

E11

**Report of the
Health Research Council
of New Zealand
for the year ended
30 June 2007**

**Presented to the House of Representatives Pursuant to Section 38 of the
Health Research Council Act 1990.**

E11

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Statement of Purpose

Mission

To improve human health by promoting and funding health research.

Functions

The functions of the Council, as set out in the Health Research Council Act (1990) and subsequent amendments, are:

- a) to advise the Minister on national health research policy;
- b) to administer funds granted to the Council for the purpose of implementing national health research policy;
- c) to negotiate, once every three years, the bulk funding allocations that may be made to the Council by the Government for the funding of health research;
- d) to foster the recruitment, education, training, and retention of those engaged in health research in New Zealand;
- e) to initiate and support health research;
- f) to encourage initiatives into health research by soliciting research proposals and applications, particularly in areas considered by the Council to have a high priority;
- g) to consult, for the purpose of establishing priorities in relation to health research, with
 - (i) the Minister of Health;
 - (ii) the Ministry of Health;
 - (iii) District Health Boards;
 - (iv) other persons who fund or produce research, whether in the public sector or the private sector, and
 - (v) persons who have knowledge of health issues from the consumer perspective.
- h) to promote and disseminate the results of health research in ways that will be most effective in encouraging their contribution to health science, health policy, and health care delivery;
- i) to advertise actively for applications for grants to support proposals or personal awards in relation to health research;
- j) to appoint the members of the Biomedical Research Committee, the Public Health Research Committee, the Maori Health Committee and the Ethics Committee;
- k) to ensure the development and application of appropriate assessment standards by committees or subcommittees that assess health research proposals, and
- l) to administer any additional funds that may be made available to the Council from either public or private sources for the support of health research.

In the performance of its functions under the Act, the Council is required to give effect to the general policy of the Government in relation to health research. The HRC's relationships with the Minister of Health and Minister of Research, Science and Technology are addressed in a memorandum of understanding between the two Ministers dated 30 August 2001.

Foreword by the Chair

Like the years that have preceded it, 2006/07 was a year of challenge and opportunity for the Health Research Council of New Zealand (HRC). It was also a year of significant achievement. Accordingly, on behalf of the Council I am please to present this report.

This is the fifth Annual Report of my Chairmanship, and it has been instructive to reflect on the changes and challenges in the HRC and its operating environment over that time.

Leadership and an effective, fully engaged and mutually respectful relationship between governance and management is vital to the sustainability and success of any organization. In that regard we farewelled Dr Bruce Scoggins in December 2006 after fifteen years of creative and dedicated service as Chief Executive of the HRC and the health research community of New Zealand and welcomed our new Chief Executive, Dr Robin Olds, previously Professor of Pathology at the University of Otago.

The health research sector in New Zealand is characterized by a world-class research community which contributes to the better understanding of health and illness and the development of health policy and guidelines for practice and health services.

The achievements of researchers funded by the HRC are outstanding and while evaluating the outcomes of research investment is challenging, bibliometric analysis demonstrates that New Zealand continues to receive an excellent return on its investment in a well organized and effectively managed portfolio of health research. These achievements are based not only on the dedication and quality of the researchers, but also the international peer review processes used by the HRC to assess the merit of the applications it receives. The intense competition for research funds, another significant feature of the health research funding environment in New Zealand, continues to place heavy demands on applicants.

Unfortunately, offsetting the achievements of our researchers is the growing inability of the HRC to fund the high quality research proposals it receives. The number of applications submitted for the annual contestable round has remained approximately constant over recent years. However, there has not been a decline in the quality of applications. Nevertheless, with the rising cost of health research as a result of inflation and the implementation of full-cost funding of research, the overall success rate of the number of high quality research applications submitted has been declining markedly. The effect has been particularly deleterious in clinical/biomedical and public health research. Thus, funding constraints are impacting adversely on the health research workforce and the viability of some research groups dependent on HRC funding to support trained and experienced research staff. Consequently opportunities are being lost. This also means that we are falling behind the rates of successful investment in health research achieved in relevant jurisdictions such as Australia, Canada and the United Kingdom. This unsatisfactory state of affairs is a major concern to the Council. We remain very committed to addressing the issue of funding and to ensuring that its investment continues to contribute to good health outcomes for New Zealanders.

Despite these funding difficulties, the HRC is continuing to invest in a comprehensive career-development programme for health researchers. This programme is a key factor in sustaining a highly skilled health research workforce in New Zealand and the increase in the number of Maori and Pacific Peoples gaining a doctoral degree in health-related research is of particular note. The importance of sustaining this channel of our investment in helping to secure the future of health research in New Zealand must not be underestimated.

Another continuing and important channel of investment for the HRC is its Partnerships Programme. This Programme is now attracting interest internationally as a way of leveraging funding for addressing specific gaps in the knowledge required for policy development and

practice in both the government and non-government sectors. Through it the HRC is able to commission research that helps to provide answers to pressing health issues.

The strategic partnership with the 21 District Health Boards to manage the District Health Board Research Fund (DHBRF) is a recent initiative through which a schedule of research projects with an applied research focus and deemed to be of highest priority are being implemented. We believe the DHBRF is a further significant channel of investment in high quality health research which it is hoped we will be able to sustain and develop in partnership with the District Health Boards.

The board also intends using the HRC's international networks such as the Human Frontiers Science Programme, the scientist exchange scheme with the Japanese Society for the Promotion of Science and the International Investment Opportunities Fund that have been developed over recent years to continue creating opportunities for New Zealand researchers to participate in overseas projects and to access overseas funding.

The HRC continues to have a strong commitment to maintaining an efficient and effective ethical and regulatory framework, which ensures the safety of all participants in health research. This is particularly important as we respond to a wide range of new technologies emerging from research being done both in New Zealand and overseas. The hard work and professionalism of both the Council's Ethical Committee and the regional and institution-based committees with which the HRC collaborates are key components of the vigilance required in this complex and sensitive aspect of research. The Board believes that the HRC has an important role to play in ensuring consistency and good practice and is willing to continue its leadership role in developing policy for key areas of health research.

Success is not uni-dimensional, nor is it the result of a single factor. For the HRC this means working collaboratively with key health-related agencies, other investors in health research and outstanding researchers – a unified effort that results in efficient and effective investment in high-quality health research. In this regard, I would like to acknowledge the support of the Ministry of Research, Science & Technology, Ministry of Health and their respective Ministers, the Honourable Steve Maharey, the Honourable Pete Hodgson.

Finally, despite the difficult environment in which the HRC operates, a strong record of achievement across all portfolios of research investment is evident in this report. These achievements would not be possible without the commitment and hard work of the Council, the Secretariat, the HRC's committees and the large number of individuals who participate as referees and assessors in the peer-review process so vital to successful investment in high-quality health research. The way ahead is demanding. Nevertheless, the Council is clear about the strategic direction to be pursued. In doing so it will build on what has already been achieved and will continue seeking the additional funding required to increase research outputs that contribute to improving health outcomes and reducing inequalities in the health of New Zealanders.



Professor Graeme Fraser, CNZM
Chair, Health Research Council of New Zealand

Chief Executive's Report

The Health Research Council of New Zealand (HRC) is a Crown Entity with the primary responsibility for the administration of the Government's investment in health research.

The majority of HRC funding is provided by Vote RS&T for investment through an annual contestable funding round with additional contributions arising from agencies and organisations who are involved in the HRC's Partnership Programme and District Health Board Research Fund.

Through its research investments the HRC contributes to the development of knowledge which can be used by a range of end-users to inform development and implementation of policy and practice linked to health outcomes. Where appropriate, the outputs of HRC research also contributes to economic outcomes.

The outputs and outcomes from HRC's investment contribute to the nine outcomes described in the Outcome Statement (page 17). These outcomes link to the HRC's mission: "To improve human health by promoting and funding health research" (HRC Act 1990) and to its vision that: 'no opportunity for excellent health research is missed'.

The HRC provides an annual Progress and Achievements Report to the Minister of Research Science and Technology and a report "The HRC and the New Zealand Health Strategy: Providing Evidence to meet Health Goals" to the Minister of Health. Together these two reports provide a detailed analysis of the outputs and outcomes arising from the HRC's investments.

The progress that the HRC has made to meet the objectives set out in the 2006/07 Statement of Intent are described in this report with a specific focus on the strategies identified for each of the nine outcomes. The strategies are described in the Outcome Statement (page 17). Progress towards achievement of the Outcomes is described below.

Outcome 1: New Zealand's potential to conduct excellent and relevant health research is maximised.

During the year the HRC invested in 187 contracts (expenditure \$54.89M) which had been selected up to three years previously using contestable funding processes on the basis of science merit and health priority. Investments were in biomedical, clinical, health services research, public health research, Maori and Pacific health research in nine Research Portfolios. Details of the specific contracts are on Pages 69 to 78 and 81 to 100 of this report.

The HRC's outputs from its research investment are reviewed annually and documented in a Progress and Achievements Report prepared for the Minister of RS&T.

Over the past seven years the HRC has been increasing its investment in six-year Programme contracts. As of 30 June 2007 expenditure on Programmes was \$26.58M (48.4% of Output Class 2 Contestable Funding Round expenditure). This policy, which is consistent with Vote RS&T policy to create a more stable funding environment, has been well received by the research community. It is expected that 50% of HRC's research expenditure in the annual contestable round will be on programmes by the end of the 2007-2008 year.

Outcome 2: *New Zealand has invested in establishment of a world-class health research workforce*

The HRC made significant progress in implementing the strategies identified for this Outcome. These included:

- i) Re-establishment of Clinical Research Training Fellowships (CRTFs). The HRC was able to fund a further 8 high quality applicants proceeding to complete a PhD bringing the total CRTFs to 18.
- ii) Linking of research funding to post-doctoral fellowship support. As has been the practice for the HRC's Sir Charles Hercus Health Research Fellowship, the HRC now provides up to \$125,000 research working expenses for Maori and Pacific health research post-doctoral fellowships.
- iii) Establishment of career development awards for disability research.
- iv) Further development of training opportunities for Pacific health research.

Outcome 3: *New Zealand has created opportunities to bridge the gaps in careers for the health research workforce*

This is an important Outcome for the HRC and while it was not possible to implement all of the strategies, the HRC has identified a number of gaps (e.g. health economics/primary care research) in the research workforce. It has also initiated discussions with other agencies to explore opportunities for partnerships. The HRC has also been able to support a number of PhD scholars and post-doctoral fellows on HRC project and programme contracts.

Outcome 4: *Improved health and well-being for New Zealanders through translation of the Outputs of health research into health services*

HRC has progressed three of the four strategies identified for this Outcome. These are:

- i) management of the District Health Board Research Fund (DHBRF) with Requests for Proposals being progressed in the following areas:
 - a) chronic care;
 - b) cancer;
 - c) access to services;
 - d) diabetes, and
 - e) mental health.
- ii) through the HRC's Partnership Programme, current Joint Ventures have been established, with the Ministry of Health, in the following areas:

a) Evaluation of Primary Health Care Strategy	\$2.40M over 6 years
b) Immunisation Research Joint Venture	\$2.40M over 6 years
c) Pacific Health Research Programme	\$0.80M over 3 years
d) Primary Prevention of Cancer	\$5.70M over 3 years
e) Maori Health Joint Venture	\$2.04M

The HRC also manages two contracts on behalf of the Ministry of Health: providing workforce awards for Pacific (\$0.70M over 2 years) and Pacific Mental Health (\$0.58M over 2 years) trainees;

- iii) priority areas for both the NZ Health Strategy and the Disability Strategy have been incorporated into the HRC Research Portfolio strategies and into the assessment of priority, and

- iv) while it has not been possible to establish a new initiative in translational research this has been made a focus for the DHBREF.

Outcome 5: Taking advantage of New Zealand's unique opportunities and challenges

The HRC completed "Nga Pou Rangahau Hauora Kia Whakapiki Ake Te Hauora Maori (The Health Research Strategy to Improve Maori Health and Well-being 2004-2008) in 2004 and is now implementing strategies to achieve the eleven goals in the Strategic Plan. Of particular importance in the current year was investment in:

- i) research responsive to Maori health needs (Goal 1);
- ii) the conduct of quality Maori health research (Goal 2);
- iii) Maori health research workforce development (Goal 4);
- iv) Rangatiratanga/partnership with tangata whenua (Goal 7), and
- v) collaborations with other indigenous peoples (Goal 10).

During 2005-2006, the HRC completed its Strategic Plan for Pacific Health Research 2006-2010. It was launched by Hon Pete Hodgson, Minister of Health, in February 2006. The plan is inspired by a vision of optimal health for Pacific peoples and a mission to find Pacific health and disability solutions through research. Of the six goals the HRC has paid particular attention to the following in the 2006/07 year:

- i) development of Pacific health research, capacity and capability;
- ii) improvement in the quality of health research that is by and/or for Pacific peoples;
- iii) demonstration of responsiveness to Pacific communities, and
- iv) building and encouragement of relationships to advance Pacific research.

Outcome 6: Cross-sectorial research partnerships supporting evidence based public policy and practice

Through the Partnership Programme the HRC managed 22 joint ventures with 12 partners this year. Significant initiatives included the following:

- i) project management of the pilot for a new longitudinal cohort study for the Ministry of Social Development;
- ii) a programme of jointly funded occupational health and safety research in partnership with the Accident Compensation Corporation (ACC) and the Department of Labour, and
- iii) a community-based approach to alcohol problems amongst New Zealand's Pacific peoples jointly funded through a partnership with the Alcohol Advisory Council (ALAC) and ACC.

The HRC has also worked with FRST to ensure that activities of potential relevance to both agencies are managed in an appropriate manner.

Outcome 7: An enhanced international research profile through strengthened networks and increased global connections

The HRC has a number of important international networks and collaborative initiatives which add value to health research outputs in New Zealand. These include:

- i) an excellent working relationship with the NHMRC (Australia) to strengthen Trans-Tasman health research initiatives (e.g. Australia-NZ Clinical Trials Register) and to benchmark HRC performance (e.g. Bibliometric analysis of publications);

- ii) together with the Canadian Institutes of Health Research and the NHMRC (Australia), the HRC has established the International Collaboration in Indigenous Health Research Programme. This initiative is modelled on the International Collaborative Research Grants Programme between HRC, NHMRC (Australia) and the Wellcome Trust (UK) programme, focused on the developing countries in the Asia Pacific region, and
- iii) through the International Investment Opportunities Fund (Objective 2) the HRC is in the process of establishing a Trans-Tasman Clinical Trials Collaboration and a research partnership programme with the Science and Technology Commission of the Shanghai Municipality.

Outcome 8: The capture for New Zealand of the economic benefits arising from health research

HRC funded research has led to the development of intellectual property which has been protected and developed by host institutions through the HRC's intellectual property agreements. The HRC has been particularly interested in intellectual property which has the potential to contribute to both health and economic outcomes.

HRC staff have contributed to MoRST's Biotechnology roadmap and to the development of a regulatory and ethical framework for management of new and emerging technologies.

Outcome 9: New Zealand has the infrastructure needed to support high quality health research

World-class biomedical research requires access to state of the art technology. The HRC has worked with the research community (e.g. through International Investment Opportunities Fund Objective 1) to support them to gain access to these key technologies.

Funding Round

The HRC's main contestable funding round was conducted between November 2006 and June 2007. Proposals submitted to the HRC were assessed by peer review for scientific merit and health priority. Criteria for the scientific assessment were:

- health significance;
- scientific merit;
- design and methods, and
- expertise and track record of the research team.

These criteria were used by the national and international referees who reviewed research proposals and by one of the HRC's eight Assessing Committees for those proposals which progressed to full review. The HRC's peer review process meets international best practice standards. Following ranking of proposals based on their scientific merit by the HRC's Research Committees, health priority was reviewed by the HRC's Grant Approval Committee (a sub-committee of the HRC's Board made up of the Chairs of the Research Policy Advisory Committee, Biomedical Research Committee, Public Health Research Committee, Maori Health Committee and Pacific Health Research Committee) and their recommendations on proposals to be funded were submitted to the Board for approval. The Grant Approval Committee considered relevance scores based on:

- relevance to HRC research portfolio priorities;
- relevance to HRC's priority populations;
- contribution to workforce recruitment and/or retention, and
- relevance to priorities of the NZ Health Strategy, NZ Disability Strategy, He Korowai Oranga, The Maori Health Strategy and MoRST's Strategy, Vision Mātauranga.

Successful research providers negotiated the details of their contracts from May 2007 for initiation after 1 July 2007.

Funding Round Outcome

The 2006-2007 Funding Round was competitive with a very high standard of research proposals submitted for consideration. With no additional funding in the 2007 Budget it was a concern to the HRC that much excellent research remained unfunded.

Of the \$56.8M allocated for expenditure over the next three years, a total of \$32M went to biomedical and clinical research contracts, \$18M to public health research and \$6.7M to Maori health research contracts. The University of Auckland and the University of Otago received new contracts worth \$13.6M and \$28.6M, respectively. Other institutions received a total of \$14.6M.

Details of the successful new contracts awarded in each of the categories are set out on pages 69 to 78. Some of the key points are summarized in the following sections.

Emerging Researcher First Grant Contracts (maximum value \$150,000)

Emerging Researcher First Grants were introduced in the 2005 funding round to cultivate researchers ready to pursue an independent stream of investigation. Six (biomedical, Maori health) from 19 proposals were funded. A total of \$0.72M was awarded.

Project Contracts (no maximum value)

A total of 225 project applications, including projects within programmes, were reviewed. One hundred and twenty seven were identified as fundable and 42 projects worth \$31.5M were able to be funded. The overall success rate for all projects was 19% (42 contracts from 225 proposals), a decrease from last year (20.4%).

Programme Contracts (no maximum value, contracts 3 yr plus 3 yr extension)

Six Programme extensions were received and five were approved for three more years, one for two years. These were in the areas of Maori health, neurology, diabetes, psychotherapy, cancer and epidemiology.

A total of 12 new Programme applications were received and the 41 individual projects, which made up the proposed Programmes, were reviewed through the project peer review process. Fundable project recommendations were forwarded to the Programme Assessing Committee for consideration as a Programme. Three new Programmes were funded to study injury prevention, anti-viral therapeutics and nutrition/exercise.

A total of \$23.5M, 41.3% of the total funds allocated, went to either new or extended Programmes.

The outputs and outcomes of the research contracts funded, in previous years, were detailed in annual research reports from research providers. These reports were reviewed by the relevant HRC Research Committee and the information used by the HRC in the preparation of its annual Progress and Achievements Report to the Minister of Research, Science and Technology.

Evaluation of the research proposals and outputs of funded research was also used by the HRC's Research Policy Advisory Committee in making its recommendations to the Board on changes to the Investment Strategy for the next year.

Dissemination of HRC Activities

In addition to this Report which includes the HRC's audited accounts, the HRC prepares an annual Progress and Achievements Report for the Minister of RS&T and "The HRC and the New Zealand Health Strategy: Providing Evidence to meet Health Goals" report for the Minister of Health. It also publishes a Newsletter (quarterly), Panui (quarterly) and an electronic Newsletter (fortnightly). It will also publish Performance Highlights 2006/07.

Liley Medal

In 2004 the HRC established the Sir William Liley Medal to recognise outstanding achievement of a New Zealand health research scientist. This prestigious medal recognises the outstanding contribution of Sir William Liley (1929 - 1983) to health and medical sciences in New Zealand. In 2006, the winner of the Liley medal was Associate Professor Lianne Woodward, University of Canterbury.

Council and its Committees

The Council is a Management Board with the ten members appointed by the Minister of Health. During the year it met on 9 occasions (10 days).

The Chairs of three Statutory Committees (Biomedical Research [Professor Tony Reeve], Maori Health [Ms Aroha Hudson], and Public Health Research [Professor Alistair Woodward]) are members of the Board. The Chair of the Pacific Health Research Committee [Ms Esther Cowley-Malcolm] and Research Policy Advisory Committee [Associate Professor Richie Poulton], two standing Committees of the Board are also members of the Board.

Professor Warren Tate and Mr Kiki Maoate completed their six year terms and were replaced by Professor Tony Reeve and Ms Esther Cowley-Malcolm in August 2006.

Each of these Committees met 3-4 times during the year to conduct the business of the Committee. Principal activities included oversight of contestable funding round processes, selection of scholars and fellows for HRC career development awards and provision of advice on relevant HRC policies and practices. The oversight of the HRC's peer review of research proposals is important to ensure that the processes used meet international best practice standards. HRC has a strict policy to manage conflict of interest during the peer review process. The Research Policy Advisory Committee which has research provider and end-user stakeholder representation within its membership, provided the Board with advice on development and implementation of the HRC's research policy framework.

A sub-committee of the Board (Grant Approval Committee) consisting of the Chairs of the five above mentioned committees met to finalise the recommendations for new research contracts from the 2005/06 Funding Round.

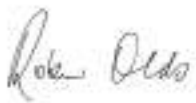
The HRC Ethics Committee (Chair: Ms Elisabeth Harding) is a statutory committee supported by the HRC's contract for research support services and policy advice with the Ministry of Health. The Committee which met on four occasions, reviewed annual reports of all accredited regional and institutional ethics committees, reaccredited three committees and provided comments on ethics guidelines for health research.

The HRC's Data Safety Monitoring Board (Chair Professor Tom Fleming) provided oversight on five clinical trials.

During the year the HRC's Standing Committee on Therapeutic Trials (SCOTT) reviewed 117 applications to conduct a clinical trial under section 31 of the Medicines Act (1981). The HRC's Genetic Technology Advisory Committee provided expert advice on the controls required for regulation of xenotransplantation in New Zealand and reviewed an application which was the first to receive GTAC approval.

Secretariat

The HRC has a staff of 35. The Secretariat provides support to the Board and to the HRC's Statutory and Standing Committees. The staff is also responsible for the conduct of the day to day activities of the HRC. In addition, the HRC supports an additional 5 FTEs on income from contracts with the Ministry of Health, and other ministries and organisations involved in the HRC Partnership Programme.

A handwritten signature in black ink, appearing to read "Robin Olds". The signature is written in a cursive style with a large initial 'R'.

Dr Robin Olds
Chief Executive

Governance and Accountability Statement

The HRC has a ten-member Board appointed by the Minister of Health. Five members are, or have been, actively engaged in health research and five have skills and experience in areas relevant to the activities of the HRC. Members of the Board chair each of the HRC's three Statutory Research Committees (the Biomedical Research Committee, Maori Health Committee and Public Health Research Committee), the Pacific Health Research Committee and the Research Policy Advisory Committee. These Board members also make up the Grant Approval Committee, responsible for finalising funding recommendations to the Board on HRC research contracts.

Members of the Board also serve on the HRC Ethics Committee and on the Risk Management Committee.

The HRC has two Standing Committees: the Standing Committee on Therapeutic Trials (SCOTT) and the Gene Technology Advisory Committee (GTAC) which provides advice and review applications requiring clinical trials approvals under the Medicines Act (1981).

HRC's committees provide advice and recommendations on HRC's policies and procedures and play a major role in the peer-review processes used to assess research proposals submitted to the HRC for funding.

The Council's governance responsibilities include:

- Communicating with the Minister and other stakeholders to ensure their views are reflected in the HRC's planning.
- Delegation of responsibility for achievement of specific objectives to the Chief Executive.
- Monitoring organisational performance towards achieving objectives.
- Accounting to the Minister on plans and progress against them.
- Maintaining effective systems of internal control.

The Council has appointed a single employee, the Chief Executive, to manage all HRC operations. All other employees of the HRC have been appointed by the Chief Executive. The Council directs the Chief Executive by delegating responsibility and authority for the achievement of objectives and through setting policy.

HRC's Organisational Structure

The HRC Secretariat is made up of seven groups with specific roles and responsibilities. Each group is led by a member of the Executive Management team.

Groups are:

- Office of Chief Executive;
- Finance and Contracts Management Group;
- Investment Processes Group;
- Policy, Evaluation and Business Development Group;
- Maori Health Research and Health Sector Relationships Group;
- Corporate Services and Ethics Group, and
- Knowledge Management and Information Systems Group.

Members of each group are involved in project/activity specific teams to ensure effective and timely management and administration of HRC activities.

