



Annual Report Pūrongo ā-Tau 2021

For the year ended 30 June 2021

Presented to the House of Representatives pursuant to Section 38 of the Health Research Council Act 1990 and Section 150(3) of the Crown Entities Act 2004

Contents | Ngā Ihirangi

Foreword – From our Chair Kupu Takamua Nā te Heamana	4
From our Chief Executive Nā tō mātou Tāhuhu Rangapū	5
Part 1: About the HRC Wāhanga 1: Mō HRC	6
Part 2: Making a difference for 30 years Wāhanga 2: Te whai pānga i ngā tau e 30	10
Part 3: Looking ahead: Our strategic direction for 2020 – 2024 Wāhanga 3: Te Tiro Whakamua: Tā mātou rautaki ahunga 2020 – 2024	16
Part 4: The year at a glance Wāhanga 4: Te tirohanga whānui ki te tau	22
Part 5: Meeting goals and expectations Wāhanga 5: Ngā whāinga me ngā manako o te hui	26
Equity and diversity	27
Te Tiriti commitments	31
Supporting core government priorities	33
Increasing research intensity in health services delivery	34
Responding to COVID-19	35
Environmental sustainability	36
Governance and financial management	36
Continued support for information platforms and systems	38

Part 6: Statement of Service Performance Wāhanga 6: He Tauākī o te	
Kounga Whakaratonga	40
Output 1: Fostering excellence and innovation	42
Output 2: Connecting for greater impact	44
Output 3: Strengthening skills and growing a diverse workforce	46
Output 4: Keeping the health research system ethical and safe	48
Part 7: Our team and organisation Wāhanga 7: Tō mātou tīmā me te umanga	50
How we work	51
Diversity and inclusion	52
Health and safety	52
Sustainability	53
Part 8: Financial Statements Wāhanga 8: Ngā Whakataunga Ahupūtea	54
Statement of Responsibility	55
Statements	56
Audit Report	76
Part 9: HRC contracts Wāhanga 9: Ngā kirimana HRC	80

Foreword from our Chair

Kupu Takamua Nā te Heamana

In October 2020, we celebrated 30 years of the Health Research Council of New Zealand and I can confidently say that the impact of health research has never been more evident.

We've had a year largely defined by scientific advice, and here in Aotearoa New Zealand our truly talented pool of experts has given us a crucial advantage in a world riddled by the pandemic. Our population has been guided by clear decisions and bold strategies that have stood out internationally for their success, and enabled life in New Zealand to continue with comparatively less disruption than that witnessed globally.

New Zealand's ability to contain and manage the COVID-19 crisis was largely testament to decades of investment in health research, much of this proudly enabled by the Health Research Council. We were also proud to play a key role in the collaborative national response to the crisis. Following our CEO's attendance at the WHO forum in Geneva in February 2020 and the launch of the HRC's first rapid response COVID-19 round in March 2020, we ran another COVID-19 Equity-focused round in August 2020: this in keeping with our underlying goals to improve health equity through excellent research.

We also continued to monitor and disseminate notable findings and outcomes from the HRC's first COVID-19 studies. In September 2020, we led the New Zealand announcement of an international multi-centre trial showing how corticosteroids could help save lives of COVID-19 patients in the ICU. This ongoing trial, in which New Zealand plays a role, has since had further considerable findings.

As the year progressed, the HRC continued its flexible approach to research contracts, allowing extensions and adjustments as required, in order to maintain stability and certainty for researchers at a time of disruption and unpredictability.

Despite the many unforeseen circumstances of the past 12 months, however, the HRC has progressed much of its strategic priorities, including reviewing a number of its processes and funding mechanisms to ensure that these align with the national priorities for research, as outlined in the New Zealand Health Research Prioritisation Framework.

Top of mind at time of writing is the cross-government approach needed to achieve better health outcomes for all New Zealanders. In improving our processes and making decisions for the research sector, we are doing so in the context of new recommendations and complementary initiatives arising from the Health and Disability Sector Review, the Waitangi Tribunal Health Services and Outcomes Kaupapa Inquiry (Wai 2575), and new 'future pathways' for Research, Science and Innovation for New Zealand.

The need to work across sectors and with communities, for the greater good of New Zealanders, has never been clearer, and we are excited to play our part in this.



A handwritten signature in black ink, appearing to read 'Lester Levy'.

Professor Lester Levy
CNZM, Chair

From our Chief Executive

Nā tō mātou Tāhuhu Rangapū

This year has seen a range of activities supporting the HRC's commitments in the New Zealand Health Research Strategy, along with further steps on our aspirational journey towards becoming a Tiriti-based organisation, with health equity as a key goal.

We have begun by examining what this could mean for our kaimahi and committees, and how we work as an organisation, our relationships with Māori and the sector, and how this informs our health equity goals. We are still at the beginning of this journey with much more to do.

The HRC has a mandate to fund research that will advance the health of Māori and Pacific people as well as other groups who experience health inequity, and we are pursuing it with vigour. In the past year, we embedded Māori Health Advancement as a scoring criterion across our core funding rounds and increased its weighting to the level of other scoring criteria.

This is already making a difference in research proposals we're seeing right across the spectrum, from basic science through to clinical studies and public health research. From the outset, researchers are considering the ways in which their work can reduce inequities, not just in its outcomes but potentially through design and methods, and in how findings are disseminated and implemented.

We've also made strides in strengthening system-wide participation in health research. The HRC has a strong record of supporting clinical trials and clinical research development, but with the addition of our completely redesigned Health Delivery Research investment portfolio, we attracted an all-new level of research engagement from those who deliver healthcare and those keen to improve it.

The health sector has a critical role in connecting research with its end-users, speeding up translation, and ensuring research addresses the most important questions. So we were particularly pleased to pilot a collaboration with some of Aotearoa New Zealand's district health boards, to upskill and empower them to conduct more research.

There's true transformative potential in having our health sector lead research that directly responds to health priorities within their regions, and the HRC will continue to work alongside the Ministry of Health to embed a research and innovation culture within the changing health service sector.

With our small team continually reviewing how we achieve our big aspirations, I'm proud of our contribution to realising the goals of the New Zealand Health Research Strategy and the steps closer we've come to a healthier future for all.

Finally I would like to note that the HRC is based in Auckland which means our kaimahi have worked through a series of extended COVID lockdowns quite different to the rest of Aotearoa. Despite those challenges, they have continued to deliver our health research investment programme as well as keep up our work to realign our activities to better reflect New Zealand's health research strategy. It is an honour to lead a team so committed to making a difference for all New Zealanders.



A handwritten signature in black ink, appearing to read 'Sunny Collings'.

Professor Sunny Collings
HRC Chief Executive



Part 1: **About the HRC**

Wāhanga 1:
Mō HRC

Who we are

Ko wai mātou

The Health Research Council of New Zealand (HRC) is the government's principal funder of health research. We identify and fund high-impact research with the potential to significantly improve the health and wellbeing of all New Zealanders.

We invest around \$120 million a year in research across a range of disciplines, and currently support 4,360 research positions.

As a crown agency, we aim to maximise the impact of our investment by funding research that improves the quality, cost-effectiveness, and sustainability of New Zealand's healthcare system.

We are committed to building knowledge and evidence on issues that affect New Zealanders, because we know that the quality of healthcare is largely dependent on the research evidence that underpins it.

Informing our goals and vision for excellent health research that benefits all New Zealanders is Te Tiriti o Waitangi. The HRC considers that all health research in Aotearoa New Zealand has an opportunity to advance Māori health by upholding and valuing Māori rights, worldviews and knowledge, tikanga Māori (Māori processes and protocol), and by addressing inequity.

The Minister of Health is responsible for the HRC and appoints the 10-member governing Council. Parliament appropriates funding for the HRC through Vote Business, Science and Innovation, which is administered by the Minister of Science, Research and Innovation. We also receive funding from Vote Health to support our regulatory and ethics roles.

It's been 30 years!

Kua 30 ngā tau!

The Health Research Council Act came into effect in 1990. Before then, some of the Health Research Council's roles were performed by the Medical Research Council.

The 1990 Act established a number of key statutory functions, which includes:

- advising the Minister of Health on national health research policy

- advising on health research priorities for New Zealand
- initiating and supporting health research
- fostering the recruitment, training and retention of health researchers in New Zealand
- maintaining a safe and ethical health research environment, including ensuring the safety of large clinical trials.

The HRC fulfils these roles while running several research funding rounds throughout the year: a process which includes managing the assessment of all proposals; awarding grants; and managing research contracts to ensure they deliver benefit for New Zealand, both now and across generations.

What we do

Ā mātou mahi

A key responsibility for us is to support, attract and retain the best health researchers, to create a diversity of people, skills and perspectives in our research community.

The Health Research Council offers a range of funding opportunities to researchers at various stages of their careers – from students and emerging researchers through to clinical researchers and leaders in their field. Alongside our general research opportunities, we run a dedicated career development programme across the career spectrum for Māori and Pacific researchers.

We design research funding opportunities and manage the entire assessment process with the clear goal of advancing New Zealand's health research priorities. Having led the development of the New Zealand Health Research Prioritisation Framework, it's our role to work with the Ministry of Health and Ministry of Business, Innovation and Employment (MBIE) to ensure all government investment in health research is guided by the framework, and to work with our many stakeholders to support them in implementing it.

Key to meeting New Zealand's health needs now and into the future is balancing our investment between knowledge and solutions that have immediate impact, and innovative ideas and exploration that will generate future health gains.

We run fair, transparent and robust processes that meet international standards of best practice, involving a number of committees, including science assessing committees, and national and international reviewers to ensure we fund high-quality research led by researchers with the capability to deliver.

Through a range of partnerships, the HRC also creates opportunities for researchers to tackle global issues in collaboration with scientists around the world. As well as connecting researchers across borders, we help connect researchers with the end-users of their work to speed the translation of research findings into healthcare services and practice.

Through our ethics and regulatory committees, we also play a pivotal role in ensuring New Zealand health research is ethical and safe (more on this work in our Statement of Service Performance).

COVID-19 disclosure statement | KOWHEORI-19 tauākī puakanga

In Auckland, where the HRC is based, we experienced two COVID-19 lockdowns in this reporting period – in August 2020 and again in February 2021. Staff continued to work flexibly during these periods and were able to launch new initiatives, including a COVID-19 equity-focused funding round.

To support researchers through unpredictable times, we granted a high number of contract variations in the past financial year, amounting to a 57% increase in contract variations on the year before, and a 133% increase compared with 2019.

We adapted our processes and systems so we could operate at all alert levels and continued to implement all funding rounds as planned. Lockdowns have not impacted the HRC's reporting processes, as systems have been accessible remotely.

However, the HRC's capacity to progress with operational improvements has been reduced due to lack of access to office premises during lockdowns and the pivoting of internal resources to support process and system adaptations. Subsequently, we could not progress the following tasks:

- Refinement and implementation of risk profiling of research contracts and development of the monitoring regime scalable to risk (noted in the Statement of Service Performance).
- Improvements to records management practices in response to an audit by Archives NZ.
- Internal audits/reviews of key processes.
- Commissioning of a functional review of the HRC's implementation of its regulatory mandate.

Our goals and drivers

Ērā e whakaaweawe ana i a mātou

In everything we do, the Health Research Council strives to:

- Drive innovation and impact
- Advance Māori health
- Improve health equity.

These goals sit across all three of our strategic drivers:

- **Fostering excellence and innovation – E morimori ana i te kounga me te auaha:** 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.
- **Connecting for greater impact – Mā te mahi tahi e hua nui ai:** We align and connect funders, providers, and users of health research in New Zealand; we form strategic research partnerships to address priority health issues; and build strong links to international research efforts.
- **Strengthening skills and systems – E whakapakari ana i ngā pūkenga me ngā pūnaha:** We develop and sustain the people, processes and systems required to deliver the ethical, excellent, innovative, and impactful research New Zealand needs.

In this Annual Report, we will demonstrate how we have advanced these goals in the past year, through responsive and long-running initiatives that characterise our contribution to the health and science sector.





Part 2

Making a difference for 30 years

Wāhanga 2
Te whai pānga i ngā tau e 30

Sharing the impact of our work Te tuari i te pānga o ā mātou mahi

In October 2020, the Health Research Council of New Zealand (HRC) celebrated 30 years of funding high-impact research which has contributed to saving thousands of lives in Aotearoa and across the globe.

Since 1990 we have invested more than \$1.7 billion in research spanning biomedical, clinical, and public health.

From identifying the first known gene for fatal inherited gastric cancer through to leading the development of the first practical treatment for preventing brain damage in babies, research funded by the HRC has spawned multiple breakthroughs and changed services and practice in almost every area of health.

The HRC has also supported the careers of some of New Zealand's most distinguished scientists, academics and clinicians, including many of those who guided our country's response to the COVID-19 pandemic with world-leading strategies that have kept our infection rates low and deaths to a minimum.

The HRC is particularly proud of its commitment to Māori and Pacific health researchers whose work over the past three decades has helped shape and influence health policies while addressing inequities and social disparities.

Building and sustaining New Zealand's indigenous health research workforce has long been a focus for the HRC, and now approximately 17% of research positions supported by the HRC are held by Māori researchers.

Over the month of October, the HRC showcased just some of the research highlights that have impacted the lives of New Zealanders. We created a series of short videos that reached more than 350,000 people through social media alone. Our anniversary media coverage was seen by up to 700,000 further people through high-profile reporting in the NZ Herald and AM Show and Newshub.¹



¹ PR and Social Media Campaign Wrap Report – Goode PR

Working with whānau to prevent cancer

Te awheawhe ki ngā whānau e karo ai i te mate pukupuku



New Zealand was the first country in the world to identify a gene mutation responsible for fatal gastric cancer.

Thanks to life-saving research led by Professor Parry Guilford and funded by the Health Research Council, members of families with a history of stomach cancer can now undergo a simple genetic test to determine their individual risk. Those who test positive can undergo a total gastrectomy – complete removal of the stomach.

Before this discovery, the death rate for carriers of the fatal CDH1 gene mutation was 70 per cent.

The genetic discovery has been made famous by the likes of Stan Walker, who had his stomach removed in 2017, after losing 25 members of his family to gastric cancer.

Since the ground-breaking research, many families in New Zealand have been identified as carriers of the fatal gene mutation. Internationally, it is estimated that over 500 families have been identified and over a thousand gastrectomy surgeries have been performed worldwide.

Rapid response to COVID-19

Te uruparenga tere ki te KOWHEORI-19



The COVID-19 outbreak shows how important it is for New Zealand to have a strong and capable research workforce, that can quickly respond to emerging and unforeseen threats to human health.

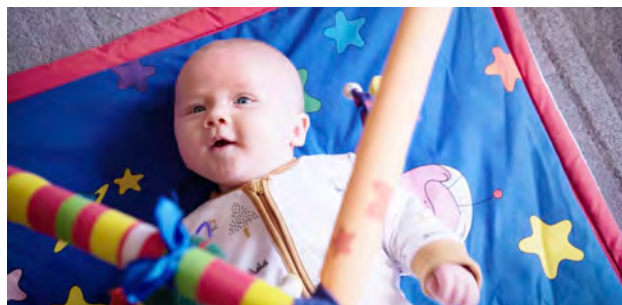
The response from researchers to the Health Research Council's first COVID-19 funding call in 2020 exceeded all expectations with 68 proposals received within five weeks.

In New Zealand, epidemiologist and infectious disease expert Professor Michael Baker quickly led the call for an 'elimination' strategy to combat the virus, which led to the country's first nationwide lockdown. With New Zealanders following this strategy, we were able to return to life (almost) as normal much sooner than many other countries.

Professor Baker is one of many New Zealand experts to receive support from the HRC throughout their research careers. Most recently, he received a \$5 million HRC grant to investigate the connection between infectious diseases and long-term conditions. He has also received HRC funding to research the impact and inequalities of the COVID-19 pandemic and how we can improve our response.

Saving babies around the world

Te whakaora pēpi puta noa i te ao



The national “Back to Sleep” public health programme was initiated in New Zealand on the back of ground-breaking HRC-funded research into cot death (previously known as sudden infant death syndrome [SIDS] and now known as Sudden and Unexplained Death of an Infant during sleep [SUDI]). Researchers had found that sleeping babies on their stomach was a major risk factor for cot death. This became one of the most important findings in health research in 25 years.

The Back to Sleep programme explained to New Zealanders that babies should sleep on their backs. Within a year of launching the programme, mortality rates (previously at 250 deaths per year) dropped by half, and many Western countries followed suit in taking up the campaign. Later research refined the risk factors, and mortality rates dropped down to 50 per year, where the rate remains today.

HRC researchers have also found that if women sleep on their sides in the final three months of pregnancy, they can avoid restricting blood flow and oxygen supply to their unborn babies and so reduce the risk of stillbirth. This research has led to the “Sleep on Side When Baby’s Inside” campaign and may have contributed to a decrease in late stillbirths in New Zealand.

Following the life-course of Pacific Island children and their families

Te whai i te ara oranga o ngā tamariki ngāi Moana rātou ko ngā whānau



The Health Research Council has part-funded the Pacific Islands Families (PIF) Study since it began at Middlemore Hospital 20 years ago. The study follows a cohort of almost 1,400 Pacific children and their parents over their lives and within their family environment.

Families taking part in the study were interviewed annually, with the study helping shape and influence health policies and practice around physical activity, food patterns, diabetes risk factors and the physical, social, built and family environment.

The study has also informed the curriculum to train those who work in the health sector of the Pacific community and helped address social disparities faced by Pacific peoples in New Zealand. In supporting a strong platform for Pacific Island health research in New Zealand, the HRC has created a thriving hub for building capacity and capability of Pacific researchers.

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This research is really important because it helps us provide the evidence that we can then put in front of policy-makers and decision-makers. It can change practice and fund the interventions that are going to address these issues for our community. Professor El-Shadan Tautolo, Director Pacific Islands Families Study.

Improving health services for Māori Te whakapai i ngā ratonga hauora ki a ngāi Māori



Frameworks such as Te Whare Tapa Whā, developed by Sir Mason Durie in the 80s, and Kaupapa Māori theory developed by Graham Hingangaroa Smith (1990) and expanded on by Professor Linda Tuhiwai Smith, Professor Leonie Pihama, and Dr Cheryl Waerea-i-te-rangi Smith among other notable Māori academics, have changed the way that researchers and clinicians understand Māori health.

The HRC has long funded research underpinned by these theories and a Māori worldview. HRC funding enables iwi, hapū and community groups to investigate well-defined areas of Māori health need or gain, to encourage self-determination and research leadership by Māori, for Māori.

This support has contributed significantly to building Aotearoa New Zealand's Māori health research capability and capacity, all of which helps advance Māori health.

"All I found in the past 20 years is a real commitment from the HRC to supporting Māori research initiatives and supporting Māori communities to be actively engaged in research."

**Professor Leonie Pihama (Te Ātiawa, Ngāti Māhanga, Ngā Māhanga ā Tairi),
Kaupapa Māori Researcher.**

Housing and health research Te rangahu nōhanga me te hauora



For more than two decades, New Zealand researchers funded by the HRC have investigated how the condition of houses can impact New Zealanders' health. Healthy homes for all Kiwis has been the goal of this research, aimed at helping all New Zealanders live in warm, dry, mould-free and safe homes.

The research undertaken by the He Kāinga Oranga/ Housing & Health Research Programme team has led to major changes to New Zealand's housing policy. The schemes that have been implemented as a result of this research have insulated 300,000 New Zealand homes to date. This is estimated to have saved the health sector approximately \$4 billion and prevented around 80,000 hospitalisations.

Research findings from the He Kāinga Oranga/Housing and Health Research Programme team haven't just had an impact in New Zealand – they have helped shape guidelines internationally. Researchers funded by the HRC have taken a lead role in developing the World Health Organization (WHO) International Guidelines on Housing and Health, which has changed housing policy in Australia, Scotland, the UK, and Canada.

"One of the great things about Health Research Council funding is that it's been such long-term and such consistent funding and that's so important for us where we're generating the evidence and then generating the change that comes with that evidence."

**Associate Professor Nevil Pierse,
Co-director He Kainga Oranga / Housing
and Health Research Programme.**

Game-changing asthma research Te rangahau mīharo pai mō te mate huangō



Over the past 30 years, HRC-funded research into asthma has changed the way the world manages asthma. Asthma is the world's most common respiratory illness and affects 1 in 6 adult New Zealanders – over 830,000 Kiwis. The cost of asthma to New Zealand is over \$1 billion per year.

A recent HRC-funded project found that using two types of common asthma medications combined in one inhaler is more effective at reducing severe asthma attacks. In fact, a 2-in-1 inhaler, taken only as needed, reduced the risk of a severe asthma attack by 50%. The risk was reduced in both high-risk patients and patients with mild asthma, marking one of the biggest shifts in asthma treatment globally over the past 25 years.

In 2020, HRC-funded research led by Dr Matire Harwood found that when using a 2-in-1 inhaler, the risk of an asthma attack was also halved for Māori and Pacific asthma sufferers. Given that asthma (and death or illness from asthma) is 30-40% higher in Maori and Pacific patients, this finding will radically change the way doctors treat Maori and Pacific asthma sufferers.

"We are recognised as world-leaders in this health area. We've been picked up by the top journals around the world and we've influenced guidelines here in New Zealand and across other nations."

**Dr Matire Harwood (Ngāpuhi),
GP and Clinical Researcher.**

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**The risk was reduced
in both high-risk
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with mild asthma,
marking one of the
biggest shifts in
asthma treatment
globally over the past
25 years.**



Part 3

Looking ahead

Our strategic direction
for 2020 - 2024

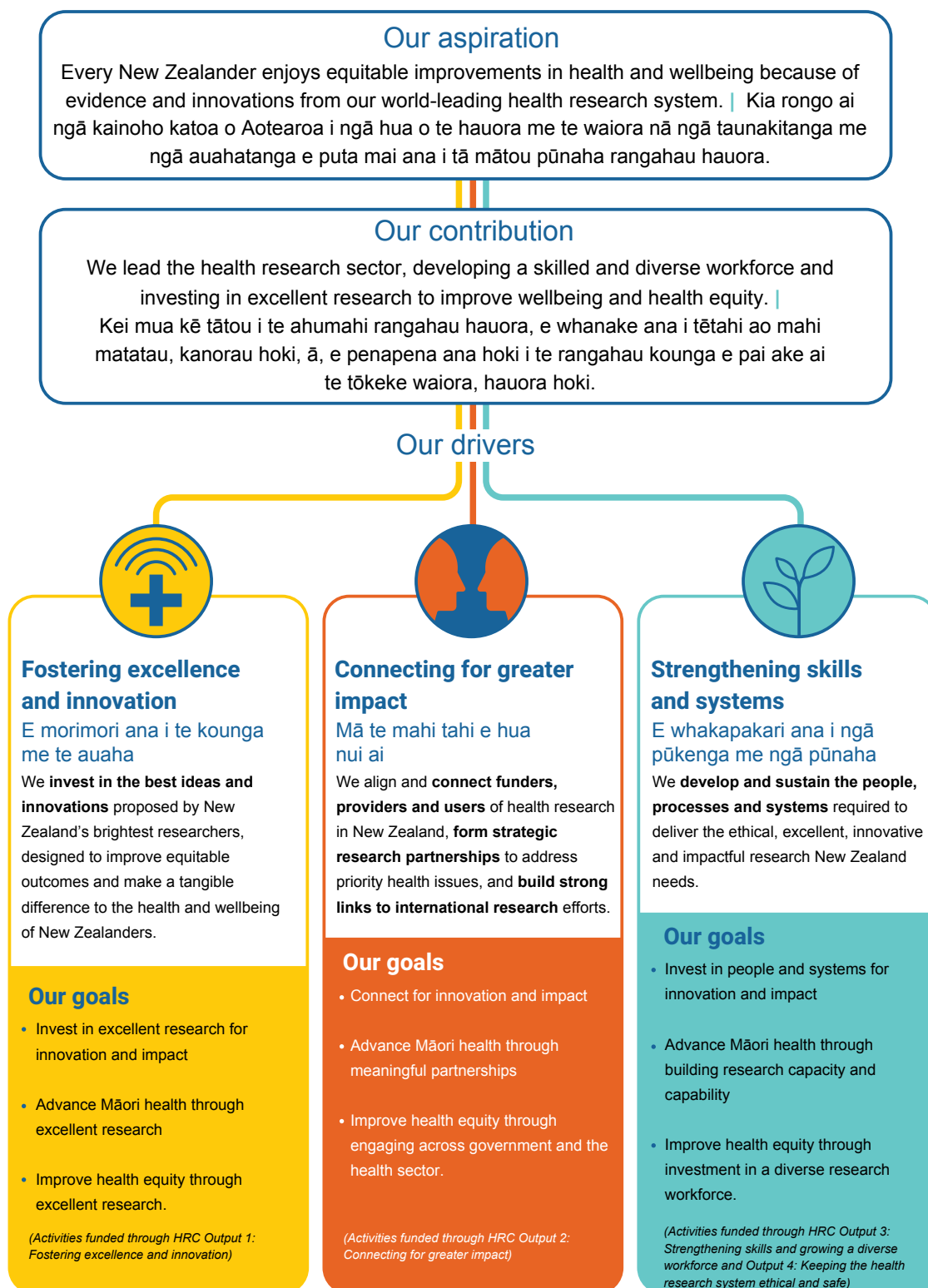
Wāhanga 3
Te tiro whakamua:
Tā mātou rautaki ahunga 2020 - 2024

We have an updated Statement of Intent

He Tauākī Takunetanga hōu tā mātou

For the next four years, we will work to realise our Statement of Intent (SOI). Our three strategic drivers will continue to guide all elements of our work: fostering excellence and innovation; increasing engagement and connection; and strengthening skills and systems.

