Performance Highlights
2007/08
Our mission

“Benefiting New Zealand through health research”

Established by the Health Research Council Act 1990, the Health Research Council of New Zealand (HRC) is the Government’s principal funding and investment agency for health research. As a Crown agency, the HRC is responsible to both the Minister of Health and the Minister of Research, Science and Technology. HRC funding comes primarily from Vote Research, Science and Technology.
## Table of contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair’s foreword</td>
<td>2</td>
</tr>
<tr>
<td>From the Chief Executive</td>
<td>3</td>
</tr>
<tr>
<td>What we said we would do</td>
<td>4</td>
</tr>
<tr>
<td>Strategic Plan 2008 - 2013</td>
<td>5 - 9</td>
</tr>
<tr>
<td>Financials</td>
<td>10 - 11</td>
</tr>
<tr>
<td>How we invest our funds</td>
<td>12 - 13</td>
</tr>
<tr>
<td>Research highlights</td>
<td>14 - 22</td>
</tr>
<tr>
<td>Support for promising individuals</td>
<td>23 - 25</td>
</tr>
<tr>
<td>Partnership Programme</td>
<td>26 - 27</td>
</tr>
<tr>
<td>District Health Board Research Fund</td>
<td>28 - 29</td>
</tr>
<tr>
<td>Evaluation highlights</td>
<td>30 - 32</td>
</tr>
<tr>
<td>Regulatory and Ethics</td>
<td>33</td>
</tr>
<tr>
<td>Māori health research</td>
<td>34 - 35</td>
</tr>
<tr>
<td>Pacific health research</td>
<td>36 - 37</td>
</tr>
<tr>
<td>International activities</td>
<td>38</td>
</tr>
<tr>
<td>Recognition of excellence in health research</td>
<td>39</td>
</tr>
<tr>
<td>Awards</td>
<td>40 - 41</td>
</tr>
<tr>
<td>Communications</td>
<td>42 - 43</td>
</tr>
<tr>
<td>HRC’s Board and Committees</td>
<td>44</td>
</tr>
</tbody>
</table>
Health research is a high-performing sector in the New Zealand science and technology system and the Health Research Council of New Zealand (HRC) has an important role to play in this sector. World-class health research funded by the HRC has led to exciting innovations in health care and continues to contribute to improving health outcomes for all New Zealanders.

In this fourth edition of the annual report on the Health Research Council of New Zealand’s (HRC) performance highlights for 2007/08, we aim to give the reader an overview of who we are, what we do and how we do it. The report provides a snapshot of just some of the high-quality health research being undertaken by HRC-funded research groups. That said, I wish to commend to you the achievements of all the dedicated researchers supported by HRC funding; they remind us constantly that research is not just some sequestered activity that only takes place in a laboratory, but is a dynamic real world search for understanding and knowledge that benefits our daily lives.

I hope this report will give you a better understanding of the range of activities in which the HRC engages, including investment in health research, the creation of strategic funding partnerships with government and non-government stakeholders and the development of the health research workforce of New Zealand.

The HRC’s new Vision as part of the HRC Strategic Plan 2008-13 is ‘improved health and quality of life for all’.

Kua tāwhiti kē to haerenga mai kia kore e haere tonu1
We have come too far, not to go further

He tino nui rawa ōu mahi kia kore e mahi nui tonu
We have done too much, not to do more

The HRC’s website, www.hrc.govt.nz, provides further information about all of these areas and other HRC publications. I hope that you will also take the opportunity to visit it.

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

1. Tā Hami Hēnare
Performance Highlights 2007/08 showcases the quality and diversity of research funded by the Health Research Council of New Zealand (HRC). Our mission is to benefit New Zealand through health research, and the HRC has a critical role in supporting high quality research that will deliver improved health and quality of life for all. During 2007/08 the HRC developed its new five year Strategic Plan, which has provided the opportunity to refocus our work.

Evaluation shows that HRC-funded health research is of the highest quality. This is important as it is only high quality research, conducted by skilled investigators, that will produce the standard of evidence needed to reliably inform improvements in health care delivery and health policy. Guiding the HRC’s investments in health research is a robust research policy framework, which creates linkages to key Government strategies in both the Health and the Research, Science and Technology sectors.

We address our mission by a variety of approaches, from supporting investigator-initiated projects, to career development awards, and our Partnership Programme, through which the HRC co-funds health research to meet specific needs of partnering organisations.

Performance Highlights 2007/08 presents examples of specific research projects, some complete, some still in progress, and ranging from discovery through to translation and implementation of findings into health care practice and policy development. Māori and Pacific health research initiatives are specifically highlighted as are some of the recipients of our key career development awards. The HRC has an important role to play in capacity building in particular research areas, in part addressed by our career development awards. The HRC also recognises the importance of sustainable careers for future research leaders, and we are pleased to highlight recipients of the Sir Charles Hercus Health Research Fellowships. The document also provides context to the HRC’s work by summarising our policy framework and giving an overview of a range of our functions.

The HRC is proud to support the work profiled in Performance Highlights 2007/08.

Dr Robin Olds
Chief Executive
The HRC’s Statement of Intent (tabled in Parliament in July 2007) sets out the HRC’s plans for the year. Funds from **Vote RS&T** were allocated to the following Output Classes:

**Output 1:**
‘Research Contract Management’ ($4.80M)
Principal activities are the conduct of contestable investment processes and management of performance of contracted research teams.

**Output 2:**
‘Contestable Funding Round’ ($55.00M)
Funds invested in this output advance development of fundamental, strategic and applied knowledge in health and medical sciences.

**Output 3:**
‘Partnership Programme’ ($2.00M)
This output supports an innovative research funding model that brings together cross-sectoral stakeholders with relevant knowledge needs who contribute funding, expertise and in-kind support.

**Output 4:**
‘Targeted Research for Health’ ($6.30M)
This output provides support for research addressing key gaps and priorities (identified in the HRC’s Statement of Intent) that are not currently adequately addressed through the annual funding round or the Partnership Programme.

**Output 5:**
‘Career Development Awards’ ($5.10M)
Principal activities are support of research training awards for Māori and Pacific and an advanced Post-doctoral Fellowship (Sir Charles Hercus Health Research Fellowship).

**Output 6:**
‘Māori Health Research’ ($2.50M)
Funds in this output support research to further knowledge of Māori health and enhance health outcomes for Māori. Investment in a joint HRC/FRST research portfolio is included.

**Output 7:**
‘International Investment Opportunities’ ($2.50M)
HRC and FRST jointly manage funds to expand New Zealand’s knowledge base and capability through international collaboration and partnership.

Funds from **Vote Health** were allocated to:

**Output 8:**
‘Research Support Activities’ ($0.24M)
This output supported the HRC’s activities in ethics and regulation of health research and advice on health research policy.
The Health Research Council of New Zealand (HRC) is the Government’s principal funding and investment agency for health research. As a Crown entity, the HRC is responsible to both the Minister of Health and the Minister of Research, Science and Technology. The HRC’s Strategic Plan 2008-2013, therefore, is aligned with the goals and priorities of both Vote Health and Vote Research, Science and Technology. Importantly, the Plan recognises the strategies of the Ministry of Research, Science and Technology and the work of other funding and investment agencies in the sector and applies these to address the particular needs of the health sector. The Plan responds to HRC’s mission statement, and recognises that high quality health research is vital for health and well-being.

The Plan consists of four goals, each with their own strategies and mechanisms. Underlying this high level description is a detailed list of activities, processes and procedures needed to meet the goals, along with resourcing plans and, importantly, key measures that will be used to monitor progress towards achieving the goals.

The four goals are to:
1. Invest in research that meets New Zealand health needs and research that has international impact
2. Maximise the benefits of health research
3. Champion the integrity of the health research environment
4. Enhance the value of the organisation.

The Plan covers the period 1 July 2008 to 30 June 2013. Regular review and, if needed, modification, will ensure that the Plan responds to changes in the environment and maintains progress towards goals.
Goal 1

Invest in research that meets New Zealand health needs and research that has international impact

The 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.

Mechanisms that encourage spread of innovations through the health system need to be developed. 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.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Mechanisms</th>
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<tbody>
<tr>
<td>Support best people and best ideas</td>
<td>Add value to current peer review processes</td>
</tr>
<tr>
<td>Address priority populations and needs areas</td>
<td>Refine New Zealand health research priorities</td>
</tr>
<tr>
<td></td>
<td>Respond to needs of priority populations</td>
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<td></td>
<td>Respond to emergent issues</td>
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<tr>
<td>Appropriate funding processes</td>
<td>Review and tailor funding instruments</td>
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<tr>
<td>Recognise the specific needs of Māori</td>
<td>Encourage community-driven research themes</td>
</tr>
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<td></td>
<td>Respond to Vision Mātauranga and He Korowai Oranga</td>
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<tr>
<td>Build and maintain capacity and capability</td>
<td>Support targeted career development pathways</td>
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<td></td>
<td>Signal medium term strategic directions</td>
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<td></td>
<td>Balance resources between targeted areas and existing strengths</td>
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Key activities:

- Enhanced engagement with peer reviewers
- Encourage investigator-initiated proposals in need areas
- Address gaps via Requests for Proposals
- Implement the HRC’s Strategic Plan for Pacific Health Research 2006 - 2010 and the Strategic Plan for Māori Health Research Ngā Pou Rangihau Hauora Kia Whakapiki Ake Te Hauora Māori
- Publish five year investment strategy that includes priority areas
- Negotiate sustainable programmes of research with funding partners
- Implement a future scanning function to produce strategic advice.
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. This goal presupposes high quality research findings and so is linked closely with Goal 1.

