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Enacting Kaitiakitanga: Challenges and Complexities in the Governance and Ownership of Rongoā Research Information

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Abstract

This article explores the tensions one research team has faced in securing appropriate governance or stewardship (which we refer to as kaitiakitanga) of research data. Whilst ethical and regulatory frameworks exist which provide a minimum standard for researchers to meet when working with Māori, what our experience has highlighted is there is currently a "governance" gap in terms of who should hold stewardship of research data collected from Māori individuals or collectives. In the case of a project undertaken in the traditional healing space, the organisation best placed to fulfil this governance role receives no funding or support to take on such a responsibility; consequently by default, this role is being borne by the research team until such time as capacity can be built and adequate resourcing secured. In addition, we have realised that the tensions played out in this research project have implications for the broader issue of how we protect traditional knowledge in a modern intellectual property law context, and once again how we adequately support those, often community-based organisations, who work at the interface between Indigenous knowledge and the Western world.

Enacting Kaitiakitanga: Challenges and Complexities in the Governance and Ownership of Rongoā Research Information

For the most part, the roots of academic scholarship may be found firmly in the cultures, histories, and philosophies of Euro-Western civilisations (Chilisa, 2012). Indigenous knowledge, however, is beginning to make a significant contribution to the academy and gaining greater currency in knowledge creation at local (Sillitoe & Mariella, 2009) and global levels (Bhawuk, 2008). As new Indigenous knowledge comes to light (in part through increased participation by Indigenous scholars in the field of research), so must this new knowledge be ordered, categorised, analysed, and disseminated if it is to be of any use to the very academy who demands it. In Aotearoa, also called New Zealand, research with Māori individuals, whānau (families), hapū (sub-tribes), iwi (tribes)[1], and communities is guided by a number of institutional (i.e., university) ethical and regulatory guidelines (Māori Research Development Komiti, 2007; University of Otago, 2013), as well as national frameworks (Health Research Council of New Zealand, 1998, 2008; Hudson, Milne, Reynolds, Russell, & Smith, 2010). Such frameworks not only provide a minimum standard for researchers to meet when working with Māori, but they also afford Māori a degree of comfort in knowing that, by following these standards, researchers will adhere to a set of key ethical principles in the execution of research. Less evident, or available consistently across the country, are guidelines for researchers and research teams regarding the *governance and ownership* of research data collected from Māori individuals or collectives.

Unlike the ethical guidelines for health and disability research promulgated nationally and monitored and upheld by the National Ethical Advisory Committee, in the case of Aotearoa, frameworks to guide governance and ownership of data tend to be negotiated on a project by project basis or, in some more enduring situations, at the tribal level. Furthermore, protocols around the collection, storage, and use of, and ongoing access to mātauranga Māori (Māori knowledge) that is associated with particular communities or activities also tends to be negotiated as need arises.

This article discusses the challenges our research team faced as it negotiated data ownership and governance in a highly politicised area of health research: that of rongoā Māori (traditional Māori healing). We identified that we were, in fact, working with a "governance gap". Specifically, the article addresses two issues: (a) At a project level, our actions to develop and support the rongoā sector to take appropriate governance or stewardship roles for research activity and subsequent data; and then more broadly, (b) The challenges we face of protecting traditional knowledge in a modern intellectual property law context.

Each issue serves to illustrate the ever-present tension that exists whereby Indigenous communities constantly have to justify and substantiate their custodial "rights" over their own knowledge and culture. We explore the Māori concepts of tiaki (meaning to guard, protect, or foster) and kaitiakitanga (guardianship or stewardship), a term commonly employed to refer to the guardianship of the natural environment and natural resources (Roberts, Norman, Minhinnick, Wihongi, & Kirkwoods, 1995). Specifically, we discuss how the notion of kaitiakitanga in its more general sense may have relevance in a contemporary research setting.

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[1] Māori are the Indigenous people of Aotearoa, also known as New Zealand. The language we use is also called Māori. Throughout the article Māori words and phrases are defined when they are first used. Thereafter, readers are advised to refer to the glossary provided at the end of the article.

Background

The Research Context in Aotearoa (New Zealand)

The emergence of kaupapa Māori research (Cram, Pihama, & Barbara, 2000; Glover, 1997; Smith, 1999) in Aotearoa (New Zealand [NZ]) over the past 25 years has encouraged the development of community- and tribally-based research approaches, which focus on issues of direct importance to Māori communities. Kaupapa Māori research (i.e., research guided by Maori philosophies, traditions, and protocols) consists of two inter-related strands, arising from the origins of kaupapa Māori research in critical theory and social constructivism (Eketone, 2008). The first of these is to critique and question existing systems of research, whilst the second supports the development of new Māori-led approaches. The emphasis on research that is "by Māori, for Māori" has led to an increase in the number of Māori researchers, the growth of Māori research approaches, the development of Māori ethical frameworks, the advent of Māori responsiveness requirements within research funding criteria, and the establishment of funding mechanisms that prioritise community-initiated research questions (Ahuriri-Driscoll, Hudson et al., 2007). These changes have seen the mobilisation of research resources in areas of interest to Māori communities: a reclaiming of the right to ask questions of relevance to Māori, and Māori alone. As a consequence, many Māori community members who were once sceptical of the value of research are beginning to recognise the worth of research inquiry that is designed, led, and conducted by Māori according to appropriate tikanga or cultural protocols. The area of traditional medicine, or rongoā Māori, is one such site of reclamation.