Infographic 1: Our drivers and goals for the next four years



Our intentions for the next four years

Kō ō mātou aronga matua mō ngā tau e whā e haere ake nei

Across all our strategic drivers:

- Advance our goals and our Ministers' priorities, which includes having a strong and equitable health delivery system; improved child health; improved mental health; improved wellbeing through primary care; and promoting diversity.
- Implement Actions 2-4 of the New Zealand Health Research Strategy 2017-2027, which focus on Māori health, more equitable outcomes for Pacific peoples, and a strong health research workforce.
- Ensure we champion the New Zealand Health Research Prioritisation Framework and align our processes accordingly.
- Support the health sector reforms as they take shape and help provide quality evidence to inform the delivery of healthcare in our new health system.

Fostering excellence and innovation:

- Support research that addresses key knowledge needs, and leads to better health and wellbeing outcomes, along with commercial innovations.
- Partner with Māori to advance Māori health, and implement the action in the New Zealand Health Research Strategy to Invest in healthy futures for Māori.
- Increase investment in Pacific-led health research, methodologies and solutions.
- Invest more in addressing and preparing for the health impacts of our changing world, such as climate change; pandemics; and the way we live, work and relax.
- Provide opportunities for health professionals and DHBs to actively engage in health research.

Connecting for greater impact:

- Draw on national and international connections to address COVID-19 and other serious health threats.
- Increase our investment in international research opportunities.
- Work across government to address health inequities.
- Work across sectors to address 'one health' challenges such as those involving pollution of the soil, air and water; mounting antibiotic resistance due to agricultural practices; or the impact of wildlife habitats overlapping with urban developments.

Strengthening skills and systems:

- Build and maintain a skilled and diverse research workforce.
- Support Māori to build mātauranga Māori and kaupapa Māori methodologies.
- Continue to make a strong contribution to the ethics and regulatory frameworks in New Zealand.
- Develop a rapid response investment process.
- Align our career development opportunities with the New Zealand Health Research Prioritisation Framework, and eventually with the career development components of the New Zealand Health Research Strategy.
- Contribute to the New Zealand Research Information System, develop a new grant management system, and introduce a finance management and customer relationship management system.



Examples of how we're progressing our goals

Ngā tauira o tā mātou koke tonu i ā mātou whāinga

Engaging the health sector in research to ensure New Zealanders receive the best possible care.

We have been honing our processes and investment mechanisms to ensure they help us achieve our aspirations and goals.

In the past year we put in place our redesigned Health Delivery Research investment portfolio, aimed at strengthening research engagement and capacity within the healthcare sector. The funding opportunities created within this category complement the clinical research and research training opportunities already provided through the HRC's researcher-initiated funding rounds and Career Development Awards.

The Health Delivery Research opportunities have been designed to provide dedicated support for researchers that will improve patient care and healthcare systems in New Zealand. We also launched our first Health Sector Research Collaboration grants, selecting five DHBs around the country to partner with for the purpose of driving sector-led research that responds to health sector and community needs.

Over the next four years, we will be monitoring this approach to health delivery research and determining the appropriate mechanisms going forward.

Ensuring our investments align with, and drive, the research priorities of Aotearoa New Zealand.

In the past year, we have continued to align our funding rounds and mechanisms with the New Zealand Health Research Prioritisation Framework. This important document prioritises how and why health research needs to be done in New Zealand if it's to drive high-level health and social outcomes and ensure maximum impact from the government's investment in health research.

The framework will guide New Zealand's health research investment decisions from now until 2027. **See Infographic 2.**

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.

In keeping with the framework, we've begun revising our assessment criteria for applications to our core funding rounds. We've increased the emphasis on Māori health advancement and ensured this key consideration is embedded into research from the outset.

We will continue to review all our funding mechanisms over the next four years to ensure optimal alignment with the Prioritisation Framework and the other actions of the New Zealand Health Research Strategy 2017-2027. Any changes will be communicated to the research community.



Partnering with other government agencies and international bodies to coordinate research efforts.

Alongside the researcher-initiated contestable funding rounds we manage, the HRC frequently partners with other funders, government agencies and charities to commission targeted pieces of health research for New Zealand and address cross-sectoral issues.

In the past year, we worked with a range of Government agencies, including Medsafe, PHARMAC, WorkSafe New Zealand and the Ministry of Social Development among others, to address mutual objectives such as reducing health inequities and addressing the pandemic.

In conjunction with the Ministry of Health, the HRC ran its fastest-ever mission-led funding round in March 2020 in response to COVID-19, with the aim of commissioning research that could inform the all-of-government response to the pandemic, and in the past financial year we have monitored the impact of this work and seen the benefits unfold.

Previous public health issues that the HRC acted quickly to respond to, include the March 15 2019 Mosque attacks, the Canterbury earthquakes, the Havelock North campylobacter outbreak, and the H1N1 virus. The HRC expects more rapid response demands in the future, and we are formalising an optimised process for launching and managing these rounds.

We also plan to recalibrate and expand our Partnership Programme, to ensure maximum impact and benefit for New Zealanders from this key strategic investment mechanism.

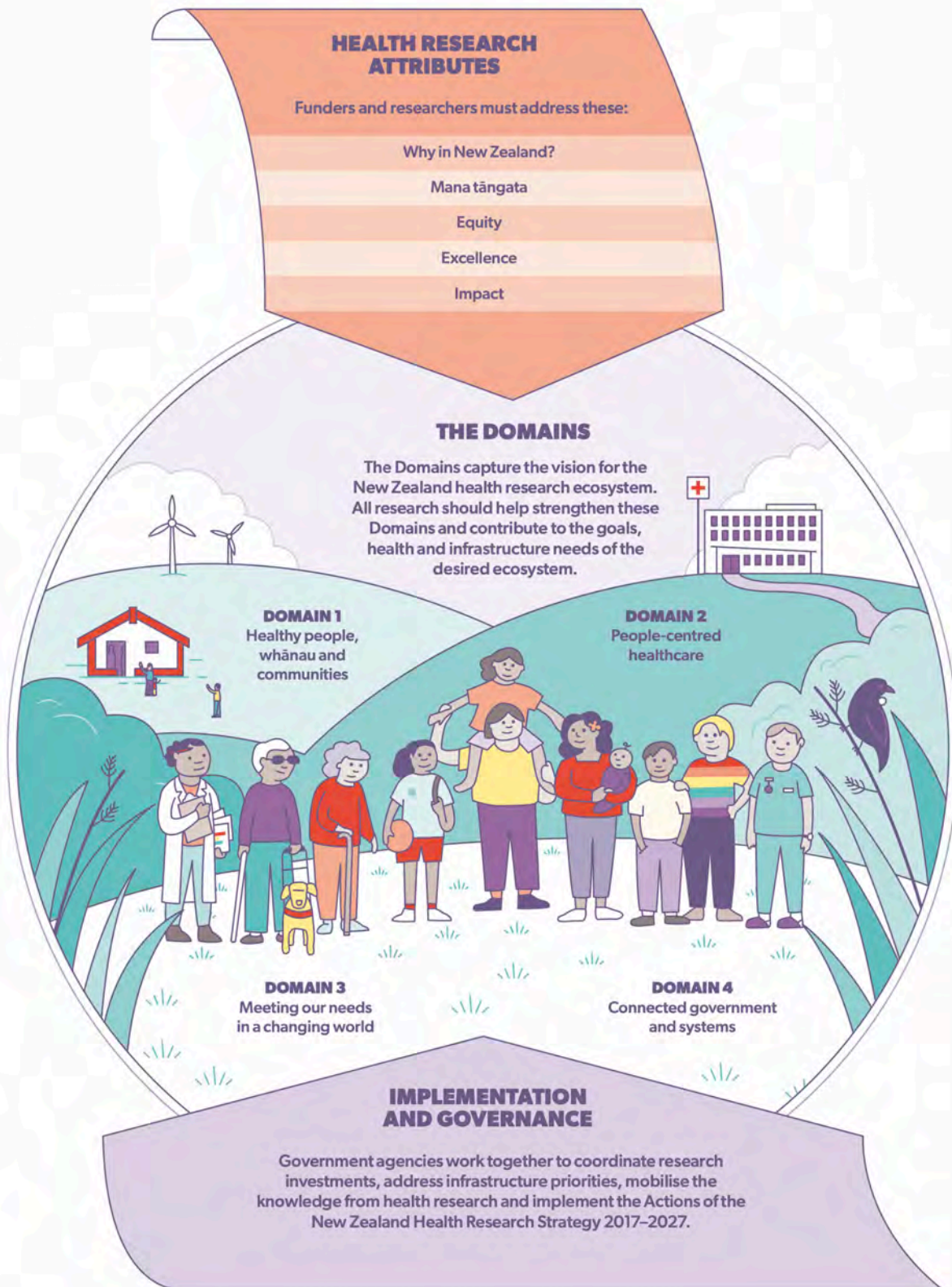
See Part 5 for the HRC's progress in priority areas for the government, and how these relate to our SOI.

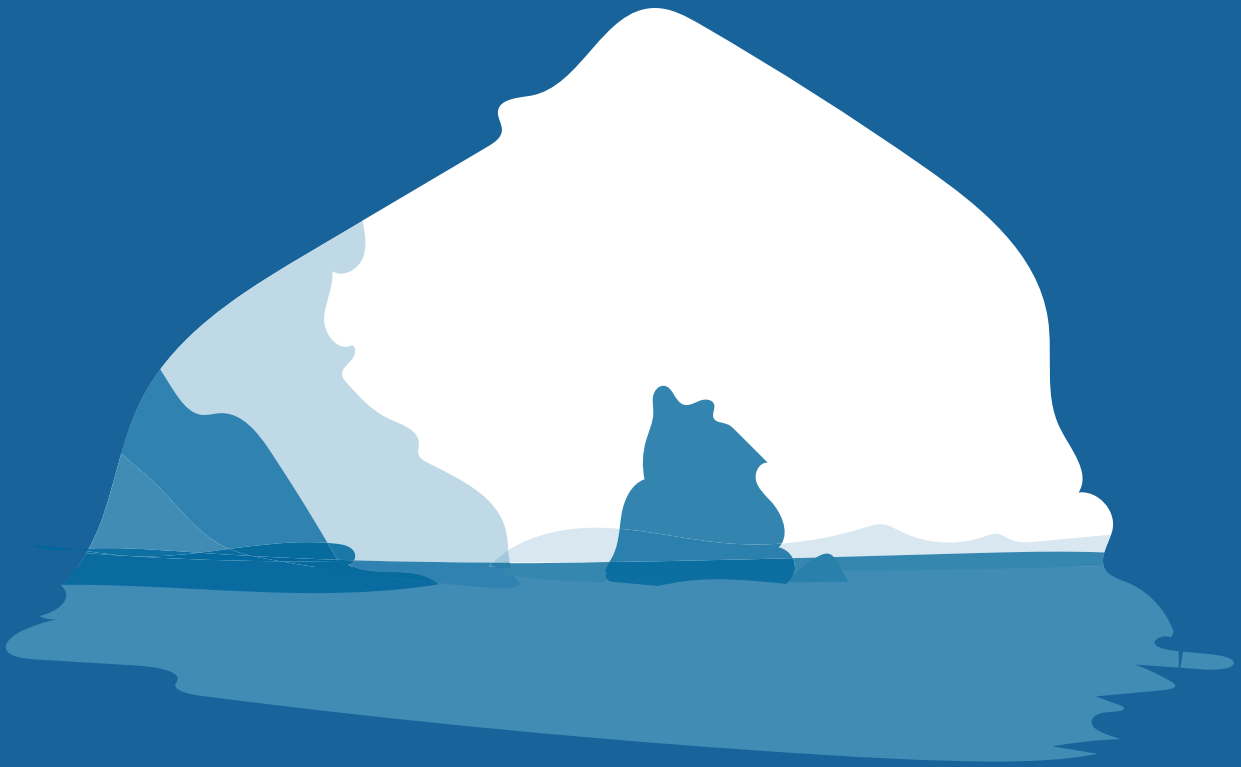
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The HRC expects more rapid response demands in the future, and we are formalising an optimised process for launching and managing these rounds.

The New Zealand Health Research Prioritisation Framework

Infographic 2: The New Zealand Health Research Prioritisation Framework





Part 4

The year at a glance

Wāhanga 4
Te tirohanga whānui ki te tau



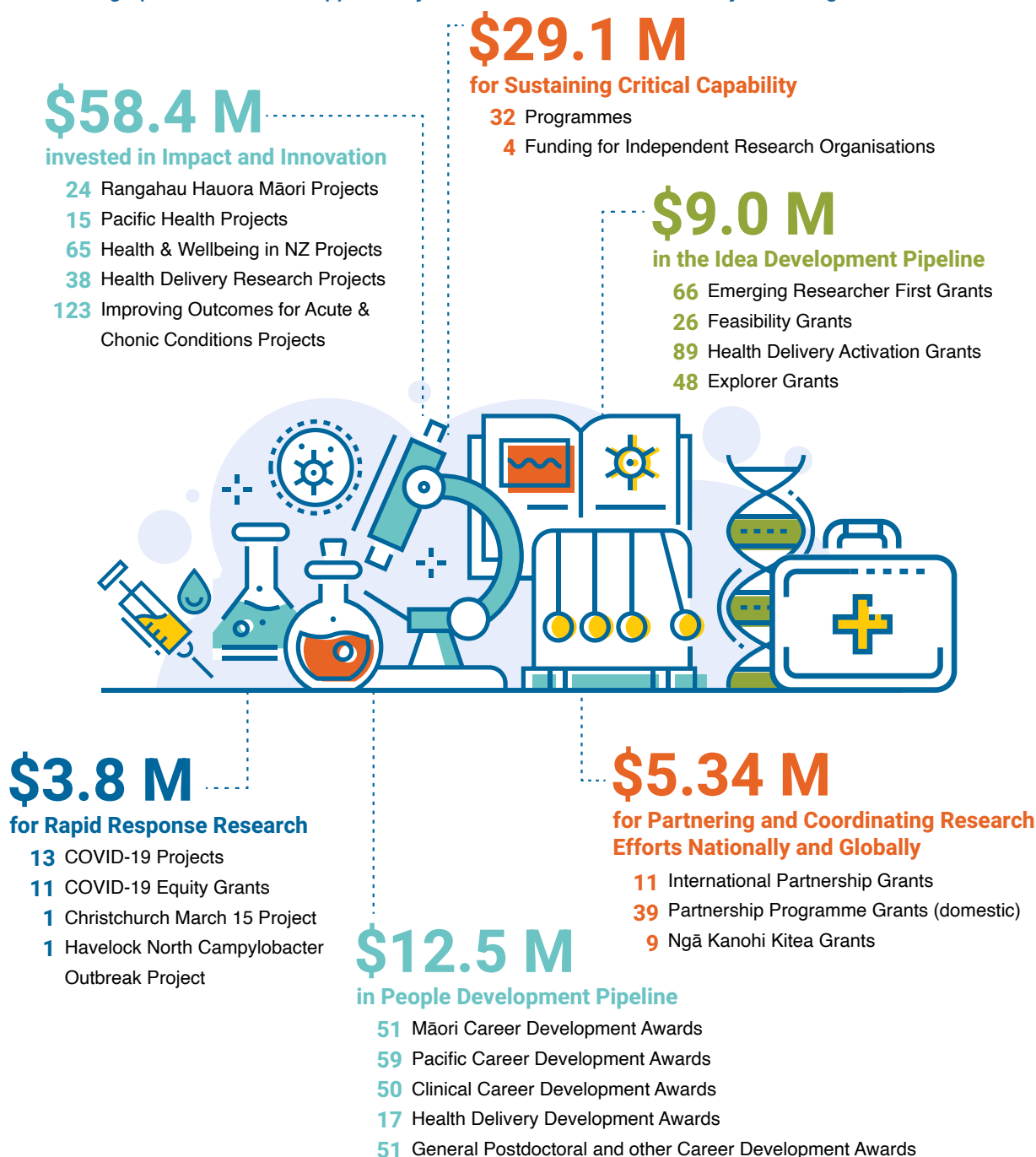
Active contracts under our management

Every year the Health Research Council invests in new research: this is done by awarding funding through a wide range of grant types and funding rounds.

In addition to this new investment, we have several hundred contracts under active management at any one time: these contracts are at various stages of their funding terms, which can range from a few months and up to five years (and in rare cases, longer). The below figures relate to payments across all our active contracts in the year ending 30 June 2021.

01 In the year ending 30 June 2021, the HRC supported 826 active contracts with a combined value of \$607 million. We made payments, including contributions from Joint Operations partners, of \$118 million on these contracts during the year.

Infographic 3: Research supported by the Health Research Council for year ending 30 June 2021



02 We supported a broad portfolio of research across all disciplines, with the aim of generating new knowledge, driving innovation, and building evidence to improve health outcomes and services.

Graph 1: Research supported by the Health Research Council in the year ending 30 June 2021, by portfolio (in millions).



03 Across all active contracts, we supported 54 unique research providers, including:

- 704 contracts hosted by 8 different Universities
- 57 contracts hosted by 10 different DHBs
- 25 contracts hosted by 20 different Māori host organisations, including Iwi Trusts.



Part 5

Meeting goals and expectations

Wāhanga 5
Ngā whāinga me ngā manako o te hui

How we met our ministers' expectations in 2020 - 2021

Tā mātou i tutuki ai i ngā kawatau a ō mātou minita
I te tau 2020-2021

In 2020, the ministers responsible for the Health Research Council clearly outlined key areas of focus for the HRC in their Letter of Expectations. Our strategic intentions closely align with the government's, so here we report on our progress in all priority areas.

5.1 Equity and diversity | Te tauritenga me te kanorau

As reflected in the Health Research Council's Statement of Intent, moving towards health equity is an underlying goal across our three strategic drivers.

It is also a key focus of the New Zealand Health Research Strategy² (NZHRS) and the New Zealand Health Research Prioritisation Framework.

We estimate that 51% of newly funded contracts in the past year will contribute towards building health equity. In this estimate, we've included research that's likely to provide the approaches, knowledge, skills, or resources needed to improve health equity for any group of New Zealanders. This includes research on unfair and avoidable health disparities that affect historically excluded groups because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location (e.g. rurality), age or citizenship status, or some combination of these.

Here's how we've progressed our equity goals through our strategic drivers:



Strengthening skills and systems

In the past year, the HRC awarded \$13.5 million to Māori health research, and researchers.³ This included a record amount for Māori-led Programme and Project grants. **See Graph 2 for a year on year comparison, and Case Studies 1 & 2.**

We also awarded \$5.79 million to Pacific health research projects and a further \$2.94 million in Pacific career development awards.⁴ **See Graph 3.**

Ensuring our processes match our goals

To ensure our processes are effective and culturally responsive, the assessment of proposals specific to Māori and Pacific health are operated under the guidance of the HRC's Māori Health Committee and Pacific Health Research Committee, respectively.

The Māori Health Committee is a statutory committee, established under the HRC Act 1990. It is responsible for making funding recommendations to Council concerning

Māori health research and career development, as well as advising on cultural issues relating to the gathering, verification, and validation of information.

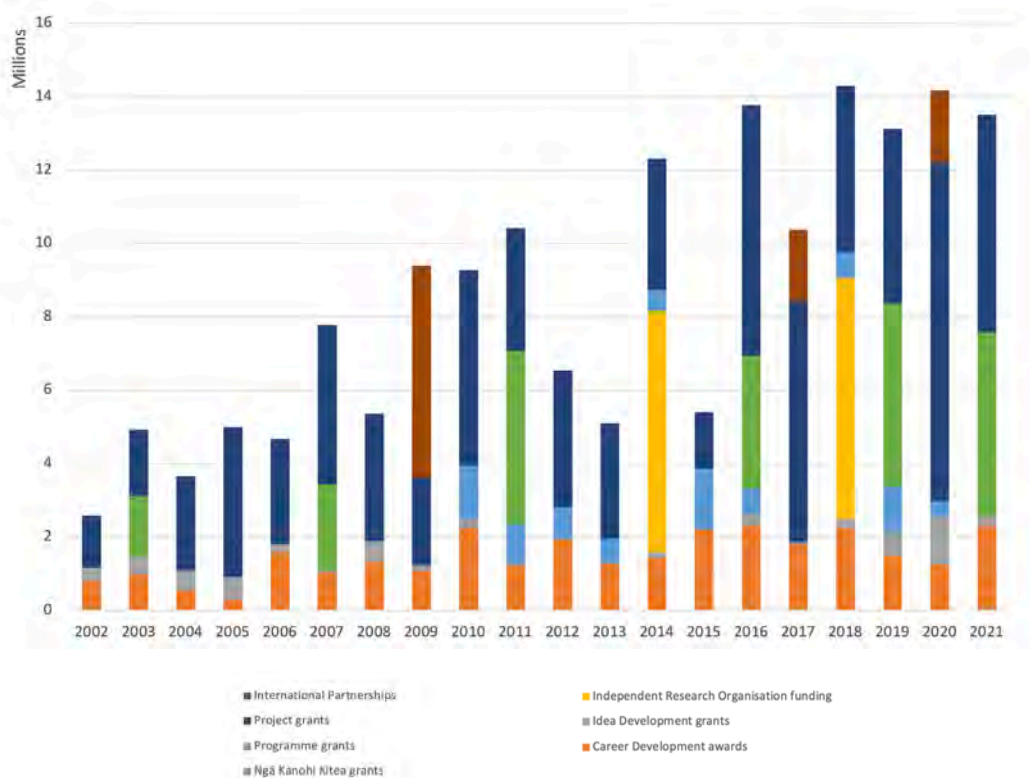
The Pacific Health Research Committee provides the HRC with advice about Pacific health research priorities and Pacific health research workforce development, and also makes funding recommendations to Council.

² New Zealand Health Research Strategy 2017-2027

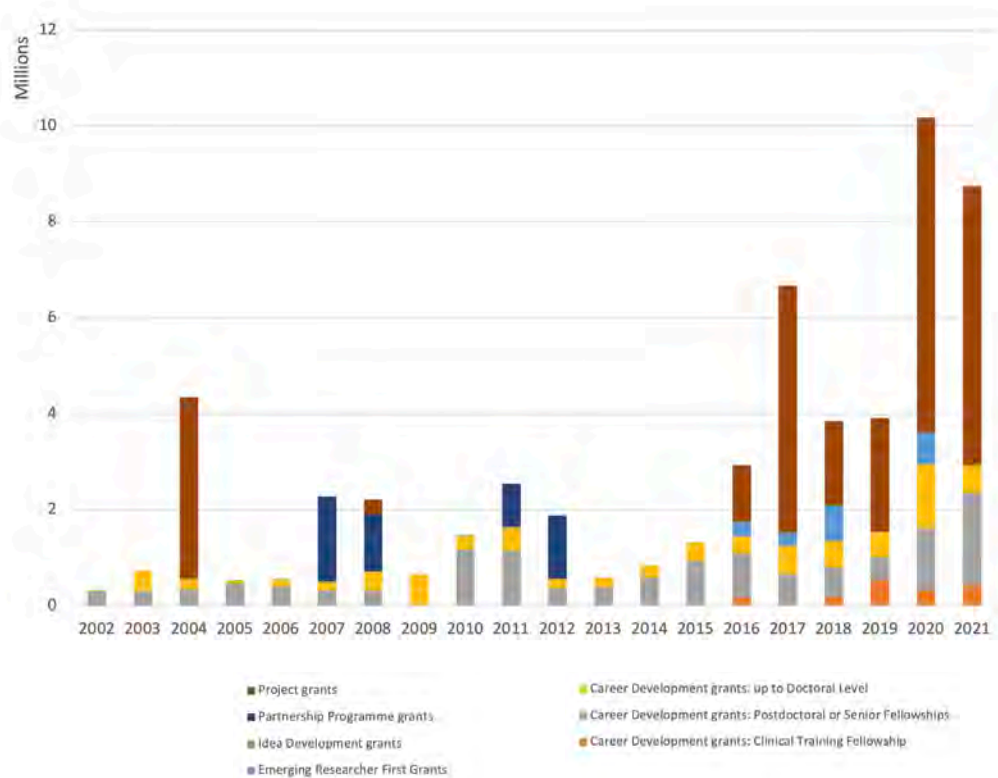
³ Figures represent funding recommended by the Māori Health Committee (and subsequently approved) – does not include Māori-led research assessed through other HRC committees.

⁴ Figures represent funding recommended by the Pacific Health Committee (and subsequently approved), and research classified as 'Pacific Governance' that was recommended by Public Health or Joint Research Venture Committees (and subsequently approved).

Graph 2: Funding awarded to Māori health research, year on year comparison.



Graph 3: Funding awarded to Pacific health research, year on year comparison.





