, hapū and other Māori communities to ensure all research activities encompass a social accountability framework

c. Undertake institutional stocktakes to monitor and manage research activities to make sure specific communities are not being over-burdened by research (see Equity).

Research teams will:

(Māori researchers will self-determine, as appropriate, guided by whānau, hapū and iwi)

a. Work within institutional guidelines to ensure their research aligns with the appropriate social accountability framework and Māori community stocktake activities

b. Undertake appropriate professional development in the area of Māori health research

c. Undertake appropriate and relevant consultation with Māori communities that will be involved in the design, development, implementation and monitoring of the research

d. Consider their role in Māori health research workforce capacity building

e. Have a clear dissemination plan that is inclusive of promoting Māori health advancement

f. Identify where international indigenous research communities can be included in the research, or broader kaupapa.

Excellence

The next step is to ensure that it is excellent research. Excellent research is ethical, scientifically sound, novel, well-designed, well-performed and well-reported. Excellence must be considered before issues of impact and equity, as impact cannot be delivered on the basis of unreliable or unavailable findings.

Funders will:

a. Uphold transparent and robust investment processes to select the best research through a mix of funding models and rigorous assessment that is free from conflicts of interest

b. Ensure that high-risk, novel research with the potential to be disruptive is supported to drive national strength and opportunity in health discovery (including approaches based on mātauranga Māori)

c. Recognise that excellent research occurs across the entire spectrum of innovation, from very basic to very applied research – and across the full range of research disciplines

d. Acknowledge that excellent research is performed in a wide variety of settings using many and varied methodological approaches

e. Acknowledge that Mātauranga Māori and kaupapa Māori approaches are highly valued and crucial to achieving health equity and better health outcomes in New Zealand

f. Recognise that excellent research can be original or build on gains from excellent research carried out nationally or internationally

g. Recognise the importance of community partnership and engagement (including stakeholders) in both designing and funding research

h. Include communities, researchers and end-users in the priority-setting and assessment process, as appropriate

i. Require systematic reviews or clear evidence of need and support from the community for the research topic to inform funding decisions.

Researcher providers will:

a. Ensure that researchers understand what constitutes excellent research and have the support and training required to prepare a proposal for government funding.

Research teams will:

a. Conduct research that is ethical, well-designed, well-performed and well-reported, seeking additional expertise to do this when required

b. Connect and collaborate nationally and internationally to share knowledge and gain skills and access to equipment, facilities and opportunities not available in New Zealand

c. Continuously seek opportunities to recruit and train the next generation of excellent researchers

d. Consider adopting and adapting successful approaches developed internationally for the New Zealand context.

Impact

Once it is established that research is excellent, funding decisions must focus on potential for impact. Impact means a change in individual, societal, economic or environmental wellbeing, beyond contributions to knowledge and skills. Funders and researchers must maintain a line of sight to eventual impact when committing resources to health research.

Funders will:

a. Require all applicants for funding to describe the next steps along the impact pathway following their work

b. Be clear that a focus on impact does not mean a focus solely on end-user driven or close-to-market research. Some research will be taking early steps along the impact pathway and generating interim benefits for New Zealand – such as development of skills and the research workforce

c. Ensure that researchers are well informed about, and incentivised to access, programmes and interventions designed to provide pathways to impact

d. Build upon, not duplicate, the services and programmes offered by other agencies

e. Acknowledge the importance of innovation and discovery in driving downstream impact

f. Maintain a strong focus on wellbeing and prevention

g. Seek collaboration with other funders to maximise benefits from investment, particularly between community and government funders of research

h. Encourage applicants to build evaluation into research design, to generate evidence of efficacy and increase uptake.

Research providers will, as appropriate:

a. Acknowledge the importance of communities having the capacity to drive the research agenda and incentivise researchers to work with communities in identifying, developing and implementing their research plans

b. Encourage and incentivise international collaborations and contributions to global research endeavours and impact.

Research teams will:

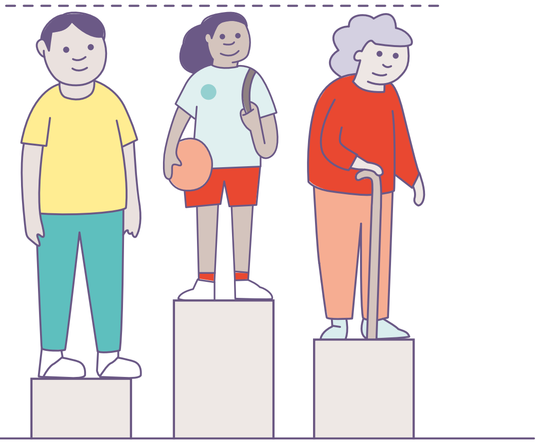
a. Actively engage with programmes and interventions designed to provide pathways to impact

b. Think about how the downstream impact or uptake of research could be increased through changes in design, including co-design

c. Connect with qualified and experienced researchers if they have no formal research qualifications, to ensure that community-led projects produce accurate and reliable findings on which to base actions and interventions

d. Consider building on existing excellent research to further the impact of prior investment and discoveries

e. Engage with next-users, end-users and communities as appropriate.



Equity

The final step is to apply an equity lens to health research to ensure that, at a minimum, health inequities will not be increased as a result of conducting it. The Ministry of Health defines equity as "In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes".

