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**Report of the  
Health Research Council  
of New Zealand  
for the year ended  
30 June 2009**

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

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## **Directory**

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### **Solicitors**

Martelli McKegg Wells and Cormack  
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AUCKLAND

## Statement of Purpose

### Mission

Benefiting New Zealand through 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.

## 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.

HRC's mission is to benefit New Zealand through health research. To do this HRC delivers a range of outputs; contracts for health research and health research career development, development and support of co-funding partnerships, a variety of communications, and contributions to policy, ethical and regulatory frameworks.

The majority of HRC funding, for operational costs and for investment in health research, is provided by Vote RS&T, with additional contributions arising from agencies and organisations who are involved in the HRC's Partnership Programme.

Through its research investments the HRC contributes to the development of knowledge in health science and which can be used by a range of end-users to inform development and implementation of policy and practice linked to health outcomes.

This reporting period covers the first year of HRC's Strategic Plan 2008-2013. The work reported in this document aligns with the goals of the Strategic Plan and also reflects the moves HRC has made to ensure value for money, and to make improvements in the effectiveness and efficiency of its business. Much of HRC's response to these latter imperatives has been focussed on developing improved research investment processes, that will be partially implemented in 2009/10 and fully in place in 2010/11. These new processes are designed to deliver research more directly meeting the needs of New Zealand's health sector, to provide a mechanism through which the Council can steer research direction (at a high level), to incorporate end-user input into investment decision making, to create a more responsive spectrum of health research priorities and to reduce the transaction costs for research applicants and providers. The latter is part of our contribution to simplifying the research, science and technology system, an aim signalled by the Minister of Research, Science and Technology.

The outputs from HRC's investment address the four goals of the Strategic Plan. The following section highlights some of the progress that the HRC has made to meet the objectives set out in the 2008/09 Statement of Intent.

**Goal 1:**            *Invest in research that meets NZ health needs and research that has international impact*

During the year the HRC invested in 107 new health research proposals. In addition to the new research contracts, 263 contracts awarded up to three years previously were also supported. Proposals are selected for funding on the basis of their scientific merit and how closely they aligned to stated health research priorities, using peer review and contestable funding processes. Investments were in biomedical, clinical, health services research, public health research, Maori and Pacific health research. As an indicator of the short term impacts of this health research investment, it was pleasing to note that there were at least 434 peer reviewed publications during the year, and 17 new applications for forms of intellectual property protection. A workforce survey indicated there were a total of 515 full time equivalent positions supported through HRC funding (excluding those on career development contracts). As many health researchers receive only part-time salary support on grants, this equates to more than 1,000 different people.

Over the past several years, the HRC has increased the proportion of longer term investment in (six-year) Programme contracts to just over 50% of Output Class 2 Contestable Funding Round expenditure. Investment through this type of contract is consistent with Vote RS&T

policy to create a more stable funding environment, and has been well received by the research community.

### **Funding Round**

The HRC's main contestable funding round was conducted between November 2008 and June 2009. A robust and clearly defined policy managed real or perceived conflict of interest for those involved at the various levels of the funding decision process.

The Funding Round was competitive with a very high standard of research proposals submitted for consideration. The 2009 budget provided a welcome funding injection of \$8M per annum allowing a total of \$83.58M of new contracts to be offered. However, significantly more research was judged as worthy of funding than could be supported through the available funds. A total of 70 proposals were supported through five contract types; Project, Programme, Feasibility Study and Emerging Researcher First Grant.

Successful research providers negotiated the details of their contracts from May 2008 for initiation after 1 July 2009.

The University of Auckland and the University of Otago received new contracts worth \$41.16M and \$30.34M, respectively. Other institutions received a total of \$12.08M.

- **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. Nine proposals were funded. A total of \$1.32M was awarded.

- **Project Contracts (no maximum value)**

A total of 192 project applications, including projects within programmes, were reviewed, paralleling the numbers of the past several years and indicating that there is no lessening of demand for research funding. Forty six projects worth \$45.25M were able to be funded, compared to 46 in 2008. The overall success rate for all project proposals was 24%, a marginal increase from last year.

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

Programmes provide significant and prolonged support to the top-performing health research groups. Four Programme extensions were received and four were approved for three more years. These were in the areas of management of perinatal brain injury, regulation of fertility, bioengineering analysis of cardiac structure and function, and health of older people.

A total of 16 new Programme applications were received and six new Programmes were funded. Of special note, the long running and internationally famous Dunedin Multi-disciplinary Study lead by Professor Richie Poulton, and Professor Philippa Howden-Chapman's He Kainga Oranga/Community Healthy Housing Intervention Research Programme were both supported.

A total of \$36.37M was allocated to either new or extended Programmes.

### **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 2008 two Liley Medal winners were announced; Professor Ted Baker, University of Auckland, and Professor Philippa Howden-Chapman, University of Otago, Wellington.

### **Research career development**

Aside from young researchers being supported as part of research teams with Project or Programme funding, and through the Emerging Researcher First Grant scheme, HRC offers a limited range of career development awards. These are in the areas of Māori and Pacific health research, clinical research, and disability research, areas that the HRC has identified as having limited capacity. The awards mostly support Masters or PhD students, with a small number of post-doctoral researchers, and in 2008/09 a total of 31 new awards were made.

#### **Goal 2: *Maximise the benefits of health research***

During the year HRC introduced two new print publications; HRC Pacific News and Ethics Notes. These broaden the scope of HRC's efforts to disseminate research outcomes and provide informed comment on the health research environment. They sit alongside our established regular publications, the monthly HRC News, and Panui, and our fortnightly Update e-Newsletter. In addition, HRC published an electronic monthly newsletter aimed at those carrying out or interested in health research in District Health Boards (DHBs). The DHBRF e-Newsletter brought updates on progress of research of relevance to DHBs, provided summaries of the landscape of New Zealand research in particular priority areas, and profiled topical events. The broadened scope of HRC's publications reflect our recognition of the importance of knowledge transfer, as part of the pathway linking research to implementation of outcomes in the health sector.

HRC again hosted Hui Whakapiripiri in late March 2009. The purpose of the hui was to promote current Maori health research and to encourage the participation of emerging researchers. The meeting theme, Kanehi kit e kanohi (face to face) fostered collaboration, communication and innovation aimed at strengthening the health and well-being of Maori communities, whānau, hapū and iwi.

#### **Goal 3: *Champion the integrity of the health research environment***

The HRC Ethics Committee, a statutory committee under the Health Research Council Act 1990, maintained its oversight of the system of ethical review of health research in New Zealand. At a practical level the committee again undertook review of annual reports from ethics committees, as well as accreditation applications from some, and provided advice and support to these committees, to help them ensure quality of ethical review of health research proposals.

The HRC's Data Monitoring Core Committee continued to provide high quality objective, independent monitoring of large clinical trials in New Zealand, particularly those in the setting of life-threatening disease. During the year, the committee were engaged in monitoring nine trials.

A major activity for HRC was hosting the Ninth Global Forum on Bioethics in Research, from 3-5 December 2008. More than 130 participants from 40 countries listened to keynote speakers and engaged in discussion on the ethics of research involving indigenous peoples and vulnerable populations.

**Goal 4:**            *Enhance the value of the organisation*

Much of the year's work in relation to this outcome was inwardly focused, relating to achieving effectiveness and efficiency and value for money of the organisation itself. The organisation was able to implement a range of cost saving initiatives, resulting in actual operational costs being almost 14% below budget for the 2008/09 year.

A review of Council's needs lead to disestablishment of one advisory committee, the Research Policy Advisory Committee, and the constitution of a new advisory body, the Long Range Strategic Advisory Committee (LSAC). As the name suggests the primary role of LSAC is to advise Council on critical health issues at a 10-15 year horizon, and how research can make an impact on these.

The year has been challenging, but HRC has maintained its focus on the quality of its work, and on ensuring the quality of health research supported through its investment processes.



**Dr Robin Olds**  
Chief Executive



## Governance and Accountability Statement

### Scope of HRC's Functions and Intended Operations

The HRC is a Crown Entity established in 1990 to administer part of the Government's investment in health research. The HRC replaced the Medical Research Council of New Zealand, which was established as a statutory agency in 1951. In 2005 the HRC became a Crown Agent required to give effect to the general policy of the Government in relation to health research. Although the Minister of Health is the responsible Minister for the HRC, it receives much of its funding for research-related activities from Vote Research, Science and Technology, with a smaller component from Vote Health. The relationship between the Minister of Health and Minister of Research, Science and Technology is covered by a Memorandum of Understanding.

While HRC is the government's principal funding agency for health research, significant public funds are invested in health research also through the Marsden Fund, the Foundation for Research, Science and Technology and the Tertiary Education Commission (through Centres of Research Excellence and Performance Based Research Funding).

The work of HRC aligns principally with the Government's desired health and social outcomes, although it makes significant indirect contributions to economic outcomes.

The HRC recognises the strategic priorities of MoRST and the role of other funding and investment agencies in the RS&T sector, as it works to address the particular needs of the health sector. HRC supports research of relevance to five priority populations; Māori, Pacific peoples, people with disability, older adults and children and youth. It also responds to strategy documents such as the NZ Health Strategy, NZ Disability Strategy, He Korowai Oranga and Vision Mātauranga. The HRC has an important role in improving health outcomes for Māori.

The HRC produces five types of output as it meets its functions as defined in the Health Research Council Act 1990, and as it delivers on each of its Output Class allocations. These outputs are:

- contracts for health research. A variety of contract types are offered, paying the full cost of health research proposals;
- contracts for health research career development. A narrow range of career support awards are made, in areas which HRC has identified the need to grow the health research workforce;
- communications. Promotion and dissemination of health research results, as mandated by the HRC Act, is supported through a variety of communication formats, ranging from printed material to electronic newsletters and a regularly updated web presence. HRC also supports key health research workshops, conferences and events;
- co-funding and partnership relationships. These relationships are typically with a variety of end-users of health research, including government and non-government agencies, and contribute to the process of knowledge transfer, ensuring research outcomes have a pathway to implementation in the policy or health service delivery environments. Some partnerships are with overseas institutions, and all aim to leverage additional funding to complement that provided through Vote RS&T, and
- contribution to policy, regulatory and ethical frameworks. Through relationships with MoRST and MoH, and through the work of its Ethics Committee, the Gene Technology Advisory Committee, the Standing Committee on Therapeutic Trials and the Data Monitoring Core Committee, HRC works to contribute to a robust and high quality health research environment.

Significant impact is expected from HRC investment in health research. The genesis of impacts is often in long term funding. Of particular relevance to the HRC is the potential for RS&T to contribute to:

- knowledge of the social, biological, environmental, cultural, economic and physical determinants of well-being;
- development of new therapeutics and diagnostics;
- increased efficiency and effectiveness in health care delivery
- prevention of disease and promotion of health and well-being, and
- equity of health outcomes.

In the 2008/09 Letter of Expectation from the Minister of Health, current priority areas for the health sector relevant to the HRC were identified as:

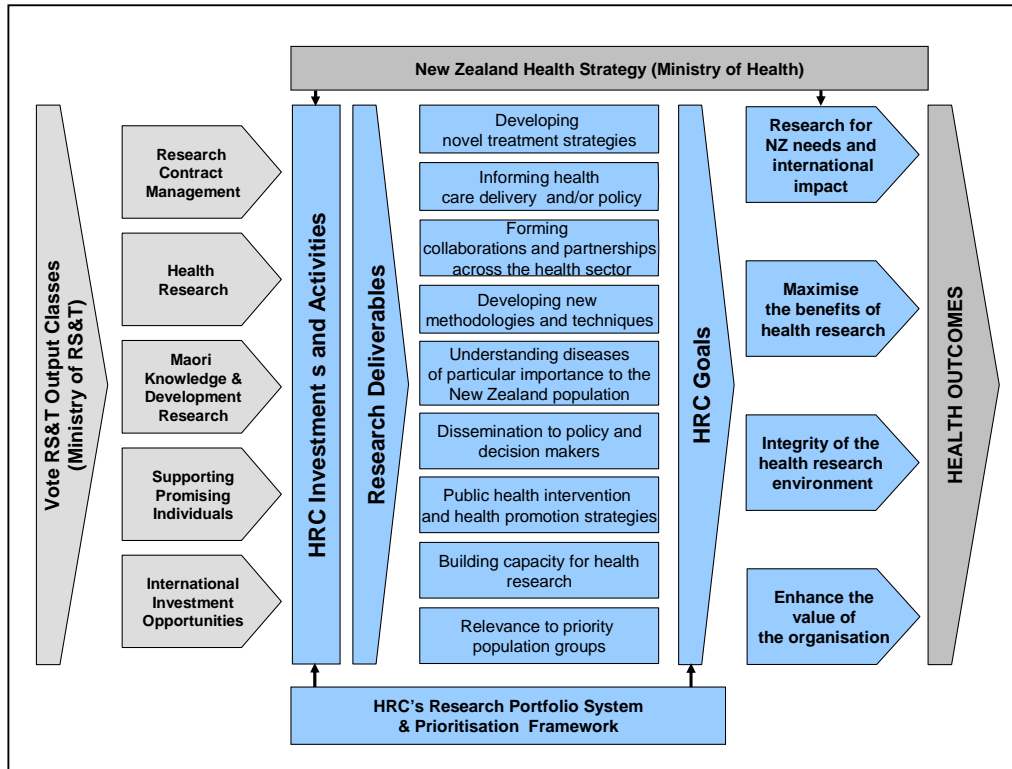
- value for money, providing more healthcare at a higher quality;
- getting ahead of chronic conditions;
- reducing disparities, especially for Māori and Pasifika populations;
- child and youth health;
- health of older people, and
- infrastructure, especially workforce development and coordination of information systems.

The Minister also highlighted the review by HRC of investment processes and the research portfolio system, as indicated in the new Strategic Plan 2008-2013, as a priority for action during the year.

While the operating environment for the HRC is complex and dynamic, it provides opportunities which the HRC seeks to capture through investment in high quality research and outstanding people, to create value for New Zealand through improved health outcomes and the capture of economic benefits.

### **Managing for results**

The HRC is funded from five Vote RS&T output expenses and one Vote Health Output expense. HRC uses a variety of approaches to support both high quality research and targeted career development to build capacity and capability, and deliver research findings relevant to health care delivery and policy development. Funding is invested by the HRC in a range of activities which result in research deliverables which contribute to one or more of the HRC's four goals (figure). The translation of these goals into improved health and well being of the population is the final step.



### Selecting research for investment: HRC's peer-review assessment process

HRC is tasked under its Act with investing in a broad spectrum of health research. Open contestability and international best practice peer review are the two underpinning principles of the assessment process used to identify research to be funded by the HRC.

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](http://www.hrc.govt.nz). All funding decisions are approved by the HRC Board.

The HRC solicits research proposals by two methods:

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

#### Annual Contestable Round

Investigator-initiated research proposals were sought in the annual contestable round, within clear parameters laid out in the HRC's Investment Strategy which is published annually in advance of the funding round. Proposals received a scientific quality review by national and international expert referees prior to consideration by a Science Assessing Committee of peers. Criteria for review were:

- health significance;
- scientific merit;

- iii) design and methods, and
- iv) expertise and track record of the research team.

Proposals identified as fundable were ranked on the scientific quality review and then reviewed for fit to HRC's stated priorities for research. Criteria for assessment of fit to priority were:

- i) relevance to HRC research portfolio priorities;
- ii) relevance to HRC priority populations (Māori, Pacific peoples, children and youth, older adults and people with disability);
- iii) contribution to development and retention of the HRC health research workforce;
- iv) relevance to priorities of the New Zealand Health Strategy, the New Zealand Disability Strategy, He Korowai Oranga and Vision Mātauranga, and
- v) a significant translational research component.

All research that was funded was mapped to one of nine HRC Research Portfolios. A research strategy is available on the HRC website for each portfolio and includes the research priorities. All portfolio priorities are aligned with the thirteen priority population health areas outlined in the New Zealand Health Strategy. These priorities, and those that identify with HRC's five priority population groups, were developed by researchers and stakeholders and were subject to a nationwide consultation process.

The recommendations for funding were 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 took into account the following:

- i) the ranking of the proposal as determined by the Science Assessing Committees;
- ii) the match of the proposal to research priorities;
- iii) funds available for allocation in the Output;
- iv) prior decisions on funds to be allocated to a specific type of contract;
- v) any other relevant information, e.g. availability of co-funding, and
- vi) funds available in the portfolio to which the research maps.

### **Request for Proposals**

A Requests for Proposals (RFP) process was used to elicit proposals addressing specified needs. For example, the HRC's Partnership Programme and the District Health Board Research Fund used RFP processes to solicit research proposals that meet information needs of partnering organisations. 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 was 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) was similar to that used in the annual funding round. Criteria are similar with additional RFP-specific criteria added as required.

### **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 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 research provider.

### Goals and Operating Intentions

The HRC's new Strategic Plan 2008-2013 was implemented from 1 July 2008. The Plan outlines four high level goals. To achieve each goal the HRC has identified strategies and mechanisms, which are underpinned by detailed operational and resourcing plans, and relevant performance measures, so that progress towards the goals can be monitored. Each goal links to one or more of the HRC's Outputs. The Strategic Plan provides the medium-term context for the 2008/09 operation intentions.

**Goal 1:**      *Invest in research that meets NZ health needs and research that has international impact*

HRC will support highest quality research, to produce the best outcomes. Robust processes based on competition and peer review will elicit research that addresses New Zealand's health priorities. This includes the needs of priority populations (Māori, Pacific, people with a disability, children and young people and older adults). Research will also aim to reduce health inequalities and meet the information needs of those engaged in health service delivery and policy development. It is also vital that New Zealand produces research that has international impact. This contributes not only to the credibility of health research in New Zealand, but also provides immediate access to the best international work, allowing early consideration of how it might be adopted or modified to meet our needs.

Strategies	Mechanisms
support best people and best ideas address priority populations and needs areas	add value to current peer review processes refine NZ health research priorities Respond to needs of priority populations Respond to emergent issues
appropriate funding processes	review and tailor funding instruments
recognise the specific needs of Māori	encourage community-driven research themes Respond to Vision Mātauranga and He Korowai Oranga
build and maintain capacity and capability	support targeted career development pathways signal medium term strategic directions balance resources between targeted areas and existing strengths

### Links to Outputs

- Output 1 - Research Contract Management
- Output 2 - Health Research
- Output 3 - Career Development Awards
- Output 4 - Māori Health Research
- Output 5 - International Investment Opportunities

**Goal 2: *Maximise the benefits of health research***

There is a need to improve the engagement with the public of New Zealand, who will benefit from high quality health research. Equally, uptake of new and existing health research findings into the practice and policy environments is vital. Translation of research findings and the spread of innovations are the vital links between new knowledge created through research and improved health.

<b>Strategies</b>	<b>Mechanisms</b>
effectively communicate research findings	develop a comprehensive communications strategy enhance capture of research findings
promote health research	demonstrate research impact coordinate promotion of health research enhance awareness of HRC
encourage quality of research information	improve reporting and accountability
promote uptake of research findings	facilitate innovation spread to practice and policy enhance engagement between end-users, research providers and funders encourage dissemination by researchers

**Links to Outputs**

- Output 1 - Research Contract Management
- Output 2 - Health Research
- Output 4 - Māori Health Research
- Output 5 - International Investment Opportunities
- Output 6 - Research Support Activities

**Goal 3: *Champion the integrity of the health research environment***

All health research needs to incorporate consideration of ethical dimensions, the cultural context and regulatory frameworks. These components should be seen as research enablers rather than barriers. HRC will work with other partners, including research providers and communities, to ensure high quality processes that engender trust by all.

<b>Strategies</b>	<b>Mechanisms</b>
promote quality of ethical consideration	support ethics committees and researchers facilitate communication about ethical issues provide for review of contested decisions on health research by ethics committees
encourage responsiveness to unique needs of specific groups	include views of priority populations enhance cultural appropriateness of research
facilitate compliance with regulatory requirements	oversee high quality and streamlined processes

**Links to Outputs**

- Output 1 - Research Contract Management
- Output 6 - Research Support Activities

**Goal 4: Enhance the value of the organisation**

Transparency, efficiency and effectiveness are key values for the HRC. The organisation will build from its strong foundations to ensure it meets the challenges of the new strategic plan and provide sector leadership, while maintaining a strong, supportive and inclusive environment for staff.

<b>Strategies</b>	<b>Mechanisms</b>
be a respected employer	clear, decisive leadership and effective management up-to-date and relevant policies and procedures for staff supportive work environment inclusive and fair performance evaluation positive, equitable approach to developing all employees
grow responsiveness and relevance	establish dynamic links between statutory roles, strategic directions and operational plans demonstrate accountability provide high quality advice to Ministers and Ministries
engender confidence in the organisation	transparency of processes and decision making internal expertise matches operational needs effectiveness and efficiency of the organisation demonstrate health research sector leadership
promote international research collaborations	participate in beneficial international alliances

**Links to Outputs**

- Output 1 - Research Contract Management
- Output 5 - International Investment Opportunities
- Output 6 - Research Support Activities

**Governance and Committees**

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 members have skills and experience in areas such as community affairs, health administration, law, management and knowledge of health issues from a consumer perspective. Members of the Board chair each of the HRC's four Statutory Committees (the Biomedical Research Committee, Māori Health Committee, Public Health Research Committee and Ethics Committee) and four of the Standing Committees (Pacific Health Research Committee, Research Policy Advisory Committee, Grant Approval Committee and Risk Management Committee).

