



**HEALTH RESEARCH COUNCIL
OF NEW ZEALAND**
STATEMENT OF PERFORMANCE
EXPECTATIONS 2020 | HE TAUĀKI MŌ TE
WHAKATUTUKITANGA O NGĀ WAWATA
2020

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Foreword from our chair

Kupu Takamua Nā te Heamana

In 2020/21, we will continue to lead in the health sector, develop a skilled and diverse workforce, and invest in excellent research to improve wellbeing and achieve health equity.

In 2020, the need for high-quality health research and public confidence in scientists has never been more acute. Our country's response to the worst pandemic in over a century depends on timely provision and communication of quality evidence to underpin decisions that impact our nation's health, economy, and way of living. The contribution that our health research community is now able to make to national policy and the international body of knowledge to combat COVID-19 represents decades of dedicated investment by the Health Research Council. We are proud to lead the national research effort and to be responsive to the urgent needs and opportunities for New Zealand.


We acknowledge the impact of the COVID-19 pandemic on our health research community, including those involved in the frontline response. The HRC will need a flexible approach to our investment processes and contract management to ensure that investment in, and accountability for, health research can continue as smoothly as possible during 2020/21.

There is much that the HRC can do to extend our work to implement the New Zealand Health Research Strategy. We have already led the development of health research priorities for New Zealand, with support from the Ministry of Health and the Ministry of Business, Innovation and Employment. The release in 2019 of the New Zealand Health Research Prioritisation Framework represents the first of the Strategy's Actions to be completed, and has provided clear direction for all government investment in health research. This year the HRC will review all our processes and funding mechanisms against the Framework, to align, consolidate and strengthen our approach for 2021/22 and beyond.

The continued roll-out of our redesigned investment in New Zealand Health Delivery will further our priority to actively engage the health sector in research. Our new suite of grants has been developed in consultation with the health and innovation sectors to get more health professionals involved in research and to support a learning, innovative healthcare system.

This year, we celebrate the 30th anniversary of the HRC, and the crucial contribution of health researchers has never been more clear. We would like to thank the excellent, diverse research community we fund, whether they are currently in the spotlight or working behind the scenes to improve health outcomes for all New Zealanders. We acknowledge and thank the many outstanding individuals who have contributed their valuable time and expertise over the last thirty years to advise on HRC funding mechanisms, run our investment processes, communicate the many and varied benefits of their research, provide advice to government, and help shape the best direction for health research. With your ongoing contributions we will continue to fund high-impact health research, and build the health research ecosystem that New Zealand needs.




Professor Lester Levy,
 CNZM, Chair




Dr Will Barker
 Council Member

Introduction

He Kupu Whakataka

This Statement of Performance Expectations sets out the four outputs that the HRC will deliver in the 2020/21 financial year, with funding from Vote Business, Science and Innovation (\$126 million) and Vote Health (\$0.29 million)

About us

The HRC is the principal government funder of health research. Our major activity is investing in health research;

- proposed by health researchers in response to our published priorities (investments through our annual funding rounds)
- sought through requests for proposals on specified or urgent topics (our Partnership Programme and Requests for Proposals), and
- some through training and development support for the research workforce in areas where greater capacity and diversity is needed (our Career Development programme).

Our investment makes a difference to the health, health equity, wellbeing and productivity of New Zealanders. It generates new knowledge, solutions and innovations, and improves the quality and cost-effectiveness of the healthcare system. By keeping New Zealanders healthy and productive, we support economic growth. We also support innovative research that results in new products and processes with commercial value.

We balance our investment so that we can deliver knowledge and solutions with immediate impact, yet also seed the ideas and support the exploration that will generate the health gains and innovations of the future.

Another way we add value is through our Partnership Programme. We bring stakeholders together across sectors to commission research. Our work across government sectors recognises that health is impacted by social and economic

Key facts about the HRC

Crown Agent (established HRC Act 1990)

Accountable to:

- The Minister of Health (responsible minister under the HRC Act)
- The Minister of Research, Science and Innovation (funding and monitoring)

Aspiration: Every New Zealander equally enjoys improved health and wellbeing because of evidence and innovations from our world-leading health research system.

Principal statutory functions:

- advise the Minister of Health on national health research policy
- advise on health research priorities for New Zealand
- initiate and support health research
- foster the recruitment, training and retention of health researchers in New Zealand

Our key strategic drivers from our Statement of Intent:

- Fostering excellence and innovation
- Increasing engagement and connection
- Strengthening skills and systems

issues, justice, our environment, transport, housing, and much more. Sharing the cost, resources, and expertise that each partner brings to the table raises both the scale and value of the resulting project.

For a full description of the functions, values and operations of the HRC, please refer to our Statement of Intent 2020-2024, available on our website. Our new website (launched in December 2019) provides information on all aspects of the HRC business and operations, plus a wide range of resources on health research policy and funding in New Zealand: www.hrc.govt.nz.

About this document

The HRC's Statement of Intent 2020–2024 (Sol) provides the basis for our Statement of Performance Expectations (SPE). In our SPE, we set out our operating intentions for the coming year, our key performance indicators and targets, and our financial statements.

The HRC's Strategic Plan, performance framework, and Sol are based on three 'strategic drivers' that guide funding decisions and help us to meet our aspiration – that every New Zealander enjoys equitable improvements in health and wellbeing because of evidence and innovations from our world-leading health research system. The schematic overleaf shows our strategic drivers and how they relate to the funding Outputs that we report against in this SPE.

See 'How the HRC reports on strategy and performance – the documents' (p46) for an overview of our accountability reporting.

Our Strategic Directions for 2020-2024

This year, the HRC has produced a new Sol. We have also produced an Investment Plan to provide stable funding signals over a three-year period to 2023. The Plan provides an easy reference guide for researchers about the funding opportunities that will be offered and the funds available.

In the coming year, we will continue to focus on implementing the New Zealand Health Research Strategy 2017-2027 (NZHRS) in conjunction with the Ministry of Health and the Ministry of Business, Innovation and Employment, as our resources allow. We will also hone our processes and mechanisms to ensure that they are fit for purpose to implement the new strategic directions.

The HRC is leading Strategic Priority One: Invest in excellent health research that addresses the health needs of all New Zealanders. This makes us responsible for four actions. Action 1 is to prioritise investments through an inclusive priority-setting process. Actions 2-4 are to invest in research for hauora Māori, invest in research to improve health outcomes for Pacific peoples, and to develop and sustain a strong health research workforce¹.

Action 1 was completed in 2019, after wide consultation with New Zealanders and resulted in publication of the New Zealand Health Research Prioritisation Framework². This document prioritises how and why health research needs to be done in New Zealand to drive high-level health and social outcomes and ensure maximum impact from the government's investment in health. The document is intended to drive New Zealand's health research investment decisions from now until 2027.

¹ <https://www.health.govt.nz/system/files/documents/publications/nz-health-research-strategy-jun17.pdf>

² <https://www.hrc.govt.nz/resources/new-zealand-health-research-prioritisation-framework17.pdf>

Under the new framework, researchers applying for government funding will need to:

- Address why their research is important to New Zealand
- Consider mana tāngata and advancing Māori health
- Meet the criteria of excellence
- Ensure their research has the best chance of delivering impact
- Include measures to improve health equity.

A key task for HRC in 2020/21 is to review our funding opportunities and identify where changes need to be made to strengthen alignment with the Prioritisation Framework.

As the four HRC-led actions are intimately connected, the extensive consultation undertaken to support development of the Prioritisation Framework will provide vital information that we need to implement Actions 2-4, anticipated to commence in the 2021/22 financial year.

Our work will also make important contributions to the five strategic themes outlined in the New Zealand Health Strategy, and to the government's vision of a dynamic science system set out in the draft Research Science and Innovation Strategy: Kei Mua Te Ao.

How our funding inputs and outputs link to the HRC's Strategic Drivers



What we will deliver in 2020/21: an overview

In 2020/21, we will work within our established budget of \$126 million to address the priorities of our Ministers, in addition to strengthening and improving our existing investment vehicles and processes. New opportunities will be announced on the HRC website and through the Update e-newsletter.

We will work with the research community to identify the ways in which they have been impacted by the COVID-19 pandemic and, where necessary, provide flexibility in our funding processes and contract management, given the unprecedented circumstances. We will also call upon them to consider redirecting their expertise and research efforts to support the all-of-government response to the COVID 19 pandemic, where they are well placed to make a contribution.

We will seek to address several urgent priorities for the Council and the Government, including:

- the growing and unacceptable health inequity in this country
- the health and social impact of climate change on our communities, both here and in the Pacific
- expanding the use of our Māori Health Advancement assessment criterion which holds that all health research in New Zealand has the opportunity to advance Māori by upholding and valuing Māori rights, worldviews and knowledge, tikanga Māori, and by addressing inequity
- reviewing our funding opportunities supported by the Vision Mātauranga Capability Fund to ensure that they more effectively meet the needs of Māori communities
- working with the Ministry of Health and District Health Boards to engage the health sector in research and increase the intensity of health services research

- taking a lead role in the collaborative national health research effort on COVID-19, and developing a protocol to manage future rapid response opportunities for health research
- working to increase New Zealand research contributions in the field of 'one health', which acknowledges the fundamental connection between human health and the natural world around us
- preparing our systems and data to feed into the New Zealand Research Information System (NZRIS).

More detail on how we meet our Minister's expectations are provided on page 13.

We will continue to support a broad portfolio of research across all disciplines with the aim of generating new knowledge, driving innovation, and providing the evidence needed to improve health services for all members of New Zealand's diverse population.

We will continue to support fundamental biomedical science to advance knowledge and fuel New Zealand's growing medical technology sector with discoveries that boost clinical advances and the economy.

We will maintain our investment in high-risk, discovery science through our Explorer Grants, with the knowledge that some will fail but the successes will bring extraordinary benefits.

In 2020/21, we will invest our funds through the following outputs, funded primarily through Vote Business, Science and Innovation:

- **Output 1:** Fostering excellence and innovation
- **Output 2:** Connecting for greater impact
- **Output 3:** Strengthening skills and growing a diverse workforce
- **Output 4:** Keeping the health research system ethical and safe.

These outputs are described in detail on pages 16-32.

As of 1 July 2020, we expect to have forward commitments of between \$180 and \$185 million to health research contracts, being undertaken in more than 30 different research organisations, and supporting a research workforce of nearly 3000 positions, approximately two thirds of which are salaried.

How we will align with the New Zealand Health Research Prioritisation Framework

In 2020/21, we will review all of our funding mechanisms and processes to determine how they align with the Prioritisation Framework. By taking time to review our entire investment, we ensure that any changes we make in subsequent years will be well-considered, sustainable and enduring. By the end of the financial year we will know how we need to align and what work needs to be done. There will be no amendments to funding opportunities

in 2020/21, but we will engage with the health research sector early to signal any intended changes well in advance.

The HRC has already begun the process of strengthening our alignment to the Prioritisation Framework by redesigning our investment in New Zealand Health Delivery, so that it delivers better to the aims of Domain 2: People-Centred Healthcare. The redesign also supports implementation of the NZHRS actions that the Ministry of Health is leading, by strengthening health-sector participation in research.

Our Research Investment Streams

Most of the HRC's research investment is commissioned via four Research Investment Streams (RIS) that have been designed to cover all areas of human health and development. Funding for the RIS comes from Output 1: Fostering Excellence and Innovation. The RIS are shown in the table below. The RIS have an important dual

Our four Research Investment Streams (RIS)

The indicative investment in RIS for the 2021 annual funding round, based on investment in the 2020 annual funding round and forecast expenditure, is shown in brackets. Note that investment through the 2020 New Zealand Health Delivery RIS was delayed to allow time for a significant redesign, which has now been implemented out of cycle with the annual funding round.