Connecting for greater impact

The HRC ran a number of equity-focused funding rounds, in partnership with other government agencies to address key areas of need. These included the following:

- HRC and Ministry of Health initiative to help achieve equitable maternal and infant health outcomes.⁵
- HRC and Ministry of Health initiative to facilitate the development of a sustainable, nationally coordinated and equitable clinical trials enterprise in New Zealand.⁶
- HRC, Te Aho o Te Kahu – the Cancer Control Agency, and Ministry of Health funding call for research that drives equitable cancer outcomes for New Zealanders.⁷
- HRC and PHARMAC initiative focused on equitable access to medicines.⁸
- HRC and ACC investment in research to improve health outcomes for ageing Māori.⁹

Women in research

We try to ensure diversity of assessing committee membership and an inclusive assessment environment. For example, female representation across the HRC's science assessing committees was 55% in 2021 - an increase from 35% in 2015.

Of the 826 research contracts currently managed by the HRC, 450 are led by women. Females outnumber males in the Career Development Awards category, but more men than women are leading research projects and programmes.



Fostering excellence and innovation

We recognised the need to put health equity at the centre of our COVID-19 response, and in preparation for future infectious disease threats.

Historical and contemporary reports show that the burden of infectious diseases disproportionately, and unfairly, affects groups who have comparatively worse access to the social and economic determinants of good health and wellbeing. We wanted to ensure the HRC's COVID-19 research initiatives didn't exacerbate existing health inequities among these groups, and that the benefits could be equally distributed and accessed by different population groups.

Accordingly, we ran a dedicated COVID-19 equity-focused funding round and awarded more than \$6.3 million to 11 research studies designed to ensure equitable health and wellbeing outcomes for all New Zealanders during the recovery from COVID-19.

We have supported research into issues affecting the LGBTQIA+ community, including a 2020 project to produce the first NZ data on attitudes and compliance with blood safety policy among gay and bisexual men, who are currently excluded from the New Zealand Blood Service¹⁰ and a 2021 project into understanding the need for trans and non-binary inclusive maternity care.¹¹

Through our Health Delivery Research Investment Round, we awarded three new research activation grants to research teams embedded within the health and social sectors focusing on improving the experience of the system for people with disabilities. Through a clinical research training fellowship, we are also supporting a Māori clinical neuropsychologist working alongside children and youth in care, exploring how neuropsychological assessment can be more responsive and acceptable to Māori whānau.

See more about diversity within our team in Part 7 of this Report.

⁵ HRC Request for Proposals: 2020 Maternity Services Research Request for Proposals

⁶ HRC Request for Proposals: 2020 Enhancing New Zealand's Clinical Trials RFP

⁷ HRC Request for Proposals: 2021 Equitable Cancer Outcomes RFP

⁸ HRC Request for Proposals: 2020 Achieving Equitable Access to Medicines RFP

⁹ HRC Request for Proposals: 2020 ACC-HRC Achieving Equity for Ageing Māori RFP

¹⁰ HRC Research Repository: Improving blood safety and donor selection | Health Research Council of New Zealand

¹¹ News and Events: Maternity Services Research RFP recipients announced | Health Research Council of New Zealand

Case Study 1: Health equity and advancing Māori health

Rangahau 1: Te tauritenga ā-hauora me te koke whakamua i te hauora Māori

Developing the knowledge for a health system shift towards equity



The leadership shown by Māori in managing the health and wellbeing needs of their own communities during the COVID-19 outbreak was one of the drivers for newly funded research into a ‘much-needed shift in the health system’.

In 2021, the Health Research Council awarded a \$5 million programme grant for Māori-led research to explore the change that can occur when Māori have greater influence over health decisions and the opportunity to work in authentic partnership models. This was the first HRC programme grant awarded to an iwi-owned health research centre – Whakauae Research Services – owned and mandated by Ngāti Hauiti in the southern Rangitikei district.

Programme Director Dr Amohia Boulton (Ngāti Ranginui, Ngai te Rangi, Ngāti Mutunga, Te Āti Awa o te Waka a Māui) said, “Our research seeks to fundamentally challenge the way in which the health system has sought to achieve equity so far.”

Based on the belief that Māori must develop and lead their own solutions to bring about system change, Dr Boulton’s team will establish new knowledge on the leadership, governance and decision-making models required for Iwi and Māori to make significant and enduring advances in achieving health equity. Among the programme’s objectives is to also establish whānau and clinical concepts of good practice in the primary healthcare system.

She said the results would provide a Kaupapa Māori-based approach to health systems and models of care that would ideally inform ongoing initiatives for greater equity and Māori leadership in the health sector, such as those announced with the recent health system reforms.

“Business as usual’, whereby Māori play a role akin to health system advisors, has not worked. It’s time for new insights and new evidence to create the conditions necessary to achieve equity and to help Māori flourish.”

The COVID-19 experience provided ‘primary evidence’ for how Māori work to protect the health and safety of their communities. “When the pandemic arrived in New Zealand and a state of emergency was declared, the Crown recognised Iwi/Māori were best able to access and meet the needs of our own people, and offered up funding for COVID-19 responses with contracting arrangements that largely eschewed the usual prescriptive monitoring and accountability mechanisms.”

“The Crown trusted Māori to know their communities and to get what was needed done. Iwi leaders moved incredibly swiftly – they fronted and were trusted by their communities. Messages were delivered in person, and they were very clear.”

The experience added further impetus for change, said Dr Boulton, building on other driving forces such as the Health and Disability System Review and “our own experience and knowledge after working for two decades in health policy and health services research where the message was that the only way we’re going to get change is to have Māori making those decisions on behalf of Māori”.

Whakauae’s research programme draws directly on the priorities outlined by government and the Health Research Council’s commitment to achieving health equity. Its aims also align with the Ministry of Health’s vision of Pae Ora (healthy futures for Māori), and builds on the outcomes and priority areas outlined in the recently released *Whakamaua: Māori Health Action Plan 2020-2025*, which intends to provide clear direction to the Ministry of Health, District Health Boards, whānau, hapū, iwi, and other key stakeholders to improve Māori health.

The Health Research Council has supported Dr Boulton on her career path starting with an HRC training fellowship, then a Māori Health Research Postdoctoral Fellowship, followed by Project funding, and now the HRC’s most prestigious and highest-value grant.

This research was awarded a \$5 million Programme grant.

5.2 Te Tiriti o Waitangi commitments | Ngā herenga o te Tiriti o Waitangi

As a Crown agency, we are committed to honouring Te Tiriti o Waitangi and strengthening Crown-Māori relationships. Te Tiriti informs our goals and vision for excellent health research that benefits all New Zealanders, and its implementation is a priority of the government driven by government policy and public sector legislation.

The New Zealand Health Research Strategy states that all health research should incorporate the Treaty's principles of partnership, participation, and protection. As outlined in the Minister's 2020/21 Letter of Expectations, this includes 'not only achieving equity in health outcomes for Māori, but also enabling iwi, hapū and Māori communities to realise mana motuhake with respect to their health and independence'.

For the HRC, advancing Māori health by upholding and valuing Māori rights, worldviews and knowledge, tikanga Māori (Māori processes and protocol) is a goal across all our strategic drivers.

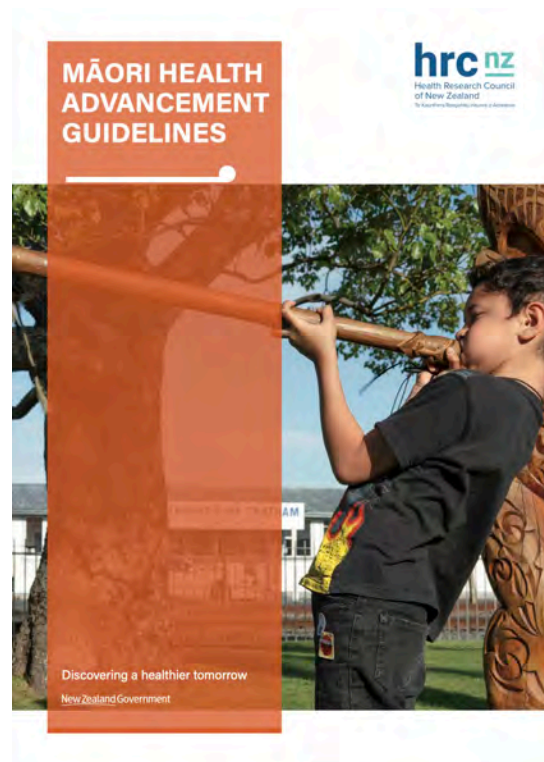


Fostering excellence and innovation

Our Māori Health Advancement requirements are currently our most effective tool in ensuring HRC-funded research contributes to Māori health and wellbeing and/or reducing health inequities. We first introduced a Māori Health Advancement score criterion in our Programmes funding round in 2019, to replace the Māori responsiveness section in our application forms and serve as its own distinct scoring criterion. In 2020, this criterion was rolled out to other core funding rounds, and in the past year its weighting in upcoming Project and Programme rounds was increased to 20 per cent of an application's total score – equal to other score criteria.

Māori health advancement can be supported and demonstrated through multiple stages of research: from developing research questions and designing a study, all the way through to outcomes and dissemination of research findings.

The HRC expects research teams to include appropriate Māori health expertise (or community engagement and contribution) as part of their proposals: this in turn will help build capacity and capability and strengthen the Māori health research workforce.



Strengthening skills and systems

As at 30 June 2021, 17% of research positions supported by the HRC were held by Māori, and 18% of HRC contracts were led by Māori. A large part of this capacity and capability building has happened through our Māori health research career development programme, which supports Māori to build mātauranga Māori and kaupapa Māori methodologies.



Connecting for greater impact

We are currently working with our Māori Health Committee to better understand how we can be a better Tiriti partner. Central to this is building connection and reciprocity with tangata whenua, and we have started with strengthening the HRC's relationship with Ngāti Whātua Ōrākei, based in central Auckland.

These relationships are key to the work HRC is leading to implement the New Zealand Health Research Strategy, particularly Action 2: *Invest in research for healthy futures for Māori*. Work on this strategic priority will be led by the HRC's Equity, Māori and Pacific Health directorate, which will work closely with the Māori Health Committee to develop a workplan for understanding and implementing Te Tiriti obligations and opportunities, and to establish best practice for Māori health research across the sector.

Case Study 2: Māori-led research funded through the HRC's Partnership Programme. Rangahau 2: Te rangahau arahina e te Māori kua whai pūtea nā te Hōtaka Whanaungatanga a te HRC.

Māori-led trial of lung cancer screening a first for New Zealand

The first trial of lung cancer screening in New Zealand is now underway as a result of a nearly \$2 million grant from the Health Research Council, facilitated through the Global Alliance for Chronic Diseases programme.

University of Otago senior Māori health researcher Professor Sue Crengle (Kāi Tahu, Kāti Māmoe, Waitaha), a GP and public health medicine specialist, is leading the trial that focuses on developing a lung cancer screening process that will reduce the stark inequities in lung cancer incidence and survival rates between Māori and non-Māori.

The research is designed to answer one of the key research questions that will inform a future lung cancer screening programme: It will determine whether inviting individuals to participate in lung cancer screening via GPs (as is done with cervical cancer screening) or at a central hub (as is done with breast cancer screening) results in better health outcomes for Māori.

Lung cancer is the single biggest contributor to the difference in life expectancy between Māori and non-Māori, with lung cancer the leading cause of death for Māori women and the second leading cause of death for Māori men after cardiovascular disease. Māori women's rates are more than four times higher and Māori men's rates nearly three times higher than those of non-Māori.

"Lung cancer is a major public health and equity issue in Aotearoa New Zealand. The way to make sure any future national lung cancer screening programme is equitable for Māori is to design the whole screening programme so that it works for Māori from the get-go, which is what we are trying to do with this trial. It would be absolutely unconscionable to implement a lung cancer screening programme that makes inequities worse," said Professor Crengle.

The trial is hosted at Waitematā District Health Board, in collaboration with Auckland District Health Board (ADHB), including key clinicians from primary care, respiratory, radiology and oncology services. The research team will



recruit and assess the level of risk for Māori smokers or ex-smokers, aiming to undertake a low dose CT (computerised tomography) scan for approximately 500 participants at high-risk of lung cancer, aged between 55 and 74 years.

While survival rates from lung cancer in New Zealand are poor (with the five-year survival rate only 12 per cent), Professor Crengle said this is largely due to people receiving a late diagnosis. She said international lung cancer screening trials show that early detection lung cancer screening using low dose CT scans can reduce mortality from lung cancer by 20 to 24 per cent.

This trial will provide some critical early information to help inform what a national, equitable and clinically safe lung cancer screening programme could or should look like in New Zealand.

This research was awarded \$2 million from the HRC via the Global Alliance for Chronic Diseases Programme.

5.3 Supporting core government priorities | Te tautoko i ngā tino whakaarotau a te kāwanatanga

In the areas below, our outcomes are the result of work across all three strategic drivers, but in each case we've shown the primary driver that best aligns with our ministers' objectives.



Improving child wellbeing and mental wellbeing

Fostering excellence and innovation

Through our broad portfolio of investments and initiatives across all our strategic drivers, we have continued to improve wellbeing for all New Zealanders.

As evident in the table below, the HRC supported 78 active contracts focused on mental health (with a combined value of \$38.4 million). We paid out \$9.1 million on these contracts during the year. We paid out an additional \$4 million on addiction research and \$7 million

on child and youth healthy development. **See table below and Case Study 3.**



Improving wellbeing through prevention

Fostering excellence and innovation

The government expects the public sector to focus on current and future wellbeing and to incorporate a wellbeing approach in their reporting. As shown in the table below, research into wellbeing ranks highly among the health issues we support. In the past financial year, we supported 93 active contracts and put \$10.5 million towards them.

We also supported 43 active contracts focused on health promotion and health protection, spending \$9.9 million on these. Research falling under this umbrella is focused on promotion of wellbeing and enhancing people's capacity for living; or prevention of disease or ill health through limiting risk based on infection, or radiation, chemical and environmental hazards. These activities can take place at the public health population-level or within primary services.

Table: Active research contracts supported by the Health Research Council in year ending 30 June 2021, by health topic/area. Top 15 listed.

	Spend in year to 30 June 2021 (millions)	Number of active contracts	Total value of contracts (millions)
Cardiovascular/cerebrovascular	\$14.4m	74	\$77.0m
Cancer (oncology)	\$12.5m	87	\$60.3m
Infectious disease	\$11.8m	79	\$64.0m
Wellbeing (including autonomy over wellbeing, self-determination)	\$10.5m	93	\$47.3m
Mental health (and sleep disorders)	\$9.1m	78	\$38.4m
Neurological (CNS)	\$9.0m	54	\$42.7m
Other (generic health or health services)	\$8.2m	87	\$42.9m
Child and youth (healthy) development	\$7.0m	41	\$31.8m
Injury (intentional and unintentional)	\$6.1m	39	\$28.8m
Obstetric complications/perinatal care	\$5.6m	29	\$30.4m
Respiratory/asthma	\$4.8m	28	\$25.4m
Ageing	\$4.8m	46	\$28.8m
Addiction (alcohol/drugs/gambling/smoking)	\$4.0m	26	\$21.6m
Diabetes	\$3.8m	39	\$21.7m
Gastrointestinal	\$2.9m	17	\$15.1m

Building a strong and equitable public health system and skilled workforce



Strengthening skills and systems

The HRC plays a key role in building and sustaining a strong and diverse health research workforce (more on this in Part 6, Statement of Service Performance).

In our 2021 Career Development Awards, we allocated \$13.03 million in new grants, which included:

- **'General' awards** (23): Clinical Research Training Fellowships (13); Clinical Practitioner Research Fellowship (1); Sir Charles Hercus Fellowships (7); Foxley Fellowship (1); Girdlers HRC Fellowship (1).
- **Māori Health Research awards** (21): Māori Health Knowledge Translation Grants (2); Rangahau Hauora Training Grant (1); Māori Health Summer Studentships (8); Māori Health PhD Scholarships (4); Erihapeti Rehu-Murphy Fellowships (2); Māori Health Masters Scholarship (1); Māori Health Development Grant (1); Hohua Tutengaehe Fellowships (2).
- **Pacific Health Research awards** (26): Pacific Health PhD Scholarships (3); Pacific Health Postdoctoral Fellowships (4); Pacific Health Knowledge Translation Grants (7); Pacific Health Masters Scholarships (3); Pacific Health Summer Studentships (6); Sir Thomas Davis Te Patu Kite Rangī Ariki Health Research Fellowship (1); Pacific Health Clinical Training Fellowships (2).

By providing a full suite of career development opportunities for all researchers, as well as ongoing opportunities to undertake high-quality, high-impact, innovative research, this HRC funding develops the people and skills needed to address New Zealand's current and future health challenges.

By 30 June 2021, approximately 72% of the 4,360 research positions supported by the HRC were held by investigators with a PhD or equivalent qualification. And 44% of positions were held by practising and non-practising health professionals – many in these positions have joint appointments with a DHB and a university or Independent Research Organisation. Our opportunities for health professionals allow them to gain research training, focus on advancing established research careers, and develop health policy and practice.

5.4 Increasing research intensity in health services delivery | Te whakawhānui ake i te kaha o te rangahau i ngā whakaratonga hauora

The HRC has long supported research that directly contributes to decisions and changes to health policy, practice, and systems. But until redesigning our Health Delivery Research investment portfolio last year, we weren't providing as many avenues for health sector engagement as we are now.



Fostering excellence and innovation

After engaging with District Health Boards, the Ministry of Health, MBIE, and those working in frontline care to understand the barriers to research and develop the systems needed for a coordinated approach to health service research, the HRC launched an all-new suite of health delivery research funding opportunities in 2020.

These grants were targeted to entry-level researchers and up. They strongly focused on the activation of ideas to kick-start larger-scale projects, and enabled professionals and academics to undertake a funded placement in a health delivery research team or health sector setting. In the year to 30 June 2021, we awarded 103 Health Delivery Research grants to a combined value of \$20.4 million. Nearly \$4 million of this investment was designated to the Health Sector Research Collaboration scheme.

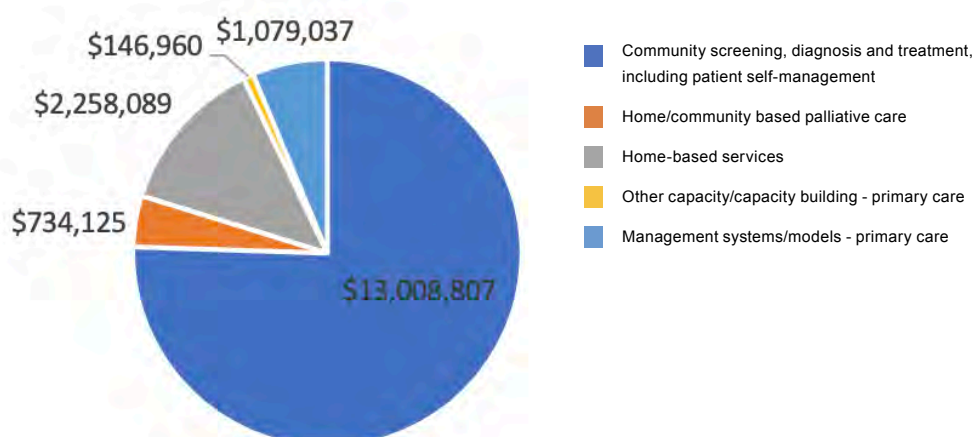
Among the research funded was a project to assess the effectiveness of the free universal health services programme, Well Child Tāmariki Ora; and another to investigate how best to roll out a nationwide HPV screening programme to reduce cervical cancer incidence and deaths in New Zealand.

In addition to this, we have – through our usual funding rounds and Partnership Programme – funded a number of projects aimed at improving primary care services or systems. As at 30 June 2021, the HRC was supporting 106 such contracts valued at \$81 million in total. More than 14% of our spend on active contracts in the past year went into these projects (\$17.2 million).

See Graph 4.

Graph 4: Research into primary care services and systems, based on active contracts in the year ending 30 June 2021

We put \$17.2 million into active research contracts contributing to primary care, in the following areas.



5.5 Responding to COVID-19*

| Te urupare ki KOWHEORI-19



Connecting for greater impact

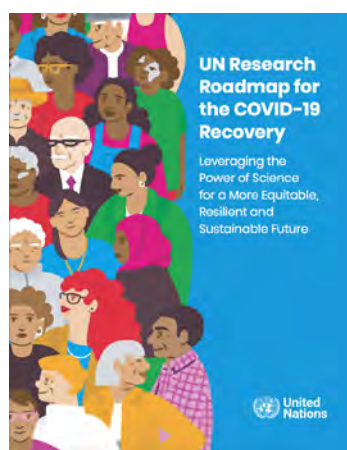
Building research capacity and capability is a core function of the HRC, and a strong research workforce was precisely what was needed – and called upon – in response to the urgent threat to human health that came with COVID-19.

The HRC was at the forefront of New Zealand's response, initially sending our chief executive, Professor Sunny Collings, to Geneva for the World Health Organization's first COVID-19 forum to discuss the international research response.

We played a leading role in collaborative national research efforts to manage COVID-19, following up our first rapid response round in March 2020 with an equity-focused COVID-19 round in August 2020. Through both these rounds, we awarded 24 grants to the value of \$10.1 million.

As a result of these grants, research teams across the country worked to develop a range of solutions, from new diagnostic tools through to faster genome sequencing and even therapeutic treatments for COVID-19. Their research

efforts have already made a significant contribution to the management of the virus and enhanced New Zealand's workforce capability. For example, we funded Dr Olin Silander's team (Massey University) to develop a faster, more robust way to undertake genome sequencing and track the evolution of the virus among people who test positive. When the Auckland COVID outbreak happened in August 2020, that team quickly sprang into action to help ESR sequence and validate data and track where new cases were coming from.¹²



Our chief executive was also part of a large and diverse international team who provided input into the new Research Roadmap for the COVID-19 recovery, which the United Nations (UN) released late 2020.

The HRC shared this roadmap with the sector, with Professor Sunny Collings noting: "This new report highlights the choice that we have between returning to business as usual, or opting for transformative change that is focused

on equity, resilience and sustainability. As part of the research community, we have a unique opportunity here to not only generate the knowledge that will help us recover better from this current pandemic, but also future pandemics and other major public health challenges that will undoubtedly arise."

See Case Study 4.

¹² Media release, Massey University: International eyes turn to progress of COVID-19 genome testing

* Not specifically outlined in 2020 Letter of Expectations

5.6 Environmental sustainability

| Te whakauka o te taiao



Connecting for greater impact

The health of our people cannot be separated from the health of our environment, so the Health Research Council aims to galvanise cross-sector support to address, mitigate and adapt to the effects of climate change.

The HRC is currently funding the below contracts through a range of grant types, including Requests for Proposals, Researcher-Initiated Proposals, and Career Development Awards.

Climate change contracts as at 30 June 2021:

- 'Climate change, extreme rainfall events, and enteric disease outbreaks': \$1.19M project.
- 'Seeking the transport sweet spot: health, equity and zero carbon': \$1.19M project.
- 'Climate change and mental wellbeing: The impacts on Pacific peoples': \$589,691 project.

Environmental health contracts as at 30 June 2021:

- 'Physiotherapists use of green-space for lifelong health conditions': Māori Health Summer Studentship.
- 'Health and equity impacts of Te Ara Mua Future Streets': \$1.18M project.
- 'SYMBIOTIC: Integrated prevention of infectious diseases and long-term conditions': \$4.95M programme which includes a focus on safe food and water supply.

Housing-focused contracts as at 30 June 2021:

- 'He Kainga Oranga: translating housing research to practice for children's health': \$4.94M programme.
- 'Are toxic moulds a real health hazard in New Zealand?': \$1.19M project.

We will continue supporting research into our changing world and the environmental impacts influencing the health of New Zealanders, and by 2024 will establish a cross-sectoral partnership focused on the HRC's definition of 'one health'.

For more on our organisation's own sustainability goals, activities, and contribution, see Part 7 of this Report.

5.7 Governance and financial management | Ngā whakahaerenga o te kāwanatanga me te ahupūtea



Strengthening skills and systems

The HRC's 10-member Council is chaired by Professor Lester Levy, convening every six weeks (and as need arises) to approve funding, policies, strategies, and initiatives recommended by the HRC team.

Despite COVID-19 disruptions in the past year, the Council proceeded with its meeting schedules as planned, with most meetings taking place remotely. We also welcomed three new Council members who collectively brought experience in leadership, research and governance.

The HRC's leadership team is highly visible and accessible to Council. The chief executive attends all Council meetings, and the HRC's directors are often invited to contribute to discussion and provide clarity on issues that are pertinent to decision-making.

In the past year, Council has balanced our funding allocations for annually run researcher-initiated research with a range of new mission-led funding initiatives, a new Health Delivery Research portfolio, and several new COVID-19 projects.

Case Study 3: Improving child health through clinical trials.

Rangahua 3: Te whakawhanake i te hauora tamariki mā ngā whakamātaunga ā-whare haumanu

Study aims to improve outcomes for more than one in 10 NZ births

New Zealand researchers are undertaking the largest-ever trial of corticosteroids in women having planned caesareans, to assess the treatment's benefit and potential harm in newborns.

Associate Professor Katie Groom from The University of Auckland's Liggins Institute is one year into a nationwide placebo-controlled, randomised trial into the effects of maternal corticosteroid use prior to planned caesarean at between 35 to 39 weeks of pregnancy. The project was awarded \$1.43 million in the HRC's 2020 Project Grants round.

Associate Professor Groom said the trial would address a serious evidence gap and reliably inform future practice across New Zealand and globally.

In New Zealand, birth by planned caesarean section continues to rise and now accounts for more than one in 10 births (7,500 babies a year). To counter the increased risk of breathing problems that can occur with planned caesareans, mums are often given corticosteroids at near to full-term stages of pregnancy; however, there is surprisingly limited evidence about the benefits or harm of this fairly common practice.