Rongoā Māori

Rongoā Māori is a holistic system of healing derived from Māori philosophy and customs (Ahuriri-Driscoll, Baker et al., 2008a; Mark & Lyons, 2010). Despite a post-colonisation period whereby the use of te reo Māori (the Māori language) waned and rongoā Māori was effectively outlawed (through, for example, the Tohunga (Healer) Suppression Act), traditional healing, as a practice, has endured. The last decade in particular has seen increased interest regarding traditional Māori healing and its place in New Zealand's wider health system. Offering a culturally consistent and appropriate model of care, proponents argue that the inclusion of rongoā Māori in the publicly funded health system has the potential to increase acceptability and service responsiveness (Ahuriri-Driscoll, Baker et al., 2008a; Durie, 1998, 2003a; Jones, 2000b; O'Connor, 2008). While the history of research in the area of traditional medicine could be characterised as having been the domain primarily of anthropologists and scientists, more recently Māori communities have begun to work with Māori researchers to explore ceremonial practices (Moon, 2003), the experience and practices of healers (Ahuriri-Driscoll, Baker et al., 2008a; Ahuriri-Driscoll, Hudson et al., 2012; Jones, 2000b; Mark & Lyons, 2010), the relationship between healthcare seeking behaviours and cultural beliefs (Kinloch, 1984; Nicholson, 2006; Progressive Consultancy, 1998) and the potential for relationships between healers and primary healthcare providers (Jones, 2000a, 2000b; O'Connor, 2008), as well as to test the efficacy and toxicity of Indigenous pharmacopeia (Leach, 2003; McGowan, 2000; Melbourne, 2003).

Reclaiming the right to ask questions of relevance to Māori and opening a space for engagement with Māori communities in research will not necessarily only involve local participant communities. Rather, researchers must be mindful of the many regional and national Māori stakeholder organisations that will have an interest in both the actions and outcomes of research. Providing the space for engagement can result in more meaningful Māori participation in the on-going governance

of Indigenous knowledge to inform research activity *and* in the new knowledge that emerges as a consequence of that activity. In the field of traditional Māori healing, a key stakeholder group representing a broad college of Māori interests is Te Kāhui Rongoā Trust (heareafter referred to as Te Kāhui Rongoā or TKR), the national body for rongoā Māori practitioners.

The Establishment of Te Kāhui Rongoā

Te Kāhui Rongoā was established in 2011 through the amalgamation of two "peak bodies"; Ngā Ringa Whakahaere ō Te Iwi Māori (NRW) and Te Paepae Matua mō te Rongoā (TPM). Each organisation had slightly different aims, objectives, and constituencies; yet, both were motivated by a desire to ensure the survival of rongoā Māori as a viable and sustainable healing practice.

NRW was established in 1992 in a deliberate move to create a body that represented Māori traditional healers in order to facilitate the recognition of traditional healers/healing as an integral part of the New Zealand health service (The Waitangi Tribunal, 2011). Whilst NRW did not represent all healers, it advocated on behalf of affiliated members for more formal recognition of traditional healing practices (Ahuriri-Driscoll, Baker et al., 2008a). NRW was involved in formulating accreditation procedures for healers and contributed to the development of national traditional healing service standards (Durie, 1996; Ministry of Health, 1999). The goals of NRW were threefold: to have Māori traditional health and healing recognised and accepted as a legitimate healing practice both nationally and internationally and governed by Māori; to develop and support a credible network of effective providers of Māori traditional health and healing services; and to establish and maintain a respected national organisation to govern Māori traditional health and healing.

Te Paepae Matua mo te Rongoā meanwhile was a national Rongoā Taumata (Advisory Board for Rongoā) whose purpose was to protect, nurture, and extend rongoā. The Paepae Matua was made up of representatives of contracted clinics (including healers, iwi representatives, and administrators) and was supported by the Paepae Whenua (a regional representative structure) and the Paepae Mahi (the organisation's secretariat). Supported initially by the Ministry of Health through establishment funding and some operational funds (The Waitangi Tribunal, 2011), the TPM sought to distance itself, and assert a degree of independence from, the Crown. At the time it was established, it was envisaged that the kaumātua (elders) as "keepers of the knowledge" would provide advice, help maintain the integrity of rongoā, protect rongoā (in the present and for future generations), and also protect the mana (power and authority) of the body itself (Ahuriri-Driscoll, Baker et al., 2008a).

Te Kāhui Rongoā (TKR) came into being following a Ministerial directive in March 2010 for the two existing organisations to merge (NRW, TPM & Ministry of Health, 2010). Until that time, NRW and TPM had each received some funding from the Ministry of Health to support their existence. Citing reasons of economic rationalisation and the avoidance of duplication, the two were directed to form one overarching body with the mandate to represent the rongoā sector. Although pressured by the Crown to merge, members from both entities viewed these changes as an opportunity to unite rongoā under one voice to determine one joint direction or vision for rongoā Māori and to strategically position rongoā as a relevant and viable mode of healthcare service delivery for Māori.

The transition to unity, however, was not without its challenges. Te Kāhui Rongoā comprises two trustees from each of ten regions around the country. To establish this structure, rohe (regions) had

to be identified, membership of rohe called for and a registration database in each region established, and elections to select trustees from amongst the regional members held. The constituency TKR represent are a diverse group: from individual healers through to nominated organisations and clinics, as well as whānau, patients, and those simply with an interest in rongoā Māori.

Te Kāhui Rongoā's role, according to its Trust Deed, is to "ensure the proper governance of rongoā" (Te Kāhui Rongoā, 2010, p. 2). This governance function includes, amongst other things, a kaitiaki or guardianship role over information or research data that helps to "nurture, protect and grow rongoā me ōna tikanga (Māori traditional healing and Māori traditions)" (Te Kāhui Rongoā, 2010, p. 6).

The term kaitiaki is more commonly heard in the fields of natural resource management and conservation where, according to Whangapirita, Awatere, and Nikora (2003), the term refers to:

> The responsibility that certain entities, not exclusively people, have to protect and guard the mauri (intrinsic life essence) of particular groups, objects, resources, traditions, practices and places. A practical philosophy, the kaitiaki role is a process that is locally defined and owned. The kaitiaki role is not a process of ownership but an individual and collective role to safeguard ngā taonga tuku iho (treasures that have been passed down) for the present and future generations. (p. 6)

However, in the context of guarding, protecting, and nurturing Rongoā Māori, traditional Māori healing practices and the knowledge that underpins and informs those practices, the twins concepts of kaitiaki and kaitiakitanga, are equally as valid. Whilst Te Kahui Rongoā are mandated to act in the role of guardians of traditional healing knowledge and the activities that surround traditional healing, they currently receive very little funding to do so and certainly not to a standard that might be expected of Māori whānau and communities, of healers, or indeed of those of us that produce "new" research knowledge.