Health and Wellbeing in New Zealand (\$ 23.9 m)

Preventing illness and injury and reducing the burden on our health system

Keeping New Zealanders healthy and independent for longer is the major focus, but highly innovative research on how the human body functions is also supported – often leading to new diagnostics, drug targets or medical technologies.

Improving Outcomes for Acute and Chronic Conditions in New Zealand (\$50.2 m)

Understanding, prevention, diagnosis and management of acute and chronic conditions – particularly those causing the greatest burden for New Zealand people.

New Zealand Health Delivery (\$20.3 m)

Research that directly contributes to a primary outcome of improved health delivery by informing decisions or changes to policy, practice or systems in the New Zealand health and disability sector.

Rangahau Hauora Māori (\$8.6 m)

Improving Māori health outcomes and quality of life
Māori-led approaches to building the knowledge & skills needed to reduce health disparities & realise the benefits of Māori paradigms & traditional knowledge for all New Zealanders.

purpose, communicating the HRC's goals, priorities and expectations in each of the four areas to the research community and forming a framework for our investments.

Pacific Health Research

All HRC rounds and research investment streams are open to Pacific health research and researchers. Funding is ring-fenced to support high-quality Pacific Emerging Researcher First Grants and Pacific Projects that will contribute towards achieving better health outcomes for Pacific peoples, families, and communities. More than \$4.2M was invested in Pacific research in our 2019 funding rounds. The total amount of \$2.5M funded to Pacific researchers through our 2020 Career Development Awards (including Pacific Emerging Researcher First Grants), was the highest ever awarded.

How the HRC will address our Ministers' expectations

The Letter of Expectations from our Ministers outlines a number of high-level areas for the HRC to progress in the coming year. These areas closely align with priorities and directions that the Council has already set for the organisation.

Our ministers expect that the HRC will lead the health research sector in consistent and sustained efforts to **improve health equity and achieve equitable access to health services**. Our new Statement of Intent sets out health equity as a goal that runs across all of our investments, strategic partnerships and connections.

This financial year we will review all our investment mechanisms and processes to consolidate, strengthen and make more explicit our inclusion of equity. We will be guided by the Prioritisation Framework which names Equity as an overarching Health Research Attribute. We will work with both Māori and Pacific communities to further this goal. We will also continue to work across government to

better address the wide-ranging causes of health inequity - connecting with stakeholders in the health, disability, social, justice, environment and education sectors.

We have been asked to ensure that **health research advances healthy futures for Māori, to focus on Māori partnership and co-innovation, and to work with Māori communities**. Our work to implement the NZHRS will frame much of our contribution here. We will increase our capacity to work with iwi and Māori communities, with a view to commencing work for Action 2 of the NZHRS in 2021/22.

This year we will continue to enhance our funding opportunities to advance Māori health, including:

- expanding the use of our Māori Health Advancement assessment criterion
- continuing to review and enhance our funding opportunities supported by the Vision Mātauranga Capability Fund.

Our work here will be supported by our Māori Health Committee and our Māori and Equity Health Research Team.

Our broad portfolio of investments will deliver evidence needed to **improve wellbeing for all New Zealanders**. Through our dedicated 'Health and Wellbeing' research investment stream, and our **cross-sectoral relationships with funding partners** we will continue to invest in a range of projects to:

- address **inequities**,
- support **mental health and child health**, and
- develop and test **preventative strategies and interventions** that will help all of our population to stay well.

Our cross-sectoral research initiatives and the longitudinal studies that we support will enable better understanding of the complex issues that underpin inequitable wellbeing outcomes, providing valuable evidence and insight on how they might be redressed.

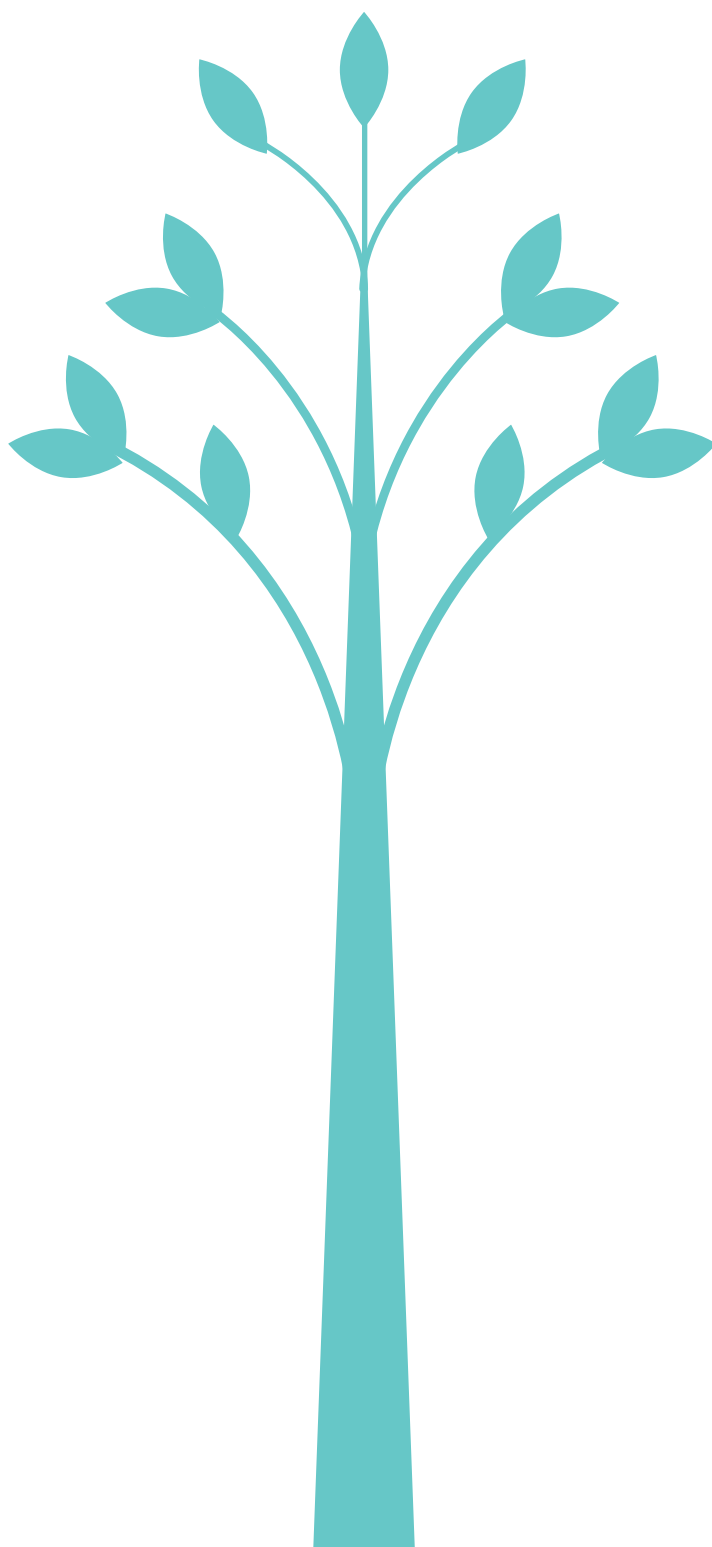
Increasing research intensity in health service delivery is a key focus for the Government. We

will continue to engage with District Health Boards and those working in frontline care to develop the knowledge and systems needed for a co-ordinated and directed approach to health services.

We have redesigned our investment in New Zealand Health Delivery and will continue to roll out our suite of people-focused and research-focused opportunities, including partnering directly with DHBs to foster research capacity and **upskill the health and disability workforce**. We are currently partnering with the Ministry of Health to commission health services research to evaluate **general practice models of care provided by Primary Health Organisations (PHOs) in New Zealand**, with a view to support better population health outcomes.

We have been asked to work with universities to **grow the pipeline of research talent**, and they will be a key stakeholder to consult in our future efforts to lead Action 4 of the NZHRS: Develop and sustain a strong health research workforce. We will monitor and enhance, where necessary, the **diversity** of the research teams that we fund, our committees and the HRC Council and staff. In doing this, we will be aligning with the government's Diversity in Science Statement. We will continue to contribute to MBIE's Diversity in Science Working Group.

The HRC will maintain its support for **information platforms and systems**, including the Australia New Zealand Clinical Trials Registry, and the development of the New Zealand Research Information System (NZRIS), as part of the sector wide effort to meet the infrastructure aims of the Prioritisation Framework.



Statement of Performance Expectations

He tauāki mō te Whakatutukitanga o ngā Wawata

We describe in detail the four outputs that the HRC will deliver in 2020/21, our performance measures and targets.

The links between the HRC's outputs and our funding streams are shown in the table below.

HRC Output	Funding Sources	Vote Output Expenses
1. Fostering excellence and innovation	<ul style="list-style-type: none"> • Vote Business, Science & Innovation • Bequests & donations • Interest 	<ul style="list-style-type: none"> • Science & Innovation: Health Research Fund
2. Connecting for greater impact	<ul style="list-style-type: none"> • Vote Business, Science & Innovation • Third-party management fees • Interest 	<ul style="list-style-type: none"> • Science & Innovation: Health Research Fund • Science & Innovation: Catalyst Fund
3. Strengthening skills and growing a diverse workforce	<ul style="list-style-type: none"> • Vote Business, Science & Innovation • Interest 	<ul style="list-style-type: none"> • Science & Innovation: Health Research Fund • Science & Innovation: Vision Mātauranga Capability Fund
4. Keeping the health research system ethical and safe	<ul style="list-style-type: none"> • Vote Health 	<ul style="list-style-type: none"> • Vote Health

Output 1: Fostering excellence and innovation

Whakaputanga 1: He poipoi i te kounga me te auahatanga

We invest in the best ideas and innovations proposed by New Zealand's brightest researchers, designed to improve equitable outcomes and make a tangible difference to the health and wellbeing of New Zealanders.

Cost 2020/21	\$000's
Prospective revenue: refer to Financial Statements:	109,413
Prospective cost: refer to Financial Statements:	108,550
Surplus added to reserves:	864

Scope of the Output

This output covers research contracted through the Annual Contestable Funding Round, and our redesigned investment in New Zealand Health Delivery. These contracts are supported from the Science and Innovation: Health Research Fund. In the period ending June 2020, there will be approximately 240 active health research contracts, some of which were initiated up to five years previously.

Our Annual Contestable Funding Round

This is our primary vehicle for addressing the objectives and priorities that we communicate through our four Research Investment Streams (RIS). Our four RIS reflect our drive to deliver greater value for money by ensuring that our funds are directed to the areas of greatest research need, opportunity and quality. The four RIS and the indicative proportion of new investment, are described on p12.

Our RIS help us to balance our investment in research directed at keeping people well and independent, with our research to combat chronic conditions, as well as targeted research to improve Māori health and the quality and sustainability of our healthcare system. They include a cross-cutting priority to reduce inequities and improve health outcomes for Māori and Pacific peoples. The objectives of the RIS broadly align with those of the Prioritisation Framework, and are included in the review of our systems, but there will be no substantive changes to the RIS structure in 2020/21.

The HRC will support 10 different types of contract through the Annual Contestable Funding Round (see the graphic on the following page). This is new investment that will be additional to that the HRC will commit to ongoing contracts funded in previous years. We will allocate over 80 per cent of our funding to Health Research Projects and Programmes.