<table>
<thead>
<tr>
<th>Strategies</th>
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<tr>
<td>Effectively communicate research findings</td>
<td>Develop a comprehensive communications strategy</td>
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<td></td>
<td>Enhance capture of research findings</td>
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<tr>
<td>Promote health research</td>
<td>Demonstrate research impact</td>
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<td></td>
<td>Coordinate promotion of health research</td>
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<td></td>
<td>Enhance awareness of HRC</td>
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<tr>
<td>Encourage quality of research information</td>
<td>Improve reporting and accountability</td>
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<tr>
<td>Promote uptake of research findings</td>
<td>Facilitate innovation spread to practice and policy</td>
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<td></td>
<td>Enhance engagement between end-users, research providers and funders</td>
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<tr>
<td></td>
<td>Encourage dissemination by researchers</td>
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Key activities:

- Undertake research outcome evaluations
- Develop user-friendly research findings database
- Continue to develop and improve web offerings as a key knowledge resource
- Introduce processes that link previous contract performance with future funding decisions
- Work with health sector to evolve mechanisms for communication and uptake of translational research findings
- Support research champions in policy and service delivery environments
- Grow partnering arrangements.
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.

The HRC will work with other partners, including research providers and communities, to ensure high quality processes that engender trust by all.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Mechanisms</th>
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</table>
| 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 |

Key activities:

- Manage and evolve ethics committee accreditation process
- Provide commentary on topical issues
- Work with research providers to define responsiveness requirements
- Engage and consult with Māori and Pacific communities
- Review guidelines and processes for the Gene Technology Advisory Committee (GTAC), the Data Safety Monitoring Board (DSMB) and the Standing Committee on Therapeutic Trials (SCOTT).
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 provides sector leadership, while maintaining a strong, supportive and inclusive environment for staff.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Mechanisms</th>
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<tbody>
<tr>
<td>Be a respected employer</td>
<td>Clear, decisive leadership and effective management</td>
</tr>
<tr>
<td></td>
<td>Up-to-date and relevant policies and procedures for staff</td>
</tr>
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<td></td>
<td>Supportive work environment</td>
</tr>
<tr>
<td></td>
<td>Inclusive and fair performance evaluation</td>
</tr>
<tr>
<td></td>
<td>Positive, equitable approach to developing all employees</td>
</tr>
<tr>
<td>Grow responsiveness and relevance</td>
<td>Establish dynamic links between statutory roles, strategic directions and operational plans</td>
</tr>
<tr>
<td></td>
<td>Provide high quality advice to Ministers and Ministries</td>
</tr>
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<td></td>
<td>Demonstrate accountability</td>
</tr>
<tr>
<td>Engender confidence in the organisation</td>
<td>Transparency of processes and decision making</td>
</tr>
<tr>
<td></td>
<td>Internal expertise matches operational needs</td>
</tr>
<tr>
<td></td>
<td>Effectiveness and efficiency of the organisation</td>
</tr>
<tr>
<td></td>
<td>Demonstrate health research sector leadership</td>
</tr>
<tr>
<td>Promote international research collaborations</td>
<td>Participate in beneficial international alliances</td>
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</tbody>
</table>

Key activities:

- Conduct business with integrity
- Regular programme of communication and consultation with stakeholders
- Evolve robust performance standards and measure
- Improved accessibility to and quality of documentation
- Build infrastructure and systems to maximise capability
- Promote systems collaborations and coordination of information from the sector.
The HRC’s annual income from Vote RS&T over the last five years is shown in Figure 1. The annual income for 2007/08 was $70.0M. In the review period 2004/05 to 2007/08, Government funding to the HRC has increased by 36 per cent. A large part of this increase has been absorbed by the transition from paying the marginal costs of research to paying the full costs. This transition began in 1997. All current and future research contracts are now funded on a full-cost basis.

The HRC also manages research investment funding through the Partnership Programme. Figure 2 shows the expenditure on health research through the Partnership Programme from 2003/04. The total expenditure in 2007/08 was $5.4M. In 2007/08 the HRC has leveraged $2.88 from funding partners for every $1 of HRC funds invested.

Figure 3 shows the HRC’s annual expenditure for 2007/08 by Research Portfolio for the annual contestable round. A total of 55 per cent of the expenditure was for contracts that mapped to the Non-Communicable Diseases and Biological Systems and Technologies Research Portfolios. The pattern of investment reflects the quantum and quality of current applications, the taxonomy used to classify research, as much as the priorities set by the HRC.
HRC expenditure by Research Portfolio 2007/08

* Ministry of Health Mental Health and Mental Health Workforce Programmes were not renewed in 2006/07.

Figure 3
How we invested in the annual contestable funding round

Of the $70M of Government funds, the HRC invests more than 80 per cent through an annual contestable funding round for investigator initiated research. The HRC receives research proposals which are peer reviewed for science merit and relevance (see box on page 13).

In the 2008 Funding Round, 296 proposals were received. Of these, 46 per cent were identified as fundable based on review of science merit. After prioritisation based on fit with HRC research portfolios and research strategies, the HRC had funds to offer 60 contracts in four categories.

Highlights for the 2008 funding round

- $67M support for projects, programmes, emerging researchers and feasibility studies
- 34 stand-alone projects worth $35.3M funded (21 per cent success rate compared to 19 per cent in 2007)
- $13.1M allocated to five new programmes and $16.2M to four programme extensions.

The HRC acknowledges the support of health researchers in New Zealand and overseas who provided referee reports and participated as members of Science Assessing Committees. Together with members of the HRC’s Research Committees and the Board these individuals delivered a peer review assessment process which compares favourably with international practice.

Funding was allocated to contracts in biomedical, clinical, health services, Māori health and public health research. Allocations for the total of 46 projects (stand-alone and those merged into programmes) by type of research for 2008 are shown in Table 1.

Table 1: Investment by field of research 2008

<table>
<thead>
<tr>
<th>Discipline</th>
<th>$M</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Biomedical/Clinical</td>
<td>34.7</td>
<td>22</td>
</tr>
<tr>
<td>Public health</td>
<td>18.6</td>
<td>17</td>
</tr>
<tr>
<td>Māori health</td>
<td>3.5</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>56.8</td>
<td>46</td>
</tr>
</tbody>
</table>

Details of total expenditure by the HRC on all of its research contracts are shown in the Financials section on pages 10 and 11.

Figure 4
Types of contract

**Programme contracts** – Funding for six years for multi-disciplinary, world-class research teams (three years initially, with an extension of three years subject to successful review).

**Project contracts** – Funding provided for three years, and where applicable for up to five years, for outstanding and relevant research.

**Feasibility studies** – Funding provided for pilot or feasibility studies to identify the scope of a full study and investigate the likelihood of obtaining valid results or acceptability in a population (Public Health or Clinical Research only).

**Emerging Researcher First Grant** – Funding provided for emerging researchers seeking to establish independent careers in health research who have not previously held a competitive research contract of more than $50,000.

Management of conflict and disclosures of interest

At each level of the peer review process the HRC manages conflict of interest. To ensure the integrity of the research proposal assessment process, the HRC provides all external referees and Science Assessing Committee members with guidelines regarding potential conflicts of interest. Members of the HRC Board do not serve on HRC Assessing Committees.

How does the HRC’s peer review process work?

Proposals are assessed by New Zealand and international referees and a Science Assessing Committee composed of experts drawn from New Zealand and Australia.

**Proposals are scored and ranked:**

1. **Review of science merit**
   - Health significance
   - Scientific merit
   - Design and methods
   - Expertise and track record of team

2. **Review of priority**
   - Meets priority population criteria for Māori, Pacific peoples, children and youth, older adults and people with disability
   - Addresses HRC Research Portfolio priorities
   - Maps to Vision Matauranga and/or is defined as Māori development research
   - Contributes to the development and retention of the health research workforce
   - Addresses national health strategy priorities
   - Meets criteria for translational research

3. **Recommendation for funding**
   - The Grant Approval Committee (GAC), a sub-committee of the HRC Board, makes final recommendations to the HRC Board, after consideration of scientific merit and priority of the application, as well as funding available for specific areas or initiatives.

4. **Funding approval**
   - Final approval for funding is made by the HRC Board
   - Once these recommendations have been approved, the HRC will initiate development of a contract for research with the successful applicants’ host institutions.
A company that is developing a new class of anti-cancer drugs has received $12 million in commercial backing just two years after the initial research project began.

Pathway Therapeutics Limited has secured the funds from a syndicate led by Australian-based CM Capital Investments and GBS Venture Partners.

The cash will help the work, which started in 2006, to take potential anticancer therapeutics through to preclinical and clinical trials.

The therapy is in the early stages of development and is not yet proven – but the venture capital companies have seen the potential and are keen to help advance to trials.

A significant part of the early development of the drugs was funded by an HRC project grant awarded in 2006 to Associate Professor Gordon Rewcastle, Professor Peter Shepherd, Professor Bill Denny and Professor Bruce Baguley at the University of Auckland.

Professor Shepherd said: “This shows that investment in basic research can quite quickly lead to benefits for patients and also have positive economic outcomes - it does not take a hundred years.”

The three-year project, PI3K inhibitors as targeted anticancer drugs, was successful in the HRC’s 2006 funding round and also received funding from the Maurice Wilkins Centre.

It involved research to find novel therapies based on inhibitors of PI3 kinase, an enzyme involved in controlling cell growth and migration, and of particular interest as a potential cancer therapeutic target.

Professor Denny said: “Many tumours have higher than normal or mutated forms of PI3 kinase, and our research has lead to the discovery of novel classes of compounds which inhibit the enzyme and have potential as anticancer therapeutics.

“This funding will be used initially to take these new compounds through preclinical development and enable clinical trials in humans, building on the strong track record of successful discovery of new cancer drugs at the Auckland Cancer Society’s Research Centre at The University of Auckland.”

Professor Shepherd said the drugs being developed resulted from research to understand the circuitry that controls cells and what parts of this process can go wrong in cancer – cell signalling.

“Pathway is a company with the potential to provide a new treatment for people with cancer, in a new and very rapidly-developing area,” he added.

“It is only by investing in such research that we are able to identify where to target drugs that could treat diseases like cancer.”