Members of the Secretariat have developed functional working relationships with staff in other government departments and agencies, research provider institutions and the other RS&T funding and investment agents.

Council Committees

In terms of the Health Research Council Act the Council has set up four statutory committees. The function of these committees is specified in the Act. The Maori Health Research Committee has also been given the functions of a Research Committee. The statutory committees are:

- Biomedical Research Committee;
- Public Health Research Committee;
- Maori Health Committee, and
- Ethics Committee.

Council has also set up a number of standing committees to provide a more detailed level of focus on particular issues. The standing committees are:

- Pacific Health Research Committee;
- Research Policy Advisory Committee (RPAC);
- Grant Approval Committee;
- Gene Technology Advisory Committee (GTAC);
- Standing Committee on Therapeutic Trials (SCOTT);
- Risk Management Committee.

Council Membership

Members are appointed by the Minister of Health. In terms of the Act there are ten members, five of whom are involved in health research. Once appointed all members are required to act in the best interests of the HRC. Members acknowledge that the Board must stand unified behind its decisions; individual members have no separate governing role in the HRC.

Connection with Stakeholders

The Council acknowledges its responsibility to keep in touch with stakeholders and, in particular, to remain cognisant of the responsible Ministers expectations.

Division of Responsibility between the Council and Management

A key to the efficient running of the HRC is that there is a clear division between the roles of the Council and management. The Council concentrates on setting policy and strategy, and then monitors progress towards meeting objectives. Management is concerned with implementing policy and strategy. The Council clearly demarcates these roles by ensuring that the delegation of responsibility and authority to the Chief Executive is concise and complete.

Accountability

The Council holds monthly meetings to monitor progress towards its strategic objectives and to ensure that the affairs of the HRC are being conducted in accordance with Council's policies.

Conflicts of Interest

The Council maintains an Interests Register and ensures Council members are aware of their obligations to declare interests.

Internal Control

While many of the Council's functions have been delegated, the overall responsibility for maintaining effective systems of internal control ultimately rests with the Council. Internal controls include the policies, systems and procedures established to provide assurance that specific objectives of the Council will be achieved. The Council and Management have acknowledged their responsibility by signing the Statement of Responsibility on page 25 of this report.

Legislative Compliance

The Council acknowledges its responsibility to ensure the organisation complies with all legislation. The Council has delegated responsibility to the Chief Executive for the development and operation of a programme to systematically identify compliance issues and ensure that all staff are aware of legislative requirements that are particularly relevant to them.

Risk Management

The Council acknowledges that it is ultimately responsible for the management of risks to HRC. The Council has charged the Chief Executive through its risk management policy with establishing and operating a risk management programme. The Risk Management Committee was established in July 2003. The current chair is Dr John Hay.

Ethics

The Council is committed to ensuring that all of its activities are conducted in a manner, which meets the highest ethical standards.

Outcome Statement

The HRC has identified nine Outcomes which its investment, strategies and activities will contribute to. The Outcomes are similar to the strategic goals described in Vision 2008. For each outcome the HRC has identified the key strategies to be implemented to achieve the outcome, relevant performance measures and links to one or more of the HRC's Outputs.

Outcome 1: New Zealand's potential to conduct excellent and relevant health research is maximised.

Opportunities exist to exploit our excellence in health research through investments which will contribute to evidence-based improvements in health outcomes and New Zealand's future as a knowledge-led society.

To achieve this outcome our strategies over the next three years will include:

- i) increasing investment in all nine HRC Research Portfolios to ensure that HRC funds the maximum quantum of excellent, relevant health research;
- ii) increasing investment in research programmes towards a target of 50% of HRC's overall investment;
- iii) working with MoRST and the other RS&T purchase agents to ensure that, where relevant, investment in health research is managed through the HRC;
- iv) ensuring HRC uses peer-review processes which meet international best practice standards to identify excellent and relevant research;
- v) ensuring that those areas in which New Zealand has a competitive edge are developed, and
- vi) investment in strategic research in which New Zealand has a unique competitive knowledge (e.g. animal models¹ for human disease).

In 2005/06, the HRC will focus on maximising the returns achieved from increased investment across the HRC's nine Research Portfolios.

Links to Outputs

- Output 2 - Contestable Funding Round

Outcome 2: New Zealand has invested in establishment of a world-class health research workforce

Successful outcomes in health research depend on the quality and achievements of the workforce. Recruitment of our best and brightest and their integration into research careers is essential if we are to remain globally competitive and to deliver the expected outcomes.

To achieve this outcome over the next three years our strategies will include:

- i) re-establishment of Clinical Research Training Fellowships;
- ii) further development of research training and Career Development Awards for Maori;
- iii) further development of research training and Career Development Awards for Pacific peoples;
- iv) linking of research funding to postdoctoral fellowship support;

¹ In order to better understand and treat certain diseases, researchers may first conduct studies on animals with the disease, this is called an 'animal model' for the disease`.

- v) establishment of Career Development Awards in disability research and mental health, and
- vi) re-establishment of PhD scholarships and postdoctoral fellowships in biomedical and public health research, where there is a need to build capacity.

In 2005/06, the HRC will focus on strategies i) - v) above, commensurate with the funds available.

Links to Outputs

- Output 4 - Priority Research for Health, and
- Output 3 - Human Resource Development for Health Research.

Outcome 3: New Zealand has created opportunities to bridge the gaps in the careers for the health research workforce

Global competitiveness of New Zealand health research will be enhanced through the recruitment and repatriation of outstanding emerging researchers and those in mid-career who will bring expertise and experience to both build on our strengths and to meet gaps in our capacity and capability.

To achieve this Outcome over the next three years our strategies will include:

- ii) expansion of the number of Sir Charles Hercus Health Research Fellows, to provide advanced salary support for outstanding research fellows;
- iii) development of partnerships with other agencies and organisations to attract health research scientists to New Zealand;
- iv) increasing opportunities in HRC's Research Programme contracts to support outstanding emerging researchers;
- v) identification of gaps in current national capacity and capability needed to conduct health research, and
- vi) establishment of a fellowship(s) to attract outstanding mid-career scientist to New Zealand.

In 2005/06, the HRC will focus on identification of the gaps in our current national capacity and capability needed to conduct health research and on the development of partnerships to support individuals seeking to establish careers in health research in New Zealand.

Links to Outputs

- Output 1 - Research Contract Management for Health Research;
- Output 3 - Partnership Programme, and
- Output 7 - International Investment Opportunities.

Outcome 4: Improved health and well-being for New Zealanders through translation of the Outputs of health research into health services

Investment in research which translates knowledge into policy and practice throughout the health sector will contribute to building a high-quality, evidence-based healthcare system in New Zealand.

To achieve this outcome over the next three years our strategies will include:

- i) working with District Health Boards and other health sector agencies to build research capability and research outputs;

- ii) establishment of joint ventures with the Ministry of Health and other partners to build an evidence base for health services;
- iii) investment in a translational research programme to enhance transfer of strategic and applied research knowledge to health services, and
- iv) ensuring that the priorities of the New Zealand Health and Disability Strategies are considered in HRC's investment processes.

In 2005/06, the HRC will focus on strategies i) to iv), commensurate with the funds available.

Links to Outputs

- Output 2 - Contestable Funding Round, and
- Output 3 - Partnership Programme.

Outcome 5: Taking advantage of New Zealand's unique opportunities and challenges

The diversity and uniqueness of our population creates opportunities and challenges for health research to address health outcomes and inequalities in health for Maori, Pacific peoples and other high-needs populations in New Zealand.

To achieve this Outcome our strategies over the next three years will include:

- i) investment in research that will contribute to improving the health of Maori, whanau, hapu and iwi;
- ii) investment in health research which will inform improved health outcomes for Pacific peoples in New Zealand and the region, and
- iii) investment in health research which addresses the needs and diversity of other populations (e.g. Asians) in New Zealand.

In 2005/06, the HRC will focus on strategies i) and ii). Availability of funding will influence the extent to which each of these strategies can be progressed.

Links to Outputs

- Output 2 - Contestable Funding Round, and
- Output 6 - Maori Health Research.

Outcome 6: Cross-sectorial research partnerships supporting evidence based public policy and practice

Opportunities exist for the HRC to invest in cross-sectorial research initiatives, both within and outside the government sector, to create knowledge of benefit to New Zealand.

To achieve this Outcome our strategies over the next three years will include:

- i) continuing to develop the HRC's Partnership Programme to deliver an evidence base for policies and service development across the government sector;
- ii) working with FRST to develop appropriate investment strategies for research which overlaps mutual areas of interest, and
- iii) ensuring that sector convergence opportunities arising from life sciences research are captured where health outcomes can be achieved.

In 2005/06, the HRC will focus on strategy i) but ensure that any opportunities arising from strategies ii) and iii) are managed to contribute to the outcome.

Links to Outputs

- Output 1 - Research Contract Management for Health Research, and
- Output 3 - Partnership Programme.

Outcome 7: An enhanced international research profile through strengthened networks and increased global connections

Opportunities exist for key stakeholders in the health and research, science and technology sectors to expand international networks and collaborations to enhance New Zealand's reputation as a small, but world-class participant in health research.

To achieve this Outcome our strategies over the next three years will include:

- development and implementation of strategic partnership with NHMRC to strengthen trans-Tasman health research initiatives;
- enhancement of New Zealand's health research capability through participation in bilateral and international networks;
- implementation of the International Collaboration in Indigenous Health Research Programme (ICIHRP) with the National Health and Medical Research Council (NHMRC, Australia) and the Canadian Institutes of Health Research (CIHR);
- increased participation of New Zealand research in international clinical trials and epidemiological studies, and
- establishment of international funding partnerships to enhance research collaborations of benefit to New Zealand.

In 2005/06, the HRC will focus on strategies i) - v) by taking advantage of any funding opportunities that arise. Partnerships involving Australia will be a priority.

Links to Outputs

- Output 3 - Partnership Programme, and
- Output 7 - International Investment Opportunities.

Outcome 8: The capture for New Zealand of the economic benefits arising from health research

Investment in world-class health research has the potential to contribute to economic goals and to play a major role in the development of a knowledge-based economy in New Zealand through development and production of innovative products and solutions for health.

To achieve this Outcome our strategies over the next three years will include:

- investment in research which has the potential to bring health and economic benefits for New Zealand;
- working with research providers to ensure timely protection and development of intellectual property arising from HRC investments;
- contributing to the development of a regulatory and ethical framework for conduct of biotechnologies relevant to health, and
- active participation in the implementation of the New Zealand Biotechnology Strategy.

In 2005/06, the HRC will focus on strategies i) to iv) with emphasis on strategies i) and iii).

Links to Outputs

- Output 1 - Research Contract Management for Health Research;
- Output 2 - Contestable Funding Round, and
- Output 8 - Research Support Activities.

Outcome 9: New Zealand has the infrastructure needed to support high quality health research

To maintain a globally competitive health research sector in New Zealand provision of access to world-class equipment and technology platforms through partnerships and collaboration will be essential.

To achieve this Outcome our strategies over the next three years will include:

- i) ensuring that the infrastructure needs of the health research sector are identified and drawn to the attention of MoRST, and
- ii) development of national and international partnerships to facilitate access of New Zealand health research scientists to new technology platforms.

In 2005/06, the HRC will focus on strategies i) and ii).

Links to Outputs

- Output 1 - Research Contract Management for Health Research, and
- Output 3 - Partnership Programme.

Capability to achieve the Outcomes

With the increases in the range and scale of activities projected from 2006/07, the HRC Secretariat organisational structure was reviewed and changes made to increase both efficiency and the interaction between groups and teams. Of particular importance, is the commitment to development of an integrated Knowledge Management and Information System to address our needs for processing of data, its analysis and our communication with stakeholders. Completion of an e-Grants system (EASY) has enhanced the management of the peer-review processes and, in particular, that associated with the contestable funding round. Within the Secretariat, there will be an increased emphasis on our relationships with health sector stakeholders and on evaluation of the outputs and outcomes of HRC's investment in health research.

The HRC has well qualified staff and ongoing staff development is encouraged and supported by the HRC.

The Secretariat work closely with both the Board and the HRC's statutory and standing committees. The important relationship between HRC, MoH and MoRST is addressed through a co-ordination committee involving a senior manager from each organisation.

Selecting research for investment: HRC's Peer-Review Assessment Process

Open contestability and international best practice peer review are the two underpinning principles of the HRC's assessment process used to identify research to be funded by the HRC.

The HRC solicits research proposals by two methods:

- an annual funding round for investigator-initiated research, and
- requests for proposals for research on specific topics.

The annual funding round is managed by the HRC's Biomedical, Maori Health, Pacific Health Research and Public Health Research Committees. Proposals receive a scientific review by national and international referees prior to consideration by an Assessing Committee of peers. Criteria for review are:

- i) health significance;
- ii) scientific merit;
- iii) design and methods, and
- iv) expertise and track record of the research team.

Proposals identified as fundable are ranked on scientific merit prior to their review for relevance. Criteria for assessment of relevance are:

- i) contributes to Vision Mataranga outcomes;
- ii) is relevant to one or more of the HRC's priority populations;
- iii) contributes to the balance of investments within one or more of the HRC's Research Portfolios;
- iv) aligns with the research priorities identified in one or more of the HRC's Research Portfolios (see the HRC website for Research Portfolio Strategies);
- v) aligns with the priorities identified in Ministry of Health strategies (the New Zealand Health Strategy; the New Zealand Disability Strategy; and the Maori Health Strategy: He Korowai Oranga), and
- vi) contributes to the recruitment or retention the health research workforce.

The HRC's nine Research Portfolios are listed under Output 2. The ninth Research Portfolio is split between Output 2 and Output 6. The portfolio system was established in 1999. A research strategy is available on the HRC website for each portfolio and includes the research priorities which were developed and extensively reviewed through a nationwide consultation process. All portfolio priorities are additionally aligned with the thirteen priority population health areas outlined in the New Zealand Health Strategy. The HRC has also developed criteria to determine the relevance of proposals to the most pressing research needs of the HRC's five priority population groups (Maori, Pacific peoples, children and youth, older adults, and people with disability). Again, these criteria were developed by researchers and stakeholders and were subject to a nationwide consultation process.

The recommendations for funding are finalised by the Grant Approval Committee (a sub-committee of the HRC Board, which includes the Chairs of the three statutory Research Committees, the Pacific Health Research Committee and the Research Policy Advisory Committee).

In making its recommendations for funding, the Grant Approval Committee takes into account the following:

- i) Scientific merit, health relevance and ranking;
- ii) funds available for allocation in the Output (projected for 3-year duration of contracts);
- iii) prior decisions on funds to be allocated to a specific type of contract;
- iv) funds available for allocation in a specific Research Portfolio, and
- v) any other relevant information, e.g. availability of co-funding.

A Requests for Proposals (RFP) process is used by the HRC's Partnership Programme. For each joint venture the HRC establishes a steering committee to prepare the RFP, to oversee the peer-review process and to monitor progress of the research.

On most occasions, a two-stage process is used with the Expression of Interest (Stage 1) assessing fit of the proposed research to the requirements of the RFP. The peer-review process for full proposals (Stage 2) is similar to that used in the annual funding round. Criteria are similar with additional RFP specific criteria added as required.

The HRC benchmarks its peer review processes with those used by other international health research funding agencies (e.g. NHMRC in Australia) to ensure its processes meet international best practice standards.

Details of the HRC assessment processes are published annually in the HRC's Investment Strategy and in the Assessing Committee Handbook, available under 'Publications' from the HRC's website, www.hrc.govt.nz.

The HRC pays particular attention to the projected costs of proposed research and ensures that costs are appropriate and calculated according to agreed principles for costing health research. All research contracts (Outputs 2-4 and 6) are fully costed, using audit certified overhead rates. HRC consults with other RS&T funding and investment and other funding agencies to ensure that there is no overlap in funding.

Ensuring Contracted Research meets its Objectives: HRC's Contract reporting

Research providers are required to report annually for contracts funded through the annual funding round and quarterly or six-monthly for contracts funded through the Partnership Programme. Reports are submitted using HEARD HRC's web-based reporting system. Reviews are conducted by HRC staff, by Research Committees and/or members of steering committees (Partnership Programme). Identified issues are taken up with the host institution.

HRC is going to pay increased attention to the monitoring of research contracts to ensure objectives are met within the budget and the duration of the contract.

In 2006/07 the HRC will initiate a three year programme (three reviews conducted each year for three years) of Research Portfolio reviews which will evaluate the contribution of HRC funded research to health, knowledge and economic goals and the nine HRC outcomes.

Measuring the Return on Investment: HRC's Evaluation Framework

To assist in the allocation and prioritization of funding, the HRC has developed a Research Policy Framework, which includes Research Portfolios (nine) and Priority Populations (five). Contracts are aligned to one or more portfolios and priority population groups providing a framework for evaluation of resource utilisation (funding and workforce) and associated research outputs and outcomes. The long timeframe of most research contracts and the delays in publication of results requires the HRC to measure the returns on investment over a number of years.

The HRC has been developing an evaluation framework to monitor progress and performance against goals and performance measures identified in HRC strategies, provide an evidence-base for the development of HRC policy and processes and determine the impact of research funded. This framework is currently under review and the revised framework will be published in June 2006.

The results of the HRC's evaluation work are made available to our key stakeholders and to HRC's committees and Board. The HRC publishes occasional papers on evaluation of specific activities supported by the HRC. In 2006/07, the HRC will publish a report on the evaluation of the Partnership Programme.

The HRC's evaluation activities are resourced from Output 1 'Research Contract Management'.

Reports published on an annual or pre-arranged schedule include:

- Statement of Intent;
- Annual Investment strategy;
- Annual Report to Parliament (Minister of Health);
- Performance Highlights;
- Progress and Achievements Report (Minister of RS&T), and
- The HRC and the New Zealand Health Strategy: Providing Evidence to Meet Health Goals (Ministry of Health).

The reports are used within the HRC to assist in planning of HRC's activities and to formulate advice and recommendations to Government. The HRC also publishes occasional papers on the evaluation of activities conducted by the HRC.

The HRC Board also receive recommendations from the HRC's Research Policy Advisory Committee on priorities, gaps in investment, required changes to HRC's investment policies and processes.

Statement of Responsibility

For the year ended 30 June 2007

In terms of the Crown Entities Act 2004, we hereby certify that:

We have been responsible for the preparation of these financial statements and the judgements used therein; and

We have been responsible for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial reporting; and

We are of the opinion that these financial statements fairly reflect the financial position and operations of this Crown Entity for the year ended 30 June 2007.



Council Chair

Professor Graeme Fraser

Date: 31 October 2007



Deputy Council Chair

Dr John Hay

Date: 31 October 2007

Audit Report

**To the readers of the
Health Research Council of New Zealand's
Financial Statements and Performance Information
For the Year Ended 30 June 2007**

The Auditor-General is the auditor of the Health Research Council of New Zealand (the Council). The Auditor-General has appointed me, John Scott, using the staff and resources of Audit New Zealand, to carry out the audit on his behalf. The audit covers the financial statements and statement of service performance included in the annual report of the Council for the year ended 30 June 2007.

Unqualified Opinion

In our opinion:

- The financial statements of the Council on pages 28 to 30 and 51 to 64:
 - comply with generally accepted accounting practice in New Zealand, and
 - fairly reflect:
 - the Council's financial position as at 30 June 2007, and
 - the results of its operations and cash flows for the year ended on that date.

- The statement of service performance of the Council on pages 31 to 50:
 - complies with generally accepted accounting practice in New Zealand, and
 - fairly reflects for each class of outputs:
 - its standards of delivery performance achieved, as compared with the forecast standards outlined in the statement of forecast service performance adopted at the start of the financial year, and
 - its actual revenue earned and output expenses incurred, as compared with the forecast revenues and output expenses outlined in the statement of forecast service performance adopted at the start of the financial year.

The audit was completed on 31 October 2007 and is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and the Auditor, and explain our independence.

Basis of Opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations we considered necessary in order to obtain reasonable assurance that the financial statements and statement of service performance did not have material misstatements, whether caused by fraud or error.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements and the statement of service performance. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

The audit involved performing procedures to test the information presented in the financial statements and statement of service performance. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Council;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied, and
- determining whether all financial statement and statement of service performance disclosures are adequate.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements or statement of service performance.

We evaluated the overall adequacy of the presentation of information in the financial statements and statement of service performance. We obtained all the information and explanations we required to support our opinion above.

Responsibilities of the Council and the Auditor

The Council is responsible for preparing financial statements and a statement of service performance in accordance with generally accepted accounting practice in New Zealand. The financial statements must fairly reflect the financial position of the Council as at 30 June 2007 and the results of its operations and cash flows for the year ended on that date. The statement of service performance must fairly reflect, for each class of outputs, the Council's standards of delivery performance achieved and revenue earned and expenses incurred, as compared with the forecast standards, revenue and expenses adopted at the start of the financial year. The Council's responsibilities arise from the Crown Entities Act 2004 and the Health Research Council Act 1990.

We are responsible for expressing an independent opinion on the financial statements and statement of service performance and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001 and the Crown Entities Act 2004.

Independence

When carrying out the audit we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the Institute of Chartered Accountants of New Zealand.

Other than the audit, we have no relationship with or interests in the Council.

John Scott

Audit New Zealand
On behalf of the Auditor-General
Auckland, New Zealand
Date: 31 October 2007

Matters relating to the electronic presentation of the audited financial statements

This audit report relates to the financial statements of the Health Research Council for the year ended 30 June 2007 included on the Health Research Council's web site. The Council is responsible for the maintenance and integrity of the Health Research Council's web site. We have not been engaged to report on the integrity of the Health Research Council's web site. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements and related audit report dated 31 October 2007 to confirm the information included in the audited financial statements presented on this web site.

Legislation in New Zealand governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Financial Statements

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Accounting Policies

For the year ended 30 June 2007

Reporting Entity

These financial statements have been prepared in accordance with Section 38 of the Health Research Council Act 1990 and Crown Entities Act 2004 in a format consistent with generally accepted accounting practice.

Accounting Policies

The following are the particular accounting policies, which have a material effect on the measurement of results and financial position.

Measurement System

The measurement base used is historic cost.

The cost of producing outputs is recognised on the basis that contract costs will be recognised in the period in which expenditure is expected.

These financial statements have been prepared on the basis that funding from Vote Research, Science and Technology and Vote Health will continue at current levels into the foreseeable future.

Budget Figures

The budget figures are those approved by the Council at the beginning of the financial year.

The budget figures have been prepared in accordance with generally accepted accounting practice and are consistent with the accounting policies adopted by the Council for the preparation of financial statements.

Revenue

All revenue is recognised when it is due and is reported in the financial period to which it relates.

Accounts Receivable

Accounts receivable are stated at expected realisable value.

Deposits

Investments are stated at the lower of cost or net realisable value. Any decreases are recognised in the Statement of Financial Performance.

Financial Instruments

The Health Research Council (HRC) is party to financial instruments as part of its normal operations. These financial instruments include bank accounts, short-term deposits, debtors and creditors. All financial instruments are recognised in the Statement of Financial Position and all revenue and expenses in relation to financial instruments are recognised in the Statement of Financial Performance.

Accounts Payable

Payments due on research contracts are recognised as follows:

For those contracts where the contract is paid in predetermined instalments any instalments due but not yet paid are recognised.

For those contracts where the institution is required to make a claim for funding, any claims received but not yet paid are recognised. These types of contracts are being phased out.

Property Plant and Equipment

All assets are stated at cost less accumulated depreciation.

Depreciation

Depreciation on Property Plant and Equipment is based on a straight line basis at rates calculated to allocate the cost of the assets over their estimated useful lives. The useful lives adopted are:

Office and computer equipment	3 to 5 years
Leasehold improvements	5 years
Motor vehicle	5 years

Goods and Services Tax

All items in the financial statements are exclusive of GST, with the exception of accounts receivable and accounts payable which are stated with GST included. Where GST is irrecoverable as an input tax, it is recognised as part of the related asset or expense.

Taxation

In terms of the Health Research Council Act 1990 the income of the HRC is exempt from income tax.

Operating Leases

Leases where the lessor effectively retains substantially all the risks and benefits of ownership of the leased items are classified as operating leases. Payments under these leases are recognised as expenses in the periods in which they are incurred.