Consolidator Grants were introduced in January 2020 as a new research opportunity to support mid-career researchers, who have previously held an HRC Sir Charles Hercus Health Research Fellowship or similar fellowship and who have made progress towards being a principal investigator in health research.

All contracts will be monitored to ensure that they deliver on contracted objectives including reporting requirements.

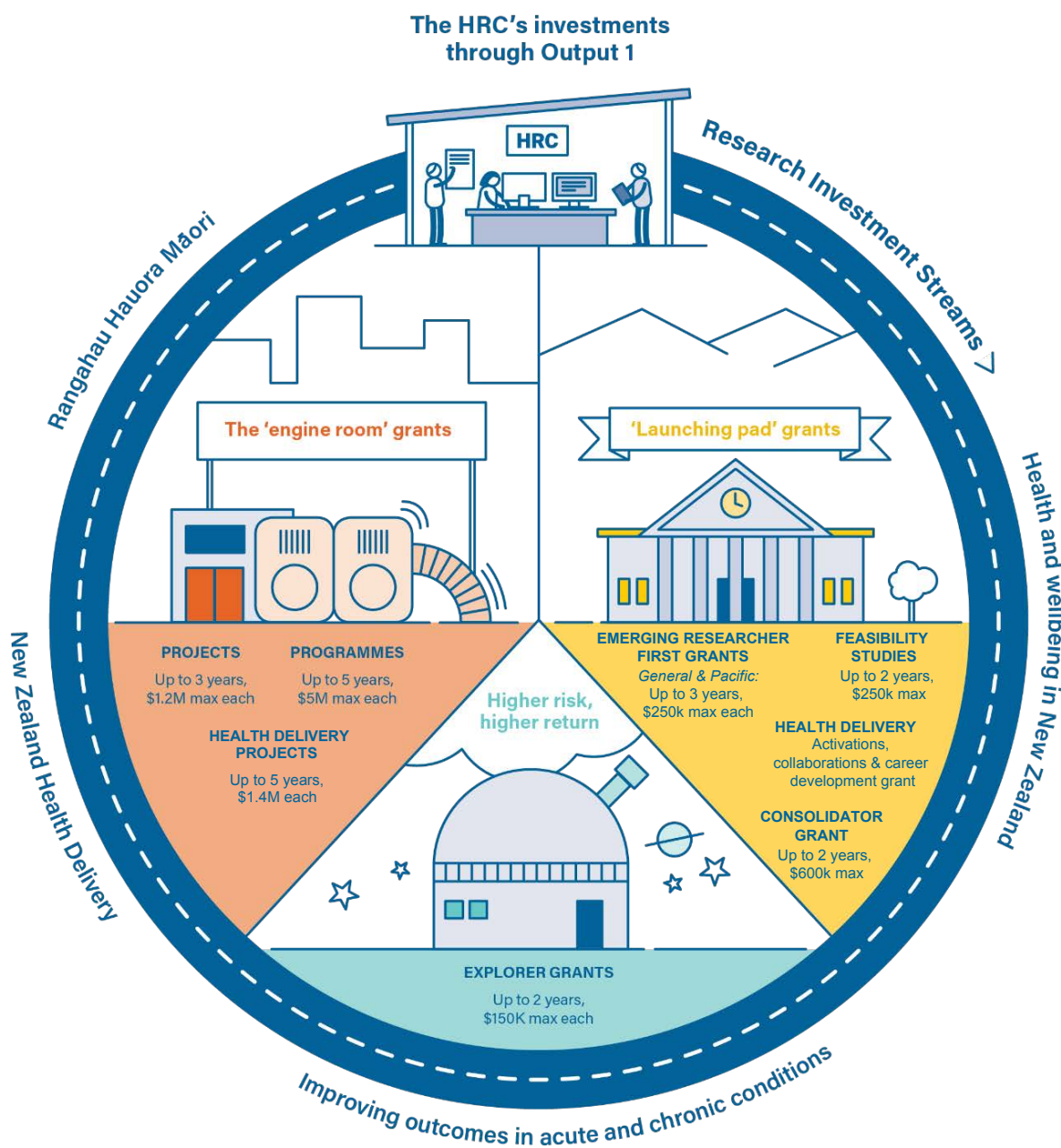
What's new for Health Delivery in 2020?

In 2020/21, we plan to continue implementation of our redesigned investment in New Zealand Health Delivery. The redesign was undertaken to enable a broader range of clinical and non-clinical health professionals to engage in health delivery research. The new funding opportunities are based on a pipeline approach to supporting and developing

both research and researchers. (See diagram on page 18.) Through this approach we will provide support across the whole continuum of health delivery research, from activation to translation, and from entry-level researchers through to research leaders and champions.

We acknowledge that those in the health sector are among those most impacted by the COVID-19 pandemic and that the success of this initiative depends on their availability to participate. We have already adjusted our timelines accordingly and are able to provide additional flexibility for the upcoming year.

Summary of opportunities offered through Output 1 in 2020/21



Health Sector Research Collaboration Grants represent a new approach for the HRC, using negotiated funding contracts with health sector organisations. The grant is focused on upskilling and empowering health sector organisations to engage in health research. It has been designed to intensify research in health delivery settings, and ensure research adequately responds to health sector, patient and community needs. The pilot will start with District Health Boards, with a longer-term view to expand to other health providers in the future, including primary care and community, and Māori and Pacific providers.

As well as supporting career progression of researchers established within the discipline, we aim to attract more people with relevant skills by offering the [Health Delivery Career Development Award](#). This is a funded placement within a health delivery research team or health sector setting, positioned as an alternative pathway into health delivery research. The suite of health delivery career awards offered through the people-focused

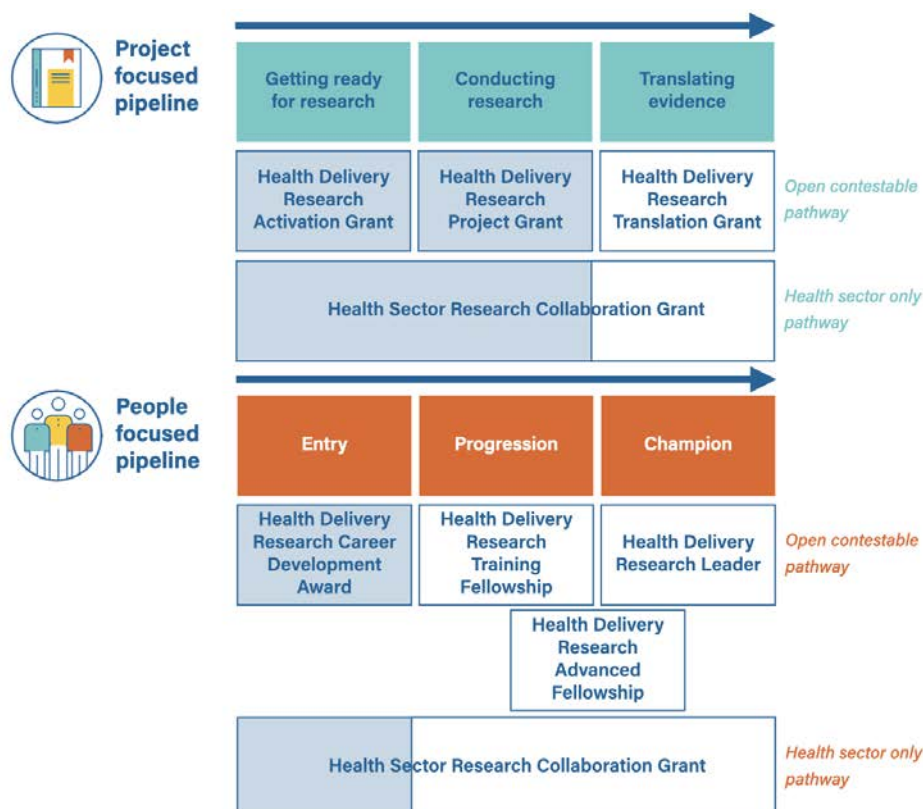
pipeline will be complementary to the clinical career development awards offered through Output 3.

We also plan to roll out Phase 2 of the redesign, including the establishment of four new opportunities:

- Health Delivery Translation Grants
- Health Delivery Research Training Fellowship
- Health Delivery Research Advanced Fellowship
- Health Delivery Research Leader Fellowship

A [Health Delivery Research Portfolio Panel](#) will oversee the assessment process to make strategic recommendations, with a whole of portfolio view to balance investments across the health delivery research funding opportunities. We have also made some changes to existing HRC assessment processes for the new Health Delivery opportunities, to simplify them and make them more accessible, including shifting away from our current two-stage

The 'pipeline' approach the HRC has taken to funding opportunities under the Health Delivery Investment Round.



approach. The investment will be run out-of-cycle from our annual funding round.

Enhancing our processes

In 2019, we introduced our Māori health advancement criterion to apply to all applications for Programme funding. [This year, we will extend the use of the Māori health advancement criterion to Projects, Emerging Researcher First Grants and Feasibility Studies funded through the annual funding round.](#) This criterion requires applicants to consider ways in which their research proposal will advance Māori health and identify their planned actions to realise this contribution. Whilst researchers have long been asked to provide detail on the relevance and responsiveness of their work to Māori across all our investment, implementation of a distinct score will enable us to better progress this important goal for New Zealand health research. Please refer to the HRC's website for guidelines and more information about the criterion.

In 2020, we will focus on [building the relationships, capacity and capability that we need to engage with Māori stakeholders](#), with a view to commencing work for Action 2 of the NZHRS in the 2021/22 financial year.

We see commercialisation as a key pathway by which HRC-funded researchers can maximise the impact of their research. We will continue to work with the Commercialisation Partner Network (Kiwi Innovation Network Ltd (KiwiNet) and Return on Science) and university technology transfer offices to co-design a referral system for HRC-funded research with commercial potential. We aim to identify HRC-funded research with commercial potential early on and strengthen the linkages between players in the commercialisation pathway.

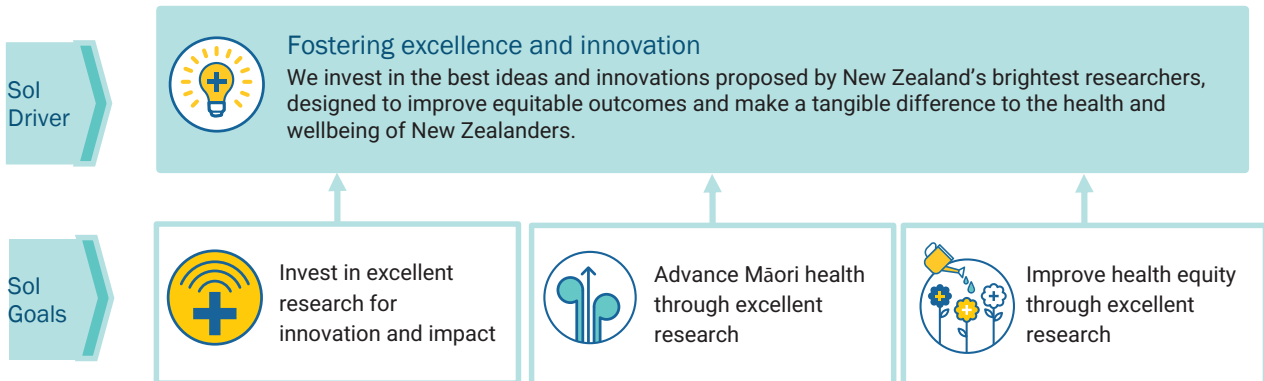
This year, we will consider our role in providing more stable funding for New Zealand health research capabilities and assets where the need is greatest. This will include working with MBIE and the Ministry of Health to review the nature of our support for Independent Research Organisations (IRO) and longitudinal studies. We will ensure that our investment remains complementary to MBIE's Strategic Science Investment Fund (SSIF), which supports research programmes and scientific infrastructure that have long-term beneficial impact on health and New Zealand's economy, environment and society.