Pathway is a spin off from Auckland UniServices, the commercialisation arm of The University of Auckland.
New Zealanders paying less and using more primary health care services

A study evaluating New Zealand’s primary health care strategy, which was introduced in 2001, has found that New Zealanders are paying less and using more primary health services.

The evaluation team, led by Dr Jackie Cumming from the Health Services Research Centre at Victoria University of Wellington, analysed data collected from a sample of New Zealand general practices, focusing on the fees patients are charged when they use primary health care services and on consultation rates. Data analysed to date provides information on fees and consultation rates up to the middle of 2005.

“There is clear evidence that New Zealanders are paying less in 2005 than they were in 2001 as a result of the new funding,” Dr Cumming says.

The team found that in Access practices – where all patients were eligible for higher subsidies early on in the reform process – many adult patients were paying up to about 20 to 30 per cent less on average for a consultation with a doctor in 2004/05 than they were in 2001/02.

In Interim practices – where only young people and those aged 65 years and over had had increases in subsidies by 2004/05 – fees for young people and for those aged 65 years and over had fallen, although perhaps by not as much as government had hoped for.

The evaluation also showed there was an increase in consultation rates for almost all age groups for both doctor and nurse visits, in both Access and Interim practices, and for different ethnic groups. Consultation rates in Access practices have had an 11 – 22 per cent increase; while people in Interim practices who previously had a community services card have had around a 28 per cent increase for those aged sixty-five years and over.

“Overall our findings suggest that the Government is generally achieving its aims in primary health care, with lower fees for patients and increasing consultation rates,” Dr Cumming says.

The team is now in the final year of the research, which will continue until the middle of 2009.

They are currently collecting new data on fees and consultation rates to assess how these have changed between 2004/05 and 2007/08 and later in 2008 will complete a final series of interviews with DHBs, PHOs and providers about current progress with the primary health care strategy.

“Overall our findings suggest that the Government is generally achieving its aims in primary health care, with lower fees for patients and increasing consultation rates.”

This research is funded by the Health Research Council of New Zealand, the Ministry of Health and ACC.
A friendly nurse can pave the way to a lifetime of excellent health care because people are happy to access the services they need.

Now researchers are examining how healthcare providers offer care that is culturally appropriate for patients who are often hard-to-reach.

Previous research has shown that outreach nursing and practice friendliness are key to improving access.

Dr Barry Gribben, of CBG Health Research, is now leading trials to see if an intervention that delivers both of these works.

He said: “We will be collecting qualitative data to help us learn how to setup then deliver these services, and we have a two-year collection of data from practices’ computer systems to see if there are measurable changes in subsequent utilisation or management.”

He said people might be reluctant to access services for a number of reasons.

“People might live next door to a practice and still never go,” said Dr Gribben. “Often we can eliminate financial or transport barriers, but other factors are stopping people accessing primary care.

“It might be that they are just embarrassed or do not want to be identified or on a register.

“We need to find out why they are not using the services.”

Five district health boards are involved in the study – West Coast, Counties Manukau, Tairawhiti, South Canterbury and Northland.

Two already have outreach services – where nurses go into people’s homes - two will be set up from scratch and the other existing service will be modified.

The trial involves identifying high needs patients that have not been accessing services, and prioritising them, so that relatively expensive outreach services are used most efficiently. “For example we would look first at someone with high need, such as a patient with diabetes, who hasn’t been into the practice for a few years,” said Dr Gribben.

“The intervention provides software that identifies all the services they could be missing out on, such as a standard diabetes lab tests, flu immunisations, and any other regular medications they might need. The practice then attempts to get the family to come in.

“If that doesn’t work, we will visit them at home.

“Based on previous research it is pretty clear that many patients just do not feel welcomed and we need to address this.”

The researchers aim to find out what works successfully and implement an intervention based on their findings.

Dr Gribben said this will improve access to health services for all New Zealanders, in particular vulnerable population groups including Māori, Pacific and people of low socioeconomic status.

This research is funded by the Health Research Council of New Zealand through the District Health Board Research Fund.
Friendly bacteria helps prevent eczema

A groundbreaking study has found that adding simple bacterial cultures used in yoghurt to a baby’s milk can half the chances of them developing eczema.

Researchers from the University of Otago, in Wellington, in collaboration with researchers at the University of Auckland carried out a double-blind randomised controlled trial involving 420 newborn babies.

They compared the effect of supplementing the babies’ diets with one of two different probiotics and a placebo.

The aim was to track the development of eczema and allergic sensitization in young children at high risk for allergic disease. Probiotics are thought to help protect babies from eczema because they influence the developing immune system.

The researchers gave pregnant women a supplement of either *L. rhamnosus* or *B. lactis* during the last five weeks of their pregnancies and for six months after birth, if they were breastfeeding.

Their newborns received the same probiotics from birth to two years of age.

The study, funded by the HRC and Fonterra, found that children who received *L. rhamnosus* had a 50 percent reduction in eczema at age two compared with placebo, but the preventive effect was not seen for those who took *B. lactis*.

When the two-year-olds were skin-tested for allergic reactions to common allergens, the results showed that neither *L. rhamnosus* or *B. lactis* supplementation had had a significant effect in preventing allergic sensitization.

Professor Julian Crane, who led the research, said: “During the past two decades, there has been much interest shown in the idea that the decrease in exposure to infections could explain the increasing prevalence of allergic diseases in Western countries.

“This idea, known as the hygiene hypothesis, has spawned many studies that have examined the way children are exposed to microbes and how this exposure affects the development of allergic diseases.

“One approach to studying the relationship of bacterial exposure and allergies has been to include special bacterial cultures in the diet to guide infant intestinal systems in building healthy immune responses.

“The findings suggest that *L. rhamnosus* may be a safe and effective intervention in the prevention of eczema in children.”

He said further study was now needed to determine how *L. rhamnosus* acts to reduce eczema.

The full study was published in the *Journal of Allergy and Clinical Immunology*.

This research was funded jointly by the Health Research Council of New Zealand and Fonterra Cooperative Group Ltd.
A ‘kiss’ holds key to fertility

Scientists studying a tiny molecule in the brain have made a breakthrough that may lead to new treatment for infertility.

They have shown that a protein molecule called kisspeptin plays a crucial role in triggering ovulation.

Five years ago, overseas researchers found the molecule was vitally important in kick-starting puberty.

A team from the University of Otago, working alongside Cambridge University researchers, have now published the first evidence that kisspeptin signalling in the brain is also essential for ovulation to occur in adults.

Professor Allan Herbison, who is leading the HRC-funded study, said: “This is an exciting finding, as people have been trying to find out precisely how the brain controls ovulation for more than 30 years.

“This work now reveals a crucial link in the brain circuitry responsible.”

In studies of female mice, the researchers found that signalling between kisspeptin and its cell receptor GPR54 was essential to activate gonadotrophin-releasing hormone (GnRH) neurons, the nerve cells known to initiate ovulation.

The study indicates that disorders affecting the signalling between kisspeptin and the GPR54 receptors will result in women being unable to ovulate.

“Targeting drugs to this chemical switch to make it work properly may help some people who are infertile, while finding compounds that can block this switch could lead to new contraceptives,” said Professor Herbison.

It could allow for ovulation to be induced in a more natural way than current therapies available to infertile women.

“Kisspeptin activity in the brain occurs at the top level of the cascade of neural and hormonal processes that eventually lead to ovaries releasing eggs,” said Professor Herbison.

“By targeting this switch, the subsequent processes could proceed normally, avoiding the need to induce ovulation by injection of large doses of the hormones themselves.”

The group is now looking at the role of kisspeptin-GPR54 signalling in the male reproductive system.

Infertility is an increasing problem for couples in western societies. Up to 20 per cent of couples in New Zealand suffer from infertility and the research team is looking at new avenues of treatment.

“Our findings show that kisspeptin may be a promising area to focus future research efforts aimed at either enhancing or regulating human fertility,” he said.

Kisspeptin was named in honour of Hershey Kisses, as the scientists who originally discovered the molecule were based in Hershey in the US.

The findings were published in the prestigious Journal of Neuroscience.
A groundbreaking study into fetal growth and its consequences has suggested a potential new treatment for babies who grow poorly in the womb.

Researchers say once a week injections of an insulin-like growth factor into the amniotic fluid could reverse the problem.

The study, which began in 2002 and has reported its findings this year, was led by Professor Jane Harding of the University of Auckland.

She said impaired fetal growth was a “major unsolved problem” that can lead to risk of death or disability in childhood and of diabetes and heart disease as adults.

Professor Harding said treatment with an insulin-like growth factor into the amniotic fluid was clinically feasible. She said during the course of their research it had been shown in sheep to partially reverse growth restriction and improve tissue structure.

“In this study we showed for the first time that poor fetal growth could be partially reversed by administration of naturally occurring hormones to the mother or fetus,” said Professor Harding, who is based at the Liggins Institute.

“We then modified these potential treatments to arrive at an approach that is likely to be clinically feasible.

“If further studies showed that this treatment was safe and effective into postnatal life, then the next step would be to proceed to phase one clinical trials.”

Babies who grow poorly before birth are at risk of health problems throughout life and approximately 6,000 babies are born small in New Zealand each year.

The research team has also shown for the first time that even brief periods of undernutrition around the time of conception can affect not only the fetus but the lifelong health of the baby.

They found that if a mother is undernourished around the time of the conception it can result in her baby having impaired glucose tolerance and altered hormonal state in adulthood – which can later lead to obesity and diabetes.

“These finding suggest that nutrition before a woman even becomes aware she is pregnant may be important for the lifelong health of her offspring,” said Professor Harding.

“Clinical and public health interventions to improve diet during pregnancy are likely to be ineffective and point to the need for a wider focus on the healthy nutrition of girls and young women.”

The team also carried out work to explore different pathways to obesity - maternal undernutrition before birth and overnutrition after birth.

The research is informing clinical studies in the United Kingdom and the novel methodologies the team developed are now being used by the research sector in New Zealand and overseas.