While corticosteroids administered in earlier stages of pregnancy have well-established benefits for babies born prematurely, little is known about their use at near or full-term.

"There is low-quality evidence on respiratory benefits, minimal evidence on long-term effects, and no evidence of their effect on blood-sugar levels," said Associate Professor Groom.

"The steroids might help babies with breathing, but they might also disrupt glucose control, which could be detrimental in the long-term, so our trial will look at the balance of benefit versus potential harm." She says high-quality evidence is required to allow women with planned caesareans to make informed decisions about their treatments.



The C*STEROID Trial is taking place in a number of hospitals across New Zealand and includes 2548 babies and their mothers. "This will be a national effort to answer an important question. Findings aim to be definitive and will inform clinical practice in New Zealand and across the world," she says.

The study recently won endorsement and support from Australia's government, which invested an additional A\$2.2 million (\$2.4 million) to expand the study into Australia.

This research was awarded a \$1.43 million Project Grant.

5.8 Continued support for information platforms and systems | Te tautoko tonu i ngā mōhiohio mō ngā pae me ngā pūnaha



Strengthening skills and systems

The Health Research Council has continued supporting the roll-out of the New Zealand Research Information System (NZRIS) – an information system that will eventually hold information about all publicly funded research activity in New Zealand, such as what projects are under way and how they are being funded. Ultimately the system will also allow an analysis of the impact of the money spent on research.

As an early data provider, the HRC provided information into the User Accepted Testing (UAT) environment of NZRIS. After all three major funders of research in New Zealand (MBIE, HRC, and the Royal Society Te Apārangi) provided information into the UAT, reports were generated by NZRIS and shared with different stakeholders to facilitate an understanding of the value that NZRIS will have for New Zealand.

The HRC continued participating in the Researcher-Funder Working Group and also participated in sub-groups of the RFWG, tasked with determining the workplan for the next 12 to 18 months.

We have had representation on the NZRIS Stewardship and Oversight Group (NSOG) and participated in a joint NSOG and RFWG work group looking into the issues of data sovereignty.

The HRC also represents New Zealand funders in the ORCID Advisory Group, tasked with advising and overseeing the roll-out of ORCID identifiers in New Zealand. ORCID identifiers (iDs) are a distinct 16-digit alphanumeric code issued to researchers. They are used to link a researcher's outputs and activities together in a record that is integrated with other publishers, institutes, funders and research-related services.¹³

¹³ ORCID iD – Ministry of Business, Innovation & Employment: (mbie.govt.nz)



Case Study 4: COVID-19 research and impact

Rangahau 4: Te rangahau me te pānga KOWHEORI-19

Studies show improved outcomes for COVID-19 patients receiving steroid treatments

In its first COVID-19 rapid response round, launched in March 2020, the Health Research Council funded 13 wide-ranging studies, including the New Zealand arm of the international multi-centre REMAP-CAP COVID trial, coordinated locally by the Medical Research Institute of New Zealand.

This trial contributed to one of the first major findings offering hope to critically ill patients with COVID-19. A World Health Organization meta-analysis of seven randomised clinical trials, published in JAMA in September 2020, showed fewer patients died and less intensive care (ICU) support was required when patients received corticosteroids compared with usual treatment. And the effect was consistent for those receiving either hydrocortisone or dexamethasone.

In the analysis involving 1703 patients, the odds of death within 4 weeks were much lower among patients who received corticosteroids compared with those who received usual care or placebo. Of those randomised to corticosteroids, there were 222 deaths and 456 survivors, compared to 425 deaths and 600 survivors of those randomised to usual care or placebo.

Dr Colin McArthur, intensivist and researcher at Auckland City Hospital, who leads the REMAP-CAP trial in New Zealand and co-authored the meta-analysis, said that this equated to over 20% fewer deaths.

The evidence from the meta-analysis reinforced the results of the UK-based RECOVERY trial which published its findings into dexamethasone in July 2020. As a result of the RECOVERY trial, many hospitals around the world adopted dexamethasone as part of their usual care for severely ill patients with COVID-19, and most ongoing clinical trials of corticosteroids paused recruitment – including those investigating hydrocortisone as a potential treatment.

Dr McArthur said the meta-analysis confirmed that hydrocortisone was similarly effective as dexamethasone

Covid 19 coronavirus: Hydrocortisone and dexamethasone found to save critically ill patients



in treating critically ill patients with COVID-19. He said it was important for clinicians to have options, especially if there are drug supply issues. Another advantage with both these treatments is that they are inexpensive.

These significant findings were quickly followed by new World Health Organization guidelines which changed how doctors treat COVID-19 patients in ICUs worldwide.

Then in November 2020, preliminary findings from the REMAP-CAP COVID trial showed that treatment with the immune modulator ‘tocilizumab’ reduced time spent on organ support¹⁴ in intensive care among critically ill patients with severe COVID-19, compared to patients who did not receive any immune modulation treatment.

In January 2021, the BMJ¹⁵ reported results from the trial showing tocilizumab and sarilumab reduced mortality from 35.8% to 27.3% compared with standard care - an absolute reduction of 8.5% and a relative reduction in mortality of 24%.

The findings were described as “an absolutely amazing result” by Dr Lennie Derde, Chair of the study’s immune modulation domain working group and consultant in intensive care medicine at the University Medical Centre in Utrecht, the sponsor of the study in Europe. “To have a second effective therapy for critically ill patients within months of the start of the pandemic is unprecedented. Specific targeting of the immune response is theoretically attractive, and now we have shown it works.

¹⁴ HRC media release: Preliminary findings show arthritis drug to be effective in treating sickest COVID-19 patients | Health Research Council of New Zealand (hrc.govt.nz)

¹⁵ Covid-19: Arthritis drugs improve survival in intensive care patients, shows study. BMJ 2021;372:n61



Part 6

Statement of Service Performance

Wāhanga 6
He Tauākī o te Kounga Whakaratonga

Statement of Service Performance

He Tauākī o te Kounga Whakaratonga

The Health Research Council's aspiration is for every New Zealander to enjoy equitable improvements in health and wellbeing because of evidence and innovations from our world-leading health research system.

Meeting this aspiration requires the input of the entire research community, and with our new Performance Framework (See Infographic 1, Part 3) we have a strong foundation with which to help lead and coordinate this sector-wide effort.

This framework was developed in line with the New Zealand Health Research Prioritisation Framework, as part of our ongoing work in implementing the New Zealand Health Research Strategy alongside the Ministry of Health and Ministry of Business, Innovation and Employment.

To ensure we work effectively within this Performance Framework, we have revisited some of our funding mechanisms and assessment processes¹⁶ to ensure that every investment decision we make will advance

our three overarching goals: to promote innovation and impact, advance Māori health, and improve health equity, which together will help meet our aspiration.

In this Statement of Service Performance, we describe and quantify the four 'outputs' of the HRC, named to reflect the strategic intent of the funding (our strategic drivers).

The funding 'inputs' – where our money comes from – is primarily from Government Vote Business, Science and Innovation, and Vote Health. A small portion is from co-investments with other funders and bequests.

The links between the HRC's outputs and funding sources are shown in the Table below.

Table: How the HRC's outputs are funded.

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: <i>Health Research Fund</i>
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: <i>Health Research Fund</i> • Science & Innovation: <i>Catalyst Fund</i>
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: <i>Health Research Fund</i> • Science & Innovation: <i>Vision Mātauranga Capability Fund</i>
4. Keeping the health research system ethical and safe	<ul style="list-style-type: none"> • Vote Health 	<ul style="list-style-type: none"> • Health

¹⁶ Introduced the new Health Delivery Research investment portfolio; extended our Māori Health Advancement criterion across Programmes, Projects, Feasibility Studies and Emerging Researcher First Grants to 10% of an application's total score, increasing this to 20% in the coming year; we will be reviewing our Partnership Programme to ensure our targeted, mission-led funding is working as effectively as possible.

Output 1: Fostering excellence and innovation

Whakaputanga 1: He poipoi i te kōunga 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.

Output 1	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Funding from the Crown	109,305	109,309	110,943
Interest Received	103	105	110
Total Revenue	109,408	109,414	111,053
Cost of Output	104,335	108,550	104,428
Surplus (Deficit)	5,073	864	6,625

Scope of the Output

Hōkai o te Whakaputanga

This output covers our investments contracted through the following funding rounds and mechanisms:

- **Investigator-initiated research:** The majority of our funds are awarded through multiple contestable funding rounds run annually, mainly for Projects, Programmes, Feasibility Studies, Explorer and Emerging Researcher grants. In these rounds, we fund research ideas and opportunities identified by researchers. Our redesigned Health Delivery Research investment rounds also fall largely under this category.
- **Rapid response research:** Where there is critical need to commission an urgent health research solution, the HRC launches a rapid response research opportunity.
- **Negotiated funding:** This is where the HRC seeks to directly engage with particular research providers and provide more stable funding for New Zealand health research capabilities.

Key Performance Indicators and meeting our targets

Ngā Tohu Mahinga Matua me te tutuki i ā mātou whāinga

Key performance indicators (KPIs) for Output 1	2019 - 2020 Baseline	2020 - 2021 Target	2020 - 2021 Actual	
Number of contracts funded in the previous financial year that meet the HRC's definition of 'transformative' research	15	10 - 20	17	Achieved
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	New measure	Finalise and implement a monitoring regime for all contracts, based on updated risk profiles	Risk assessment has been developed and applied to 500+ contracts current to June 2020. Due to resource constraints and the impact of COVID-19, we could not progress this in the year to 30 June 2021.	Not achieved
Why this KPI? Good contract management practices are key to ensuring that the excellent research 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)	39%	At least 25%	51%	Achieved
Why this KPI? This measure allows us to track the extent to which our investments have the potential to 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.				

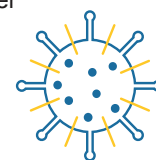
Key activities in 2020 - 2021

Ngā mahi matua i te 2020 – 2021

We are continually evolving our funding processes and mechanisms to ensure we identify excellent health research in all its forms. In the past year we took the following actions to maximise the impact of our investments through this output:



- We awarded our first redesigned Health Delivery Research grants, which create opportunities for research activation through to translation; and for entry-level researchers through to research leaders and champions. Phase 1 opportunities were offered in 2020-21, and by 2023 we will launch Phase 2.¹⁷
- We awarded our first Health Sector Research Collaboration Grants to five District Health Boards as a means of intensifying research in health delivery settings, and ensuring research adequately responds to health sector, patient, and community needs.
- We ran our second COVID-19 funding round, with a focus on equity, while realising the outcomes and impact of our first COVID-19 round.
- We extended the Māori Health Advancement scoring criterion to a greater number of funding rounds, including Project grants, Programme grants, Emerging Researcher first grants and Feasibility Study grants, enabling us to better steer research towards advancing Māori health.
- We worked with MBIE and the Ministry of Health to review the nature of our support for Independent Research Organisations (IROs), ensuring our investment remains complementary to MBIE's Strategic Science Investment Fund. This supports research programmes and scientific infrastructure that have long-term beneficial impact on health and New Zealand's economy, environment, and society.¹⁸
- We continued 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 see commercialisation as a key pathway for researchers to maximise the impact of their research.
- We continued our support for high-risk discovery science through our Explorer Grants, designed for outside-the-box transformative research.
- We granted contract variations and extensions to all researchers affected by COVID-19, to provide support and stability during uncertain times.



¹⁷ HRC Research Investment Plan 2021-2023

¹⁸ Strategic Science Investment Fund | Ministry of Business, Innovation & Employment (mbie.govt.nz)

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.

Output 2	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Funding from the Crown	3,077	3,219	3,246
Interest Received	46	95	98
Other	770	398	985
Total Revenue	3,893	3,712	4,329
Cost of Output	3,871	4,520	6,667
Surplus (Deficit)	22	-808	-2,338

Scope of the Output

Hōkai o te Whakaputanga

This output covers our investments contracted through the following funding rounds and mechanisms:

- **Mission-led research:** The HRC funds mission-led research through partnerships formed with research funders and government and non-government stakeholders. We issue Requests for Proposals (RFPs) to identify the research knowledge needed.
- **International agreements and consortia:** The HRC connects with the international research effort through international agreements and consortia. Research calls in areas of mutual priority are released annually.
- **Rapid response research:** Where we need to commission an urgent health research solution, sometimes the best approach is to partner with an organisation whose objectives align with ours. In those instances, the funding sits under Output 2.

Key Performance Indicators and meeting our targets

Ngā Tohu Mahinga Matua me te tutuki i ā mātou whāinga

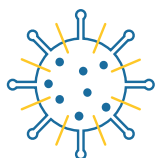
Key performance indicators (KPIs) for Output 2	2019 - 2020 Baseline	2020 - 2021 Target	2020 - 2021 Actual	
Number of new funding agreements negotiated with government or non-government agencies to further the research and infrastructure aims developed as a result of the New Zealand Health Research Strategy	New measure	>2	3	Achieved
Why this KPI? The HRC led the development of the New Zealand Health Research Prioritisation Framework, as part of the actions for implementing the New Zealand Health Research Strategy. The Framework guides identification of investment priorities for our partnerships and informs negotiations with other agencies to jointly commission research that will further the research and infrastructure aims of the Framework. 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.				
Number of New Zealand based researchers named on current contracts resulting from HRC commitments to international organisations and agreements	50	>20	49	Achieved
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 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.				

The VOTE Supplementary Estimates for 2020/2021 included a new performance measure, namely: 'The percentage of funding contracts that have been administered and monitored by MBIE and performance assessed within agreed timelines'. The HRC has been advised that MBIE rather than the HRC should be reporting on this measure and this will be corrected for the 2021/22 financial year. MBIE has advised that it has achieved the target of 100%, as forecast in the Supplementary Estimates.

Key activities in 2020 - 2021

Ngā mahi matua i te 2020 – 2021

Through partnerships, we commission research that requires a cross-sectoral approach, specific expertise, or an urgent response from the research community. In doing so, we increase coordination of research across agencies and reduce unnecessary duplication. This is also a way of delivering research more directly to policy-makers and planners, and contributing to national-level health strategies and priorities of the New Zealand government. In the past year we took the following actions to maximise the impact of our investments through this output:



- We partnered with the Ministry of Health to invest in areas that address key knowledge gaps for policy development and service provision. Active partnerships in the past year focused on: COVID-19 research; enhancing the environment for clinical trials in New Zealand; and evaluating general practice models of care provided by Primary Health Organisations.
- We partnered with other government agencies, such as PHARMAC, WorkSafe and the Ministry of Social Development, to coordinate research efforts and advance mutually shared priorities.
- For a third year, we partnered with Precision Driven Health to support innovative research through the provision of Postdoctoral Fellowships focused on supporting and developing data scientists – a critical capacity and capability need.
- The HRC took part in the World Health Organization's Novel Coronavirus Global Research and Innovation Forum in Geneva and online COVID-19 forums; and we stayed connected with best practice and funding trends internationally through our chief executive's membership on the Heads of International Research Organisations (HIROs).
- Building on our existing relationship with the National Natural Science Foundation of China, we established a COVID-19 Collaboration Fund with China to address the global threat of COVID-19 and to support the development of collaborative research relationships between the two countries.
- We supported international joint research projects in the East Asia region through our E-Asia programme membership, and provided funding for New Zealand's first lung cancer screening trial as part of a cancer call with the Global Alliance for Chronic Diseases (GACD).
- We worked with our longstanding Tripartite Agreement partners – Australia's National Health and Medical Research Council and the Canadian Institutes of Health Research – to develop a joint work programme for the next term of the agreement which aims to support indigenous researchers in reducing health disparities between indigenous peoples and general populations.

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

Output 3	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Funding from the Crown	13,381	13,386	11,723
Interest Received	158	235	225
Total Revenue	13,539	13,621	11,948
Cost of Output	13,031	13,503	10,516
Surplus (Deficit)	508	118	1,432

Scope of the Output

Hōkai o te Whakaputanga

This output covers our investments contracted through the following funding rounds and mechanisms:

- **Career Development Awards:** This funding round supports our most promising emerging researchers; engages frontline clinicians in research; and addresses critical gaps in the workforce, including the diversity required to improve health equity.
- **Ngā Kanohi Kitea research contracts:** These grants provide funding for iwi, hapū and Māori community groups to focus on a community-identified health need.

Key Performance Indicators and meeting our targets

Ngā Tohu Mahinga Matua me te tutuki i ā mātou whāinga

Key performance indicators (KPIs) for Output 3	2019 - 2020 Baseline	2020 - 2021 Target	2020 - 2021 Actual	
Number of current career development contracts awarded to practising clinicians	50	>30	88	Achieved
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.				
Number of Māori Health Research Scholarships awarded (including Masters, PhD and postdoctoral awards)	12	>8	10	Achieved
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.				
Number of Pacific Health Research Scholarships awarded (including Masters, PhD and postdoctoral awards)	17	>8	13	Achieved
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.				

Key activities in 2020 - 2021

Ngā mahi matua i te 2020 – 2021

A key responsibility for us is to support and build a strong, capable, and diverse health research workforce. We strive 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 make a tangible difference to the health and wellbeing of our families and communities. In the past year we took the following actions to maximise the impact of our investments through this output:



- Through our Career Development Awards we:
 - Provided opportunities for Māori and Pacific researchers right across the career spectrum, from student level through to emerging research leaders. With our Rangahau Hauora Training Grants, we continued to enable Māori with strong community ties to gain research training.
 - Provided opportunities for frontline clinicians to gain research qualifications or further their careers (in addition to the opportunities provided through our Health Delivery Research portfolio, captured under Output 1). Our longstanding clinical fellowships are a crucial part of our drive to increase evidence-based practice and policies in the healthcare sector.
 - Funded advanced post-doctoral awards to support outstanding emerging researchers in establishing research careers that are key to building future research capability.
- We began a review of our Ngā Kanohi Kitea Project Grants and Development Grants, which are funded from the Vision Mātauranga Capability Fund (VMCF). We aim to align these funding opportunities more closely with the objectives of MBIE's Vision Mātauranga Capability Fund and the themes of Vision Mātauranga policy¹⁹, ensuring they more effectively meet the needs of Māori communities.
- We offered flexibility and extensions to researchers in light of the challenges faced by COVID-19 lockdowns, including limited access to workplaces, restricted travel, and problems accessing materials required for research.

¹⁹ 'Vision Mātauranga' – retrieved on 29 July 2021: Vision Mātauranga | Ministry of Business, Innovation & Employment (mbie.govt.nz)

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.

Output 4	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Funding from the Crown	285	285	285
Total Revenue	285	285	285
Cost of Output	224	356	195
Surplus (Deficit)	61	-71	90

Scope of the Output

Hōkai o te Whakaputanga

The Health Research Council plays a pivotal role in ensuring New Zealand health research is ethical and safe. We perform this function primarily through the work of several statutory and standing HRC committees. These include:

- **The HRC Ethics Committee:** Responsible for approving all the Health and Disability Ethics Committees (HDECs) and Institutional Ethics Committees (IECs) in New Zealand. The committee also considers appeals on HDEC decisions, as authorised by the Minister of Health.
- **The Data Monitoring Core Committee:** Provides objective, independent monitoring of HRC-funded clinical trials in New Zealand.
- **The Gene Technology Advisory Committee:** Assesses the scientific merit of studies to transfer genes from one species to another, and makes recommendations to the Director-General of Health.
- **The Standing Committee on Therapeutic Trials:** Assesses applications involving clinical trials for the use of a new medicine, and makes recommendations to the Director-General of Health.

Key Performance Indicators and meeting our targets

Ngā Tohu Mahinga Matua me te tutuki i ā mātou whāinga

Key performance indicators (KPIs) for Output 4	2019 - 2020 Baseline	2020 - 2021 Target	2020 - 2021 Actual	
Number of Ethics Notes published to inform researchers of issues on ethics in health research	1	1	1	Achieved
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	4	4	Achieved
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.				

Key activities in 2020 - 2021

Ngā mahi matua i te 2020 – 2021

In the past year, the HRC Ethics Committee did the following:



- Assessed feedback on the performance of independent ethics committees and approved all Health and Disability and Institutional Ethics Committees in New Zealand.
- Considered appeals on disputed decisions for research involving human participants. In the year to 30 June, it reviewed two HDEC decisions and made binding recommendations in both cases.
- Instituted regular virtual meetings for Institutional Ethics Committees to deliberate and share knowledge about current research ethics challenges (these regular meetings continued after the lockdown). A total of six meetings were held in the past financial year.
- Participated in World Health Organization forums for national ethics committees.
- The Data Monitoring Core Committee provided objective monitoring of seven trials.
- The Gene Technology Advisory Committee assessed the scientific merit of two applications involving gene transfer.
- The Standing Committee on Therapeutic Trials assessed 187 clinical trials of a new medicine to determine whether or not they would provide clinically and scientifically useful information, particularly in relation to the safety and efficacy of the agent.



Part 7

Our team and organisation

Wāhanga 7
Tō mātou tīma me te umanga

How we work

Tā mātou e mahi nei

We are a small and dedicated team that works to a set of values: commitment, integrity, transparency and courage.

These words really do capture our collective approach to our work and the responsibility and ownership each individual demonstrates in their roles. The Health Research Council currently has 33 staff members, including 7 part-time staff.

In the past year, we have adopted a flexible (location) working policy, whereby employees have the option to work from home for part of the week. This shift occurred following the March 2020 nationwide lockdown and subsequent lockdowns in Auckland, where the HRC is based.

Via HR surveys, staff have provided feedback on working-from-home, and their answers will be used to establish a formal flexible working policy.

The HRC provides support to employees such as access to counselling through the Employee Assistance Programme, and operates a zero-tolerance policy towards bullying and harassment. Accordingly, a Bullying and Harassment Policy and Professional Conduct Guide and Disciplinary Code are in place.

Performance reviews take place at least once a year, where managers and staff can plan for role progression and growth, and identify training opportunities of benefit to each staff member.

In the past year we introduced all-staff 'Strategy Days' when the whole team participates in off-site planning and workshop sessions, and where all employees can share their views on the future direction of the HRC.

Additionally, in each quarter of the year, staff make a half-hour available to note and celebrate the achievements of colleagues. This informal session, initiated by staff, is not only morale-boosting but gives the team greater insight into the role and contribution of individuals across our organisation.



The HRC team at a strategic workshop in June 2021.

Diversity and inclusion

Te kanorau me te whakakotahitanga

The Health Research Council follows Equal Employment Opportunities (EEO) guidelines. Our emphasis is always on recruitment of the best person to do the job regardless of gender, nationality, disability, or age.

We receive Human Resources support from an approved external agency to help achieve our employment goals, and we recently utilised a Māori-led recruitment agency to promote our opportunities more successfully with potential Māori candidates.

Currently, 79% of our staff are female, and four out of five positions on our Executive Leadership Team (ELT) are held by women.

We have a directorate of Equity, Māori and Pacific Health Research, and the director of this team sits on the ELT along with our chief executive and three other directors. The ELT is accountable to the HRC Council, appointed by the Minister of Health.

We are enhancing our relationships with Tangata whenua and are committed to building reciprocity with our local iwi, Ngāti Whātua. We have worked with members to improve HRC's cultural competency and are rolling out initiatives to improve staff's understanding of tikanga and te ao Māori.

In the spirit of the Public Service's five Papa Pounamu commitments, the HRC has gradually been weaving traditional Māori customs into everyday practices, beginning with appropriate use of karakia and waiata when staff join together.

Health and safety

Hauora me te Haumarutanga

The health and safety of staff is critical, and safety procedures are covered with staff as part of their induction to the HRC. We have a comprehensive Health and Safety Policy and a Health and Safety Manual.

We also have a dedicated Health and Safety Committee, comprised of staff members, who report back to the HRC's Executive Leadership Team and Risk Management and Assurance Committee and Council, and keep staff posted on Health and Safety developments.

Following Auckland's Alert Level 3 response to COVID-19 in August 2020, this committee had input in preparing COVID-19 guidelines for HRC staff, detailing the steps and procedures for returning to the office safely at Alert Level 2. In the past year, this committee also:

- Purchased an Automated External Defibrillator (AED) as the HRC used to share one with other tenants in our building.
- Provided online fire warden training for all staff.
- Provided advice to the Executive Leadership Team on Emergency Controller and First Aid support for the organisation as they explored flexible ways of working.



Sustainability

Te Whakauka

The HRC has made a formal commitment to sustainability, outlined in our Sustainability Framework launched in 2019.²⁰

We are committed to demonstrating leadership as an environmentally and socially responsible organisation.

The framework is organised around three strategic aims:

- Ā mātou tāngata, our people: To create a culture of organisational sustainability and a workforce of environmental champions and stewards.
- O mātou whare, our place: To create a work environment that enhances the wellbeing of HRC staff and minimises our impact on the environment.
- Ā mātou tikanga, our policies and procedures: To become an environmental leader within the sector through a whole-systems approach to sustainability and sharing best practice.

Our 'Keep it Green' team has put several measures in place in the past year, but their biggest achievement was gaining Toitū carbonzero Cert™ certification, in January 2021.

A Toitū carbonzero certified organisation is a net zero carbon organisation certified in line with international best practice. Toitū carbonzero certification means our carbon footprint, emission reductions and offsets have been independently verified.