Statement of Cash Flows

Cash means cash balances on hand, held in bank accounts, demand deposits and other highly liquid investments in which HRC invests as part of its day-to-day cash management. It excluded fixed term investments.

Operating activities include cash received from all income sources of the HRC and records the cash payments made for the supply of goods and services.

Investing activities are those activities relating to the acquisition and disposal of non-current assets.

Financing activities comprise the change in equity and debt capital of the HRC.

Cost of Services

The cost of services as reported in the Statement of Objectives and Service Performance, report the net costs of services for the outputs of the Health Research Council and are represented by the costs of providing the service less all the revenue that can be allocated to these activities.

Cost Shares

Funds are received from other agencies for investment in specific health research activities. Such funds are held on behalf of the agencies until appropriate research contracts are established with providers. The funds held are off-set against the costs paid to the providers in respect of these contracts.

Cost Allocation Policy

Direct costs are charged directly to significant activities. All indirect costs are charged against Output "Research Contract Management" as this is specific to the Output Agreement.

Employee Entitlements

Provision is made in respect of HRC's liability for annual, long service and retirement leave. Annual leave and other entitlements that are expected to be settled within 12 months of reporting date, are measured at nominal values on an actual entitlement basis at current rates of pay.

Entitlements that are payable beyond 12 months, such as long service leave and retirement leave, have been calculated on an actuarial basis based on the present value of expected future entitlements.

Changes in Accounting Policies

There have been no changes in accounting policies. Policies have been applied on a basis consistent with those used in previous years.

Statement of Objectives and Service Performance

For the year ended 30 June 2007

INTRODUCTION

The period under review is the fifteenth full financial year of operation of the Health Research Council of New Zealand.

The HRC receives funding from the Government through Vote RS&T to support Outputs 1 to 7 and Vote Health for the funds for Output 8.

The performance measures for each Output are those in the 2006/07 Output Agreement between the Minister of Research, Science and Technology and HRC (Outputs 1-7) and in the 2006/07 Purchase Agreement between Minister of Health and HRC (Output 8).

Output 1: RESEARCH CONTRACT MANAGEMENT FOR HEALTH RESEARCH

Description

The principal activities of this Output are the conduct of contestable processes to allocate funding to new, high-quality and relevant research contracts and to manage the performance of existing contractual commitments in Output 2 "Contestable Funding Round"; Output 5 "Human Resource Development for Health Research"; Output 6 "Maori Health Research". These activities are managed by the HRC's Secretariat with advice from the HRC's Statutory and Standing Committees. The Secretariat manages the development and implementation of Objectives 1 and 2 of the governments International Investment Opportunities Fund (Output 7).

The Secretariat also manages the joint ventures which form part of the HRC's Partnership Programme. As noted previously, staff administering the Partnership Programme are supported on income other than that from Output 1. This income is from management fees or through the related contract funds associated with the particular research project Relationship to RS&T Purchase Agents

Efficient, effective and mutually beneficial relationships with Foundation for Research, Science & Technology (FRST) and Royal Society of New Zealand (RSNZ) (Marsden Fund) are important to the HRC. Where possible, the HRC shares information on evaluation of research outputs, development and timing of investment strategies, resource allocation processes and contract management.

Vision Mataranga

MoRST has created a new policy framework, 'Vision Mataranga, to provide strategic direction for Maori relevant investment funded through Vote RS&T.

HRC has worked closely with MoRST on the implementation of the Vision Mataranga framework, with particular emphasis on investment in research aligned with the Hauora/Oranga research theme.

Treaty of Waitangi

Where appropriate (e.g. involvement of Maori as study participants), the HRC has ensured that research providers address responsiveness to Maori issues in their research proposals.

The HRC has developed and implemented policies and processes to ensure that the HRC, its committees and secretariat meet the principles of the Treaty of Waitangi.

Evaluation of Research Outputs

The HRC evaluates research outputs and outcomes from its investments. These evaluations are included in the HRC's annual Progress and Achievements Report and distributed to the media. The HRC works with the other funding and investment agents to ensure it uses best-practice indicators for these evaluations. The HRC is liaising with WHO in Geneva and health research agencies in Australia (NHMRC), Canada (CIHR), UK (Medical Research Council, MRC) and USA (National Institutes of Health, NIH) to benchmark the research performance of the New Zealand health and medical sciences sector.

Links to Outcomes

- Outcome 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Outcome 2 New Zealand has invested in establishment of a world-class health research workforce.
- Outcome 3 New Zealand has created opportunities to bridge the gaps in the careers for the health research workforce.
- Outcome 4 Improved health and well-being for New Zealander's through translation of the Outputs of health research into health services.
- Outcome 5 Taking advantage of New Zealand's unique opportunities and challenges.
- Outcome 6 Cross-sectorial research partnerships supporting evidence based public policy and practice.
- Outcome 7 An enhanced international research profile though strengthened networks and increased global connections.
- Outcome 8 The capture for New Zealand of the economic benefits arising from health research.
- Outcome 9 New Zealand has the infrastructure needed to support high quality health research.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2006/07 Performance Standards	Outcome
Achievement reports from research providers are produced in accordance with timelines and content guidelines specified in contracts between the funding and investment agent and providers.	All achievement reports are collected from providers, with 95% being in accordance with specified contractual timelines and contain the specified content.	Achieved.
Number of contracts monitored on the achievement of their performance objectives.	All achievement reports are collected from providers, with 95% being in accordance with specified contractual timelines and contain the specified content.	Achieved.
Contracts are awarded in accordance with assessment processes outlined in annually updated documents.	100% of contracts awarded in accordance with processes set out in the HRC's Assessment Processes Handbook.	Achieved.

..contd/..

Performance Measures	2006/07 Performance Standards	Outcome
Research contract payments are made at the agreed sum to the correct providers and no payments are made in excess of the agreed sums.	100% contracts	Achieved.
Where appropriate, contracts require research providers to obtain ethical approvals, and satisfy government regulatory requirements before the research can be undertaken.	100% contracts	Achieved.
HRC delivers key accountability reports in accordance with timelines specified in the 2006/07 Output Agreement.	100% of reports submitted on or before the reporting dates specified in Section 4.1 of the 2006/07 Output Agreement.	Achieved.
Each non-departmental output expense being managed under this non-departmental output expense is supported by evaluation evidence.	The Council will provide details of evaluation activities to be conducted in 2006/07 to the Ministry by 31 July 2006, including timelines and key deliverables. Six monthly reports contain progress reports on current evaluation activities.	Achieved.
Provision of advice to the Minister, via the Ministry as required.	Any requested advice will be delivered within 10 working days of the formal request and will be of a standard acceptable to the Minister.	Achieved.
Staff ratio (investment funds/ FTEs).	Performance measure reported in the 2 nd six monthly report for 2006/07.	Achieved see below.
Investment efficiency (\$ contract management budget / \$ investment funds).	Performance measure reported in the 2 nd six monthly report for 2006/07.	Achieved see below.
Contracts (\$ contract management budget/no. of contracts let).	Performance measure reported in the 2 nd six monthly report for 2006/07.	Achieved see below.
Overbidding (number of applications/number of contracts issued), split by relevant output expense (defined in the output agreement).	Performance measure reported in the 2 nd six monthly report for 2006/07.	Achieved see below.
Overbidding (\$ applied for / \$ available per investment round), split by relevant output expense (defined in the output agreement).	Performance measure reported in the 2 nd six monthly report for 2006/07.	Achieved see below.
Processing time (date of application/date of contracting) split by relevant output expenses (defined in the output agreement).	Performance measure reported in the 2 nd six monthly report for 2006/07.	Achieved see below.

Staff ratio (investment funds/ FTEs). Investment funds are the GST exclusive funds paid to HRC by MoRST in the 12 months to 30 June 2007 (\$65.89M) that are invested in the Output expenses set out in the 2006/07 HRC/MoRST Output agreement. The ratio is: \$1,984.50M/ FTE

Investment efficiency (\$ contract management budget / \$ investment funds). Contract management funds are the GST exclusive funds paid by MoRST to the HRC in the twelve months to 30 June that are to be spent on Research Contract Management as set out in the 2006/07 Output Agreement (\$3.19M). The percentage is: 4.85%

Contracts (\$ contract management budget/no. of contracts let) Contract management funds are the GST exclusive funds paid by MoRST to the HRC in the twelve months to 30 June (\$3.99M) that are to be spent on Research Contract Management as set out in the 2006/07 Output Agreement.

Contracts let, contracts offered, started, entered into in the 12 months to 30 June.
\$3.19M/114 contracts = \$0.028M/ per contract.

Overbidding (number of applications/number of contracts issued), split by relevant output expense. The overbidding is reported for Outputs "Contestable Funding Round", Targeted Research for Health" and "Maori Health Research". Applications that were triaged before the peer-review process are not included.

The ratio is 290 applications/ 59 funding offers made. 4.94:1

Overbidding (\$ applied for / \$ available per investment round), split by relevant output expense. The overbidding is reported for Outputs "Contestable Funding Round", Targeted Research for Health" and "Maori Health Research". This figure does not include the budgets of proposals that were triaged before the peer-review process.

The ratio is \$233.07M/ \$57.926M . 4.02: 1

Processing time (date of application/date of contracting) split by relevant output expenses
Final applications are received by 1 November 2006. Funding is offered to successful applicants on the 1 June 2007.

Processing time is a total of **7 months** or **212 days**

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$3,195</u>	<u>\$3,195</u>	<u>\$3,246</u>
Cost of Output	<u>\$4,206</u>	<u>\$4,270</u>	<u>\$3,862</u>

Output 2: CONTESTABLE FUNDING ROUND

Description

This class of Output comprises the advancement of fundamental, strategic and applied knowledge in the health sciences by the funding of research into the causes, consequences, diagnosis and treatment of human illness; research into factors which influence the health of a population, including research into health systems and health services; and research into environmental, socio-economic, cultural and behavioural factors that determine health status.

HRC administers an annual, Contestable Funding Round for investigator-initiated research. Expenditure is managed in nine Research Portfolios (Rangahau Hauora Maori is funded from Output 2 and Output 6). Individual research contracts may be funded from one or more

Research Portfolios. The majority (84%) (05/06 86%) of HRC annual expenditure is allocated to the funding round.

Fundable research proposals are selected on a contestable basis using international best practice peer review to assess scientific merit and health significance. Determining the relevance of proposals to health priorities identified by the Ministry of Health and research priorities developed by the HRC is also a key part of the assessment process. This process ensures that the research funded through the contestable funding round is both of high scientific merit and addresses the most significant health issues for the nation. Where appropriate, proposals should also demonstrate responsiveness to Maori. The HRC is unable to predict what areas investigators will choose to work in and has other mechanisms for commissioning research in areas that are not addressed through investigator-initiated proposals (see Output 3 and Output 4).

It should be noted that on 1 July 2006, HRC will initiate the new contracts awarded from the 2005/06 funding round. During 2006/07, HRC will review proposals which, if recommended for support, were funded from 1 July 2007.

During 2006/07 the HRC has expended the following on:

- continuing research contracts (those initiated prior to 1 July 2006) \$38M 130 contracts, *Actual* \$43.46M 139 contracts
- new and extended research contracts (those initiated on 1 July 2006) \$17M 65 contracts *Actual* \$10.13M 48 contracts.

All HRC research contracts have been mapped to one or more of the HRC's Research Portfolios. Projected expenditure for 2006/07 in each portfolio is as follows:

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Biological Systems and Technologies	19,464	11,250	15,514
Communicable Diseases	1,378	3,040	1,618
Determinants of Health	7,466	5,100	4,084
Health and Independence of Population Groups	3,273	3,550	3,777
Health Sector Management and Services	1,409	2,820	1,853
Injury, Impairment, Rehabilitation and Disability	1,279	2,630	2,100
Mental Health and Neurological Disorders	3,974	6,900	4,410
Non-communicable Diseases	14,864	16,210	13,046
Ranghau Hauora Maori	<u>1,780</u>	<u>2,000</u>	<u>1,400</u>
	<u>\$54,887</u>	<u>\$53,500</u>	<u>\$47,802</u>

Allocation of Funds

The HRC expects to allocate no less than \$57M over three years into new and extended contracts to be initiated on 1 July 2007.

Actual: \$56.83M

Links to Objectives

- Objective 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Objective 4 Improved health and well-being for New Zealander's through translation of the outputs of health research into health services.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.

Objective 8 The capture for New Zealand of the economic benefits arising from health research.

Objective 9 New Zealand has the infrastructure needed to support high quality health research.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2006/07 Performance Standards	Outcome
<p>Proposals are assessed using criteria of:</p> <ul style="list-style-type: none"> ▪ health significance; ▪ scientific merit; ▪ design and methods; ▪ expertise and track record of team. <p>Proposals also meet Relevance Criteria including:</p> <ul style="list-style-type: none"> ▪ relevance to NZ Health Strategy; NZ Disability Strategy and Maori Health strategy; ▪ implications for workforce; ▪ relevance to priority populations, and ▪ relevance to Research Portfolio strategy. 	<p>All proposals are assessed against the stated criteria.</p> <p>Analysis of funding round results for contracts commencing in July 2007, including numbers of proposals mapping to each portfolio, success rates and application of the relevance criteria included in 2008 Progress and Achievements Report.</p>	<p>Achieved.</p> <p>On track (to be reported in the 2008 Progress and Achievements Report).</p>
<p>Progress and final reports demonstrate the extent to which the research has contributed to one or more of the following objectives:</p> <ul style="list-style-type: none"> ▪ developing novel treatment strategies; ▪ informing health care delivery and/or policy; ▪ forming collaborations and partnerships across the health sector; ▪ developing new methodologies and techniques; ▪ an understanding of diseases of particular importance to the New Zealand population; ▪ dissemination to target audiences; ▪ public health intervention and health promotion strategies; 	<p>2008 Progress and Achievements Report.</p>	<p>On track (to be reported in the 2008 Progress and Achievements Report).</p>

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Performance Measures	2006/07 Performance Standards	Outcome
<ul style="list-style-type: none"> ▪ engagement of researchers with policy and decision makers, and ▪ relevance to priority population groups. 		
Annual analysis of the HRC workforce, including information on numbers of contract FTEs, workforce across portfolios and workforce in priority population areas, emerging researchers and senior researchers.	Analysis included in 2008 Progress and Achievements Report.	On track (to be reported in the 2008 Progress and Achievements Report).

The annual cost of supplying the output relates to research contracts that have been committed up to five years prior to the current year.

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$52,291</u>	<u>\$52,291</u>	<u>\$48,732</u>
Cost of Output	<u>\$54,887</u>	<u>\$53,500</u>	<u>\$47,802</u>

Output 3: PARTNERSHIP PROGRAMME

Description

In order to more effectively meet the knowledge needs of policy-makers and planners in the MoH and the wider health sector and across the government sector, the HRC has developed the Partnerships for Evidence-Informed Policy and Practice Programme (the Partnership Programme).

The Partnership Programme comprises two types of initiatives: Joint Ventures (JVs), where the initiative is focused primarily on the MoH and HRC as key partners; and Joint Research Portfolios (JRPs) where there is broader stakeholder involvement in cross-sectorial health issues. In both models, the HRC provides extensive experience in purchasing research, through processes that meet international standards of best practice. These processes ensure that the HRC commissions research that is of the highest quality and will deliver the evidence required by the MoH and other partners to inform policy and practice.

The Council has 11 Joint Ventures with the Ministry of Health. Partnerships have been established with the Maori Health, Clinical Services, Disability Services, Public Health, Sector Policy, and DHB Funding and Performance Directorates of the Ministry. During the year the HRC has established new partnerships in Maori health, cancer control, healthy eating and healthy action and extended partnerships in primary health care and immunisation.

The DHB Research Fund established in 2005/06 is administered by the HRC. It provides funding to invest in priority research identified by the DHBs. Individual contracts in this programme may involve the HRC as a partner. Other contracts are funded by the DHBs. The research priority areas being developed for investment are Chronic Care, Cancer, Access to Services, Diabetes and Mental Health.

A new joint venture to invest in research relevant to the Cancer Control Strategy has been established by the HRC in collaboration with the Ministry of Health.

In addition to these research-focused initiatives, the HRC is also making a strong contribution to building capacity and capability in the health sector, through its involvement in the management of the MoH's Pacific Mental Health Workforce Awards and Pacific Public Health Workforce Awards and ACC's career development awards in injury prevention. These awards are funded through contracts between HRC and the sponsoring organisation.

The recognition of HRC as a competent administrator of research funds has resulted in a number of government ministries using the HRC to project-manage major research projects, (e.g. Ministry of Social Development's longitudinal cohort study).

Allocation of Funds

The HRC expects to allocate \$2.00M of its funds and a minimum \$5.50M of partners funds to new joint ventures of up to 3 years in duration in 2006/07.

Actual HRC allocation: \$3.70M, Partners funds \$9.52M

Links to Objectives

- Objective 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Objective 4 Improved health and well-being for New Zealander's through translation of the outputs of health research into health services.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.
- Objective 6 Cross-sectorial research partnerships supporting evidence-based public policy and practice.
- Objective 7 An enhanced international research profile through strengthened networks and increased global connections.
- Objective 8 The capture for New Zealand of the economic benefits arising from health research.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2006/07 Performance Standards	Outcome
Proposals are submitted in response to a Request for Proposals (RFP) and are assessed using criteria of: <ul style="list-style-type: none"> ▪ fit with the RFP objectives; ▪ health significance; ▪ scientific merit; ▪ design and methods; ▪ expertise and track record of team. 	100% of contracts.	Achieved.

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Performance Measures	2006/07 Performance Standards	Outcome
Annual analysis of Partnership Programme investment, including: <ul style="list-style-type: none"> ▪ details and \$ values of new and current contracts; ▪ analysis of the extent to which the research has contributed to the milestones identified for the joint venture and met the requirements of the funding partners, and ▪ identification of instances where successful uptake of research into policy and practice has occurred. 	Analysis included in 2008 Progress and Achievements Report.	On track (to be reported in the 2008 Progress and Achievements Report).

The cost in 2006/07 of supporting the contracts in Output 3 relates to contracts awarded up to three years prior to the current year.

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$1,778</u>	<u>\$1,778</u>	<u>\$1,778</u>
Cost of Output	<u>\$2,124</u>	<u>\$2,000</u>	<u>\$1,654</u>

Output 4: TARGETED RESEARCH FOR HEALTH

Description

The Targeted Research for Health Output is a strategic fund targeted towards addressing gaps identified in the HRC's investment. This Output was created in 2005/06 to provide support for targeted ventures addressing key needs for the HRC's priority population groups (Maori, Pacific peoples, children and youth, older adults and people with disability) and national health priorities that are not currently being adequately addressed through the HRC's annual funding round and the Partnership Programme. Research areas have been identified through the HRC's policy and evaluation processes, through which some critical gaps in investment have already been identified, and alignment with national health strategies². Research priorities in which there is already substantial annual investment through the HRC's annual funding round, or for which joint ventures are underway through the Partnership Programme, are not included in the list below.

² The New Zealand Health Strategy, Ministry of Health, 2000; The New Zealand Disability Strategy, Ministry of Health, 2001; He Korowai Oranga: The Maori Health Strategy, Ministry of Health, 2002.

The priority areas for the period covered are:

- research that supports the Healthy Eating Healthy Action Strategy;
- disability research;
- Pacific health research;
- primary care research;
- rural health research;
- health and disability sector workforce research, and
- health services research.

It is important to note that the contestable annual funding round remains the major vehicle for addressing the HRC's health research priorities.

Funds in this Output are allocated through a Request for Proposals process or through identification of high-priority research through the HRC's annual funding round. The HRC addresses some research priorities, either wholly or in part, through the Partnership Programme. Through supporting research in these important areas, the HRC will also seek to build research capacity and capability through encouraging the provision of training positions on research contracts.

This targeted funding allows the HRC the flexibility to actively address critical gaps in knowledge when they are identified, rather than depending on investigator-initiated research through the annual funding round or the willingness of other agencies to invest in the research through the Partnership Programme.

In addition the HRC, together with the Canadian Institute of Health Research (CIHR) and the National Health and Medical Research Council (NHMRC) in Australia, has established an International Collaborative Indigenous Health Research Programme (ICIHRP). During 2006/07 the National Institutes of Health (USA) will join the collaboration. The HRC will fund the New Zealand portion of the programme to a maximum of \$2.00M pa for five years. Similar funding will support successful research teams in Canada and Australia.

Allocation of Funds

The HRC expects to allocate up to \$6.00M into new contracts in 2006/07.

Actual allocation was: \$3.91M into NZ targeted health research. Because of the Canadian and Australian partners request an International Collaborative Indigenous Health Research (ICIHR) programme round was not conducted. Funds have been reserved to conduct an ICIHR round during 2007/08.

Links to Objectives

- Objective 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Objective 4 Improved health and well-being for New Zealander's through translation of the outputs of health research into health services.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2006/07 Performance Standards	Outcome
Eligible proposals are either submitted in response to a Request for Proposals (RFP) or identified through the HRC's contestable funding round. All proposals meet the minimum criteria for "fundability", as identified by the peer review process.	100% of contracts.	Achieved.
Proposals will be assessed against the following criteria: <ul style="list-style-type: none"> ▪ fit with the RFP objectives or with one of more of the specific priority areas identified in this Agreement; ▪ health significance; ▪ scientific merit; ▪ design and methods, and ▪ expertise and track record of team. 	Details of research contracted through this process, including the number of contracts, priority areas addressed, and the contract value, included in the first 6-monthly report to the Minister.	Achieved.
Annual analysis of the investment in Targeted Research for Health, including: <ul style="list-style-type: none"> ▪ details and \$ values of new and existing contracts; ▪ analysis of the extent to which the research has contributed to the priority areas identified in the Statement of Intent, and ▪ identification of instances where successful uptake of research into policy and practice has occurred. 	Analysis included in 2008 Progress and Achievements Report.	On track (to be reported in the 2008 Progress and Achievements Report).

The cost in 2006/07 of supporting the contracts in Output relates to contracts awarded up to three years prior to the current year.

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$4,886</u>	<u>\$4,886</u>	<u>\$3,556</u>
Cost of Output	<u>\$4,703</u>	<u>\$4,500</u>	<u>\$1,138</u>

Output 5: CAREER DEVELOPMENT AWARDS

Description

This Output provides support for research training awards for graduates seeking to establish a career in health research.

The HRC's training award programme supports the following types of scholarships and fellowships:

- Sir Charles Hercus Health Research Fellowship (advanced postdoctoral);
- Clinical Research Training Fellowship;
- Maori Health Research Training Awards (Masters, PhD and postdoctoral);
- Pacific Health Research Training Awards (Masters, PhD and postdoctoral);
- Disability Research Training Awards (Masters and PhD);
- HRC-Girdlers Post-doctoral Fellowship, and
- Foxley Fellowship.

Details of the specific awards to be offered in 2006/07 were published in July in the HRC's Investment Strategy. The HRC selects individuals, through a contestable process, on the basis of academic merit, research experience, planned research training and other relevant skills or attributes.

The quality of the applicant and the health research they propose to study is ensured by the assessment process established by HRC's Research Committees and the Pacific Health Research Committee. Relevance to HRC Research Portfolio strategies and the need to build human resource capacity in areas such as Maori and Pacific health, disability and clinical research are taken into consideration.

For Pacific health research training awards the HRC has introduced the Pacific Research Placement Programme to provide an opportunity for outstanding Pacific graduates to train with leading HRC-funded research groups.

As noted in Output 3 (Partnership Programme) the HRC also administers contracts on behalf of the Ministry of Health to implement strategies to build the capacity and capability of the mental health and Pacific health workforces.

Allocation of Funds

The funding to be allocated on new award contracts in 2006/07 is linked to applications received on 1 September 2006. The timeline for awards administered by the HRC on behalf of other agencies is set by the agency. The total funding to be allocated by the HRC to research training awards in 2006/07 was targeted to be \$7.00M over 3 or 4 years.