The HRC has three other Standing Committees: the Standing Committee on Therapeutic Trials (SCOTT) and the Gene Technology Advisory Committee (GTAC) which provides advice and reviews applications requiring clinical trials approval under the Medicines Act (1981), and the Data Monitoring Core Committee.

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

## Measuring the Return on Investment: HRC's Evaluation Framework

### Introduction

There are no internationally bench-marked or validated methods for measuring performance of health research investment. HRC has developed processes and policies to guide and prioritise its investments. This framework currently includes nine research portfolios and five priority populations.

HRC's investment recognizes the pipeline nature of health research. Health research ranges from basic discovery of process and characteristics ranging from the molecular to the population level, through to applied research which directly impacts on health care delivery and policy development. A balance of research maintains a diverse skill set, ensuring that New Zealand can respond to new threats and opportunities. Equally, balanced research investment guarantees the well-spring of new ideas that can deliver the outcomes sought in the health sector.

The long timeframe of this research pipeline requires HRC to measure returns on investment over a number of years.

Concomitant with the adoption of the HRC's new Strategic Plan 2008-2013, a new set of impact measures has been developed and introduced.

### Impact Measures

HRC will measure the medium-term impacts of its Strategic Plan on desired outcomes for the Health and RS&T sectors.

The four goals of the Strategic Plan represent the desired impacts and the table below shows measures that, along with commentary, will be used to assess performance.

Desired Impact	Indicators of Impact
Research addressing NZ health needs	<ul style="list-style-type: none"> <li>• a growing proportion of investment relevant to priority populations;</li> <li>• balancing investment across portfolios;</li> <li>• maintenance or growth of workforce, and</li> <li>• case studies of translation of research to practice or policy.</li> </ul>
Research with international impact	<ul style="list-style-type: none"> <li>• publications in high impact journals;</li> <li>• international collaborations and co-funding, and</li> <li>• engagement of emerging researchers.</li> </ul>
Maximising benefits of health research	<ul style="list-style-type: none"> <li>• dissemination of findings to end-users in health care delivery and policy development environments;</li> <li>• public awareness of health research, and</li> <li>• provision of knowledge resources via the web.</li> </ul>
Integrity of health research environment	<ul style="list-style-type: none"> <li>• level of regulatory compliance, and</li> <li>• cultural appropriateness of research.</li> </ul>
Enhancing value of the HRC	<ul style="list-style-type: none"> <li>• staff satisfaction;</li> <li>• stakeholder satisfaction, and</li> <li>• demonstration of health sector leadership.</li> </ul>



## Statement of Responsibility

For the year ended 30 June 2009

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

We have been responsible for the preparation of these financial statements and statement of service performance 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 and statement of service performance fairly reflect the financial position and operations of this Crown Entity for the year ended 30 June 2009.



**Board Member**

Professor Anthony Reeve  
Date: 27 October 2009



**Board Member**

Associate Professor Susan Stott  
Date: 27 October 2009

## Audit Report

### To the readers of Health Research Council of New Zealand's financial statements and statement of service performance For the Year Ended 30 June 2009

The Auditor-General is the auditor of Health Research Council of New Zealand (the Council). The Auditor-General has appointed me, David Walker, using the staff and resources of Audit New Zealand, to carry out the audit. 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 2009.

#### Unqualified Opinion

In our opinion:

- The financial statements of the Council on pages 18 to 22 and pages 45 to 60:
  - comply with generally accepted accounting practice in New Zealand; and
  - fairly reflect:
    - the Council's financial position as at 30 June 2009; 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 23 to 44:
  - 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 27 October 2009, 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 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 and 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 the financial statements and 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 2009 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.

**David Walker**

Audit New Zealand

On behalf of the Auditor-General

Auckland, New Zealand

Date: 27 October 2009

**Matters Relating to the Electronic Presentation of the Audited Financial Statements and Statement of Service Performance**

This audit report relates to the financial statements and statement of service performance of Health Research Council of New Zealand for the year ended 30 June 2009 included on the Health Research Council of New Zealand's website. The Health Research Council of New Zealand's Board is responsible for the maintenance and integrity of the Health Research Council of New Zealand's website. We have not been engaged to report on the integrity of the Health Research Council of New Zealand's website. We accept no responsibility for any changes that may have occurred to the financial statements and statement of service performance since they were initially presented on the website.

The audit report refers only to the financial statements and statement of performance named above. It does not provide an opinion on any other information which may have been hyperlinked to or from the financial statements and statement of service performance. 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 statement of service performance as well as the related audit report dated 27 October 2009 to confirm the information included in the audited financial statements and statement of service performance presented on this website.

Legislation in New Zealand governing the preparation and dissemination of financial information 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 2009

#### Reporting Entity

The Health Research Council of New Zealand ("the HRC") is a Crown entity as defined by the Crown Entities Act 2004 and is domiciled in New Zealand. As such, the HRC's ultimate parent is the New Zealand Crown.

The HRC's primary objective is to provide public services to the NZ public, as opposed to that of making a financial return.

Accordingly, the HRC has designated itself as a public benefit entity for the purposes of New Zealand Equivalents to International Financial Reporting Standards ("NZ IFRS").

The financial statements for the HRC are for the year ended 30 June 2009 and were approved by the Board on 27 October 2009.

#### *Basis of preparation*

#### *Statement of compliance*

The financial statements of the HRC have been prepared in accordance with the requirements of the Crown Entities Act 2004, which includes the requirement to comply with New Zealand generally accepted accounting practice ("NZ GAAP").

The financial statements comply with NZ IFRSs, and other applicable Financial Reporting Standards, as appropriate for public benefit entities.

#### *Measurement base*

The financial statements have been prepared on a historical cost basis.

#### *Functional and presentation currency*

The financial statements are presented in New Zealand dollars and all values are rounded to the nearest thousand dollars (\$'000). The functional currency of the HRC is New Zealand dollars.

#### **Standards, amendments and interpretations issued that are not yet effective and have not been early adopted**

Standards, amendments and interpretations issued but not yet effective that have not been early adopted, and which are relevant to the HRC include: NZ IAS 1 *Presentation of Financial Statements (revised 2007)* replaces NZ IAS 1 *Presentation of Financial Statements (issued 2004)* and is effective for reporting periods beginning on or after 1 January 2009. The revised standard requires information in financial statements to be aggregated on the basis of shared characteristics and introduces a statement of comprehensive income. The statement of comprehensive income will enable readers to analyse changes in equity resulting from non-owner changes separately from transactions with the Crown in its capacity as "owner". The revised standard gives the HRC the option of presenting items of income and expense and components of other comprehensive income either in a single statement of comprehensive income with subtotals, or in two separate statements (a separate income statement followed by a statement of comprehensive income). The HRC intends to adopt this standard for the year ending 30 June 2010, and is yet to decide whether it will prepare a single statement of comprehensive income or a separate income statement followed by a statement of comprehensive income.

## **Significant Accounting Policies**

### **Revenue**

Revenue is measured at the fair value of consideration received or receivable.

Revenue from the Crown is recognised as revenue when earned and is reported in the financial period to which it relates.

Interest income is recognised when it is due and is reported in the financial period to which it relates.

#### *Provision of services*

Revenue derived through the provision of services to third parties is recognised as it is earned and is reported in the financial period to which it relates.

#### *Vested assets*

Where a physical asset is gifted to or acquired by the HRC for nil or nominal cost, the fair value of the asset received is recognised as income. Such assets are recognised as income when control over the asset is obtained.

### **Leases**

#### *Operating leases*

Leases that do not transfer substantially all the risks and rewards incidental to ownership of an asset to the HRC are classified as operating leases. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the term of the lease in the statement of financial performance.

Lease incentives received are recognised in the statement of financial performance over the lease term as an integral part of the total lease expense.

### **Cash and cash equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks both domestic and international, other short-term, highly liquid investments, with original maturities of four months or less and bank overdrafts.

### **Debtors and other receivables**

Debtors and other receivables are initially measured at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment.

### **Non-derivative financial instruments**

Non-derivative financial instruments comprise of loans and receivables and financial liabilities. Loans and receivables are measured at amortised cost without regard to the Council's intention to hold them to maturity. Financial liabilities are measured at amortised cost.

A financial instrument is recognised if the Council becomes a party to the contractual provisions of the instrument. Financial assets are de-recognised if the Council's contractual rights to the cash flows from the financial assets expire or if the Council transfers the financial asset to another party without retaining control or substantially all risks and rewards of the asset.

### **Property, plant and equipment**

Property, plant and equipment asset classes consist of leasehold improvements, furniture and office equipment.

Property, plant and equipment are shown at cost or valuation, less any accumulated depreciation and impairment losses.

*Additions*

The cost of an item of property, plant and equipment is recognised as an asset only when it is probable that future economic benefits or service potential associated with the item will flow to the HRC and the cost of the item can be measured reliably.

*Disposals*

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset. Gains and losses on disposals are included in the statement of financial performance.

*Subsequent costs*

Costs incurred subsequent to initial acquisition are capitalised only when it is probable that future economic benefits or service potential associated with the item will flow to the HRC and the cost of the item can be measured reliably.

The costs of day-to-day servicing of property, plant and equipment are recognised in the statement of financial performance as they are incurred.

*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

Property, plant and equipment and intangible assets that have a finite useful life are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

Value in use is depreciated replacement cost for an asset where the future economic benefits or service potential of the asset are not primarily dependent on the asset's ability to generate net cash inflows and where the HRC would, if deprived of the asset, replace its remaining future economic benefits or service potential.

If an asset's carrying amount exceeds its recoverable amount, the asset is impaired and the carrying amount is written down to the recoverable amount. For re-valued assets the impairment loss is recognised against the revaluation reserve for that class of asset. Where that results in a debit balance in the revaluation reserve, the balance is recognised in the statement of financial performance.

For assets not carried at a re-valued amount, the total impairment loss is recognised in the statement of financial performance.

The reversal of an impairment loss on a re-valued asset is credited to the revaluation reserve. However, to the extent that an impairment loss for that class of asset was previously recognised in the statement of financial performance, a reversal of the impairment loss is also recognised in the statement of financial performance.



### **Creditors and other payables**

Creditors and other payables are initially measured at fair value and subsequently measured at amortised cost using the effective interest method.

### **Employee entitlements**

#### *Short-term employee entitlements*

Employee entitlements that the HRC expects to be settled within 12 months of balance date are measured at undiscounted nominal values based on accrued entitlements at current rates of pay.

These include salaries and wages accrued up to balance date, annual leave earned, but not yet taken at balance date, retiring and long service leave entitlements expected to be settled within 12 months, and sick leave.

The HRC recognises a liability for sick leave to the extent that compensated absences in the coming year are expected to be greater than the sick leave entitlements earned in the coming year. The amount is calculated based on the unused sick leave entitlement that can be carried forward at balance date; to the extent the HRC anticipates it will be used by staff to cover those future absences.

#### *Long-term employee entitlements*

Entitlements that are payable beyond 12 months, such as long service leave and retirement leave have been calculated on an actuarial basis.

The calculations are based on:

- likely future entitlements accruing to staff, based on years of service, years to entitlement, the likelihood that staff will reach the point of entitlement and contractual entitlements information; and
- the present value of the estimated future cash flows.

The discount rate is based on the weighted average of interest rates for government stock with terms to maturity similar to those of the relevant liabilities. The inflation factor is based on the expected long-term increase in remuneration for employees.

### **Superannuation schemes**

#### *Defined contribution schemes*

Obligations for contributions to Superannuation Schemes are accounted for as defined contribution superannuation scheme and are recognised as an expense in the statement of financial performance as incurred.

### **Good and Service Tax (GST)**

All items in the financial statements are presented exclusive of GST, except for receivables and payables, which are presented on a GST inclusive basis. Where GST is not recoverable as input tax then it is recognised as part of the related asset or expense.

The net amount of GST recoverable from, or payable to, the Inland Revenue Department (IRD) is included as part of receivables or payables in the statement of financial position.

Commitments and contingencies are disclosed exclusive of GST.

### **Income Tax**

The HRC is a public authority and consequently is exempt from the payment of income tax. Accordingly, no charge for income tax has been provided for.

**Budget figures**

The budget figures are derived from the statement of intent as approved by the Board at the beginning of the financial year. The budget figures have been prepared in accordance with NZ IFRS, using accounting policies that are consistent with those adopted by the HRC for the preparation of the financial statements.

**Cost allocation**

The HRC has determined the cost of outputs using the cost allocation system outlined below.

Direct costs are those costs directly attributed to an output. Indirect costs are those costs that cannot be identified in an economically feasible manner, with a specific output.

Direct costs are charged directly to outputs. Indirect costs are charged to outputs based on cost drivers and related activity/usage information. Depreciation is charged on the basis of asset utilisation. Personnel costs are charged on the basis of time incurred. Property and other premises costs, such as maintenance, are charged on the basis of floor area occupied for the production of each output. Other indirect costs are assigned to outputs based on the proportion of direct staff costs for each output.

**Critical accounting estimates and assumptions**

In preparing these financial statements the HRC has made estimates and assumptions concerning the future. These estimates and assumptions may differ from the subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. There are no estimates or assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities.

## **Statement of Objectives and Service Performance**

For the year ended 30 June 2009

### **INTRODUCTION**

The period under review is the eighteenth 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 5 and Vote Health for the funds for Output 6.

#### **Output 1: RESEARCH CONTRACT MANAGEMENT**

The Research Contract Management output represents the cost of managing contracts with a range of science, research and technology providers, and monitoring the delivery of these contracts to ensure the effective operation of the research, science and technology system.

The output includes the cost of managing research funds which form part of the Partnership Programme. The output is funded by MoRST and from management fees associated with partnership agreements.

Where possible, the HRC will share information on evaluation of research outputs, development and timing of investment strategies, resource allocation processes and contract management with the Foundation for Research Science and Technology and Royal Society of New Zealand (Marsden Fund).

#### **Links to Goals**

- Goal 1: Invest in research that meets NZ health needs and research that has international impact
- Goal 2: Maximise the benefits of health research
- Goal 3: Champion the integrity of the research environment
- Goal 4: Enhance the value of the organisation

### Performance Measures

Strategy <sup>1</sup>	Performance Measures	2008/09 Target	Actual		
	<b>Quantity</b>				
Goal 1: support best people and best ideas	Peer review of research funding applications.	≥ 3 external reviewer reports/application.	3.09 external reviewer reports/application.		
Goal 1: appropriate funding processes	Contestability of investments.	Overbidding for research contracts <sup>2</sup> between 5-8:1. <sup>3</sup>	2008/09 3.4:1	2007/08 4.3:1	2006/07 4.4:1
Goal 3: promote quality of ethical consideration	Consideration of ethical dimension of research.	Appropriate ethical approval for 100% of contracts.	Achieved.		
Goal 3: encourage responsiveness to unique needs of specific groups	Consideration of cultural appropriateness of research.	100% of funded applications address guidelines on cultural appropriateness.	Achieved.		
Goal 4: engender confidence in the organisation	Effectiveness and efficiency of the organisation.	Payments are made at agreed sum to correct providers for 100% of research contracts.	Achieved.		
Goal 4: be a respected employer	Secretariat staff turnover.	<15%.	2008/09 21% <sup>4</sup>	2007/08 8.3%	2006/07 13.5%

<sup>1</sup> Indicates which Goal and attendant strategy in the Strategic Plan 2008-2013 the measures are assessing.

<sup>2</sup> Overbidding: number of applications/number of contracts issued.

<sup>3</sup> The target forecast represents the level achieved (or better) than that in 2007/08.

<sup>4</sup> 47% left the Auckland area.

Strategy	Performance Measures	2008/09 Target	Actual		
	<b>Quality</b>				
Goal 1: address priority populations and needs areas	Review of research portfolios.	Review accepted by Council.	Achieved. New investment structure to be introduced in 2009/10 and 2010/11.		
Goal 1: appropriate funding processes	Review funding instruments.	Review accepted by Council.	Achieved. New investment structure to be introduced in 2009/10 and 2010/11.		
Goal 4: engender confidence in the organisation	Effectiveness and efficiency of the organisation.	Investment efficiency <sup>5</sup> better than 5.5%.	2008/09 5.19%	2007/08 5.13%	2006/07 4.91%
Goal 4: engender confidence in the organisation	Effectiveness and efficiency of the organisation.	Staffing efficiency <sup>6</sup> better than \$1.98M/FTE. <sup>2</sup>	2008/09 \$2.58M	2007/08 \$2.34M	2006/07 \$2.22M
Goal 4: engender confidence in the organisation	Transparency of processes and decision making.	Audit report from Office of the Auditor General raises no substantive issues.	Achieved.		

<sup>5</sup> Investment efficiency: \$ contract management budget (Output 1)/\$ total spend.

<sup>6</sup> Staff efficiency: \$ total spend/staff full time equivalents.

Strategy	Performance Measures	2008/09 Target	Actual
	<b>Timeliness</b>		
Goal 2: encourage quality of research information	Reporting on research investment.	>95% of achievement reports from research providers received within three months of due date.	Achieved.
Goal 4: grow responsiveness and relevance	Provision of advice to Ministers and Ministries.	Delivery within 15 days of formal request and of a standard accepted by Ministers.	Achieved.
Goal 4: engender confidence in the organisation	Demonstration of accountability.	100% of accountability reports delivered in accordance with agreed timelines.	Achieved.

	Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
<b>Revenue</b>			
Ministry of Research, Science and Technology	<u>\$3,195</u>	<u>\$3,195</u>	<u>\$3,195</u>
<b>Gross Cost of Output</b>	<u>\$4,494</u>	<u>\$5,210</u>	<u>\$4,510</u>

## **Output 2: HEALTH RESEARCH**

### **Contestable Funding Round**

HRC administers an Annual Contestable Funding Round for investigator-initiated proposals for health research. Expenditure is managed in the Research Portfolios. Individual research contracts may be funded from one or more Research Portfolios. The majority (83%) of HRC annual expenditure is in to the funding round. The Investment Strategy which identifies the funds available for specific types of research activity, and processes used to assess research proposals are published annually and are available on the HRC website ([www.hrc.govt.nz](http://www.hrc.govt.nz)).

### **Partnership Programme**

The HRC has developed the Partnerships for Evidence-Informed Policy and Practice Programme (the Partnership Programme) to more effectively meet the knowledge needs of policy-makers, planners and those involved in health care delivery. Partners include the MoH and the wider health sector, including other government and non-government agencies.

The Partnership Programme comprises three types of initiatives: Joint Ventures, where the initiative is focused primarily on the MoH and HRC as key partners; Joint Research Portfolios where there is broader stakeholder involvement in cross-sectorial health issues, and managed funds when HRC assists funders to place and manage funds they have available for investment in health research. 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 District Health Board (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 will be funded by the DHBs.

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 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 HRC is the New Zealand point of contact for the Human Frontier Science Program (HFSP) which New Zealand has been invited to join. The HFSP is an international research funding programme which supports novel and innovative research involving complex mechanisms of living organisms. The HFSP's annual subscription is administered on an individual contract between MoRST (International Linkages Programme) and HRC.

### **Targeted Research for Health**

Targeted Research for Health is a small, strategic fund addressing gaps identified in the HRC's investment. This provides the HRC with flexibility to actively address critical gaps in knowledge, 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.

The priority areas for the period covered by this Statement of Intent 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.

Funds for this activity may be allocated through a Request for Proposals process or through identification of high-priority research through the HRC's annual funding round. The HRC may choose to address 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.

In addition, the HRC together with the Canadian Institute of Health Research and the National Health and Medical Research Council in Australia, has established an International Collaborative Indigenous Health Research Programme. The HRC will fund the New Zealand portion of the programme.

### **Links to Goals**

Goal 1: Invest in research that meets NZ health needs and research that has international impact

Goal 2: Maximise the benefits of health research



### Performance Measures

Strategy	Performance Measures	2008/09 Target	Actual			
	<b>Quantity</b>					
Goal 1: support best people and best ideas	Investment in research.	Number and \$ value of new and current contracts at 2007/08 levels or better.	2008/09	2007/08	2006/07	
			Number	221	247	251
			Value Paid	\$54.78M	\$54.86M	\$54.89M
			Committed	\$132.61M	\$115.57M	\$118.97M
Goal 1: support best people and best ideas	Provision of long term contracts.	45-55% of Contestable Funding Round investment in programme funding. <sup>7</sup>	2008/09	2007/08	2006/07	
			55%	53%	50%	
Goal 1: address priority populations and needs areas	Relevance of research.	>95% of investment directed at stated health research priorities.	100%			
Goal 1: build and maintain capacity and capability	Workforce size.	FTE <sup>8</sup> researchers supported on contracts at 2007/08 levels or better.	07/08 level = 507.2 FTEs 08/09 level = 492.3 FTEs			
Goal 2: promote uptake of research findings	End-user engagement.	Co-investment in Partnership Programme at least 1.5:1. <sup>9</sup>	2008/09	2007/08	2006/07	
			2.97:1	1.84:1	2.67:1	

<sup>7</sup> Programmes represent a form of stable funding in the contestable environment, by offering the potential for contracts of up to six years duration.