The Toitū certification is internationally recognised and accredited. Under the programme, the HRC will be audited annually to inform our management plans and support a cycle of continual reduction. We will also report publicly on our progress.

²⁰ HRC Sustainability Framework: HRC Sustainability Framework | Health Research Council of New Zealand



Other achievements included introducing a new waste management system that separates our waste into compost, mixed recycling, soft plastics, and waste to landfill, to divert unnecessary waste to landfill.

The HRC also had its annual 'Sustainability in Action' day, where staff participated in an activity that gave back to the community and environment. This year we worked with Ngāti Whātua Ōrākei on their ecological restoration project in their Māra kai gardens and native nursery.

We have also been involved in ongoing carbon audits and must also now comply with the new Carbon Neutral Government Programme (CNGP) and any directions issued to Crown Entities.

With the HRC shifting premises shortly, the Keep It Green team is also looking at what new measures can be instituted at our new office and is also providing input into making the office relocation as sustainable as possible.



Part 8

Financial

Statements

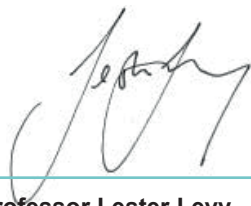
Wāhanga 8
Ngā Whakataunga Ahupūtea

Statement of Responsibility

He tauākī o te takohanga

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

- We have been responsible for the preparation of these Financial Statements and Statement of Service Performance and the judgements used therein.
- We have been responsible for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial reporting.
- We are responsible for any end-of-year performance information provided by the Health Research Council of New Zealand under section 19A of the Public Finance Act 1989.
- We are of the opinion that these financial statements and statement of service performance fairly reflect the financial position and operations of this Crown Entity for the year ended 30 June 2021.



Professor Lester Levy
CNZM, Chair



Dr Will Barker
Council member

22 December 2021

Statement of Comprehensive Revenue and Expense

for the year ended 30 June 2021

	Note	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Revenue				
Funding from the Crown	2	126,048	126,198	126,198
Interest Revenue		307	435	433
Other Revenue		770	398	985
Total Income		127,125	127,031	127,616
Expense				
Research Grant costs	3	113,804	119,672	115,833
Operational costs				
Assessment and Council Committee costs		931	1,029	842
Personnel costs		4,501	4,467	4,063
Depreciation and amortisation expense		73	128	115
Fees to Audit New Zealand for the audit of the financial statements		68	64	64
Other costs		2,084	1,567	889
Total operational costs		7,657	7,255	5,973
Total expenses		121,461	126,927	121,806
Surplus/(Deficit)		5,664	104	5,810
Other comprehensive revenue and expenses		0	0	0
Total comprehensive revenue and expenses		5,664	104	5,810

Statement of Changes in Equity

for the year ended 30 June 2021

	Note	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Equity at the beginning of the year		21,985	11,820	16,175
Total comprehensive revenue and expense for the year		5,664	104	5,810
Equity at the end of the year	6	27,649	11,924	21,985
Represented by				
Public equity		5,099	10,909	5,074
Future Committed Funds		14,774		7,730
Joint Operations Reserve		6,660		7,925
Foxley Estate Reserve Fund		1,116	1,015	1,256
Total equity at 30 June	6	27,649	11,924	21,985

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

Refer to Note 17 – Explanation of major variances against budget

Statement of Financial Position

for the year ended 30 June 2021

	Note	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Current Assets				
Cash at Bank		1,600	251	1,171
Short-term Deposits	4	25,319	16,502	18,336
Short-term Deposits - Held for Joint Operations	4	6,660		7,925
Funds held on behalf of - Other Agencies	4	6,526	17,398	8,238
Funds held on behalf of - Foxley Estates	4	1,078	1,037	1,254
Receivables		417	379	600
Total Current Assets		41,600	35,567	37,524
Non-Current Assets				
Property Plant & Equipment		94	175	133
Intangible Assets		29	2	2
Total Non-Current Assets		123	177	135
Total Assets		41,723	35,744	37,659
Current Liabilities				
Payables		1,562	364	487
Contract Retentions	3	2,306	3,000	3,420
Provision for funds committed to International Agencies	5	937	1,960	334
Employee Entitlements		781	424	445
Rental Benefit in Advance		95	21	21
Unearned Management Fees			478	
Funds held on behalf of other agencies	4	2,625	4,262	2,191
Total Current Liabilities		8,306	10,509	6,898
Non-Current Liabilities				
Provision for funds committed to International Agencies	5	1,867		2,632
Rental Benefit in Advance		0	74	96
Funds held on behalf of other agencies	4	3,901	13,237	6,048
Total Non-Current Liabilities		5,768	13,311	8,776
Total Liabilities		14,074	23,820	15,674
Net Assets		27,649	11,924	21,985
Equity				
Public equity		5,099	10,909	5,074
Future Committed Funds		14,774		7,730
Joint Operations Reserve		6,660		7,925
Foxley Estate Reserve Fund		1,116	1,015	1,256
Total Equity	6	27,649	11,924	21,985

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

Refer to Note 17 – Explanation of major variances against budget

Statement of Cash Flow

for the year ended 30 June 2021

	Note	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Cash flows from operating activities				
<i>Cash was provided from</i>				
Receipts from the Crown		126,046	126,198	126,198
Interest received		383	435	484
Other Revenue		728	210	846
		127,157	126,843	127,528
<i>Cash was applied to</i>				
Payments to suppliers		(116,121)	(122,237)	(113,275)
Payments to employees		(3,930)	(4,251)	(3,980)
GST		(1,277)	(1,313)	(1,371)
		(121,328)	(127,801)	(118,626)
Net cash flow from operating activities	13	5,829	(958)	8,902
Cash flows from Investing activities				
<i>Cash was provided from</i>				
Funds held on behalf of other agencies		2,860	5,419	17
Maturing Term Deposits		105,125	76,222	71,900
		107,985	81,641	71,917
<i>Cash was applied to</i>				
Funds paid on behalf of other agencies		(4,372)	(5,129)	(3,458)
Reinvestment of Term Deposits		(108,953)	(75,400)	(76,920)
Purchase of Property Plant & Equipment		(60)	(128)	(98)
		(113,385)	(80,657)	(80,476)
Net cash flow from investing activities		(5,400)	984	(8,559)
Net increase (decrease) in cash held		429	26	343
Cash at Bank beginning of year		1,171	225	828
Cash at Bank end of year		1,600	251	1,171

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

Refer to Note 17 – Explanation of major variances against budget

Notes to the Financial Statements

For the year ended 30 June 2021

Note 1 - Statement of accounting policies

Reporting entity

The Health Research Council (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. The financial statements for the HRC are for the year ended 30 June 2021 and were approved by Council on 22 December 2021.

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.

Standards issued and not yet in effect 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.

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 PBE 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 2022. 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).

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 (PPE) and Intangible Assets (IA)

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 wholly before 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 wholly 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 an allowance for credit losses. The HRC applies the simplified expected credit loss model of recognising lifetime expected credit losses for receivables.

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

The 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) Budget Figures

The budget figures are derived from the statement of performance expectations as approved by the Board at the beginning of the financial year. The budget figures have been prepared in accordance with NZ GAAP, using accounting policies that are consistent with those adopted by the Board in preparing these financial statements except for the implementation of PBE IPSAS 37 – Joint Arrangements first implemented for financial reporting purposes in the reporting period ended 30 June 2020, subsequent to preparation of the 2020/21 budget. Explanation of major variances against budget are provided in note 17.

i) 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.

j) Critical accounting estimates and assumptions

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

k) 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, the 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

Non-exchange revenue	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Ministry of Business, Innovation and Employment (MBIE)	125,763	125,913	125,913
Ministry of Health (MoH)	285	285	285
	126,048	126,198	126,198

Accounting Policy

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

Funding from the Crown

The HRC is primarily funded from the Crown. This funding is restricted in its use for the purpose of the HRC meeting the objectives specified in its founding legislation and the scope of the relevant appropriations of the funder. The 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.

Joint Operations

The HRC recognises its share of income and expenditure by Joint Operations it is involved in as the obligations under the contract are performed. Also refer note 6.

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 Output Agreement with MBIE and MoH. Apart from these general restrictions, there are no unfulfilled conditions or contingencies attached to government funding.

Note 3 - Research Grant Expenditure

Research Grant Expenditure	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Vote Health & Society Research	112,202	117,121	114,049
Vote Vision Mātauranga	944	1,885	1,429
Vote International Relationships	658	666	355
	113,804	119,672	115,833

Accounting Policy

Expenditure related to grants to researchers

Expenditure is recognised as the obligations under the contract are performed. Provision is made for any retentions and disbursements held at the end of the contract pending a final research report.

Expenditure related to Joint Operations

The HRC recognises its share of income and expenditure by Joint Operations it is involved in as the obligations under the contract are performed. Also refer note 6.

Expenditure related to funds committed to International Agencies

Expenditure and a provision are recognised when the HRC has committed to an International Agency to undertake and fund a research project and deliver the research to the International Agency such that a constructive obligation is created, and the amount involved can be reliably measured (Refer to Note 5). Related research costs are recognised against the provision as the obligations under the research contract are performed. Expenditure is the obligations under which the contracts are performed. Provision is made for any retentions held at the end of the contract pending a final research report.

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 the HRC.

Disbursements

Disbursements relate to amounts held for expenditure claims payable to career development applicants by the HRC upon submission of an approved claim. Disbursements payable are recognised as a liability at the end of the contract.

Critical judgements in applying accounting policies

For purposes of making payments the 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 4 – Cash and cash equivalents, short-term deposits and funds held on behalf of other agencies

Accounting policy

Cash and cash equivalents include cash on hand, and deposits held on call with banks. The carrying value of short-term deposits which are invested with maturity dates of 3 months or less approximates their fair value.

Interest Rates

In FY 2021 it was 0.59% pa to 2.40% pa

Short-Term Deposits – Held for Joint Operations

Short-Term Deposits – Held for Joint Operations are the short-term funds set aside to meet the commitments made by the HRC to Joint Operations. These funds are interest bearing.

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 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 the 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 - Provision for Funds Committed to International Agencies

Provision for Funds Committed to International Agencies	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Balance 1 July	2,966		
Provisions made during the year			2,966
Provisions used during the year	(128)		
Provisions reversed during the year	(40)		
Unwind of discount	6		
Balance 30 June	2,804		2,966
Short Term (current)	937		334
Long Term (non-current)	1,867		2,632
	2,804		2,966

Accounting policy

Provision for funds committed to International Agencies

Refer to Note 3 – Research Grant Costs. Provisions are discounted to their present value at the reporting date and the unwinding of interest is recognised in surplus or deficit as part of “Other costs”.

International Agency funding

International agency funding relates to two projects:

- The HRC's commitment to participate in the 6th joint call part of its membership of the Global Alliance for Chronic Disease (GACD). Under this call, HRC has committed to provide \$2.0m in funding for cancer research, the results of which will be shared with members of the GACD. As of 30 June 2021, the balance of this provision was \$1,921k of which it expects to utilise \$596k in the next 12 months.
- The HRC's collaboration with National Science Foundation of China (NSFC) in which it has established a funding initiative to support the development of collaborative research relationships between the two countries. As part of its second project with the NSFC, HRC has committed to making \$1.0m available to researchers for bio-medical research over the next 2 – 3 years which it will share with the NSFC. As of 30 June 2021, the balance of this provision was \$883k of which it expects to utilise \$340k in the next 12 months.

The HRC has estimated the cashflow profile of each of the above provisions. While there is certainty about overall amounts committed, there is uncertainty at balance date as to the exact timing of when payments for research will commence. Changes in the timing of the cash flow profile are not expected to be material.

Note 6 - Equity

Equity	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Movements in Equity			
Public Equity (Research Contract Management)			
Balance 1 July (Refer note below)	5,079	10,582	7,677
Surplus/(deficit) for the year	20	103	5,810
Transfer of Net Income from/(to) Joint Operations Reserve Fund			(899)
Transfer of Net Income from/(to) Foxley Reserve Fund		222	216
Balance 30 June	5,099	10,907	12,804
Future Committed Funds			
Balance 1 July (Refer note below)	7,725		
Surplus/(deficit) for the year	5,644		
Transfer of Net Income from/(to) Joint Operations Reserve Fund	1,265		
Transfer of Net Income from/(to) Foxley Reserve Fund	140		
Balance 30 June	14,774		
Joint Operations Reserve Fund			
Balance 1 July (Refer note below)	7,925		7,026
Transfer of Net Income from/(to) Future Committed Funds	(1,265)		899
Balance 30 June	6,660		7,925
Foxley Reserve Fund			
Balance 1 July (Refer note below)	1,256	1,237	1,472
Transfer (to)/from Future Committed Funds	(140)	(222)	(216)
Balance 30 June	1,116	1,015	1,256
Total Equity at 30 June	27,649	11,922	21,985

The closing balance of public equity of \$12.8m as at 30 June 2020 includes \$7.7m of future committed funds. This was not disaggregated in 2020 however a new reserve has been set up in 2021 to present this separately.

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)
- Future Committed Funds
- Joint Operations Reserve
- Foxley Estate Reserve Fund.

The accumulated funds of the Health Research Council have been disaggregated to illustrate the distinction between reserves that have been contractually committed to grant payments with future payment dates versus the underspend on Research Contract Management arising from savings that have been achieved through lower spend on travel and staffing costs. It is important to note that the former category does not represent value that remains available for granting but has already been awarded and will be paid out as milestones are met.

Joint Operations Reserve

Accounting policy

The HRC recognises its share of jointly controlled assets, liabilities, expenses, and income. The joint operations reserve represents the HRC's interest in assets and liabilities of jointly controlled operations at balance date.

Joint Operations

The HRC regularly enters joint funding arrangements with various parties. The HRC generally enters into an overall agreement with another party whereby the main terms and format of the research funding agreement are agreed ("Umbrella Agreement"). The parties then agree on the research initiatives under that Umbrella Agreement.

Under these research agreements, the HRC and the other party generally agree to:

1. Jointly contribute an amount (committed funds) to pursue research activities ("the research initiative"); and
2. Have equal decision making rights as to how those monies are spent.

The HRC accounts for its joint operations by recognising its share of the jointly controlled assets, liabilities and expenses and income as these are incurred.

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 7 - Operating Lease Commitments

Operating Lease Commitments	Actual 2021 \$000	Actual 2020 \$000
<i>Operating Leases as lessee</i>		
Not later than 1 year	184	138
Later than 1 year and not later than 5 years	760	0
Later than 5 years	235	0
Total non-cancellable operating leases	1,179	138
<i>Operating Leases as lessor</i>		
Not later than 1 year	0	46
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
Total non-cancellable operating leases	0	46

Accounting policy

An operating lease is a lease that does not transfer substantially all the risk and rewards incidental to ownership of an asset to the lessee. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the lease term. Lease incentives received are recognised in the surplus or deficit as a reduction of rental expense over the lease term.

Current Lease Arrangements

Operating Leases as lessee

The HRC currently leases office premises. The lease payments recognised as an expense in the period totalled \$276,711 (2020: \$276,711). No restrictions are placed on HRC by any of its leasing arrangements. As per the lease arrangement, reinstatement costs upon termination of the lease are at the discretion of the landlord. Reinstatement costs are the costs to reinstate the premises as they were at the commencement of the lease.

Operating Leases as lessor

Part of the office premises are sub-let to a tenant in the same building which the HRC occupies.

Note 8 - Categories of financial assets and liabilities

Categories of financial assets and liabilities	Actual 2021 \$000	Actual 2020 \$000
<i>Financial Assets measured at amortised cost</i>		
Cash and cash equivalents	1,600	1,171
Short-term Deposits	25,319	18,336
Short-term Deposits - Held for Joint Operations	6,660	7,925
Funds held on behalf of - Other Agencies	6,526	8,238
Funds held on behalf of - Foxley Estate	1,078	1,254
Receivables	417	600
Total loans and receivables	41,600	37,524
<i>Other Financial liabilities measured at amortised cost</i>		
Payables	1,562	487
Contract Retentions	2,306	3,420
Provision for Committed Grants	2,804	2,966
Funds held on behalf of other agencies	6,526	8,239
Total other financial liabilities	13,198	15,112

The fair values of the financial assets and financial liabilities are equal to their respective carrying amounts.

Accounting policy

The HRC classified financial assets into the category of loans and receivables and financial liabilities into the other financial liabilities' category. The HRC initially recognises loans and receivables on the date that they are originated and derecognises a financial asset when the contractual rights to the cash flows from the asset expire or are transferred and does not retain control over the transferred asset. The HRC derecognises a financial liability when its contractual obligations are discharged or cancelled or expire. Financial assets and financial liabilities are offset, and the net amount presented in the statement of financial position when, and only when, the HRC has a legally enforceable right to offset the amounts and intends either to settle them on a net basis or to realise the asset and settle the liability simultaneously.

Loans and receivables and other financial liabilities

Loans and receivables and other financial liabilities are initially measured at fair value plus/(less) any directly attributable transaction costs. After initial recognition, they are measured at amortised costs using the effective interest method.

Note 9 - Financial Instruments Risk

a) Market risk

Fair value interest rate risk

Fair value interest rate risk is the risk that the value of a financial instrument will fluctuate due to changes in market interest rates. The HRC's exposure to fair value interest rate risk is limited to its short-term deposits which are held at fixed rates of interest. The HRC does not actively manage its exposure to fair value interest rate risk. The interest rates on the HRC's cash and cash equivalents are disclosed in note 4.

Cash flow interest rate risk

Cash flow interest rate risk is the risk that the cash flows from a financial instrument will fluctuate because of changes in market interest rates. The HRC's investments are issued at fixed interest rates for fixed terms. The HRC is exposed to cash flow interest rate risk when investments mature and are reissued. The HRC does not actively manage its exposure to cash flow interest rate risk. The HRC currently has no variable interest rate investments.

Currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate due to changes in foreign exchange rates. The HRC does not enter into transactions in foreign currency and does not hold any assets or liabilities denominated in foreign currency. The HRC is not exposed to currency risk.

b) Credit risk

Credit risk is the risk that a third party will default on its obligation to the HRC, causing the HRC to incur a loss. The HRC's maximum credit exposure for each class of financial instrument is represented by the total carrying amount of cash and cash equivalents and debtors. There is no collateral held as security or other credit enhancement in respect of these amounts. None of these financial instruments are past due or impaired. The HRC has no significant concentrations of credit risk, as it has a small number of credit customers and only invests funds with registered banks with a Standard and Poor's credit rating of at least AA-.

c) Liquidity risk

Liquidity risk is the risk that the HRC will encounter difficulty raising liquid funds to meet commitments as they fall due. Prudent liquidity risk management implies maintaining sufficient cash and cash equivalents and the availability of funding. HRC's annual revenue from the Crown (note 2) is known at the start of each financial year. Commitments are controlled and limited to this known level and timing of revenue and available cash reserves. If Government funding is not continued, or the progress and or quality of research expected is not achieved then HRC may discontinue contracts at its discretion.

The table opposite analyses payables (not including employee entitlements) contract retentions, and funds held on behalf of other agencies into relevant maturity groupings based on the remaining period at balance date to the contractual maturity date.

	Carrying Amount \$000	Contractual Cash flows \$000	Less than 6 Months \$000	6 to 12 Months \$000	More than 1 year \$000
2021					
Payables	1,562	1,562	1,562	0	0
Contract Retentions	2,306	2,306	2,306	0	0
Provision for Committed Grants	2,804	2,804	0	937	1,867
Funds held on behalf of other agencies	6,526	6,526	1,450	1,175	3,901
Total	13,198	13,198	5,318	2,112	5,768
2020					
Payables	487	487	487	0	0
Contract Retentions	3,420	3,420	3,420	0	0
Provision for Committed Grants	2,966	2,966	0	334	2,632
Funds held on behalf of other agencies	8,239	8,239	1,486	703	6,050
Total	15,112	15,112	5,393	1,037	8,682

Note 10 - 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 11 - Employee Remuneration

Employees receiving over \$100,000	Actual 2021 No. of Staff	Actual 2020 No. of Staff
100,000 to 109,999	8	5
110,000 to 119,999	4	4
120,000 to 129,999	1	1
160,000 to 169,999		1
170,000 to 179,999	1	
190,000 to 199,999	1	2
240,000 to 249,999		1
370,000 to 379,999	1	
Total Employees	16	14

Note 12 - Councillors' Fees

	Appointed	Term	Actual 2021 \$	Actual 2020 \$
Dr L Levy, CNZM	Jan 16	Aug 22	24,000	24,000
Professor L McCowan, ONZM	Feb 14	Dec 20	7,000	12,000
Professor A Mercer	Nov 12	Aug 19		2,500
Professor S Pitama	Jun 15	Aug 22	15,000	15,000
Professor J Douwes	Sep 15	Aug 22	15,000	15,000
Professor P Guilford	Oct 16	Dec 23	12,000	12,000
Dr W Barker	Jun 17	Dec 22	12,000	12,000
Dr M Faleafa	Jun 17	Oct 20	4,000	12,000
Mr T Norman	Jun 17	Sep 20	3,000	12,000
Dr A Dewes	May 19	May 22	12,000	12,000
Professor A Cameron, ONZM	Sep 19	Aug 22	15,000	12,500
Professor P Tapsell	Dec 20	Dec 23	6,000	
Ms K Fox	Jan 21	Dec 23	6,000	
Professor E Rush	Jan 21	Dec 23	6,000	
			137,000	141,000

Note 13 - Reconciliation of Operating surplus (deficit) to net cash flow from operating activities

	Actual 2021 \$000	Budget 2021 \$000	Actual 2020 \$000
Surplus /(Deficit) for year	5,664	103	5,810
Add non-cash items			
Depreciation and Amortisation expense	73	128	115
Joint Venture Management Fees Earned	(200)	(188)	(155)
Rent recovered	(21)	(21)	(21)
Add/(deduct) movements in provisions	(1,326)	(980)	2,966
Add/(deduct) movements in working capital items			
Receivable (increase)/decrease	182		105
Payables increase/(decrease)	1,457		81
Net cash flow from operating activities	5,829	(958)	8,902

Note 14 - Related party information

The HRC is a Crown Entity.

Related party disclosures have not been made for transactions with related parties that are:

- Within a normal supplier or client/recipient relationship, and
- On terms and conditions no more or less favourable than those that it might be reasonable to expect the HRC would have adopted in dealing with the party at arm's length in the same circumstances.

Further, transactions with other government agencies are not disclosed as related party transactions when they are on normal terms and conditions consistent with the normal operating arrangements between government agencies.

Key Management personnel compensation	2021	2020
Board Members		
Remuneration - \$000	137	141
Full-time equivalent members	0.81	0.81
Leadership Team		
Remuneration - \$000	1,133	899
Full-time equivalent members	4.66	3.79
Total Key Management Personnel Remuneration	1,270	1,040
Total Full-time Equivalent Personnel	5.47	4.60

Key management personnel include all Council members, the Chief Executive, and members of the Executive Leadership Team. A contract CFO was appointed in December 2020 and has been included at the agency rate for completeness.

Cessation, termination payments or compensation paid to those who ceased employment during the year totalled \$Nil, Staff Nil (2020: \$Nil, Staff Nil)

Note 15 - Contingencies

As at 30 June 2021, the HRC has no contingent assets or contingent liabilities (2020: Nil).

Note 16 - Post Balance Date Events

Operating Leases as lessee

The lease of HRC premises located at the 3rd floor of 110 Stanley Street, Auckland was surrendered with effect from 8 September 2021 and a new lease for premises at 110 Symonds Street, Auckland will commence on 1 September 2021. The new lease is for a term of six years with two rights of renewal of three years. The new lease was committed to during the current financial year and has been included in the Operating Lease Commitments in note 7. This excludes the renewal periods as decision on renewal will only occur at the renewal date. The final expiration date is 31 August 2033. HRC is not required to pay reinstatement costs upon the surrender of the old lease.

Impact of COVID-19

The impact of the 17th August 2021 Alert Level 4 lockdown, and subsequent change to Alert Level 3 have slowed down the progress of research projects. This has resulted in research grants payments being paid at a rate slower than forecast. Payments continued to be made. The post balance date Covid-19 Alert Level change is not considered to have a material impact to the financial statements and was treated as non-adjusting event. Accordingly, this has not been reflected in the financial statements presented in this Annual Report.

There were no other post balance date events that could impact the financial statements for the year ended 30 June 2021.

Note 17 - Explanation of major variances against budget \$000

The budget figures are derived from the statement of performance expectations as approved by the Board at the beginning of the financial year. The budget figures have been prepared in accordance with NZ GAAP, using accounting policies that are consistent with those adopted by the Board in preparing these financial statements. The variances against the budget are described below.

Statement of comprehensive revenue and expense

Revenue

Revenue was higher than budget by \$94k as a result of higher volumes of therapeutic trials completed by the SCOTT committee.

Expenditure

Research Grant Expenditure was \$5,868k lower than budget (4.9%). \$4.9m of this is the result of the impact of COVID-19 on the ability of researchers to meet the timeframes originally agreed. The HRC has allowed extensions to contracts to aid completion however this has resulted in delays for spending. A further \$0.9m underspend results from co-funding relationships, the formation of which have been slower than expected and these relationships are now under review. Lower operational costs of \$402k were driven by lower Assessing Committee Costs (\$99k) as face-to-face meetings have not been possible under COVID-19; the slower than expected implementation of Information Technology improvements (\$296k), reduced costs in Travel (\$52k) and Occupancy (\$74k) following the relinquishment of the sub-leased tenancy and carparks. A capital charge of \$967k has been levied by Treasury as a result of the increase of the equity balance over the maximum allowable cap of \$15m.