Actual: \$5.03M

Links to Objectives

- Objective 2 New Zealand has invested in establishment of a world-class health research workforce.
- Objective 3 New Zealand has created opportunities to bridge the gaps in the careers for the health research workforce.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2006/07 Performance Standards	Outcome
Awards are made on the basis of the quality of the applicants and the relevance and quality of their training programme to health and to building New Zealand's health research capacity.	100% of awards.	Achieved.
<p>Number and success rate of applications within each award category:</p> <ul style="list-style-type: none"> ▪ Sir Charles Hercus Fellowship in Health Research; ▪ Maori Health Research Career Development Awards; ▪ Pacific Health Research Career Development Awards; ▪ Pacific Placement Programme; ▪ Disability Placement Programme; ▪ Clinical Research Training Fellowships; ▪ Summer Studentships, and ▪ Girdlers-HRC Postdoctoral Fellowship. 	<p>Number of new and active fellowships in each category, and under- and over-subscription in each category reported in the first 6-monthly report to the Minister.</p> <p>Progress on implementation of Pacific Placement Programme, Disability Placement Programme, and Clinical Research Training Fellowships reported in 6-monthly reports to the Minister.</p>	<p>Achieved.</p> <p>Achieved.</p>
Analysis of the progression of the past fellowship holders into research careers or other destinations.	Reported as available under the HRC's Evaluation Framework.	On track (due for dissemination last quarter 2007).

Summary Allocations and Costs

	Allocated 2007 \$(000)	Actual \$ 2007 \$(000)	Actual \$ 2006 \$(000)
Sir Charles Hercus Fellowship	1,500	846	740
Girdlers Research Fellowship	180	64	22
Foxley Fellowship*	80		
Biomedical and Public Health PhD Scholarships			290
Maori Health Masters Scholarship	31	30	24
Maori Health PhD Scholarship	194	418	221
Maori Health Postdoctoral Fellowship	666	330	234
Maori Health Rangahau Hauora		10	12
Summer Studentship	132	162	176
Pacific Health Postdoctoral Fellow	326	195	101
Pacific Postgraduate Scholarship (PhD)	107	312	253
Pacific Islands Masters	51	33	
Pacific Placement Programme		71	42
Disability Placement Programme		215	
Clinical Research Training Fellowship	<u>1,772</u>	<u>1,013</u>	<u>255</u>
	<u>\$5,039</u>	<u>\$3,699</u>	<u>\$2,370</u>

* the Foxley Fellowship is paid from the Foxley Bequest Fund.

The cost in 2006/07 of supporting the awards in Output 5 relates to contracts awarded up to three years prior to the current year.

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$4,196</u>	<u>\$4,196</u>	<u>\$3,307</u>
Cost of Output	<u>\$3,699</u>	<u>\$4,200</u>	<u>\$2,370</u>

Output 6: MAORI HEALTH RESEARCH**Description**

This output comprises health research conducted to further Maori development and contributes to the investment through the HRC's Rangahau Hauora Maori portfolio. The Council, through a contestable pool, reviews investigator-initiated contracts to be supported on the basis of scientific merit, relevance to health and relevance to Maori development and the track record of the research team.

In addition to the contracts funded through Output Maori Health Research, the HRC allocates funds to the Rangahau Hauora Maori portfolio from Output Contestable Funding Round.

Research identified as contributing to Maori development is funded solely from Output Maori Health Research. The HRC's overall investment in research addressing health outcomes for Maori is was about 30% of the value of contracts let in 2006/07. This investment is inclusive of research which contributes to biomedical, clinical and public health activities and to a range of research portfolios. This excludes the HRC's significant investment in research training awards.

The HRC, together with FRST, also manages a Joint Research Portfolio using Maori Knowledge and Development Research Output Expenses funds. A total of \$1.10M was available for allocation by the HRC for health research through the JRP in 2006/07.

Actual :-The joint round was deferred until the 2007/08 year.

The HRC maps all health research recommended for funding through the annual funding round to The Maori Health Strategy: He Korowai Oranga. A list of priorities for health research of relevance to Maori has been developed from the Strategy and approved by the HRC's Maori Health Committee. These priorities cover all of the pathways identified in the strategy but particularly those under Pathway 3, through a focus on addressing health inequalities for Maori, improving the quality and effectiveness of health services and improving the quantum and quality of health information. The HRC addresses Pathway 4 of the Strategy - Working Across Sectors - through the Partnership Programme (see Output 3), engaging a diverse range of stakeholders in a growing portfolio of Maori development research funded to inform policy development.

During 2006/07 HRC expenditure on this Output is as follows:

- vi) continuing research contracts (those initiated prior to 1 July 2006, 25 contracts).

Actual : 27 contracts

- vii) new and extended research contracts (those initiated on 1 July 2006, 7 contracts).

6 contracts

Allocation of Funds

The HRC expects to allocate no less than \$2.00M into new contracts to be initiated on 1 July 2006.

Actual: \$1.34M.

Links to Outcomes

- Outcome 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Outcome 4 Improved health and well-being for New Zealander's through translation of the Outputs of health research into health services.
- Outcome 5 Taking advantage of New Zealand's unique opportunities and challenges.
- Outcome 6 Cross-sectorial research partnerships supporting evidence based public policy and practice.
- Outcome 7 An enhanced international research profile though strengthened networks and increased global connections.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2006/07 Performance Standards	Outcomes
Number and total dollar value of existing contracts.	Performance measure reported in all six-monthly reports for 2006/07.	Achieved (see below).
Funding and Investment Agents contribute to the development of a performance measurement framework for <i>Vision Mātauranga</i> and report on agreed measurements as available:	Performance measure reported in all six-monthly reports for 2006/07.	On track (see below).
Total dollar value of new and active contracts.	Performance measure reported in all six-monthly reports for 2006/07.	Achieved (see first 6-monthly report).
Number and total dollar value of new and active contracts reported by <i>Vision Mātauranga</i> themes.	Performance measure reported in all six-monthly reports for 2006/07.	Achieved (see first 6-monthly report).
Contracts meet the criteria set out in the Output Agreement/Estimates of Appropriations.	100% of contracts.	Achieved.
Number of FTEs supported through contracts within this output expense.	Performance measure reported in all six-monthly reports for 2006/07.	Achieved (see first 6-month report).
Number of students undertaking undergraduate, Masters, PhD and post-doctoral training through contracts within this output expense.	Number of active and completed qualifications for each qualification type, reported in all six monthly reports.	Achieved (see first 6-month report).
<p>Analysis of the investment in Maori Health Research, including:</p> <ul style="list-style-type: none"> ▪ Potential for impact on Maori health outcomes; ▪ Progress towards establishment of priorities for Maori health research; ▪ Case studies/highlights of research funded under the Rangahau Hauora Maori Research Portfolio; ▪ Progress towards implementation of the HRC's Maori Health Strategic Plan, and ▪ Relevance of research funded in the previous round to the Ministry of Health's Maori Health Strategy <i>He Korowai Oranga</i>. 	Analysis included in 2008 Progress and Achievements Report.	On track (to be reported in the 2008 Progress and Achievements Report).

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$1,668</u>	<u>\$1,668</u>	<u>\$1,668</u>
Cost of Output	<u>\$1,700</u>	<u>\$1,700</u>	<u>\$2,470</u>

Output 7: INTERNATIONAL INVESTMENT OPPORTUNITIES

Description

The fund, first established in 2004/05, has the following objectives:

- 1 Building international research collaborations;
- 2 Developing international funding partnerships, and
- 3 Bringing world-leading researchers to New Zealand.

Objective 1: Building international research collaborations

The HRC allocated funds in Objective 1 through a contestable funding pool to enable outstanding researchers (including emerging researchers) to establish collaborations with overseas researchers, with a goal of making an application for long-term funding from major international funding agencies. The fund will support applicants to engage in research activities that will produce gains for New Zealand and/or the leveraging of overseas funds to support a longer term research project. The purpose of the Objective is to provide support for opportunities that arise 'out-of-cycle' with the HRC's annual funding round, and so could not otherwise be funded. The Foundation for Research Science and Technology (FRST) will also hold funding rounds under Objective 1 and the HRC will work closely with FRST to ensure that a consistent approach is taken and that closing dates for applications are synchronised, where possible.

Funds allocated \$3.092M

Objective 2: Developing international funding partnerships

The HRC invested funds in Objective 2 through two contestable, funding opportunities which enabled New Zealand researchers to collaborate with:

- i) colleagues in Australia (through the Trans-Tasman Clinical Trials Collaboration supported in Australia by NHMRC), and
- ii) colleagues in China (supported by the Science and Technology Council of Shanghai Municipality).

Actual: Investment deferred until 2006/07.

Allocation of funds for each Objective were contestable and required the overseas research collaborator(s) to obtain matching funding. All proposals supported were of high scientific and technological quality and have potential to benefit New Zealand.

Links to Outcomes

- Outcome 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Outcome 2 New Zealand has invested in establishment of a world-class health research workforce.
- Outcome 4 Improved health and well-being for New Zealander's through translation of the Outputs of health research into health services.
- Outcome 5 Taking advantage of New Zealand's unique opportunities and challenges.

- Outcome 7 An enhanced international research profile through strengthened networks and increased global connections.
- Outcome 9 New Zealand has the infrastructure needed to support high quality health research.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2006/07 Performance Standards	Outcomes
Number and total dollar value of new and active contracts.	Performance measure reported in all six-monthly reports for 2006/07.	Achieved (see below).
Contracts are awarded according to the terms of the Ministerial Direction or Terms of Reference.	100% of contracts.	Achieved.
Objective 1 Value of international funding leveraged.	Performance measure reported in 2006/07 annual report.	On Track.
Objective 2 Progress of funder to funder relationships and co-funded projects.	Progress reported in all six monthly reports.	Achieved (see below).

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$1,066</u>	<u>\$1,066</u>	<u>\$2,347</u>
Cost of Output	<u>\$1,534</u>	<u>\$2,600</u>	<u>\$276</u>

Output 8: RESEARCH SUPPORT ACTIVITIES

Description

Under this Output, the HRC provides policy advice and information on health research and related issues. The output has four main components:

- ethics of health research;
- regulatory activities and safety monitoring;
- advice on health research policy, and
- ministerial servicing.

In collaboration with NEAC, the Ministry of Health and Nga Pae o te Maramatanga at the University of Auckland, the HRC initiated in the development of a Maori framework for ethical review.

Advice on Health Research Policy

An annual update is provided for the report: "The HRC and the New Zealand Health Strategy: Providing Evidence to Meet Health Goals". This report included an analysis of the HRC's research investment in relation to the priorities identified in the New Zealand Health Strategy over the previous 12 months and provides a synopsis of all New Zealand research published in the relevant areas.

The HRC informed the Ministry and HWAC of progress towards addressing the recommendations made by the Committee under priority area 7 - "to facilitate the enhancement of health workforce research and evaluation capability" through the provision of a report.

Allocation of Funds

A total of \$0.24M of the funds allocated to this Output for research support activities was provided under a Purchase Agreement between the HRC and Ministry of Health.

Actual:- \$0.27M

Links to Outcomes

- Outcome 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Outcome 4 Improved health and well-being for New Zealander's through translation of the Outputs of health research into health services.
- Outcome 5 Taking advantage of New Zealand's unique opportunities and challenges.

Ethics of Health Research

Report on all activities conducted by the HRC Ethics Committee under Section 25 of the HRC Act "Functions of Ethics Committee".	Report by 30 June 2006	Achieved. A report was provided on 30 June.
Advice provided to the Ministry of Health and NEAC on policy and ethical matters related to health research, including emerging issues.	Advice provided in a timely manner as requested by the Ministry of Health or NEAC or as identified by the HRC. Evidence base and strength of any recommendations clearly indicated where appropriate	Achieved. Advice was provided as requested through Dr Scoggins or Ms Bohm and through submissions on various documents.
Discussion document on the need to establish a national framework for all research involving human subjects.	An initial draft provided to the Ministry by 30 April 2007 with the final discussion document provided to the Minister of Health by 30 June 2007.	The Minister agreed, by letter dated 30 April 2007, to an extension for providing the discussion document.
Discussion document on the structures and functions in the overall framework for ethical review of health research in New Zealand.	An initial draft provided to the Ministry by 30 April 2007 with the final discussion document provided to the Minister of Health by 30 June 2007.	Achieved. The discussion document was provided to the Ministry by 30 June.

Regulatory Activities and Safety Monitoring

A report on clinical trials monitored by the DSMB will be provided.	A report provided to the Ministry by 30 June 2007.	Achieved. A report was provided to the Ministry on 30 June.
Development of guidelines and provision of advice on xenotransplantation.	A report provided to the Minister by 30 August 2006.	Advice, guidelines and an ethics annex were provided to the Minister on 13 October. It took longer than expected owing to the complexity of the subject matter. The Minister of Health wrote to the HRC on 9 November 2006 accepting GTAC's recommendations.

Advice on Health Research Policy

Annual update of the report "The HRC and the NZ Health Strategy: Providing Evidence to meet Health Goals". The HRC will answer any queries on an as required basis.	A report provided to DHBs and the Ministry by 30 June 2007.	Achieved. The report was provided on Monday 2 July.
Work with the Ministry of Health's Pacific Team to identify priority research activities relevant to the Ministry's Pacific Health Action Plan.	Timeframe and process for this work agreed by 30 September 2006.	Achieved. The HRC Pacific team contributed to the Pacific Research Strategic Action plan meeting on 27 November. The HRC has been waiting for an update on the status of the health research priorities and action plan from the Ministry of Health's Pacific team.

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Revenue			
Ministry of Health	<u>\$236</u>	<u>\$240</u>	<u>\$235</u>
Cost of Output	<u>\$270</u>	<u>\$240</u>	<u>\$235</u>

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Financial Performance

For the year ended 30 June 2007

		Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
	Note			
Revenue				
Government Grant	1	69,316	69,320	64,869
Interest		1,702	900	1,197
Other	2	<u>821</u>	<u>610</u>	<u>1,164</u>
Total Revenue		<u>71,839</u>	<u>70,830</u>	<u>67,230</u>
Cost of outputs (net)	3-4	<u>73,123</u>	<u>73,010</u>	<u>59,807</u>
Net (Deficit) Surplus for year		<u>(\$1,284)</u>	<u>(\$2,180)</u>	<u>\$7,423</u>

Statement of Movements in Equity

For the year ended 30 June 2007

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Equity at start of year	<u>22,186</u>	<u>17,710</u>	<u>14,670</u>
Net (deficit) surplus for the year end	(1,284)	(2,180)	7,423
Interest net of charges on Foxley Reserve fund	<u>105</u>	<u>-</u>	<u>93</u>
Total recognised revenue and expenses for the year	<u>(1,179)</u>	<u>(2,180)</u>	<u>7,516</u>
Equity at end of year	<u>\$21,007</u>	<u>\$15,530</u>	<u>\$22,186</u>
Represented by			
Public equity	19,576	15,530	20,860
Foxley Reserve Fund	<u>1,431</u>	<u>-</u>	<u>1,326</u>
Equity at end of year	<u>\$21,007</u>	<u>\$15,530</u>	<u>\$22,186</u>

The accompanying accounting policies and notes form part of these financial statements.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND
Statement of Financial Position
 As at 30 June 2007

		Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
	Note			
Current Assets				
Bank		226	-	337
Short term deposits	5	40,146	25,140	36,117
Accounts receivable	6	2,482	570	1,770
Advances	7	<u>300</u>	<u>-</u>	<u>300</u>
		43,154	25,710	38,524
Current Liabilities				
Accounts payable	8	<u>22,418</u>	<u>10,470</u>	<u>16,613</u>
Working Capital				
		20,736	15,240	21,911
Non-Current Assets				
Property Plant and Equipment	9	271	290	275
Net Assets				
		<u>\$21,007</u>	<u>\$15,530</u>	<u>\$22,186</u>
Equity				
		<u>\$21,007</u>	<u>\$15,530</u>	<u>\$22,186</u>



Council Chair
 Professor Graeme Fraser
 Date: 31 October 2007



Deputy Council Chair
 Dr John Hay
 Date: 31 October 2007

The accompanying accounting policies and notes form part of these financial statements.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Cash Flows

For the year ended 30 June 2007

	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
Cash flows from operating activities			
<i>Cash was provided from</i>			
Government grants and other support	70,179	69,930	66,248
Interest	<u>1,644</u>	<u>900</u>	<u>1,132</u>
	<u>71,823</u>	<u>70,830</u>	<u>67,380</u>
<i>Cash was applied to</i>			
Supply of outputs	67,833	72,890	59,387
GST	<u>65</u>	<u>-</u>	<u>(9)</u>
	<u>67,898</u>	<u>72,890</u>	<u>59,378</u>
<i>Net cash flows from operating activities</i>	<u>11</u> <u>3,925</u>	<u>(2,060)</u>	<u>8,002</u>
Cash flows from investing activities			
<i>Cash was provided from</i>			
Net Interest on Reserve fund	105	-	93
Term investments matured	<u>168,302</u>	<u>2,280</u>	<u>141,212</u>
	<u>168,407</u>	<u>2,280</u>	<u>141,305</u>
<i>Cash was applied to</i>			
Property Plant and Equipment purchased	110	220	104
Term investments purchased	<u>172,333</u>	<u>-</u>	<u>150,256</u>
	<u>172,443</u>	<u>220</u>	<u>150,360</u>
<i>Net cash flows applied to investing activities</i>	<u>(4,036)</u>	<u>2,060</u>	<u>(9,055)</u>
<i>Net increase (decrease) in cash held</i>	(111)	-	(1,053)
Add opening Cash Brought Forward	<u>337</u>	<u>-</u>	<u>1,390</u>
Ending Cash Carried Forward	<u>\$226</u>	<u>-</u>	<u>\$337</u>
<i>Represented by</i>			
Bank Current Account	<u>\$226</u>	<u>\$-</u>	<u>\$337</u>

The accompanying accounting policies and notes form part of these financial statements.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND
Statement of Commitments and Contingencies
 As at 30 June 2007

	2007/08	2008/09	2009/10 & beyond	Total
	\$(000)	\$(000)	\$(000)	\$(000)
Commitments				
<i>Research Commitments</i>				
<i>Output Classes</i>				
Contestable Funding Round	58,256	39,314	21,400	118,970
Partnership Programme	1,140	526	-	1,666
Priorities for Health Research	6,152	4,647	2,670	13,469
Human Resource	3,830	2,891	1,870	8,591
Development				
Maori Health Research	2,187	1,033	285	3,505
International Investment				
Opportunities Fund	<u>1,337</u>	<u>222</u>	<u>-</u>	<u>1,559</u>
Total research commitments	<u>\$72,902</u>	<u>\$48,633</u>	<u>\$26,225</u>	<u>\$147,760</u>
Total research commitments at 30 June 2006				<u>\$147,743</u>

The committed support is contingent on continued Government funding.

<i>Lease Commitments</i>	<u>\$259</u>	<u>\$130</u>	<u>\$389</u>
Total lease commitments at 30 June 2006			<u>\$669</u>

Contingencies

As at 30 June 2007 the Council has no contingent liabilities.

(Contingent liabilities 30 June 2006 Nil)

The accompanying accounting policies and notes form part of these financial statements.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

For the year ended 30 June 2007

Note 1	Government Grant	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
	Grant received			
	Ministry of Research Science and Technology	69,080	69,080	64,634
	Ministry of Health	<u>236</u>	<u>240</u>	<u>235</u>
		<u>\$69,316</u>	<u>\$69,320</u>	<u>\$64,869</u>
Note 2	Other Income			
	Bequests and Donations received	-	50	13
	Other (Management fees)	<u>821</u>	<u>560</u>	<u>1,151</u>
		<u>\$821</u>	<u>\$610</u>	<u>\$1,164</u>
Note 3	Cost of Producing Outputs			
	Research Contract			
	Management for Health Research	4,206	4,270	3,862
	Contestable Funding Round	54,887	53,500	47,802
	Partnership Programme	2,124	2,000	1,654
	Targeted Research for Health	4,703	4,500	1,138
	Career Development Award	3,699	4,200	2,370
	Maori Health Research	1,700	1,700	2,470
	International Investment Opportunities	1,534	2,600	276
	Research Support Activities	<u>270</u>	<u>240</u>	<u>235</u>
		<u>\$73,123</u>	<u>\$73,010</u>	<u>\$59,807</u>
Note 4	Other Expenditure Disclosures	Actual 2007 \$(000)	Budget 2007 \$(000)	Actual 2006 \$(000)
	Meetings and Committee Costs	567	550	497
	Council Costs (including fees)	173	125	141
	Salaries	2,295	2,410	2,124
	Property costs	288	290	270
	Remuneration of Auditors - Audit	25	25	22
	Depreciation			
	Office and Computer Equipment	98	8	113
	Leasehold Improvements	18	18	18
	Motor Vehicle	-	-	5

Member	2007 \$(000)	2006 \$(000)
Associate Professor Winston Byblow		1.10
Dr Vicky Cameron		0.90
Ms Marion Carter	0.10	
Professor Vinton Chadwick		0.90
Professor Stephen Chambers	1.10	
Dr John Childs		1.10
Professor Garth Cooper		1.10
Ms Donna Cormack	0.10	0.20
Mrs Esther Cowley		0.25
Dr Suzanne Crengle	3.35	2.20
Professor Kathryn Crosier	0.40	
Associate Professor Philip Crosier	1.65	
Dr Jacqueline Cumming	0.60	0.40
Professor Timothy Cundy	1.10	
Associate Professor Wayne Cutfield	1.75	
Professor Tim David		1.10
Professor Peter Davis		0.20
Dr Kevin Dew	2.10	2.10
Dr Nigel Dickson		0.20
Associate Professor Robyn Dixon	1.10	
Dr Paul Donaldson		1.10
Associate Professor Susan Dovey	0.50	
Professor Anthony Dowell		0.80
Professor Tony Dowell	0.30	
Professor Michael Draganow		1.30
Mr Paul Drury	0.50	
Associate Professor Rod Dunbar		1.10
Professor Mason Durie	5.74	0.20
Dr Richard Edwards	1.10	1.10
Ms Elva Edwards		0.90
Ms Carolyn Elley	1.10	
Professor Peter Ellis	1.10	
Dr Rod Ellis-Pegler	0.10	1.10
Professor Ian Evans	1.10	
Dr Monique Faleafa	0.60	0.10
Professor David Fergusson	1.50	4.50
Dr Siale Foliaki		1.00
Professor John Fraser	2.10	2.40
Professor Philippa Gander		0.30
Mr Nicholas Garrett		0.70
Mr Jhanitra Gavala		0.90
Dr Heather Gifford	2.77	2.43
Professor Desmond Gorman		1.10
Ms Moera Grace		0.40
Associate Professor Cameron Grant		0.60
Associate Professor David Grattan		1.10
Dr Florence Green		1.10
Dr Mark Hampton	1.10	1.10
Dr Jennifer Hand	0.30	
Dr Matire Harwood		0.60
Dr Maureen Holdaway	0.20	0.90
Mr Leonard Horwood		1.10

	2007	2006
	\$(000)	\$(000)
Member		
Associate Professor Gary Housley		0.90
Professor Philippa HowdenChapman	1.10	
Mr Maui Hudson		0.90
Professor Peter Hunter	0.55	
Dr Jessica Hutchings		0.10
Associate Professor Brian Hyland	1.10	
Ms Anna Jameson	0.10	0.10
Professor Robin Kearns	2.60	0.50
Dr Jeffrey Keelan	1.10	
Associate Professor Timothy Kenealy	1.10	
Associate Professor Martin Kennedy	2.50	2.10
Dr Mere Kepa	1.10	
Professor Jules Kieser	0.40	0.20
Dr Simon Kingham		1.10
Dr Te Kingi		0.40
Dr Ray Kirk	1.10	
Professor Todd Kjellstrom		0.48
Dr Ana Koloto	0.20	0.40
Professor John Langley		1.30
Emeritus Professor Richard Laverty	0.40	
Professor Ross Lawrenson	1.68	
Dr Beverly Lawton	0.54	
Professor George Lees		1.10
Dr Ieta Lima	1.65	0.20
Professor Peter Lobie	1.10	
Mr David Lui	0.20	0.40
Mr Mark Lyne	1.10	
Professor Anthony MacKnight	4.95	4.15
Dr Alexandra MacMillan	1.10	
Dr Derelie Mangin	1.10	
Dr Roger Marshall		1.10
Dr Diana Martin		2.70
Dr Marion Maw		1.10
Dr David McBride	0.10	0.30
Dr John McCall	0.20	0.20
Associate Professor Mark McKeage	5.06	
Dr Anthony Merriman	1.10	
Mrs Caroline Milne	0.10	0.40
Professor Edwin Mitchell	1.10	
Dr Ate Moala	0.20	0.20
Ms Losa Moataane	1.10	
Dr Johanna Montgomery		1.10
Ms Kate Moodabe	0.60	
Dr Andrew Moore	0.40	0.40
Dr Ian Morison	0.54	1.10
Mr Malakia Ofanoa		0.20
Dr Maurice Ormsby	1.20	0.60
Dr Stephanie Palmer	1.10	
Dr Grant Paton-Simpson		0.20
Associate Professor Charlotte Paul		1.10
Professor Neil Pearce		0.20
Ms Mera Penehira	0.90	
Member	2007	2006