<sup>8</sup> FTE: full time equivalent.

<sup>9</sup> Co-investment in Partnership Programme: \$ partnering organization investment/\$ HRC investment.

Strategy	Performance Measures	2008/09 Target	Actual
	<b>Quality</b>		
Goal 1: support best people and best ideas	Extent of collaboration.	Number of domestic and international collaborations at or greater than average for last three years.	Average for last 2 years = 164 08/09 = 165
Goal 2: promote health research	Quality of funded research.	Number of peer reviewed journal articles at or greater than average for last three years.	Average for last 2 years = 517 08/09 = 419 <sup>10</sup>
Goal 2: support best people and best ideas	Quality of funded research.	Number of patents granted and protection sought at or greater than average for last three years.	Average for last 2 years = 37.5 08/09 = 17
Goal 2: effectively communicate research findings	Evidence of knowledge sharing.	Research dissemination activities <sup>11</sup> at or greater than average for last three years.	Average for last 2 years = 190 08/09 = 166
Goal 2: promote uptake of research findings	Identification of innovation spread.	Publication of case studies showing translation of research findings.	Achieved through a variety of print publications.
	<b>Timeliness</b>		
Goal 1: address priority populations and needs areas	Response to emergent issues.	Development of funding initiatives within 12 months.	Research for New Zealand Health Delivery has been identified as the HRC's first Targeted Investment Stream. An Investment Signal has been written and researchers will respond to the Signal in October 09.

<sup>10</sup> Numbers fluctuate year by year. Trend is a more useful indicator, but there is insufficient time-related data to know if these reductions are significant.

<sup>11</sup> Includes media engagement, conference presentations, hui and services such as policy and technical advisory reports.

	Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
<b>Revenue</b>			
Ministry of Research, Science and Technology	<u>\$62,950</u>	<u>\$62,950</u>	<u>\$58,955</u>
<b>Cost of Output</b>			
Contestable Funding Round	54,784	57,180	54,862
Partnership Programme	1,822	3,540	1,992
Targeted Research for Health	<u>5,748</u>	<u>6,420</u>	<u>5,694</u>
	<u>\$62,354</u>	<u>\$67,140</u>	<u>\$62,548</u>
<b>Research Contract Management Attributed</b>	<u>\$2,920</u>		<u>\$2,550</u>

**Output 3: CAREER DEVELOPMENT AWARDS****Description**

This Output provides support for research training awards for those 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 Fellowships (advanced postdoctoral);
- Clinical Research Training Fellowships;
- Māori Health Research Training Awards (Masters, PhD and postdoctoral);
- Pacific Health Research Training Awards (Masters, PhD and postdoctoral);
- Disability Research Training Awards (Masters and PhD);
- Foxley Fellowship, and
- Summer studentships.

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

Other career development opportunities are managed through Output 2, as noted above.

**Links to Goals**

Goal 1: Invest in research that meets NZ health needs and research that has international impact

**Performance Measures**

Strategy	Performance Measures	2008/09 Target	Actual		
	<b>Quantity</b>				
Goal 1: build and maintain capacity and capability	Support for targeted career development pathways.	Number and \$ value of new and current career development award contracts reach at least the 2007/08 level.	2008/09	2007/08	2006/07
			Number	158	128
			Value Paid	\$4.80M	\$4.10M
			Committed	\$9.16M	\$9.57M
Goal 1: build and maintain capacity and capability	Identification of gaps.	Report presented to Council.	Achieved. New investment model focuses on priorities for investment rather than gaps.		
Goal 1: support best people and best ideas	Hercus Award uptake.	At least the 2007/08 level.	2008/09	2007/08	2006/07
			2	2	3
	<b>Quality</b>				
Goal 1: build and maintain capacity and capability	Assessment of career development programme outcomes.	Report presented to Council.	The Sir Charles Hercus Research Fellowships were evaluated in 2009 and a report submitted to Council in August 2009.		

	Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
<b>Revenue</b>			
Ministry of Research, Science and Technology	<u>\$5,090</u>	<u>\$5,090</u>	<u>\$5,090</u>
<b>Cost of Output</b>			
	<u>\$4,802</u>	<u>\$6,400</u>	<u>\$4,098</u>
<b>Research contract management attributed</b>	<u>\$340</u>		<u>\$330</u>

#### **Output 4: MAORI HEALTH RESEARCH**

##### **Description**

This Output comprises health research conducted to develop research capacity and capability across the themes of the Vision Mātauranga framework, with particular focus on the Hauora theme. All research funded by this output aligns with the HRC's Rangahau Hauora Māori Research 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 Māori development and the track record of the research team.

The HRC, together with the Foundation for Research, Science and Technology, also manages a Joint Research Portfolio using Vote RS&T, Māori Knowledge and Development Research Output Expense funds.

The investment in the Māori Health Research Output is only a proportion of the HRC's overall investment in research addressing health outcomes for Māori. The overall investment also includes biomedical, clinical and public health research across a range of research portfolios (Output 2, Health Research) and research training awards (see Output 3).

The HRC maps all health research recommended for funding through the annual funding round to the MoH's Māori Health Strategy: He Korowai Oranga. A list of priorities for health research of relevance to Māori has been developed from the Strategy and approved by the HRC's Māori 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 Māori, 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 2), engaging a diverse range of stakeholders in a growing portfolio of Māori development research funded to inform policy development.

##### **Links to Goals**

Goal 1: Invest in research that meets NZ health needs and research that has international impact

Goal 2: Maximise the benefits of health research

### Performance Measures

Strategy	Performance Measures	2008/09 Target	Actual			
	<b>Quantity</b>					
Goal 1: build and maintain capacity and capability	Development of Māori health research workforce.	Number and \$ value of new and current career development contracts at or greater than average for last three years.	2008/09	2007/08	2006/07	
			Number	43	56	43
			Value Paid	\$1.14M	\$0.91M	\$0.91M
			Committed	\$2.78M	\$2.57M	\$2.21M
Goal 1: build and maintain capacity and capability	Support for Māori health research workforce.	FTE of researchers supported on research contracts at or greater than 2007/08 levels.	07/08 = 28.5 FTEs 08/09 = 32.3 FTEs			
Goal 1: recognise the specific needs of Māori	Response to Vision Mātauranga.	Number and \$ value of new and current contracts reported by Vision Mātauranga theme Hauora Oranga at or greater than average for the last three years.	Average for last 3 years = 6 contracts 08/09 = 10 contracts			
Goal 1: recognise the specific needs of Māori	Response to He Korowai Oranga.	>95% of investment in Māori health research directed at priorities derived from He Korowai Oranga <sup>12</sup> .	08/09 = 75% This was a new measure, and so baseline was unknown.			

<sup>12</sup> Reporting captures all investment in health research (Outputs 2 and 4).

Strategy	Performance Measures	2008/09 Target	Actual
	<b>Quality</b>		
Goal 2: promote health research	Quality of funded research.	Number of publications at or greater than average for the last three years.	Average for last 3 years = 6 publications 08/09 = 5 publications
Goal 1: support best people and best ideas	Extent of collaboration.	Number of domestic and international collaborations at or greater than average for last three years.	Average for last 3 years = 5.5 collaborations 08/09 = 4 collaborations
Goal 2: effectively communicate research findings	Evidence of knowledge sharing.	Research dissemination activities <sup>13</sup> at or greater than average for last three years.	Average for last 3 years = 5 dissemination activities 08/09 = 7 dissemination activities
	<b>Timeliness</b>		
Goal 1: address priority populations and needs areas	Response to emergent issues.	Development of funding initiatives within 12 months.	No emergent issues identified.

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<sup>13</sup> Includes media engagement, conference presentations, hui and services such as policy and technical advisory reports.



	Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
<b>Revenue</b>			
Ministry of Research, Science and Technology (*)	<u>\$1,982</u>	<u>\$1,668</u>	<u>\$1,668</u>
<b>Cost of Output</b>	<u>\$1,700</u>	<u>\$1,820</u>	<u>\$1,700</u>
<b>Research contract management attributed</b>	<u>\$190</u>		<u>\$190</u>

\* Note during the year the income available to this Output was increased by \$0.314M.

**Output 5: INTERNATIONAL INVESTMENT OPPORTUNITIES**

**Description**

The fund was first established in 2004/05. HRC is funded under this output to support the following objectives:

- 1 Building international research collaborations, and
- 2 Developing international funding partnerships.

**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 supports 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.

**Objective 2: Developing international funding partnerships**

The HRC will invest funds in Objective 2 through two contestable funding opportunities which will enable New Zealand researchers to collaborate with:

- i) colleagues in Australia (through the Trans-Tasman Clinical Trials Collaboration supported in Australia by National Health and Medical Research Council), and
- ii) colleagues in Singapore (through A\*STAR). \$1.8M will be available, being \$800,000 of existing funding, previously targeted for collaboration with the Science and Technology Commission of Shanghai Municipality and directed now by the Minister of RS&T to the A\*STAR collaboration, and an additional \$1M allocated by MoRST.

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

### Links to Goals

- Goal 1: Invest in health research that meets NZ needs and research that has international impact  
 Goal 2: Maximise the benefits of health research  
 Goal 4: Enhance the value of the organisation

### Performance Measures

Strategy	Performance Measures	2008/09 Target	Actual			
	<b>Quantity</b>					
Goal 1: support best people and best ideas	Investment in research.	Number and \$ value of new and current contracts under Objective 1 reach at least 2007/08 level.	2008/09	2007/08	2006/07	
			Number	18	14	9
			Value Paid	\$1.21M	\$1.66M	\$1.54M
			Committed	\$2.99M	\$1.34M	\$1.56M
Goal 4: promote international research collaborations	Opportunity for international collaboration.	Number of collaborations at least 2007/08 level.	Number	18	14	9
Goal 2: promote health research	Research impact.	Identified benefit <sup>14</sup> to NZ reaches at least 2007/08 level.	Unknown. It has proven too difficult to accurately quantify such a diverse range of gains leveraged from funding. Reports on contracts indicate that all have retained some form of benefit to New Zealand.			
Goal 2: promote health research	Quality of funded research.	Number of publications derived from Objective 1 investment reach at least 2007/08 level.	08/09 = 10 Note: the HRC has only started collecting a number of IIOF Objective 1 publications in 08/09. This figure provides a baseline for future years.			

<sup>14</sup> Benefit: access to resources (such as equipment), data, intellectual property, expertise, co-funding and infrastructural support

Strategy	Performance Measures	2008/09 Target	Actual
	<b>Timeliness</b>		
Goal 4: promote international research collaborations	Progress in establishing collaboration with Singapore A*STAR.	First research contracts awarded.	In process.
Goal 4: promote international research collaborations	Progress in establishing Trans-Tasman Clinical Trials Collaboration.	Mechanism for co-funding established.	Achieved.

	Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
<b>Revenue</b>			
Ministry of Research, Science and Technology (*)	<u>\$1,066</u>	<u>\$1,066</u>	<u>\$1,066</u>
<b>Cost of Output</b>	<u>\$1,206</u>	<u>\$1,530</u>	<u>\$1,659</u>
<b>Research contract management attributed</b>	<u>\$190</u>		<u>\$190</u>

**Output 6: RESEARCH SUPPORT ACTIVITIES****Description**

Under this Output, the HRC undertakes regulatory activities and safety monitoring, and provides strategic advice on health research issues.

Of particular note, during the 2008/09 year the HRC:

- developed a process by which its Ethics Committee can respond to appeals by investigators relating to decisions by Health and Disability Ethics Committees, and
- produced a summary annual update: “New Zealand Research Contributing Evidence Relating to Health Goals”. This report included a summary analysis of the HRC’s research investment in relation to the priorities identified in the New Zealand Health Strategy, showing trends over the previous five years and provided a synopsis of all New Zealand research published in the relevant areas.

**Links to Goals**

Goal 2: Maximise the benefits of health research

Goal 3: Champion the integrity of the research environment

Goal 4: Enhance the value of the organization

**Performance Measures**

Strategy	Performance Measures	2008/09 Target	Actual
	<b>Quantity</b>		
Goal 2: promote uptake of research findings	Support for innovation spread to practice and policy.	Annual report “New Zealand research contributing evidence relating to health goals” delivered.	Achieved.
Goal 2: effectively communicate research findings	Facilitation of innovation spread.	Scope and trial at least three targeted forms of dissemination of health research informed evidence.	Achieved. DHBRF e-Newsletter, HRC Pacific News, Ethics Notes.
Goal 3: promote quality of ethical consideration	Support for ethical review process.	Quarterly reports on activities conducted by the HRC Ethics Committee under Section 25 of the HRC Act “Functions of Ethics Committee” accepted.	Achieved.
Goal 3: promote quality of ethical consideration	Facilitation of communication about ethical issues.	Two electronic publications providing guidance on topical issues for ethics committees.	Achieved.
Goal 3: facilitate compliance with regulatory requirements	Quality of support for process.	Annual reports with quarterly progress updates from Data and Safety Monitoring Board, and Standing Committee on Therapeutic Trials accepted.	Received and approved by Council.

Strategy	Performance Measures	2008/09 Target	Actual
	<b>Quality</b>		
Goal 3: promote quality of ethical consideration	Support for ethical review process.	Advice to Ministry of Health on ethical issues (as requested from time to time) provided in timeframes which are reasonable and acceptable.	Achieved.
Goal 4: engender confidence in the organisation	Health research sector leadership.	Advice to Ministry of Health on policy issues (as requested from time to time) provided in timeframes which are reasonable and acceptable.	Achieved.
Goal 3: promote quality of ethical consideration	Provision of review for contested decisions.	Establish an appeals process for contested ethical review decisions, agreeable to MoH.	Achieved (subject to approval by the Director-General of Health).
Goal 3: promote quality of ethical consideration	Provision of review for contested decisions.	Respond within 60 days to requests for Second Opinion and Appeal on ethical review decisions, with quarterly reporting to Ministry.	Achieved (the Second Opinion Process as outlined in section 6.12 of the <i>Operational Standard for Ethics Committees</i> will need to be amended to reflect the changes implemented through the new appeals process [i.e. the HRCEC will no longer provide second opinions]).
Goal 4: engender confidence in the organisation	Health research sector leadership.	Delivery of final report scoping the requirements to allow HRC to provide informed advice about NZ health research sector to MoH by 30 June 2009.	The HRC, MoH and MoRST are working together to develop an Investment Impact Report (IIR) that meets both Ministries information and reporting needs. The deadline to finalise the template we revised from 30 June 2009 to 30 September 2009.

	Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
<b>Revenue</b>			
Ministry of Health	<u>\$300</u>	<u>\$300</u>	<u>\$240</u>
<b>Cost of Output</b>	<u>\$300</u>	<u>\$300</u>	<u>\$240</u>



## HEALTH RESEARCH COUNCIL OF NEW ZEALAND

### Statement of Financial Performance

For the year ended 30 June 2009

		Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
	Note			
<b>Revenue</b>				
Revenue from the Crown	1	74,582	74,270	70,210
Interest		735	980	671
Other	2	<u>856</u>	<u>1050</u>	<u>943</u>
<b>Total Revenue</b>		<u>\$76,173</u>	<u>\$76,300</u>	<u>\$71,824</u>
<b>Cost of outputs (net)</b>	3 -4	<u>74,856</u>	<u>82,400</u>	<u>74,757</u>
<b>Net Surplus (Deficit) for the year</b>		<u>\$1,317</u>	<u>(\$6,100)</u>	<u>(\$2,933)</u>

Explanations of significant variances against budget are detailed in Note 19

### Statement of Movements in Equity

For the year ended 30 June 2009

		Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
<b>Equity at start of year</b>		<u>18,131</u>	<u>13,870</u>	<u>21,007</u>
Net surplus (deficit) for the year		1,317	(6,100)	(2,933)
Interest net of charges on Foxley Reserve fund		<u>9</u>	<u>-</u>	<u>57</u>
Total recognised revenue and expenses for the year		<u>1,326</u>	<u>(6,100)</u>	<u>(2,876)</u>
<b>Total Equity at 30 June</b>	9	<u>\$19,457</u>	<u>\$7,770</u>	<u>\$18,131</u>
<b>Represented by</b>				
Public Equity		17,960	7,770	16,643
Foxley Reserve Fund		<u>1,497</u>	<u>-</u>	<u>1,488</u>
<b>Total Equity at 30 June</b>	9	<u>\$19,457</u>	<u>\$7,770</u>	<u>\$18,131</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 2009

		Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
	Note			
<b>Current Assets</b>				
Cash and Cash Equivalents	5	34,298	22,650	30,108
Accounts receivable	6	<u>12,618</u>	<u>8,870</u>	<u>12,780</u>
		46,916	31,520	42,888
<b>Current Liabilities</b>				
Accounts payable	7	<u>27,541</u>	<u>23,920</u>	<u>24,845</u>
<b>Working Capital</b>				
		19,375	7,600	18,043
<b>Non-Current Assets</b>				
Property Plant and Equipment	8	<u>82</u>	<u>170</u>	<u>88</u>
<b>Net Assets</b>				
		<u>\$19,457</u>	<u>\$7,770</u>	<u>\$18,131</u>
<b>Equity</b>				
	9	<u>\$19,457</u>	<u>\$7,770</u>	<u>\$18,131</u>



**Board Member**

Professor Anthony Reeve

Date: 27 October 2009



**Board Member**

Associate Professor Susan Stott

Date: 27 October 2009

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 2009

		Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
<b>Cash flows from operating activities</b>	Note			
<i>Cash was provided from</i>				
Receipts from Crown		74,582	77,770	57,849
Interest		816	980	761
Other revenue		<u>902</u>	<u>1,050</u>	<u>943</u>
		<u>76,300</u>	<u>79,800</u>	<u>59,553</u>
<i>Cash was applied to</i>				
Payments to suppliers		69,345	76,510	67,497
Payments to employees		2,716	2,800	2,842
GST		<u>2</u>	<u>-</u>	<u>(195)</u>
		<u>72,063</u>	<u>79,310</u>	<u>70,144</u>
<i>Net cash flows from operating activities</i>	10	<u>4,237</u>	<u>490</u>	<u>(10,591)</u>
<b>Cash flows from investing activities</b>				
<i>Cash was provided from</i>				
Proceeds from repayment of advance		-	-	300
Property Plant and Equipment sold		3	-	-
<i>Cash was applied to</i>				
Property Plant and Equipment purchased		<u>59</u>	<u>90</u>	<u>30</u>
<i>Net cash flows from (applied to) investing activities</i>		<u>(56)</u>	<u>(90)</u>	<u>270</u>
<b>Cash flows from financing activities</b>				
<i>Cash was provided from</i>				
Net interest on reserve fund		<u>9</u>	-	<u>57</u>
<i>Net cash flows from financing activities</i>		<u>9</u>	-	<u>57</u>
<i>Net increase (decrease) in cash held</i>		4,190	400	(10,264)
Add opening Cash Brought Forward		<u>30,108</u>	<u>22,250</u>	<u>40,372</u>
<i>Ending Cash Carried Forward</i>		<u>\$34,298</u>	<u>\$22,650</u>	<u>\$30,108</u>
<i>Represented by</i>				
Bank Current Account		606	-	583
Term deposits		<u>33,692</u>	<u>22,650</u>	<u>29,525</u>
Cash and Cash Equivalents at end of year	5	<u>\$34,298</u>	<u>\$22,650</u>	<u>\$30,108</u>

The GST component of operating activities reflects the net GST paid and received with the Inland Revenue Department. The GST component has been presented on a net basis, as the gross amounts do not provide meaningful information for financial statement purposes.

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 2009

<b>Note 1</b>	<b>Revenue from the Crown</b>	Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
	Ministry of Research Science and Technology	74,282	73,970	69,968
	Ministry of Health	<u>300</u>	<u>300</u>	<u>242</u>
		<u>\$74,582</u>	<u>\$74,270</u>	<u>\$70,210</u>

The HRC has been provided with funding from the Crown for the specific purposes of the HRC as set out in its Output Agreement with MoRST and MoH. Apart from these general restrictions, there are no unfulfilled conditions or contingencies attached to government funding (2008 nil).