Statement of financial position

Current assets are higher than budget by \$6,032k representing the cash deposits reserved for the delayed research expenditure noted above and reflected in the operating surplus. Liabilities are \$9.7m lower than budgeted. This is largely due to the restatement of the financial results in the prior year to accommodate the accounting standards which had the effect of reducing the opening balance by \$7.9m as a Joint Operations reserve was created in place of the liability. The remaining variance has resulted from lower commitments to Joint Operations, including International Agencies because of the impacts of Covid-19 on Researcher's ability to conduct their research.

Statement of Cash Flow

Cash from operating activities were higher than budget by \$6,787k because of the higher operating surplus.

Note 18 - Impact of COVID-19

HRC is an essential service only at alert Level 2 for the purposes of making payments to research providers. With each lockdown, HRC responds by closing its offices and moving staff to a work from home arrangement for the duration of the level 4 and level 3 lockdown. This method of working allows HRC to continue uninterrupted with its operation.

The main impacts on the HRC's financial statements due to COVID-19 are explained below:

Revenue

Revenue from the Crown was not impacted by the New Zealand COVID-19 response levels

Expenditure

Research Grant costs were reduced by \$5.9m due to requests for extensions to research contracts driven by the need for research providers to suspend aspects of research activity during the various COVID-19 alert levels.

Operational costs were reduced by approximately \$150K due to savings in travel and accommodation costs (both domestic and international) as result of the restriction on travel during the various COVID-19 alert levels and work from home arrangements.

Other significant assumptions

There are no provisions made for COVID-19 impact within the HRC's balance sheet.

There are no other significant assumptions being made concerning the future and no other key sources of estimation uncertainty at the reporting date that pose significant risk of causing material adjustments to the carrying balances of assets and liabilities within the next financial year.

Statement of Resources

for the year ended 30 June 2021

Operating Resources

- Computer systems
- Photocopying machines
- Furniture and fittings

Accommodation

On balance date, the HRC was located at the 3rd floor of 110 Stanley Street, Auckland. The lease was surrendered with effect from 8 September 2021 and relocation to new premises at 110 Symonds Street, Auckland will commence from 1 September 2021. The lease is for an initial term of six years with rights of renewal for two further terms of three years each. The annual rental cost is \$180k including operating costs.

Staff Resources

	FTEs 2021	FTEs 2020
Operational staff		
Chief Executive	1.0	1.0
Senior Managers	3.0	4.0
Manager Pacific Health Research	1.0	1.0
Manager Māori Health Research	1.0	
Support staff	24.22	29.51
	30.22	35.51

Note: An FTE is a full-time equivalent employee.

Insurance Cover in respect of Council Members and Employees

The HRC has following Insurance Policies in place in respect of Council Members and Employees

1. An Employers' Liability policy to cover any event in which the HRC becomes legally liable to pay costs in respect of all employees who sustain injury.
2. A Directors' and Officers' liability policy to cover any event in which Council members find themselves personally liable to third parties.
3. A Professional Indemnity policy to help protect professional advice and service providing individuals from bearing the full cost of defending negligence claims by third parties, and damages awarded in such a civil lawsuit.

Independent Auditor's Report

Pūrongo Kaitātari Motuhake

To the readers of the Health Research Council's financial statements and performance information for the year ended 30 June 2021

The Auditor-General is the auditor of the Health Research Council. The Auditor-General has appointed me, Lauren Clark, using the staff and resources of Audit New Zealand, to carry out the audit of the financial statements and the performance information, including the performance information for an appropriation, of the Health Research Council on his behalf.

Opinion

We have audited:

- the financial statements of the Health Research Council on pages 56 to 75, that comprise the statement of financial position as at 30 June 2021, the statement of comprehensive revenue and expense, statement of changes in equity, and statement of cash flows for the year ended on that date and the notes to the financial statements including a summary of significant accounting policies and other explanatory information; and
- the performance information of the Health Research Council on pages 26 to 49.

In our opinion:

- the financial statements of the Health Research Council on pages 56 to 75:
 - present fairly, in all material respects:
 - its financial position as at 30 June 2021; and
 - its financial performance and cash flows for the year then ended; and
 - comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Reporting Standards; and
- the performance information on pages 26 to 49:
 - presents fairly, in all material respects, the Health Research Council's performance for the year ended 30 June 2021, including:
 - for each class of reportable outputs:
 - its standards of delivery performance achieved as compared with forecasts included in the statement of performance expectations for the financial year; and
 - its actual revenue and output expenses as compared with the forecasts included in the statement of performance expectations for the financial year; and
 - what has been achieved with the appropriations; and
 - the actual expenses or capital expenditure incurred compared with the appropriated or forecast expenses or capital expenditure.
 - complies with generally accepted accounting practice in New Zealand.

Our audit was completed on 22 December 2021. This is the date at which our opinion is expressed.

The basis for our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities relating to the financial statements and the performance information, we comment on other information, and we explain our independence.

Basis for our opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and the International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of the Council for the financial statements and the performance information

The Council is responsible on behalf of the Health Research Council for preparing financial statements and performance information that are fairly presented and comply with generally accepted accounting practice in New Zealand. The Council is responsible for such internal control as it determines is necessary to enable it to prepare financial statements and performance information that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements and the performance information, the Council is responsible on behalf of the Health Research Council for assessing the Health Research Council's ability to continue as a going concern. The Council is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to merge or to terminate the activities of the Health Research Council, or there is no realistic alternative but to do so. The Council's responsibilities arise from the Crown Entities Act 2004, the Health Research Council Act 1990, and the Public Finance Act 1989.

Responsibilities of the auditor for the audit of the financial statements and the performance information

Our objectives are to obtain reasonable assurance about whether the financial statements and the performance information, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers, taken on the basis of these financial statements and the performance information.

For the budget information reported in the financial statements and the performance information, our procedures were limited to checking that the information agreed to the Health Research Council's statement of performance expectations.

We did not evaluate the security and controls over the electronic publication of the financial statements and the performance information.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements and the performance information, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Research Council's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.
- We evaluate the appropriateness of the reported performance information within the Health Research Council's framework for reporting its performance.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Council and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Health Research Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements and the performance information or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Health Research Council to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the financial statements and the performance information, including the disclosures, and whether the financial statements and the performance information represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibilities arise from the Public Audit Act 2001.

Other information

The Council is responsible for the other information. The other information comprises the information included on 1 to 25, 50 to 55, and 80 to 125, but does not include the financial statements and the performance information, and our auditor's report thereon.

Our opinion on the financial statements and the performance information does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements and the performance information, our responsibility is to read the other information. In doing so, we consider whether the other information is materially inconsistent with the financial statements and the performance information or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on our work, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Independence

We are independent of the Health Research Council in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1: International Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board.

Other than in our capacity as auditor, we have no relationship with, or interests in, the Health Research Council.



Lauren Clark
Audit New Zealand
On behalf of the Auditor-General
Auckland, New Zealand





Part 9

HRC Contracts

Wāhanga 9
Ngā kirimana a HRC

HRC contracts

Ngā kirimana HRC

This section lists all of the HRC's contracts current as of 30 June, or expired in the financial year.

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
13/049	Inflammatory and immune system	Switching off tumour-promoting immune cells to develop novel cancer therapies	\$500,000	Sir Charles Hercus Fellowship	Bridget Stocker	Research Trust of Victoria University of Wellington
13/177	Respiratory/asthma	Can Azithromycin prevent bronchiectasis in Infants with Cystic Fibrosis?	\$712,475	Project	Catherine Byrnes	The University of Auckland
13/213	Other (generic health or health services)	PulMoDS: Pulmonary Model-based Decision Support to Optimise ARDS/ALI Care	\$658,739	Project	Geoff Chase	University of Canterbury
14/015		Spatially-resolved metabolomics of cataractogenesis	\$500,000	Sir Charles Hercus Fellowship	Angus Grey	The University of Auckland
14/174	Obstetric complications/perinatal care	ProViDe RCT: Does better early nutrition in preterm babies improve development?	\$1,194,159	Project	Frank Bloomfield	The University of Auckland
14/276	Human genetics and inherited/congenital conditions	Degradable metallic mini-plate and screw system for craniofacial osteosynthesis	\$692,737	Project	Mark Staiger	University of Canterbury
14/373	Neurological (CNS)	Augmenting neuroplasticity in the Huntington's disease brain	\$1,189,942	Māori Health Project	Melanie Cheung	The University of Auckland
14/081	Cardiovascular/cerebrovascular	A kaupapa Māori intervention for stroke-related communication disorders	\$371,512	Māori Health Postdoctoral Fellowship	Karen Brewer	The University of Auckland
14/568	Obstetric complications/perinatal care	Healthy pregnancy, healthy babies	\$4,987,293	Programme	David Grattan	University of Otago
15/125	Injury (intentional and unintentional)	Safety on steps: a randomised controlled trial	\$1,199,815	Project	Michael Keall	University of Otago
15/216	Child and youth (healthy) development	Does preventing neonatal hypoglycaemia improve outcome at two years of age?	\$1,599,837	Project	Jane Harding	The University of Auckland
15/265	Dental/oral	Oral health from childhood to mid-life	\$1,193,937	Project	Jonathan Broadbent	University of Otago
15/311	Respiratory/asthma	Persistent airflow limitation and the airway microbiome in childhood asthma	\$1,199,980	Project	Jeroen Douwes	Massey University
15/397	Wellbeing (autonomy self-determination)	Pacific students' health, wellbeing & success in higher education	\$103,550	Pacific Health PhD Scholarship	Faafetai Sopoaga	University of Otago
15/403	Nutrition	Food availability for Māori children - A rights-based approach	\$120,750	Māori Health PhD Scholarship	Christina McKercher	University of Otago
15/429	Environmental Health	He Kainga Oranga: translating housing research to practice for children's health	\$4,943,710	Programme	Philippa Howden-Chapman	University of Otago
15/479	Infectious disease	Neutrophil oxidants in infection and inflammation	\$4,830,606	Programme	Mark Hampton	University of Otago

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
15/491	Blood disorders/haematology	Developing a diagnostic tool for myelodysplastic syndrome	\$143,998	Emerging Researcher First Grant	Euan Rodger	University of Otago
15/500	Cancer (oncology)	p53 and variants in inflammatory disease and cancer	\$4,901,862	Programme	Antony Braithwaite	University of Otago
15/576	Bone/musculoskeletal	Mechanisms and management of musculoskeletal disease	\$4,999,768	Programme	Nicola Dalbeth	The University of Auckland
16/003	Human genetics and inherited/congenital conditions	Extending the window of opportunity for saving babies brains	\$500,000	Sir Charles Hercus Fellowship	Joanne Davidson	The University of Auckland
16/005	Infectious disease	Understanding GAS pharyngitis and skin infections as causes of rheumatic fever	\$1,197,694	Project	Michael Baker	University of Otago
16/009	Other (generic health or health services)	The PLUS trial: PLAsmalyte versUs Saline for intravenous fluid therapy in ICU	\$1,385,525	Project	Paul Young	Medical Research Institute of New Zealand
16/010	Infectious disease	New generation lipopeptide antimicrobial agents using patented CLipPA technology	\$1,199,021	Project	Margaret Brimble DNZM FRS	The University of Auckland
16/017	Dental/oral	Preventing upper respiratory tract infections in infancy	\$1,198,437	Project	Julian Crane	University of Otago
16/022	Bone/musculoskeletal	Osteoarthritis: a case of cellular mismanagement?	\$500,000	Sir Charles Hercus Fellowship	Raewyn Poulsen	The University of Auckland
16/027	Reproduction/fertility/sexual health	Timekeeping in the neural network controlling fertility	\$1,074,371	Project	Rebecca Campbell	University of Otago
16/037	Infectious disease	Vitamin C requirement and mechanisms of action in severe infection	\$500,000	Sir Charles Hercus Fellowship	Anitra Carr	University of Otago
16/043	Human genetics and inherited/congenital conditions	Can placental stem cells be used to improve fetal outcomes?	\$500,000	Sir Charles Hercus Fellowship	Joanna James	The University of Auckland
16/058		Ethnic differences in energy metabolism among New Zealanders	\$250,000	Clinical Research Training Fellowship	Patricia Whitfield	University of Otago
16/078	Bone/musculoskeletal	Zoledronic acid and fracture prevention in early postmenopausal women	\$962,995	Project	Mark Bolland	The University of Auckland
16/088	Addiction (alcohol/drugs/gambling/smoking)	Te ara auahi kore	\$1,189,414	Māori Health Project	Andrew Waa	University of Otago
16/089	Ageing	A Māori approach to the assessment and management of dementia	\$1,056,270	Māori Health Project	Makarena Dudley	The University of Auckland
16/120	Cancer (oncology)	Novel radiosensitisers for head and neck cancer	\$1,198,116	Project	Michael Hay	The University of Auckland
16/155	Cardiovascular/cerebrovascular	Physiological pacing to improve cardiac output in heart failure	\$1,115,696	Project	Rohit Ramchandra	The University of Auckland
16/172	Infectious disease	Biodiscovery and biosynthesis of new drug candidates	\$1,195,267	Project	David Ackerley	Research Trust of Victoria University of Wellington

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
16/173	Injury (intentional and unintentional)	Creating safer workplaces: understanding our work related fatalities	\$1,191,876	Project	Rebecca Lilley	University of Otago
16/185	Other (generic health or health services)	Exploring the development and impact of changes in community pharmacy services	\$1,185,381	Project	Karen McBride-Henry	Research Trust of Victoria University of Wellington
16/226	Other (generic health or health services)	Genomic analysis of adverse drug reactions	\$1,186,142	Project	Martin Kennedy	University of Otago
16/231	Gastrointestinal	Establishing drainage of thoracic duct lymph for longitudinal clinical studies	\$1,158,581	Project	John Windsor	The University of Auckland
16/232	Infectious disease	Structure-directed discovery of next-generation antifungals	\$1,197,552	Project	Brian Monk	University of Otago
16/236	Gastrointestinal	Targeting toxic gut lymph to treat acute disease	\$1,176,441	Project	John Windsor	The University of Auckland
16/242	Cardiovascular/cerebrovascular	Reducing the burden of atrial fibrillation	\$1,087,437	Project	Richard Troughton	University of Otago
16/289	Ageing	Towards streetscapes promoting inclusive mobility, health and wellbeing for all	\$1,188,468	Project	Shanthi Ameratunga	The University of Auckland
16/300	Diabetes	Fructose and the heart: targeting novel mechanisms of diabetic cardiomyopathy	\$1,172,435	Project	Kim Mellor	The University of Auckland
16/314	Cancer (oncology)	Targeting cancer vaccines to human dendritic cells via CD301	\$1,190,836	Project	Rod Dunbar	The University of Auckland
16/329	Obesity	Communities fighting sugar in soft-drinks	\$1,176,875	Project	Gerhard Sundborn	The University of Auckland
16/330	Cardiovascular/cerebrovascular	Improving outcomes of patients with atrial fibrillation in primary care	\$1,196,335	Project	Ralph Stewart	Auckland DHB Charitable Trust
16/331	Cancer (oncology)	Proliferating tumour-associated macrophages in human cancers	\$1,173,503	Project	Rod Dunbar	The University of Auckland
16/338	Mental health (and sleep disorders)	Maori and bipolar disorder	\$1,181,031	Māori Health Project	Cameron Lacey	University of Otago
16/344	Diabetes	What predicts regression from prediabetes to normal glucose regulation?	\$1,111,511	Project	Kirsten Coppel	University of Otago
16/346	Mental health (and sleep disorders)	He oranga ngakau: Maori and trauma informed care	\$1,190,130	Māori Health Project	Leonie Pihama	University of Waikato
16/351	Occupational health	Work-related risk factors for cardiovascular disease	\$715,282	Project	Jeroen Douwes	Massey University
16/385	Cardiovascular/cerebrovascular	Targeting human atrial microstructure: The key to resolving atrial fibrillation	\$1,178,146	Project	Jichao Zhao	The University of Auckland
16/387	Injury (intentional and unintentional)	Pre-hospital anti-fibrinolytics for traumatic coagulopathy and haemorrhage	\$943,384	Project	Colin McArthur	Medical Research Institute of New Zealand
16/402	Obesity	Role of hypothalamic beta-catenin in body weight regulation	\$1,195,100	Project	David Grattan	University of Otago

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
16/405	Cancer (oncology)	Self-sampling for HPV screening: a community trial	\$1,199,764	Project	John Potter	Massey University
16/430	Neurological (CNS)	The epigenome is compromised in Huntington's disease	\$150,000	Pacific Emerging Researcher First Grant	Pritika Narayan	The University of Auckland
16/443	Cardiovascular/ cerebrovascular	BODE3: Modelling preventive interventions to improve health and social outcomes	\$4,945,837	Programme	Nick Wilson	University of Otago
16/450	Ageing	A qualitative investigation of experiences of aged residential care by Maori	\$104,680	Māori Health PhD Scholarship	Karen Keelan	University of Otago
16/475	Infectious disease	Zoonotic disease transmission in New Zealand rural communities	\$149,982	Emerging Researcher First Grant	Pippa Scott	University of Otago
16/477	Addiction (alcohol/drugs/ gambling/ smoking)	Maraea - supportive solutions for indigenous children who misuse substances	\$542,281	Māori Health Postdoctoral Fellowship	Lisa Chant	Auckland University of Technology
16/505	Vision/hearing/ speech	The transition zone as corneal endothelial transplants	\$149,609	Emerging Researcher First Grant	Jie Zhang	The University of Auckland
16/518	Child and youth (healthy) development	Maori experiences of antenatal care in Tamaki Makaurau	\$149,947	Māori Emerging Researcher First Grant	Anneka Anderson	The University of Auckland
16/537	diabetes	The consequences of type 2 diabetes on the cardiovascular effects of ageing	\$149,931	Emerging Researcher First Grant	Graeme Carrick-Ranson	The University of Auckland
16/551	Ageing	Utilizing a prognostic indicator to guide deprescribing in Aged Residential Care	\$145,459	Emerging Researcher First Grant	Claire Heppenstall	University of Otago
16/555	Wellbeing (autonomy self-determination)	Ambulatory sensitive hospitalisations of Pacific children in New Zealand; the parents' perspectives	\$113,980	Pacific Health PhD Scholarship	Ellaine Ete-Rasch	Research Trust of Victoria University of Wellington
16/586	Wellbeing (autonomy self-determination)	Whakarauora hapori	\$483,854	Māori Health Postdoctoral Fellowship	Ruakere Hond	Te Pou Tiringa Incorporated
16/597	Neurological (CNS)	Harnessing brain mechanisms to tackle Alzheimer's disease	\$4,933,052	Programme	Wickliffe Abraham	University of Otago
16/600	Addiction (alcohol/drugs/ gambling/ smoking)	The Christchurch Health and Development Study - birth to 40 years	\$4,363,673	Programme	Joseph Boden	University of Otago
16/604	Ageing	A lifecourse study on ageing processes to inform early intervention strategies	\$4,994,717	Programme	Richie Poulton	University of Otago
16/605	Child and youth (healthy) development	Feeding preterm babies for life-long health	\$4,999,704	Programme	Frank Bloomfield	The University of Auckland
16/608	Neurological (CNS)	Vascular and inflammatory mediators of neurodegeneration	\$4,999,999	Programme	Michael Dragunow	The University of Auckland
16/609	Cardiovascular/ cerebrovascular	Vascular risk informatics using epidemiology & the web 2020 (VIEW2020)	\$4,976,577	Programme	Rodney Jackson	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
16/631	Infectious disease	Platform trial optimising interventions in severe community acquired pneumonia	\$4,814,924	Programme	Colin McArthur	Medical Research Institute of New Zealand
16/670	Respiratory/ asthma	Can we rehabilitate a reflex? A treatment protocol for the cough reflex	\$150,000	Explorer Grant	Phoebe Macrae	University of Canterbury
17/007		Impact of sugar-sweetened beverage taxation in the Pacific	\$250,000	Clinical Research Training Fellowship	Andrea Teng	University of Otago
17/009		Deciphering gender and ethnic disparity in obesity and cardiometabolic disease	\$500,000	Sir Charles Hercus Fellowship	Jennifer Miles-Chan	The University of Auckland
17/011	Neurological (CNS)	Prevention and treatment of fever in the ICU	\$723,720	Clinical Practitioner Research Fellowship	Paul Young	Capital and Coast District Health Board
17/013		Impact of built environment interventions on children's physical activity	\$440,000	Sir Charles Hercus Fellowship	Melody Smith	The University of Auckland
17/018		Improving outcomes for support workers in aged care	\$250,000	Clinical Research Training Fellowship	Karol Czuba	Auckland University of Technology
17/037	Cardiovascular/ cerebrovascular	Geographic and ethnic inequities in stroke outcomes	\$1,195,239	Project	Annemarei Ranta	University of Otago
17/039	Neurological (CNS)	Dementia and Parkinson's disease: tau pathology and cerebrovascular health	\$500,000	Sir Charles Hercus Fellowship	Tracy Melzer	University of Otago
17/050	Bone/ musculoskeletal	Novel osteoprogenitor cell populations involved in bone healing	\$500,000	Sir Charles Hercus Fellowship	Brya Matthews	The University of Auckland
17/052	Neurological (CNS)	Targetting a zinc link in the treatment of Autism Spectrum Disorders	\$1,168,419	Project	Johanna Montgomery	The University of Auckland
17/058	Infectious disease	Novel metabolic processes to target persistent tuberculosis	\$500,000	Sir Charles Hercus Fellowship	Ghader Bashiri	The University of Auckland
17/060	Other (generic health or health services)	D3: Data, Decision-making & Development: using data to improve health outcomes	\$1,199,997	Māori Health Project	Amohia Boulton	Whakauae Research Services
17/066	Mental health (and sleep disorders)	The impact of racism on the future health of adults: a prospective cohort study	\$818,258	Project	James Stanley	University of Otago
17/076	Obstetric complications/ perinatal care	Targeting IGF-1 signalling for repair of preterm brain dysmaturation	\$1,157,671	Project	Justin Dean	The University of Auckland
17/082	Infectious disease	Role of host exocytosis in infection of human cells by <i>Listeria monocytogenes</i>	\$932,485	Project	Keith Ireton	University of Otago
17/099	Ageing	Targeting PI3K to promote healthy ageing	\$1,186,060	Project	Troy Merry	The University of Auckland
17/100	Mental health (and sleep disorders)	Understanding the role of insulin in promoting fatty liver disease	\$1,178,179	Project	Troy Merry	The University of Auckland
17/103	Rheumatology/ arthritis	Naturally biased? Exploring neuropeptide signal pathway bias in pain	\$500,000	Sir Charles Hercus Fellowship	Christopher Walker	The University of Auckland
17/113	Cancer (oncology)	Genetic modifiers of risk of familial breast and ovarian cancer	\$1,142,728	Project	Logan Walker	University of Otago
17/134	Ageing	Medicine optimisation in older adults in primary care: multidisciplinary approach	\$240,000	Clinical Research Training Fellowship	Joanna Hikaka	The University of Auckland