We will continue to build on the work of our new Conflict of Interest Advisory Group. This involves optimising use of our IT systems and assessment processes to better manage the increasingly complex issues around conflicts in a more connected and collaborative workforce.



Our performance indicators for Output 1 and how they fit with our Statement of Intent

The drivers and focus areas of the HRC's Statement of Intent that Output 1 delivers to



Output 1. Fostering excellence and innovation

The HRC's investment through the Annual Funding Round (including Explorer Grants) is the major vehicle through which we invest in research. We have chosen KPIs that focus on transformative research, research that contributes to Māori advancement and health equity, and our management of contracts.

Key performance indicators (KPIs) for Output 1	Baseline	2019/20 Actual	2020/21 Target
Number of contracts funded in the previous financial year that meet the HRC's definition of 'transformative' research	10 in 2018/19	15	10-20
Why this KPI? We are tracking our progress against the first goal for this Output in terms of investing for excellence and innovation. We believe that if we support more transformative, and often higher risk research, we increase the chances of a major positive impact and possible economic returns for New Zealand. As such research is higher risk, we seek to maintain investment within the range defined.			
Implement a contract monitoring regime scalable to risk	Risk profiles for all current contracts developed	New measure	Finalise and implement a monitoring regime for all contracts, based on updated risk profiles
Why this KPI? Good contract management practices are key to ensuring that the excellent research that the HRC supports will be completed on time and have the desired impact. Identifying risks and issues early, and instituting the appropriate level of monitoring, is an important part of this.			
Percentage of new HRC contracts with a focus on understanding and reducing inequity in health outcomes (including Māori and Pacific career development awards)	New measure	39%	At least 25%
Why this KPI? This measure allows us to track the extent to which our investments contribute to evidence that service-providers and policy-makers can draw on to improve equity of health outcomes and advance Māori health – both crucial goals of HRC investment. We have set an achievable range for our target but exceeding the upper limit of that range would indicate better than expected performance.			

Output 2: Connecting for greater impact

Whakaputanga 2: He whakahonohono e nui ake ai te hua

We align and connect funders, providers and users of health research in New Zealand, form strategic research partnerships to address priority health issues, and build strong links to international research efforts.

Cost 2020/21	\$000's
Prospective revenue: refer to Financial Statements:	3,712
Prospective cost: refer to Financial Statements:	4,520
Deficit funded from reserves:	(807)

Scope of the Output

Investments through this output will support targeted, 'mission-led' investments. We will join with other agencies to commission health research that requires a cross-sectoral approach, specific expertise, or an urgent response from the research community.

We will partner with government and non-government agencies to leverage funding and expertise and share research costs. In doing this, we will increase co-ordination of research across agencies and reduce unnecessary duplication. Co-funding is also a valuable tool to promote the ownership of health research findings by other agencies, thereby increasing the likelihood that there will be translation into policy or practice.

We will partner internationally so that New Zealand researchers are at the centre of global initiatives and have access to opportunities, expertise, and infrastructure that is not available in this country. We also do this to ensure that our funding supports New Zealanders at the top of their 'research game' to influence global research efforts and make a strong contribution internationally, as well as nationally.

The Partnership Programme

The Partnership Programme aims to deliver research that more effectively meets the knowledge and evidence needs of next-users or end-users, such as policy-makers, planners, communities and those involved in healthcare delivery.

We have formed a joint funding initiative with the Ministry of Health to invest in areas that will address key knowledge gaps for policy development and service provision. This partnership strengthens our ability to contribute directly to national-level health strategies and priorities of the New Zealand Government, and the research and infrastructure aims of the Prioritisation Framework. Through this partnership we are currently focusing on:

- urgent response research on COVID-19
- enhancing the environment for clinical trials in New Zealand
- evaluating general practice models of care provided by Primary Health Organisations in New Zealand.

See our Annual Report and our website for information about ongoing research contracts we are supporting.

Our urgent response call for research on COVID-19 has meant that new ventures planned for 2020 have been delayed. The delayed initiatives include a call for proposals on safe paracetamol use in children. The research has been identified as a priority by Medsafe and the Medicine Adverse Reactions Committee, and forms part of a co-ordinated cross-agency response to address this significant, preventable public health problem. It builds on a previous HRC-Medsafe partnership to improve the post-market surveillance and monitoring of therapeutic products in New Zealand. It is not currently known when the call for research will be released.

In 2020, our partnership with [PHARMAC](#) will continue to support innovative research and advance the strategic objectives of both organisations to augment PHARMAC's focus on [securing best health outcomes from pharmaceuticals](#). This includes research into:

- improving pharmaceutical adherence
- improving optimal use of pharmaceuticals
- improving value for money from currently-funded pharmaceuticals
- measuring PHARMAC's impact.

We have also partnered with [Precision Driven Health \(PDH\)](#) to help foster the health research workforce of New Zealand and support innovative research through the provision of [Postdoctoral Fellowships](#), available for a third year in 2020/21. These are focused on supporting and developing data scientists because this is a critical capacity and capability need.

We have partnered with [WorkSafe New Zealand](#) to invest a total of \$1.6m in research that will identify effective interventions for [reducing work-related psychosocial risk for health problems such as stress, anxiety and depression](#).

[HRC and the Ministry of Social Development \(MSD\)](#) have been partnering since 2017 to strengthen the use of research evidence to improve New Zealand's health and social support system. We will continue to support ongoing contracts on effective early intervention practice to improve employment outcomes for people who develop health conditions or disabilities while in work, and prevent loss of connection to the labour market.

The HRC acknowledges the fundamental connection between human health and the natural world around us. We are working to increase New Zealand research contributions in the field of 'one health', including a cross-sectoral partnership by 2024.

In 2020/21, we will actively seek funding agreements with new and existing partners that further Council's strategic priorities and the research aims of the New Zealand Health Research Prioritisation Framework.

International Partnerships

The need for the HRC to connect with the international research effort has never been more acute. In February 2020 our Chief Executive represented New Zealand at the [World Health Organisation's 2019 Novel Coronavirus Global Research and Innovation Forum](#), which informed HRC and Ministry of Health's rapid research response to the outbreak. We will continue to contribute to that forum where possible in the coming year. Additionally, having our Chief Executive as a member of the [Heads of International Research Organisations \(HIROs\)](#) means that we are connected and engaged with best practice and funding trends in other countries. We will build on these connections and remain alert to ways that we can contribute for the benefit of New Zealand, and the international research effort, in the coming year.

The HRC has negotiated a Memorandum of Understanding with the [National Natural](#)

[Science Foundation of China \(NSFC\)](#). The arrangement paves the way for establishing new scientific partnerships and strengthening existing collaborations, to foster breakthroughs in biomedical research and to promote career development for researchers from both countries. Co-operation focuses on five key areas: cancer, metabolic disease, brain health, infectious disease (antimicrobial resistance), and respiratory disease. In 2020, an RFP was released to fund one \$700,000 research grant and three emerging researcher grants, to build research links in China for the next generation of researchers. We anticipate that there will be further opportunities in 2020/21.

The HRC is a member organisation of [E-Asia](#), supporting international joint research projects in the East Asia Region and promoting interactions between researchers. In 2020, HRC funding is available to support research in the field of infectious diseases, antimicrobial resistance, mental health, or cancer.

The HRC, with the support of MBIE, has been a member of the [Global Alliance for Chronic Diseases \(GACD\)](#) since 2017. The GACD is an alliance of the world's largest public research funding agencies and provides new research opportunities that [target chronic diseases](#). GACD funds joint programmes researching lifestyle-related or chronic disease such as heart disease, diabetes, certain cancers, and lung diseases. The GACD formulates an annual funding call in a particular health area, and in 2020, the health area is cancer. HRC has provided funding for a research opportunity that we have tailored to focus on implementation research for the primary and/or secondary prevention of cancer within Māori and/or Pacific populations. We do not yet know what the opportunities will be for 2021.

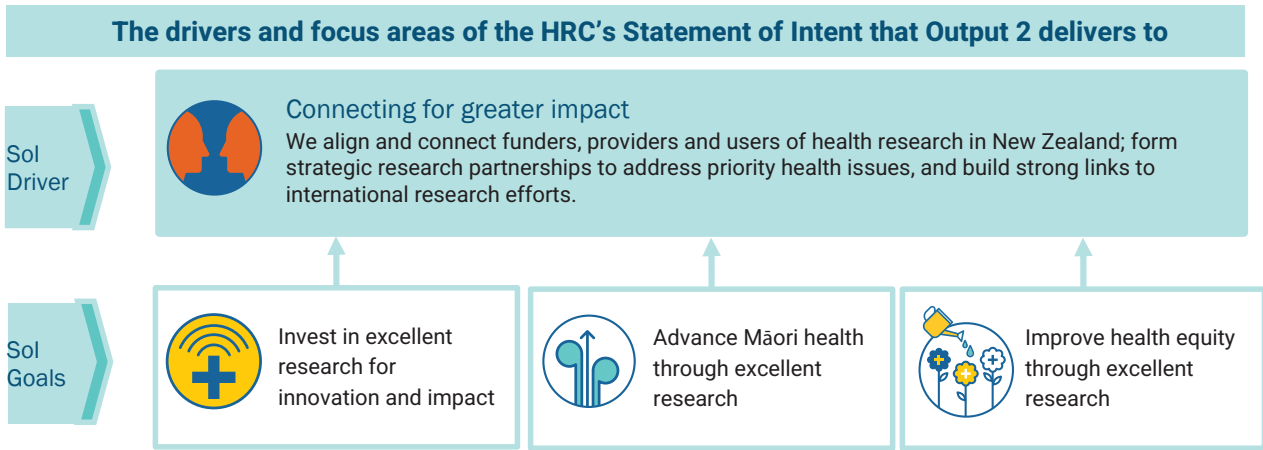
[The HRC, National Health and Medical Research Council \(NHMRC\) and Canadian Institutes of Health Research \(CIHR\) have a commitment under the tripartite agreement to share expertise and support indigenous researchers to reduce the health disparities between indigenous peoples and general populations.](#) The Tripartite Agreement

on International Indigenous Health Research was originally agreed in 2002 and is renewed every five years. In December 2019, the HRC hosted an indigenous health workshop attended by delegates from New Zealand, Canada and Australia, where the partners resolved to develop a joint work programme for the next term of the agreement.

The HRC also invests in co-funding relationships through the [Science and Innovation Catalyst Fund](#), which focuses on the development of international collaborations. Since December 2012, the HRC has had agreements in place to undertake collaborative research with [China](#), with a broad focus in 2020 on biomedical research. We support New Zealand-based researchers with demonstrated linkages and working collaborations with China-based researchers.

In 2020/21, the HRC will progress the development of an [International Investment Strategy](#), which will include consideration of our recent experience with, and contribution to the global research effort to address COVID-19.

Our performance indicators for Output 2 and how they fit with our Statement of Intent



Output 2. Connecting for greater impact

The HRC’s co-funding investments through the Partnership Programme and our international initiatives are key to increasing engagement & connection, both within the national health research community & overseas. The Partnership Programme affords us the flexibility to custom design cross-sectoral initiatives to address key national issues (such as inequity), whilst our international investments allow us to create joint vehicles with overseas funders that are mutually beneficial to our respective research communities. Our KPIs reflect this.