<b>Note 2</b>	<b>Other Income</b>	Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
	Bequests and Donations received	11	50	40
	Other (Management fees)	<u>845</u>	<u>1,000</u>	<u>903</u>
		<u>\$856</u>	<u>\$1,050</u>	<u>\$943</u>

<b>Note 3</b>	<b>Cost of Producing Outputs</b>	Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
	Research Contract Management for Health Research	4,494	5,210	4,510
	Health Research	62,354	67,140	62,550
	Career Development Awards	4,802	6,400	4,098
	Maori Health Research	1,700	1,820	1,700
	International Investment Opportunities	1,206	1,530	1,659
	Research Support Activities	<u>300</u>	<u>300</u>	<u>240</u>
		<u>\$74,856</u>	<u>\$82,400</u>	<u>\$74,757</u>

<b>Note 4</b>	<b>Other Expenditure Disclosures</b>	Actual 2009 \$(000)	Budget 2009 \$(000)	Actual 2008 \$(000)
	Meetings and Committee Costs	665	764	651
	Council Costs (including fees)	202	210	174
	Salaries	2,513	2,530	2,377
	Employer contributions to defined contribution plans	263	350	326
	Property costs	296	345	280
	Remuneration of Auditors			
	Audit fee for financial statement audit	38	30	26
	Audit fees for NZ IFRS transition	2	-	4
	Depreciation	63	120	90
	Property Plant and Equipment written off	2	-	122

<b>Employee Remuneration</b>		Actual	Actual
		2009	2008
<b>Employees receiving over \$100,000</b>		\$(000)	\$(000)
100,000 - 109,999		1	1
110,000 - 119,999		2	4
120,000 - 129,999		1	-
130,000 - 139,999		2	1
150,000 - 159,999		1	-
240,000 - 249,999		-	1
270,000 - 279,999		1	-
 <b>Councillors' Fees</b>		 Actual	 Actual
	Appointed	Retired	2009
			2008
			\$(000)
			\$(000)
Professor G Fraser (Chair)	Dec 02		24
Dr C Aspin	July 06	Nov 08	6
Ms E Cowley-Malcolm	July 06		15
Ms K Fox	Jan 08		12
Professor J Harding	Aug 01	Dec 07	
Dr J Hay	Mar 03		15
Ms A Hudson	Feb 05	Dec 07	
Mrs J Keall	Mar 03		12
Professor R Poulton	Sept 05		15
Professor A Reeve	July 06		15
Professor L Smith	Aug 08		6
Associate Professor S Stott	Jan 08		12
Professor A Woodward	Mar 03		<u>14</u>
			<u>\$146</u>
			<u>\$97</u>
 <b>Fees Paid to Committee Members</b>		 Actual	 Actual
<b>Member</b>		2009	2008
		\$(000)	\$(000)
Professor Wickliffe Abraham		1.10	0.55
Dr Frances Agnew		0.70	
Associate Professor Shanthi Ameratunga		1.10	
Associate Professor Neil Anderson		1.10	
Associate Professor Vickery Arcus		1.10	
Associate Professor Toni Ashton			0.20
Ms Mere Balzer		0.80	3.60
Associate Professor Pauline Barnett		0.55	
Professor Richard Beasley			0.55
Mr Don Beaven		0.70	
Ms Laura Bennet		1.10	
Associate Professor Peter Black			0.20
Professor Tony Blakely		0.20	1.90
Professor Philip Bones		1.10	
Dr Amohia Boulton		2.70	0.90
Dr Bob Boyd		0.41	0.41
Dr Anne Bray			0.00
Dr Marilyn Brewin		3.59	4.41
Associate Professor Stephen Buetow		1.90	1.70
Dr Christopher Bullen		1.10	
Dr Catherine Byrn		1.10	
Professor Vinton Chadwick			1.65
Ms Mow Chan			0.20

<b>Fees Paid to Committee Members</b>	Actual	Actual
	2009	2008
<b>Member</b>	\$(000)	\$(000)
Dr Jennie Connor	1.10	1.10
Ms Donna Cormack	1.00	0.20
Professor Peter Crampton	0.55	
Dr Suzanne Crengle		2.10
Professor Kathryn Crosier	0.84	0.36
Associate Professor Philip Crosier	2.10	1.90
Dr Jacqueline Cumming	0.20	0.70
Professor Christopher Cunningham		0.80
Associate Professor Wayne Cutfield	1.90	1.90
Dr Tim Dare	1.41	0.80
Ms Lisa Davis		0.10
Dr Kevin Dew	2.50	1.70
Dr Ian Dittmer		1.10
Associate Professor Susan Dovey	1.10	1.30
Professor Tony Dowell		0.30
Associate Professor Rod Dunbar		1.30
Professor Mason Durie	0.41	1.07
Dr Lorna Dyall		2.30
Mr Sacha Dylan		0.90
Ms Carolyn Elley		1.10
Dr Ellison-Loschman	0.40	
Dr Rod Ellis-Pegler		0.30
Associate Professor John Evans	1.10	1.10
Professor Ian Evans	1.10	1.10
Ms Metjua Faasisila	0.70	
Dr Monique Faleafa	1.60	1.10
Professor Richard Faull	0.81	
Professor Sitaleki Finau		0.80
Professor John Fraser		0.20
Mr Nicholas Garrett	0.90	
Dr Heather Gifford		1.00
Associate Professor Wayne Gillett	0.10	
Dr Florence Green	1.90	1.90
Professor Alistair Gunn	2.20	1.10
Dr Jennifer Hand		0.40
Dr Ricci Harris		0.10
Dr Matire Harwood	0.80	1.10
Professor Harlene Hayne		0.55
Associate Professor Peter Herbison	1.65	1.10
Professor Allan Herbison	2.10	1.10
Ms Jan Hewitt		0.70
Dr Sarah Hook	1.10	
Professor Philippa Howden-Chapman	1.10	1.10
Mr Maui Hudson	0.40	
Ms Te Miringa Huriwai	0.90	
Dr Jessica Hutchings		0.10
Associate Professor Brian Hyland		1.10
Ms Anna Jameson		0.10
Dr Rhys Jones	0.90	1.10
Dr Sally Keeling	1.10	1.10
Associate Professor Martin Kennedy	1.34	2.24

<b>Fees Paid to Committee Members</b>	Actual 2009	Actual 2008
<b>Member</b>	<b>\$(000)</b>	<b>\$(000)</b>
Associate Professor Ngaire Kerse	1.10	1.80
Dr Natalie Khin-Carter	0.10	
Professor Jules Kieser		0.40
Dr Te Kani Kingi	2.56	
Professor Todd Kjellstrom		0.10
Dr Jeremy Krebs		1.10
Mrs Nemu Lallu		0.90
Associate Professor Ian Lamont	1.10	
Professor John Langley		1.50
Dr Peter Larsen	1.10	
Emeritus Professor Richard Laverty		1.20
Professor Ross Lawrenson		0.27
Dr Beverly Lawton	3.05	
Dr Ian LeGrice		1.10
Professor Graham Le-Gros	1.90	1.70
Dr Ieta Lima	2.40	1.00
Mr David Lui	0.87	2.34
Professor Anthony MacKnight		5.50
Dr Anne MacLennan		0.70
Dr Derelie Mangin		1.10
Associate Professor Patrick Manning	1.10	
Ms Elizabeth Marshall	0.45	
Dr Diana Martin		2.10
Dr John McCall	0.50	
Mrs Kahu McClintock	1.40	
Dr Melanie McConnell	1.10	
Mrs Makuini McKerchar	0.60	0.40
Professor Neil McNaughton	1.10	1.10
Dr Hinemataj McNeill		1.10
Professor Kathryn McPherson	2.80	
Professor Andrew Mercer	0.80	1.10
Dr Brian Monk	1.10	
Dr Johanna Montgomery	1.10	
Ms Kate Moodabe	0.20	
Dr Ian Morison	0.27	0.36
Mr Tupara Morrison	1.40	0.80
Dr Vili Nosa	0.20	0.40
Mr Malakia Ofanoa	0.70	0.20
Professor Janis Paterson	1.10	
Professor Charlotte Paul	1.10	
Ms Liane Penney	0.35	1.10
Professor Keith Petrie	0.40	
Mr Neil Pickering	0.60	1.82
Dr Leonie Pihama	0.60	
Ms Suzanne Pitama	1.50	
Associate Professor Cristin Print	1.10	1.10
Mr Fuimaono Pulotu-Endemann		1.60
Dr Paul Reynolds	2.00	3.25
Professor Stephen Robertson	0.10	0.14
Dr Paul Robertson	0.90	
Associate Professor Bridget Robinson		0.96

<b>Fees Paid to Committee Members</b>	Actual 2009 \$(000)	Actual 2008 \$(000)
<b>Member</b>		
Ms Elizabeth Robinson		1.10
Professor Anthony Rodgers	0.50	
Dr Etuate Saafi	1.70	
Professor Susan Schenk		1.10
Professor Grant Schofield		1.10
Dr Bruce Scoggins	0.58	
Dr Nina Scott		2.30
Professor Norman Sharpe	0.55	0.20
Professor John Shaw		0.20
Professor Peter Shepherd	1.50	
Ms Jane Sherard	0.40	1.30
Dr Nicolette Sheridan		0.30
Mr Philip Siataga	0.70	2.10
Mr Robert Siebers	1.10	1.10
Associate Professor Bruce Smail	1.90	
Dr Steven Soule	1.10	
Dr Margaret Southwick	1.50	0.20
Associate Professor Ralph Stewart	0.50	
Dr Cathy Stinear	1.10	1.10
Professor Patrick Sullivan	0.88	2.24
Professor John Tagg	0.20	0.60
Ms Ausaga Tanuvasa	1.10	1.10
Dr John Taylor		1.10
Associate Professor Sarah-Jane Tiakiwai		1.10
Professor Ian Tucker	2.02	
Ms Megan Tunks	1.65	1.10
Mr Ngarau Tupaea		0.20
Mr John Waldon	1.10	0.70
Associate Professor Mark Weatherall	1.10	1.10
Associate Professor Mark Webster	1.10	1.10
Ms Jessie Wells		1.10
Associate Professor Elizabeth Wells	1.10	
Dr Elizabeth Wilson		0.30
Professor Christine Winterbourn		1.20
Associate Professor Karen Witten	1.70	
Associate Professor Lianne Woodward	0.55	
Dr Emma Wyeth	0.90	
Mr Chris Wynne	0.55	
Dr Deborah Young	0.14	0.14
Dr Sarah Young	1.10	
	<b><u>\$122.73</u></b>	<b><u>\$121.21</u></b>



<b>Note 5</b>	<b>Cash and Cash Equivalents</b>	Actual 2009 \$(000)	Actual 2008 \$(000)
	Cash at Bank	<u>606</u>	<u>583</u>
	Cash Equivalents - Short Term Deposits		
	Westpac Trust term deposits	8,450	6,530
	Westpac Trust term deposits held on behalf of other agencies*	23,745	21,507
	Westpac Trust term deposits Foxley Estate fund	<u>1,497</u>	<u>1,488</u>
		<u>33,692</u>	<u>29,525</u>
	<b>Total Cash and Cash Equivalents</b>	<u><b>\$34,298</b></u>	<u><b>\$30,108</b></u>

The carrying value of short term deposits with maturity dates of four months or less approximates their fair value.

The effective interest rates on deposited funds ranged from 2.66% pa to 8.85% pa.

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

<b>Note 6</b>	<b>Accounts Receivable</b>	Actual 2009 \$(000)	Actual 2008 \$(000)
	Owing by Crown (MoRST) (Trade)	12,133	12,133
	Owing by Funding Partners (Trade)	277	377
	Sundry Debtors	<u>208</u>	<u>270</u>
		<u><b>\$12,618</b></u>	<u><b>\$12,780</b></u>

The carrying value of receivables approximates their fair value.

As at 30 June 2009 and 2008, there were no overdue receivables to be assessed for impairment.

<b>Note 7</b>	<b>Accounts Payable</b>	Actual 2009 \$(000)	Actual 2008 \$(000)
	Supplies (Trade)	2,834	2,684
	Accruals		
	Employee entitlements	170	110
	Other	228	134
	Funds held on behalf of other agencies	24,023	21,812
	GST	<u>286</u>	<u>105</u>
		<u><b>\$27,541</b></u>	<u><b>\$24,845</b></u>

Creditors and other payables are normally settled on 30-day terms, or are required to be paid on demand, therefore the carrying value of creditors and other payables approximates their fair value.

**Note 8 Property Plant and Equipment**

	Office and Computer Equipment	Leasehold Improvements	Total
<b>Cost</b>	\$(000)	\$(000)	\$(000)
Balance at 1 July 2007	836	105	941
Additions	30	-	30
Disposals	-	-	-
Less scrapped/ off register	<u>(420)</u>	<u>-</u>	<u>(420)</u>
Balance 30 June 2008	<u>\$446</u>	<u>\$105</u>	<u>\$551</u>
Balance 1 July 2008	446	105	551
Additions	59	-	59
Disposals	<u>(23)</u>	<u>-</u>	<u>(23)</u>
Balance at 30 June 2009	<u>\$482</u>	<u>\$105</u>	<u>\$587</u>
<b>Accumulated Depreciation</b>			
Balance 1 July 2007	593	78	671
charge this year (net)	194	18	212
Written back/ off register	<u>(420)</u>	<u>-</u>	<u>(420)</u>
Balance at 30 June 2008	<u>\$367</u>	<u>\$96</u>	<u>\$463</u>
Balance 1 July 2008	367	96	463
charge this year (net)	54	9	63
Written back/ off register	<u>(21)</u>	<u>-</u>	<u>(21)</u>
Balance at 30 June 2009	<u>\$400</u>	<u>\$105</u>	<u>\$505</u>
<b>Carrying Value</b>			
At 1 July 2007	<u>\$243</u>	<u>\$27</u>	<u>\$270</u>
At 30 June and 1 July 2008	<u>\$79</u>	<u>\$9</u>	<u>\$88</u>
At 30 June 2008	<u>\$82</u>	<u>-</u>	<u>\$82</u>
<b>Note 9 Equity</b>		Actual	Actual
		2009	2008
		\$(000)	\$(000)
<b>General Funds</b>			
Balance at 1 July		16,643	19,576
Net surplus/ (deficit) for the year		<u>1,317</u>	<u>(2,933)</u>
Balance at 30 June		<u>\$17,960</u>	<u>\$16,643</u>
<b>Foxley Reserve Fund</b>			
Balance at 1 July		1,488	1,431
Interest net of charges on Foxley Reserve fund		<u>9</u>	<u>57</u>
Balance at 30 June		<u>1,497</u>	<u>1,488</u>
<b>Total Equity at 30 June</b>		<u>\$19,457</u>	<u>\$18,131</u>

**Note 10 Reconciliation of Operating Surplus to Cash Flows from Operating Activities**

	Actual 2009 \$(000)	Actual 2008 \$(000)
Net surplus/ (deficit) for year	1,317	(2,933)
<i>Add non-cash items</i>		
Depreciation	63	90
Property Plant and Equipment written off	-	122
<i>Add (deduct) movements in working capital items</i>		
Accounts receivable decrease	162	(10,298)
Accounts payable increase	<u>2,695</u>	<u>2,428</u>
Net cash inflows (outflows) from operating activities	<u>\$4,237</u>	<u>\$(10,591)</u>

**Note 11 Bequests**

Bequest funds represent funds subject to specific direction

	Opening Balance 2008 \$(000)	Net Interest \$(000)	Closing Balance 2009 \$(000)
J D Prickett Trust Fund	373	24	397
Income to be applied to a Scholarship			
G M Marryatt Memorial Fund	79	5	84
Income to be applied to research into children's diseases	-	-	-
	<u>\$452</u>	<u>\$29</u>	<u>\$481</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 12 Commitments and Operating Leases**

	2009/10	2010/11	2011/12	Total
<i>Research Commitments</i>	\$(000)	\$(000)	\$(000)	\$(000)
<i>Output Classes</i>				
Health Research	70,751	51,626	29,069	151,446
Human Resource Development	4,563	2,823	1,777	9,163
Maori Health Research	4,655	1,953	1,708	8,316
International Investment	<u>1,781</u>	<u>1,209</u>	<u>-</u>	<u>2,990</u>
Opportunities Fund				
Total research commitments	<u>\$81,750</u>	<u>\$57,611</u>	<u>\$32,554</u>	<u>\$171,915</u>

	2008/09	2009/10	2010/11 & beyond	Total
	\$(000)	\$(000)	\$(000)	\$(000)
<i>Research Commitments</i>				
<i>Output Classes</i>				
Health Research	63,396	42,865	26,788	133,049
Human Resource Development	4,707	2,748	1,901	9,356
Maori Health Research	2,991	2,021	248	5,260
International Investment				
Opportunities Fund	<u>1,009</u>	<u>329</u>	<u>-</u>	<u>1,338</u>
Total research commitments	<u>\$72,103</u>	<u>\$47,963</u>	<u>\$28,937</u>	<u>\$149,003</u>

The committed support is contingent on continued Government funding.

	2009	2008
	\$(000)	\$(000)
<i>Operating Leases as Lessee</i>		
Not later than one year	210	130
Later than one year and not later than five years	<u>315</u>	<u>-</u>
	<u>\$525</u>	<u>\$130</u>

No restrictions are placed on HRC by any of its leasing arrangements

**Note 13 Contingencies**

As at 30 June 2009 the HRC has no contingent liabilities. (2008 \$nil)

As at 30 June 2009 the HRC has no contingent assets. (2008 \$nil)

**Note 14 Financial Instruments Risk****Market risk**

The interest rates on the HRC's cash and cash equivalents are disclosed in note 5.

*Fair value interest rate risk*

Fair value interest rate risk is the risk that the value of a financial instrument will fluctuate due to changes in market interest rates. The HRC's exposure to fair value interest rate risk is limited to its short term deposits (part of note 5 cash and cash equivalents) which are held at fixed rates of interest.

*Cash flow interest rate risk*

Cash flow interest rate risk is the risk that the cash flows from a financial instrument will fluctuate because of changes in market interest rates. The HRC's Investments are issued at fixed interest rates for fixed terms. HRC is exposed to cash flow interest rate risk when investments mature and are reissued.

The HRC currently has no variable interest rate investments.

*Currency risk*

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate due to changes in foreign exchange rates. HRC is not exposed to currency risk.

**Credit risk**

Credit risk is the risk that a third party will default on its obligation to the HRC, causing the HRC to incur a loss.

The HRC's maximum credit exposure for each class of financial instrument is represented by the total carrying amount of cash and cash equivalents (note 5) and debtors (note 6). There is no collateral held as security or other credit enhancement in respect of these amounts. None of these financial instruments are past due or impaired.

The HRC has no significant concentrations of credit risk, as it has a small number of credit customers and only invests funds with registered banks with specified Standard and Poor's credit ratings. As disclosed in Accounts Receivable (note 6) there is a significant sum owed to HRC by the Crown. This debt is considered to be low risk.

**Liquidity risk**

Liquidity risk is the risk that the HRC will encounter difficulty raising liquid funds to meet commitments as they fall due. Prudent liquidity risk management implies maintaining sufficient cash and cash equivalents and the availability of funding. HRC's annual income from the Crown (note 1) is known at the start for each financial year. Commitments are controlled and limited to this known level of income and available reserves.

**Note 15 Categories of financial assets and liabilities**

The carrying amounts of financial assets and liabilities in each of the NZ IAS 39 categories are as follows:

	2009 \$(000)	2008 \$(000)
<i>Loans and Receivables</i>		
Cash and cash equivalents	34,298	30,108
Debtors and other receivables	<u>12,618</u>	<u>12,780</u>
<b>Total loans and receivables</b>	<b><u>\$46,916</u></b>	<b><u>\$42,888</u></b>
<i>Financial Liabilities measured at amortised cost</i>		
Creditors and other payables	<u>27,541</u>	<u>24,845</u>
<b>Total financial liabilities</b>	<b><u>\$19,375</u></b>	<b><u>\$18,043</u></b>

**Note 16 Related party information and key management personnel**

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 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 2008/09 are as follows:

<b>Name</b>	<b>Institution</b>
Ms Esther Cowley-Malcolm	Victoria University of Wellington
Professor Richie Poulton	University of Otago
Professor Anthony Reeve	University of Otago
Professor Linda Smith	Waikato University
Associate Professor Susan Stott	University of Auckland
Professor Alistair 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.

#### **Key Management personnel compensation**

	2009	2008
	\$(000)	\$(000)
Salaries and Board fees	<u>\$1,317</u>	<u>\$1,213</u>
No other benefits were paid		

Key management personnel include all board members, the Chief Executive, and the remaining 7 members of the Leadership Team.

#### **Note 17 Post Balance Date Events**

There have been no post balance date events that could impact the financial statements for the year ended 30 June 2009.

#### **Note 18 Capital management**

The HRC's capital is its equity, which comprises accumulated funds and other reserves. Equity is represented by net assets.

The HRC is subject to the financial management and accountability provisions of the Crown Entities Act 2004, which impose restrictions in relation to borrowings, acquisition of securities, issuing guarantees and indemnities and the use of derivatives.