Once again the Ministry of Health have provided this new entity with establishment funding; however, not all activities that TKR have needed to engage in to position themselves as the governance group for the sector have been resourced. For example, whilst TKR has been funded to undertake practitioner meetings, scope out the requirements for a knowledge repository database, develop governance guidelines, and undertake business planning, other more strategic activities, essential to establishing a sustainable and enduring governance body, have not been funded. In its first year of existence, Te Kāhui Rongoā has developed a strategic vision for rongoā Māori (Te Kāhui Rongoā, 2013a) and an associated work plan to help guide the 20 trustees towards the achievement of the organisation's strategic goals in a methodical way and within realistic timeframes (Te Kāhui Rongoā, 2013b). Given the heterogeneity of Te Kāhui Rongoā members and a lack of funding from the Government to support the development of either document, to have developed both in such a short timeframe is testament to the passion of the members.

In operating, TKR must strike a balance between regional interests (often constituting different aims and objectives for rongoā), its national mandate and focus, the needs of its members, and the needs of the Crown. This "balancing act" is underpinned by the stewardship role that TKR holds in relation to rongoā Māori. As kaitiaki, the TKR is guided by its member regions, which in turn, represent individual members across Aotearoa. It has been in the course of negotiating TKR's role with regard to ownership and governance of the data emerging from our study that we, as the

research team, have identified a number of challenges. We turn now, then, to outline the research project itself.

The "Supporting Rongoā Practice" Research Project

Origins of the Study

The Supporting Rongoā Practice project[2] is a three-year Health Research Council of New Zealand funded study. It builds on the earlier work of two research team members (Ahuriri-Driscoll and Hudson), who together have undertaken extensive research with and for healers investigating issues of sustainability and undertaking preliminary work on developing an outcome framework for the sector (Ahuriri-Driscoll, Baker et al., 2008a; Ahuriri-Driscoll, Hudson et al., 2012). The project is "hosted" by Whakauae Research for Māori Health and Development, a small, iwi-owned and governed research centre with a mission to successfully lead and deliver iwi-based research founded on academic excellence, mātauranga Māori, and strong relationships with iwi in a manner that effectively amplifies the potential of all Māori (Whakauae Research Services Ltd., 2013). Owned by the iwi of Ngāti Hauiti, Whakauae undertakes research and evaluation in the fields of Māori public health (particularly tobacco research), health promotion, community development, health services, and health policy. As a research centre, we strive to produce high quality research that contributes to both the academy and to Māori, while at all times being mindful that the work that we do must in some way shape or form be of direct benefit to the people of Ngāti Hauiti. All the researchers brought together for the *Supporting Rongoā Practice* project are Māori: two are university-based academics (Ahuriri-Driscoll and Hudson), three are based at Whakauae (Boulton [Project Lead], Gifford, and Potaka-Osborne), and the final member of the team is a contract researcher and current Chair of Te Kahui Rongoā (Stewart).

The idea for the project emerged from the recommendations outlined in the 2008 report entitled *The Future of Rongoā Māori: Wellbeing and Sustainability* (Ahuriri-Driscoll, Baker et al., 2008). Two considerations were key to the project being hosted by Whakauae. First, due to the nature of the research question with its focus on the policy environment, contracting, and health service delivery, Ahuriri-Driscoll and Hudson deliberately sought researchers with expertise in these areas. Second, the project benefits by being hosted by an iwi-owned research centre, in that the directors of the centre understand the importance of Māori-controlled, Māori-led research undertaken for and on behalf of Māori, and the deliberate framing of research to benefit Māori.

The Project Rationale

Accessible and effective health services are a key determinant of good health (King, 2000). In considering how to improve health services for Māori, emphasis is often given to providing choice and relevance through culturally appropriate service delivery (Durie et al., 1995), increasing the responsiveness of conventional services, and establishing dedicated Māori programmes (Durie, 2003b). Rongoā Māori services, as part of the publicly funded and delivered healthcare system, have emerged in the midst of these developments, offering culturally meaningful options for care (Jones, 2000b).

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[2] The full title of the study is Supporting Traditional Rongoā Practice in Contemporary Health Care Settings (HRC 11/439).

The research project is premised on the belief that the provision of rongoā Māori within Aotearoa's health system supports Māori wellbeing at two levels: providing holistic, culturally consistent assessment, and treatment of individual symptoms or conditions (Jones, 2000b; Mark & Lyons, 2010) whilst maintaining and revitalising mātauranga, tikanga and te reo Māori (Ahuriri-Driscoll, Baker et al., 2008a). Rongoā Māori is more than simply an approach to health; rather, it has intrinsic value as a cultural healing tradition in its own right. As Robbins and Dewar (2011) have argued, Indigenous knowledge systems, which include our understanding of healing and medicine, are living entities and not relics of the past.

In this study, we sought to elucidate the differences between the role of traditional medicine as a practice within a "cultural ecosystem" and the role of traditional medicine as a service within "the health ecosystem" (Ahuriri-Driscoll, Hudson et al., 2008), with a view to understanding the service arrangements that can best support traditional rongoā Māori today.

Originating from a Māori value system and base, rongoā Māori has traditionally been embedded in whānau and hapū communities: practiced by those identified as having a gift for healing, nurtured by senior healers through apprenticeship. This practice-focused approach entails a more organic model of development that is locality-specific, funded by koha (gifts), and based on oral transmission of knowledge (Ahuriri-Driscoll, Baker et al., 2008a; Reinfeld & Pihama, 2010).

Conversely, publicly funded health services place emphasis on standardized practice, delivered by formally trained health professionals within contracted organizations. Beyond the administrative and compliance requirements which must be met by those who hold service contracts (Lavoie, Boulton, & Dwyer, 2010), a service-focused approach may see increased professionalization of healers, the development and implementation of practice standards, and funding more explicitly linked to outcomes of rongoā care.

Practice Focus:

- Practice of rongoa regarded as a "calling";

- Organic in development;

- Locality specific;

- Payment for services by the client, often through koha;

- Knowledge reliant on oral transmission.