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17/135	Human genetics and inherited/ congenital conditions	Environmental and genetic risk factors for cleft lip and palate	\$1,198,687	Project	John Thompson	The University of Auckland
17/141	Cardiovascular/ cerebrovascular	Improving outcomes after cardiothoracic surgery	\$850,000	Clinical Practitioner Research Fellowship	Shay McGuinness	Auckland DHB Charitable Trust
17/148	Other (generic health or health services)	To suction or not to suction - that is the question	\$235,000	Clinical Research Training Fellowship	Eileen Gilder	Auckland DHB Charitable Trust
17/154	Mental health (and sleep disorders)	Pacific Islands families: cultural resiliency and vulnerability in mental health	\$1,189,886	Project	El-Shadan Tautolo	Auckland University of Technology
17/155	Respiratory/ asthma	Respiratory health of Pacific youth: risk and resilience throughout childhood	\$1,183,935	Project	El-Shadan Tautolo	Auckland University of Technology
17/161	Other (generic health or health services)	Knowledge translation in the management of oxygen therapy in Intensive Care	\$250,000	Clinical Research Training Fellowship	Diane Mackle	Medical Research Institute of New Zealand
17/164	Vision/hearing/ speech	Randomized controlled trial of hearing aids to improve cognition in older NZers	\$1,150,909	Project	Grant Searchfield	The University of Auckland
17/187	Wellbeing (autonomy self-determination)	Sleep and well-being among Pacific children and adolescents	\$577,528	Pacific Health Project	Rosalina Richards	University of Otago
17/204	Renal and urogenital	Timing of initiation of renal support in acute kidney injury (STARRT-AKI)	\$1,191,468	Project	Shay McGuinness	Medical Research Institute of New Zealand
17/222	Cancer (oncology)	The molecular pathological epidemiology of NHL	\$485,573	Project	Brian Cox	University of Otago
17/226	Cardiovascular/ cerebrovascular	Are treatments for COPD increasing the risk of acute coronary syndrome?	\$842,445	Project	Lianne Parkin	University of Otago
17/230	Cancer (oncology)	Can pre-screening reduce the risk of life-threatening fluoropyrimidine toxicity?	\$1,186,557	Project	Nuala Helsby	The University of Auckland
17/232	Infectious disease	A vaccine to limit the severity of staphylococcal infections	\$1,048,945	Project	John Fraser	The University of Auckland
17/233	Diabetes	Community exercise for long-term management of diabetes and multimorbidity	\$1,181,772	Project	Leigh Hale	University of Otago
17/234	Cardiovascular/ cerebrovascular	Left ventricular remodelling in the multi-ethnic study of atherosclerosis	\$1,188,398	Project	Alistair Young	The University of Auckland
17/236	Reproduction/ fertility/sexual health	Deciphering the dendron for fertility control	\$1,092,338	Project	Allan Herbison	University of Otago
17/240	Metabolic and endocrine (excl. diabetes and bone)	Mid-childhood outcomes of children born at risk of neonatal hypoglycaemia	\$1,198,903	Project	Jane Harding	The University of Auckland
17/250	Respiratory/ asthma	Child poverty: health consequences, costs, and policy interventions	\$1,181,607	Project	Barry Milne	The University of Auckland
17/251	Other (generic health or health services)	Examining Emergency Department inequities (EEDI): do they exist?	\$899,943	Māori Health Project	Elana Curtis	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
17/271	Cardiovascular/ cerebrovascular	Reducing heart failure readmission: the IMPERATIVE-HF study	\$709,275	Project	Richard Troughton	University of Otago
17/282	Vision/hearing/ speech	Pacific Islands Families Study: impact of hearing loss on Pacific youth	\$1,196,242	Project	Janis Paterson	Auckland University of Technology
17/284	Neurological (CNS)	Implantable light stimulator to treat Parkinson's disease.	\$1,186,366	Project	Louise Parr-Brownlie	University of Otago
17/285	Reproduction/ fertility/sexual health	GnRH neuron control of ovulation	\$1,167,634	Project	Allan Herbison	University of Otago
17/288	Human genetics and inherited/ congenital conditions	Defining human specific genetic variants in brain developmental disorders	\$1,199,931	Project	Stephen Robertson	University of Otago
17/290	Cancer (oncology)	Development of a novel and specific inhibitor of CSF1R for cancer therapy	\$1,199,967	Project	William Denny	The University of Auckland
17/294	Rheumatology/ arthritis	Targeting crystal-driven macrophage activation to suppress gouty inflammation	\$1,185,170	Project	Christopher Hall	The University of Auckland
17/298	Obesity	Targeting the ERp44-adiponectin interaction for diabetes treatment	\$1,188,969	Project	Ghader Bashiri	The University of Auckland
17/309	Other (generic health or health services)	Pae Herenga: An investigation of Māori whānau end of life cultural care customs	\$1,198,829	Māori Health Project	Tess Moeke-Maxwell	The University of Auckland
17/315	Wellbeing (autonomy self-determination)	Harnessing the spark of life: Maximising whānau contributors to rangatahi wellbeing	\$1,198,179	Māori Health Project	Terryann Clark	The University of Auckland
17/323	Infectious disease	Bacteraemia Antibiotic Length Actually Needed for Clinical Effectiveness-BALANCE	\$1,191,322	Project	Colin McArthur	Medical Research Institute of New Zealand
17/330	Other (generic health or health services)	Development and application of a risk prediction tool for emergency laparotomy	\$1,181,513	Project	Andrew Hill	The University of Auckland
17/333	Addiction (alcohol/drugs/ gambling/ smoking)	Assessing and comparing national policy to reduce harmful use of alcohol	\$869,563	Project	Sally Casswell	Massey University
17/342	Mental health (and sleep disorders)	Tūhono Māori: Promoting secure whānau relationships for traumatised mokopuna	\$389,154	Māori Health Postdoctoral Fellowship	Alayne Mikahere-Hall	Auckland University of Technology
17/363	Ageing	Using the InterRAI to improve identification and management of frailty	\$1,167,729	Project	Hamish Jamieson	University of Otago
17/364	Infectious disease	Evolution of an epidemic: emergence and adaptation of group B meningococci in NZ	\$1,188,701	Project	Philip Carter	ESR Institute of Environmental Science & Research
17/367	Wellbeing (autonomy self-determination)	Integrated services to improve the health of Pacific peoples	\$1,194,153	Project	Ausaga Fa'asalele Tanuvasa	Research Trust of Victoria University of Wellington
17/372	Infectious disease	Unmasking genes for antibiotic resistance in a superbug	\$1,151,504	Project	Iain Lamont	University of Otago

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
17/391	Human genetics and inherited/ congenital conditions	Reducing inequity through timely detection of critical congenital heart disease	\$1,184,578	Project	Frank Bloomfield	The University of Auckland
17/402	Cardiovascular/ cerebrovascular	An epigenome-wide study for coronary artery disease	\$1,139,534	Project	Greg Jones	University of Otago
17/405	Gastrointestinal	Integration of inflammatory signalling by TNF receptor associated factors	\$1,185,038	Project	Catherine Day	University of Otago
17/414	Renal and urogenital	The BEST-Fluids study: Better Evidence for Selecting Transplant Fluids	\$549,035	Project	Michael Collins	Auckland DHB Charitable Trust
17/417	Cancer (oncology)	Reducing delay and increasing access to early diagnosis for colorectal cancer	\$1,195,379	Project	Ross Lawrenson	University of Waikato
17/425	Renal and urogenital	Kidney organoids: modelling kidney injury and preclinical drug testing	\$1,182,356	Project	Alan Davidson	The University of Auckland
17/438	Cancer (oncology)	Improving early access to lung cancer diagnosis for Maori and rural communities	\$1,194,261	Project	Ross Lawrenson	University of Waikato
17/441	Other (generic health or health services)	Does a Whanau Ora approach improve outcomes for hospitalised tamariki?	\$933,934	Māori Health Project	Nina Scott	Waikato District Health Board
16/713	Diabetes	The Pasifika prediabetes youth empowerment programme (PPYEP)	\$999,850	Long Term Conditions Project	Tupa'ilevaililigi Ridvan Firestone	Massey University
16/724	Diabetes	Preventing type 2 diabetes with probiotics and prebiotics (PDP2)	\$1,799,289	Long Term Conditions Project	Jeremy Krebs	University of Otago
16/726	Diabetes	Innovative management of diabetes with a comprehensive digital health programme	\$1,589,033	Long Term Conditions Project	Diana Sarfati	University of Otago
17/466	Mental health (and sleep disorders)	Health implications from education for Pasifika people and their families.	\$329,116	Pacific Health Postdoctoral Fellowship	Jesse Kokaua	University of Otago
17/478	Diabetes	Differences in fructose uptake in Pacific adolescents	\$599,987	Pacific Health Project	Ofa Dewes	The University of Auckland
17/481	Mental health (and sleep disorders)	Run it straight!' - Pasifika men, mental wellbeing and elite sports	\$110,909	Pacific Health PhD Scholarship	Caleb Marsters	The University of Auckland
17/487	Diabetes	Te reo tipu - a bittersweet quest for new anti-diabetic agents in rongoā rākau	\$425,562	Māori Health Postdoctoral Fellowship	Jonni Koia	University of Waikato
17/492	Wellbeing (autonomy self-determination)	Becoming sexual beings: Māori recommendations for sexual violence prevention	\$365,885	Māori Health Postdoctoral Fellowship	Jade Le Grice	The University of Auckland
17/495	Wellbeing (autonomy self-determination)	Indigenous approaches to family restoration and wellbeing	\$64,492	Pacific Health PhD Scholarship	Sesimani Havea	Massey University
17/496	Sudden unexplained death of an infant (SUDI)	Key influences for bed sharing and the relationship with SUDI	\$111,550	Māori Health PhD Scholarship	Melanie MacFarlane	The University of Auckland
17/548	Addiction (alcohol/drugs/ gambling/ smoking)	Improving the effectiveness of lifestyle change strategies	\$250,000	Emerging Researcher First Grant	Simone Rodda	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
16/807	Obstetric complications/perinatal care	Outpatient balloon induction of labour versus inpatient prostaglandins; an RCT	\$199,992	Health Delivery Research Partnership Project	Michelle Wise	Auckland DHB Charitable Trust
17/558	Gastrointestinal	Development of targeted gastric ablation as a novel gastrointestinal therapy	\$250,000	Emerging Researcher First Grant	Timothy Angeli-Gordon	The University of Auckland
17/561	Gastrointestinal	Activation to recovery mapping to predict gastric dysrhythmias	\$250,000	Emerging Researcher First Grant	Niranchan Paskaranandavivel	The University of Auckland
17/562	Cardiovascular/cerebrovascular	Improving risk assessment for worsening kidney function in heart failure	\$170,877	Emerging Researcher First Grant	Moritz Lassé	University of Otago
17/566	Nutrition	Optimising cognitive function: the role of dietary and lifestyle patterns	\$246,508	Emerging Researcher First Grant	Kathryn Beck	Massey University
17/568	Addiction (alcohol/drugs/gambling/smoking)	Extending brief alcohol interventions using mobile technology	\$232,372	Emerging Researcher First Grant	Damian Scarf	University of Otago
17/571	Diabetes	Deciphering the metabolic function of igf2 derived peptide hormones.	\$232,843	Emerging Researcher First Grant	Kate Lee	The University of Auckland
17/582	Disability	Functional behavioural sandman: treating sleep disturbance in children with ASD	\$160,825	Emerging Researcher First Grant	Laurie McLay	University of Canterbury
17/585	Vision/Hearing/speech	Aniseikonia as a potential barrier to neural plasticity: does image size matter	\$247,915	Emerging Researcher First Grant	Joanna Black	The University of Auckland
17/586	Cancer (oncology)	IMPACT-ful resistance mechanism of cancer cells	\$249,995	Emerging Researcher First Grant	Petr Tomek	The University of Auckland
17/587	Wellbeing (autonomy self-determination)	The New Zealand Transgender Health Survey: stigma and protective factors	\$238,843	Emerging Researcher First Grant	Jaimie Veale	University of Waikato
17/590	obesity	Omega-3 fats during obese pregnancy, for metabolic protection of the offspring	\$249,927	Emerging Researcher First Grant	Benjamin Albert	The University of Auckland
17/596	Vision/hearing/speech	Using Chinese medicine to treat tinnitus: targeting metabolic networks	\$404,057	China Biomedical Project	Yiwen Zheng	University of Otago
17/601	Obstetric complications/perinatal care	Pathogenesis, detection and treatment of perinatal brain injury	\$4,919,534	Programme	Alistair Gunn	The University of Auckland
17/608	Cardiovascular/cerebrovascular	Biomechanics in heart disease	\$4,964,879	Programme	Martyn Nash	The University of Auckland
17/610	Cancer (oncology)	Reducing the burden of gastric cancer in New Zealand	\$4,971,155	Programme	Parry Guilford	University of Otago
17/611		Interventions to Reduce Occupational Disease (iROD)	\$4,999,989	Programme	Jeroen Douwes	Massey University
17/614	Respiratory/asthma	Prevention of asthma	\$4,993,728	Programme	Stuart Dalziel	Auckland DHB Charitable Trust

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
17/616	Infectious disease	Real time in situ antibiotic sensitivity testing	\$150,000	Explorer Grant	Sarah Hook	University of Otago
17/632	Reproduction/fertility/sexual health	Linking viruses that call uterus home and unexplained female infertility	\$150,000	Explorer Grant	Anna Ponnampalam	The University of Auckland
17/652	Obesity	Maternal bacteria to correct abnormal gut microbiota in babies born by C-section	\$150,000	Explorer Grant	Wayne Cutfield	The University of Auckland
17/678	Infectious disease	Genetic and molecular basis of drug resistance and drug action in vivax malaria	\$450,000	eASIA Project	Bruce Russell	University of Otago
17/705	Mental health (and sleep disorders)	Primary care e-screening for mental health among TeTai Tokerau youth	\$624,349	GACD Mental Health Project	Felicity Goodyear-Smith	Auckland UniServices
17/719	Mental health (and sleep disorders)	Indigenous solutions: enabling Maori & Pacific mental health resilience	\$789,771	GACD Mental Health Project	Kahu McClintock	Te Rau Ora
18/006	Cardiovascular/cerebrovascular	Big data - creating new insights into heart failure	\$500,000	Sir Charles Hercus Fellowship	Hamish Jamieson	University of Otago
18/011	Environmental health	Are toxic moulds a real health hazard in New Zealand?	\$1,193,603	Project	Julian Crane	University of Otago
18/024	Infectious disease	Combatting Tuberculosis at local and international frontlines	\$500,000	Sir Charles Hercus Fellowship	Htin Lin Aung	University of Otago
18/027	Reproduction/fertility/sexual health	Bi-modal anti-Müllerian hormone signalling in the ovary.	\$500,000	Sir Charles Hercus Fellowship	Michael Pankhurst	University of Otago
18/031	Injury (intentional and unintentional)	Improving patient safety in New Zealand general practice	\$320,000	Clinical Research Training Fellowship	Sharon Leitch	University of Otago
18/037	Mental health (and sleep disorders)	Under the knife: Why are Maori more likely to die shortly after surgery?	\$522,334	Māori Health Project	Jason Gurney	University of Otago
18/046	Neurological (CNS)	Management of psychological factors after mild traumatic brain injury	\$412,831	Clinical Practitioner Research Fellowship	Deborah Snell	Canterbury District Health Board
18/048	Neurological (CNS)	Genetic characterisation of the epileptic encephalopathies	\$320,000	Clinical Research Training Fellowship	Gemma Poke	University of Otago
18/055	Mental health (and sleep disorders)	Mental health and well-being of Pacific youth in higher education	\$599,336	Pacific Health Project	Faafetai Sopoaga	University of Otago
18/063	Neurological (CNS)	Development of novel remyelination treatments for Multiple Sclerosis	\$1,167,846	Project	Bronwyn Kivell	Research Trust of Victoria University of Wellington
18/073	Gastrointestinal	Developing a gut dysfunction scoring tool in critical illness	\$317,420	Clinical Research Training Fellowship	Varsha Asrani	The University of Auckland
18/079	Infectious disease	Developing an optimal strategy for the rheumatic fever endgame	\$1,196,974	Project	Michael Baker	University of Otago
18/095	Cancer (oncology)	The prognostic significance of immune cell infiltrates in meningioma	\$237,430	Clinical Research Training Fellowship	Clinton Turner	Auckland DHB Charitable Trust

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
18/111	Injury (intentional and unintentional)	Process evaluation of trials: maximising the potential for implementation	\$498,919	Sir Charles Hercus Fellowship	Daniel Ribeiro	University of Otago
18/113	Respiratory/ asthma	The role of a sublingual bacterial vaccine in adult bronchiectasis patients.	\$319,500	Clinical Research Training Fellowship	William Good	The University of Auckland
18/114	Inflammatory and immune system	Impact of microenvironment on dendritic cell function	\$500,000	Sir Charles Hercus Fellowship	Lisa Connor	Research Trust of Victoria University of Wellington
18/127	Mental health (and sleep disorders)	Pathways to first episode psychosis and outcomes in Maori	\$618,337	Māori Health Project	Cameron Lacey	University of Otago
18/134	Mental health (and sleep disorders)	Randomised controlled trial of prescription charges	\$1,032,941	Project	Pauline Norris	University of Otago
18/138	Other (generic health or health services)	Do regional District Health Board (DHB) groupings improve service integration and health outcomes?	\$799,562	Project	Timothy Stokes	University of Otago
18/144	Cancer (oncology)	Epigenomic profiling to predict patient response to melanoma immunotherapy	\$1,198,714	Project	Michael Eccles	University of Otago
18/147	Cardiovascular/ cerebrovascular	Reducing fatigue after stroke: A randomised controlled trial	\$1,183,741	Project	Kelly Jones	Auckland University of Technology
18/150	Cancer (oncology)	Understanding regulation of the Polycomb Repressive Deubiquitinase in malignancy	\$1,193,469	Project	Peter Mace	University of Otago
18/151	Rheumatology/ arthritis	Is prophylaxis required with start-low go slow dosing of allopurinol in gout?	\$1,424,888	Project	Lisa Stamp	University of Otago
18/152	Mental health (and sleep disorders)	Treating cognitive impairment in severe depression	\$1,151,916	Project	Richard Porter	University of Otago
18/156	Infectious disease	Towards a new penicillin for rheumatic fever - the BPG pharmacokinetic study	\$249,391	Pacific Emerging Researcher First Grant	Dianne Sika-Paotonu	University of Otago
18/179	Physical activity/ exercise	The effectiveness of circuit-based exercise in Cook Islands communities	\$133,550	Pacific Health PhD Scholarship	Troy Ruhe	University of Otago
18/183	Obstetric complications/ perinatal care	New horizons for preterm brain protection: exploiting endogenous neuroprotection	\$1,187,296	Project	Mhoyra Fraser	The University of Auckland
18/189	Cardiovascular/ cerebrovascular	Targeting chemoreceptors in hypertension: a large animal pre-clinical trial	\$1,187,099	Project	Rohit Ramchandra	The University of Auckland
18/193	Mental health (and sleep disorders)	Pharmacological brain-imaging of novel rapid antidepressant medicines	\$1,187,508	Project	Suresh Muthukumaraswamy	The University of Auckland
18/201	Infectious disease	Does inhibition of quorum sensing increase antibiotic resistance spread?	\$129,900	Māori Health PhD Scholarship	Howard Maxwell	University of Otago
18/207	Cardiovascular/ cerebrovascular	Targeting new receptors for lipoprotein(a)	\$1,185,496	Project	Sally McCormick	University of Otago
18/209	Nutrition	Effects of artificial sweetener in the maternal diet on offspring fertility	\$122,000	Māori Health PhD Scholarship	Pania Bridge-Comer	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
18/218	Obesity	How has a 'water only' and 'healthy kai' school policy impacted on child obesity	\$553,966	Pacific Health Project	Gerhard Sundborn	The University of Auckland
18/219	Cancer (oncology)	Naturally occurring peptaibols: "magic bullets" for targeting breast cancer	\$1,195,373	Project	Margaret Brimble DNZM FRS	The University of Auckland
17/911	Infectious disease	Havelock North campylobacter outbreak study	\$437,949	Project	Nicholas Jones	Hawke's Bay District Health Board
18/225	Obstetric complications/perinatal care	Look before we leap: strategies for treating mild neonatal encephalopathy	\$1,185,478	Project	Joanne Davidson	The University of Auckland
18/232	Cardiovascular/cerebrovascular	A novel target for the control of arrhythmias	\$1,133,212	Project	Peter Jones	University of Otago
18/233	Cancer (oncology)	More gain, less pain from chemoradiation for rectal cancer by adding simvastatin	\$1,399,054	Project	Michael Jameson	The University of Auckland
18/237	Addiction (alcohol/drugs/gambling/smoking)	Smart phone delivered CBT for gambling related harm: An RCT	\$1,190,695	Project	Gayl Humphrey	The University of Auckland
18/239	Infectious disease	Emerging sources and pathways for leptospirosis - a paradigm shift	\$1,199,841	Project	Jackie Benschop	Massey University
18/245	Neurological (CNS)	Mechanisms of neural network metaplasticity via astrocytes	\$1,175,591	Project	Wickliffe Abraham	University of Otago
18/254	Other (generic health or health services)	Co-creating a digital self-help intervention for people with persistent pain	\$1,198,177	Project	Leigh Hale	University of Otago
18/258	Cardiovascular/cerebrovascular	Evaluation of a new screening tool for atrial fibrillation in Pacific people	\$286,955	Sir Thomas Davis Fellowship	John Sluyter	The University of Auckland
18/262	Wellbeing (autonomy self-determination)	Whānau consent: an expression of indigenous rights	\$125,496	Māori Health PhD Scholarship	Hannah Burgess	The University of Auckland
18/272	Cancer (oncology)	A new combination therapy for cancer	\$1,166,624	Project	Peter Shepherd	The University of Auckland
18/280	Ageing	Fractures and falls among older adults in New Zealand.	\$125,100	Pacific Health PhD Scholarship	Samuela Ofanoa	The University of Auckland
18/300	Cancer (oncology)	Banishing tumour hypoxia to render cancer immunotherapy curative	\$1,197,122	Project	Adam Patterson	The University of Auckland
18/311	Injury (intentional and unintentional)	Evaluating a sustainable model of peer mentoring in traumatic brain injury	\$1,188,989	Project	Nicola Kayes	Auckland University of Technology
18/323	Cancer (oncology)	Reducing oxaliplatin toxicity: a randomised dose-finding proof-of-concept trial	\$1,195,411	Project	Mark McKeage	The University of Auckland
18/345	Wellbeing (autonomy self-determination)	Predictors and impact of driving cessation on older adults and whānau/families	\$1,199,989	Project	Rebecca McLean	University of Otago
18/382	Neurological (CNS)	Identifying the first signs of dementia in humans	\$891,792	Project	Maurice Curtis	The University of Auckland
18/397	Cardiovascular/cerebrovascular	Improving CVD risk prediction in primary care: novel arterial waveform method	\$1,199,504	Project	Robert Scragg	The University of Auckland
18/400	Cardiovascular/cerebrovascular	Nanoscale fibrosis and loss of contractility in the failing human heart	\$1,182,220	Project	David Crossman	The University of Auckland

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18/407	Obstetric complications/perinatal care	Nutrition and brain development in moderate and late preterm babies	\$1,187,239	Project	Jane Harding	The University of Auckland
18/408	Obstetric complications/perinatal care	Placental extracellular vesicles, controllers of the maternal vasculature	\$1,187,064	Project	Larry Chamley	The University of Auckland
18/414	Injury (intentional and unintentional)	Staying UpRight in residential care	\$1,443,303	Project	Ngaire Kerse MNZM	The University of Auckland
18/442	Rheumatology/arthritis	The primary care management and impact of osteoarthritis: learning from big data	\$1,199,994	Project	J. Abbott	University of Otago
18/465	Injury (intentional and unintentional)	Evaluating the impact of prehospital care on mortality following major trauma	\$1,096,497	Project	Bridget Kool	The University of Auckland
18/469	Diabetes	Co-designing a community-based intervention programme for prediabetes	\$125,790	Pacific Health PhD Scholarship	Veisia Pulu	Massey University
18/471	Mental health (and sleep disorders)	Revealing the realities of racism for rangatahi in Aotearoa - R4Aotearoa	\$1,197,118	Māori Health Project	Sarah-Jane Paine	The University of Auckland
18/473	Wellbeing (autonomy self-determination)	Integrating survey and intervention research for youth health gains	\$1,189,388	Project	Theresa Fleming	Research Trust of Victoria University of Wellington
18/474	Occupational health	Te whakahaumaru taiao: safe environments for Māori medical practitioners	\$994,669	Māori Health Project	Donna Cormack	The University of Auckland
18/486	Injury (intentional and unintentional)	How safe are our emergency departments? A national prospective cohort study	\$1,197,165	Project	Stuart Dalziel	Auckland DHB Charitable Trust
18/489	Other (generic health or health services)	Te Hao Nui	\$1,198,495	Māori Health Project	Andrew Sporle	McDonald Sporle Ltd
18/491	Wellbeing (autonomy self-determination)	Whakapiki wairua: Study of a Maori mindfulness intervention in a Wharekura	\$356,959	Māori Health Postdoctoral Fellowship	Marama McDonald	University of Waikato
18/506	Cardiovascular/cerebrovascular	Dietary sodium reduction to improve heart failure outcomes: the SODIUM-HF study	\$1,412,363	Project	Richard Troughton	University of Otago
18/510	Inflammatory and immune system	Molecular characterisation of dendritic cells during immune responses	\$1,199,996	Project	Franca Ronchese	Malaghan Institute of Medical Research
18/513	Physical activity/exercise	Rugby Fans in Training: A Randomised controlled trial	\$1,199,266	Project	Ralph Maddison	The University of Auckland
18/532	Infectious disease	Repurposing the anthelmintic niclosamide to combat Gram negative superbugs	\$1,189,475	Project	David Ackerley	Research Trust of Victoria University of Wellington
18/551	Addiction (alcohol/drugs/gambling/smoking)	Quantifying the disease burden of alcohol's harm to others	\$997,774	Project	Sally Casswell	Massey University