This research was funded by the Health Research Council of New Zealand.
Breastfeeding’s role in raising IQ has been clarified further by groundbreaking University of Otago research that shows the child must have the right gene as well.

Previous research has shown breastfed children average higher IQ scores, but the latest findings from the Dunedin Multidisciplinary Health and Development Study (DMHDS) add a new layer.

Study Director Professor Richie Poulton says the fact that not all breastfed children have a higher IQ score pointed to other factors being at play.

“What we and our international collaborators have found is that they also have to have a certain version of a gene called FADS2.”

Using a cohort of 1000 people from their own study and combining it with 2200 British children born in 1994-95, they tested the IQ of all the study members as well as asking their mothers about their breastfeeding practices.

“We were able to rule out other potential explanations for the IQ findings, including the mother’s socioeconomic status and the birth weight of the baby,” says Professor Poulton.

Children inherit one copy the FADS2 gene from each of their parents. A common variation at one place in the gene results in either a C or a G nucleotide – with children either inheriting two of the “C” alleles, one “C” and one “G”, or two of the “G” alleles.

Overall 90 per cent of the children studied had either one or two “C” alleles, while the remaining 10 per cent had two “G” alleles.

Professor Poulton says the “C” allele is associated with more efficient processing of the omega-3 and omega-6 fatty acids found in breast milk. This is thought to help brain development and function, though the exact link has yet to be identified.

Children with the “C” allele of the gene who were breastfed averaged six to seven IQ points higher than those who were not breastfed. At the same time breastfeeding provided no IQ advantage or disadvantage for children with two “G” alleles.

Professor Poulton says it is another in a growing list of studies by the Dunedin Study that points to this interplay between genes and the environment.

“This example is a little different to the earlier studies on depression, violence and psychosis. This [breastfeeding] is a positive environmental exposure, and higher IQ a more salubrious outcome, which just goes to show how genes can influence how we respond to a whole range of environmental influences - both good and bad.”

Professor Poulton says this interplay makes sense when you look at the wider picture of natural selection.

“In other words, nature-nurture interplay is the raw material of natural selection.”

“The Health Research Council of New Zealand (and its predecessor the Medical Research Council) has funded this research since the study began in 1972. More recently, funding has also been received from the US Institutes of Health and the UK Medical Research Council.
Scientists match disease symptoms with changes in the brain

Having a human brain bank on the doorstep has helped researchers make huge strides towards understanding neurodegenerative diseases.

This ‘unique’ resource, combined with support of the families who have bequeathed brains, has led to a number of important breakthroughs in the past year, says Professor Richard Faull.

He and his team at the University of Auckland have been working to connect the symptoms of Huntington’s disease with cell death in the brain.

In a study of 35 cases with Dr Henry Waldvogel and the research team, they have shown an “unexpected and precise” correlation between how symptoms such as mood changes relate to areas of change in the brain.

They are looking at the chemical changes that take place to see if there are ways to treat it and stop the disease progression.

“Huntington’s is caused by a single gene but there is a lot of variation in people’s symptoms. If you can understand why this is happening in Huntington’s then you can also relate it to other diseases such as Parkinson’s and Alzheimer’s,” said Professor Faull.

“We were only able to do this because of our close contact with the families,” he added. “We are in a unique position. The families are like our research partners; and we closely interact with them, conveying the latest results of our research.”

His team worked closely with Dr Lynette Tippett and Virginia Hogg from the university’s psychology department who worked with the families to get a profile of their loved ones’ symptoms during the course of the disease.

“Most of the work done previously was on rodents,” said Professor Faull. “So you can see how valuable it is to be able to work directly on the human brain with the very special support of families.

“Now we can look at subtle changes and subtle changes are what is important in understanding disease progression.”

The study was carried out alongside Professor Mike Dragunow who has been refining software to speed-up the technical process of looking at precise patterns of changes in the human brain.

Analysis techniques he has developed have allowed Professor Faull and his team to view, at the touch of a button, images showing the progression of cell death in the Huntington’s brain. These methods form part of a major publication coming out soon in *Nature Reviews Neuroscience* detailing the use of this technology.

Furthermore, with post doctoral fellow Dr Hannah Gibbons and others, he is developing new ways to grow, maintain and study adult human brain cells taken from the brain bank.

Professor Faull said: “By studying the disease process on the human brain - not on a rat, not on a model - we have revolutionized human brain studies.”

This research is funded by the Health Research Council of New Zealand, the Neurological Foundation of New Zealand, the National Research Centre for Growth and Development, the Marsden Fund, the Lynette Sullivan Research Fund, the Free Masons of New Zealand, the Matthew Oswin Memorial Trust and the T.M. Pacey Family Trust.
Melanie Cheung

“Double voyage of discovery for Māori scholar”

When Melanie Cheung won a PhD Māori Scholarship from the HRC she was ready to embark on a voyage of discovery in science.

But little did she realize just how strongly it would also be a journey through her own culture.

Her project – the molecular studies of human neurodegenerative disease – required her to isolate and grow cells from the brains of cadavers.

But in Māori custom, the head and brain are extremely tapu – a sacred body part that must not be tampered with.

Melanie (Ngati Rangitihi) said: “From the very beginning, I told my supervisor ‘you do realise if my whānau says no, I am not going to be able to do it’. He had a complete understanding of that.”

Melanie visited her Kaumatua - Uncle Tame - who offered his support but said she needed to talk to her iwi - to let them decide.

About 60 people attended a hui with a team of about a dozen from the university.

“Alot hinged on that day. I wanted to give them the dignity of saying no and also the opportunity to know more about what we planned to do,” she said.

“We explained the work was about caring and helping whānau with Huntington’s disease and that it might eventually lead to development of a therapy,” she said.

“Not everyone was supportive to begin with and a couple of people questioned if Huntington’s was just a white man’s disease,” she said.

Melanie had taken along a Māori woman whose ex-husband had died from Huntington’s. She explained to the group what it was like living with the disease and that their daughter was at risk – there is a 50 per cent chance it can be passed to offspring.

“It was then that they understood it was not just about science but about whānau – and for Māori, whānau is at the centre of our universe,” she said.

Melanie has been supported by her iwi in the approach that she has developed.

Word has spread of her work and she is now in contact with a Māori family in Taranaki, who have just been diagnosed with Huntington’s.

She will go back to her iwi this year to update them of her progress.

“My aim is to use science as a positive tool to strengthen Whānau, Hāpū and Iwi. Through the science I hope to help Huntington’s families,” Melanie said.

“I want to keep developing these Tikanga Māori practices and make sure that my work has a really strong ethical focus.”

This research is funded as part of a PhD Māori Scholarship awarded by the Health Research Council of New Zealand.
Fellowship promotes Māori health

Dr Cherryl Smith was awarded the HRC’s postdoctoral Erihapeti Rehu-Murchie Fellowship in 2007.

As a grandmother, she is drawing on her own experiences to help compile the first study in New Zealand of the health and wellbeing problems facing Māori grandparents raising mokopuna.

She aims to provide informed advice to health workers and policy makers and identify ways the gaps can be addressed.

Dr Smith (Ngati Apa), who is based at Te Atawhai o te Ao in Whanganui, said the numbers of grandparents raising mokopuna are rising.

Studies have linked this to more grandparents suffering depression, anxiety, patterns of sleeplessness, hypertension and general health issues that arise out of extra stress.

“A society is only as strong as its most vulnerable groups. There are huge costs to society if the net (the grandparents) that is picking up these children breaks,” she said.

The Erihapeti Rehu-Murchie Research Fellowship In Māori Health honours the work of kaumatua Dr Erihapeti Rehu-Murchie.

It provides a salary for an emerging leader in Māori health with a PhD or equivalent for research in the following areas - hauora wahine and hauora tamariki; health promotion; holistic health (whare tapa wha); indigenous health policy involving international comparison.

HRC expenditure in research training for 2007/08 ($4.10M)

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2007 HRC Hercus Fellows embark on two significant research projects

In 2007, HRC Sir Charles Hercus Health Research Fellowships were awarded to Dr Ailsa McGregor from the University of Auckland and Dr Rebecca Roberts from the University of Otago, Christchurch.

The fellowship is an advanced postdoctoral award that recognises the contributions that Sir Charles Hercus made to biomedical, clinical and public health research in a distinguished career at the University of Otago.

The fellowship is designed to support an outstanding emerging researcher (4-8 years post-PhD) who wishes to establish or re-establish their career in health research in New Zealand. The fellowship package is worth up to $0.50M over four years and includes salary support and working expenses.

Dr Ailsa McGregor

Dr Ailsa McGregor is investigating the role that nicotinic acetylcholine receptors play in the pathology of Huntington’s disease (HD) in the hopes of identifying a potential therapy for this fatal disease.

HD is an inherited neurodegenerative disorder which affects around 1 in 10,000 New Zealanders. HD results in the permanent loss of brain cells which causes profound neurological deficits and functional impairment. Typical symptoms include involuntary movements (hyperkinesia), dementia and personality changes.

“We know about the gene that causes Huntington’s disease, but the particular mechanisms that lead to cell death, we don’t understand as well,” Dr McGregor says.

Dr McGregor says decreases in neurotransmitter receptor levels are common in HD and other neurodegenerative diseases.

“What’s interesting is that there’s no change in the number of nicotinic receptors in the Huntington’s brain but there is a significant loss of the chemical (or agonist) that activates these receptors.”

“Since nicotinic receptors are involved in a lot of the processes that are impaired in HD, replacing the agonist that’s missing may have a really positive impact on the disease symptoms.”

During her Hercus Fellowship Dr McGregor will determine whether chronic administration of nicotinic agonists has the potential to reverse the neurological deficits observed in a transgenic mouse model of HD. Dr McGregor also hopes to identify the mechanisms underlying functional recovery in the animals.

Nicotinic agonists improve cognitive function and are neuroprotective. Activating nicotinic receptors has also been shown enhance the strength of connections between brain cells and support cell survival.