Key performance indicators (KPIs) for Output 2	Baseline	2019/20 Actual	2020/21 Target
<p>Number of new funding agreements negotiated with government or non-government agencies to further the research and infrastructure aims developed as a result of the New Zealand Health Research Strategy</p>	Not relevant	New measure	>2
<p>Why this KPI? The HRC led the development of the New Zealand Health Research Prioritisation Framework, as part of the actions for implementing the NZHRS. In 2020, we will use the Framework to begin negotiations with other agencies to jointly commission research that will further the research and infrastructure aims and issues identified in the Framework to be of greatest importance for the health and wellbeing of New Zealanders. These aims have a strong focus on advancing Māori health and improving health equity and so ensuring that our investments are delivering to these aims addresses all three goals for investment under this Output.</p>			
<p>Number of New Zealand based researchers named on current contracts resulting from HRC commitments to international organisations and agreements</p>	33 in 2018/19	50	>20
<p>Why this KPI? This is an important measure of how we are connecting for innovation and impact internationally, and the number of opportunities we create for New Zealand researchers through our international partnership activities. Our aim is to maintain the number of opportunities. We have modified our target because investment in the Catalyst Fund has not increased, and no longer supports the E-Asia initiative. The HRC continues to fund E-Asia activities through other means.</p>			

Output 3: Strengthening skills and growing a diverse workforce

Whakaputanga 3: He whakakaha i ngā pūkenga me te whanake i tētahi ahumahi kanorau

Investment in building people, skills and careers – recruiting and retaining future leaders to address health challenges and create innovations for New Zealand

Cost 2020/21	\$000's
Prospective revenue: refer to Financial Statements:	13,621
Prospective cost: refer to Financial Statements:	13,503
Surplus added to reserves:	117

Scope of the Output

This output covers our Career Development Awards, supported from the Science and Innovation: Health Research Fund; and our Ngā Kanohi Kitea research contracts, supported from the Science and Innovation: Vision Mātauranga Capability Crown Fund.

Our Career Development Awards support our most promising emerging researchers, engage frontline clinicians in research, and address critical gaps in the workforce.

Our goal is to ensure that New Zealand has the people and skills needed to address current and future health challenges. We need to develop not just health researchers, but health research champions. These are the people that understand the value of health research, can interpret it, and use it to enhance government policy, health services, and the everyday treatment and care of New Zealanders.

Around 60 awards will be offered, building capacity in Māori, Pacific, clinical and health delivery

research, and fostering emerging leaders. They will support a mixture of Masters, PhD and post-doctoral researchers. We also offer prestigious fellowships to ensure that the next generation of leaders is ready to step up when our current leaders move on.

The graphic on p28 illustrates our career development programme, and the level and breadth of opportunities offered.

Advancing Māori health through building the research workforce

We have had success in [building Māori health research capacity](#) and this will continue to be a focus over the next year. Our Māori awards will cover the full spectrum of opportunities, from community workers through to emerging research leaders. By not restricting career development to those attaining a university qualification, we will support Māori who are active in their communities and gain from their expertise. Our Rangahau Hauora Training Grant will support Māori people with strong community ties, but with no prior research training, to gain training on a large research project.

In addition to general Māori postdoctoral fellowships, we will provide four named [Māori postdoctoral fellowships](#) to support outstanding Māori graduates who have recently completed a doctoral degree:

- The Irihapeti Ramsden Research Fellowship in Māori Health honours the work of Dr Irihapeti Ramsden and her contribution to the field of nursing and cultural safety.
- The Erihapeti Rehu-Murchie Research Fellowship in Māori Health supports research focusing on topics in which Dr Rehu-Murchie was active: Māori women's and children's health; whare tapa wha (a four-point holistic health model involving tinana, hauora hinengaro, hauora whanau and hauora wairua); health promotion or health policy, including Māori and indigenous human rights.
- The Eru Pōmare Research Fellowship in Māori Health honours the legacy of Professor Eru Pōmare and his contributions to gastroenterology.
- The Hohua Tutengaehe Research Fellowship in Māori Health honours the legacy of kaumatua Hohua Tutengaehe and his contributions to te iwi Māori and the development of Māori health research that is consistent with tikanga Māori.

Developing the Pacific health research workforce

Pacific health research capacity and capability is low in New Zealand, and building the body of Pacific research knowledge, solutions and methodologies is an important facet of our efforts to improve equity of health outcomes. In the coming year, we will provide development opportunities for Pacific peoples at all stages of a research career, from Masters-level through to emerging leaders.

We are continuously looking at other ways that we can grow Pacific health research capacity beyond what we have achieved to date. In 2020, we awarded one Pacific Clinical Research Training Fellowship and we continue to see increasing

demand for Pacific career development support. The range of opportunities offered are shown in the graphic on the following page.

We also offer Sir Thomas Davis Te Patu Kite Rangī Arikī Health Research Fellowships to support [Pacific researchers](#) with outstanding potential. The award is designed to contribute towards better health outcomes for Pacific peoples, families, and communities. We expect to award two of these Fellowships in the coming year.

Developing future research leaders

We expect to offer between four and six of our prestigious [Sir Charles Hercus Health Research Fellowships](#) in the coming year. The purpose of these fellowships is to build future capability to conduct world-leading research in New Zealand. These advanced post-doctoral awards support an outstanding emerging researcher (four–eight years post PhD) who wishes to establish a career in health research in New Zealand. This includes those returning to New Zealand from overseas, and this is the way that we support re-establishing our bright expatriates in this country and attracting new research talent to our shores.

Strengthening research skills in health professionals

We will also offer a range of fellowships that are designed to provide frontline clinicians with the opportunity to gain a research qualification or to further their research career. This is a crucial part of our drive to increase evidence-based policy in the health sector and the uptake of research findings into clinical practice and health service delivery (see graphic on p28).

Our processes

All career development awardees will be chosen by expert review of the proposed research and the potential and track record of the applicant. Progress will be monitored through review of annual reports and periodic outcome evaluations of certain awards.

In 2020/21, our career development funding mechanisms will be reviewed as part of our work to scope overall alignment with the Prioritisation Framework. We will take into consideration findings from the broader sector review of post-doctoral fellowships led by MBIE. The timelines for applications to Career Development Awards may be delayed depending on the evolving COVID-19 environment and the readiness of various sectors to respond.

Science and Innovation: Vision Mātauranga Capability Crown Fund

The HRC will invest approximately \$2 million from the Vision Mātauranga Capability Fund to support the development of skilled people and organisations that plan to undertake, or are undertaking, research that supports the themes and outcomes of the Vision Mātauranga policy. The aim of the policy is to unlock the science and innovation potential of Māori knowledge, resources and people for the health, environmental, economic, social and cultural benefit of New Zealand.

The Vision Mātauranga Capability Fund supports our Ngā Kanohi Kitea research contracts, which will provide funding for iwi, hapū and Māori community groups to focus on a community-identified health need. This year we will review our funding opportunities supported by Vision Mātauranga Capability Fund to ensure that they reflect the primary purpose of the Fund, capability development and that they more effectively meet the needs of Māori communities.



The HRC's Career Development Programme

Developing health research leaders and champions
Training health professionals to conduct & interpret research

Māori

Building the skills and capacity to address Māori health issues & use indigenous knowledge to improve health

Pacific

Building the skills and capacity to address Pacific health issues

All New Zealanders

Building the skills and capacity to address our current and future health issues

STARTING OUT

Taking research to the community



Opportunities for researchers outside academia

- Rangahau Hauora Award
- Ngā Kanohi Kitea

Launching research careers



Māori and Pacific postgraduates gain a qualification

- PhD scholarship
- Masters scholarship
- Summer studentships

Establishing research careers



Postdoctoral fellowships for emerging researchers

- Hohua Tutengaehe Research Fellowship
- Pacific Health Postdoctoral Fellowship
- Girdlers New Zealand HRC Fellowship

Engaging health professionals



Research training & opportunities for our health workforce

- Pacific Clinical Research Training Fellowship
- Foxley Fellowship
- Clinical Research Training Fellowship
- Clinical Practitioner Research Fellowship
- Health Delivery Career Development Award*

Fostering fledgling leaders



Opportunities for mid-career researchers

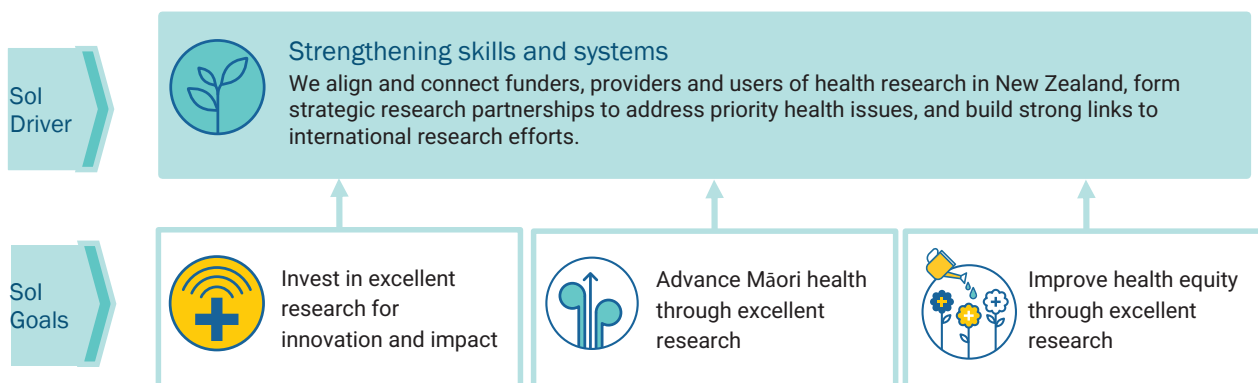
- Irihapeti Ramsden Research Scholarship
- Ngā Pou Senior Fellowship
- Eru Pōmare Research Fellowship
- Sir Thomas Davis Te Patu Kitiē Rangi Ariki Research Fellowship
- Sir Charles Hercus Fellowship
- Consolidator Grant*

MID-CAREER

*Funded through Output 1

Our performance indicators for Output 3 and how they fit with our Statement of Intent

The drivers and focus areas of the HRC's Statement of Intent that Output 3 delivers to



Output 3. Strengthening skills and growing a diverse workforce

The HRC's investment in career development contracts is crucial to building & maintaining a healthy research ecosystem. We have chosen KPIs that focus on maintaining a skilled & diverse health research workforce - strengthening the clinical research environment & building capacity to address inequity in health outcomes.