Service Focus:

- Increased professionalisation by healers;

- Introduction of practice standards;

- Formal funding streams;
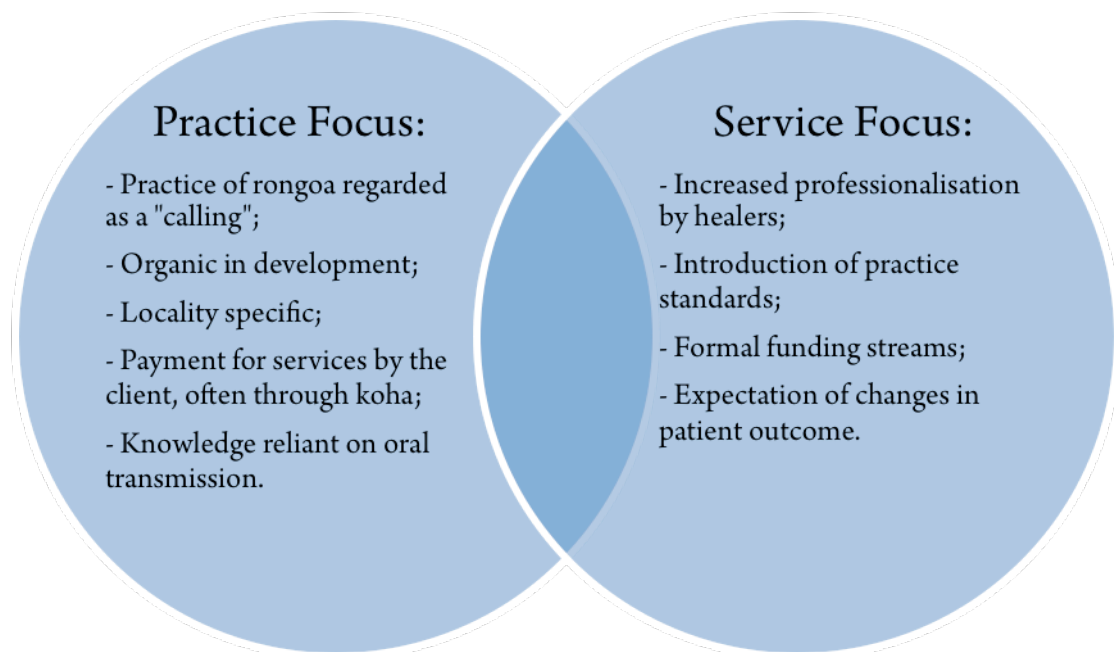
- Expectation of changes in patient outcome.

Figure 1. **Practice-focused and service-focused approaches to rongoā.**

The delivery, funding, management, regulation, and monitoring of rongoā is complex and multi-faceted. The exact number of rongoā practitioners and healers is unknown, although what is apparent is that there is great diversity of practice in the sector. Rongoā providers range from single individual healers, through to formal, contracted, and funded clinics operating as businesses alongside other health providers (e.g., general practitioners). Widespread interest in the integration of traditional Māori healing more formally within the publicly-funded health system exists; however, there are a number of concerns relating to any such developments.

The first of these is the potential for rongoā to be subjected to inappropriate scrutiny and regulation and, therefore, be compromised or undermined (Jones, 2000b). A second concern is centred on the difficulties associated with Crown funding (Ahuriri-Driscoll, Baker et al., 2008a) and the apprehension that the reporting frameworks employed to monitor the performance of Māori health providers may impact negatively on healers and the rongoā clinics themselves (Boulton, 2007). A third concern is the possibility that healing in exchange for money will subtly alter the therapeutic relationship between the healer and the patient and, indeed, between the healer and wider community, which, in turn, could give rise to expectations on either side being misunderstood or unmet (Te Aho-Lawson, 1998). These fears for rongoā practice as a result of further service development are not unfounded. Analysis of the public funding of rongoā services undertaken by O'Connor (2008) revealed that a focus on biomedical complementarity has led to the support of particular rongoā concepts and modalities over others, thereby marginalising certain practices and sectors of the healing community.

While service-focused development is a key strategy for extending the reach and impact of rongoā, it is our contention that this must not occur at the expense of the practice or "art" of rongoā. Indeed, quality rongoā service provision relies on robust practice applied effectively by practitioners working from a strong cultural base. Identifying the optimal contractual environments and service delivery elements that support the practice of rongoā will, we would argue, contribute to the long-term sustainability of rongoā, to improvements in Māori health gain, and to Māori development more broadly.

Data Governance Issues

Two issues regarding data governance emerged in the course of this study. The first is that TKR, the entity that should be taking on the data governance role for this project, currently lacks the capacity or the resourcing to do so. The second is a wider concern regarding the legal and ethical dimensions of cultural and intellectual property in terms of the traditional medicinal knowledge, Indigenous medicine plants and products, and access and use of data from research. These two issues are discussed in more detail below.

The Role of TKR

As noted above, Te Kāhui Rongoā has been established to, amongst other things, protect, grow, nurture, and develop traditional Māori medicines. As the peak body in the sector with a representative mandate from healers and practitioners across the country, TKR is, in our view, the most appropriate organisation to hold research data gathered from constituency members.

The *Supporting Rongoā Practice* project was initially conceived in 2009, prior to the creation of TKR by the Ministry of Health. At that time, a project application to the main funder of health research in Aotearoa was developed on the basis of pre-existing relationships and in consultation

with members of the two existing stakeholder organisations (Ngā Ringa Whakahaere ō Te Iwi Māori and Te Paepae Matua mō te Rongoā) and submitted for consideration late that same year. By the time the project was assessed and the funding approved, the new entity, Te Kāhui Rongoā, had been formed. While our research team has developed a working relationship with the TKR in the months since the project began, our vision of Te Kāhui Rongoā acting as the oversight body for the research has never fully come to fruition. In part, this is due to demands being placed upon TKR by the Ministry of Health, who has directed a programme of work for the organisation to complete in its first three years. However, in part, we also believe this was due to a lack of understanding, at least at the outset of the project, of how research could be used to support the work of TKR and advance the organisation's strategic objectives. In the 18 months that the project has been underway, our research team has endeavoured to work closely with TKR to demystify "research" and research processes, to demonstrate how research might be used for advocacy, and, more recently, to assist TKR in the development of their own knowledge strategy.