Dr McGregor says the project will also look at the effect of nicotinic agonists on the formation of new neurons (neurogenesis).

“We know that these transgenic mice have impaired neurogenesis. We expect that treatment with these agonists will increase neurogenesis and this may ultimately translate to an improvement in function.”

“If the results look promising in our animal model, then it would be pretty interesting to carry out a small clinical trial to see if HD patients also do better,” she says.
Dr Rebecca Roberts

Dr Rebecca Roberts is investigating the genes that contribute to inflammatory bowel disease (IBD) susceptibility and the genes which influence how patients respond to drugs used to control the disease.

IBD is a debilitating disease which is thought to be caused by a combination of genetic and environmental factors. There is no cure for IBD and patients require lifelong medication to manage its effects.

“IBD manifests itself as either Crohn’s disease (CD) or ulcerative colitis (UC) each of which differs in the way the inflammation behaves and its location. The peak age of onset for CD and UC is around 25 years and 30 years of age, respectively, said Dr Roberts.

She said the severe symptoms of the illness have a very profound effect on people’s quality of life and, although it can be treated with immunosuppressants, the effectiveness of these can diminish over time and many patients are intolerant to this type of therapy.

Different genes alter people’s risk to IBD and Dr Roberts is working on identifying and validating novel, genetic susceptibility factors for IBD from genome-wide scans performed on CD and UC cohorts.

She also aims to identify genetic variability that reliably predicts response to the immunosuppressant used to manage IBD.

Since taking up her Hercus fellowship in March, Dr Roberts has made significant inroads.

She has had a paper published in the journal Genes and Immunity after demonstrating that genes, which play integral roles in the detection, handling and elimination of bacteria are important risk factors for developing severe CD of the small intestine.

Furthermore, she and her Christchurch-based clinical colleagues have accepted invitations to participate in Australasian and global initiatives to advance the current understanding of the genetic factors that contribute to IBD.

Dr Roberts has joined the management committee for the newly-formed International IBD Genetics Consortium. This initiative which brings together 16 research teams, each with a proven track-record in IBD research, aims to create a patient cohort of sufficient size to identify genes that confer a modest, but important risk of developing IBD.

This consortium also aims to sequence key IBD risk genes to determine which variants in these genes are responsible for altering susceptibility to CD.

Dr Roberts said: “It is hoped that this detailed, and highly powered ‘molecular dissection’ of CD (Crohn’s disease) will provide valuable new insights into this debilitating condition and may reveal new potential drug targets.”

Dr Roberts is now confirming the results of a genome-wide association study conducted on a local CD cohort. She said: “This time-consuming process involves testing independent IBD cohorts for association. Although it is early days, preliminary data from one such association study points to a new risk gene for ileal CD.”
The Partnership Programme is an innovative research-funding model focused on building the evidence-base for policy and planning in the public sector. The Partnership Programme is based on the premise that cooperation will yield great potential benefits in terms of health gains. Additionally, it is anticipated that fostering cross-sectoral collaboration among funders, researchers and end-users will help to build capability to address health issues from a broader perspective.

In 2007/08 a number of key research initiatives drew close to an end. Several of these research projects demonstrate successful development of effective partnerships with research stakeholders. The overall research process for all Partnership Programme initiatives is intended to inform stakeholders about the specific area of research, to increase buy-in to the initiative and, eventually, to allow these groups to better prioritise issues within their sector.

In light of this, a particular highlight has been a project originally entitled ‘Searching for Pacific Solutions’. This project was established with the aim of providing information about interventions and services that are effective with Pacific populations in order to address alcohol and related risk-taking behaviours.

This study is known in the New Zealand Pacific community as ‘Le Ala’. Le Ala is a community-based action research project. By working with Pacific communities, the Pacific-led research team aimed to identify Pacific peoples who are at risk for alcohol-related problems, to create innovative, evidenced-based interventions and to develop skills and knowledge within Pacific communities that enable them to work effectively to reduce the harm from misuse of alcohol.

The research also aimed to create positive change through a community participatory approach that promotes ownership of the safety and harm reduction messages among individuals, families and communities.

Information for the project has been gathered by:
- a comprehensive literature review
- discussions with key stakeholders particularly providers of alcohol and drug services, and
- participant story telling.

It is anticipated that the information from these stages will form the basis for developing community-owned intervention strategies. This project provides an opportunity to put into practice some of the ideas that have been developing in relation to Pacific peoples’ health and well-being. It is anticipated that solutions for Pacific peoples’ health and well-being will work best when the community itself is involved in developing those solutions and ultimately owns these solutions for itself.

A targeted communication strategy has also enhanced the interaction among Pacific communities, social service providers and the research team.

The use of the name ‘Le Ala’ and associated branding makes it easier for stakeholders to identify with the study and associate ongoing messages about the findings to the research.

The research team have used ongoing feedback throughout the project, to keep stakeholders informed of the findings and engaged in the research process.
Le Ala is also another example of agencies in the public sector working together to address a cross-sectoral issue. The three-year programme has been funded through a partnership between the Alcohol Advisory Council (ALAC), the Accident Compensation Corporation (ACC) and the HRC.

Another example of successful partnership has been the Cost of Disability Research Project. This project commenced in 2005 and was jointly funded by the HRC and the Ministry of Social Development (MSD) with support from the Office for Disability Issues, Ministry of Health and the Disabled Persons Assembly.

The aim of the Cost of Disability Research Project was to identify the extra costs associated with the additional resources that disabled people require to achieve an appropriate standard of living. With a focus on adults of working age living in the community in New Zealand, the research identified the additional resources required to equate the standard of living of a disabled person with the ordinary standard of living that person would have realised without the impairment.

A collaborative approach was employed by the research team with partnerships developed between disabled people, the Disability Research Centre Auckland and the University of Auckland.

In order to ensure the research methodology met the needs of the disabled community, the research team included input from the disabled community at various levels of the project. A group of expert disabled strategic advisors were incorporated in the research team to provide guidance throughout the term of the project. A diverse Reference Group was also established, consisting of expert members and leaders of the disabled community. The Reference Group was involved in key decisions at each point of the research, including the design of feedback forums, development of the initial budget standards, recruitment of members of the disabled community and interpretation of the results.

This research provided an example for how resources might be identified for disabled people in a manner that is consistent with economic principles of costing and is also appropriate for working with the disabled community. It is hoped that this will assist government agencies and other researchers in the future.
The District Health Board Research Fund (DHBRF) is a partnership (effective from July 2005 to June 2009) between the HRC and the 21 District Health Boards (DHBs) in New Zealand. The objective of this initiative is to commission research that addresses key knowledge gaps for DHBs and supports and promotes the translation of research into clinical practice, policy development and funding decisions. The research undertaken may include research on primary, secondary and tertiary services, as well as community and disability support services. The fund is worth a total of $6.2M over the duration of the contract and up to six Request for Proposals (RFPs) will be released during this time.

A Governance Group was established to make strategic and policy decisions concerning the DHBRF. The Governance Group is involved in setting the research priorities for the fund, determining the content of the RFPs and making the final funding decisions. The Governance Group is chaired by Chris Clarke (CEO of Hawke’s Bay DHB). Current members are Mr. Matthew Brougham, Professor Mason Durie, Dr. Gary Jackson, Dr. Sharon Kletchko, Ms. Patricia Logan, Dr. Robin Olds, Ms. Shelley Campbell and Professor Harry Rea.

The first priority area identified and endorsed by the DHBRF Governance Group was Chronic Care. An RFP was released in April 2006 and the University of Auckland was contracted in December 2006 to begin research in February 2007. The project, called the ABC NZ Study, is led by Professor Martin Connolly (pictured above) from the University of Auckland.

The Access to Services RFP (Improving Access to Services to Reduce Inequalities for Vulnerable Populations) was released in January 2007 and CBG Health Research Limited was contracted in August 2007. The new research project, led by Dr. Barry Gribben, will look at how to improve access to health services and reduce inequalities for vulnerable populations by stocktaking current initiatives in this area. The project will determine which initiatives have been successful and why. The final result will be a toolkit for generalisable implementation by DHBs.
team have formed collaborations with a number of DHBs, PHOs and other health providers to ensure the research results have national utility.

For the other three priorities – cancer, mental health and translational research in diabetes, cardiovascular disease and/or obesity – the process for identifying research is underway.

**DHBRF Workshop – Innovation for Health**

The inaugural District Health Board Research Fund (DHBRF) Workshop, Innovation for Health – Sharing Knowledge and Building Relationships was held over two and a half days (10 – 12 October 2007) at Te Papa Tongarewa in Wellington. The Workshop, which was hosted by the DHBRF Governance Group and the HRC, successfully lifted the profile of innovation within the health sector.

The Workshop brought together health professionals from a range of sectors to explore innovation and research for the sector and discuss paramount issues in the health sector today and take part in breakout sessions where leaders in the areas of sector leadership, service improvement, value for money, workforce innovation, community development and relationship brokering were able to share experiences of innovation in their workplaces, explore challenges and successes and inspire discussion.

Keynote speakers, panel sessions and breakout sessions encouraged insightful dialogue around the themes:

**Partnership in action** - developing and maintaining partnerships for health outcomes

**Knowledge creation** - generating the appropriate knowledge for health outcomes

**Knowledge brokering** - creating and sustaining opportunities for knowledge transfer

**Sector environment** - promoting an innovation culture for health outcomes

Delegates went away from the Workshop inspired and motivated to transform their workplaces and encourage a culture of innovation within the health sector, beginning with their wards, centres, PHOs, DHBs and communities.