Key performance indicators for Output 3	Baseline	2019/20 Actual	2020/21 Target
Number of current career development contracts awarded to practising clinicians	41 in 2018/19	50	>30
<p>Why this KPI? The New Zealand Health Research Strategy requires us to support the work of the Ministry of Health in strengthening the clinical research environment. We do this partly by offering career development and research opportunities to clinicians. This indicator allows us to track the number of practising clinicians we are training each year to conduct, interpret and use health research. Training and engaging health professionals in the research process is a crucial way we deliver to our goal of investing in people and systems for innovation and impact.</p>			
Number of Māori Health Research Scholarships awarded (including, Masters, PhD and postdoctoral awards)	10 2018/19	12	>8
<p>Why this KPI? Ensuring that we have the capacity and capability to generate the knowledge that Māori need to provide appropriate interventions and solutions to indigenous health issues is an important way that we deliver to our goal of advancing Māori health. The HRC has ring-fenced funding for Māori health research for over two decades, whilst simultaneously offering a broad spectrum of career development awards to Māori researchers to ensure that they have the skills and experience to compete for this funding. Maintaining this capacity is critical to what we are trying to achieve. Our target is contingent on receiving quality applications.</p>			
Number of Pacific Health Research Scholarships awarded (including, Masters, PhD and postdoctoral awards)	12 2018/19	17	>8
<p>Why this KPI? Pacific peoples in New Zealand are faced with the greatest disparities in health in comparison with the rest of the population, and so our career development programme for Pacific people is an important means of improving health equity through investing in a diverse workforce. We need to build the capacity and capability for Pacific people to build the body of knowledge required to find solutions that work within their communities. Our target is contingent on receiving quality applications.</p>			

Output 4: Keeping the health research system ethical and safe

Whakaputanga 4: He whakaū i te haumarū me te tika o ngā pūnaha rangahau hauora

Our committees are a key national resource, providing advice on research ethics, monitoring and regulation

Cost 2020/21	\$000's
Prospective revenue: refer to Financial Statements:	285
Prospective cost: refer to Financial Statements:	356
Deficit funded from reserves:	(71)

Scope of the Output

The HRC undertakes regulatory activities and safety monitoring and provides strategic advice on health research issues. The extent to which some of these services are needed depends on the nature of the research applications submitted and varies from year to year. These activities are provided primarily through the work of several statutory and standing HRC committees.

The work of our ethics and regulatory committees

In 2020/21 our committees will provide the services outlined below.

The HRC Ethics Committee

In 2020/21 our statutory Ethics Committee (HRCEC) will continue to deliver one of our key functions under the HRC Act 1990 – to provide independent ethical advice on health research of national importance or great complexity. The HRCEC will continue to:

- approve all health and disability and institutional ethics committees in New Zealand,
- consider appeals on disputed decisions for research involving human participants and on the ethics of introducing innovative practices, and
- produce guidelines on ethical research conduct.

The Ethics Committee will also continue to [administer the Data Monitoring Core Committee](#).

Part of the HRC's contribution to an ethical health research environment will be ensuring that health research in New Zealand is conducted in a way that is culturally appropriate and responsive to the needs of our diverse population. To this end, the HRC provides guidelines on the conduct of Māori health research and Pacific health research and requires that applicants formally address Māori Health Advancement in research proposals.

In 2020/21, we will continue to seek feedback from the Independent Ethics Committees on the functioning of HRCEC and use this feedback to strengthen the functioning of the Committee.

The Data Monitoring Core Committee (DMCC)

The DMCC will provide **objective, independent monitoring of HRC-funded clinical trials**. This will primarily concern large-scale clinical trials initiated by New Zealand researchers where:

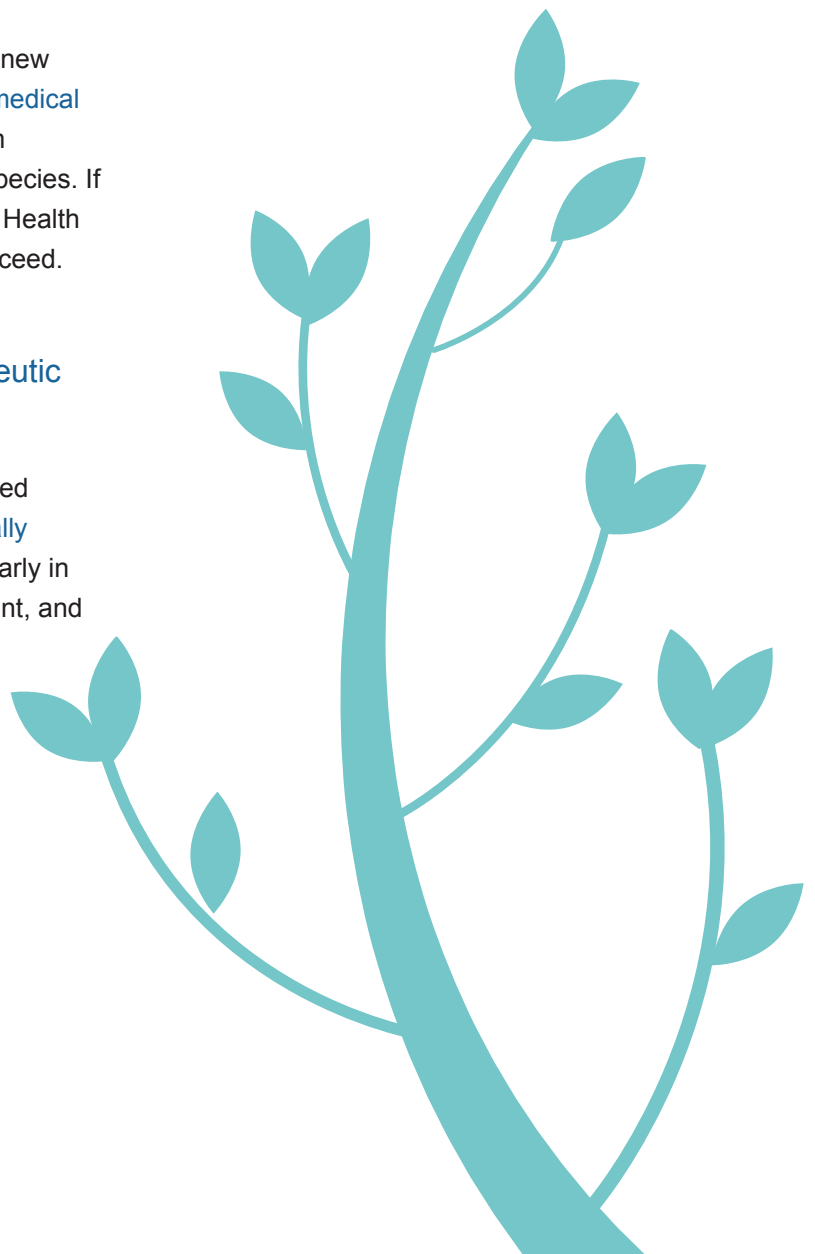
- They relate to life-threatening diseases, or diseases which cause irreversible morbidity.
- There are special concerns regarding patient safety.
- The study investigators are inexperienced.
- The study integrity could be enhanced by the independence of the DMCC.

The Gene Technology Advisory Committee (GTAC):

GTAC will assess the scientific merit of any new **New Zealand applications to produce new medical therapies** through the transfer of genes from another species to humans, and between species. If necessary, GTAC will advise the Minister of Health that such trials should not be allowed to proceed.

The Standing Committee on Therapeutic Trials (SCOTT):

SCOTT will assess whether or not a proposed clinical trial of a medicine will provide **clinically and scientifically useful information**, particularly in relation to the **safety and efficacy** of the agent, and provide advice to the Ministry of Health.



Our performance indicators for Output 4 and how they fit with our Statement of Intent

Sol
Driver



Strengthening skills and systems

We develop and sustain the people, processes and systems required to deliver the ethical, excellent, innovative and impactful research New Zealand needs.

Sol
Goal



Develop a strong & enduring health research & innovation system where NZ research teams thrive.

Output 4. Keeping the health research system ethical and safe

These measures relate to the work of the HRC Ethics Committee which underpins all health research conducted in New Zealand. Research that is not deemed ethical and safe cannot be allowed to proceed, and so this work is key to cultivating a sound health research environment.

Key performance indicators (KPIs) for Output 4	Baseline	2019/20 Actual	2020/21 Target
Number of Ethics Notes published to inform researchers of issues on ethics in health research	1 2017/18	1	1
Why this KPI? These notes are an important tool for reaching the health research community and so we have used their publication as a metric for disseminating key information and advice. Our target for 2020/21 is one because we intend to publish just once a year. This is based on the volume of information available, which can be communicated more efficiently in an annual publication.			
Number of Health and Disability Ethics Committees (HDECs) reviewed & approved by HRC annually	4 2017/18	4	4
Why this KPI? Approving HDECs is an important role for the HRC in keeping the health research system ethical and safe and so we continue to set targets.			

Forecast Financial Statements

He Matakite ā-Tahua Putea

In this part of the Statement of Performance Expectations, the HRC's financial performance plan for the year ended 30 June 2021 and the outlook or plan for the two years beyond are set out. These were prepared in mid-April 2020. This was in the midst of the COVID-19 pandemic, said to be a one-in-a century public health shock. At the time of writing, the impact on health and economic systems had already been profound around the globe.

The Council is responsible for the forecast financial statements presented in this Statement of Performance Expectations, including the appropriateness of the assumptions underlying the forecast financial statements and all other required disclosures.

The prospective forecast financial statements for the period 2019/20 to 2022/23 included in this Statement of Performance Expectations have been authorised by the HRC Council Members for issue on 25 February 2021.

The forecast financial statements have been prepared to comply with the requirements of Section 149G of the Crown Entities Act. They may not be appropriate for use for any other purpose. It is not intended for these forecast financial statements to be updated within the next 12 months.

The tables below provide a summary of the forecast financial statements for 2019/20 and plans for years 2020/21 to 2022/23.

The forecast financial statements have been prepared based on actual events, transactions and financial results up to 29 February 2020 and assumptions about future events that are reasonably expected to occur, associated with the actions that are reasonably expected to be taken, as at the date that this information was prepared.

The forecast financial statements have been prepared based on the key assumptions for financial forecasts and the significant accounting policies summarised in the Significant Accounting Policies outlined in this plan.

The likely impact of COVID-19 on the detailed financial results achieved for the period covered is unknown, and the actual results will almost certainly vary from the forecast/planned financial results presented. Such variations may be material. At a high level, the main potential impact may be seen in the Public Equity balance. We considered the Treasury report on economic scenarios in the preparation of this forecast.

Responsible Management of Our Finances and Reserves

The HRC has a financial goal of providing research organisations, and individual researchers, with certainty of grant funding into future years. Our ability to achieve this is subject only to parliamentary appropriated funds being made available, applicants successfully meeting the grant criteria, and ongoing contractual requirements being met once grants have been awarded.

Our operating environment

The COVID-19 situation means we are operating in an environment characterised by:

1. A high degree of uncertainty in respect of the future course and effects of COVID-19 in New Zealand.
2. Concomitant uncertainty about the ability of our diverse research community to deliver on existing and new contracts.
3. Uncertainty about the organisation-level responses of some large research providers in the short and longer term.
4. Significant strategic opportunity.

Certainty in our operating environment

However, there is also a degree of certainty in our environment. It is likely that:

- there will continue to be a diverse science and innovation sector in New Zealand, and therefore demand for the funding we allocate
- the contributions of the Health Research Council, as outlined in the Ministerial letter of expectations, and this SPE, will still be desired by government
- the research and innovation sector will be regarded as a critical part of economic recovery from COVID-19, and therefore
- It is highly likely that we will continue to receive the appropriations at least at the current levels.

The Health Research Council has a critical role to play in supporting Aotearoa/New Zealand's recovery from COVID-19 through our investment in the research workforce, health sector and investigator-led research.

A pragmatic approach to budgeting

Given that forecasting as we usually know it is impossible at present, we have framed the budget as current business as usual, with the certainty that we will adapt to the evolving COVID-19 situation. We believe that this is the most credible approach to take in the circumstances. We will become less reactive and more strategic so that our adaptations to COVID-19 become aligned with our strategic goals as set out in the SPE and associated documents. We must also be alert to opportunities we cannot predict.

Managing our Public Equity balance

One of the key challenges in the COVID-19 situation will be managing our reserves.

The HRC is forecasting a public equity balance in its balance sheet totaling \$10.6M at 30 June 2020 (\$7.74M at 30 June 2019). This has occurred for two main reasons.