Te Kāhui Rongoā's knowledge strategy supports the organisation's overall vision and development aspirations. It recognises the value of traditional cultural knowledge, as well as information derived from research. TKR appreciate that a significant amount of information about traditional Māori medicine already widely and publicly accessible and that the subject continues to attract the attention of researchers. As the national body charged with protecting rongoā Māori, Te Kāhui Rongoā is uniquely positioned to establish a moral and ethical mandate to act as a national steward for rongoā research and information. Such a claim would not undermine the authority of local healers and communities to govern their own knowledge but, rather, would provide a powerful collective voice for Indigenous rights at the interface with researcher and commercial interests.

In our study alone, three distinct types of data collection activity are being conducted, namely: in-depth interviews with a range of key informants in the sector (healers, policy-makers, funders of rongoā Māori); a survey of healers, clinicians, and rongoā practitioners; and in-depth case study research with three health services currently providing rongoā services. Consequently, a vast amount of data, much of which has never been systematically collected, categorised, or analysed, will be amassed through the course of the study. In circumstances where there is an absence of a national advocate or a local community partner, the responsibility to act as a steward of Indigenous knowledge and research information often defaults to the researcher team and then becomes subject to institutional policies.

Whereas in our situation we have a national body in TKR, which could hypothetically provide an enduring stewardship role in relation to research data collected from the sector, this same organisation is in the unenviable position of receiving no additional resource allocation to allow them to take on this important governance duty. As a research team, we are conscious that to request that TKR take on the role of kaitiaki or guardian of the data places an additional responsibility and burden on an organisation that is already under-resourced for the work they do.

What then would be required were the TKR to take on a kaitiaki role? Four elements are immediately apparent as being critical success: (a) recognition by the sector, by researchers, and by the Crown that this is an crucial task for the TKR; (b) a willingness on the part of TKR to add this duty to an already long list of roles and responsibilities; (c) capacity, on behalf of the TKR, to discharge its role; and, of course, (d) resourcing to enable it to do so. Setting aside the issue of whether the TKR are willing to take on this role (which of course must be debated and discussed by that organisation), we believe that our experience in conducting the *Supporting Rongoā Practice* project highlights the importance of, and the need for, an entity such as the TKR to take on the role

of kaitiaki for rongoā-related research data. The question then arises as to whether these activities should be funded by the sector itself, by the researchers and funders of research activity, or by the Crown.

A recent report by the Waitangi Tribunal (2011) into the issues of cultural and intellectual property rights made specific mention of government responsibilities to support the traditional knowledge and Indigenous species used in traditional medicines. This finding on the part of the Tribunal echoes statements made in both the Mataatua Declaration (Commission on Human Rights, 1993) and the United Nations (2008) Declaration on the Rights of Indigenous Peoples asserting Indigenous peoples' rights to their knowledges. Clearly then, based on this collective body of work, an argument can be made for Crown resourcing to support a kaitiaki role in the management and governance of rongoā-related research data. The responsibility of the part of government to support traditional knowledge translates into the right, at an Indigenous ethical level, for Māori to have the ability to access and use information about traditional healers, traditional healing, and medicinal plants irrespective of where, how, and by whom this data may have been collected.

Extending the idea of kaitiakitanga further, such a role could allow for the development of a knowledge repository encompassing traditional knowledge and contemporary research. TKR would then be in a strong position to develop partnerships with other organisations and agencies to store information and take on the institutional responsibilities for data management. While technically feasible, the challenge of realising this kind of model relates to TKR developing a coherent vision for Indigenous information management, the political recognition of Indigenous cultural and intellectual property rights, and the resourcing of capacity within TKR to develop or create in partnership with an Indigenous institution with the necessary infrastructure. Currently, there are no policy impediments that we can identify that could prevent the TKR carrying out the role of kaitiaki; however, notwithstanding this, emergent international trade agreements and joint trans-Tasman regulatory schemes (such as the recently mooted Therapeutic Products & Medicines Bill) could at best threaten the ability of a nationally-mandated entity to discharge a kaitiaki duty appropriately and, at worst, override its decisions. The implications of the commodification of knowledge beyond national borders are especially apparent when considering issues of cultural and intellectual property, an issue to which we now turn.

The Legal and Ethical Dimensions of Cultural and Intellectual Property

Linked to more global concerns, the research has highlighted issues regarding the legal and ethical dimensions of cultural and intellectual property, in terms of the traditional medicinal knowledge, Indigenous medicine plants and products, as well as in terms of access and use of data from research. Understanding the complexities of the interface between Western legal and ethical institutions and traditional knowledge is crucial if rongoā Māori is to have a sustainable future. Navigating towards such a future is likely to require the integration of rongoā information, in some way, within the evidence-based, public health system.

There is both a political context and a long history to the access and use of traditional knowledge. Intellectual property (IP) law to date has not effectively considered the rights of Indigenous peoples as holders of Indigenous knowledge or as victims of exploitation (Mead, 1996; Posey, 2002). Consequently, any attempts to reconcile Indigenous knowledge with conventional intellectual property rights (IPR) must take cognisance of "the growing value of Indigenous knowledge in different areas of scientific, cultural, economic, and commercial endeavour" (Oguamanam, 2004, p. 139). Nowhere is this more apt than in the area of traditional medicine, where the commercialisation

of the "active" ingredient in a traditional medicine can result in huge profits for a pharmaceutical company, little of which is ever enjoyed by the traditional landowners or knowledge holders.

Examples exist whereby Indigenous peoples have attempted to redress the balance and reassert their rights to their Indigenous knowledge. Successive instruments have advocated for, and advanced the protection of, biological resources and the recognition of Indigenous IPRs, including the Convention of Biological Diversity (United Nations, 1992) and the UN Declaration on the Rights of Indigenous Peoples (United Nations, 2008). In Aotearoa, the issue of Indigenous rights and IP has been advanced through the Mataatua Declaration (Commission on Human Rights, 1993) and the Wai262 Claim (The Waitangi Tribunal, 2011). Amongst other propositions, the Mataatua Declaration recommended that states, national and international agencies recognise Indigenous peoples as guardians of their customary knowledge with the right to protect and control dissemination of that knowledge and that Indigenous peoples also have the right to create new knowledge based on cultural traditions. This position was reiterated in the Waitangi Tribunal report into the Wai262 claim, Ko Aotearoa Tēnei (The Waitangi Tribunal, 2011), which recommended that the Crown amend New Zealand IP law to ensure, to the greatest extent practicable, the authority of iwi and hapū in relation to their taonga (treasures), works, and related knowledge so that they may fulfil their obligations as guardians of that property.