	\$(000)	\$(000)
Ms Liane Penney	0.10	
Dr Teuila Percival		0.20
Dr David Perez	1.10	
Mr Neil Pickering	0.90	1.20
Dr Helen Pilmore	0.10	0.10
Ms Suzanne Pitama	1.10	0.20
Dr Nicola Poa		0.20
Ms Atareta Poananga		0.20
Associate Professor Cristin Print		1.10
Mr Fuimaono Pulotu-Endemann	0.87	0.54
Associate Professor Mihi Ratima		0.40
Dr Keri Ratima	0.10	
Dr Harry Rea	0.25	0.10
Dr Papaarangi Reid		0.80
Dr Gordon Rewcastle	1.10	
Dr Paul Reynolds	1.40	0.40
Professor Mark Richards	1.50	
Dr Paul Robertson	1.10	
Associate Professor Bridget Robinson	1.50	1.50
Ms Bridget Robson	1.10	0.20
Professor Anthony Rodgers	0.40	0.40
Dr Michael Roguski		1.10
Dr Allanah Ryan	1.10	
Dr Etuate Saafi		0.83
Ms Tuiloma Samu		0.80
Professor Susan Schenk	1.10	1.10
Ms Margery Scott		0.81
Dr Nina Scott	1.10	1.10
Professor Robert Scragg	1.10	
Associate Professor Douglas Sellman		1.10
Professor John Shaw	1.10	
Dr Andrew Shelling	1.10	1.10
Ms Jane Sherard	1.00	
Dr Nicolette Sheridan	2.20	
Mr Andrew Sporle	1.10	1.10
Dr Alistair Stewart		0.40
Associate Professor Ralph Stewart	1.50	
Professor Patrick Sullivan		3.17
Professor John Tagg	0.40	0.60
Professor Clifford TasmanJones		0.80
Mr Wera Te Kotua		0.70
Professor David Thomas		1.10
Mr Te Thompson	0.20	
Mr Lui Tiialeaiga		1.56
Dr Martin Tobias		1.30
Professor Leslie Toop	1.10	
Mrs Mary Tunks		0.40
Mr Ngarau Tupaea	1.80	0.80
Dr Clare Wall	0.85	
Mr Steve Wannenburg		0.10
Dr Ann Weatherall		1.10
	2007	2006
Member	\$(000)	\$(000)

Mr John Wellingham		0.40
Ms Jessie Wells	1.10	
Dr Janine Wiles	1.10	
Associate Professor Tim Wilkinson	1.10	
Mr Tu Williams	0.10	
Associate Professor Sheila Williams	1.10	
Ms Gwenda Willis		2.00
Dr Elizabeth Wilson	0.10	
Professor Christine Winterbourn	<u>1.50</u>	<u>1.30</u>
TOTAL	<u>126.36</u>	<u>115.84</u>

Note 5	Short Term Deposits	2007	2006
		\$(000)	\$(000)
	Westpac Trust term deposits	21,000	20,941
	Westpac Trust term deposits on behalf other agencies	17,715	13,850
	Westpac Trust term deposits Foxley Estate fund	<u>1,431</u>	<u>1,326</u>
		<u>\$40,146</u>	<u>\$36,117</u>

The effective interest rates on deposited funds ranged from 7.10% pa to 8.39% pa.

*Funds are held on behalf of the other agencies pending the release of those funds to research projects that will be approved by the other agencies and the HRC.

Note 6	Accounts Receivable	2007	2006
		\$(000)	\$(000)
	Owing by Funding Partners	2,117	1,514
	Sundry Debtors	<u>365</u>	<u>256</u>
		<u>\$2,482</u>	<u>\$1,770</u>

Note 7	Advances	2007	2006
		\$(000)	\$(000)
	University of Otago	<u>\$300</u>	<u>\$300</u>

Note 8	Accounts Payable	2007	2006
		\$(000)	\$(000)
	Supplies	2,092	604
	Accruals		
	Employee entitlements	152	191
	Other	161	65
	Funds held on behalf of other agencies	19,832	15,384
	GST	<u>181</u>	<u>369</u>
		<u>\$22,418</u>	<u>\$16,613</u>

Note 9	Property Plant and Equipment	Cost	Accumulated Depreciation	Book Value 2007
		\$(000)	\$(000)	\$(000)
	Office and computer equipment	837	593	244
	Leasehold improvements	105	78	27
	Motor vehicle	<u>-</u>	<u>-</u>	<u>-</u>
		<u>\$942</u>	<u>\$671</u>	<u>\$271</u>
		Cost	Accumulated Depreciation	Book Value 2006
		\$(000)	\$(000)	\$(000)
	Office and computer equipment	729	516	213
	Leasehold improvements	105	60	45
	Motor vehicle	<u>36</u>	<u>19</u>	<u>17</u>
		<u>\$870</u>	<u>\$595</u>	<u>\$275</u>

Note 10 **Bequests**

Bequest funds represent funds subject to specific direction

	Opening Balance 2006 \$(000)	Net Interest \$(000)	Closing Balance 2007 \$(000)
J D Prickett Trust Fund Income to be applied to a Scholarship	318	25	343
G M Marryatt Memorial Fund Income to be applied to research into children's diseases	67	6	73
	<u>\$385</u>	<u>\$31</u>	<u>\$416</u>

These bequest funds are held in separate interest bearing bank deposits.

Specific bequest funds represent funds donated and bequeathed for particular purposes, or funds that Council have resolved shall be reserved and the income on the funds applied to specific purposes. The use of these funds must comply with specific conditions stipulated by the donor, including consultation with trustees. These funds are not under the unfettered control of the Health Research Council and they are not disclosed in the Statement of Financial Position.

Note 11 Reconciliation of Operating Surplus to Cash Flows from Operating Activities

	2007	2006
	\$(000)	\$(000)
Net (deficit) surplus for year	(1,284)	7,423
<i>Add non-cash items</i>		
Depreciation	116	136
<i>Add (deduct) movements in working capital items</i>		
Accounts receivable (increase) decrease	(712)	303
Accounts payable increase (decrease)	<u>5,805</u>	<u>140</u>
Net cash inflows (outflows) from operating activities	<u>\$3,925</u>	<u>\$8,002</u>

Note 12 Financial Instruments*Credit Risk*

Credit risk is the risk that a third party will default on its obligations to the Health Research Council, causing the Health Research Council to incur a loss. In the normal course of business the Health Research Council incurs credit risk from accounts receivable and bank balances.

The Health Research Council does not require any collateral or security to support financial instruments with financial institutions the Health Research Council deals with, as these have high credit ratings. For its other financial instruments the Health Research Council does not have significant concentration of credit risk.

Fair Value

The fair value of all financial instruments is equivalent to the carrying amount disclosed in the Statement of Financial Position.

Currency Risk

Currency risk is the risk that debtors and creditors due in foreign currency will fluctuate due to changes in foreign exchange rates. The Health Research Council has minimal exposure to currency risk.

Interest Risk

Interest rate risk is the risk that the value of investments will fluctuate due to changes in market interest rates. The Health Research Council has no significant exposure to interest rate risk in its financial instruments.

Note 13 Related party information

The Health Research Council is a crown entity. The Government influences the roles of the Health Research Council as well as being its major source of revenue.

The Council has entered into a number of transactions with government departments and other Crown agencies on an arm's-length basis. These transactions are not considered to be related party transactions.

As part of its normal business activity the Health Research Council contracts with Universities and other institutions.

Council members who were active researchers at institutions with whom the Council contracted in 2006/07 are as follows

Name	Employer
Professor J Harding	University of Auckland
Dr Clive Aspin	University of Auckland
Associate Professor R Poulton	University of Otago
Professor A Reeve	University of Otago
Professor A Woodward	University of Auckland

Council members do not participate in the assessment or funding decisions relating to research applications in which they may have an interest. Payments made to the above Council members, in their role as Councillors are included in Note 4.

Note 14 Post Balance Date Events

There have been no post balance date events that could impact the financial statements for the year ended 30 June 2007.

Note 15 Major Budget Variations

Net Deficit for the year: is \$0.896M less than budget. The primary reason for this was increased interest revenue. While there was no significant movement in short term investments, interest rates moved from 7.10% in July 06 to 8.39% in June 2007

Public Equity is \$4.046M above budget. The variance is due to revenue exceeding budget and because the actual opening equity exceeded the expected opening balance.

Note 16 Conversions to International Financial Reporting Standards

The New Zealand Accounting Standards Review Board announced in December 2002 that New Zealand equivalents to International Financial Reporting Standards ("NZ IFRS") will apply to New Zealand reporting entities for periods commencing from 1 January 2007. The Council will prepare its first set of financial statements under NZ IFRS for the year ending 30 June 2008, in line with the Crown.

The Chief Financial Officer is to evaluate the impact of adopting NZ IFRS and prepare the Council for transition. The project is being run in accordance with the guidelines set out by Treasury and is being overseen by the Council.

While this process is not complete, to date no key areas have been identified where accounting policies will need to be changed in order to comply with NZ IFRS.

NZ IFRS requires a number of additional disclosures and will result in a number of changes to the way the financial information is presented. The next phase of the project will be to identify all of the additional disclosure requirements and ensure processes and systems are put in place to capture the relevant information.

The information disclosed above is the best estimate of the impact of the adoption of NZ IFRS as at the date of preparing the financial statements. This could change due to:

- Further work being undertaken by the NZ IFRS project team; and
- Potential amendment to NZ IFRS and /or interpretations thereof being issued by standard-setters and / or IFRIC prior to the date of the first full set of NZ IFRS financial statements.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND**Statement of Resources**

As at 30 June 2007

Operating Resources

Computer system

Two photocopying machines

Furniture and fittings

Accommodation

The Secretariat occupies the 3rd floor of 110 Stanley Street, Auckland.

The lease expires on 31 December 2008. Rights of renewal can take the lease to December 2014

The annual rental cost is \$259,000 including standing charges.

The Research Staff occupy space at the University of Otago in Wellington and Dunedin.

Staff Resources

	Secretariat FTE's	Research Staff FTE's
Chief Executive	1	
Senior Managers	6	
Manager Communications	1	
Manager Pacific Health Research	1	
Support staff	<u>24</u>	
	33	
Senior research staff		2
Other research staff		<u>4</u>
		6

Note: An FTE is a full time equivalent employee.

Organisational Information

Management Structures

Secretariat: Senior Management

Dr Robin Olds	Chief Executive
Dr Vernon Choy	Group Manager, Investment Processes
Mr Lex Davidson	Chief Financial Officer, Finance and Contract Management
Dr Andre George	Group Manager, Knowledge Management and Information Systems
Ms Jean Gibbons	Group Manager, Corporate Services and Ethics
Ms Aroha Haggie	Group Manager, Maori Health Research and Health Sector Relationships
Dr Tania Pocock	Group Manager, Policy, Evaluation and Business Development

Good Employer Requirements

Organisational Capability

The Secretariat employs 35 staff with 70% tertiary educated; 17% at PhD level and 29% at Masters level. The HRC continues to assess ways to encourage and support staff to reach their full potential.

The number of staff who left the organisation during the year was 5 (including two fixed term employment contract positions and one person who did not return from maternity leave taken the previous year), which was 2 less than 05/06. Three staff took parental leave during the year and positions were covered with short term employment contracts.

A recruitment challenge for the HRC is to attract males to positions that are available. At the end of June, 14% of staff are male. The executive management team had a mix of 4 males and 3 females.

The HRC recognises the value of diversity in its staffing profile and is committed to equal employment opportunities, adopting policies and practices that ensure fairness in all aspects of recruitment, career development, promotion, performance appraisals and staff development. The HRC opposes all forms of harassment. During the year, relevant policies and processes were reviewed to ensure that they met best practice standards.

Working Environment

The HRC is proud of its flexible approach to individual circumstances and support of its staff including:

- being able to offer flexibility to staff returning to work from parental leave wherever possible. Apart from one staff member who has had a second child, all staff who have taken parental leave over the last two years have returned to work;
- offering a confidential Employee Assistance Programme for staff;
- adopting glide time to suit staff members' personal circumstances, and
- encouraging staff to further develop their potential through supported study.

Employee Feedback

To assess the culture at the HRC, staff took part in the "Best Places to Work" employee survey in September 2006. Following on from the survey, all staff and managers were involved in planning to address areas where improvements could be made and to acknowledge aspects that make the HRC "a great place to work". Involving staff in identifying ways to enhance their working environment will keep the HRC moving towards its goal of being an employer of choice.

We expect that the changes we have already implemented, coupled with future initiatives, will enable us to maintain staff satisfaction and provide Secretariat Staff with the necessary tools to provide a superior service to Stakeholders.

Permission to Act Disclosure - Crown Entities Act 2004 section 68(6)

Interest/ Specified class of interest to which permission relates	Who gave permission to act and date	Permission to act	Conditions
Employment at the institution in the same department of a First Named Investigator <i>submitting an application for funding</i>	G Fraser, Chair, HRC Board 14 June 2006	Remain in the room but not participate in the discussion	As long as minimum interest and not in an administrative role
Employment at the institution which is <i>the subject of an application for funding</i>	G Fraser, Chair, HRC Board 14 June 2006	Take part in discussion relating to the matter	Comment on fact only
Employment at the institution which is <i>the subject of an application for funding</i> whose involvement is deemed to be helpful	G Fraser, Chair, HRC Board 14 June 2006	Remain in the room and participate in the discussion but not in the decision	Particular situation noted in the minutes

None of the permissions were amended or revoked.

Membership of Council and Statutory Committees

As at 30 June 2007

Council

Emeritus Professor Graeme Fraser (Chair)	Palmerston North
Dr Clive Aspin	Nga Pae o te Maramatanga, University of Auckland, Auckland
Ms Esther Cowley-Malcolm	Ohope
Professor Jane Harding	Liggins Institute, University of Auckland, Auckland
Dr John Hay	Institute of Environmental Science & Research Ltd, Porirua, Wellington
Ms Aroha Hudson	Independent Contractor, Auckland
Mrs Judy Keall	Levin
Professor Richie Poulton	Multidisciplinary Health and Development Unit, University of Otago, Dunedin
Professor Anthony Reeve	Department of Biochemistry, School of Medical Sciences, University of Otago, Dunedin
Professor Alistair Woodward	School of Population Health, University of Auckland, Auckland

Biomedical Research Committee

Professor Anthony Reeve (Chair)	Department of Biochemistry, University of Otago, Dunedin
Associate Professor Wayne Cutfield	Liggins Institute, University of Auckland, Auckland
Dr Martin Kennedy	Department of Pathology University of Otago, Christchurch
Professor Tony MacKnight	Department of Physiology, University of Otago, Dunedin
Dr Diana Martin	ESR Communicable Disease Centre, Wellington
Associate Professor Bridget Robinson	Department of Medicine, University of Otago, Christchurch

Public Health Research Committee

Professor Alistair Woodward (Chair)	School of Population Health, University of Auckland, Auckland
Dr Toni Ashton	School of Population Health, University of Auckland, Auckland
Associate Professor Anne Bray	Donald Beasley Institute, Dunedin
Dr Stephen Buetow	Department of General Practice, University of Auckland, Auckland
Dr Sue Crengle	Department of Maori & Pacific Health, University of Auckland, Auckland
Dr Kevin Dew	Department of Public Health, University of Otago, Wellington
Dr Terri Green	Department of Management, University of Canterbury, Christchurch
Professor Ann Richardson	Department of Public Health and General Practice Christchurch School of Medicine and Health Sciences, University of Otago, Christchurch (Co-opted)
Associate Professor Karen Witten	Centre for Social Health Outcomes Research and Evaluation (SHORE), University of Massey, Auckland

Maori Health Committee

Ms Aroha Hudson (Chair)

Dr Clive Aspin

Ms Mere Balzer

Dr Joanne Baxter

Dr Heather Gifford

Dr Robyn Manuel

Dr Paul Reynolds

Independent Contractor, Auckland

Nga Pae o te Maramatanga, University of Auckland, Auckland

Te Runanga o Kirikiriroa Charitable Trust, Hamilton

Ngai Tahu Maori Health Research, Dunedin School of Medicine,
University of Otago, Dunedin

Whakauae Research Services, Wanganui

Taupua Waiora, AUT University, Auckland

Te Atawhai o te Ao, Wanganui

Ethics Committee

Ms Elisabeth Harding (Chair)

Dr Clive Aspin

Emeritus Professor Graeme
Fraser

Dr Lynne Lane

Dr Maurice Ormsby

Dr Neil Pickering

Associate Professor Richard
Robson

Ms Jane Sherard

Auckland

Nga Pae o te Maramatanga, University of Auckland, Auckland

Palmerston North

Public Health Medicine Specialist, Auckland

Waiheke Island, Auckland

Bioethics Centre, University of Otago, Dunedin

Clinical Studies Trust, Christchurch

Mo Wai Te Ora Maori Health Studies, North Shore Hospital,
Auckland

New Research Contracts

Projects are listed alphabetically by first named investigator.

Dr Haxby Abbott

Economic analysis of physiotherapy care to reduce costs of osteoarthritis

HRC Ref: 07/199R
 Term: 12 months
 Location: School of Physiotherapy, University of Otago, DUNEDIN
 Value of contract: \$134,566

Dr Haxby Abbott

Decreasing pain, disability, waiting lists and costs of osteoarthritis

HRC Ref: 07/200
 Term: 36 months
 Location: School of Physiotherapy, University of Otago, DUNEDIN
 Value of contract: \$646,762

Professor Wickliffe Abraham

Mechanisms of secreted amyloid precursor protein regulation of synaptic plasticity

HRC Ref: 07/054B
 Term: 36 months
 Location: Department of Psychology, University of Otago, DUNEDIN
 Value of contract: \$1,024,345

Associate Professor Robert Anderson

Free Radical Studies and Disease

HRC Ref: 07/243
 Term: 36 months
 Location: Auckland Cancer Society Research Centre, University of Auckland, AUCKLAND
 Value of contract: \$1,405,446

Associate Professor Vickery Arcus

The role of the toxin-antitoxin repertoire in pathogen survival and persistence

HRC Ref: 07/238
 Term: 36 months
 Location: Biological Sciences, Waikato University, HAMILTON
 Value of contract: \$843,987

Dr Suzanne Barker-Collo

Reducing post-stroke attention deficits: Extending a randomised controlled trial

HRC Ref: 07/070C
 Term: 36 months
 Location: Department of Psychology, University of Auckland, AUCKLAND
 Value of contract: \$60,000

Professor Richard Beasley

Bronchodilator efficacy of inhaled magnesium in acute severe asthma and COPD

HRC Ref: 07/297
 Term: 24 months
 Location: Medical Research Institute of New Zealand, WELLINGTON
 Value of contract: \$1,120,318

Associate Professor Peter Black

Randomised, Controlled Trial of the Mediterranean Diet for Asthma - a feasibility study

HRC Ref: 07/237
 Term: 12 months
 Location: Department of Medicine, Faculty of Medical and Health Sciences,
 University of Auckland, AUCKLAND
 Value of contract: \$149,394

Dr Francis Bloomfield

Periconceptual regulation of fetal growth & adult physiology: studies in twins

HRC Ref: 07/191
 Term: 24 months
 Location: Liggins Institute, Faculty of Medical and Health Sciences, University
 of Auckland, AUCKLAND
 Value of contract: \$682,735

Ms Belinda Borell

Conferred privilege and structural advantage - the health implications

HRC Ref: 07/076D
 Term: 36 months
 Location: Whariki Research Group, Massey University, AUCKLAND
 Value of contract: \$852,483

Professor Antony Braithwaite

Therapeutics and diagnostic markers of cancer: From bench to clinic

HRC Ref: 07/284
 Term: 24 months
 Location: Department of Pathology, Dunedin School of Medicine, University of
 Otago, DUNEDIN
 Value of contract: \$2,640,067

Dr Elizabeth Broadbent

A trial on the effects of psychological preparation for surgery on wound healing

HRC Ref: 07/259
 Term: 24 months
 Location: Department of Psychology, University of Auckland, AUCKLAND
 Value of contract: \$139,831

Dr Lesley Collins

Eukaryotic Signature Proteins - Guides to modern eukaryotic parasites

HRC Ref: 07/168
 Term: 36 months
 Location: Allan Wilson Centre for Molecular Ecology & Evolution, Massey
 University, PALMERSTON NORTH
 Value of contract: \$132,000

Professor William Denny

Dual activation of anticancer prodrugs by hypoxia and reductase-armed adenovirus

HRC Ref: 07/079C
 Term: 36 months
 Location: Auckland Cancer Society Research Centre, University of Auckland,
 AUCKLAND
 Value of contract: \$1,150,070

Associate Professor Rod Dunbar

Targeting vaccines to human antigen-presenting cells with synthetic glycopeptides

HRC Ref: 07/209
 Term: 36 months
 Location: School of Biological Sciences, University of Auckland, AUCKLAND
 Value of contract: \$1,194,217

Professor Mason Durie

Te Pumanawa Hauora

HRC Ref: 07/355
 Term: 36 months
 Location: Centre for Maori Health Research & Developmen, Massey University, PALMERSTON NORTH
 Value of contract: \$2,345,384

Mr William Edwards

Oranga Kaumatua - Taranaki

HRC Ref: 07/321
 Term: 24 months
 Location: Te Pumanawa Hauora ki Manawatu, Te Tari Maori, Massey University, PALMERSTON NORTH
 Value of contract: \$47,627

Professor David Fergusson

Longitudinal Studies of Mental Health and Psychosocial Wellbeing

HRC Ref: 07/283
 Term: 36 months
 Location: Department of Psychological Medicine, Christchurch School of Medicine & Health Sciences, University of Otago, CHRISTCHURCH
 Value of contract: \$3,789,499

Ms Billie Harbidge

Strengthening Career Pathways: A Pacific Health Programme of Research

HRC Ref: 07/501
 Term: 24 months
 Location: Auckland UniServices Ltd, University of Auckland, AUCKLAND
 Value of contract: \$570,000

Professor Jane Harding

Childhood Outcomes After Exposure to Repeat Doses of Antenatal Corticosteroids

HRC Ref: 07/204
 Term: 36 months
 Location: Liggins Institute, Faculty of Medical and Health Sciences, University of Auckland, AUCKLAND
 Value of contract: \$898,510

Dr Jeff Harrison

Systematic CVD risk screening with and without electronic decision support in CVD management

HRC Ref: 07/264
 Term: 12 months
 Location: School of Pharmacy, University of Auckland, AUCKLAND
 Value of contract: \$147,140

Professor Allan Herbison

Calcium oscillations in GnRH neurons

HRC Ref: 07/432
 Term: 36 months
 Location: Department of Physiology, Otago School of Medical Sciences,
 DUNEDIN
 Value of contract: \$1,084,087

Dr Nancy Higgins

Working in intellectual disability services: Staff retention and turnover

HRC Ref: 07/121
 Term: 36 months
 Location: Donald Beasley Institute, DUNEDIN
 Value of contract: \$1,137,611

Dr Nancy Higgins

Growing up kapo Maori: Whanau, identity, cultural well-being and health

HRC Ref: 07/211
 Term: 24 months
 Location: Donald Beasley Institute, DUNEDIN
 Value of contract: \$389,589

Mr Maui Hudson

Developing an intergrative case study methodology for rongoa

HRC Ref: 07/509
 Term: 3 months
 Location: Institute of Environmental Science & Research Ltd, Corporate Office,
 WELLINGTON
 Value of contract: \$5,000

Associate Professor Annette Huntington

The Nurses and Midwives E-cohort Study

HRC Ref: 07/084
 Term: 24 months
 Location: School of Health Sciences, Massey University, WELLINGTON
 Value of contract: \$233,414

Ms Bernadette Jones

Pukapuka Hauora: Maori parents' experience managing a child with asthma

HRC Ref: 07/175
 Term: 36 months
 Location: Department of Medicine, Wellington School of Medicine, University
 of Otago, WELLINGTON
 Value of contract: \$624,416

Professor Peter Joyce

Mental Health Clinical Research

HRC Ref: 07/282
 Term: 36 months
 Location: IPRU, Dept of Preventive and Social Medicine, University of Otago,
 DUNEDIN
 Value of contract: \$3,345,053

Professor John Langley

Preventing injury and reducing subsequent disability outcomes

HRC Ref: 07/052
 Term: 36 months
 Location: Injury Prevention Research Unit, Dunedin School of Medicine,
 University of Otago, DUNEDIN
 Value of contract: \$1,980,543

Dr Erin Mahoney

The prevalence and carious potential of hypomineralised molars

HRC Ref: 07/219
 Term: 36 months
 Location: Wellington School of Medicine, University of Otago, WELLINGTON
 Value of contract: \$121,794

Professor Jim Mann

Lifestyle & nutritional approaches to reduce obesity, type 2 diabetes & its complications

HRC Ref: 07/280
 Term: 36 months
 Location: Edgar National Centre for Diabetes Research, University of Otago,
 DUNEDIN
 Value of contract: \$2,116,152

Dr David McBride

International survey of musculoskeletal disorders and related disability

HRC Ref: 07/083
 Term: 24 months
 Location: Department of Preventive & Social Medicine, Dunedin School of
 Medicine, University of Otago, DUNEDIN
 Value of contract: \$183,456

Dr Tim McCreanor

Media, health and wellbeing in Aotearoa

HRC Ref: 07/076AR
 Term: 36 months
 Location: Whariki Research Group, Massey University, AUCKLAND
 Value of contract: \$813,651

Professor Kathryn McPherson

Improving health interventions and support for mothers experiencing disability

HRC Ref: 07/075B
 Term: 27 months
 Location: Division of Rehabilitation & Occupation Studies, Auckland
 University of Technology, AUCKLAND
 Value of contract: \$611,106

Dr Hayden McRobbie

Rapid assessment of smoking status using change in acoustic parameters of voice

HRC Ref: 07/385
 Term: 12 months
 Location: Clinical Trials Research Unit, University of Auckland, AUCKLAND
 Value of contract: \$148,238

Professor Andrew Mercer

Human pathogenic viruses: drug targets and therapeutic potential

HRC Ref: 07/050
 Term: 36 months
 Location: Department of Microbiology & Immunology, Otago School of
 Medical Sciences, DUNEDIN
 Value of contract: \$2,889,479

Dr Tony Merriman

A combined whole genome association scan for common autoimmunity genes

HRC Ref: 07/082
 Term: 24 months
 Location: Department of Biochemistry, University of Otago, DUNEDIN
 Value of contract: \$418,875

Dr Tony Merriman

The GRIK2 gene: a link between rheumatoid arthritis and schizophrenia?