The HRC manages its equity as a by-product of prudently managing revenues, expenses, assets, liabilities, investments, and general financial dealings to ensure the HRC effectively achieves its objectives and purpose, whilst remaining a going concern.

#### **Note 19 Major Budget Variations**

##### **Statement of Financial Performance**

Net Surplus for the year is \$7.42M ahead of budget. The primary savings are in Output classes 1 Research Contract Management, 2 Health Research and 3 Career Development Awards and 6 International Investment Opportunities.

Output 1: The saving is does not relate to any one item rather is an accumulation of savings over the whole of the Output.

Output 2: The saving is due to contract slippage \$2.52M, funding held for "collaborative international indigenous research contracts that will be let in 2009/10 \$0.67M and partnership costs \$1.72M. Funding Partners have been reluctant to renew or enter into new ventures in the current year.

Output 3: The saving is due to under demand in prior year. Current demand allowed very significant contracts value to be offered in the current. The full effect on costs for this output will impact in 2009/10.

Output 6: The Output includes two objectives. Objective one relates to collaborative research contracts. The costs for this objective are running to budget. Objective two relates to international collaborative research agreement. As noted in the Statement of Service Performance, agreements with Australia have been completed after balance date and Singapore agreements are expected to be put in place during 2009/10.

#### **Statement of Financial Position**

Accounts Payable: variation \$2.70M. The major variations is the increase in funds held for other agencies. These funds are held on behalf of government agencies pending investment in research contracts.

**Statement of Public Equity** variation \$10.19M above budget. The variance is due to the deficit variance explained above and because the actual opening equity exceeded the expected opening equity balance.

## HEALTH RESEARCH COUNCIL OF NEW ZEALAND

### Statement of Resources

As at 30 June 2009

#### 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 2011. Rights of renewal can take the lease to December 2014.

The annual rental cost is \$0.27M including standing charges.

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

#### Staff Resources

	FTE's 2009	FTE's 2008
Secretariat		
Chief Executive	1	1
Senior Managers	7	7
Manager Evaluation	-	1
Manager Human Resources	1	1
Manager Pacific Health Research	1	1
Support staff	<u>19</u>	<u>21</u>
	<u>29</u>	<u>32</u>
Research Staff		
Senior research staff	2	2
Other research staff	<u>4</u>	<u>4</u>
	<u>6</u>	<u>6</u>

Note: An FTE is a full time equivalent employee.



## Organisational Information

### Management Structures

#### Secretariat: Senior Management

Dr Robin Olds	Chief Executive
Ms Rachel Brown	Group Manager, Maori Health Research
Dr Vernon Choy	Group Manager, Investment Processes
Mr Lex Davidson	Chief Financial Officer and Group Manager, Corporate Services
Dr Andre George	Group Manager, Knowledge Management and Information Systems
Alice Lindsay	Group Manager Human Resources
Ms Sharon McCook	Group Manager, Partnership Programme
Dr Tania Pocock	Group Manager, Policy, Evaluation and Business Development
Ms Kristine Scherp	Group Manager, Communications

### Good Employer Requirements

#### Organisational Capability

The Health Research Council of New Zealand has continued to work toward the principle of being an Employer of Choice. Although staff turnover was slightly higher than usual over the past year with 7 staff leaving the organisation, half of those relocated abroad or within New Zealand. The organisation employs 33 staff members including seven who work part-time and members returning from parental leave throughout the year have enjoyed flexible arrangements to aid their return. The leadership has continued to ensure an impartial and transparent employment process to guarantee that there is no barrier to employing the best people for the job and offering flexible working practices to attract and retain a quality workforce. The HRC has a comprehensive induction process which provides operational and support information. A review of the Performance review system has led to a focus of enabling staff to reach the goals and objectives identified for them. The revised process which is a collaborative one, adds value for both the individual and the HRC.

#### Employer of Choice

The HRC is a member of the Equal Employment Opportunities Trust and aims to treat all employees properly and fairly. The organisation continues to offer a flexible approach to personal circumstance through flexible hours, glide time, an Employee Assistance programme and staff also have the opportunity in special circumstances to request to work from home. Ergonomic work station assessments are provided to all new staff following induction and free flu inoculations are available to all staff at the beginning of winter and an active health and safety committee ensure a safe and healthy environment. For the third year, a team were encouraged and supported to take part in Round the Bays.

#### Building the skills

All staff members attended or were encouraged to explore development opportunities throughout the year to enable them to build on their skills, enhance qualifications and strengthen organisational knowledge.

Staff can use a Staff Knowledge Bank to utilise expertise and skills and are proactively encouraged to develop their skills and knowledge through attending in-house and external training courses and attending conferences in their field of expertise. A positive, equitable approach to staff development is achieved through producing an annual plan of relevant activity for each staff member and developing a culture of constant learning.

An intranet allows staff easy access to information and policies and procedures. A weekly staff newsletter continues to inform and entertain staff as well as providing a useful cross-

team communication tool. Project coordinators initiated a cross team communication group in order to enhance cooperation and communication within teams.

### Trusted State Service

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)

<b>Interest/ Specified class of interest to which permission relates</b>	<b>Who gave permission to act and date</b>	<b>Permission to act</b>	<b>Conditions</b>
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 2009

### Council

Emeritus Professor Graeme Fraser (Chair)	Palmerston North
Ms Esther Cowley-Malcolm	Ohope
Ms Kath Fox	Richmond New Zealand, Christchurch
Dr John Hay	Institute of Environmental Science & Research Ltd, Porirua, Wellington
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 Linda Smith	Pro-Vice Chancellor Maori, Waikato University, Hamilton
Associate Professor Susan Stott	Department of Surgery, Faculty of Medical and Health Sciences, University of Auckland, Auckland
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 Philip Crosier	Department of Molecular Medicine and Pathology, University of Auckland, Auckland
Associate Professor Wayne Cutfield	Liggins Institute, University of Auckland, Auckland
Professor Allan Herbison	Department of Physiology, University of Otago, Dunedin
Professor Graham Le Gros	Director, Malaghan Institute of Medical Research, Wellington
Professor Andrew Mercer	Department of Microbiology & Immunology, Otago School of Medical Sciences, Dunedin
Associate Professor Bridget Robinson	Department of Medicine, University of Otago, Christchurch
Associate Professor Bruce Smaill	Bioengineering Institute and Engineering Science, University of Auckland, Auckland

### Public Health Research Committee

Professor Alistair Woodward (Chair)	School of Population Health, University of Auckland
Professor Tony Blakely	Department of Public Health, University of Otago, Wellington
Associate Professor Kevin Dew	School of Social and Cultural Studies, Victoria University
Dr Lis Ellison-Loschmann	Centre for Public Health Research, Massey University, Wellington
Dr Terri Green	Department of Management, Canterbury University
Professor Kathryn McPherson	Division of Rehabilitation & Occupation Studies, Auckland University of Technology
Associate Professor Karen Witten	Centre for Social & Health Outcomes Research & Evaluation, Massey University

**Maori Health Committee**

Professor Linda Smith

Ms Mere Balzer

Dr Amohia Boulton

Dr Matire Harwood

Mrs Kahu McClintock

Dr Leonie Pihama

Dr Paul Reynolds

Pro-Vice Chancellor Maori, Waikato University, Hamilton  
 Te Runanga o Kirikiriroa Charitable Trust, Hamilton  
 Te Pumanawa Hauora, Research Centre for Maori Health and  
 Development, Massey University, Palmerston North  
 Medical Research Institute of New Zealand, Wellington  
 Department of Psychiatry, University of Auckland, Auckland  
 Maori & Indigenous Analysis Ltd, Auckland  
 Independent Maori Institute for Environment & Health: Te  
 Atawhai o te Ao, Whanganui

**Ethics Committee**

Dr Tim Dare (Chair)

Emeritus Professor Graeme  
 Fraser

Mr Maui Hudson

Dr Neil Pickering

Associate Professor Richard  
 Robson

Ms Jane Sherard

Associate Professor Susan  
 Stott

Department of Philosophy and Law, University of Auckland,  
 Auckland  
 Palmerston North

Strategy and Research Department, Institute of Environmental  
 Science & Research Ltd, Porirua  
 Bioethics Centre, University of Otago, Dunedin  
 Clinical Studies Trust, Christchurch

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

Department of Surgery, Faculty of Medical and Health Sciences,  
 University of Auckland, Auckland

## New Research Contracts

Contracts are listed alphabetically by first named investigator.

Dr Monica Acosta

**Studying eye diseases of Maori, Pacific and the elderly using animal models**

HRC ref: 09/157

Term: 36 months

Location: Department of Optometry & Vision Science, University of Auckland, AUCKLAND

Value of contract: \$150,000

Associate Professor Robert Anderson

**Prodrug release of kinase inhibitors in cancer therapy**

HRC ref: 09/124

Term: 36 months

Location: Auckland Cancer Society Research Centre, University of Auckland, AUCKLAND

Value of contract: \$719,626

Ms Mere Balzer

**Whanau Maori & mental health: Snapshots of strengths, resilience, & recovery**

HRC ref: 09/459

Term: 18 months

Location: Te Runanga o Kirikiriroa Charitable Trust, Frankton, HAMILTON

Value of contract: \$132,483

Mr Roger Barton

**Improving Health of Maori Through a Community Led Approach to Whanau Nutrition**

HRC ref: 09/024

Term: 12 months

Location: Whakawhiti Ora Pai Community Health Services, KAITAIA

Value of contract: \$9,304

Professor Richard Beasley

**The Real Life Use of Symbicort "Smart" Regime in Adult Asthma**

HRC ref: 09/108B

Term: 36 months

Location: Department of Medicine, University of Auckland, AUCKLAND

Value of contract: \$1,302,654

Professor Peter Black

**The effect of an inhaler with ringtones on asthma control and school attendance**

HRC ref: 09/108E

Term: 24 months

Location: Department of Pharmacology & Clinical Pharmacology, University of Auckland, AUCKLAND

Value of contract: \$428,355

Mr Anton Blank

**Maori Child Maltreatment: Planning a Way Forward**

HRC ref: 09/025

Term: 12 months

Location: Te Kahui Mana Ririki, AUCKLAND

Value of contract: \$10,000

Associate Professor Francis Bloomfield

**Perinatal Care and its Long-Term Consequences**

HRC ref: 09/095  
 Term: 36 months  
 Location: Liggins Institute, University of Auckland, AUCKLAND  
 Value of contract: \$2,504,660

Dr Amohia Boulton

**Reducing inequalities: Analysing the effect of government policies on Whanau Ora**

HRC ref: 09/035  
 Term: 36 months  
 Location: Whakauae Research Services, WHANGANUI  
 Value of contract: \$394,833

Associate Professor Winston Byblow

**Priming to enhance rehabilitation after stroke**

HRC ref: 09/164R  
 Term: 36 months  
 Location: Department of Sport & Exercise Science, University of Auckland, AUCKLAND  
 Value of contract: \$812,955

Dr Sunny Collings

**The Nature and Extent of Informal Coercion in Community Mental Health in NZ**

HRC ref: 09/202R  
 Term: 36 months  
 Location: Department of Public Health, University of Otago, WELLINGTON  
 Value of contract: \$1,884,065

Professor Garth Cooper

**Adiponectin: Molecular analysis to underpin therapeutic applications**

HRC ref: 09/100D  
 Term: 36 months  
 Location: School of Biological Sciences, University of Auckland, AUCKLAND  
 Value of contract: \$1,658,676

Associate Professor Brett Cowan

**Sleep Apnea Treatment for the Modification of Cardiac and Vascular Risk**

HRC ref: 09/625  
 Term: 24 months  
 Location: Centre for Advanced MRI, University of Auckland, AUCKLAND  
 Value of contract: \$656,000

Professor Julian Crane

**Nicotine inhaler plus patch in smoking cessation**

HRC ref: 09/199  
 Term: 24 months  
 Location: Department of Medicine, University of Otago, WELLINGTON  
 Value of contract: \$1,353,242

Professor Julian Crane

**Zonnic (oral nicotine) and nicotine patch in smoking cessation**

HRC ref: 09/200  
 Term: 24 months  
 Location: Department of Medicine, University of Otago, WELLINGTON  
 Value of contract: \$1,116,305

Dr Jacqueline Cumming

**Improving health system performance: an economic analysis of primary care reform**

HRC ref: 09/101C  
 Term: 36 months  
 Location: Health Services Research Centre, Victoria University of Wellington,  
 WELLINGTON  
 Value of contract: \$522,913

Associate Professor John Dalrymple-Alford

**Rescuing memory loss after brain injury**

HRC ref: 09/051  
 Term: 24 months  
 Location: Psychology Department, University of Canterbury,  
 CHRISTCHURCH  
 Value of contract: \$390,000

Associate Professor Paul Donaldson

**Diabetic lens cataract: a problem with cell volume regulation**

HRC ref: 09/175  
 Term: 36 months  
 Location: Department of Optometry and Vision Science, Faculty of Medical  
 and Health Sciences, AUCKLAND  
 Value of contract: \$1,302,476

Associate Professor Rod Dunbar

**Antigen presentation to T cells in human lymph nodes**

HRC ref: 09/105C  
 Term: 36 months  
 Location: School of Biological Sciences, University of Auckland, AUCKLAND  
 Value of contract: \$991,603

Dr Lis Ellison-Loschmann

**Inequalities in cervical cancer survival in New Zealand**

HRC ref: 09/092A  
 Term: 36 months  
 Location: Centre for Public Health Research, Massey University, WELLINGTON  
 Value of contract: \$665,198

Dr Lis Ellison-Loschmann

**Maori and Cancer - the Role of Primary Care**

HRC ref: 09/092B  
 Term: 36 months  
 Location: Centre for Public Health Research, Massey University, WELLINGTON  
 Value of contract: \$574,465

Professor Valery Feigin

**Traumatic brain injury burden in NZ: a population-based incidence & outcomes**

HRC ref: 09/063A  
 Term: 36 months  
 Location: National Centre for Stroke, Applied Neurosciences and  
 Neurorehabilitation, Auckland University of Technology,  
 AUCKLAND  
 Value of contract: \$2,366,539

Professor Michael Findlay

**Randomised phase II/ III study of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer**

HRC ref: 09/624  
 Term: 24 months  
 Location: Discipline of Oncology, University of Auckland, AUCKLAND  
 Value of contract: \$122,000

Dr Elizabeth Forbes

**New strategies for the treatment and prevention of food allergy**

HRC ref: 09/347  
 Term: 36 months  
 Location: Allergy and Immunology, Malaghan Institute of Medical Research, WELLINGTON SOUTH  
 Value of contract: \$150,000

Professor John Fraser

**Microbial Virulence and Pathogenesis**

HRC ref: 09/110  
 Term: 36 months  
 Location: Department of Molecular Medicine and Pathology, University of Auckland, AUCKLAND  
 Value of contract: \$3,236,642

Professor Peter Gluckman

**Developmental adaptation to an obesogenic environment**

HRC ref: 09/052  
 Term: 24 months  
 Location: Liggins Institute, University of Auckland, AUCKLAND  
 Value of contract: \$365,000

Dr Elspeth Gold

**Role of activin C in prostate disease**

HRC ref: 09/259  
 Term: 36 months  
 Location: Anatomy and Structural Biology, Dunedin School of Medicine, DUNEDIN  
 Value of contract: \$953,696

Ms Delvina Gorton

**The effects of a school breakfast programme on school achievement and nutrition**

HRC ref: 09/337  
 Term: 24 months  
 Location: Clinical Trials Research Unit, University of Auckland, Tamaki Campus, AUCKLAND  
 Value of contract: \$810,752

Associate Professor Cameron Grant

**Randomised placebo controlled study of vitamin D during pregnancy and infancy**

HRC ref: 09/215R  
 Term: 30 months  
 Location: Department of Paediatrics, University of Auckland, AUCKLAND  
 Value of contract: \$958,341



Associate Professor David Grattan

**Mechanisms of hyperprolactinemia-induced infertility**

HRC ref: 09/553  
 Term: 36 months  
 Location: Department of Anatomy & Structural Biology, University of Auckland, AUCKLAND  
 Value of contract: \$949,105

Dr James Green

**Improving interactions and outcomes for Maori in community pharmacy**

HRC ref: 09/557  
 Term: 11 months  
 Location: School of Pharmacy, University of Otago, DUNEDIN  
 Value of contract: \$4,610

Professor Alistair Gunn

**Pathogenesis, detection and treatment of perinatal brain injury**

HRC ref: 09/065  
 Term: 36 months  
 Location: Department of Physiology, University of Auckland, AUCKLAND  
 Value of contract: \$3,581,134

Mrs Alexandrina Hawea

**Sustainable Communities: Wellbeing Through Traditional Practice and Innovation**

HRC ref: 09/023  
 Term: 2 months  
 Location: Moko Influence Limited, GISBORNE  
 Value of contract: \$10,000

Professor Allan Herbison

**Neuroendocrine regulation of fertility**

HRC ref: 09/066  
 Term: 36 months  
 Location: Department of Physiology, University of Otago, DUNEDIN  
 Value of contract: \$3,242,207

Dr Ian Hermans

**Mechanisms of induction of anti-tumour immune responses by dendritic cells**

HRC ref: 09/105D  
 Term: 36 months  
 Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH  
 Value of contract: \$933,050

Dr Nancy Higgins

**Growing up kapo Maori: Accessing paediatric ophthalmology services**

HRC ref: 09/408  
 Term: 24 months  
 Location: HASTINGS  
 Value of contract: \$501,215

Professor Janet Hoek

**Evaluating branding and plain packaging: Implications for tobacco control**

HRC ref: 09/195R  
 Term: 36 months  
 Location: Department of Marketing, School of Business, University of Otago,  
 DUNEDIN  
 Value of contract: \$740,727

Professor Philippa Howden-Chapman

**He Kainga Oranga/ Community Healthy Housing Intervention Research Programme**

HRC ref: 09/071  
 Term: 36 months  
 Location: Department of Public Health, University of Otago, WELLINGTON  
 Value of contract: \$2,148,428

Professor Peter J Hunter

**Cardiac structure and function: A bioengineering analysis**

HRC ref: 09/067  
 Term: 36 months  
 Location: Bioengineering Institute and Engineering Science, University of  
 Auckland, AUCKLAND  
 Value of contract: \$4,131,519

Mr Wayne Johnstone

**He Ara Oranga Hei Hikoi Ngatahi i Te Taha o Nga Tane Maori (Walking the pathway of wellness with Maori men)**

HRC ref: 09/037  
 Term: 36 months  
 Location: Te Puna Oranga, Waikato District Health Board, HAMILTON  
 Value of contract: \$446,600

Dr Tai Riki Kake

**Mental health and substance abuse disorders amongst rangatahi Maori offenders**

HRC ref: 09/057  
 Term: 3 months  
 Location: Psychological Medicine Department, University of Otago,  
 WELLINGTON  
 Value of contract: \$5,000

Dr Roslyn Kemp

**T cell mediated regulation of colorectal cancer immune responses**

HRC ref: 09/267  
 Term: 36 months  
 Location: Department of Microbiology, University of Otago, DUNEDIN  
 Value of contract: \$133,413

Associate Professor Ngaire Kerse

**Maximising Health for Older People**

HRC ref: 09/068  
 Term: 36 months  
 Location: Department of General Practice, University of Auckland,  
 AUCKLAND  
 Value of contract: \$4,686,522

Dr Bronwyn Kivell

**Investigating Novel Compounds to Prevent Addiction**

HRC ref: 09/363  
 Term: 36 months  
 Location: School of Biological Sciences, Victoria University, WELLINGTON  
 Value of contract: \$145,659

Dr Beverley Lawton

**Wahine hauora : reducing barriers to care for pregnant mums and their whanau**

HRC ref: 09/192  
 Term: 48 months  
 Location: Primary Health Care and General Practice, University of Otago, WELLINGTON  
 Value of contract: \$1,179,945

Professor Graham Le Gros

**Candidate Cytokines involved in Allergic Airway disease**

HRC ref: 09/082A  
 Term: 36 months  
 Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH  
 Value of contract: \$1,029,696

Dr Rebbecca Lilley

**Feasibility of a national study of worker's exposure to health and safety risks**

HRC ref: 09/271  
 Term: 12 months  
 Location: Injury Prevention Research Unit, University of Otago, DUNEDIN  
 Value of contract: \$65,966

Ms Amber Logan-Riley

**Identification of Research Priorities for a Kaupapa Maori Problem-Gambling Service**

HRC ref: 09/044  
 Term: 7 months  
 Location: TMG Associates & Ao Marama Health Research, HAUMOANA  
 Value of contract: \$10,000

Dr Joanna MacKichan

**Epithelial Cell Damage: Is it the Key to Meningococcal Disease?**

HRC ref: 09/320  
 Term: 36 months  
 Location: Division of Communicable Diseases, Institute of Environmental Science & Research Ltd, WELLINGTON  
 Value of contract: \$150,000