This theme of self-determination, currently being advocated on the world stage through organisations such as the UN, underpins Indigenous ethical frameworks and decisions to engage with research. Canada's OCAP™ principles, for example, provide a useful starting point for discussions regarding Indigenous involvement in knowledge production, data ownership, and data sharing (Schnarch, 2004). OCAP™ refers to ownership, control, access, and possession and synthesizes key aspirations for Indigenous sovereignty in relation to Indigenous knowledge resources including cultural knowledge, data, and information. In the context of OCAP™, ownership signifies the collective responsibility and stewardship of a community's knowledge. Control relates to the aspiration to control all aspects of research and knowledge management. Access refers to the right to manage and make decisions about data and information that concerns Indigenous communities regardless of where that information is held. Possession is a mechanism to strengthen stewardship of data when ownership may reside with other groups. OCAP™, therefore, provides a framework for considering the political dimensions of knowledge production; in short, who is in control, what gets done, and how is it done?

In Aotearoa, the idea that mātauranga Māori can be "owned" at all is incongruous with Māori values and conceptions of kaitiakitanga. The notion of ownership as described in the OCAP™ principles resonates with Māori concepts of custodianship of knowledge, understandings which stand in stark contrast to Western understandings of ownership as a private "property right". Kaitiakitanga or guardianship is concerned with caring for taonga and maintaining the mauri of that taonga. Kaitiaki are therefore responsible for imposing protective measures around taonga, which might include restricting or limiting access to it and, in extreme cases, knowledge-withholding (Lemon, 2002).

Central to the concept of kaitiakitanga is a function of collective control in contrast to individual control. Whereas Western views of knowledge would see it as an individual's right to choose whether to share information, Māori believe that information about one individual belongs to the whole whānau, hapū, or iwi. Similarly, traditional knowledge and cultural and intellectual property, which has been accumulated over generations by hundreds or thousands of individuals, does not belong exclusively to specific individuals, although it may be managed by responsible stewards (Commission on Human Rights, 1993; United Nations, 2008).

Indigenous research and ethics guidelines reinforce notions of Indigenous control over both the inputs (cultural knowledge and data) and outputs (analysis and results) of the research process (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2010; Hudson et al., 2010; National Health and Medical Research Council, 2003). However, the reality of the situation is that communities and researchers still have to negotiate the terms of a research relationship and the protocols that will inform the management of knowledge related to the project. A key challenge for researchers and communities alike is the lack of consistency in legal and ethical policies and documents regarding definitions of terms such as "ownership" and "control" when referring to data, knowledge, products, and other aspects of research. Developing a level of consistency, whilst potentially time-consuming and resource intensive, will go some way to addressing what Bannister (2005) describes as the "real world complexities of working in an intercultural and political environment" (p. 128).

The real world complexity our team faces is that we find ourselves in a vacuum between our aspirations for Indigenous (community or stakeholder) governance of research and the capacity and ability of Indigenous community or stakeholder entities to enact that form of kaitiakitanga. The role of kaitiaki or "responsible steward" currently rests uneasily, albeit we would hope temporarily, with the research team. For us as an Indigenous research team, this additional cultural responsibility requires that we be accountable to the rongoā community outside of the research domain and highlights the need for researchers to be proactive in supporting capacity-building initiatives with Indigenous communities and stakeholders. These initiatives need to extend beyond a focus on research skills to the governance of research projects and the careful and considered stewardship of research data, and cultural and intellectual property.

Conclusion

The Māori cultural renaissance has gained momentum in Aotearoa over the past 30 years. Its initial focus was the revitalisation of Māori language but has since spread to a range of cultural practices, art forms, and areas of expertise, including traditional Māori medicine. This renaissance has had at its heart, the rejuvenation of traditional knowledge bases (Royal, 2009) including efforts to preserve and maintain traditional resources and taonga, as well as the unalienable right to advance and develop these resources further (Gibbs, 2005; The Waitangi Tribunal, 2011).

Knowledge management is a key activity at the interface of Indigenous knowledge and Indigenous development; it is a system of actions allowing the effective use of knowledge for problem solving and decision-making (Lai, 2005). The establishment of Te Kahui Rongoā as a peak body to protect, grow, nurture, and develop traditional Māori medicines places it at the forefront of advocacy and development initiatives. This also positions it as the most appropriate entity to take responsibility for governing research interests in the rongoā sector and managing the data and knowledge that emerges from these activities. Indeed, it is the most logical entity to fill the "governance gap".

However, what has become apparent in the development of this article, and what we are once again reminded of, are the myriad and often competing obligations, responsibilities, and accountabilities (Boulton, 2005) that our Māori communities and representative bodies manage in order to advance the goals of Māori development. Our research project is exploring the dynamic tension that is created when rongoā Māori as a cultural practice is funded as a contemporary mode of health service delivery. This "dynamic duality", and the complex and often difficult issues that arise at the interface between Indigenous knowledges and systems and Western knowledges and systems, is mirrored in

other aspects of society – from research through to practice, from governance through to management, from the caring professions through to business and economics.

TKR are trying to maintain the balance between their role as cultural custodians and kaitiaki, (charged with safeguarding the knowledge and cultural and intellectual property of rongoā) and the responsibilities placed on it by virtue of their peak body status to have a degree of formal oversight of research data. As researchers active in the traditional healing space, we have an obligation and commitment to support Te Kahui Rongoā in these dual roles. As Māori, we have a duty to safeguard and ensure that the benefits that arise as consequence of this research are directed at those for whom the project was originally conceived: the rongoā sector and Māori communities more widely. And as Māori researchers, it is our responsibility to challenge the status quo and ensure that the Crown and the government of the day acknowledge the additional roles organisations such as TKR are expected to take on for the benefit of Māori and that they provide appropriate compensation for these roles. By appropriately remunerating such organisations for the additional kaitiaki roles they shoulder, we, as the research community, will benefit from more appropriately located data governance.