Funders will:

a. Acknowledge that health equity is a major issue in New Zealand and will continue to be for the life of the NZHRS and beyond

b. Require applicants to consider and describe the potential implications of research findings on health equity when designing research

c. Where excellent research is proposed that may increase health inequities, require that a mitigation plan be provided. This situation should not prevent the funding of highly innovative health technology with commercial potential, but consideration must be given to downstream effects

d. Prioritise excellent research that will reduce health inequities, particularly for Māori, Pacific peoples, persons with disabilities, those with mental illness and migrant communities

e. Where possible, provide opportunities to build research expertise in these communities to increase the input of lived experience into research solutions.

Research providers will:

a. Work with local iwi and community groups to facilitate a process whereby researchers can consult and partner with the communities mentioned in d)

b. Provide leadership and implement processes to mitigate the risk that communities are overburdened by the approaches of research teams (see Mana Tāngata)

c. Provide support and guidance to health researchers to assist them in engaging with communities or research teams, as appropriate.

Research teams will:

a. Seek to reduce health inequities through research, as appropriate

b. Work together (community-based and provider-based researchers) to understand the distinctive challenges to health and social wellbeing arising in the communities mentioned in d), and to find effective solutions that build on their knowledge and understanding and provide research training opportunities

c. Always consider the downstream impacts of their research on health equity in New Zealand and articulate this in funding applications.

Appendix 1: Background to the Prioritisation Framework

Why was the Prioritisation Framework developed?

In June 2017, the New Zealand Health Research Strategy 2017 – 2027 (NZHRS) was published. For the first time, the Government brought together the health, science, research and innovation sectors to create a shared vision of a cohesive, collaborative and well-connected health research system, that improves the health and wellbeing of all New Zealanders.

The NZHRS is a partnership between MoH, MBIE and the HRC – who are working to implement a set of coordinated and complementary actions that will enhance the funding, conduct and uptake of health research.

Ten interlinked Actions make up the NZHRS. This framework is delivering to Action 1, to 'Prioritise investments through an inclusive priority-setting process.' This Action was led by the HRC, with support fom MoH and MBIE.

The work under Action 1 provides the tools needed for all research funders to consider all health research investment and address balance, knowledge gaps and infrastructure challenges.

This action requires input from everyone involved and a concerted effort to come together and realise the vision set by the NZHRS. In working together in this way, government agencies are recognising that health research is an investment in the future and not just a cost today. The benefits of health research extend far beyond better treatments and public health interventions, bringing wider social and economic benefits for society as a whole. These benefits are well described in the NZHRS.

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Why do we need a Prioritisation Framework?

We need a common vision for New Zealand health research

Only one-third of the government's estimated $320 million investment in health research is guided by legislation[4]. This means that well over $200 million per year is invested according to a wide and varied range of strategic goals. It is well recognised that government investment in health research needs to increase further, which makes creating a common vision for how that investment should be spent even more important.

We need better connection, communication and coordination among funders

The health research ecosystem in New Zealand is complex, with at least 16 different funds managed by six government agencies, not including agencies making small investments and the health-related non-government agencies (NGOs) that commission research[4]. These agencies have their own strategic goals and investment plans.

The Prioritisation Framework is as much, or more, about coordinating what funders and policy-makers are doing, as coordinating the health research community.

We need to ensure that publicly funded research is prioritised to deliver public value

In ensuring that research is designed to deliver against priorities from the outset, this Prioritisation Framework ensures that health research conducted in New Zealand, and supported by New Zealanders, has the best possible chance of benefiting next- and end-users, minimising duplication and maximising translation potential.

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[4] https://www.mbie.govt.nz/assets/2eaba48268/national-statement-science-investment-2015-2025.pdf

How has the Prioritisation Framework been developed?

The Development Group

The Development Group designed the Prioritisation Framework, drawing on input from two national consultation processes. They reported to the NZHRS Implementation Steering Group – a cross-government committee involving the HRC, MBIE, MoH, District Health Boards, Universities New Zealand and Callaghan Innovation. The Steering Group is also advised by an External Advisory Group of national and international experts.

Thirteen members of the Development Group were appointed in 2018 for their mana, knowledge, expertise in health services or research, different world views and experience, and their ability to think strategically for the benefit of all New Zealanders. The members were:

+ Professor Michael Baker
+ Emeritus Professor Richard Bedford (Co-Chair)
+ Professor Vicky Cameron
+ Dr Kyle Eggleton
+ Dr James Hutchinson
+ Professor Margaret Hyland
+ Ms Rose Kahaki (Co-Chair)
+ Mr Philip Patston
+ Professor John Potter
+ Professor Stephen Robertson
+ Professor Linda Tuhiwai Smith
+ Dr Dale Bramley
+ Fepulea'i Margie Apa

The Prioritisation Framework has been developed through an extensive process of evidence appraisal and sector consultation.

Evidence appraisal

An extensive review of international literature on setting priorities for health research investment was conducted to inform the prioritisation process. Advice was also sought from overseas experts who had contributed to similar processes. All of the information gathered underlined the importance of setting health research priorities in conjunction with infrastructure priorities. Consequently, they are considered in tandem in all elements of the approach.

Sector consultation

Two national consultations have been undertaken to shape the final framework. Each has resulted in extensive changes based on stakeholder feedback. The HRC website provides a detailed account of:

+ The process undertaken
+ The results and analyses of consultation feedback
+ Statements on key decisions made, which have been published to ensure transparency throughout the process.

Alignment with UN conventions

The Prioritisation Framework aligns with UN conventions when referring to groups where there are conflicting views about the best language to use within New Zealand.

Consequently, the following two terms have been adopted:

+ Persons with disabilities
+ SOGIESC (Sexual Orientation, Gender Identity and Expression and Sexual Characteristics).

The Steering Group acknowledges that communities may prefer to self-identify or use words in their own language.

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New Zealand Government