HRC Ref: 07/179
 Term: 36 months
 Location: Department of Biochemistry, University of Otago, DUNEDIN
 Value of contract: \$878,897

Professor Alan Merry

Multimodal, clinical assessment of a system to reduce error during anaesthesia

HRC Ref: 07/269R
 Term: 18 months
 Location: Department of Anaesthesiology, University of Auckland,
 AUCKLAND
 Value of contract: \$397,348

Dr Cliona Ni Mhurchu

Feasibility of traffic light labels to signpost food choices in supermarkets

HRC Ref: 07/383
 Term: 12 months
 Location: Clinical Trials Research Unit, University of Auckland, AUCKLAND
 Value of contract: \$150,000

Dr Cliona Ni Mhurchu

Feasibility of an intervention to decrease television watching in children

HRC Ref: 07/384
 Term: 12 months
 Location: Clinical Trials Research Unit, University of Auckland, AUCKLAND
 Value of contract: \$147,838

Dr Cliona Ni Mhurchu

Population Interventions to Improve Nutrition and Physical Activity

HRC Ref: 07/077
 Term: 36 months
 Location: Clinical Trials Research Unit, University of Auckland, AUCKLAND
 Value of contract: \$1,712,946

Dr Pauline Norris

Equity in Prescription Medicines Use

HRC Ref: 07/139
 Term: 36 months
 Location: School of Pharmacy, University of Otago, DUNEDIN
 Value of contract: \$911,503

Professor Tony Norris

New Zealanders' attitudes towards access to Electronic Health Records

HRC Ref: 07/215R
 Term: 12 months
 Location: Institute of Information & Mathematical Sciences, Massey University,
 NORTH SHORE CITY
 Value of contract: \$142,186

Professor Mark Oakley-Browne

Substance Use Disorders--report for ALAC

HRC Ref: 07/025
 Term: 4 months
 Location: Clinical Trials Research Unit, University of Auckland, VICTORIA
 Value of contract: \$75,000

Dr Ronan O'Toole

Targeting essential genes in the treatment of tuberculosis

HRC Ref: 07/379
 Term: 36 months
 Location: School of Biological Sciences, Victoria University, WELLINGTON
 Value of contract: \$129,500

Dr Chris Pemberton

BNP signal peptide: a novel, specific marker of acute cardiac injury

HRC Ref: 07/114
 Term: 36 months
 Location: Christchurch School of Medicine & Health Sciences, University of
 Otago, CHRISTCHURCH
 Value of contract: \$666,368

Dr Ngaire Phillips

Determining the contaminant health risk of kai moana, kai roto and kai awa

HRC Ref: 07/240
 Term: 36 months
 Location: Aqualtic Ecology & Ecotoxicology, National Institute of Water and
 Atmospheric, HAMILTON
 Value of contract: \$705,786

Dr Paul Reynolds

He kakano: Maori views and experiences of fertility, reproduction and ART

HRC Ref: 07/422R
 Term: 36 months
 Location: Independent Maori Institute for Environment & Health: Te Ata,
 WANGANUI
 Value of contract: \$656,063

Professor Ann Richardson

Colorectal cancer control in New Zealand

HRC Ref: 07/124
 Term: 36 months
 Location: Department of Public Health and General Practice, Christchurch
 School of Medicine and Health Sciences, CHRISTCHURCH
 Value of contract: \$1,397,629

Professor Franca Ronchese

Manipulating antigen presentation to control disease

HRC Ref: 07/086R
 Term: 36 months
 Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH
 Value of contract: \$809,748

Dr Lynette Sadleir

Genetics of Epilepsy

HRC Ref: 07/158
 Term: 24 months
 Location: Wellington School of Medicine, University of Otago, WELLINGTON
 Value of contract: \$149,917

Associate Professor Grant Schofield

Built environments, physical activity and obesity: a national and international study

HRC Ref: 07/356
 Term: 36 months
 Location: Division of Sport & Recreation, Auckland University of Technology,
 AUCKLAND
 Value of contract: \$1,128,187

Associate Professor Robert Scragg

Quantifying the association between sun exposure and vitamin D status in New Zealanders

HRC Ref: 07/275
 Term: 36 months
 Location: School of Population Health, University of Auckland, AUCKLAND
 Value of contract: \$1,731,318

Professor Douglas Sellman

Treatment Evaluation of Alcohol and Mood: The TEAM Study

HRC Ref: 07/138
 Term: 42 months
 Location: Department of Psychological Medicine, Christchurch School of
 Medicine, CHRISTCHURCH
 Value of contract: \$840,038

Professor Peter Shepherd

A new role for beta-catenin as a sensor for changes in glucose levels

HRC Ref: 07/080A
 Term: 36 months
 Location: Department of Molecular Medicine & Pathology, University of
 Auckland, AUCKLAND
 Value of contract: \$653,318

Dr Leigh Signal

Sleep during Pregnancy and Postpartum: the relationship with maternal health

HRC Ref: 07/374R
 Term: 12 months
 Location: Sleep/Wake Research Centre, Massey University, WELLINGTON
 Value of contract: \$149,963

Dr Martin Sullivan

A longitudinal study of the life histories of people with spinal cord injury

HRC Ref: 07/302
 Term: 48 months
 Location: School of Sociology and Social Policy & Social Work, Massey University, PALMERSTON NORTH
 Value of contract: \$897,876

Miss Hiria Te Amo

Maori health research in the BOP - needs assessment

HRC Ref: 07/507
 Term: 3 months
 Location: Poutiri Charitable Trust, TE PUKE
 Value of contract: \$5,000

Dr George Thomson

Policymaking to reduce smoking around children

HRC Ref: 07/090
 Term: 36 months
 Location: Department of Public Health, Wellington School of Medicine, University of Otago, WELLINGTON
 Value of contract: \$700,446

Professor Peter Thorne

Noise Induced Hearing Loss: Epidemiology, Noise Exposure and Prevention

HRC Ref: 07/572
 Term: 36 months
 Location: School of Medical Sciences, University of Auckland, AUCKLAND
 Value of contract: \$1,199,995

Professor Jeffery Wickens

Behavioural and cellular mechanisms of hyperactivity and movement disorders

HRC Ref: 07/279
 Term: 36 months
 Location: Department of Anatomy & Structural Biology, Otago School of Medical Sciences, DUNEDIN
 Value of contract: \$2,617,829

Dr Janine Wiles

Resilient Aging in Place: Improving the Lives of Older People in NZ Communities

HRC Ref: 07/285
 Term: 36 months
 Location: Social and Community Health, University of Auckland, AUCKLAND
 Value of contract: \$771,895

Professor William Wilson

Pharmacokinetics and pharmacodynamics of the hypoxia-activated prodrug PR-104

HRC Ref: 07/079A
Term: 36 months
Location: Auckland Cancer Society Research Centre, University of Auckland,
AUCKLAND
Value of contract: \$1,157,615

Dr Denise Wilson

Nursing and Maori patient outcomes

HRC Ref: 07/194
Term: 15 months
Location: School of Health Services, Massey University, NORTH SHORE CITY
Value of contract: \$311,620

Dr Deborah Young

Driving neurogenesis as a therapeutic strategy for age-related cognitive decline

HRC Ref: 07/212
Term: 36 months
Location: Department of Molecular Medicine & Pathology, University of
Auckland, AUCKLAND
Value of contract: \$991,956

New Career Development Awards

ACC CAREER DEVELOPMENT AWARDS

Miss Rebbecca Lilley 07/049
Determinants of occupational injury and ill health 36 months

CLINICAL RESEARCH TRAINING FELLOW

Ms Erana Cooper 07/071
A best practice package: early intervention for whanau violence 36 months

Dr Claire Heppenstall 07/059
Maintaining independence: predicting and preventing residential home care 36 months

Dr Benjamin Loveday 07/069
The role of lymphatics in severe pancreatitis: anatomy, physiology and tehrapy 36 months

Dr Kyle Perrin 07/081
The effect of oxygen therapy on clinical outcomes in acute asthma and pneumonia 36 months

Dr Steve Ritchie 07/067
The role of staphylococcal superantigen like proteins in invasive S. aureus disease 36 months

Dr Juliet Rumball-Smith 07/062
Quality of public hospital care for Maori and N.Z. Europeans in Christchurch, N.Z. 48 months

Dr Kamran Shoshtari 07/039
Enhanced Recovery After Surgery and preoperative Steroids and their effect on postoperative recovery in major colonic surgery 12 months

Dr James Ussher 07/043
Experimental strategies for ex-vivo immunotherapy of chronic hepatitis B infection 36 months

ERIHAPETI REHU-MURCHIE FELLOWSHIP

Dr Cheryl Smith 07/518
He mokopuna, he taonga: Health and wellbeing of grandparents raising mokopuna 36 months

ERU POMARE FELLOWSHIP

Ms Emma Wyeth 07/517
Kei ruka, kei raro: Maori health experiences and perspectives 48 months

FOXLEY FELLOWSHIP

Ms Louise Delany 07/038
Public Health Law in New Zealand 9 months

GIRDLER'S FELLOWSHIP

Miss Francesca Crowe 07/064
Fat and prostate cancer in the European prospective investigation into Cancer and nutrition 24 months

MAORI HEALTH MASTERS SCHOLARSHIP	
Miss Phoebe Macrae	07/521
Rehabilitative potential of the cortex for swallowing impairment: A study of the supplemental motor area	12 months
MAORI PhD SCHOLARSHIP	
Joy Panoho	07/515
A Maori-centred inquiry into health governance: Maori directors on DHBs	24 months
Miss Natasha Turner	07/512
Preventing obesity in Maori communities	36 months
Miss Karen Young	07/511
Dopamine function in an animal model of ADHD	12 months
SIR CHARLES HERCUS FELLOWSHIP	
Dr Christopher Hann	07/065
Model-based cardiac diagnosis and therapy in critical care	48 months
Dr Chris Pemberton	07/055
BNP signal peptide: a novel, specific marker of acute cardiac injury	48 months
Dr Yiwen Zheng	07/047
Searching for answers to cognitive deficits following vestibular damage	48 months
JSPS EXCHANGE PROGRAMME	
Professor Takeshi Sato	07/525
International comparative study of depression and suicide prevention in primary care	3 months
JSPS POST-DOCTORAL FELLOWSHIP	
Dr Shoichi Suzuki	07/524
Role of TLR4 signaling in hepatic stellate cells in the early phase of liver regeneration	24 months
PACIFIC HEALTH MASTERS	
Miss Luisa Ape-Esera	07/402
Understanding how mental illness risk factors and mental health protective factors for Samoan populations impact on the current and future mental health workforce	14 months
Ms Catherine Poutasi	07/403
What motivates the retention of Pacific people in the New Zealand health workforce	24 months
PACIFIC HEALTH PhD	
Ms Roannie Ng Shiu	07/414
The impact of life contexts on the learning journeys of Pacific students in health education programmes: An exploration of the Samoan family and community	36 months
PACIFIC HEALTH POSTDOC FELLOWSHIP	
Dr Sunia Foliaki	07/405
Cancer in Pacific populations	36 months

Research Contracts Completed During the Year or In Progress

This list includes all research contracts that received funds during the financial year.

Mrs Gillian Abel, Dr Cheryl Brunton, Ms Lisa Fitzgerald

The impact of the PRA on the health and safety practices of sex workers

HRC Ref: 05/147

Professor Wickliffe Abraham, Dr David Ireland, Dr Joanna Williams, Professor Warren Tate,
Dr B G Mockett

Regulation of synaptic plasticity across time: Mechanisms of metaplasticity

HRC Ref: 04/285C

Dr David Ackerley, Dr Anne La Flamme

The role of quinone oxidoreductases in virulence of Pseudomonas aeruginosa

HRC Ref: 06/229

Dr Philip Ainslie

Effects of physical activity on blood flow to the brain in young and old humans

HRC Ref: 06/230

Dr Fiona Alpass, Mr Eljohn Fitzgerald, Dr Christine Stephens, Mr Brendan Stevenson, Dr
Judith Davey, Miss Helen Pennington

A study of the health of older adults in the transition from work to retirement

HRC Ref: 05/311

Dr Greg Anderson, Dr David Grattan

The link between nutrition and fertility

HRC Ref: 05/158

Associate Professor Robert Anderson, Professor William Denny

Radical processes in the development of anti-cancer hypoxic cell cytotoxins

HRC Ref: 04/094

Professor Bruce Arroll, Associate Professor Jane Gunn, Associate Professor Ngaire Kerse, Dr
Felicity Goodyear-Smith, Dr Nicole Coupe, Dr Simon Hatcher, Dr Tana Fishman

Trial of a NZ developed screening questionnaire compared with a standard screen

HRC Ref: 06/237R

Dr Armaz Aschrafi

In search of the molecular basis of mental retardation

HRC Ref: 06/238

Professor Innes Asher, Mr Alistair Stewart, Professor Edwin Mitchell, Professor Neil Pearce,
Professor Richard Beasley

ISAAC phase three analysis, publication and dissemination

HRC Ref: 04/095

Dr Clive Aspin, Associate Professor Mihi Ratima, Dr Nigel Dickson, Dr Rhys Jones, Professor
Linda Smith

**The role of resiliency in responding to bloodborne viral and sexually transmitted
infections in Indigenous communities**

HRC Ref: 06/038

Dr Thomas Backstrom, Professor John Fraser
Inhibition of autoimmune diseases by superantigen-peptide conjugates
 HRC Ref: 06/241

Professor Philip Bagshaw, Dr Randall Allardyce, Professor Frank Frizelle
Prospective, randomised, clinical study comparing laparoscopic & open surgery for colon cancer
 HRC Ref: 04/102

Professor Edward Baker, Associate Professor Gregory Cook, Dr J Shaun Lott, Professor William Denny
A targeted application of structural genomics to TB biology and drug development
 HRC Ref: 06/441

Dr Suzanne Barker-Collo, Associate Professor Anthony Rodgers, Associate Professor Valery Feigin, Dr Carlene Lawes, Mr Hugh Senior, Ms Margaret Dudley, Ms Varsha Parag
Reducing post-stroke attention deficits: a randomised controlled trial
 HRC Ref: 06/063C

Dr Annette Beautrais
Putting up the barriers: evaluation of the Grafton Bridge "experiment"
 HRC Ref: 03/099

Dr Dorothy Begg, Professor John Langley, Associate Professor John Broughton, Dr Shanthi Ameratunga, Ms Rebecca Brookland
New Zealand Drivers Study: a follow-up of newly licensed drivers
 HRC Ref: 05/162

Dr Pamela Bennett, Associate Professor Jane McKendrick
Roots of resilience: Transformation of identity and community in indigenous mental health
 HRC Ref: 06/039

Dr David Bilkey, Dr Michael Eckert, Professor Wickliffe Abraham
Hippocampal processing of context in a developmental model of schizophrenia
 HRC Ref: 06/254

Associate Professor Tony Blakely, Dr Caroline Shaw, Dr Diana Sarfati, Dr Mona Jeffreys, Dr Sarah Hill, Manager, Mr Selwyn McCracken
Cancer trends: Ethnic and socio-economic trends in cancer incidence and survival
 HRC Ref: 06/256

Associate Professor Tony Blakely, Ms Bridget Robson, Dr Papaarangi Reid, Dr Peter Crampton, Dr Kevin Dew, Dr Diana Sarfati
Health inequalities research programme
 HRC Ref: 05/048 (Programme)

Dr Amohia Boulton, Professor Chris Cunningham, Dr Jacqueline Cumming
Contracting for Whanau Ora
 HRC Ref: 05/304

Professor Antony Braithwaite, Dr Janice Royds, Dr Michael Eccles, Professor Bruce Baguley
Therapeutics and diagnostic markers of cancer: From bench to clinic
 HRC Ref: 04/284

Associate Professor Anne Bray, Dr Claire Stewart, Ms Brigit Mirfin-Veitch, Ms Sarah Sharp, Professor Keith Sullivan, Mr Paul Milner

Peer abuse in group homes for adults with intellectual disabilities

HRC Ref: 05/085

Dr Anne Bray, Ms Sue Gates, Professor Robyn Munford, Ms Hine Forsyth, Ms Brigit Mirfin-Veitch, Dr Jackie Sanders, Dr Berni Kelly, Professor Mark Henaghan

Strengthening families, protecting children- when a parent has an intellectual disability

HRC Ref: 04/110

Associate Professor Neil Broom, Mr Anthony Hardy, Mr Rene Flachsmann

Biomechanical vulnerability of the joint tissues w.r. to maturity and degree of degeneration

HRC Ref: 02/145R

Associate Professor John Broughton, Ms Marie Person

Impact of oranga niho on quality of life of tamariki Maori

HRC Ref: 06/206

Dr Paul Brown, Dr Lorna Dyall, Professor John Windsor, Dr Linda Cameron, Dr Tim G T Tenbenschel

Use of private and public sectors for surgical procedures

HRC Ref: 05/226

Dr Christopher Bullen, Associate Professor Anthony Rodgers, Associate Professor Philippa Howden-Chapman, Dr Brad Novak, Dr Kawshi De Silva, Dr Susan Wells, Ms Laurie Wharemata, Ms Xenia Chen

A feasibility study of a workplace cardiovascular health promotion intervention

HRC Ref: 06/513

Associate Professor Winston Byblow, Dr Alan Barber, Dr James Stinear, Dr Vanessa Lim

A novel rehabilitation protocol to enhance motor recovery following stroke

HRC Ref: 04/107R

Professor Mark Cannell, Professor Christine Winterbourn, Professor Peter J Hunter, Dr Alistair A Young, Professor Garth Cooper, Dr Bridget Leonard, Dr Anthony RJ Phillips, Dr Allen Rodrigo, Dr Christian Soeller, Dr Franz Pichler, Dr Ian LeGrice, Dr Michael Black, Dr Peter Ruyg

Structure and function in failing heart

HRC Ref: 05/049

Dr Janet Carter, Dr Janice McKenzie, Dr Virginia McIntosh, Dr Suzanne Luty, Dr Marie Crowe, Professor Peter Joyce, Ms Jennifer Jordan, Dr Jane OMalley

Psychotherapy factors related to outcome in depression

HRC Ref: 05/144

Professor Sally Casswell, Dr John Huakau, Dr Tim McCreanor, Mr Hector Kaiwai, Ms Helen Moewaka Barnes, Ms Lanuola Asiasiga, Ms Taisia Huckle, Professor Gerard Hastings, Professor Janet Hoek

Measuring impacts of alcohol marketing on young New Zealanders

HRC Ref: 06/285

Professor Stephen Chambers, Dr Michael Epton, Dr Mona Syhre, Dr Peter S Ganly, Dr Philip Pattermore, Dr Richard Laing, Professor David Murdoch

Breath test for aspergillus: role of 2-pentylfuran

HRC Ref: 06/274

Dr Chris Charles, Professor Mark Richards, Professor Tim Yandle
Adrenomedullin 2: a new effector in pressure/volume homeostasis?
 HRC Ref: 05/146

Associate Professor Lai-Ming Ching, Professor Bruce Baguley, Dr David Bridewell, Dr See-Tarn Woon
Identification of new targets for anti-vascular therapies for cancer
 HRC Ref: 05/237R

Mr Bevan Clayton-Smith, Dr Maureen Holdaway, Professor Chris Cunningham
Older Maori and medication: management, regulation and facilitation
 HRC Ref: 06/277

Ms Adelaide Collins
Feasibility of a collaborative network for a socio-cultural study of Maori disability issues
 HRC Ref: 06/023

Dr Bronwen Connor, Dr Martin Pera, Dr Mirella Dottori, Professor Mal Horne
Human neural progenitor cell transplantation therapy and Huntington's Disease
 HRC Ref: 06/583

Prof Garth Cooper, Prof Joerg Kistler, Assoc Prof Rod Dunbar, Dr Kerry M Loomes, Dr Shaoping Zhang, Dr Bridget Leonard, Dr Anthony R J Phillips, Dr Sally D Poppitt, Prof Sir John Scott, Dr Aimin Xu, Dr Etuate Saafi, Assoc Prof Thomas Brittain
Targeting type-2 diabetes
 HRC Ref: 03/190

Dr Jessica Costa, Dr Kathleen Mountjoy, Dr Miles Brennan, Dr Ute Hochgeschwender
Analysis of mice lacking neuroendocrine peptide a-melanocyte stimulating hormone
 HRC Ref: 06/280

Professor Julian Crane, Associate Professor Philippa Howden-Chapman, Dr Kristin Wickens, Dr Robert Siebers, Dr Thorsten V Stanley, Mr Nevil Pierser, Ms Cheryl Davies, Professor Chris Cunningham
A pilot study for a national environmental intervention in childhood asthma
 HRC Ref: 06/485

Professor Julian Crane
A pilot study of inhaled nicotine delivery in smokers
 HRC Ref: 05/099