It is hoped that the DHBRF Workshop will become a regular event following up innovations, progress and developments in the health sector and provide a forum for exchanging ideas and recommendations for moving the sector forward.
Policy and evaluation at the HRC

The work of the Policy, Evaluation and Business Development team at the HRC involves a number of activities supporting HRC investments. These include: developing performance measures and monitoring our performance in order to account for how public money is invested in health research; demonstrating the impact and value of health research to our funding and ownership Ministers; working with our stakeholders and communities to identify health research priorities; evaluating policies and programmes to identify strengths, gaps and areas for growth, which in turn inform the development of new strategies and opportunities; and implementing New Zealand Government and health sector policy while working to align HRC investment with core New Zealand health and information needs.

Evaluation undertaken by the HRC has four main purposes.

These are to:

- identify the progress that is being made in achieving the goals set out in the HRC’s Strategic Plan;
- determine the efficacy and effectiveness of operations, policies and programmes;
- assess the impact of the HRC’s investment in health research; and
- provide for greater accountability of the HRC’s investment in health research.

Findings from evaluation have resulted in improvements to the way the HRC allocates funding and conducts its core business.

Evaluations conducted in 2007/2008 focused on the career paths of career development awardees, seeking to identify the success of the HRC’s Pacific and Māori Health Research Career Development Award Programmes in growing capacity in the health research sector.

The findings indicate the success of the Career Development Awards programme in developing Pacific health research capacity and capability, and building a pool of Pacific health researchers.
The HRC career development awards in Māori health research were first introduced in 1992. Over the period spanning 1992 to 2005, 143 Masters, PhD, Training Fellowship and Postdoctoral Fellowships have been granted.

An evaluation was undertaken to identify the success of the awards programme in building and developing Māori health research capacity and capability, and to identify the mechanisms that support and encourage career development.

The Career Paths Survey identified the career paths of past recipients of career development awards (funded over the 1994 to 2004 period). Information on the career paths of the 74 individuals who obtained awards during this period was gathered using the HRC’s research contract database, and from an online survey, and semi-structured interviews. From a sample of 74 individuals, a 62 percent response rate was achieved.

**Figure 5**

Roles and contracts undertaken by Career Development Awardees post-completion of initial award

- **Principal Investigator**
- **Named Investigator**
- **Emerging Researcher First Grant**
- **Clinical Research Training Fellowship**
- **Postdoctoral Fellowship**
- **Postgraduate Scholarship**

**Main findings**

- Of the 74 individuals granted awards during this period, 59 percent were successful in obtaining further HRC funding, with 77 percent of these individuals advancing to the point in their careers where they were Named, or Principal Investigators on research contracts.

- Following the completion of awards, three quarters of survey respondents indicated that they were involved in further research.

- Half of respondents (53 percent) were working in the health research sector at the time of the survey, with 68 percent of these people working in the area of Māori health research.

- 84 percent of awardees gained academic qualifications.

- Three quarters of survey respondents were now responsible for supervising staff and/or students, and training and/or mentoring students.

- Respondents cited the important role supervisors could play in determining the direction research took and providing students with skills and training which equipped them for a career in research.

- The majority of awardees (83 percent) had someone whom they considered a mentor during their study, with mentoring highlighted as an area that could be developed within the existing awards programme.

- Three quarters of survey respondents felt that their awards had assisted them in their involvement with relevant communities.

- Nearly all respondents (89 percent) considered their research to have contributed to health outcomes, or have the potential to do so.
A study undertaken by Koloto & Associates Ltd was commissioned by the HRC to evaluate the career paths of past Pacific Health Research Career Development Award recipients. The research involved interviews with individuals who had received awards over the 1994-2006 period, and sought to identify whether recipients had continued a career in health research, and whether or not the awards programme had been successful in achieving Goal 2 of the HRC’s Strategic Plan for Pacific Health Research 2006-2010: ‘To develop Pacific health research capacity and capability’.

During this twelve-year period the HRC offered 24 awards, which were granted to 22 individuals, with 16 awardees participating in the evaluation. Information on individuals receiving awards during this period was also gathered from the HRC’s Contract Management Database.

The findings indicate the success of the Career Development Awards programme in developing Pacific health research capacity and capability, and building a pool of Pacific health researchers.

**Figure 6**

**Participant representation of Pacific ethnic groups**

- Of the 22 individuals granted awards during 1994-2006, 68 percent went on to acquire further HRC funding.
- 87 percent of participants had successfully gained academic qualifications.
- 81 percent of participants had continued a career in research, with nearly all of the participants citing their involvement in research at an advisory level, if not as active researchers.
- Eight out of 12 Training Fellowship and PhD awardees could be classified as emerging researchers, with these awardees based at universities and leading the Pacific components of research projects.
- Participants emphasised the importance of having support mechanisms in place for students during their award. They cited the personal support and mentoring provided by the HRC Pacific Manager as being very important, along with the meetings organised by HRC staff for award recipients and the Pacific Health Research Committee, the Pacific health researchfono, as well as the HRC’s Flax Roots mentoring programme. An outcome of these support mechanisms identified by participants was the building of a network, or a community of Pacific researchers, which was viewed as unique to the health sector.
- The majority of the research topics explored by awardees could be considered priority areas for Pacific health, with research having application in policy development and implementation.
The HRC plays an important role in the regulatory and ethical aspects of health research. To do this it engages with the Ministry of Health, the National Ethics Advisory Committee (NEAC), the Bioethics Council, Regional Ethics Committees, Institutional Ethics Committees and the research community.

The HRC has four committees involved with ethics and regulation of clinical trials: the HRC Ethics Committee (HRCEC), the HRC Data and Safety Monitoring Board (DSMB), the Standing Committee on Therapeutic Trials (SCOTT) and the Gene Technology Advisory Committee (GTAC).

**HRC Ethics Committee (HRCEC)**

The HRC Ethics Committee met four times during the year and highlights from their activities are set out below:

- A successful bid resulted in the HRCEC hosting the Ninth Global Forum on Bioethics in Research to be held in Auckland on 3, 4 and 5 December 2008. The Forum will bring together delegates from developing countries to share experiences and discuss issues. The theme for the 2008 Forum is the ethics of research involving indigenous peoples and vulnerable populations.

- The HRCEC produced a discussion document for the Ministry of Health (MoH) on the need to establish a national framework for all research involving human participants.

- The HRCEC updated the HRC Referral Guidelines and Accreditation Guidelines.

- The HRCEC responded to a request for a second opinion from a researcher.

- The HRCEC continued to support the National Ethics Advisory Committee (NEAC) with the development of a Māori framework for ethical review in collaboration with Ngā pae o te Māramatanga (University of Auckland).

- Comment was provided on the following regulatory documents:
  - Use of Human Tissue for Future Unspecified Research Purposes (to the Ministry of Health)
  - Newborn Metabolic Spot Cards : Consent, Storage and Use : A Public Consultation (to the Ministry of Health)
  - Health Information Privacy Code Amendment (to the Office of the Privacy Commissioner)
  - Ethics of Intervention Studies: Discussion Document and draft Ethical Guidelines for Intervention Studies (to NEAC)
  - Human Tissue Bill (to the Health Select Committee)

**Gene Technology and Advisory Committee (GTAC)**

GTAC assesses the scientific merit of New Zealand applications to produce new medical therapies through the transfer of genes from another species to humans, and between species.

GTAC released the following documents: ‘Guidelines for Preparation of Applications Involving Clinical Trials of Xenotransplantation in New Zealand’ (August 2007) and ‘Process and Guidelines for Application for Approval of Proposals Involving Administration of Gene Products to Human Subjects in New Zealand’ (March 2008).

GTAC also reviewed a new application to conduct a clinical trial of an investigational gene therapy.

GTAC responded to information requests from the Ministry of Health regarding GTAC’s assessment of a xenotransplantation application, and GTAC representatives met with members of the National Health Committee who are conducting a public consultation on the application.

**Standing Committee on Therapeutic Trials (SCOTT)**

SCOTT reviews clinical trials seeking an exemption under Section 30 of the Medicines Act. Over the past year, the Committee reviewed 119 clinical trials, with an average time for review of 122 days.

**Data and Safety Monitoring Board (DSMB)**

The purpose of the Data and Safety Monitoring Board (DSMB) is to provide objective, independent monitoring of clinical trials in New Zealand funded or part-funded by the Health Research Council of New Zealand. The primary involvement of the DSMB is with large scale clinical trials in the setting of life-threatening diseases.

The HRC’s DSMB is currently monitoring seven trials, with three of these initialising in the next six months.
A review of the Hauora Māori Scholarship Programme has found that the scheme has been very successful in developing the Māori health and disability workforce.

The review was funded by the HRC and the Ministry of Health (MoH) and undertaken by Taupua Waiora, the centre for Māori health research at AUT University in collaboration with Hauora.com, a Māori health workforce development organisation.

Project Leader Associate Professor Mihi Ratima says the review found that these scholarships have helped strengthen the Māori health and disability workforce, which will ultimately contribute to improved health outcomes for Māori.

The programme, which was established in the early 1990s, provides financial assistance to students undertaking a tertiary health-related programme who are committed to Māori health and have whakapapa and/or cultural links with Māori. The aim of the review was to look at the programme in terms of its contribution to the Māori health and disability workforce.

Nearly 600 scholarship recipients took part in the survey. The participants were carrying out study, or had completed study, in a wide range of health-related disciplines mainly in areas of which Māori are under-represented in the workforce.

Of these, 390 participants were not employed in health at the time they were awarded a scholarship, but now one third of this group are. Most of the remainder of that group are still completing their qualifications, which shows that the scholarships have helped participants to complete the qualifications and then start working in health.

Almost 200 respondents who were already in the health workforce at the time they received the scholarship have increased their capability through upskilling.

One quarter of recipients said the scholarship had an important role for them finishing their qualifications; motivating them to pass their coursework each year, to achieve higher grades, and to complete their study in the minimum timeframe.

The data shows that the programme has made a substantial contribution to the Māori health workforce. The review also bought about some recommendations to improve the programme.

These included the need to increase the marketing of the programme, which was found to be quite minimal. Another recommendation made by the review team was that the programme should continue to build on its strengths and reinstate whakapapa-based eligibility criteria for all recipients alongside a demonstrated commitment to Māori health.