Glossary

Aotearoa	literally "land of the long, white cloud", the Indigenous term for New Zealand
hapū	sub-tribe
iwi	tribe
kāhui	cluster, company
kaitiaki	to guard or protect when used as a verb or a guardian or steward when used as a noun
kaitiakitanga	guardianship or stewardship
kaumātua	elders
kaupapa	vision, direction, topic or purpose
kaupapa Māori	a "for, by and with Maori" approach, used to refer to practice guided by Maori philosophies, traditions, protocols
koha	gift(s)
mana	power, authority, influence
Māori	the Indigenous people of New Zealand
mātauranga	knowledge
mātauranga Maori	Maori knowledge
mauri	intrinsic essence or life-supporting capacity
ngā taonga tuku iho	literally "those treasures that have been passed down", hence a phrase referring to valuable things that have been passed down to other generations over time
rohe	region(s)
Rongoā Māori	traditional Māori healing
taonga	treasures
te reo Māori	the Māori Language
tiaki	to guard, preserve, foster, protect, and shelter
tikanga	Maori cultural protocols, customs, and traditions
tohunga	expert, specialist (including spiritual leaders or artists), and in case of this article, used to refer particularly to highly esteemed healers
whānau	extended family(ies)

References

Ahuriri-Driscoll, A., Baker, V., Hepi, M., Hudson, M., Mika, C., & Tiakiwai, S. J. (2008a). *The future of rongoā Māori: Wellbeing and sustainability*. Christchurch: ESR.

Ahuriri-Driscoll, A., Hudson, M. H., Baker, V., Hepi, M., Mika, C., & Tiakiwai, S. J. (2008). *Service in practice, practice in service, negotiating a path to the future*. Paper presented at the Te Tatau Pounamu Conference: Traditional Knowledge and Gateways to Balanced Relationships, Auckland.

Ahuriri-Driscoll, A., Hudson, M., Bishara, I., Milne, M., & Stewart, M. (2012). *Ngā Tohu o te Ora: Traditional Māori healing and wellness outcomes*. Porirua, New Zealand: Institute of Environmental Science and Research (ESR) Ltd.

Ahuriri-Driscoll, A., Hudson, M., Foote, J., Hepi, M., Rogers-Koroheke, M., Taimona, H., Tipa, G., North, N., Lea, R., Tipene-Matua, B., Symes, J. (2007). Scientific collaborative research with Māori communities: Kaupapa or kūpapa Māori? *AlterNative: International Journal of Indigenous Scholarship, 3*(2), 60 - 81.

Bannister, K. (2005). *Use of traditional knowledge for university research: Conflicts between research ethics and intellectual property ownership policies*. Paper presented at the Biodiversity & Health: Focusing Research to Policy, Ottawa, Canada.

Bhawuk, D. P. S. (2008). Globalisation and Indigenous cultures: Homogenisation or differentiation? *International Journal of Intercultural Relations, 32*, 305 - 317.

Boulton, A. (2005). *Provision at the interface: The Maori mental health contracting experience* (Unpublished doctoral dissertation). Massey University, Palmerston North.

Boulton, A. (2007). Taking account of culture: The contracting experience of Māori mental health providers. *AlterNative, 3*(1), 124 - 141.

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada. (2010). *Tri-Council policy statement: Ethical conduct for research involving humans*. Retrieved from http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf

Chilisa, B. (2012). *Indigenous research methodologies*. Thousand Oaks: Sage.

Commission on Human Rights. (1993). The *Mataatua Declaration on Cultural and Intellectual Property Rights of Indigenous Peoples*. First International Conference on the Cultural & Intellectual Property Rights of Indigenous Peoples. Whakatane, New Zealand.

Cram, F., Pihama, L., & Barbara, G. P. (2000). *Māori and genetic engineering*. Auckland: International Research Institute for Māori and Indigenous Education.

Durie, M. (1996). *A framework for purchasing Māori traditional healing services: A report for the Ministry of Health*. Palmerston North: Te Pūmanawa Hauora, Massey University.

Durie, M. (1998). *Whaiora*: *Māori health development* (2ⁿᵈ ed.). Auckland: Oxford University Press.

Durie, M. (2003a). The health of Indigenous peoples: Depends on genetics, politics, and socioeconomic factors. *BMJ, 326,* 510 - 511.

Durie, M. (2003b). Providing health services to Indigenous peoples: A combination of conventional services and Indigenous programmes is needed. *BMJ, 327*(7412), 408 - 409.

Durie, M., Gillies, A., Kingi, T. K., Ratima, M., Waldon, J., Morrison, P. S., & Allan, G. R. (1995). *Guidelines for purchasing personal mental health services for Māori* (A report prepared for the Ministry of Health, Research report TPH 95/4). Palmerston North: School of Māori Studies, Massey University.

Eketone, A. D. (2008). Theoretical underpinnings of kaupapa Māori directed practice. *MAI Review, 1.* Retrieved from http://review.mai.ac.nz/index.php/MR/issue/view/9/showToc

Gibbs, M. (2005). The Right to development and Indigenous peoples: Lessons from New Zealand. *World Development, 33*(8), 1365 - 1378.

Glover, M. (1997, December). *Kaupapa Māori health research: A developing discipline*. Paper presented at Hui Whakatipu, Otara, Auckland.

Health Research Council of New Zealand. (1998). *Guidelines for researchers on health research involving Māori*. Auckland: Author.

Health Research Council of New Zealand. (2008). *Guidelines for researchers on health research involving Māori*. Auckland: Author.

Hudson, M., Milne, M., Reynolds, P., Russell, K., & Smith, B. (2010). *Te Ara Tika guidelines for Māori research ethics: A framework for researchers and ethics committee members*. Auckland: Health Research Council of New Zealand.

Jones, R. (2000a). Diagnosis in traditional Māori healing: A contemporary urban clinic. *Pacific Health Dialogue, 7*(1), 17 - 24.

Jones, R. (2000b). *Rongoā Māori and primary health care* (Unpublished master's thesis). University of Auckland, Auckland.

King, A. (2000). *The New Zealand health strategy*. Wellington: Ministry of Health.

Kinloch, P. (1984). The context of traditional Māori healing practices: An anthropological perspective. *New Zealand Health Review, 4*(4), 20 - 22.

Lai, I. L. A. (2005). Knowledge management of Chinese medicines: A conceptual model. *Information Management and Computer Security, 13*(3), 244 - 255.

