From: no-reply@mbie.govt.nz

To: Research, Science and Innovation Strategy Secretariat

Subject: Late submission on draft RSI strategy **Date:** Monday, 25 November 2019 5:41:44 p.m.

Attachments: Online-submission-form-uploadsdraft-research-science-and-innovation-strategy-submissionsNZ-RSI-

Consultation-Feedback-FINAL.docx

Are you making your submission as an individual, or on behalf of an organisation? Organisation

Name

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Name of organisation or institutional affiliation

Maori Health Committee, Health Research Council of New Zealand

Role within organisation

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Which of the below areas do you feel represents your perspective as a submitter? (Please select all that apply)

If you selected other, please specify here:

Gender

Ethnicity

Name of organisation on whose behalf you are submitting, if different to the organisation named above

In which sector does your organisation operate: (Please select all that apply)

Research, Government

If you selected other, please specify here:

How large is your organisation (in number of full-time-equivalent employees)?

Please indicate if you would like some or all of the information you provide in your submission kept in confidence, and if so which information.

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This section of the draft Strategy signals our intention to consult and collaborate further with Māori stakeholders to co-design our responses and initiatives. From that perspective, we consider the signals in the draft Strategy to be a start, rather than a set of final decisions. Nonetheless, we are keen on initial feedback in the following areas.

Question 34: Does our suggested approach to extending Vision Mātauranga focus in the

right five areas? If not, where should it focus?

Question 35: How can we ensure the RSI system is open to the best Māori thinkers and

researchers?

Question 36: How can we ensure that Māori knowledge, culture, and worldviews are

integrated throughout our RSI system?

Question 37: How can we strengthen connections between the RSI system and Maori

businesses and enterprises?

A request was received from MBIE for the Māori Health Committee (MHC) of the Health Research Council of New Zealand to provide specific feedback on the Vision Mātauranga sections of the draft Strategy.

The MHC note the questions are too narrow and would like to provide general feedback on the key concerns of the draft Strategy.

Fundamentally, the draft Strategy is framed incorrectly. The extension of Vision Mātauranga in the RSI Strategy is inappropriate, as the current version of the Vision Mātauranga strategy is not fit for purpose. The extension of Vision Mātauranga appears even more narrow than the current Vision Mātauranga policy. While Vision Mātauranga is intended to be embedded across all priority investment areas, and researchers are required to demonstrate alignment with Vision Mātauranga, it is primarily non-Māori who are applying through these investment mechanisms and there is no accountability for these researchers to actually deliver for Māori or communities. Consequently, it is more difficult for Māori to achieve in this space.

The draft Strategy lacks mention of the equity of the research and does not align with the Ministry of Health equity goals or the Crown's aspirations. It is recommended MBIE build their capacity in Māori leadership and equity to ensure further development is appropriately framed to meet Māori, iwi, whānau and hapū aspirations of Tino Rangatiratanga. There has been a shift from Vision Mātauranga focusing on gaining knowledge for everyone to the complete opposite, therefore, making the focus too narrow for the initial intention of Vision Mātauranga.

It is evident there was limited analysis and input from Māori in the draft Strategy. The extension of Vision Mātauranga in the draft Strategy polarises Māori more than the previous version. The MHC note there will be a codesign process in phase 2 and it is advised that importance is placed on this process to ensure appropriate engagement with Māori.

There is an inappropriate focus on the extraction, commercialisation and privatisation of knowledge, which risks the willingness of Māori engagement. The reference to Mātauranga as though it is a commodity is unacceptable. There is no mention of reciprocity regarding the benefits for Māori communities and, therefore, this draft Strategy is not underpinned by the Treaty principles. There is an assumption that Māori want to act in an economic way, which is incorrect. The focus on economic goals for equitable health is unacceptable.

The language used in the draft Strategy requires reconsideration. The term "Innovating towards a frontier" is inappropriate given the association with between 'frontiers' and colonisation. Indigenous rights are not encompassed and Mātauranga Māori is disregarded. The language does not ensure

accountability of non-Māori researchers or their social accountability back to Māori communities (Page 12). Mātauranga Māori should be viewed as an opportunity for refocusing the nation and building reciprocal relationships between Māori and non-Māori. The language would be richer if the existing laws of cosmology were used. The environmental references as presented are removed from existing tikanga and kawa, such as papatuanuku and climate change.