The review was funded through the Māori Health Joint Venture which is a Partnership Programme initiative between the HRC and the MoH to jointly fund research which will promote health outcomes for Māori. The core objectives are to identify health research priorities to promote improved health outcomes and tackle inequalities experienced by Māori with a disability.
Māori Health Research Database

The Māori Health Research Database was launched in 2007. The creation of this database is part of the fulfilment of goal 5 of Nga Pou Rangahau Kia Whakapiki Ake Te Hauora Maori 2004-2008 (The Health Research Strategy to Improve Māori Health and Wellbeing 2004-2008). The database of Māori health research has been called for by Māori health researchers at the last two Hui Whakapiripiri.

The benefits of the database are:
- improved dissemination;
- increased uptake of research results and outcomes;
- enhanced opportunities for networking and collaboration.

The database will allow users to search for projects in the area of Māori health funded by the HRC since 1999. Both Simple and Advanced search facilities are available. Search options include the following: by name, title, discipline, date and organisation.

To search the database visit the HRC’s homepage and follow the links or visit http://search.hrc.govt.nz/maori/research/

Māori Health Research Career Development Awards – Career Paths Survey

The HRC has released a report on the evaluation of career development awards in Māori health research. Please refer to page 31 for details.


Guidelines for Researchers on Health Research Involving Māori updated

The HRC’s Māori Health Committee has recently updated the Guidelines for Researchers on Health Research Involving Māori. The guidelines are designed to assist researchers who intend undertaking biomedical, public health or clinical research involving Māori participants or research on issues relevant to Māori health. The guidelines inform researchers about consultation and the processes involved in initiating consultation with Māori and are available for download from the HRC website: www.hrc.govt.nz. Alternatively, hard copies can be requested by emailing: info@hrc.govt.nz.
Research into the health needs of Pacific peoples has been identified by Government and the HRC as a priority for investment. This research must also be of high priority and benefit to Pacific peoples. The HRC’s mission for Pacific health is ‘discovering Pacific health solutions through research’ and is carried out with a vision to achieve ‘optimal health for Pacific peoples’.

During the 2007/08 year, the HRC continued to build and invest in Pacific health research and the Pacific health workforce.

Projects that focused on Pacific peoples and the priorities identified by the Pacific Peoples Expert Panel totaled $7.0M, compared with $2.1M in 2007. The first Pacific Governance research proposal in four years was funded in the 2008 contestable funding round – Dr Ausaga Faasalele Tanuvasa: Exploring Samoan women’s attitudes towards antenatal and midwifery care. The level of investment in Pacific Partnership research and Pacific Relevance research was $5.1M and $1.7M, respectively.

**Building the Pacific health workforce**

HRC Career Development Awards for Pacific peoples at Masters, PhD and Postdoctoral level totaled $0.6M in 2007/08. This also includes summer studentships and seeding grants.

The HRC administers two Pacific Workforce Awards on behalf of the Ministry of Health. The Pacific Health Workforce Awards ($0.3M) aim to build a highly skilled Pacific peoples health and disability workforce, whilst the Mental Health Workforce Awards ($0.2M) aim to enhance the mental health sector by building and developing Pacific Mental Health workforce capacity.

**Pacific Health Research Forum 2007 – Translation of Research**

Translation of research was the key focus at the Pacific Health Research Forum held at the Waipuna Hotel & Conference Centre on 1-2 August 2007.

The Forum commenced with a memorial for the late Sir Thomas Davis, who sadly passed away a few days prior to the start of the Forum. Sir Thomas had already written his keynote speech for the Forum, and this was delivered on his behalf by Dr George Ngaei, a prominent GP/Surgeon from Invercargill.

There was a strong Cook Islands presence at this year’s Forum, out of respect for the recent passing of Sir Thomas.

Many of the keynote speaker’s presentations demonstrated how research evidence is being used for healthy outcomes for Pacific peoples.

Overall the Forum was a great success attended by over 170 delegates, and highlighted some of the excellent research being conducted by Pacific students and researchers, much of which shows that research evidence is being translated into healthy outcomes for Pacific peoples.
Implementation of the HRC’s Pacific Health Research Strategy

Over the next three years, the HRC will continue to implement its Strategic Plan for Pacific Health Research 2006 – 2010. The fundamental theme of the strategy is service to Pacific communities to achieve Pacific peoples optimal health. The Plan consists of six goals, each with associated goals and objectives. Nine strategic initiatives have been identified for the 2008-2009 period, alongside key activities. Progress towards implementing the strategic initiatives of the plan will be monitored on a regular basis, with modifications made, where necessary, to maintain progress.

The six goals and strategic initiatives of the Plan are outlined below.

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<tr>
<th>Goals</th>
<th>Initiatives</th>
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<tr>
<td>1. To fund and promote research that improves Pacific health outcomes</td>
<td>1. To complete Pacific policy health and disability document</td>
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| 2. To develop Pacific health research capacity and capability | 2. To develop Pacific student capacity and capability  
3. To deliver research writing workshops |
| 3. To improve the quality of health research that is by and/or for Pacific peoples | 4. Annual publication (First year methods)  
5. Quarterly Pacific health research newsletter |
| 4. To demonstrate responsiveness to Pacific communities | 6. To develop a cultural competency model for HRC staff when engaging with Pacific peoples |
| 5. To build and encourage relationships to advance Pacific research | 7. To develop an online searchable Pacific health research database  
8. To develop cross-sectoral partnerships, e.g. Ministry of Pacific Island Affairs (MPIA), Ministry of Health (MoH), Tertiary Education Commission (TEC), Ministry of Social Development (MSD), Ministry of Education (MOE) and the Alcohol Advisory Council of New Zealand (ALAC) |
| 6. To promote the uptake of research findings | 9. To produce summaries of Pacific research results  
(Annual report) |

Activities that the HRC have conducted in 2007/08 to support the goals of the Plan include:

- implementing a tracking survey of previous HRC Pacific Career Development Award recipients, to identify areas of strength and success as well as ways capacity building for Pacific health research can be improved;
- identifying appropriate research approaches for working with Pacific communities;
- developing research workshops to further enhance and nurture careers in health research among the Pacific health research community and health service providers throughout New Zealand; and
- building strong, robust and mutually beneficial partnerships between Pacific communities, research teams, government bodies and institutions.

The Strategic Plan for Pacific Health Research 2006 - 2010 can be found on the HRC website: www.hrc.govt.nz.
Trip to US reaffirms RS&T ties with New Zealand

A trip to the United States by New Zealand research, science and technology delegates reaffirmed the positive working relationship between the two countries in this sector.

HRC Chief Executive Dr Robin Olds accompanied Hon Steve Maharey, then Minister of Research Science and Technology, to Boston and Washington D.C. in late October 2007. Dr Olds formed part of a seven member group accompanying the Minister along with officials from the Ministry of Research, Science and Technology (MoRST) and the Ministry of Education.

One of the main purposes of the trip was to reaffirm the NZ-US Science and Technology Cooperation Agreement, a high-level understanding between the two governments that underpins very extensive scientific collaborations.

The trip also provided a chance to interact with individuals from the John E Fogarty International Center, one of the National Institutes of Health (NIH). This included time with the Center’s Director, Dr Roger Glass, and Dr Jim Herrington, Director of the Center’s Division of International Relations.

The group discussed areas in which we might work collaboratively to identify and fund priority research. NIH received a budget of $29.2 billion for the 2007 financial year, around 21 per cent of the total public investment in all research.

While in Boston, the group spent the day at the Massachusetts Institute of Technology (MIT) looking at schemes for mentoring entrepreneurs and how MIT undertakes technology transfer and supports ideas to market.

International Investment Opportunities Fund

The International Investment Opportunities Fund (IIOF) was established in 2004 to increase international connectivity within the Research, Science and Technology sector.

Five international health research collaborations were awarded funding in the 2007/08 round of IIOF Objective 1.

Objective 1 of IIOF focuses on enabling outstanding New Zealand researchers to build research collaborations with overseas research teams. The fund supports applicants to engage in research activities that will produce gains for New Zealand, offer significant leverage to build New Zealand’s health research capacity, and are likely to attract international co-funding to support longer term research projects.

The project titles and Principal Investigators include:

- How does COPD develop in non-smokers?  
  24 months, $400,000  
  **Associate Professor Peter Black**, Pharmacology & Clinical Pharmacology, University of Auckland, (09) 373 7599. Lead International Partner: **Prof Chun-Xue Bai**, Pulmonary Medicine, Fudan University, Shanghai, China.

- Bone Cell Activity Assessed in Three-dimensional Scaffold Cultures  
  24 months, $300,000  
  **Professor Jillian Cornish**, Dr Dorit Naot, **Professor Ian Reid**, Faculty of Medicine and Health Sciences, University of Auckland, (09) 373 7599. Lead International Partners: **Professor Graham Russell**, Dr Philippa Hulley, Dr Zhidao Xia, The Botnar Research Centre, University of Oxford.

- Targeted in situ proteomics: a new method to study lens cataract  
  24 months, $310,000  
  **Associate Professor Paul Donaldson**, Dr Julie Lim, Department of Physiology, University of Auckland, (09) 373 7599. Lead International Partners: **Assistant Professor Wainwright Jaggernauth**, Radiation Medicine Department, **Assistant Professor Mary Reid**, Department of Epidemiology, Roswell Park Cancer Institute, USA.

- Phase II Trial of Selenomethionine with Chemoradiation in Head and Neck Cancer  
  24 months, $80,431  
  **Dr Michael Jameson**, Dr Michael Tills, Oncology Department, Waikato Hospital, (07) 839 8604. Lead International Partners: **Assistant Professor Wainwright Jaggernauth**, Radiation Medicine Department, **Assistant Professor Mary Reid**, Department of Epidemiology, Roswell Park Cancer Institute, USA.