- Research is, even in normal circumstances, unpredictable in its execution and outcome. This results in changes in planned research schedules.
- The HRC has ring-fenced funding for partnerships with other organisations. However, expenditure has not been as rapid as expected.
- Note that Council, has until 2020 had a policy of maintaining equity at around \$12.0M to ensure a reserves level sufficient to cover one month's contractual outgoings. Council considered this prudent should parliamentary-appropriated funds cease and allow an orderly termination of contractual obligations. However, we have now revised this target down to \$10M on the basis that it allows HRC more operating flexibility within the Treasury threshold of \$15.0M.

We will continue to work with researchers and their institutions to ensure that they use HRC funding in a timely manner. Furthermore, we will be more proactive in devising additional mechanisms for allocating research funding out to the research community. We will do this in ways consistent with our new responsibilities under the NZ Health Research Strategy; indeed the Strategy and Implementation plans require us to adopt new approaches.

Forecast Statement of Comprehensive Revenue and Expense

for the year ended 30 June 2020

	Note	Actual 2019 \$000	Forecast 2020 \$000	Plan 2021 \$000	Plan 2022 \$000	Plan 2023 \$000
Revenue						
Funding from the Crown	2	109,392	126,198	126,198	126,333	126,183
Interest Revenue		448	422	435	435	435
Other Revenue		638	421	398	398	398
Total Income		110,478	127,041	127,031	127,166	127,016
Expense						
Research Grant costs	3	106,348	118,159	119,672	120,815	121,532
Operational costs						
Assessment and Council Committee		1,274	1,147	1,029	1,0334	1,038
Personnel costs		3,671	4,017	4,467	4,467	4,467
Depreciation and amortisation expense		129	111	128	136	141
Fees to Audit New Zealand for the audit of the financial statements		63	64	64	64	64
Other costs		866	873	1,567	888	898
Total operational costs		6,003	6,212	7,256	6,588	6,609
Total expenses		121,351	124,370	126,928	127,403	128,140
Surplus/(Deficit)		(1,873)	2,671	103	(237)	
Total comprehensive revenue and expense		(1,873)	2,671	103	(237)	(1,124)

Statement of Changes in Equity

for the year ended 30 June 2020

	Note	Actual 2019 \$000	Forecast 2020 \$000	Plan 2021 \$000	Plan 2022 \$000	Plan 2023 \$000
Equity at the beginning of the year		11,022	9,149	11,820	11,923	11,686
Total comprehensive revenue and expense for the year		(1,873)	2,671	103	(237)	(1,124)
Equity at the end of the year	5	9,149	11,820	11,923	11,686	10,562
Represented by						
Public equity		7,677	10,582	10,908	10,893	9,991
Foxley Estate Reserve Fund		1,472	1,237	1,015	793	571
Total equity at 30 June	5	9,149	11,820	11,923	11,686	10,562

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

Forecast Statement of Financial Position

as at 30 June 2020

	Note	Actual 2019 \$000	Forecast 2020 \$000	Plan 2021 \$000	Plan 2022 \$000	Plan 2023 \$000
Current Assets						
Cash at Bank		828	225	251	436	235
Short-term Deposits	4	10,763	17,102	16,502	15,402	13,802
Funds held on behalf of - Other Agencies	4	18,857	17,398	17,398	17,398	17,398
Funds held on behalf of - Foxley Estates	4	1,434	1,259	1,037	815	593
Receivables		380	379	379	379	379
Total Current Assets		31,942	36,363	35,567	34,431	32,407
Non-Current Assets						
Property Plant & Equipment		139	175	175	175	175
Intangible Assets		13	2	2	2	2
Total Non-Current Assets		152	177	177	177	177
Total Assets		32,094	36,540	35,744	34,608	32,585
Current Liabilities						
Payables		928	364	364	364	364
Contract Retentions		2,980	3,000	3,000	3,000	3,000
Provision for funds Committed Cost			2,940	1,960	980	0
Employee Entitlements		362	424	424	424	424
Rental Benefit in Advance		21	21	21	21	21
Unearned Management Fees		478	478	478	478	478
Funds held on behalf of other agencies	4	4,262	4,262	4,262	4,262	4,262
Total Current Liabilities		9,031	11,489	10,509	9,529	8,549
Non-Current Liabilities						
Funds held on behalf of other agencies	4	13,797	13,136	13,238	13,340	13,441
Rental Benefit in Advance		117	95	74	53	32
Total Non-Current Liabilities		13,914	13,231	13,312	13,393	13,473
Total Liabilities		22,945	24,720	23,821	22,922	22,022
Net Assets		9,149	11,820	11,923	11,686	10,562
Equity						
Public Equity		7,677	10,582	10,908	10,893	9,991
Foxley Estate Reserve Fund		1,472	1,237	1,015	793	571
Total Equity	5	9,149	11,820	11,923	11,686	10,562

Forecast Statement of Cash Flow

for the year ended 30 June 2020

	Note	Actual 2019 \$000	Forecast 2020 \$000	Plan 2021 \$000	Plan 2022 \$000	Plan 2023 \$000
Cash flows from operating activities						
<i>Cash was provided from</i>						
Receipts from the Crown		109,392	126,198	126,198	126,333	126,183
Interest received		441	422	435	435	435
Other Revenue		374	245	210	210	210
		110,207	126,865	126,843	126,978	126,828
<i>Cash was applied to</i>						
Payments to suppliers		(106,959)	(116,920)	(122,237)	(121,409)	(119,508)
Payments to employees		(3,500)	(3,818)	(4,251)	(4,251)	(4,251)
GST		(309)	(1,084)	(1,313)	(2,609)	(5,242)
		(110,768)	(121,822)	(127,801)	(128,269)	(129,000)
Net cash flow from operating activities	7	(561)	5,042	(958)	(1,290)	(2,172)
Cash flows from Investing activities						
<i>Cash was provided from</i>						
Funds held on behalf of other agencies		5,034	4,645	5,419	5,419	5,419
Maturing Term Deposits		91,134	70,875	76,222	77,222	77,222
		96,168	75,519	82,141	82,641	83,141
<i>Cash was applied to</i>						
Funds paid on behalf of other agencies		(6,273)	(5,129)	(5,129)	(5,129)	(5,129)
Reinvestment of Term Deposits		(89,623)	(75,900)	(75,900)	(75,900)	(75,900)
Purchase of Property Plant & Equipment		(19)	(136)	(128)	(136)	(141)
		(95,915)	(81,165)	(81,157)	(81,165)	(81,171)
Net cash flow from investing activities		253	(5,646)	938	1,476	1,970
Net increase (decrease) in cash held		(308)	(603)	26	186	(201)
Cash at bank beginning of year		1,136	828	225	251	436
Cash at Bank end of year		828	225	251	436	235

Notes to the Financial Statements

For the year ended 30 June 2020

Note 1 - Statement of accounting policies

Reporting Entity

Health Research Council of New Zealand (HRC) is a Crown entity as defined by the Crown Entities Act 2004 and is domiciled and operates in New Zealand. The relevant legislation governing HRC's operations includes the Crown Entities Act 2004, and the Health Research Council Act 1990. HRC's ultimate parent is the New Zealand Crown.

HRC's primary objective is to benefit New Zealand through health research. HRC does not operate to make a financial return. HRC has designated itself as a public benefit entity (PBE) for financial reporting purposes.

Basis of preparation

The financial statements have been prepared on a going concern basis, and the accounting policies have been applied consistently throughout the period. There are no other new standards, amendments to standards and interpretations that have been issued but are not yet effective that are applicable to HRC.

Standards issued and not yet effective and not early adopted

Standards and amendments, issued but not yet effective, that have not been early adopted are:

[Amendment to PBE IPSAS 2 Statement of Cash Flows](#)

An amendment to PBE IPSAS 2 Statement of Cash Flows requires entities to provide disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cashflows and non-cash changes. The amendment is effective for annual periods beginning on or after 1 January 2021, with early application permitted. HRC does not intend to early adopt the amendment.

Standards issued and effective as at 30 June 2020

[PBE IPSAS 34-38](#)

PBE IPSAS 34-38 replace the existing standards for interests in other entities (PBE IPSAS 6-8). These new standards are effective for the annual periods beginning on or after 1 January 2019. HRC will apply these new standards on preparing the 30 June 2020 financial statements. No effect is expected as a result of this change.

[PBE IPSAS 41 Financial Instruments](#)

The XRB issued PBEIPSAS 41 Financial Instruments in March 2019. This standard supersedes PBE IFRS 9 Financial Instruments, which was issued as an interim standard. It is effective for reporting periods beginning on or after 1 January 2022. Although HRC has not assessed the effect of the new standard, it does not expect any significant changes as the requirements are similar to RBE IFRS 9.

[PBE FRS 48 Performance Reporting](#)

PBE FRS 48 Performance Reporting replaces the service performance reporting requirements of PBE IPSAS 1 and is effective for periods beginning on or after 1 January 2021. HRC has not yet determined how application of PBE FRS 48 will affect its statement of performance.

Statement of compliance

The financial statements of HRC have been prepared in accordance with the requirements of the Crown Entities Act 2004, which includes the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP). The financial statements have been prepared in accordance with Tier 1 PBE accounting standards. These financial statements comply with PBE accounting standards.

Presentation currency and rounding

The financial statements are presented in New Zealand dollars and all values are rounded to the nearest thousand dollars (\$000).

Use of estimates and judgements

The preparation of these financial statements conforms with PBE FRS – 42. This requires management to make judgements, estimates and assumptions concerning the future. These judgements, estimates and assumptions are based on historical experience and various other factors that are believed reasonable under the circumstances. Actual financial results are likely to differ from the information presented, and the variations may be material. The assumptions that have a significant risk of causing material adjustment to the carrying amounts of the assets and liabilities within the next financial year are outlined below.

Statement of Underlying Assumptions

Crown Revenue

Currently appropriated revenue is set out in note 2. These revenue appropriations have been advised by the Ministry of Science and Innovation and the Ministry of Health.

Research Grant Expenditure

Planning of expenditure is in line with a strategy which will result in HRC public equity reserves leveling off at around \$10.0M. This will occur predominantly through management of applications approved via the main contestable round. Details of planned research grant expenditure are shown in Note 3. Reference should also be made to Note 5 for information related to the planned equity level.

Contract Management Costs

These are also known as operational costs. Workload and output will increase in line with the new funding received. Beginning with the HRC Refresh (2015) and subsequent development of the NZ Health Research Strategy (2015-2017), significant new and increased expectations have arisen since the HRC was established in 1990. In order to meet these expectations FTE numbers will increase to around 39 FTE in FY2021. Management has taken the opportunity to reconfigure staff focus and priorities to ensure that HRC goals and objectives are achieved more effectively and efficiently. In addition, a rebalancing between Health Research Funding to Research Management Funding of approximately \$700K will be sought from Treasury in order to fund these additional expectations.

Significant accounting policies are included under the note to which they relate. Significant accounting policies that do not relate to a specific note are outlined below.

a) Property Plant & Equipment and Intangible Assets

All property, plant and equipment (PP&E) and intangible assets (IA) are stated at cost less accumulated depreciation or amortisation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition and development of the items. Where an asset is acquired in a non-exchange transaction for nil or nominal consideration the asset is initially measured at its fair value. Subsequent expenditure is capitalised only if it is probable that the future economic benefits associated with the expenditure will flow to HRC and the cost can be measured reliably. All other repair, maintenance and costs of day-to-day servicing are recognised in surplus or deficit as incurred. The costs of self-constructed assets are recognised as work in progress and not depreciated or amortised until the assets are operating in the manner intended, at which time they are transferred to PP&E or IA. Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset, and are reported net in the surplus or deficit.