Dr Ralph Maddison

**Exercise to enhance smoking cessation outcomes**

HRC ref: 09/338R  
 Term: 36 months  
 Location: Clinical Trials Research Unit, University of Auckland, AUCKLAND  
 Value of contract: \$1,343,716

Dr Megan McAuliffe

**Factors influencing older listeners' comprehension of speech**

HRC ref: 09/251  
 Term: 24 months  
 Location: Department of Communication Disorders, University of Canterbury,  
 CHRISTCHURCH  
 Value of contract: \$149,924

Associate Professor Alok Mitra

**Structure/function correlates of adiponectin**

HRC ref: 09/100ER  
 Term: 36 months  
 Location: School of Biological Sciences, University of Auckland, AUCKLAND  
 Value of contract: \$742,919

Professor Ian Morison

**The epigenome of myelodysplastic syndrome**

HRC ref: 09/085D  
 Term: 36 months  
 Location: Department of Pathology, University of Otago, DUNEDIN  
 Value of contract: \$1,326,265

Professor David Murdoch

**Effect of vitamin D supplementation on upper respiratory infections in adults**

HRC ref: 09/302  
 Term: 30 months  
 Location: Department of Pathology, University of Otago, CHRISTCHURCH  
 Value of contract: \$1,719,632

Ms Te Hereripine Sarah-Jane Paine

**Developing Sleep Services that Meet the Needs of Maori: A Feasibility Study**

HRC ref: 09/218  
 Term: 12 months  
 Location: Te Ropu Rangahau Hauora a Eru Pomare, University of Otago,  
 HAWKES BAY  
 Value of contract: \$145,561

Dr Chris Pemberton

**Sending A Signal? Ghrelin Peptides in Acute Cardiac Ischemia**

HRC ref: 09/304  
 Term: 36 months  
 Location: Department of Medicine, University of Otago, CHRISTCHURCH  
 Value of contract: \$643,363

Professor Richie Poulton

**The Dunedin Multidisciplinary Study of Aging and Risk for Chronic Disease**

HRC ref: 09/086  
 Term: 36 months  
 Location: Multidisciplinary Health and Development Research Unit, Dunedin  
 School of Medicine, DUNEDIN  
 Value of contract: \$4,568,389

Dr Tim Prickett

**Studies on the cardio-protective effects of CNP agonists**

HRC ref: 09/305R  
 Term: 24 months  
 Location: Department of Medicine, University of Otago, CHRISTCHURCH  
 Value of contract: \$646,169

Professor Andrew Pullan

**Mapping, Modelling and Manipulating Gastric Electrical Activity**

HRC ref: 09/138  
 Term: 36 months  
 Location: The Bioengineering Institute, University of Auckland, AUCKLAND  
 Value of contract: \$1,303,066

Associate Professor Miriam Rademaker

**Implantable devices: Improved monitoring of heart failure and tachyarrhythmia**

HRC ref: 09/306  
 Term: 36 months  
 Location: Christchurch Cardioendocrine Research Group, University of Otago, CHRISTCHURCH  
 Value of contract: \$589,775

Professor Ian Reid

**Mechanisms and Management of Musculoskeletal Disease**

HRC ref: 09/111  
 Term: 36 months  
 Location: Faculty of Medical & Health Sciences, University of Auckland, AUCKLAND  
 Value of contract: \$5,241,424

Associate Professor Gordon Rewcastle

**Strategies for developing PI3K p110a isoform specific anticancer drugs**

HRC ref: 09/388  
 Term: 36 months  
 Location: Auckland Cancer Society Research Centre, University of Auckland, AUCKLAND  
 Value of contract: \$1,498,525

Professor Franca Ronchese

**Role of dendritic cells in allergic sensitisation**

HRC ref: 09/082E  
 Term: 36 months  
 Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH  
 Value of contract: \$1,023,152

Professor Franca Ronchese

**Defining the characteristics of effective anti-tumour T cells**

HRC ref: 09/105E  
 Term: 36 months  
 Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH  
 Value of contract: \$1,071,240

Dr Kate Scott

**Double disability: mental disorders and comorbid physical conditions**

HRC ref: 09/190  
 Term: 24 months  
 Location: Psychological Medicine Department, University of Otago,  
 WELLINGTON SOUTH  
 Value of contract: \$154,576

Dr Nicola Scott

**Metabolic Syndrome: From Mice to Men**

HRC ref: 09/307  
 Term: 36 months  
 Location: Department of Medicine, University of Otago, CHRISTCHURCH  
 Value of contract: \$147,220

Professor Jeff Sigafoos

**Communication intervention for adults with intellectual disability**

HRC ref: 09/366  
 Term: 12 months  
 Location: School of Educational Psychology & Pedagogy, Victoria University of  
 Wellington, WELLINGTON  
 Value of contract: \$150,000

Dr Leigh Signal

**Sleep in pregnancy and postpartum: the relationship to maternal health**

HRC ref: 09/233  
 Term: 36 months  
 Location: Sleep/Wake Research Centre, Research School of Public Health,  
 WELLINGTON  
 Value of contract: \$945,456

Dr Louise Signal

**Is Junk Food Promoted through Sport?**

HRC ref: 09/189  
 Term: 36 months  
 Location: Department of Public Health, University of Otago, WELLINGTON  
 SOUTH  
 Value of contract: \$501,489

Dr Deborah Sloboda

**Nature versus Nurture: Nutrition and Maternal Care Affecting Health and Disease Risk**

HRC ref: 09/050  
 Term: 24 months  
 Location: Liggins Institute, University of Auckland, AUCKLAND  
 Value of contract: \$398,000

Dr Judith Symonds

**A Personal Digital Assistant to Augment Goal Management Training**

HRC ref: 09/353R  
 Term: 12 months  
 Location: School of Computer and Information Sciences, Auckland University  
 of Technology, AUCKLAND  
 Value of contract: \$133,292

Mrs Janet Taiatini

**Rongoa Maori in Haputanga**

HRC ref: 09/562  
 Term: 6 months  
 Location: ROTORUA  
 Value of contract: \$3,000

Dr Merryn Tawhai

**Predicting pulmonary hypertension**

HRC ref: 09/143  
 Term: 36 months  
 Location: Auckland Bioengineering Institute, University of Auckland, AUCKLAND  
 Value of contract: \$996,896

Dr Rachael Taylor

**Improving school playgrounds to enhance physical activity in children**

HRC ref: 09/087A  
 Term: 36 months  
 Location: Department of Human Nutrition, University of Otago, DUNEDIN  
 Value of contract: \$799,244

Dr Rachael Taylor

**Screening, feedback and treatment in overweight 4-8 year old children**

HRC ref: 09/087B  
 Term: 36 months  
 Location: Department of Human Nutrition, University of Otago, DUNEDIN  
 Value of contract: \$1,307,272

Mrs Julie Te Amo

**Kii Tahī - A Research Strategy to Support Maori Health Provision in the Bay of Plenty**

HRC ref: 09/026  
 Term: 6 months  
 Location: Poutiri Charitable Trust, TE PUKE  
 Value of contract: \$9,920

Dr Benjamin Thompson

**Promoting neural plasticity to recover visual function in amblyopia**

HRC ref: 09/150  
 Term: 32 months  
 Location: Optometry & Vision Science, University of Auckland, AUCKLAND  
 Value of contract: \$149,971

Professor Peter Thorne

**Abnormal ion homeostasis in inner ear disease**

HRC ref: 09/174R  
 Term: 36 months  
 Location: Section of Audiology, University of Auckland, AUCKLAND  
 Value of contract: \$1,273,525

Dr Sandar Tin Tin

**Taupo Bicycle Study: Follow-up of a cohort of cyclists**

HRC ref: 09/142  
 Term: 48 months  
 Location: Section of Epidemiology and Biostatistics, University of Auckland,  
 AUCKLAND  
 Value of contract: \$640,602

Associate Professor Huia Tomlins-Jahnke

**He Whanau Ora, he Whanau Whakawhitiwhiti Korero: Exploring the Links Between Inter-Whanau Communication and Whanau Ora**

HRC ref: 09/043  
 Term: 36 months  
 Location: Te Uru Maraurau, College of Education, Massey University,  
 PALMERSTON NORTH  
 Value of contract: \$338,263

Dr Shieak Tzeng

**Autonomic modulation of pulmonary gas exchange efficiency**

HRC ref: 09/186  
 Term: 24 months  
 Location: Surgery & Anaesthesia, University of Otago, WELLINGTON  
 Value of contract: \$145,854

Dr Natalie Walker

**A family tobacco control program to reduce respiratory illness in Maori infants**

HRC ref: 09/626  
 Term: 24 months  
 Location: Clinical Trials Research Unit, University of Auckland, AUCKLAND  
 Value of contract: \$926,847

Professor Jim Warren

**Adherence Innovations in Medication use for Health Improvement (AIM-HI)**

HRC ref: 09/136R  
 Term: 12 months  
 Location: Department of Computer Science - Tamaki, University of Auckland,  
 AUCKLAND  
 Value of contract: \$147,617

Dr Janice Wenn

**An Assessment of Culturally Directed Domestic Violence Programmes**

HRC ref: 09/042  
 Term: 36 months  
 Location: Research Centre for Maori Health & Development, Massey  
 University, WELLINGTON  
 Value of contract: \$300,000

Mr Paul White

**Te Rarawa Iwi Research and Development Strategy**

HRC ref: 09/029  
 Term: 6 months  
 Location: Torea Tai Consultants Ltd, NORTHLAND  
 Value of contract: \$10,000



Dr Kristin Wickens

**6 year follow-up of the effects of probiotics on development of allergic disease**

HRC ref: 09/108C

Term: 24 months

Location: Department of Medicine, University of Otago, WELLINGTON

Value of contract: \$986,784

Professor John Windsor

**Mitochondria in multiple organ dysfunction syndrome**

HRC ref: 09/156

Term: 36 months

Location: Department of Surgery, University of Auckland, AUCKLAND

Value of contract: \$679,652

Professor Christine Winterbourn

**Oxidative Stress in Health and Disease**

HRC ref: 09/081

Term: 36 months

Location: Department of Pathology, University of Otago, CHRISTCHURCH

Value of contract: \$2,215,010

Associate Professor Alistair A Young

**Cardiac MRI During Exercise: Ventricular and Vascular Function**

HRC ref: 09/173

Term: 36 months

Location: Department of Anatomy with Radiology, University of Auckland,  
AUCKLAND

Value of contract: \$1,165,090

## New Partnership Contracts

Ms Mere Balzer

**Exploring whanau based strategies and communication employed to reduce violence**

HRC ref: 09/604  
 Term: 3 months  
 Location: Te Runanga o Kirikiriroa Charitable Trust, Frankton, HAMILTON  
 Value of contract: \$4,000

Ms Tania Broughton

**Resilient Whanau: Wellbeing through innovation and traditional practice**

HRC ref: 09/605  
 Term: 3 months  
 Location: Broughton & Associates, Tolaga Bay, GISBORNE  
 Value of contract: \$10,000

Dr Sunny Collings

**Integration of Mental Health Care within a Primary Health Care Setting**

HRC ref: 09/112  
 Term: 18 months  
 Location: Department of Public Health, University of Otago, WELLINGTON  
 Value of contract: \$999,632

Dr Susan Farruggia

**Mentoring and Young People: A Systematic Review**

HRC ref: 09/608  
 Term: 6 months  
 Location: Faculty of Education, University of Auckland, AUCKLAND  
 Value of contract: \$5,000

Associate Professor Christa Fouche

**The Effectiveness of Youth Work on Young People**

HRC ref: 09/614  
 Term: 6 months  
 Location: School of Counselling, Human Services and Social Work, University of Auckland, AUCKLAND  
 Value of contract: \$5,000

Dr Heather Gifford

**Facilitating whanau resilience through Maori primary health intervention**

HRC ref: 09/627  
 Term: 24 months  
 Location: Whakauae Research Services (Te Maru o Ruahine Trust), WANGANUI  
 Value of contract: \$349,734

Dr Marewa Glover

**What motivates Maori, Pacific, and Low SEC users of tobacco to stop smoking?**

HRC ref: 09/601  
 Term: 12 months  
 Location: School of Population Health, University of Auckland, AUCKLAND  
 Value of contract: \$217,000

Ms Lynda Hare – Rangitauira

**Reducing inequalities in the Primary Health Sector**

HRC ref: 09/603  
 Term: 2 months  
 Location: Western Bay of Plenty PHO, TAURANGA  
 Value of contract: \$4,000

Dr Edward Hutchins

**Factors affecting effective implementation of the National Diabetes Retinal Screening Grading System and Referral Guidelines: A multi centre analysis**

HRC ref: 09/589  
 Term: 8 months  
 Location: Dunedin School of Medicine, University of Otago, DUNEDIN  
 Value of contract: \$103,030

Dr Jeremy Krebs

**NZ Group-based Self Management Education for patients/whanau with Type 2 Diabetes**

HRC ref: 09/584  
 Term: 12 months  
 Location: Department of Endocrinology, Capital and Coast District Health Board, WELLINGTON SOUTH  
 Value of contract: \$160,507

Associate Professor Patrick Manning

**Does a virtual Specialist Diabetes Clinic improve linkages with primary care and reduce the demand on secondary care diabetes specialist services**

HRC ref: 09/600  
 Term: 12 months  
 Location: Department of Endocrinology, Dunedin Hospital, DUNEDIN  
 Value of contract: \$25,594

Dr Allan Moffitt

**Whole of system approach to CVD interventions in Counties Manukau**

HRC ref: 09/593  
 Term: 12 months  
 Location: Primary Care Development, Counties Manukau DHB, AUCKLAND  
 Value of contract: \$98,126

Associate Professor Nicola North

**Increasing the effectiveness of the 'HEHA' workforce**

HRC ref: 09/607  
 Term: 24 months  
 Location: School of Population Health, University of Auckland, AUCKLAND  
 Value of contract: \$435,543

Dr Brandon Orr-Walker

**Optimal Management of Morbidly Obese Diabetes Patients undergoing Bariatric Surgery**

HRC ref: 09/591  
 Term: 12 months  
 Location: Division of Medicine, Counties Manukau DHB, AUCKLAND  
 Value of contract: \$55,753

Dr Stephanie Palmer

**Ko taku iwi tuaroa tena: Key factors in decision-making on immunisation among Maori - extension**

HRC ref: 09/049  
 Term: 4 months  
 Location: Hutt Valley DHB, LOWER HUTT  
 Value of contract: \$32,315

Ms Bridget Robson

**Oral health research priorities for Maori**

HRC ref: 09/118  
 Term: 12 months  
 Location: Te Ropu Rangahau Hauora a Eru Pomare, University of Otago, WELLINGTON SOUTH  
 Value of contract: \$257,124

Dr Wendy Stevens

**Assessment of barriers to the early diagnosis of lung cancer within primary care**

HRC ref: 09/116  
 Term: 36 months  
 Location: Division of Oncology, University of Auckland, AUCKLAND  
 Value of contract: \$1,176,790

Mrs Haromi Williams

**Mauri Ora Growing healthy tamariki, whanau and hapu in Tuhoe communities**

HRC ref: 09/602  
 Term: 3 months  
 Location: Tuhoe Education Authority, TANEATUA  
 Value of contract: \$12,000

## New Career Development Awards

### ACC CAREER DEVELOPMENT AWARDS

Dr Carrie Innes 09/088  
**Avoiding accidents due to lapses and errors in sleep-deprived people** 36 months

Dr Audrey McKinlay 09/062  
**Prevention of adverse outcomes following childhood traumatic brain injury** 36 months

### CLINICAL RESEARCH TRAINING FELLOW

Dr Nathaniel Chiang 09/098  
**Infra-inguinal bypass surgery: tissue oxygenation and wound healing** 24 months

Ms Margaret Dudley 09/090  
**Impact of attention process training on attention in early recovery from stroke** 24 months

Dr Sally Evers 09/076  
**Studies in the resolution of diabetes by gastric bypass surgery** 36 months

Dr Jonathan Foo 09/074  
**Studies in the resolution of diabetes by gastric bypass surgery** 36 months

Dr Katarzyna Mackenzie 09/089  
**Why are skin cancers more aggressive in renal transplant patients?** 24 months

Dr Alexandra Wallace 09/058  
**The long term effects of fetal anaemia: follow up study of recipients of the in utero transfusion** 36 months

### DISABILITIES PLACEMENT MASTERS

Mrs Elaine Tyrrell 09/077  
**Nursing contribution in elderly rehabilitation: patient and family perspectives** 24 months

### DISABILITIES PLACEMENT PhD

Ms Nada Signal 09/102  
**Strength for task training (STT) to optimise function following stroke** 36 months

### ERIHAPETI REHU-MURCHIE

Mr Geoffrey Kira 09/612  
**Improving sleep quality and duration to prevent obesity in Maori and Pacific adolescents** 48 months

Mrs Hope Tupara 09/611  
**Rangatiratanga: An Iwi framework for decision making** 36 months

### ERU POMARE

Mr John Waldon 09/610  
**He Whakaturanga mo te Hauora Tamariki ki te ao** 36 months

## MAORI HEALTH MASTERS

Miss Teah Carlson 09/575  
**Maori households with chronic health conditions: What medications mean to them** 12 months

Miss Lynley Uerata 09/573  
**Children, daily life and social understandings of the place and use of medications** 12 months

## MAORI HEALTH PhD

Mr Kimiora Henare 09/558  
**Targeting the tumour stroma with DMXAA for the treatment of melanoma** 36 months

Mr Luke Weaver-Mikaere 09/564  
**Intrauterine infection, cytokines and AMPA receptors: A developmentally bad 'menage a trois'** 36 months

Ms Patricia Young 09/563  
**Developing cultural identity: what is important for young Maori offenders?** 36 months

## PACIFIC HEALTH MASTERS

Miss Lolohea Tongi 09/328  
**Exploring medications across Tongan Households and kin networks** 12 months

## PACIFIC HEALTH PhD

Miss Luisa Ape-Esera Pacific Health PhD 09/344  
**Evaluation of the SAFE program for Pacific and Maori adolescent sexual offenders** 36 months

Mrs Esther Cowley-Malcolm 09/324  
**A qualitative investigation of childhood aggression in Samoan children** 19 months

Mr Moses Faleolo 09/380  
**An ethnography of Youth Gangs in South Auckland: a Samoan perspective** 36 months

Ms Apaula Ioane 09/325  
**Offending histories of New Zealand Pacific Island Youth Offenders** 25 months

Ms Tolotea Lanumata 09/327  
**Pacific perspectives on promoting children's healthy eating** 36 months

Mr Shiva Nair 09/332  
**The mechanism of neuroprotection of melatonin in cerebral ischaemia reperfusion** 7 months

Ms Kathleen Samu 09/331  
**Protecting against risk taking behaviours among Pacific youth: A Qualitative Investigation** 36 months

Ms Analosa Ulugia-Veukiso	09/323
<b>An exploration of the sexual and reproductive health status and risk-taking behaviours of Samoan youth in New Zealand: and Spirituality as a protective factor</b>	36 months
Mr Sione Vaka	09/330
<b>An exploration of the meaning of mental illness for Tongan people in New Zealand</b>	34 months
PACIFIC HEALTH PLACEMENT MASTERS	
Mr James Heimuli	09/343
<b>Overweight and obesity in Pacific children and parental perceptions of their child's weight</b>	12 months
SIR CHARLES HERCUS FELLOWSHIP	
Dr Siouxsie Wiles	09/099
<b>Experimental bacterial infections: improved models for vaccine and treatment development</b>	48 months
Dr Sarah Young	09/080
<b>The use of virus-like particles as vaccines and therapies against cancer</b>	48 months

## Research Contracts Completed During the Year or In Progress

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

Dr Haxby Abbott

**Decreasing pain, disability, waiting lists and costs of osteoarthritis**

HRC Ref: 07/200

Dr Haxby Abbott

**Economic analysis of physiotherapy care to reduce costs of osteoarthritis**

HRC Ref: 07/199R

Ms Gillian Abel

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

HRC Ref: 05/147

Professor Wickliffe Abraham

**Mechanisms of secreted amyloid precursor protein regulation of synaptic plasticity**

HRC Ref: 07/054B

Dr David Ackerley

**The role of quinone oxidoreductases in virulence of *Pseudomonas aeruginosa***

HRC Ref: 06/229

Ms Annabel Ahuriri-Driscoll

**Te Tomokanga: a model for facilitating bicultural health policy and programme development**

HRC Ref: 08/211

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

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

HRC Ref: 05/311

Associate Professor Robert Anderson

**Free Radical Studies and Disease**

HRC Ref: 07/243

Associate Professor Vickery Arcus

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

HRC Ref: 07/238

Professor Bruce Arroll

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

HRC Ref: 06/237R

Professor Innes Asher

**International Study of Asthma and Allergies in childhood, phase three analysis, publication and dissemination**

HRC Ref: 04/095

Dr Clive Aspin

**Monitoring sexually transmitted infections among Maori in the Bay of Plenty**

HRC Ref: 08/377



Professor Philip Bagshaw  
**Prospective, randomised, clinical study comparing laparoscopic & open surgery for colon cancer**