- Synaptic targets for neurodegenerative disease and brain repair  
  24 months, $399,000  
  **Dr Johanna Montgomery**, Department of Physiology, Dr Bronwen Connor, Department of Pharmacology, University of Auckland, (09) 373 7599. Lead International Partner: **Associate Professor William Green**, Neurobiology, Pharmacology and Physiology, University of Chicago, USA.
Childhood asthma and allergy researcher awarded HRC’s prestigious Liley Medal

Studying the change in prevalence of asthma, rhinitis and eczema in children worldwide study has earned Professor Innes Asher from the University of Auckland this year’s Liley Medal for health research.

The Liley Medal, awarded annually by the HRC, recognises an individual who has published a research study that has made an outstanding contribution to health and medical sciences. The medal is named after Sir William (Bill) Liley KCMG, BMedSc, MBChB, PhD, FRSNZ, FRCOG to recognise his lifetime contributions to health and medical sciences.

Professor Asher leads the International Study of Asthma and Allergies in Childhood (ISAAC), a major worldwide research programme formed in 1991, with key coordination from New Zealand, studying asthma, allergic rhinoconjunctivitis and atopic eczema.

Her research studied almost half a million school children in 56 countries to determine whether the prevalence of asthma, rhinitis and eczema had changed.

Previously, the prevalence of these conditions had been increasing; however, the research she led found decreases in prevalence in many study centres, including New Zealand. The increases were more common in centres with low prevalence and in developing countries.

“The most concerning finding was that the increasing prevalence was most common in the most populous regions of the world (Latin America, Africa, India, Asia-Pacific) meaning high health care impact,” Professor Asher says.

The study also found divergent trends for asthma, rhinitis and eczema in children within centres and regions, indicating environmental factors interact with the three conditions in different ways.

In addition to providing new evidence that environmental factors determine prevalence of asthma and allergies, the study has produced an effective research model which can monitor public health internationally and engage researchers worldwide.

“This research is an inspiring example of global leadership and successful international collaboration,” HRC Chief Executive Dr Robin Olds says.

Professor Asher’s research paper, Worldwide time trends in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and eczema in childhood: ISAAC Phases One and Three repeat multicountry cross-sectional surveys,” was published the prestigious international journal, The Lancet, in 2006, and the research has been highly cited since publication.

The medal was presented to Professor Asher at the New Zealand Science Honours dinner held on 20 November 2007 by Lady Margaret Liley and Dr John Hay, Deputy Chair of the HRC Board.

“The most concerning finding was that the increasing prevalence was most common in the most populous regions of the world (Latin America, Africa, India, Asia-Pacific) meaning high health care impact.”
A childhood promise to find a cure for cancer has led a PhD student to a top honour at the MacDiarmid Young Scientists of the Year Awards.

Dianne Sika-Paotonu won the HRC-sponsored Advancing Human Health and Wellbeing category for her research to devise improved cancer vaccines.

Her work has been inspired by a pledge she made as an eight-year-old to find a breakthrough in cancer treatment after a close family friend died of the disease.

Dianne, who is based at the Malaghan Institute of Medical Research in Wellington, is researching potent new vaccines that may be able to activate a patient’s immune cells to destroy cancer tissue.

She received her $5,000 prize at a glittering award ceremony at Sky City, in Auckland.

Dianne, whose parents are Tongan, is researching potent new vaccines that may be able to activate a patient’s immune cells to destroy cancer tissue.
“I am absolutely delighted to win this award,” she said. “As a scientist you can easily spend 12 or 15 hours a day working in the lab but sometimes this can make you feel rather isolated and wondering whether or not anyone has noticed the effort.

“You yourself know how important your work is, but to have other people recognise and appreciate your work in this way really does make receiving this MacDiarmid award truly unique.”

Dianne’s PhD research is supported by a HRC Pacific Health PhD Scholarship.

Her work in the Malaghan Institute Vaccine Research Group, led by Dr Ian Hermans, is focused on a rare group of immune cells called dendritic cells. These cells have the unique ability of being able to stimulate the immune system to launch an attack against cancerous tissue.

Dianne’s breakthrough strategies involve coating the dendritic cells with a sea sponge extract (alpha-galactosylceramide) which causes the dendritic cells to work harder at turning the T-cells into cancer killers.

By developing strategies that maximise dendritic cell activity, Dianne is one step closer towards a highly-effective more natural approach to cancer therapy that doesn’t come with the side-effects of conventional treatments.

Hae Joo Kang, from the School of Biological Sciences at the University of Auckland, was runner up in the Advancing Human Health and Wellbeing category.

She is making significant findings that could lead to new treatments to fight the organism that causes Strep throat, Streptococcus pyogenes. This bacterium is also responsible for other more severe illnesses, such as toxic shock and flesh-eating disease.

Hae Joo, who is supervised by Professor Ted Baker, has discovered the atomic structure of protein assemblies called pili, which stick out from the surface of step bacteria. She has also identified a new type of bond in these pili, which makes them super strong, given them the strength required for the bacteria to successfully stick to and infect human cells.

The MacDiarmid Awards celebrate the achievements of New Zealand’s future leaders in science and are also designed to encourage others to follow in their footsteps.
Communications

The 2007/08 year was another productive one for the HRC Communications team. The HRC carried out its bi-annual Stakeholder Survey and a readership survey of its quarterly newsletter, HRC News. The HRC was also involved in a number of health research-related events and took these opportunities to celebrate New Zealand’s health research achievements.

**HRC Stakeholder Survey 2007**

OPRA Group was commissioned by the Health Research Council of New Zealand (HRC) to undertake an independent, objective review of organisational performance for 2006/07. In particular, OPRA’s objective was to gather feedback on the HRC’s activities over the last year, with particular emphasis on organisational areas of strength and potential areas for development.

The Survey was carried out between 20 July and 10 August 2007, and included a combination of telephone and electronic surveying, with a broad cross-section of the HRC’s stakeholders to support the information gathering process.

The Survey provided an opportunity for the many agencies, organisations and individuals who engage with the HRC to provide feedback on our performance across our wide range of activities.

Specific areas of interest in the HRC stakeholder survey included: relationship management, communication, policy, the Partnership Programme, HRC funding, staff capability, specific initiatives and performance.

Feedback from participating stakeholders in the Survey showed a high level of consistency with regard to the perceptions of the HRC’s overall performance.

While there was only a marginal shift in quantitative ratings between the 2004/05 and 2006/07 surveys, qualitative feedback gave some insight into where stakeholders had identified a shift in HRC performance.

In particular, stakeholders suggested that the HRC should be commended for:

- the sincere and productive relationships held between the newly-appointed Chief Executive and the health research sector;
- its delivery of constructive face-to-face visits with stakeholders working at the ‘coal face’ of the health sector;
- a Partnership Programme that is generally thought to add value, but that could be more widely promoted;
- a robust funding process, that is generally thought to include an appropriate level of peer review and committee involvement; and
staff who are widely thought to be helpful, professional and collaborative in their outlook.

The survey also gave respondents the opportunity to comment on how the HRC could enhance its performance. A number of ‘themes’ emerged from quantitative feedback that shows what stakeholders want to see.

These are outlined below:

- HRC to actively build stakeholder understanding of future health research priorities (i.e. long-term sector plan), and guide discussion around the future direction of the sector;
- Updating the HRC website with more intuitive links to current documentation, and personnel;
- Addressing the pockets of confusion with regard to the HRC’s role in policy making and the process for consultation with stakeholders;
- For the HRC to be the conduit between Māori and Pacific Island communities with a health research need, and stakeholders wishing to conduct such research;
- Increased transparency around the allocation of funding, including the evaluation of research proposals and shared clarity around the criteria for funding selection;
- Continued engagement with the health research community with regard to the priorities of research, and facilitating the full dissemination of research outcomes within the sector; and
- Investing in strategies to build Pacific and Māori research capability, as well as facilitate learning opportunities and career pathways for emerging researchers.

A copy of the HRC Stakeholder Survey Executive Summary and details about how the HRC is responding to the Stakeholder Survey can be found on the HRC website, www.hrc.govt.nz.

**HRC News readership survey results**

A readership survey carried out about *HRC News* gave us some valuable feedback, which will be used to further improve our communications with stakeholders.

From 1562 questionnaires sent out, 246 were completed on line with 41 returned in the post – an 18 per cent response rate.

Respondents came from across the spectrum including university academics, researchers, district health board and primary health care employees, public health workers, government workers and graduates.

In summary, respondents thought that *HRC News* offers a good mix of news across health and research issues.

Readers described *HRC News* as a good way to “keep in the loop” and “catch up” on the latest news in the health research world. Some found it useful to see at a glance who had received grants because knowing what has been funded can direct future research plans. *HRC News* was also seen as a helpful publication for institutions to advise their own scientific staff on what is happening in the fields of research.

The Chief Executive’s message was well-received and topics were offered for future debate in this column – many relating to the funding round and money available.

Respondents also suggested topics that they would like to see covered in the newsletter, including mental health, more public health-focused articles, stories about the next generation of researchers and more reporting of the outcomes of HRC-funded projects that have been completed. This is something we are working on and we have introduced news briefs of newly-completed studies into *HRC News*.

A number of comments were made about the HRC website being complex to navigate, particularly for first-time users. A number of amendments have been made to the main page navigation, in order to address this, and an internal team has been established to look into a redesign of the HRC website over the next two years.
The 10-member HRC Board is appointed by the Minister of Health in consultation with the Minister of Research, Science and Technology.

The HRC Board members in 2007/08 were:

Professor Graeme Fraser, CNZM (Chair), Dr John Hay (Deputy Chair), Dr Clive Aspin, Mrs Esther Cowley-Malcolm, Ms Kath Fox, Mrs Judy Keall, Professor Richie Poulton, Professor Anthony Reeve, Associate Professor Susan Stott and Professor Alistair Woodward. Mr Ngarau Tupaea is the HRC’s Kaumatua. HRC Board members whose terms finished during the year were Professor Jane Harding and Ms Aroha Hudson.