Depreciation and amortisation are recognised in surplus or deficit and are calculated to write off the cost of items of PP&E and IA less their residual values using the straight-line method over their useful lives as follows. The assets' residual values and useful lives are reviewed, and adjusted prospectively, if appropriate, at the end of each reporting period.

PP&E	Office and computer equipment	3 to 5 years	20 - 33%
PP&E	Leasehold improvements	5 years	20%
IA	Acquired computer software	3 years	33%
IA	Developed computer software	5 years	20%

b) Impairment of property, plant & equipment and intangible assets

HRC only holds non-cash-generating assets as no assets are used to generate a commercial return. PP&E and IA held at cost that have a finite useful life are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable service amount. The recoverable service amount is the higher of an asset's fair value less costs to sell and value in use. Value in use is determined using an approach based on either a depreciated replacement cost approach, restoration cost approach, or a service units' approach. The most appropriate approach used to measure value in use depends on the nature of the impairment and availability of information. If an asset's carrying amount exceeds its recoverable service amount, the asset is regarded as impaired and the carrying amount is written-down to the recoverable amount. The total impairment loss is recognised in the surplus or deficit.

c) Employee entitlements

Short-term employee entitlements

Employee benefits that are due to be settled within 12 months after the end of the period in which the employee renders the related service are measured based on accrued entitlements at current rates of pay. These include salaries and wages accrued up to balance date, annual leave earned but not yet taken at balance date, and sick leave.

Long-term employee entitlements

Employee benefits that are due to be settled beyond 12 months after the end of period in which the employee renders the related service, such as long service leave and retirement gratuities, have been calculated on an actuarial basis. The calculations are based on likely future entitlements accruing to staff, based on years of service, years to entitlement, the likelihood that staff will reach the point of entitlement, contractual entitlement information, and the present value of estimated future cash flows

Presentation of employee entitlements

Sick leave, annual leave and vested long service are classified as a current liability. Non-vested long service leave and retirement gratuities expected to be settled within 12 months of balance date are classified as a current liability.

Contributions to defined contribution schemes

Obligations for contributions to Kiwi Saver and the Government Superannuation Fund are accounted for as defined contribution superannuation schemes and are recognised as an expense in the surplus or deficit as incurred.

d) Receivables

Short-term receivables are recorded at the amount due, less any provision for impairment. A receivable is considered impaired when there is evidence that HRC will not be able to collect the amount due. The amount of the impairment is the difference between the carrying amount of the receivable and the present value of the amounts expected to be collected.

e) Payables

Short-term payables are recorded at the amount payable.

f) Goods and services tax

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

g) Income Tax

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

h) Cost allocation

HRC has determined the cost of outputs using the cost allocation system outlined below. There have been no changes to the cost allocation methodology since the date of the last audited financial statements. Direct costs are those costs directly attributed to an output. Indirect costs are those costs that cannot be identified in an economically feasible manner with a specific output.

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

i) Critical judgements in applying accounting policies

Management has exercised the following critical judgments in applying accounting policies:

Leases classification

Determining whether a lease agreement is a finance, or an operating lease requires judgement as to whether the agreement transfers substantially all the risks and rewards of ownership to the HRC. Judgement is required on various aspects that include, but are not limited to, the fair value of the leased asset, the economic life of the leased asset, whether or not to include renewal options in the lease term and determining an appropriate discount rate to calculate the present value of the minimum lease payments. HRC has determined no lease arrangements are finance leases.

Research Grant Expenditure

For purposes of making payments HRC applies judgement during the year when determining whether an appropriate level of progress and quality has been achieved. It also ensures that no other change events have occurred which might affect payment.

Note 2 - Revenue from the Crown

Note 2 - Revenue from the Crown	Actual	Forecast	Plan	Plan	Plan
Non-exchange revenue	2019	2020	2021	2022	2021
	\$000	\$000	\$000	\$000	\$000
Ministry of Business, Innovation and Employment (MBIE)	109,107	125,913	125,913	125,048	125,898
Ministry of Health (MoH)	285	285	285	285	285
	109,392	126,198	126,198	126,333	126,183

Accounting Policy

The specific accounting policies for significant revenue items are explained below:

Funding from the Crown

HRC is primarily funded from the Crown. This funding is restricted in its use for the purpose of HRC meeting the objectives specified in its founding legislation and the scope of the relevant appropriations of the funder. HRC considers there are no conditions attached to the funding and it is recognised as revenue at the point of entitlement. The fair value of revenue from the Crown has been determined to be equivalent to the amounts due in the funding arrangements.

Grants Received

Grants are recognised as revenue when they become receivable unless there is an obligation in substance to return the funds if the conditions of the grant are not met. If there is such an obligation the grants are initially recorded as revenue received in advance and recognised as revenue when the conditions of the grant are satisfied.

Interest revenue

Interest revenue is recognised using the effective interest method.

Provision of services

Services provided to third parties on commercial terms are exchange transactions. Revenue from these services is recognised in proportion to the stage of completion at balance date.

Restrictions attached to revenue from the Crown

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

Planning for Revenue from the Crown

A draft Crown Funding Agreement outlining the revenue receivable FY2021 has been received. This agreement is in line with the formal notification received May 2015 for the fiscal years 2017 to 2020. HRC has planned the outer years 2021 through 2023 at the same levels as this formal notification.

Note 3 - Research Grant Expenditure

Note 3 - Revenue from the Crown Non-exchange revenue	Actual 2018 \$000	Forecast 2020 \$000	Plan 2021 \$000	Plan 2022 \$000	Plan 2021 \$000
Health Research Contracts	101,902	115,601	117,121	117,988	118,781
Vision Mātauranga	3,588	1,488	1,885	2,184	2,213
International Collaborations	858	1,070	666	643	538
	106,348	118,159	119,672	120,815	121,532

Accounting Policy

Contract Retentions

Contract retentions relate to amounts withheld equivalent to 1 month's funding for each year of the term of the health research contract until a contractor provides a final research report. The contract funding retention is recognised as a financial liability at the end of the contract term, until the funding withheld is paid when the final research report is completed and provided to HRC.

Critical judgements in applying accounting policies

For purposes of making payments HRC applies judgement during the year when determining whether an appropriate level of progress and quality has been achieved. It also ensures that no other change events have occurred which might affect payment.

Planning of research grant expenditure is in line with a strategy which will result in HRC public equity levelling off at around \$10.0M. This will occur predominantly through an increase in applications approved via the main contestable round or new rounds devised as part of the realignment to the Health Research Strategy requirements. Reference should also be made to Note 5 for information related to the planned level of equity over the next three years.

Note 4 – Cash, Short-term deposits and Funds held on behalf of other agencies

Accounting policy

Cash and cash equivalents include cash on hand, deposits held on call with banks. The carrying value of short term deposits which are invested with maturity dates of four months or less approximates their fair value.

Funds held on behalf of other agencies

Funds held on behalf of other agencies are the balance of funds held which have been contributed by the HRC and other partners to joint venture projects. These funds are interest bearing. Where funds have been committed to research contracts, payment terms are dependent on the individual underlying contracts. Uncommitted funds are held with no payment terms. The release of those funds to research projects are approved jointly by HRC and partners.

Short term funds held on behalf of other agencies are the contract payments to be made in the next 12 months. The balance of funds held on behalf of other agencies are treated as long term liabilities.

Funds held on behalf of – Foxley Estate

Funds held on behalf of the Foxley Estate are pursuant to an HRC resolution to hold the bequeathed funds to support the Foxley Fellowship from the interest earned by the fund.

Note 5 - Equity

Note 5 - Equity	Actual 2018 \$000	Forecast 2019 \$000	Plan 2020 \$000	Plan 2021 \$000	Plan 2022 \$000
Movements in Equity					
Public Equity					
Balance 1 July	9,439	7,677	10,582	10,908	10,893
Surplus/(deficit) for the year	(1,873)	2,671	103	(237)	(1,124)
Transfer of Net Income from/(to) Foxley Reserve Fund	111	235	222	222	222
Balance 30 June	7,677	10,582	10,908	10,893	9,991
Foxley Reserve Fund					
Balance 1 July	1,583	1,472	1,237	1,015	793
Transfer (to)/from Accumulated Surplus/(deficit)	(111)	(235)	(222)	(222)	(222)
Balance 30 June	1,472	1,237	1,015	793	571
Total Equity at 30 June	9,149	11,820	11,923	11,686	10,562

Accounting policy

Equity is measured as the difference between total assets and total liabilities. Equity is disaggregated and classified into the following components.

- Accumulated surplus/(deficit);
- Foxley Estate Reserve Fund.

Foxley Estate Reserve Fund

The Foxley Estate Reserve Fund relates to the assets bequeathed to the HRC in 1998. The Council resolved to hold the bequest funds as the "Foxley Estate Reserve Fund" and to support the Foxley Fellowship from the interest earned by the fund. Interest received on these assets is credited to the reserve. Grants made for research sabbaticals are charged against the reserve.

Note 6 – Capital management

The HRC's capital is its equity, which comprises accumulated funds and other reserves. Equity is represented by net assets. The HRC is subject to the financial management and accountability provisions of the Crown Entities Act 2004, which impose restrictions in relation to borrowings, acquisition of securities, issuing guarantees and indemnities and the use of derivatives. The HRC manages its equity as a by-product of prudently managing revenues, expenses, assets, liabilities, investments, and general financial dealings to ensure the HRC effectively achieves its objectives and purpose, whilst remaining a going concern.

Note 7 - - Reconciliation of Operating surplus (deficit) to net cash flow from operating activities

Note 7	Actual 2019 \$000	Forecast 2020 \$000	Plan 2021 \$000	Plan 2022 \$000	Plan 2023 \$000
Surplus /(Deficit) for year	(1,873)	2,671	103	(237)	(1,124)
Add non-cash items					
Depreciation and Amortisation expense	129	111	128	136	141
Management Fees Earned	(272)	(176)	(188)	(188)	(188)
Rent recovered	(21)	(21)	(21)	(237)	(1,124)
Add/(deduct) movements in working capital items					
Receivable (increase)/decrease	227				
Payables increase/(decrease)	1,249	2,458	(980)	(980)	(980)
Net cash flow from operating activities	561	5,042	(958)	(1,290)	(2,172)

How the HRC reports on strategy and performance - the documents

Te āhua o tā HRC pūrongo i ngā rautaki me ngā putanga – ngā kōnae



The most current versions of all these documents are available on the HRC website.

Glossary of Abbreviations and Terms

He kuputaka mō ngā Whakarāpopototanga me ngā Kupu

1. **DHB:** District Health Board
2. **HRC:** The Health Research Council of New Zealand
3. **IOACC:** Improving Outcomes for Acute and Chronic Conditions Research Investment Stream
4. **MBIE:** Ministry of Business, Innovation and Employment
5. **MoH:** Ministry of Health
6. **NZHD:** New Zealand Health Delivery Research Investment Stream
7. **Outcomes:** The benefits that our Impacts will ultimately bring for New Zealand society. These are not directly measurable and so we track our progress through surrogate measures against our Impacts
8. **Outputs:** The principal services that we provide and the functions we fulfil, which are linked to our funding
9. **RHM:** Rangahau Hauora Māori Research Investment Stream
10. **Research Investment Streams (RIS):** We have four RIS that collectively reflect the full spectrum of possible health research activities in New Zealand that the HRC may support. We use these streams to signal our priorities to the research community

hrc nz

Health Research Council
of New Zealand

Te Kaunihera Rangahau Hauora o Aotearoa

New Zealand Government

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This document is available on the Health Research Council of New Zealand Website:
<http://www.hrc.govt.nz>