HRC Ref: 04/102

Professor Edward Baker  
**A targeted application of structural genomics to TB biology and drug development**

HRC Ref: 06/441

Professor Edward Baker  
**Structural and molecular basis of host-pathogen interactions**

HRC Ref: 08/091B

Dr Suzanne Barker-Collo  
**Reducing post-stroke attention deficits: a randomised controlled trial**

HRC Ref: 06/063C

Dr Suzanne Barker-Collo  
**Reducing post-stroke attention deficits: Extending a randomised controlled trial**

HRC Ref: 07/070C

Professor Richard Beasley  
**Bronchodilator efficacy of inhaled magnesium in acute severe asthma and COPD**

HRC Ref: 07/297

Professor Evan Begg  
**Free drug metabolic clearance in older adults**

HRC Ref: 08/322

Dr Pamela Bennett  
**Roots of Resilience: Transformation of Identity and Community in Indigenous Mental Health**

HRC Ref: 06/039

Associate Professor David Bilkey  
**Hippocampal processing of context in a developmental model of schizophrenia**

HRC Ref: 06/254

Associate Professor David Bilkey  
**Hippocampal processing of context in schizophrenia**

HRC Ref: 08/331

Professor Peter Black  
**How does chronic obstructive pulmonary disease develop in non-smokers?**

HRC Ref: 08/030

Professor Peter Black  
**Randomised, Controlled Trial of the Mediterranean Diet for Asthma - a feasibility study**

HRC Ref: 07/237

Professor Tony Blakely  
**Cancer trends: Ethnic and socio-economic trends in cancer incidence and survival**

HRC Ref: 06/256

Professor Tony Blakely  
**Health Inequalities Research Programme (HIRP)**  
 HRC Ref: 08/048

Associate Professor Francis Bloomfield  
**Periconceptual regulation of fetal growth & adult physiology: studies in twins**  
 HRC Ref: 07/191

Ms Belinda Borell  
**Conferred privilege and structural advantage - the health implications**  
 HRC Ref: 07/076D

Dr Amohia Boulton  
**Contracting for Whanau Ora**  
 HRC Ref: 05/304

Associate Professor Anne Bray  
**Peer abuse in group homes for adults with intellectual disabilities**  
 HRC Ref: 05/085

Dr Elizabeth Broadbent  
**A trial on the effects of psychological preparation for surgery on wound healing**  
 HRC Ref: 07/259

Dr Paul Brown  
**Use of private and public sectors for surgical procedures**  
 HRC Ref: 05/226

Dr Christopher Bullen  
**A feasibility study of a workplace cardiovascular health promotion intervention**  
 HRC Ref: 06/513

Dr Christopher Bullen  
**Rapid assessment of smoking status using change in acoustic parameters of voice**  
 HRC Ref: 07/385

Dr Catherine Byrnes  
**Interventional Study on Bronchiectasis in Indigenous Children**  
 HRC Ref: 08/158

Ms Ngaropi Cameron  
**Development of a Research Plan for Tu Tama Wahine o Taranaki, Inc**  
 HRC Ref: 08/510

Professor Mark Cannell  
**Structure and function in failing heart**  
 HRC Ref: 05/049

Professor Mark Cannell  
**Structure and function in failing heart**  
 HRC Ref: 08/049

Dr Janet Carter  
**Psychotherapy factors related to outcome in depression**  
 HRC Ref: 05/144

Professor Sally Casswell

**Measuring impacts of alcohol marketing on young New Zealanders**

HRC Ref: 06/285

Professor Sally Casswell

**The Range and Magnitude of Alcohol's Harm to Others**

HRC Ref: 08/268

Professor Kerry Chamberlain

**Medications in everyday life: Understandings and social practices**

HRC Ref: 08/256

Professor Stephen Chambers

**Breath test for aspergillus: role of 2-pentylfuran**

HRC Ref: 06/274

Associate Professor Lai-Ming Ching

**Identification of new targets for anti-vascular therapies for cancer**

HRC Ref: 05/237R

Mr Bevan Clayton-Smith

**Older Maori and medication: management, regulation and facilitation**

HRC Ref: 06/277

Dr Sunny Collings

**Ultra-brief intervention for common mental health syndromes in primary care**

HRC Ref: 08/214

Dr Adelaide Collins

**Maori with disabilities and their whanau navigating complex support systems**

HRC Ref: 08/203R

Dr Lesley Collins

**Eukaryotic Signature Proteins - Guides to modern eukaryotic parasites**

HRC Ref: 07/168

Professor Martin Connolly

**Alleviating the Burden of Chronic Conditions in New Zealand (The ABC NZ Study)**

HRC Ref: 06/601

Associate Professor Bronwen Connor

**Human Neural Progenitor Cell Transplantation Therapy and Huntington's Disease**

HRC Ref: 06/583

Professor Garth Cooper

**Targeting Type-2 Diabetes**

HRC Ref: 03/190

Professor Jillian Cornish

**Bone cell activity assessed in three-dimensional scaffold cultures**

HRC Ref: 08/029

Dr Jessica Costa

**Analysis of mice lacking neuroendocrine peptide  $\alpha$ -melanocyte stimulating hormone**

HRC Ref: 06/280

Dr Sue Crengle  
**Secondary prevention of cardiovascular disease in general practice: The impact of ethnicity and measures of deprivation**

HRC Ref: 04/127

Dr Jacqueline Cumming  
**Improving performance in New Zealand health care: hospital outcomes**

HRC Ref: 05/369

Dr Jacqueline Cumming  
**Evaluation of the Implementation of the Primary Health Care Strategy**

HRC Ref: 04/041

Dr Jacqueline Cumming  
**Improving health through primary care reform: an economic analysis**

HRC Ref: 05/360

Dr Jacqueline Cumming  
**Equity, variation and convergence in surgeons' clinical judgements of priority**

HRC Ref: 06/286

Professor Wayne Cutfield  
**Assessment of pituitary function following traumatic brain injury in infancy**

HRC Ref: 08/298

Professor Brian Darlow  
**International neonatal immunotherapy study (INIS): a RCT of intravenous immunoglobulin**

HRC Ref: 03/113

Professor Brian Darlow  
**What oxygen saturation level should we target in very preterm infants? - a RCT**

HRC Ref: 05/145

Professor Peter Davis  
**Improving Health Systems Performance : Enhancing Hospital Outcomes**

HRC Ref: 08/089C

Dr Simon Denny  
**Youth2006: A national survey of the health and well-being of NZ adolescents**

HRC Ref: 05/216

Associate Professor Paul Donaldson  
**Targeted in situ proteomics: a new method to study lens cataract**

HRC Ref: 08/027

Professor Tony Dowell  
**Understanding diabetes management: tracking communication in primary care**

HRC Ref: 08/218

Associate Professor Rod Dunbar  
**Targeting vaccines to human antigen-presenting cells with synthetic glycopeptides**

HRC Ref: 07/209

Mr Scott Duncan  
**Healthy Homework: A physical activity and nutrition intervention for children**

HRC Ref: 08/384

Professor Mason Durie  
**Te Pumanawa Hauora**

HRC Ref: 07/355

Professor Michael Eccles

**Therapeutics and diagnostic markers of cancer: From bench to clinic**

HRC Ref: 07/284

Mr William Edwards

**Oranga Kaumatua - Taranaki**

HRC Ref: 07/321

Dr Raina Elley

**The diabetes cohort study**

HRC Ref: 04/146R

Professor Pete Ellis

**Cognition and Psychopathology in Maori Diagnosed with Schizophrenia: 18 Month Follow-up**

HRC Ref: 06/044

Dr Lis Ellison-Loschmann

**Epidemiology and Maori health research**

HRC Ref: 04/408A

Dr Lis Ellison-Loschmann

**Stomach cancer in Maori**

HRC Ref: 08/258

Dr Lis Ellison-Loschmann

**Understanding the determinants of inequalities in breast cancer survival**

HRC Ref: 08/251R

Professor Zoltan Endre

**Early intervention in acute renal failure**

HRC Ref: 05/131

Dr Daniel Exeter

**Immunisation Disparities and Vaccine-Preventable Diseases in New Zealand**

HRC Ref: 08/123

Dr Ausaga Faasalele Tanuvasa

**Exploring Samoan women's attitudes towards antenatal and midwifery care**

HRC Ref: 08/215

Professor Richard Faull

**Neurogenesis and neurodegenerative disorders of the human brain**

HRC Ref: 05/051

Professor Richard Faull

**Neurogenesis and neurodegenerative disorders of the human brain**

HRC Ref: 08/051

Professor Valery Feigin

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

HRC Ref: 06/063A

Dr Lisa Ferguson  
**A diabetes-related lower limb pathology control demonstration intervention for Maori**  
HRC Ref: 05/286

Professor David Fergusson  
**Longitudinal Studies of Mental Health and Psychosocial Wellbeing**  
HRC Ref: 07/283

Dr Sunia Foliaki  
**Cancer in Pacific populations**  
HRC Ref: 05/493R

Professor John Fraser  
**The role of the superantigen-like toxins (SSLs) in staphylococcal pathogenicity**  
HRC Ref: 05/232

Dr Mhoyra Fraser  
**Preterm brain injury and the role of intrauterine infection in causation of white matter damage**  
HRC Ref: 05/249

Professor John Fraser  
**The Role of Superantigen-Like Toxins in Staphylococcal Disease**  
HRC Ref: 08/091A

Dr Catherine Gilchrist  
**Ubiquitin-Proteasome pathway function and cancer**  
HRC Ref: 05/231

Dr Brent Gilpin  
**The application of molecular epidemiology to campylobacteriosis in New Zealand**  
HRC Ref: 08/180R

Dr Marewa Glover  
**Te Whaangai UU - Te Reo o te Aratika / Whanau Infant Feeding Study**  
HRC Ref: 05/139

Professor Peter Gluckman  
**Intergenerational macronutrient transitions and long-term consequences**  
HRC Ref: 05/244

Dr Patrick Graham  
**Colorectal cancer control in New Zealand**  
HRC Ref: 07/124

Associate Professor Cameron Grant  
**Nutrition for health in primary care: an early childhood intervention pilot**  
HRC Ref: 06/525

Associate Professor David Grattan  
**Brain actions of prolactin in the postpartum period**  
HRC Ref: 06/580

Dr Barry Gribben  
**Improving Access to Services to Reduce Inequalities for Vulnerable Populations**  
HRC Ref: 07/546

Professor Alistair Gunn  
**Pathogenesis, detection and treatment of perinatal brain injury**  
HRC Ref: 06/065

Dr Mark Hampton  
**Peroxiredoxins in antioxidant defence and cell signalling**  
HRC Ref: 08/071B

Associate Professor Robert Hancox  
**The Dunedin Next Generation Studies**  
HRC Ref: 08/342

Professor Jane Harding  
**Fetal growth and its consequences**  
HRC Ref: 02/193

Professor Jane Harding  
**Childhood Outcomes After Exposure to Repeat Doses of Antenatal Corticosteroids**  
HRC Ref: 07/204

Dr Jeff Harrison  
**Systematic CVD risk screening with and without electronic decision support in CVD management**  
HRC Ref: 07/264

Dr Matire Harwood  
**Improving stroke recovery for Maori and their whanau**  
HRC Ref: 05/054D

Dr Deborah Hay  
**Sites of interaction between calcitonin-family peptides and their receptors**  
HRC Ref: 06/314

Professor Allan Herbison  
**Neuroendocrine regulation of fertility**  
HRC Ref: 06/066

Professor Allan Herbison  
**Calcium oscillations in GnRH neurons**  
HRC Ref: 07/432

Dr Ian Hermans  
**Phase 3 Clinical Trial for Stage 4 Melanoma using the Dendritic Cell Vaccine**  
HRC Ref: 06/139

Dr Ian Hermans  
**Increasing the potency of dendritic cell based vaccines for treatment of cancer**  
HRC Ref: 06/316

Dr Paul Hessian  
**CD21L and clinical outcome for rheumatoid arthritis**  
HRC Ref: 05/170

Dr Nancy Higgins  
**Growing up kapo Maori: Whanau, identity, cultural well-being and health**  
HRC Ref: 07/211

Dr Nancy Higgins

**Working in intellectual disability services: Staff retention and turnover**

HRC Ref: 07/121

Ms Jade Hollis-Moffatt

**Understanding the genetic basis of hyperuricemia in Te Tairāwhiti, New Zealand**

HRC Ref: 08/344

Professor Gary Housley

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

HRC Ref: 05/058B

Professor Philippa Howden-Chapman

**Warm Homes for Elder New Zealanders: a community trial of people with COPD (WHEZ)**

HRC Ref: 08/072AR

Mr Maui Hudson

**Nga Tohu o te Ora: Traditional Maori Wellness Outcome Measures**

HRC Ref: 08/182

Professor Peter J Hunter

**Cardiac structure and function: a bioengineering analysis**

HRC Ref: 06/067

Associate Professor Annette Huntington

**The Nurses and Midwives E-cohort Study**

HRC Ref: 07/084

Associate Professor Brian Hyland

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

HRC Ref: 06/305R

Ms Louise Ihimaera

**Maori Whanau participation in mental health service delivery**

HRC Ref: 08/271R

Professor Rodney Jackson

**Coronary Artery Bypass Graft Surgery - evaluation of the validity of the prioritisation score and the impact of waiting**

HRC Ref: 03/173

Professor Rodney Jackson

**Traffic-Related Injury in the Pacific (TRIP) Project**

HRC Ref: 04/498

Dr Michael Jameson

**Phase II trial of selenomethionine with chemoradiation in head and neck cancer**

HRC Ref: 08/028

Ms Bernadette Jones

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

HRC Ref: 07/175

Professor Peter Joyce

**Mental Health Clinical Research**

HRC Ref: 07/282



Professor Michael Kalloniatis  
**Photoreceptor degeneration in retinitis pigmentosa**  
 HRC Ref: 05/247

Associate Professor Martin Kennedy  
**Novel protein markers of antidepressant effects**  
 HRC Ref: 05/156

Associate Professor Martin Kennedy  
**Pharmacogenomics of antidepressant drugs**  
 HRC Ref: 06/331

Associate Professor Ngaire Kerse  
**Maximising health for older people - a multidisciplinary approach**  
 HRC Ref: 06/068

Dr Jeremy Krebs  
**Diabetes excess weight loss (DEWL) trial: High protein vs low fat diets**  
 HRC Ref: 06/337

Professor John Langley  
**Preventing injury and reducing subsequent disability outcomes**  
 HRC Ref: 07/052

Dr Beverley Lawton  
**Wāhine Hauora-Inequalities in uterine cancer: exploring the pre-diagnosis gap**  
 HRC Ref: 08/216

Professor Graham Le Gros  
**Inhibition of autoimmune diseases by superantigen-peptide conjugates**  
 HRC Ref: 06/241

Dr Elizabeth Ledgerwood  
**Functional analysis of ERp29, a protein-folding assistant up-regulated in cancer**  
 HRC Ref: 05/176

Dr Judith Littleton  
**Transnationalism in Pacific health through the lens of TB**  
 HRC Ref: 08/164

Dr Ian Longley  
**Exposure Assessment using Carboxyhaemoglobin as a biomarker for Traffic emissions (EXACT)**  
 HRC Ref: 08/439

Dr Andrew Macann  
**Chemoradiotherapy vs radiotherapy in high risk cutaneous squamous cell carcinoma**  
 HRC Ref: 06/348

Dr Anna Mackey  
**Improving arm function in children with hemiplegia - insights from neuroscience**  
 HRC Ref: 06/349

Dr Alexandra Macmillan  
**Health effects of intervening in the trip to work**  
 HRC Ref: 06/350

Dr Erin Mahoney  
**The prevalence and carious potential of hypomineralised molars**  
 HRC Ref: 07/219

Associate Professor Simon Malpas  
**The link between the brain and kidney in development of hypertension**  
 HRC Ref: 05/251

Dr Dee Mangin  
**A study of the dose response association between infant iron status and later cognitive functioning**  
 HRC Ref: 02/232

Dr Dee Mangin  
**Stable primary care depression: maintenance vs gradual withdrawal of fluoxetine**  
 HRC Ref: 06/351

Professor Jim Mann  
**Lifestyle over and above drugs in diabetes (LOADD) study**  
 HRC Ref: 06/352

Professor Jim Mann  
**Lifestyle & nutritional approaches to reduce obesity, type 2 diabetes & its complications**  
 HRC Ref: 07/280

Dr David McBride  
**International survey of musculoskeletal disorders and related disability**  
 HRC Ref: 07/083

Associate Professor Sally McCormick  
**Regulation of HDL levels**  
 HRC Ref: 06/360

Dr Tim McCreanor  
**Media, health and wellbeing in Aotearoa**  
 HRC Ref: 07/076AR

Dr Harry McNaughton  
**Improving stroke recovery for Pacific people**  
 HRC Ref: 05/054A

Dr Hinematau McNeill  
**Health measurement and knowledge translation for improved Maori health outcomes**  
 HRC Ref: 06/394

Professor Kathryn McPherson  
**Improving health interventions and support for mothers experiencing disability**  
 HRC Ref: 07/075B

Professor Kathryn McPherson  
**Goals and self regulation skills in brain injury rehabilitation: an RCT**  
 HRC Ref: 08/100AR

Dr Pamela Melding  
**Post operative cognitive decline in New Zealand: what are the risks?**  
 HRC Ref: 05/199R

Professor Andrew Mercer

**Human pathogenic viruses: drug targets and therapeutic potential**

HRC Ref: 07/050

Dr Tony Merriman

**A combined whole genome association scan for common autoimmunity genes**

HRC Ref: 07/082

Dr Tony Merriman

**Application of genetics to the pathogenesis of common chronic conditions**

HRC Ref: 08/075

Professor Alan Merry

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

HRC Ref: 07/269R

Ms Helen Moewaka Barnes

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

HRC Ref: 05/322

Dr Johanna Montgomery

**Synaptic targets for neurodegenerative disease and brain repair**

HRC Ref: 08/026

Ms Kate Morgaine

**Pilot intervention study to improve the oral health of rangatahi in Taranaki**

HRC Ref: 08/363

Dr Cliona Ni Mhurchu

**Population Interventions to Improve Nutrition and Physical Activity**

HRC Ref: 07/077

Dr Cliona Ni Mhurchu

**Feasibility of traffic light labels to signpost food choices in supermarkets**

HRC Ref: 07/383

Dr Cliona Ni Mhurchu

**Feasibility of an intervention to decrease television watching in children**

HRC Ref: 07/384

Dr Pauline Norris

**Equity in Prescription Medicines Use**

HRC Ref: 07/139

Professor Tony Norris

**New Zealanders' attitudes towards access to Electronic Health Records**

HRC Ref: 07/215R

Dr Paul Ockelford

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

HRC Ref: 05/080R

Dr Susannah O'Sullivan

**The role of the PDGFR in bone formation**

HRC Ref: 08/168

Dr Ronan O'Toole

**Targeting essential genes in the treatment of tuberculosis**

HRC Ref: 07/379

Professor Janis Paterson

**Pacific Islands Families Study: Nutrition, Body Size & Physical Activity of 9 year old children (PIF:NBS-2)**

HRC Ref: 08/383

Professor Neil Pearce

**Causes and control of non-communicable disease**

HRC Ref: 02/159

Professor Neil Pearce

**Building Research in Occupational Health in New Zealand (BROHNZ)**

HRC Ref: 08/041

Dr Maria Pearse

**Phase 3 trial studying optimal radiotherapy timing after radical prostatectomy**

HRC Ref: 08/209R

Dr Ngaire Phillips

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

HRC Ref: 07/240

Associate Professor Lindsay Plank

**Efficacy of beta-blockade for reducing energy expenditure in cirrhosis**

HRC Ref: 08/149

Professor Richie Poulton

**Development of risk for chronic diseases: A longitudinal multidisciplinary study**

HRC Ref: 03/271

Dr Patricia Priest

**Hand sanitiser to reduce illness absences in primary school children**

HRC Ref: 08/368

Associate Professor Cristin Print

**Inferring Genetic Pathways in Melanoma cells**

HRC Ref: 06/581

Professor Anthony Reeve

**Genetics and Epigenetics of Cancer**

HRC Ref: 03/265

Professor Ian Reid

**Studies in Bone and Calcium Metabolism**

HRC Ref: 03/191

Associate Professor Gordon Rewcastle

**PI3K inhibitors as targeted anticancer drugs**

HRC Ref: 06/062A

Dr Paul Reynolds

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

HRC Ref: 07/422R

Professor Mark Richards  
**Humoral, Ultrasonographic and Genetic prediction and protection in Heart Disease**  
 HRC Ref: 02/152

Professor Mark Richards  
**Neurohumoral and genetic prediction and protection in heart disease**  
 HRC Ref: 08/070