Lavoie, J., Boulton, A., & Dwyer, J. (2010). Analysing contractual environments: Lessons from Indigenous health in Canada, Australia and New Zealand. *Public Administration, 88*, 665 - 679.

Leach, M. (2003). *Te Kete a Tini Rauhanga: An investigation of the native medicinal flora used by Tūhoe (Rongoā Māori).* Canterbury: Crop & Food Research in partnership with Hohepa Kereopa.

Lemon, R. (2002). *The impact of new media on Māori culture and belief systems.* Retrieved from http://www.cybersoul.co.nz/ruth_new-media.pdf

Māori Research Development Komiti, Univeristy of Otago. (2007). *Rangahau e pā ana ki te Māori: Ngā Āhuatanga mō te Whakakahore me te Pupuri i ngā Tauira me ngā Kowaewae. Research involving Māori: Guidelines for disposal or retention of samples and specimens.* Christchurch. Retrieved from http://www.otago.ac.nz/christchurch/otago014331.pdf

Mark, G. T., & Lyons, A. C. (2010). Māori healers' views on wellbeing: The importance of mind, body, spirit, family and land. *Social Science & Medicine, 70,* 1756 - 1764.

McGowan, R. (2000). *The contemporary use of rongoā Māori: Traditional Māori medicine* (Unpublished master's thesis). University of Waikato, Hamilton.

Mead, A. P. (1996). *Cultural and intellectual property rights of Indigenous peoples of the Pacific.* Paper presented at the Pacific Regional Workshop on the UN Draft Declaration on the Rights of Indigenous Peoples, Suva, Fiji. Retrieved from http://www.ubcic.bc.ca/files/PDF/fiji.pdf

Melbourne, M. (2003). *Testing rongoa for antimicrobial activity use* (Unpublished master's thesis). University of Waikato, Hamilton.

Ministry of Health. (1999). *Standards for traditional Māori healing.* Wellington: Ministry of Health.

Moon, P. (2003). *Tohunga : Hohepa Kereopa.* Auckland: David Ling Publishing.

National Health and Medical Research Council of Australia. (2003). *Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research.* Canberra: Author.

Ngā Ringa Whakahaere ō Te Iwi Māori [NRW], Te Paepae Matua mō te Rongoā [TPM], & Ministry of Health. (2010, March). Unpublished meeting minutes. Napier.

Nicholson, T. (2006). Complementary and alternative medicines (including traditional Maori treatments) used by presenters to an emergency department in New Zealand: A survey of prevalence and toxicity. *New Zealand Medical Journal, 119*(1233), U1954.

O'Connor, T. (2008). *Governing bodies: A Māori healing tradition in a bi-cultural state* (Unpublished doctoral dissertation). University of Auckland, Auckland.

Oguamanam, C. (2004). Localizing intellectual property in the globalization epoch: The integration of Indigenous knowledge. *Indiana Journal of Global Legal Studies, 11*(2), Article 4.

Posey, D. A. (2002). Commodification of the sacred through intellectual property rights. *Journal of Ethnopharmacology, 83,* 3 - 12.

Progressive Consultancy. (1998). *Māori traditional healing: Survey review* (A report prepared for Te Kete Hauora). Wellington: Ministry of Health.

Reinfeld, M., & Pihama, L. (2010). *Matarakau: Ngā Kōrero mō Ngā Rongoā o Taranaki.* New Plymouth: Karangaora Inc/Māori and Indigenous Analysis Ltd.

Roberts, M., Norman, W., Minhinnick, N., Wihongi, D., & Kirkwoods, C. (1995). Kaitiakitanga: Māori perspectives on conservation. *Pacific Conservation Biology, 2,* 7 - 20.

Robbins, J. A., & Dewar, J. (2011). Traditional Indigenous approaches to healing and the modern welfare of traditional knowledge, spirituality and lands: A critical reflection on practices and policies taken from the Canadian Indigenous example. *The International Indigenous Policy Journal,* 2(4). Retrieved from http://ir.lib.uwo.ca/iipj/vol2/iss4/2

Royal, C. (2009). *Te Kaimanga: Towards a new vision for Mātauranga Māori.* Lecture 1 of the Macmillan Brown Lecture Series, Macmillan Brown Centre for Pacific Studies, University of Canterbury.

Schnarch, B. (2004). Ownership, Control, Access, and Possession (OCAP™) or self-determination applied to research: A critical analysis of contemporary First Nations research and some options for First Nations communities. *Journal of Aboriginal Health, 1*(1), 80 - 95.

Sillitoe, P., & Mariella, M. (2009). Future of Indigenous knowledge research in development. *Futures, 41,* 13 - 23.

Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous people.* Dunedin: University of Otago Press.

Te Aho-Lawson, K. (1998). *Service evaluation of Te Whare Whakapikiora o te Rangimārie.* Wellington: Central Health.

Te Kāhui Rongoā. (2010). *Te Kāhui Rongoā trust deed.* Retrieved from http://www.rongoamaori.org.nz/index.php/

Te Kāhui Rongoā. (2013a). *Te Kāhui Rongoā strategic plan.* Retrieved from http://www.rongoamaori.org.nz/index.php/

Te Kāhui Rongoā. (2013b). *Te Kāhui Rongoā work plan,* 2013. Retrieved from http://www.rongoamaori.org.nz/index.php/

United Nations. (1992). *Convention on Biological Diversity.* Retrieved from http://www.cbd.int/convention/text/

United Nations. (2008). *United Nations Declaration on the Rights of Indigenous Peoples.* Retrieved from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

University of Otago. (2013). *Research consultation with Māori.* Dunedin: University of Otago.

Waitangi Tribunal, The. (2011). *Ko Aotearoa Tēnei: A report into claims concerning New Zealand law and policy affecting Māori culture and identity.* Te Taumata Tuatahi. (Waitangi Tribunal Report). Wellington: Author.

Whakauae Research Services Ltd. (2013). *Strategic plan for 1st January 2014 – 31st December 2018.* Whanganui: Author

Whangapirita, L., Awatere, S., & Nikora, L. W. (2003). *A review of environment: Waikato iwi environment management plans* (Environment Waikato Internal Series 2004/01, Vol. Technical Report 2). Hamilton, New Zealand: Environment Waikato Regional Council.