Professor Julian Crane, Professor Edwin Mitchell, Mr Gordon Purdie, Professor Gerald Tannock, Associate Professor Peter Black, Dr Penny Fitzharris, Dr Matire Harwood, Dr Kristin Wickens
A trial of the effect of probiotics on the development of atopy and eczema in children
 HRC Ref: 02/244R

Dr Sue Crengle, Dr Andrew Kerr, Dr Matire Harwood, Dr Peter Jansen, Ms Elizabeth Robinson
Secondary prevention of cardiovascular disease in general practice: The impact of ethnicity and measures of deprivation
 HRC Ref: 04/127

Associate Professor Philip Crosier, Dr Julie Horsfield, Professor Kathryn Crosier
A genetic approach toward the identification of new targets for leukaemia therapy
 HRC Ref: 04/120

Dr Jacqueline Cumming, Dr Patrick Graham, Mr John Fraser, Professor Andre van Rij,
 Professor Bryan R Parry, Professor Justin Roake
Equity, variation and convergence in surgeons' clinical judgements of priority
 HRC Ref: 06/286

Dr Jacqueline Cumming, Dr Antony Raymont, Professor Gregor D Coster, Dr Amohia
 Boulton, Dr Steve Stillman
Improving health through primary care reform: an economic analysis
 HRC Ref: 05/360

Dr Jacqueline Cumming, Dr Antony Raymont, Professor Gregor D Coster, Dr Amohia
 Boulton, Associate Professor Mary Finlayson, Dr Patrick Graham, Dr Philip Hider,
Improving performance in New Zealand health care: hospital outcomes
 HRC Ref: 05/369

Dr Nicola Dalbeth, Associate Professor Jillian Cornish, Professor Ian Reid
Mechanisms of bone erosion in chronic tophaceous gout
 HRC Ref: 05/239

Professor Brian Darlow, Dr Roland Broadbent, Dr Carl Kuschel, Associate Professor Mark
 Elder, Dr Michael Meyer, Associate Professor Cynthia Cole, Dr Michael Hewson
 What oxygen saturation level should we target in very preterm infants? - a RCT
 HRC Ref: 05/145

Professor Brian Darlow, Professor William Tarnow-Mordi
**International neonatal immunotherapy study (INIS): a RCT of intravenous
 immunoglobulin**
 HRC Ref: 03/113

Dr Peter Davidson, Dr David Chalmers, Dr Andrew McIntosh, Dr Barry Wilson
Biomechanical analysis of the rebound aspect of playground surfaces
 HRC Ref: 04/134

Professor Peter Davis, Associate Professor Laurie Brown, Mr Roy Lay-Yee, Professor Alastair
 Scott, Associate Professor Ngaire Kerse, Mr Andrew Sporle
Primary care in an ageing society: a modelling approach
 HRC Ref: 05/224

Dr Paul Donaldson, Professor Joerg Kistler
Blocking cation channels in the lens: A novel strategy to delay the onset of cataract
 HRC Ref: 03/137

Dr Jeroen Douwes, Dr Christine van Dalen, Dr Lis Ellison-Loschmann, Mr David McLean,
 Professor Graham Le Gros, Professor Neil Pearce
Can endotoxin exposure reverse atopy and atopic disease?
 HRC Ref: 04/172

Professor Mason Durie, Professor Neil Pearce, Mr John Waldon, Dr Stephanie Palmer, Mrs Lynne Pere, Dr Maureen Holdaway, Professor Chris Cunningham, Dr Te Kani Kingi, Dr Amohia Boulton, Ms Heather Gifford, Ms Sharon Taite, Ms Janice Wenn

Te Pumanawa Hauora

HRC Ref: 03/282

Dr Michael Eccles, Dr Cherie Stayner

Novel therapeutic targets for polycystic kidney disease

HRC Ref: 04/140

Dr Raina Elley, Associate Professor Ngaire Kerse, Associate Professor Robert Scragg, Dr Dale Bramley, Dr Isobel Martin, Dr Paul Drury, Dr Timothy Kenealy, Ms Elizabeth Robinson, Professor Murray Tilyard, Professor Bruce Arroll

The diabetes cohort study

HRC Ref: 04/146R

Professor Pete Ellis, Associate Professor Richard Siegert, Mr Tai Riki Kake, Ms Menetta Te Aonui

Cognition and psychopathology in Maori diagnosed with schizophrenia: 18 Month follow-up

HRC Ref: 06/044

Professor Zoltan Endre, Professor Robert Walker, Associate Professor John Leader, Dr Geoffrey Shaw

Early intervention in acute renal failure

HRC Ref: 05/131

Professor Richard Faull, Dame Henry Waldvogel, Professor Michael Dragunow, Dr Michelle Glass, Dr Bronwen Connor

Neurogenesis and neurodegenerative disorders of the human brain

HRC Ref: 05/051 (Programme)

Associate Professor Valery Feigin, Dr Carlene Lawes, Dr Paul Brown, Dr Suzanne Barker-Collo, Mr Hugh Senior, Ms Varsha Parag

Long-term functional and neuropsychological outcomes after stroke in New Zealand

HRC Ref: 06/063A

Professor David Fergusson, Mr John Horwood, Dr Annette Beautrais, Dr Elisabeth Wells

Longitudinal studies of mental health and psychosocial wellbeing

HRC Ref: 04/283 (Programme)

Dr Sunia Foliaki

Cancer in Pacific populations

HRC Ref: 05/493R

Dr Sunia Foliaki, Dr Mona Jeffreys, Professor Neil Pearce, Professor George Davey Smith, Dr Siale 'Akau'ola, Dr Paolo Boffetta, Dr Marc Goodman, Dr Lis Ellison-Loschmann, Dr Lepani Waqatakirewa, Dr Haresimelika Paka, Dr Ate Moala, Dr Semisi Aiono

Cancer in the Pacific populations

HRC Ref: 04/240

Dr Siale Foliaki, Professor Mason Durie

Migration and mental health of Pacific people

HRC Ref: 06/585

Dr Jeff Foote, Ms Marara Rogers-Koroheke, Mr Hone Taimona, Dr Gail Tipa, Associate Professor Nicola North

He wai te kai: environmental health through Maori community development

HRC Ref: 04/271

Professor John Fraser, Professor Edward Baker, Dr Thomas Proft, Dr Indira Basu, Dr Bruce Wines

The role of the superantigen-like toxins (SSLs) in staphylococcal pathogenicity

HRC Ref: 05/232

Professor John Fraser, Dr John Taylor, Dr Thomas Proft, Dr Bridget Schrage

Risk factors for pneumonia and hospitalisation for pneumonia in children

HRC Ref: 04/281D

Dr Mhoyra Fraser, Professor Murray Mitchell, Dr Jeffrey Keelan, Professor John Hopkins
Preterm brain injury and the role of intrauterine infection in causation of white matter damage

HRC Ref: 05/249

Dr Catherine Gilchrist, Associate Professor Lai-Ming Ching

Ubiquitin-Proteasome pathway function and cancer

HRC Ref: 05/231

Dr Marewa Glover, Mr John Waldon, Ms Harangi Biddle

Te Whaangai UU - Te Reo o te Aratika / Whanau Infant Feeding Study

HRC Ref: 05/139

Professor Peter Gluckman, Associate Professor Hamish Spencer, Dr Mark Vickers, Professor Mark Hanson, Dr David Raubenheimer

Intergenerational macronutrient transitions and long-term consequences

HRC Ref: 05/244

Associate Professor Cameron Grant, Dr Andrea Kelly, Dr Clare Wall, Dr Guy Naden, Dr Karen Waldie

Nutrition for health in primary care: an early childhood intervention pilot

HRC Ref: 06/525

Associate Professor David Grattan, Dr Ilona Kokay, Professor Robert Bridges

Brain actions of prolactin in the postpartum period

HRC Ref: 06/580

Assoc Prof Alistair Gunn, Prof Colin Green, Assoc Prof Louise F B Nicholson, Dr Jeffrey Keelan, Assoc Prof Laura Bennet

Pathogenesis, detection and treatment of perinatal brain injury

HRC Ref: 06/065

Dr Alistair Gunn, Dr Laura Bennet, Dr Simon Malpas, Dr Malcolm Battin, Dr Ellen Knapp, Dr Sherly George

Hypothermia and preterm brain injury

HRC Ref: 05/105A

Dr Leigh Hale, Dr Anne Bray, Dr Clare Robertson

Incidence of and risk factors for falls in adults with intellectual disability

HRC Ref: 06/526

Professor Jane Harding, Associate Professor Bernard H Breier, Dr Mark Oliver, Professor Stewart Gilmour, Dr Frank Bloomfield, Dr Mark Vickers

Fetal growth and its consequences

HRC Ref: 02/193

Dr Matire Harwood, Dr Mark Weatherall, Professor Kathryn McPherson, Dr Harry McNaughton, Dr Api Talemaitoga, Dr John Gommans, Dr Alan Barber

Improving stroke recovery for Maori and their whanau

HRC Ref: 05/054D

Professor Allan Herbison, Associate Professor David Grattan, Dr Greg Anderson

Neuroendocrine regulation of fertility

HRC Ref: 06/066

Dr Ian Hermans, Dr Troels Petersen, Professor Franca Ronchese

Increasing the potency of dendritic cell based vaccines for treatment of cancer

HRC Ref: 06/316

Dr Ian Hermans, Professor Graham Le Gros, Professor Vincenzo Cerundolo

Improving vaccines with adjuvants that stimulate NKT cells

HRC Ref: 05/459

Dr Paul Hessian, Professor Malcolm Smith

CD21L and clinical outcome for rheumatoid arthritis

HRC Ref: 05/170

Dr Merilyn Hibma, Dr Alex McLellan, Professor Andrew Mercer

Regulation of host defences in the skin by a tumour-causing virus

HRC Ref: 06/070A

Dr Darrin Hodgetts, Ms Linda Nikora, Professor Kerry Chamberlain

Mediation & the public negotiation of health inequalities: comparing Maori & mainstream media

HRC Ref: 04/274

Associate Professor Gary Housley, Associate Professor Peter Thorne, Dr Srdjan Vljakovic, Professor Allen Ryan

The contribution of ATP-gated ion channels to noise-induced hearing loss

HRC Ref: 05/058B

Associate Professor Philippa Howden-Chapman, Professor Chris Cunningham, Dr Kevin Dew, Dr Mark Weatherall, Ms Jo-Ani Robinson, Dr Sarah Dean

Exploring the housing needs and experiences of people with disability in New Zealand

HRC Ref: 05/086

Professor Peter J Hunter, Associate Professor Bruce H Smaill, Dr Alistair A Young, Dr Ian LeGrice, Professor Andrew Pullan

Cardiac structure and function: a bioengineering analysis

HRC Ref: 06/067

Associate Professor Brian I Hyland, Professor Jeffery Wickens

Neurophysiological basis of a novel drug treatment for Parkinson's disease

HRC Ref: 06/305R

Professor Rodney Jackson, Dr Shanthy Ameratunga
Traffic-Related Injury in the Pacific (TRIP) Project
 HRC Ref: 04/298

Dr Rhys Jones, Dr Sue Crengle, Mrs Kitty Bennett, Dr Clive Aspin, Dr David Jansen, Dr Tania Riddell
Hauora o nga tane Maori: Health and Maori men (Phase I)
 HRC Ref: 03/150

Professor Peter Joyce, Dr Janet Carter, Associate Professor Christopher Frampton, Associate Professor Roger Mulder, Dr Caroline Bell, Dr Janet Latner, Dr Janice McKenzie, Dr Marie Crowe, Dr Martin Kennedy, Dr Richard Porter, Dr Stephanie Moor
Mental health clinical research
 HRC Ref: 04/282 (Programme)

Mr Andrew Jull, Associate Professor Anthony Rodgers, Associate Professor Ngaire Kerse, Dr Natalie Walker, Dr Noeline Whitehead, Dr Ralph Maddison, Mr Rob Fris, Ms DeviAnn Hall, Ms Varsha Parag
A pilot study of home-based progressive resistance exercises for venous ulcers
 HRC Ref: 06/533

Mr Andrew Jull, Associate Professor Anthony Rodgers, Associate Professor Robyn S Dixon, Dr Carlene Lawes, Dr Cliona Ni Mhurchu, Dr Dale Bramley, Dr Ralph Maddison, Dr Robyn Whittaker
Feasibility study of a novel weight control intervention for New Zealand
 HRC Ref: 06/534

Mr Andrew Jull, Dr Anthony Rodgers, Dr Natalie Walker, Associate Professor Peter Molan
Honey as adjuvant leg ulcer therapy (HALT) trial
 HRC Ref: 03/087

Professor Michael Kalloniatis, Dr Erica Fletcher, Dr Brendan OBrien, Dr Monica Acosta, Dr Keely Bumsted OBrien
Photoreceptor degeneration in retinitis pigmentosa
 HRC Ref: 05/247

Associate Professor Martin Kennedy, Professor Peter Joyce
Pharmacogenomics of antidepressant drugs
 HRC Ref: 06/331

Associate Professor Ngaire Kerse, Associate Professor Robert Scragg, Professor Martin Connolly, Professor Peter Davis
Maximising health for older people - a multidisciplinary approach
 HRC Ref: 06/068

Associate Professor Ngaire Kerse, Associate Professor Bruce Arroll, Ms Elizabeth Robinson, Dr Simon Hatcher, Professor Anthony Dowell, Professor Gregory Kolt, Dr Raina Elley, Ms Kathy Peri, Dr John Parsons, Ms Karen Hayman
Maximising function in depressed older patients
 HRC Ref: 05/284

Dr Ngaire Kerse, Professor Bruce Arroll, Ms Elizabeth Robinson, Ms Elizabeth Mitchelson, Ms Nancy Latham, Dr Maree Todd, Associate Professor Tim Wilkinson, Mr Mathew Parsons, Dr Paul Brown, Ms Kathy Peri, Mr John Parsons
Falls, function and quality of life: An intervention in residential care
 HRC Ref: 03/153

Professor Gregory Kolt, Dr Philip Schluter, Associate Professor Ngaire Kerse, Dr Grant Schofield

Healthy steps: A trial of pedometer-based green prescription for older people

HRC Ref: 05/279R

Associate Professor Jane Koziol-McLain, Dr Janet Fanslow, Dr Emma Davies

Healthcare site-based partner violence screening and intervention efficacy

HRC Ref: 05/283

Dr Jeremy Krebs, Dr Carolyn Elley, Dr Damon Bell, Dr Helen Lunt, Dr Paul Drury, Miss Amber Strong, Ms Elizabeth Robinson, Professor Jim Mann

Diabetes excess weight loss (DEWL) trial: High protein vs low fat diets

HRC Ref: 06/337

Dr David Lamb, Professor Brett Delahunt

Randomised androgen deprivation and radiotherapy (RADAR) trial - TROG 03.04

HRC Ref: 04/443

Professor John Langley, Associate Professor Ken Buckingham, Mr Shaun Stephenson, Mr Bredan Hokowhitu, Dr Anne Bray, Dr Shanthi Ameratunga

Prospective injury outcomes study (PIOs): Development phase

HRC Ref: 04/173

Dr Elizabeth Ledgerwood, Dr Michael Hubbard, Dr Fabian Lecomte

Functional analysis of ERp29, a protein-folding assistant up-regulated in cancer

HRC Ref: 05/176

Dr Elizabeth Ledgerwood, Dr Ian Morison

Utility for a cell-death mutation from a healthy family?

HRC Ref: 05/188

Dr Christopher Lewis, Associate Professor John Kolbe, Dr Tam Eaton

Does long-term oxygen therapy improve health related quality of life in COPD patients with moderate hypoxaemia? - A randomised controlled trial

HRC Ref: 04/266R

Dr Andrew Macann, Dr Charles De Groot, Dr Nikolay Nedev

Chemoradiotherapy vs radiotherapy in high risk cutaneous squamous cell carcinoma

HRC Ref: 06/348

Dr Anna Mackey, Associate Professor Susan Stott, Associate Professor Winston Byblow, Dr Cathy Stinear

Improving arm function in children with hemiplegia - insights from neuroscience

HRC Ref: 06/349

Dr Alexandra Macmillan, Dr Jennie Connor, Dr Karen Witten, Professor Alistair Woodward

Health effects of intervening in the trip to work

HRC Ref: 06/350

Dr Ralph Maddison, Associate Professor Anthony Rodgers, Dr Christopher Bullen, Dr Cliona Ni Mhurchu, Dr Daniel Exeter, Dr Yannan Jiang, Miss Maria Turley

Environmental influences on diet and physical activity in New Zealand children

HRC Ref: 06/540

Dr Simon Malpas, Dr Carolyn Barrett, Dr Sarah-Jane Guild
The link between the brain and kidney in development of hypertension
 HRC Ref: 05/251

Professor Jim Mann, Associate Professor Sheila Williams, Dr Alexandra Chisholm, Dr Kirsten Coppell, Dr Kirsten McAuley, Mr Chris Booker
Lifestyle over and above drugs in diabetes (LOADD) study
 HRC Ref: 06/352

Professor Jim Mann, Dr David Tipene-Leach, Dr Kirsten McAuley, Dr Sally Abel, Dr Sheila Williams, Dr Nathan Joseph, Ms Helen Pahau, Dr Kirsten Coppell
Ngati Porou Hauora Prevent Diabetes Project
 HRC Ref: 05/179

Professor Jim Mann, Ms Lorraine Brooking, Ms Wendy Stevens, Ms Eleanor Murphy, Mrs Sheila Williams, Dr Rachael Taylor, Dr Patrick Manning, Dr Kirsten McAuley, Assistant Professor Robert Walker, Dr Wayne Sutherland
Lifestyle & nutritional approaches to reduce obesity, type 2 diabetes & its complications
 HRC Ref: 04/280

Professor Jim Mann, Ms Lorraine Brooking, Dr Rachael Taylor, Dr Kirsten McAuley, Ms Sheila Williams, Mrs Rebecca Cooke
Diets of varying macronutrient composition in insulin resistance
 HRC Ref: 03/277E

Professor Colin Mantell, Associate Professor Jane McKendrick, Dr Pamela Bennett, Dr Robyn Manuel, Dr Nicole Coupe
Why are Maori over represented in psychiatric services - Phase two
 HRC Ref: 04/188

Dr Colin McArthur, Dr Michael Kalkoff, Dr Seton Henderson, Dr Shay McGuinness, Professor Rinaldo Bellomo, Professor Robyn Norton
Randomised evaluation of normal vs augmented level renal replacement therapy
 HRC Ref: 06/357

Dr Colin McArthur, Professor Robyn Norton, Associate Professor Rinaldo Bellomo, Dr Simon Finfer, Dr Shay McGuinness, Dr Richard Dinsdale, Dr Tony Williams
Normoglycaemia in Intensive Care Evaluation (NICE) study
 HRC Ref: 05/078

Dr Kirsten McAuley, Associate Professor Sheila Williams, Dr Alexandra Chisholm, Dr Paul Hansen, Dr Rachael Taylor, Miss Kelly Whiteford, Mrs Sue Vorgers, Professor Jim Mann
Determining optimal approaches for successful maintenance of weight loss
 HRC Ref: 06/358

Dr Sally McCormick, Dr Gregory Jones, Dr Michael Williams, Professor Andre van Rij
Regulation of HDL levels
 HRC Ref: 06/360

Dr Janet McDonald
Young Carers
 HRC Ref: 06/624

Dr Deborah McLeod, Ms Bridget Robson, Dr Peter Crampton, Dame Anne Salmond,
 Professor Anthony Dowell, Ms Donna Cormack, Mr Tom Love, Mr Michael Howard
General practice enrolment, utilisation and disease management 2001 & 2005
 HRC Ref: 05/090

Dr Deborah McLeod, Professor Andre van Rij, Dr Isobel Martin, Dr Antony Raymont, Dr
 Jacqueline Cumming, Professor Anthony Dowell, Dr Kevin Dew, Dr Lou Gallagher, Sonya
 White
Pathways to care and outcome for elective surgery: a prospective cohort study
 HRC Ref: 03/223

Dr Harry McNaughton, Dr Matire Harwood, Dr Mark Weatherall, Professor Kathryn
 McPherson, Dr Api Talemaitoga, Dr John Gommans, Dr Alan Barber, Dr Tae Richardson
Improving stroke recovery for Pacific people
 HRC Ref: 05/054A

Professor Kathryn McPherson, Dr Denise Taylor, Dr Harry McNaughton, Ms Nicola Kayes,
 Professor Gregory Kolt, Professor Philip Schluter
Addressing barriers to physical activity in multiple sclerosis: an RCT
 HRC Ref: 06/069A

Professor Kathryn McPherson, Dr Matire Harwood, Dr Mark Weatherall, Dr Harry
 McNaughton, Associate Professor Richard Seigert, Professor Mark Ylvesaker
Goal setting in rehabilitation: two new approaches in acquired brain injury
 HRC Ref: 05/054C

Dr Pamela Melding, Mrs Joanna Stewart, Associate Professor Paul Merrick, Ms Snezana
 Mitrovic-Tosovic, Dr Richard Worrall, Professor Rocco Pitto, Dr Francois Stapelburg,
 Professor Keith Wesnes
Post operative cognitive decline in New Zealand: what are the risks?
 HRC Ref: 05/199R

Dr Andrew Mercer, Dr Lyn Wise, Dr Stephen Fleming
Viral virulence and pathogenicity: Multi-component manipulation of host physiology
 HRC Ref: 04/184

Dr Tony Merriman
**Comparative mapping in human and mouse to characterise the IDDM6 autoimmune
 disease locus**
 HRC Ref: 04/180

Professor Mervyn Merrilees, Professor Thomas Wight
The use of proteoglycan genes to engineer a vessel wall resistant to atherosclerosis
 HRC Ref: 05/234

Dr Benjamin Miller, Professor George Brooks
Use of exercise and nutrition for increased muscle quality in older individuals
 HRC Ref: 05/266

Mr Stephan Milosavljevic, Associate Professor Peter Milburn, Dr Allan Carman, Professor
 Jack Callaghan
Cumulative loads on the body in wool harvesting
 HRC Ref: 05/186

Ms Helen Moewaka Barnes, Ms Belinda Borell, Ms Wendy Henwood, Liliana Clarke, Mr Otto Huisman

Te Mauri o te U-Kai-Po: intergenerational experiences of environments and wellbeing

HRC Ref: 05/322

Dr Johanna Montgomery

Functional incorporation of new brain cells into existing neuronal networks

HRC Ref: 05/259

Dr Shyamala Nada-Raja, Associate Professor Rob McGee, Dr Dannette Marie, Professor Andrew MacKinnon, Professor Helen Christensen, Professor John Langley

An internet-based CBT self-help for depression: a randomised controlled trial

HRC Ref: 06/378

Dr Shyamala Nada-Raja, Dr Keren Skegg, Professor John Langley, Associate Professor Rob McGee

Protective factors for self harm, including Gambling add-on study

HRC Ref: 03/257

Dr Cliona Ni Mhurchu, Associate Professor Anthony Rodgers, Associate Professor Tony Blakely, Dr Paul Brown, Mrs Iutita Rusk, Ms Mafi Funaki-Tahifote, Ms Leonie Matou

Strategies to promote healthier food purchases: a supermarket intervention trial

HRC Ref: 06/379

Dr Cliona Ni Mhurchu, Dr Anthony Rodgers, Mr Andrew Jull, Dr Harry Prapavessis

Feasibility study of a novel strategy to increase physical activity in children

HRC Ref: 05/228

Dr Pauline Norris, Ms Fuafiva Fa'alau, Ms Marianna Churchward, Ms Cecilia Va'ai, Professor Bruce Arroll

Knowledge and use of antibiotics amongst Samoan people in New Zealand and Western Samoa

HRC Ref: 04/197

Associate Professor Robyn North, Associate Professor Lesley McCowan, Dr Michael Black, Professor Garth Cooper

Screening for pregnancy endpoints (the SCOPE study)

HRC Ref: 04/198

Dr Paul Ockelford, Professor John Simes, Dr Timothy Brighton, Dr Paul Harper, Dr John Eikelboom

Low dose aspirin to prevent recurrent venous thromboembolism: a multicentre trial