Professor Mark Richards  
**Urocortin2 in Decompensated Heart Failure**  
 HRC Ref: 08/318

Dr Tania Riddell  
**Whanau ora cardiovascular risk assessment and management - a feasibility study**  
 HRC Ref: 08/205

Dr Evan Roberts  
**Stature and body mass of the New Zealand population, 1850-2008**  
 HRC Ref: 08/231

Dr Paul Robertson  
**Resilient Indigenous Health Workforce Networks: Constructing and International Framework**  
 HRC Ref: 06/040

Ms Bridget Robson  
**Mauri Tangata: Long term effects of involuntary job loss on mortality and morbidity**  
 HRC Ref: 03/227

Professor Anthony Rodgers  
**Innovative interventions tackling major risks to health**  
 HRC Ref: 05/065

Professor Anthony Rodgers  
**Innovative interventions tackling major risks to health**  
 HRC Ref: 08/065

Professor Franca Ronchese  
**Regulation of Immunity and Immune-Mediated Diseases**  
 HRC Ref: 03/235

Professor Franca Ronchese  
**Manipulating antigen presentation to control disease**  
 HRC Ref: 07/086R

Dr Bruce Russell  
**The acute and chronic effects of party pills containing BZP and TFMPP**  
 HRC Ref: 06/408

Dr Lynette Sadleir  
**Genetics of Epilepsy**  
 HRC Ref: 07/158

Dr Evelyn Sattlegger  
**Making an IMPACT on brain function**  
 HRC Ref: 06/410

Professor Grant Schofield

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

HRC Ref: 05/279R

Professor Grant Schofield

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

HRC Ref: 07/356

Associate Professor Robert Scragg

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

HRC Ref: 07/275

Professor Douglas Sellman

**Treatment Evaluation of Alcohol and Mood: The TEAM Study**

HRC Ref: 07/138

Professor Peter Shepherd

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

HRC Ref: 05/257

Professor Peter Shepherd

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

HRC Ref: 07/080A

Professor Peter Shepherd

**Signalling pathways involved in the control of glucose metabolism**

HRC Ref: 08/076

Dr Leigh Signal

**Sleep during Pregnancy and Postpartum: the relationship with maternal health**

HRC Ref: 07/374R

Associate Professor Chris Sissons

**New strategies for dental caries prevention**

HRC Ref: 03/218

Associate Professor Chris Sissons

**Dental caries and cariogenic plaques: The sucrose, fluoride and oral environment nexus**

HRC Ref: 04/259

Ms Kirsten Smiler

**Partnership: refocusing successful interventions for Maori deaf/hearing impaired children**

HRC Ref: 06/420

Professor Linda Smith

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

HRC Ref: 06/038A

Dr Cheryl Smith

**Health, cultural and social experiences of Maori affected by chemical related illness**

HRC Ref: 06/395R

Dr Lisa Stamp

**Pharmacokinetics and pharmacogenetics of methotrexate in rheumatoid arthritis**

HRC Ref: 06/422

- Dr Bridget Stocker  
**Deciphering the molecular fingerprint of allergens**  
HRC Ref: 08/426
- Dr Martin Sullivan CNZM  
**A longitudinal study of the life histories of people with spinal cord injury**  
HRC Ref: 07/302
- Dr Andrea 't Mannetje  
**Dioxin exposure levels and health effects in phenoxy herbicide production workers**  
HRC Ref: 05/300
- Professor Warren Tate  
**Post-transcriptional processes as drug target for HIV & Hepatitis B & C viruses**  
HRC Ref: 05/195
- Dr John A Taylor  
**Restoration of antiviral T-cell activity during chronic hepatitis B infection using superantigens**  
HRC Ref: 05/252
- Associate Professor Bruce Taylor  
**A national prevalence study of Multiple Sclerosis (MS) in New Zealand**  
HRC Ref: 05/524
- Professor Robin Taylor  
**Predicting response to corticosteroids in COPD using exhaled nitric oxide**  
HRC Ref: 06/428
- Dr William Taylor  
**A feasibility study of a structured means of eliciting goals in rehabilitation**  
HRC Ref: 08/226R
- Dr George Thomson  
**Policymaking to reduce smoking around children**  
HRC Ref: 07/090
- Dr Mattie Timmer  
**Glycolipid adjuvants for anti-cancer immunotherapy**  
HRC Ref: 08/427
- Dr Mark Vickers  
**Developmental programming of disease: critical windows for intervention**  
HRC Ref: 08/200
- Dr Silas Villas-Boas  
**In vivo metabolic pathway analysis of pathogenic bacteria in response to oxygen**  
HRC Ref: 08/169
- Dr Marie-Louise Ward  
**How does myocardial stretch determine the strength of the heartbeat?**  
HRC Ref: 08/130
- Ms Naina Watene  
**Community action project for the reduction of gambling-related harm in the Waikato area**  
HRC Ref: 08/036

Mr Garry Watson

**Applications of Rongoa Maori for the Treatment of Diabetes**

HRC Ref: 06/045

Dr Susan Wells

**Cardiovascular risk prediction for New Zealanders - beyond Framingham**

HRC Ref: 08/121

Dr Janice Wenn

**Developing Quality Standards for Kaupapa Hauora Services: an interactive study**

HRC Ref: 05/301

Dr Robyn Whittaker

**Can a multimedia mobile phone programme help young people stop smoking?**

HRC Ref: 06/448

Dr Robyn Whittaker

**A trial of a mobile phone-based depression prevention programme for adolescents**

HRC Ref: 08/206R

Professor Jeffery Wickens

**Behavioural and cellular mechanisms of hyperactivity and movement disorders**

HRC Ref: 07/279

Dr Janine Wiles

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

HRC Ref: 07/285

Dr Denise Wilson

**Nursing and Maori patient outcomes**

HRC Ref: 07/194

Dr Nicholas Wilson

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

HRC Ref: 06/453

Professor Bill Wilson

**Physiological targeting in cancer therapy**

HRC Ref: 08/103

Professor Christine Winterbourn

**Oxidants, antioxidants and inflammatory diseases**

HRC Ref: 02/120

Professor Christine Winterbourn

**Neutrophil Oxidants in Infection and Inflammation**

HRC Ref: 08/071A

Dr Conroy Wong

**Prophylactic azithromycin for bronchiectasis: a randomised, controlled trial**

HRC Ref: 07/087R

Associate Professor Lianne Woodward

**Childhood exposure to family violence and later parenting risk**

HRC Ref: 06/458



Associate Professor Tim Yandle  
**Variable structure and activity of B-type natriuretic peptides in heart disease**  
HRC Ref: 06/460

Associate Professor Alistair A Young  
**Detailed myocardial function in vascular disease using displacement encoded MRI**  
HRC Ref: 06/463

Dr Deborah Young  
**Driving neurogenesis as a therapeutic strategy for age-related cognitive decline**  
HRC Ref: 07/212

## Partnership Contracts in Progress

Dr Tim Bentley

**Understanding workplace stress and bullying in New Zealand workplaces**

HRC Ref: 08/571

Professor Carl Burgess

**Electronic Pharmacovigilance: A centralised database combining GP practice data**

HRC Ref: 08/585

Dr Adelaide Collins

**Research priorities identified by Māori with disabilities and their whānau**

HRC Ref: 08/600

Associate Professor Margie Comrie

**Health literacy and communicating immunisation information to decision-makers**

HRC Ref: 08/603

Dr Fiona Cram

**Measuring Whānau - Research methods to capture whānau realities**

HRC Ref: 08/601

Associate Professor Colin Cryer

**Effective occupational health interventions in agriculture: key characteristics of their development and implementation in New Zealand**

HRC Ref: 06/641

Mr Ian de Terte

**Resilience and the prevention of work related traumatic stress: Testing an ecological model**

HRC Ref: 06/579

Associate Professor Jeroen Douwes

**Occupational dermatitis in New Zealand cleaners**

HRC Ref: 08/570

Dr Richard Edwards

**Developing strategies to reduce smoking uptake and SHS exposure of NZ children**

HRC Ref: 08/003

Dr Felicity Goodyear-Smith

**A randomised trial of an intervention to improve immunisation coverage and timeliness**

HRC Ref: 08/605

Dr Patrick Graham

**Improving the analysis of product vigilance databases**

HRC Ref: 08/584

Ms Billie Harbidge

**Strengthening Career Pathways: A Pacific Health Programme of Research**

HRC Ref: 07/501

Dr Mira Harrison-Woolrych

**Electronic capture of medicines exposure data for improved product vigilance in New Zealand**

HRC Ref: 08/582

Dr Ian Laird

**Prevention of Noise Induced Hearing Loss**

HRC Ref: 08/606

Dr Beverley Lawton

**Parental attitudes to HPV vaccination: a survey of Māori and non-Māori**

HRC Ref: 08/602

Dr David McLean

**Occupational asthma in New Zealand sawmill workers**

HRC Ref: 08/568

Dr Cliona Ni Mhurchu

**Enhancing food security and physical activity for Maori, Pacific and low income whanau/families**

HRC Ref: 08/002

Dr Lianne R Parkin

**Monitoring drug safety through linkage of existing prescription and outcome data**

HRC Ref: 08/583

Professor Barry Taylor

**Primary prevention of rapid weight gain in early childhood**

HRC Ref: 08/374

Professor Peter Thorne

**Noise Induced Hearing Loss: Epidemiology, Noise Exposure and Prevention**

HRC Ref: 07/572

Professor Murray Tilyard

**Utility of primary care computer records for product vigilance**

HRC Ref: 08/581

Dr Andrea t'Mannetje

**Workplace exposure to carcinogens in New Zealand**

HRC Ref: 08/569

Dr Adrian Trenholme

**The impact of pneumococcal vaccine on hospital admission in young children with pneumonia**

HRC Ref: 08/604

Mr Charles Waldegrave

**The socioeconomic factors associated with food security and physical activity for Maori and Pacific people**

## Career Development Awards Completed During the Year or In Progress

AUSTRALASIAN RESEARCH COLLABORATIVE Associate Professor Martin Kennedy <b>Genetics of complex disease</b>	08/590
CLINICAL RESEARCH TRAINING FELLOW Dr Katinka Bach <b>The role of shear stress during artificial ventilation on preterm lung injury</b>	06/082
Mr Simon Bennett <b>Cognitive behavioural therapy for depression with Maori tangata whaiora</b>	06/098
Dr Mary Berry <b>Long term consequences of neonatal growth rates in lambs</b>	08/060
Ms Angela Cadogan <b>Diagnostic Accuracy of a Clinical Examination in Determining the Source of Shoulder Pain</b>	08/097
Ms Erana Cooper <b>A best practice package: early intervention for whanau violence</b>	07/071
Dr Karen Falloon <b>Randomised controlled trial to study the effectiveness of sleep restriction compared to sleep hygiene in the treatment of Primary Insomnia in a Primary Care setting</b>	08/057
Dr Jennifer Fan <b>Elucidating the pathophysiology of hydrops corneae in keratoconus</b>	08/056
Dr Rebecca Grainger <b>Immune inflammation in neutrophilic disease: A study of Gouty Arthritis</b>	06/024
Dr Claire Heppenstall <b>Maintaining independence: predicting and preventing residential home care</b>	07/059
Dr John Irvine <b>Genes of the renin-angiotensin system: risk factors for renal impairment and heart disease</b>	06/051
Dr Wai Gin (Don) Lee <b>RCT of beta-blockers to reduce energy expenditure and improve nutrition in cirrhosis</b>	08/044
Dr Benjamin Loveday <b>The role of lymphatics in severe pancreatitis: anatomy, physiology and therapy</b>	07/069
Ms Suzie Mudge <b>Measuring rehabilitation outcomes in adults with stroke</b>	06/059

Dr Gregory O'Grady <b>A rational foundation for gastric stimulation through continuum-modelling</b>	08/078
Dr Suetonia Palmer <b>Vasoactive peptides in kidney disease</b>	06/052
Dr Kyle Perrin <b>The effect of oxygen therapy on clinical outcomes in acute asthma and pneumonia</b>	07/081
Dr Steve Ritchie <b>The role of staphylococcal superantigen like proteins in invasive S. aureus disease</b>	07/067
Dr Juliet Rumball-Smith <b>Quality of public hospital care for Maori and NZ Europeans in Christchurch, NZ</b>	07/062
Dr James Ussher <b>Experimental strategies for ex-vivo immunotherapy of chronic hepatitis B infection</b>	07/043
Mr Steve Wannenburg <b>The development of executive functions in children and adolescents</b>	06/074
DISABILITY RESEARCH PLACEMENT	
Ms Jennifer Dunn <b>Decision making process for upper limb reconstructive surgery in tetraplegia</b>	08/578
Mrs Margaret Jones <b>Parent's and young people's perspectives on activity and community participation after traumatic brain injury</b>	06/621
Professor Kathryn McPherson <b>Disability RPP Team Application</b>	08/504
Mrs Hilda Mulligan <b>Enhancing participation in recreational physical activity in individuals with disability</b>	06/625
Mrs Jaya Pal <b>Exploring falls in people with intellectual disability</b>	08/580
Dr John Parsons <b>Development of a standardised goal facilitation tool for use with older people within New Zealand</b>	06/627
Mr Richard Smaill <b>The implications of having a disability and ageing</b>	06/632
Ms Kirsten Smiler <b>Maori deaf/hearing impaired children and their whanau</b>	06/633

Ms Hilary Stace <b>The lived experience of autism in New Zealand: What services and supports improve access to an ordinary life?</b>	06/634
Dr Katrina Varian <b>Falls in adults with physical disabilities</b>	06/636
Ms Laura Wilkinson-Meyers <b>Disability Research Placement Programme</b>	07/522
ERIHAPETI REHU-MURCHIE FELLOWSHIP Dr Lis Ellison-Loschmann <b>Epidemiology and Maori health research</b>	04/408
Dr Cheryl Smith <b>He mokopuna, he taonga: Health and wellbeing of grandparents raising mokopuna</b>	07/518
ERU POMARE FELLOWSHIP Ms Te Hereripine Sarah-Jane Paine <b>Moe tika, moe pai: Advancing sleep health in Aotearoa/New Zealand</b>	08/547
Dr Emma Wyeth <b>Kei ruka, kei raro: Maori health experiences and perspectives</b>	07/517
FOXLEY FELLOWSHIP Dr Malcolm Stewart <b>Tools and approaches for enhancing mental health outcomes</b>	08/077
GIRDLER'S FELLOWSHIP Miss Francesca Crowe <b>Fat and prostate cancer in the European prospective investigation into Cancer and nutrition</b>	07/064
HOHUA TUTENGAEHE FELLOWSHIP Dr Leonie Pihama <b>He kete korero: Maori health researcher and provider views on kaupapa Maori and validation frameworks</b>	06/587
MAORI HEALTH MASTERS SCHOLARSHIP Dr George Gray <b>Economic evaluation of cardiac rehabilitation in New Zealand at existing and increased attendance rates among Maori and non-Maori</b>	08/567
Miss Diana Johnson <b>Why are mental health services failing Maori homeless?</b>	08/564
MAORI HEALTH POSTDOCTORAL FELLOWSHIP Dr Amohia Boulton <b>Contracting for Whanau Ora</b>	05/439
Dr Jessica Hutchings <b>Hauora practice led frameworks for health related new technologies</b>	06/192

Dr Lynne Pere <b>The significance of culture in mental health understandings</b>	08/566
MAORI PhD SCHOLARSHIP Miss Melanie Cheung <b>Molecular studies of human neurodegenerative disease</b>	06/150
Mr Jason Gurney <b>Can an exercise and footwear intervention improve the symptoms of diabetic neuropathy?</b>	08/530
Miss Alayne Hall <b>Parenting patterns of Maori women who have experienced domestic violence trauma</b>	08/553
Ms Louise Ihimaera <b>Development of framework to assess dual competency in mental health practice</b>	06/219
Ms Sharleen Irvine <b>Tissue Repair Scaffold</b>	06/220
Mr Geoffrey Kira <b>Health-related effects of the "Project Energize" programme on primary school children</b>	06/589
Mr Peter Maulder <b>The role of movement variability and muscle stiffness in lower limb injury prevention</b>	06/200
Mrs Kahu McClintock <b>Acceptable child/adolescent Mental Health Services for New Zealand Maori</b>	06/493
Mr Ronald Ngata <b>Understanding matakite: An exploration of health-related effects of matakite experiences</b>	08/549
Joy Panoho <b>A Maori-centred inquiry into health governance: Maori directors on DHBs</b>	07/515
Ms Mera Penehira <b>Maori and Indigenous health initiatives: blood borne viral and sexually transmitted infections</b>	06/203
Mr Christopher Rodley <b>The nuclear architecture of cancer: Oncogenes in genomic space</b>	08/554
Ms Hukarere Valentine <b>Kia ngawari ki te awatea: a psychological journey toward wairuatanga and Maori wellbeing</b>	06/590
Mr Isaac Warbrick <b>Insulin resistance &amp; Maori health - repeated measures study</b>	06/591

Ms Julia Wilson	08/550
<b>Pathways to panic: Genetics in the pathogenesis and treatment of panic</b>	
PACIFIC HEALTH MASTERS	
Ms Elaine Ete-Rasch	07/404
<b>Skin and wound management in the homes of Pacific children hospitalised with skin infections</b>	
Mrs Neti Herman	08/436
<b>Promoting young people's health through school and community empowerment and partnership</b>	
Ms Catherine Poutasi	07/403
<b>What motivates the retention of Pacific people in the New Zealand health workforce</b>	
Mrs Sera Tapu-Ta'ala	08/431
<b>Acceptance or resistance? How do Pacific people with Type 2 diabetes, who need insulin for good glycaemic control come to terms with their therapy?</b>	
Dr Tokilupe Taumoepeau	08/408
<b>The role of myostatin in cancer cachexia</b>	
Ms Analosa Ulugia-Veukiso	08/407
<b>An investigation of spirituality and selected health risk behaviours amongst Samoan youth in NZ</b>	
PACIFIC HEALTH PhD	
Ms Amanda Dunlop	08/421
<b>Social marketing and Pacific peoples in NZ</b>	
Ms Roannie Ng Shiu	07/414
<b>The impact of life contexts on the learning journeys of Pacific students in health education programmes: An exploration of the Samoan family and community</b>	
Miss Seini Taufu	08/405
<b>Tongan teenage pregnancy in NZ</b>	
PACIFIC HEALTH PLACEMENT MASTERS	
Ms Falegau Silulu	08/398
<b>Pacific Health Research Placement Programme</b>	
PACIFIC HEALTH PLACEMENT PhD	
Ms Stephanie Erick-Peleti	06/218
<b>Pacific Placement Programme</b>	
Ms Dianne Sika-Paotonu	06/207
<b>Increasing the potency of dendritic cell-based vaccines for the treatment of Cancer</b>	
Mr El-Shadan Tautolo	08/399
<b>Pacific Health Research Placement Programme</b>	



PACIFIC HEALTH POSTDOCTORAL FELLOWSHIP Dr Ridvan Firestone <b>Life-course epidemiology of non-communicable disease</b>	06/209
Dr Sunia Foliaki <b>Cancer in Pacific populations</b>	07/405
Dr Ieti Lima <b>Exploring the impact of drinking, smoking and gambling on older Samoans' health and wellbeing</b>	05/473
Dr Mele Taumoepeau <b>The development of social cognition in Pacific Island families</b>	08/403
PACIFIC HEALTH POSTGRADUATE SCHOLARSHIP Ms Nite Fuamatu <b>Samoans and Disability study</b>	06/194
Ms Karlo Mila-Schaaf <b>Health Policy &amp; Planning for the New Zealand born Pacific population</b>	05/442
SIR CHARLES HERCUS HEALTH RESEARCH FELLOWSHIP Dr Carolyn Barrett <b>Measuring sympathetic nerve activity</b>	06/058
Dr Christopher Hann <b>Model-based cardiac diagnosis and therapy in critical care</b>	07/065
Dr Ian Hermans <b>Improving vaccines with adjuvants that stimulate NKT cells</b>	05/031
Dr Richard Kingston <b>Structural biology of enveloped RNA viruses</b>	05/039
Dr Ailsa McGregor <b>Targeting dysfunctional cholinergic transmission in a model of Huntington's Disease</b>	08/045
Dr Chris Pemberton <b>BNP signal peptide: a novel, specific marker of acute cardiac injury</b>	07/055
Dr Rebecca Roberts <b>Genetics of susceptibility and management in inflammatory bowel disease</b>	08/068
Dr Yiwen Zheng <b>Searching for answers to cognitive deficits following vestibular damage</b>	07/047
STUDENT MA Ms Alexandra Smith <b>Social marketing, health and youth with congenital physical impairment - the role of media in the promotion of health within the youth and disability sector</b>	08/503

STUDENT PhD

Mrs Marta Leete

08/524

**Enhancing access and participation for people with disabilities**

Ms Esther Woodbury

08/528

**The impact of public and private transport on the health, economic situation and social participation of physically disabled people in New Zealand**