HRC Ref: 05/080R

Mrs Mihimai Otene

Nga Kairauhii Trust Marae Research Project

HRC Ref: 04/465

Dr Julie Park, Associate Professor Robin Kearns, Associate Professor Linda Bryder, Dr Heather Worth, Dr Judith Littleton, Dr Carolyn Dakin, Dr Hans Dieter-Bader

Political ecology of tuberculosis in New Zealand - past and present

HRC Ref: 02/133

Mr John Parsons

Development of a standardised goal facilitation tool for use with older people within New Zealand

HRC Ref: 06/627

Associate Professor Janis Paterson, Dr Teuila Percival, Jane Ellen Clougherty, Mr Nicholas Garrett

Pacific Island Families Cohort: Traffic related air pollution and environmental exposure

HRC Ref: 06/547

Dr Janis Paterson, Associate Professor Elaine Rush, Deidre Lattell, Dr Teuila Percival

Pacific Islands Families: Nutrition and body size of six year old Pacific children (PIF:NBS)

HRC Ref: 04/276

Professor Neil Pearce, Dr Evan Dryson, Professor Graham Le Gros, Dr David McLean, Dr Jeroen Douwes

Causes and control of non-communicable disease

HRC Ref: 02/159 (Programme)

Dr Chris Pemberton, Professor Mark Richards, Dr Chris Charles, Professor Tim Yandle, Dr Steven Soule

C-ghrelin: A novel link between metabolic dysfunction and cardiovascular disease

HRC Ref: 05/132

Ms Suzanne Pitama, Associate Professor Robert Doughty, Dr Ian Sheerin, Dr Matea Gillies, Dr Paul Robertson, Dr Vicky Cameron, Professor Mark Richards

The Maori community heart study

HRC Ref: 06/389

Ms Suzanne Pitama, Professor Mark Richards, Mr Paul Robertson, Dr Vicky Cameron, Dr Matea Gillies

Feasibility study to determine cardiovascular health in Maori communities

HRC Ref: 05/142

Dr Lindsay Plank, Associate Professor Edward Gane, Associate Professor Jonathan Koea, Associate Professor John McCall, Professor Stephen Munn

Immunonutritional therapy in liver transplant patients - a randomised trial

HRC Ref: 02/191

Ms Nicola Poa, Professor Russell Scott, Dr Erihana Ryan, Dr Paul Edgar

The role of antipsychotic medication in the prevalence of type 2 diabetes in New Zealand Maori

HRC Ref: 04/141Rm

Associate Professor Anthony Poole, Dr Mark Walton

Development of mesenchymal stem cell therapies in a cartilage repair model

HRC Ref: 03/261

Dr Russell Poulter, Dr Jeffrey Han, Dr Timothy Goodwin, Professor Jef Boeke, Professor Warren Tate

Microbial models of the human L1 retrotransposon

HRC Ref: 06/584

Assoc Prof Richie Poulton, Prof Malcolm Sears, Assoc Prof Charlotte Paul, Dr Nigel Dickson,
Dr Joanne Baxter, Prof W Murray Thomson

Development of risk for chronic diseases: A longitudinal multidisciplinary study

HRC Ref: 03/271

Associate Professor Cristin Print, Dr Edmund Crampin, Professor Peter J Hunter

Inferring genetic pathways in melanoma cells

HRC Ref: 06/581

Associate Professor Andrew Pullan, Professor Peter Hunter, Dr Ian Le Grice, Associate
Professor Bruce Smaill

Imaging and analysis of cardiac electrical events

HRC Ref: 03/267C

Ms Ruruhira Rameka

He Arakanihi ki te Oranga

HRC Ref: 06/020

Associate Professor Mihi Ratima, Ms Sonia Rapana, Mr Tony Iwikau, Ms Olivia Marsden, Ms
Edith McNeill, Ms Angelea Bayley, Ms Belinda Ihaka, Mr Greg Coyle

A diabetes-related lower limb pathology control demonstration intervention for Maori

HRC Ref: 05/286

Prof Anthony Reeve, Dr Ian Morison, Dr Parry Guilford

Genetics and epigenetics of cancer

HRC Ref: 03/265

Prof Ian Reid, Prof Tim Cundy, Assoc Prof Andrew Grey, Prof Jillian Cornish, Dr Dorit Naot

Studies in bone and calcium metabolism

HRC Ref: 03/191

Mrs Mahinekura Reinfeld

Matarakau: Nga korero mo nga rongoa o Taranaki

HRC Ref: 04/455

Dr Gordon W Rewcastle, Dr Jackie Kendall, Professor Bruce Baguley, Professor Peter
Shepherd, Professor William Denny

PI3K inhibitors as targeted anticancer drugs

HRC Ref: 06/062A

Professor Mark Richards, Associate Professor Christopher Frampton, Dr Chris Pemberton,
Dr John Lainchbury, Dr Miriam Rademaker, Dr Vicky Cameron, Professor Tim Yandle

Urocortins II and III: Physiology and therapeutic potential

HRC Ref: 04/135

Professor Mark Richards, Dr Chris Charles, Dr Robert Doughty, Professor M Gary Nicholls,
Dr Lynley Lewis, Dr John Lainchbury, Dr Miriam Rademaker, Dr Vicky Cameron, Professor
Tim Yandle, Dr Barry Palmer

Humoral, Ultrasonographic and Genetic prediction and protection in Heart Disease

HRC Ref: 02/152 (Programme)

Dr Paul Robertson, Ms Suzanne Pitama

**Resilient indigenous health workforce networks: constructing and international
framework**

HRC Ref: 06/040

Professor Stephen Robertson, Dr Zandra Jenkins

The functions of filamins: understanding the genetics of congenital malformations

HRC Ref: 05/190

Associate Professor Anthony Rodgers, Associate Professor Bruce Neal, Associate Professor Valery Feigin, Dr Anushka Patel, Dr Dale Bramley, Dr Natasha Rafter, Dr Sue Crengle, Mr Stephen Vander Hoom

The polypill for primary prevention of cardiovascular disease

HRC Ref: 06/582

Dr Anthony Rodgers, Professor Alistair Woodward, Professor Bruce Arroll, Professor Rodney Jackson, Associate Professor Robert Doughty, Dr Marewa Glover, Associate Professor Robert Scragg, Dr Chris Bullen, Dr Natalie Walker, Dr Dale Bramley, Mr Stephen Vander Hoom

Innovative interventions tackling major risks to health

HRC Ref: 05/065 (Programme)

Dr Franca Ronchese, Dr David Ritchie, Dr Rebecca McHugh

Removing barriers to effective tumour immunotherapy

HRC Ref: 04/249

Prof Franca Ronchese, Prof Graham Le Gros, Dr Joanna Kirman

Regulation of immunity and immune-mediated diseases

HRC Ref: 03/235

Dr Janet Rowan, Dr Malcolm Battin, Associate Professor Elaine Rush, Professor Tim Cundy

Metformin in gestational diabetes (MiG)

HRC Ref: 04/228

Dr Bruce Russell, Associate Professor Jane Sheridan, Dr Ian Kirk, Dr Malcolm Tingle, Professor Robert Kydd

The acute and chronic effects of party pills containing BZP and TFMPP

HRC Ref: 06/408

Dr Evelyn Sattlegger, Dr Gillian Norris, Professor Beatriz Castilho

Making an IMPACT on brain function

HRC Ref: 06/410

Professor Russell Scott, Dr Christopher Florkowski, Professor Peter George, Ms Joanna Young, Ms Patrice McGregor, Miss Sarah Molyneux

Does ezetimibe correct vascular dysfunction?

HRC Ref: 05/336

Associate Professor Robert Scragg, Dr Lorna Dyall, Associate Professor Ngaire Kerse, Mr Malakai Ofanoa, Mr David Schaaf, Dr John Wishart

Effect of ultraviolet B radiation and vitamin D on blood pressure and insulin sensitivity

HRC Ref: 05/396

Associate Professor Robert Scragg, Professor David Thomas

Obesity Prevention in Communities (OPIC) Project

HRC Ref: 04/497

Professor Peter Shepherd, Professor Matthew During, Dr Callum Sutherland

Is Id2 a master switch for glucose induced complications of diabetes?

HRC Ref: 05/257

Professor Peter Shepherd, Dr Kathleen Mountjoy, Dr David Grattan
Leukaemia inhibitory factor and its role in leptin receptor signalling
 HRC Ref: 05/260

Dr Robert Siebers, Dr Robert Siebers
Early life fungal biomass exposure and development of allergic diseases
 HRC Ref: 05/088

Dr Christopher Sissons, Dr Joanna Pedlow, Ms Vera Keefe-Ormsby, Dr Pauline Koopu, Dr Lisa Wong, Dr J St John Wakefield, Dr Martin Lee
Dental caries and cariogenic plaques: The sucrose, fluoride and oral environment nexus
 HRC Ref: 04/259

Dr Christopher Sissons, Dr Euan Pearce, Ms Lisa Wong, Dr J St John Wakefield, Ms Vera Keefe, Dr Martin Lee, Associate Professor Peter Molan
New strategies for dental caries prevention
 HRC Ref: 03/218

Ms Kirsten Smiler
Maori deaf/hearing impaired children and their whanau
 HRC Ref: 06/633

Dr Cheryl Smith, Dr Paul Reynolds, Ms Donna Gardiner, Ms Mere Takoko
Health, cultural and social experiences of Maori affected by chemical related illness
 HRC Ref: 06/395

Ms Hilary Stace
The lived experience of autism in New Zealand: What services and supports improve access to an ordinary life?
 HRC Ref: 06/634

Dr Ralph Stewart, Associate Professor Robert Doughty, Dr Andrew Kerr, Dr Michael Williams, Professor Harvey White, Professor Mark Richards
Natriuretic peptides for assessment of severe aortic regurgitation
 HRC Ref: 04/442

Dr Cathy Stinear, Associate Professor Winston Byblow
Identification of therapeutic targets for theta-burst magnetic brain stimulation
 HRC Ref: 06/227

Associate Professor Susan Stott, Dr Sharon Walt
Measurement of functional activity in children with cerebral palsy: a pilot study
 HRC Ref: 05/267

Dr Andrea t Mannetje, Professor Neil Pearce, Dr Barry Borman, Dr Evan Dryson, Dr Chris Walls, Dr David McLean, Dr Jefferson Fowles, Ms Tania Slater, Dr David Phillips, Associate Professor Manolis Kogevinas, Professor Pier Bertazzi, Dr Patrick OConnor
Dioxin exposure levels and health effects in phenoxy herbicide production workers
 HRC Ref: 05/300

Professor Warren Tate, Dr Russell Poulter, Dr Elizabeth Poole, Dr Chris Brown
Post-transcriptional processes as drug target for HIV & Hepatitis B & C viruses
 HRC Ref: 05/195

Dr John Taylor, Associate Professor Rod Dunbar, Professor John Fraser, Professor Edward Gane, Dr Nikolai Naomouv

Restoration of antiviral T-cell activity during chronic hepatitis B infection using superantigens

HRC Ref: 05/252

Associate Professor Robin Taylor, Dr Michael Epton

Predicting response to corticosteroids in COPD using exhaled nitric oxide

HRC Ref: 06/428

Professor W. Murray Thomson, Associate Professor John Broughton, Dr Mary Cullinan, Dr Michael Williams, Professor Gregory Seymour, Professor Jules Kieser

Oral health among older people in Otago/Southland

HRC Ref: 06/558

Dr Gail Tipa, Miss Eleanor Murphy, Dr Guy Penny

Improving Maori health wellbeing through kaitiakitanga

HRC Ref: 05/082

Dr Gail Tripp, Dr Brent Alsop

Reward dysfunction: A putative model for ADHD

HRC Ref: 03/269E

Dr Richard Troughton, Professor Mark Richards

Hormone-guided heart failure therapy

HRC Ref: 04/175

Ms Hope Tupara, Dr Maureen Holdaway, Professor Chris Cunningham

Whanau bioethical decision making - genetic disorders and Maori health

HRC Ref: 06/435

Dr Katrina Varian

Falls in adults with physical disabilities

HRC Ref: 06/636

Ms Benita Wakefield, Mrs Miriama Kahu, Ms Keri Lawson Te-Aho, Mr Bevan Tipene Matua, Dr Ailsa Smith

Socio-political impacts of health policies on Maori within Te Waipounamu

HRC Ref: 05/081

Mr John Waldon, Dr David Tipene-Leach, Professor Chris Cunningham, Dr Christopher Moyes, Mrs Lyn Davis, Dr Graeme Lear

Comparative efficacy of hepatitis B vaccine for children born to hepatitis B carrier mothers

HRC Ref: 03/285

Professor Robert Walker, Dr Jennifer Bedford, Associate Professor John Leader, Dr Fiona McDonald, Professor Peter Joyce, Dr Blair Bermingham

Renal effects of lithium therapy in bipolar disorders

HRC Ref: 03/239

Ms Taingunguru Walker

Nga Pa Harakeke o Ngati Porou

HRC Ref: 04/454

Mr Malcolm Wara, Keita Dawson

Older Maori and dementia: Community research by a supported Maori health organisation

HRC Ref: 06/022

Dr Guy Warman, Dr Antonio Fernando, Ms Chris Inglis

A survey of circadian-related sleep disorders in the New Zealand blind community

HRC Ref: 05/212

Mr Garry Watson, Dr Sue Crengle, Mr Rob McGowan, Mr Shane Edwards

Applications of Rongoa Maori for the treatment of diabetes

HRC Ref: 06/045

Dr Peter Watson, Dr Sally Merry, Dr Robyn Dixon, Dr Sue Crengle, Ms Elizabeth Robinson, Dr Shanthi Ameratunga, Dr Simon Denny, Mr David Schaaf, Ms Terryann Clark, Jennifer Utter, Dr Terry Flemming

Youth2006: A national survey of the health and well-being of NZ adolescents

HRC Ref: 05/216

Ms Janice Wenn, Professor Chris Cunningham

Developing Quality Standards for Kaupapa Hauora Services: an interactive study

HRC Ref: 05/301

Dr Robyn Whittaker, Associate Professor Anthony Rodgers, Dr Christopher Bullen, Dr Dale Bramley, Dr Hayden McRobbie, Dr Ralph Maddison, Dr Simon Denny, Mr Ray Lin, Dr Tim Corbett, Dr Penny Salmon

Can a multimedia mobile phone programme help young people stop smoking

HRC Ref: 06/448

Dr Jeffery Wickens, Dr Brian Hyland, Dr Gail Tripp

Behavioural and cellular mechanisms of hyperactivity and movement disorders

HRC Ref: 04/279

Dr Nicholas Wilson, Associate Professor Tony Blakely, Dr Christopher Bullen, Dr George Thomson, Dr Hayden McRobbie, Dr Papaarangi Reid, Dr Ron Borland

Longitudinal study of smokers for tobacco control: NZ arm of multi-country study

HRC Ref: 06/453

Professor Christine Winterbourn, Dr Margret Vissers, Dr Anthony Kettle

Oxidants, antioxidants and inflammatory diseases

HRC Ref: 02/120 (Programme)

Associate Professor Lianne Woodward, Mr L John Horwood, Professor David Fergusson

Childhood exposure to family violence and later parenting risk

HRC Ref: 06/458

Professor Tim Yandle, Dr Chris Charles, Professor M Gary Nicholls, Professor Mark Richards

Variable structure and activity of B-type natriuretic peptides in heart disease

HRC Ref: 06/460

Dr Alistair A Young, Dr Brett Cowan, Professor Craig Anderson, Professor Garry Jennings

Detailed myocardial function in vascular disease using displacement encoded MRI

HRC Ref: 06/463

Dr Alistair Young, Professor Peter Hunter, Associate Professor Bruce Smaill, Dr Brett Cowan,
Dr Poul Nielsen, Dr Bernard Choong, Dr Ian LeGrice

MRI based biophysical analysis of cardiac function

HRC Ref: 03/267A

Dr Deborah Young, Professor Matthew During, Professor Janusz Lipski

Environmental stimulation: Driving novel therapies for Alzheimer's disease

HRC Ref: 03/180

Dr Deborah Young

**Adeno-associated viral vectors: Versatile tools for disease modelling and therapeutics
(linked to Hercus Fellowship)**

HRC Ref: 03/463

Dr Robert Young, Professor Ian Town, Associate Professor Peter Black, Associate Professor
Robert Scragg, Dr Michael Epton

Genetics of chronic obstructive pulmonary disease

HRC Ref: 03/182

Dr Sarah Young, Dr Vernon Ward, Dr Kenneth Beagley, Dr Margaret Baird

Virus-like particles to deliver a wipe on vaccine against Chlamydia

HRC Ref: 05/197

Career Development Awards Completed During the Year or In Progress

ACC CAREER DEVELOPMENT AWARDS

Ms Bridgette Kool 06/057
The Auckland Falls Study

CLINICAL RESEARCH TRAINING FELLOWSHIP

Dr Katinka Bach 06/082
The role of shear stress during artificial ventilation on preterm lung injury

Mr Simon Bennett 06/098
Cognitive behavioural therapy for depression with Maori tangata whaiora

Dr Anthony Butler 06/083
Eigenimage Processing of frontal chest radiographs

Dr Rebecca Grainger 06/024
Immune inflammation in neutrophilic disease: A study of gouty arthritis

Dr Cheri Hotu 06/054
DEFEND study - Delay future end stage nephropathy due to diabetes

Dr John Irvine 06/051
Genes of the renin-angiotensin system: risk factors for renal impairment and heart disease

Ms Suzie Mudge 06/059
Measuring rehabilitation outcomes in adults with stroke

Dr Suetonia Palmer 06/052
Vasoactive peptides in kidney disease

Mr Steve Wannenburg 06/074
The development of executive functions in children and adolescents

Dr Ian Winburn, Dr Ivan Sammut, Dr Joanne Harrison, Professor Robert Walker, Professor Zoltan Endre 06/084
Protective effects of carbon monoxide following renal transplant ischaemic surgery

ERUPHAPETI REHU-MURCHIE FELLOWSHIP IN MĀORI HEALTH

Dr Lis Ellison-Loschmann 04/408
Epidemiology and Maori health research

Dr Heather Gifford 03/018
Implementing a Maori public health/iwi development model to reduce the uptake of tobacco smoking in rangatahi

HOHUA TUTENGAEHE RESEARCH FELLOWSHIP IN MĀORI HEALTH Dr Leonie Pihama	06/587
He kete korero: Maori health researcher and provider views on kaupapa Maori and validation frameworks	
HRC-GIRDLER'S POSTDOCTORAL FELLOWSHIP Dr Leanne Hodson	04/050
Metabolic interactions between dietary and endogenous fatty acids in humans	
MĀORI HEALTH PhD SCHOLARSHIP Ms Terryann Clark	03/478
Enhancing the capacity of indigenous young: Minimising participation in violence related behaviours	
Miss Melanie Cheung	06/150
Molecular studies of human neurodegenerative disease	
Ms Maea Hohepa	03/479
NZ Adolescent physical activity: Prevalence, determinants and whanau intervention	
Ms Louise Ihimaera	06/219
Development of framework to assess dual competency in mental health practice	
Ms Sharleen Irvine	06/220
Autoimmunity in the keloid scar	
Mr Geoff Juranovich	06/589
Health-related effects of the "Project Energize" programme on primary school children	
Mr Peter Maulder	06/200
The role of movement variability and muscle stiffness in lower limb injury prevention	
Mrs Kahu McClintock	06/493
Acceptable child/adolescent Mental Health Services for New Zealand Maori	
Ms Mera Penehira	06/203
Maori and Indigenous health initiatives: blood borne viral and sexually transmitted infections	
Ms Te Hereripine Sarah-Jane Paine	03/020
Is there a biological or genetic basis for sleep disorders: Implications for Maori	
Ms Victoria Simon	06/588
Workplace safety for Maori nurses	

Ms Reremoana Theodore	04/431
The influence of health, environmental and social factors on cognitive development in children: The Auckland Birthweight Collaborative (ABC) Study	
Ms Hukarere Valentine	06/590
Kia ngawari ki te awatea: a psychological journey toward wairuatanga and Maori wellbeing	
Ms Wheturangi Walsh-Tapiata	04/411
Kua wharilitia te huarahi o tatou nga rangatahi - The pathways laid down for our rangatahi	
Mr Isaac Warbrick	06/591
Insulin resistance & Maori health - repeated measures study	
Ms Emma Wyeth	03/021
Genetics of diabetes and gout in New Zealand Maori	
MĀORI HEALTH MASTERS SCHOLARSHIP	
Mr Jason Hope	05/461
An intervention to reduce alcohol-related harm among Maori tertiary students	
Ms Tangihaere Walker	05/456
Psychologists use of cultural variables when diagnosing and treating Maori clients	
Mr Ray Te Moananui	05/451
Dental age for New Zealand Maori adolescence	
MĀORI HEALTH POST DOCTORAL FELLOWSHIP	
Dr Amohia Boulton	05/439
Contracting for Whanau Ora	
Dr Jessica Hutchings	06/192
Hauora practice led frameworks for health related new technologies	
PACIFIC HEALTH RESEARCH MASTERS SCHOLARSHIP	
Mr David Fa'atafa	05/434
Muscle metabolism responses to resistance versus aerobic exercise in Pacific Island adults	

PACIFIC HEALTH RESEARCH PhD SCHOLARSHIP	
Ms Kristie Carter	04/407
Determinants of ethnic specific trends in stroke incidence and outcome in Auckland	
Ms Ridvan Firestone	03/029
Developing protocols for sleep apnoea diagnosis and treatment for professional drivers	
Ms Marie Inder	04/406
Functional analysis of a unique viral vascular endothelial growth factor	
Ms Zabeen Lateef	04/359
In vivo characterisation of Orf virus chemokine-binding protein in murine models	
Mr Gerhard McDonald-Sundborn	04/428
Cardiovascular risk factors in Auckland's Pacific peoples	
Ms Julie Thompson	04/376
Pacific sexualities	
Ms Mele Taumoepeau	03/469
The intersection of language and theory of mind	
Ms Fuafiva Fa'alau	05/441
Organisation and Dynamics of Family Relations and Implications for the Wellbeing of Samoan Youth	
Ms Karlo Mila-Schaaf	05/442
Health Policy & Planning for the New Zealand born Pacific population	
Ms Ramona Tiatia	05/452
Family Centred Healing At Home	
PACIFIC HEALTH POST DOCTORAL FELLOWSHIP	
Ms Ridvan Firestone	06/209
Life-course epidemiology of non-communicable disease	
Dr Ieti Lima	05/473
Exploring the impact of drinking, smoking and gambling on older Samoans' health and wellbeing	
Dr Etuate Saafi	02/045
Investigation into the role of caspase in pancreatic Beta-cell function in vivo	

PACIFIC PLACEMENT PhD SCHOLARSHIP	
Ms Dianne Sika-Paotonu	06/207
Increasing the potency of dendritic cell-based vaccines for the treatment of cancer	
Ms Stephanie Erick-Peleti	06/218
Changing parental smoking behaviour amongst Pacific parents to reduce uptake of smoking by Pacific children	
RANGAHAU HAUORA AWARD	
Mrs Tania Milne	05/470
International study of asthma and allergies in childhood (ISAAC)	
Mrs Gillian Pirikahu	06/196
He Arorangi Whakamua - A Ngati hauiti tobacco control intervention	
Miss Natasha Turner, Dr Heather Gifford	06/197
He Arorangi Whakamua - Tobacco control intervention project 2005	
SIR CHARLES HERCUS HEALTH RESEARCH FELLOWSHIP	
Dr Carolyn Barrett	06/058
Measuring sympathetic nerve activity	
Dr Jeroen Douwes	04/053
Asthma causation, mechanisms and prevention	
Dr Mark Hampton	03/024
Cell thiols and the regulation of apoptosis	
Dr Ian Hermans	05/031
Improving vaccines with adjuvants that stimulate NKT cells	
Dr Joanna Kirman	
Characterisation of immune cell subsets that mediate protection to pulmonary tuberculosis	
Dr Richard Kingston	05/039
Structural biology of enveloped RNA viruses	
Dr Thomas Proft	04/042
Streptococcal virulence factors	
Dr Deborah Young	03/063
Adeno-associated viral vectors: Versatile tools for disease modelling and therapeutics	