HRC Ref	Focus area	Proposal title	Funding amount	Contract type	Lead researcher	Host organisation
18/566	Obesity	Pasifika Medicinal Plants: Elucidating the Science Behind the Tradition	\$345,156	Pacific Health Postdoctoral Fellowship	Victoria Woolner	Research Trust of Victoria University of Wellington
18/571		Privilege and health inequity, the role for Mātauranga Māori	\$354,204	Hohua Tutengaehe Fellowship	Belinda Borell	Massey University
18/579	Ageing	Caring for our wisdom bearers: Pacific Matua (Elder) care	\$599,713	Pacific Health Project	Siautu Alefaio	Massey University
18/580	Child and youth (healthy) development	Omega-3 for improvement of cardiometabolic outcomes following preterm birth	\$249,660	Emerging Researcher First Grant	Rebecca Dyson	University of Otago
18/585	Cancer (oncology)	Circulating RNA as diagnostic and prognostic biomarkers in colorectal cancer	\$249,984	Emerging Researcher First Grant	Kirsty Danielson	University of Otago
18/586	Infectious disease	Exploring immunisation inequities among refugee children in New Zealand	\$125,424	Emerging Researcher First Grant	Nadia Charania	Auckland University of Technology
18/588	Cancer (oncology)	Improving the quantity and quality of life for Māori with cancer	\$498,567	Māori Health Emerging Leader Fellowship	Jason Gurney	University of Otago
18/590	Ageing	Is a dementia prevalence study feasible in NZ?	\$249,311	Feasibility Study	Sarah Cullum	The University of Auckland
18/593	Injury (intentional and unintentional)	STRIDE - Steroids To Reduce the Impact on DELirium study	\$249,840	Feasibility Study	Michal Kluger	Waitemata District Health Board
18/596	Rheumatology/ arthritis	Anti-depressants for osteoarthritis pain: Can we predict treatment efficacy?	\$247,098	Emerging Researcher First Grant	David Rice	Waitemata District Health Board
18/608	Ageing	People with dementia and robots for independence	\$248,491	Feasibility Study	Ngaire Kerse MNZM	The University of Auckland
18/609	Infectious disease	Towards elimination of tuberculosis in Māori through preventive treatment	\$250,000	Feasibility Study	Philip Hill	University of Otago
18/613	Disability	Caffeine prophylaxis to improve neurodevelopment in babies born late preterm	\$249,513	Feasibility Study	Jane Alsweiler	The University of Auckland
18/621	Ageing	The role of sleep in healthy ageing and living well with dementia	\$249,998	Emerging Researcher First Grant	Rosemary Gibson	Massey University
18/623	Infectious disease	Feasibility study of vitamin C therapy in community acquired pneumonia	\$250,000	Feasibility Study	Steve Chambers	University of Otago
18/627	Ageing	Can inflammation and aging modify the human epigenome?	\$249,137	Emerging Researcher First Grant	Aaron Stevens	University of Otago
18/632	Cancer (oncology)	Lung cancer screening with scent-detection dogs	\$233,607	Emerging Researcher First Grant	Timothy Edwards	University of Waikato
18/636	Cardiovascular/ cerebrovascular	Optimisation of pre-operative cardiovascular fitness: The heat vs. HIIT study	\$249,615	Emerging Researcher First Grant	Kate Thomas	University of Otago
18/637	Cardiovascular/ cerebrovascular	Role of myoregulin in cardiovascular disease	\$249,265	Emerging Researcher First Grant	Sarah Appleby	University of Otago

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18/643	Cancer (oncology)	CRC Predict study - association of molecular subtypes and microbiome in colorectal cancer (CRC)	\$249,477	Emerging Researcher First Grant	Rachel Purcell	University of Otago
18/652	Other (generic health or health services)	Bridging rongoā Māori healing and medical health treatment collaboration	\$219,375	Feasibility Study	Jonathan Koea	Waitemata District Health Board
18/654	Mental health (and sleep disorders)	Social rhythms therapy for bipolar disorder in routine clinical practice	\$246,986	Feasibility Study	Richard Porter	University of Otago
18/656	Cancer (oncology)	Prophylactic InCisional antibiotics in skin surgery (PICASSo trial) feasibility	\$248,477	Feasibility Study	Jon Mathy	Middlemore Clinical Trials
18/664	Child and youth (healthy) development	Rangahau Ara Oranga	\$500,000	Māori Health Emerging Leader Fellowship	Reremoana Theodore	University of Otago
18/667	Wellbeing (autonomy self-determination)	Enhancing primary health care services to improve health in Aotearoa/New Zealand	\$4,779,446	Programme	Clive Aspin	Research Trust of Victoria University of Wellington
18/671	Metabolic and endocrine (excl. diabetes and bone)	Untangling PCOS: Understanding androgen excess and the female brain	\$4,999,604	Programme	Rebecca Campbell	University of Otago
18/672	Nutrition	Dietary interventions: evidence and translation (DIET) programme	\$4,879,689	Programme	Cliona Ni Mhurchu	The University of Auckland
18/673	Gastrointestinal	Translational advances in gastrointestinal (GI) surgical recovery and motility disorders	\$4,953,846	Programme	Gregory O'Grady	The University of Auckland
18/681	Diabetes	Understanding genetic risk factors for metabolic disease in Maori and Pacific	\$4,997,081	Programme	Peter Shepherd	The University of Auckland
16/444A	Child and youth (healthy) development	Whanau manaaki	\$3,601,084	Programme	Beverley Lawton	Research Trust of Victoria University of Wellington
17/193A	Infectious disease	He Tapu te whare tangata	\$1,128,292	Māori Health Project	Beverley Lawton	Research Trust of Victoria University of Wellington
18/693	Diabetes	A unique cellular mechanism for diabetic heart disease?	\$150,000	Explorer Grant	Chris Baldi	University of Otago
18/697	Neurological (CNS)	Developing and validating a novel site for mobile and unobtrusive electro-encephalograms (EEG) recording	\$150,000	Explorer Grant	Neil McNaughton	University of Otago
18/699	Cancer (oncology)	Pinpointing prostate cancer: a paradigm shift in diagnosis	\$150,000	Explorer Grant	Paul Harris	The University of Auckland
18/709	Infectious disease	A universal scaffold for multivalent vaccine development	\$150,000	Explorer Grant	Paul Young	The University of Auckland
18/710	Wellbeing (autonomy self-determination)	"This is not an Intervention, It's a Movement!": reducing screen time in teens	\$149,929	Explorer Grant	Samantha Marsh	The University of Auckland
18/714	Inflammatory and immune system	Using smallpox proteins to treat human inflammation	\$150,000	Explorer Grant	Kurt Krause	University of Otago

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18/735	Infectious disease	Is there a 'fourth axis' of vesicular communication?	\$150,000	Explorer Grant	Anthony Phillips	The University of Auckland
18/738	Addiction (alcohol/drugs/gambling/smoking)	Towards personalised digital health services for preventable health conditions	\$150,000	Explorer Grant	Melanie Tomintz	University of Canterbury
18/739	Wellbeing (autonomy self-determination)	EngageBOT: exploring chatbots for supporting patient engagement	\$150,000	Explorer Grant	Gayl Humphrey	The University of Auckland
18/742	Cancer (oncology)	Targeting breast cancer metastasis with heparan sulfate mimetics	\$100,000	Breast Cancer Research Project	John Miller	Research Trust of Victoria University of Wellington
18/750	Cancer (oncology)	Targeting HIF-1 in triple negative breast cancer using glutaminase inhibitors	\$237,494	Breast Cancer Research Project	Dean Singleton	The University of Auckland
18/753	Cancer (oncology)	Investigating Fn14 as a driver of breast cancer metastasis	\$133,263	Breast Cancer Research Project	Heather Cunliffe	University of Otago
18/764	Cancer (oncology)	Spatial variability in breast cancer incidence, care and outcomes	\$199,929	Breast Cancer Register Project	Sandar Tin Tin	The University of Auckland
18/776	Rheumatology/ arthritis	A decision aid to incorporate patient preferences into biologic therapies	\$212,073	Medicines Research Project	Carlo Marra	University of Otago
18/788	Other (generic health or health services)	Evidence to guide investment in a model of primary care for all	\$1,329,999	Primary Care Models of Care Project	Nicolette Sheridan	Massey University
18/800	Injury (intentional and unintentional)	Taurite Tu- Development of falls prevention exercise programme for Maori	\$181,283	Ngā Kanohi Kitea Project	Katrina Bryant	Te Runanga o Otakou
18/804	Disability	Support for gaining employment for people with a long-term condition	\$316,433	Achieving Employment Outcomes Project	Joanna Fadyl	Auckland University of Technology
18/821	Mental health (and sleep disorders)	Development of cross-agency collaboration to improve employment outcomes	\$474,949	Achieving Employment Outcomes Project	Helen Lockett	Te Pou Limited
18/829	Respiratory/ asthma	Randomised trial of an intervention to increase tuberculosis notifications	\$450,000	eASIA Project	Philip Hill	University of Otago
18/1005		Independent Research Organisation Funding	\$3,784,000	Independent Research Organisation Grant	Rawiri Tinirau	Te Atawhai o te Ao: Independent Maori Institute for Environment & Health
18/1002		Independent Research Organisation Funding	\$2,268,000	Independent Research Organisation Grant	Richard Beasley	Medical Research Institute of New Zealand
18/1003		Independent Research Organisation Funding	\$14,244,000	Independent Research Organisation Grant	Graham Le Gros	Malaghan Institute of Medical Research
18/1004		Independent Research Organisation Funding	\$2,800,000	Independent Research Organisation Grant	Amohia Boulton	Whakauae Research Services

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18/1016	Cancer (oncology)	Discovery of selective FGFR4 inhibitors as anti-hepatocellular carcinoma agents	\$404,913	China Biomedical Project	Jeffrey Smaill	The University of Auckland
19/002	Addiction (alcohol/drugs/gambling/smoking)	Improving road safety and health: Understanding kava's impact on driver fitness	\$278,018	Sir Thomas Davis Fellowship	Apo Aporosa	University of Waikato
19/003	Respiratory/asthma	Effects of antipyretics on respiratory disease and eczema in infancy	\$320,000	Clinical Research Training Fellowship	Eunicia Tan	The University of Auckland
19/004	Other (generic health or health services)	Improving pain after haemorrhoidectomy	\$210,969	Clinical Research Training Fellowship	Weisi Xia	The University of Auckland
19/007	Neurological (CNS)	Delivering neurotrophic growth factors to stimulate and orient axonal outgrowth	\$500,000	Sir Charles Hercus Fellowship	Darren Svirskis	The University of Auckland
19/008	Renal and urogenital	Prevalence of chronic kidney disease in Samoan residents in New Zealand and Samoa	\$320,000	Pacific Health Clinical Training Fellowship	Malama Tafunai	University of Otago
19/012	Cardiovascular/cerebrovascular	Patient reported outcomes after cardiac surgery: advanced cardiac imaging study.	\$319,613	Clinical Research Training Fellowship	Mohammed Moharram	University of Otago
19/017	Respiratory/asthma	Māori experience of using continuous positive airway pressure (CPAP) treatment for obstructive sleep apnoea (OSA)	\$26,600	Māori Health Masters Scholarship	Nicola Canter-Burgoyne	Massey University
19/019	Wellbeing (autonomy self-determination)	Racism and Māori health: translating research knowledge into policy action	\$131,284	Foxley Fellowship	Natalie Talamaivao	University of Otago
19/021	Physical activity/exercise	Targeted early activity and mobilisation in the ICU (the TEAM study)	\$1,011,247	Project	Paul Young	Medical Research Institute of New Zealand
18/1030	Other (generic health or health services)	Enabling self-care through personalised mHealth	\$205,823	Precision Driven Health Postdoctoral Fellowship	Rosie Dobson	The University of Auckland
19/026	Cancer (oncology)	The applicability of circulating tumour DNA (ctDNA) as a diagnostic tool for early cancer detection	\$195,162	Sir Thomas Davis Fellowship	Dianne Sika-Paotonu	University of Otago
19/027	Mental health (and sleep disorders)	Do hippocampus, insula and amygdala contribute to an anxiety syndrome biomarker?	\$1,090,631	Project	Neil McNaughton	University of Otago
19/031	Cancer (oncology)	Physical activity, sedentary behaviours and breast cancer risk	\$301,218	Girdler's Fellowship	Sandar Tin Tin	University of Oxford
19/038	Human genetics and inherited/congenital conditions	Caffeine for the prevention of intermittent hypoxaemia in late preterm neonates	\$319,995	Clinical Research Training Fellowship	Elizabeth Oliphant	The University of Auckland
19/044	Mental health (and sleep disorders)	A novel biomarker for preclinical drug development in schizophrenia	\$489,282	Project	David Bilkey	University of Otago
19/053	Child and youth (healthy) development	The neurobiology of maternal care; understanding the critical role of prolactin	\$500,000	Sir Charles Hercus Fellowship	Rosemary Brown	University of Otago
19/069	Cardiovascular/cerebrovascular	Exercise or hypochlorous acid for venous leg ulcer healing: Factorial4VLU trial	\$1,402,941	Project	Andrew Jull	The University of Auckland

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19/078	Cardiovascular/ cerebrovascular	Optimal Medication Therapy in Indigenous Populations and specifically in Māori.	\$285,292	Clinical Research Training Fellowship	Leanne Te Karu	The University of Auckland
19/081	Gastrointestinal	Refining prognostic accuracy in colorectal cancer patients	\$292,996	Clinical Research Training Fellowship	Janet Rhodes	University of Otago
19/082	Mental health (and sleep disorders)	Enhancing long-term recovery in mood disorders	\$427,424	Sir Charles Hercus Fellowship	Katie Douglas	University of Otago
19/087	Injury (intentional and unintentional)	Tangaroa Ara Rau: Māori water safety programme for whānau	\$1,192,263	Māori Health Project	Anne-Marie Jackson	University of Otago
19/094	Metabolic and endocrine (excl. diabetes and bone)	Development of trials with novel designs	\$758,874	Clinical Practitioner Research Fellowship	Mark Bolland	Auckland DHB Charitable Trust
19/104	Climate change	Climate change, extreme rainfall events and enteric disease outbreaks	\$1,190,580	Project	Simon Hales	University of Otago
19/107	Addiction (alcohol/drugs/ gambling/ smoking)	Alcohol's harm to others: impacts on children of problem/heavy drinkers	\$500,000	Sir Charles Hercus Fellowship	Taisia Huckle	Massey University
19/110	Nutrition	Advancing opportunities for big dietary data in New Zealand	\$441,931	Sir Charles Hercus Fellowship	Kathryn Bradbury	The University of Auckland
19/118	Vision/hearing/ speech	Measuring visual field loss in glaucoma using involuntary eye movements	\$1,184,345	Project	Steven Dakin	The University of Auckland
19/123	Cancer (oncology)	The immunological effects of gene variants unique to Māori and Pacific peoples	\$21,650	Pacific Health PhD Scholarship	Chris Puliueva	The University of Auckland
19/124	Infectious disease	The use of whole genome sequencing (WGS) to describe the molecular epidemiology of tuberculosis (TB) in NZ	\$256,126	Clinical Research Training Fellowship	Veronica Playle	The University of Auckland
19/134	Other (generic health or health services)	Cultural competence and equity focussed activities in primary care	\$224,727	Foxley Fellowship	Rawiri Keenan	University of Waikato
19/135	Bone/ musculoskeletal	3D bioassembly of functional bone grafts: a Lego approach	\$487,549	Sir Charles Hercus Fellowship	Khoon Lim	University of Otago
19/139	Cancer (oncology)	Development of chimeric antigen receptor (CAR) T-Cell therapy in New Zealand	\$802,249	Clinical Practitioner Research Fellowship	Robert Weinkove	Malaghan Institute of Medical Research
19/140	Respiratory/ asthma	Knowledge translation bronchiolitis study	\$200,234	Clinical Research Training Fellowship	Libby Haskell	Auckland DHB Charitable Trust
19/145	Diabetes	Food and diabetes: the underlying factors that determine food practices of Tongan	\$222,433	Pacific Health Clinical Training Fellowship	Soana Muimuiheata	Auckland University of Technology
19/147	Disability	Te Ao Mārama: Disability perspectives of tāngata whaikaha Māori	\$1,186,339	Māori Health Project	Bernadette Jones	University of Otago
19/169	Obstetric complications/ perinatal care	The impact of micro-environment composition on oocyte developmental competency	\$113,791	Māori Health PhD Scholarship	Matire Ward	Research Trust of Victoria University of Wellington

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19/172	Nutrition	Novel methods of infant feeding in New Zealand - cause for concern or optimism?	\$1,185,360	Project	Anne-Louise Heath	University of Otago
19/190	Diabetes	Glycotoxicity in the diabetic heart - novel treatment targets	\$1,148,222	Project	Kim Mellor	The University of Auckland
19/193	Ageing	Deglutition (swallowing) in advanced age	\$75,197	Māori Health PhD Scholarship	Marie Jardine	The University of Auckland
19/194	Mental health (and sleep disorders)	Nga kaiwhakaako, whakapakari tinana me te hauora hinengaro	\$107,000	Māori Health PhD Scholarship	Emerald Muriwai	The University of Auckland
19/195	Cardiovascular/cerebrovascular	An mHealth approach: Reducing cardiovascular disease (CVD) risk among Pacific people living in NZ	\$128,600	Pacific Health PhD Scholarship	Amio Matenga Ikihele	The University of Auckland
19/204	Neurological (CNS)	Manipulating rewards to treat maladaptive brain disorders: focus on tinnitus	\$1,192,994	Project	John Reynolds	University of Otago
19/206	Rheumatology/arthritis	Addressing clinical questions in gout using genetic data	\$1,198,120	Project	Tony Merriman	University of Otago
19/209	Wellbeing (autonomy self-determination)	Racial and ethnic bias among registered nurses	\$128,900	Māori Health PhD Scholarship	Sonia Hawkins	The University of Auckland
19/213	Cancer (oncology)	Doubling down on DNA-dependent protein kinase (DNA-PK): Radiosensitisers for head & neck cancer	\$1,200,000	Project	Michael Hay	The University of Auckland
19/232	Rheumatology/arthritis	Transitions to gout research (TIGER) study	\$1,178,675	Project	Nicola Dalbeth	The University of Auckland
19/234	Cardiovascular/cerebrovascular	ICare-FASTER Improving care by FAster risk-STratification in the EmeRgency dept.	\$1,152,385	Project	Martin Than	Canterbury District Health Board
19/242	Addiction (alcohol/drugs/gambling/smoking)	Characterisation of synthetic cannabinoid signalling bias and toxicity	\$1,172,582	Project	Michelle Glass	University of Otago
19/243	Infectious disease	Tackling antimicrobial resistance	\$1,180,239	Project	Emily Parker	Research Trust of Victoria University of Wellington
19/247	Reproduction/fertility/sexual health	Ka Ora - exploring the healing potential of birth	\$128,899	Māori Health PhD Scholarship	Marnie Reinfelds	The University of Auckland
19/259	Infectious disease	New drugs for the post-antibiotic era by targeting glutamate racemase	\$1,199,915	Project	Kurt Krause	University of Otago
19/263	Child and youth (healthy) development	Ethnic differences in the uptake of healthcare services: A microanalysis	\$1,088,387	Project	Gail Pacheco	Auckland University of Technology
19/264	Cardiovascular/cerebrovascular	Environmental effects on cardiometabolic biomarkers in Pacific peoples	\$594,804	Pacific Health Project	Allamanda Faatoese	University of Otago
19/268	Renal and urogenital	Serum phosphate to improve outcomes for dialysis patients: The PHOSPHATE trial	\$1,266,604	Project	Suetonia Palmer	University of Otago

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19/290	Renal and urogenital	Teaching to improve health outcomes for peritoneal dialysis: The TEACH-PD trial	\$1,439,327	Project	Suetonia Palmer	University of Otago
19/291	Wellbeing (autonomy self-determination)	Tairāwhiti waka, Tairāwhiti tāngata - Examining Tairāwhiti voyaging philosophies	\$141,364	Māori Health PhD Scholarship	Ngahuia Mita	University of Otago
19/297	Obstetric complications/perinatal care	Circulating miRNAs in maternal blood as biomarkers for preterm birth	\$1,142,111	Project	Mark Vickers	The University of Auckland
19/325	Injury (intentional and unintentional)	POIS-10 Māori: Outcomes and experiences in the decade following injury	\$1,191,068	Māori Health Project	Emma Wyeth	University of Otago
19/327	Addiction (alcohol/drugs/gambling/smoking)	Developing optimal strategies to support smoking cessation among roll your own (RYO) tobacco users	\$1,195,935	Project	Janet Hoek	University of Otago
19/332	Diabetes	Reducing the burden of Metabolic disease in Maori	\$284,599	Māori Health Postdoctoral Fellowship	Megan Leask	University of Otago
19/340	Cardiovascular/cerebrovascular	Targeted therapeutic mild hypercapnia after resuscitated cardiac arrest	\$1,199,995	Project	Rachael Parke	Medical Research Institute of New Zealand
19/342	Addiction (alcohol/drugs/gambling/smoking)	Whānau Manaaki : Methamphetamines- a strength based community approach	\$1,187,031	Māori Health Project	Beverley Lawton	Research Trust of Victoria University of Wellington
19/344	Injury (intentional and unintentional)	Prospective Outcomes of Injury Study: 10 years on (POIS-10)	\$1,188,042	Project	Sarah Derrett	University of Otago
19/346	Obesity	Does a brief sleep intervention in infancy have long-term health benefits?	\$1,190,309	Project	Rachael Taylor	University of Otago
19/367	Skin	Understanding scabies prevalence to improve the health of Pasifika/Māori kids	\$594,346	Pacific Health Project	Gerhard Sundborn	The University of Auckland
19/381	Mental health (and sleep disorders)	Climate change and mental wellbeing: The impacts on Pacific peoples	\$589,692	Pacific Health Project	Jemaima Tiatia-Seath	The University of Auckland
19/384	Neurological (CNS)	Dissecting the role of glial lysosome function in neurodegeneration	\$1,199,417	Project	Stephanie Hughes	University of Otago
19/387	Neurological (CNS)	Patterns of recovery from concussion in children and adolescents	\$1,197,414	Project	Nicola Starkey	University of Waikato
19/390	Neurological (CNS)	A neural circuit to suppress stress in motherhood	\$1,167,223	Project	Karl Iremonger	University of Otago
19/397	Infectious disease	Readying next-generation antifungals for drug development	\$1,199,968	Project	Brian Monk	University of Otago
19/401	Cardiovascular/cerebrovascular	Biomarker-guided secondary prevention post-acute coronary syndromes: A randomised controlled trial	\$1,596,636	Project	Robert Doughty	The University of Auckland
19/407	Wellbeing (autonomy self-determination)	Enrichment of community health through targeted social protection strategies	\$588,534	Pacific Health Project	Steven Ratuva	University of Canterbury

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19/415	Cancer (oncology)	A novel genetic mechanism in Acute Myeloid Leukaemia	\$1,177,920	Project	Julia Horsfield	University of Otago
19/420	Neurological (CNS)	International case-control study of sudden unexpected death in epilepsy	\$1,190,647	Project	Peter Bergin	Auckland DHB Charitable Trust
19/421	Environmental health	Health and equity impacts of Te Ara Mua Future Streets	\$1,185,793	Project	Alex Macmillan	University of Otago
19/433	Cancer (oncology)	Precision treatment of head and neck cancer with evofosfamide	\$1,199,968	Project	Stephen Jamieson	The University of Auckland
19/450	Cancer (oncology)	Do concomitant medicines impede safe and effective lung cancer treatment in NZ?	\$1,194,776	Project	Mark McKeage	The University of Auckland
19/457	Infectious disease	The role of microbial viability in regulating mucosal associated invariant T (MAIT) cell activation	\$1,191,635	Project	James Ussher	University of Otago
19/460	Cancer (oncology)	Impact of germline copy number variation on endometrial cancer risk	\$1,145,198	Project	Logan Walker	University of Otago
19/463	Cardiovascular/ cerebrovascular	A precision medicine approach to improving heart disease outcomes	\$1,193,681	Project	Anna Pilbrow	University of Otago
19/466	Infectious disease	BLING III - Phase III RCT of continuous β -lactam infusion in the critically ill	\$1,195,807	Project	Shay McGuinness	Medical Research Institute of New Zealand
19/470	Nutrition	Investing, empowering and enabling adolescents to drive health improvements in Tamaki: A focus on food insecurity in the community	\$129,200	Pacific Health PhD Scholarship	Alvina Pauuvale	The University of Auckland
19/472	Child and youth (healthy) development	Health-related policies in schools in the Cook Islands	\$129,200	Pacific Health PhD Scholarship	Heimata Herman	The University of Auckland
19/481	Diabetes	Automated Insulin Delivery for Type 1 Diabetes utilizing open source technology	\$1,317,624	Project	Martin de Bock	University of Otago
19/486	Mental health (and sleep disorders)	Tāne Ora Alliance - Emerging Approaches to Health Gains for Māori Men	\$130,170	Māori Health PhD Scholarship	Luke Rowe	Massey University
19/487	Respiratory/ asthma	A Randomised Controlled Trial of Beta-blockers in COPD	\$1,439,385	Project	Bob Hancox	University of Otago
19/488	Other (generic health or health services)	A rural-urban classification for NZ health research and policy	\$943,444	Project	Garry Nixon	University of Otago
19/532	Cardiovascular/ cerebrovascular	Duration of Dual Antiplatelet Therapy in Acute Coronary Syndrome (DUAL-ACS)	\$1,550,000	Project	Philip Adamson	University of Otago
19/534	Respiratory/ asthma	Biodiversity and microbiota: a novel pathway to allergy and asthma prevention	\$1,199,962	Project	Jeroen Douwes	Massey University
18/674A	Infectious disease	Targeting pathogen energetics to produce new antimicrobials	\$1,000,000	Project	Gregory Cook	University of Otago
19/591	Injury (intentional and unintentional)	Are concussion services for mild traumatic brain injury cost effective?	\$246,647	Emerging Researcher First Grant	Braden Te Ao	The University of Auckland

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19/594	Cardiovascular/ cerebrovascular	A suPAR Prognostic Indicator of Cardiovascular Risk and Outcomes	\$243,759	Emerging Researcher First Grant	Janice Chew-Harris	University of Otago
19/596	Child and youth (healthy) development	Sensory organisation for balance control in children with strabismus	\$244,828	Emerging Researcher First Grant	Prasath Jayakaran	University of Otago
19/602	Obstetric complications/ perinatal care	Cysteine biosynthesis and infection, gonorrhoea's weak link?	\$249,959	Emerging Researcher First Grant	Joanna Hicks	University of Waikato
19/603	Other (generic health or health services)	Hospital Operating Theatre Randomised OXYgen trial (HOT-ROX)	\$249,469	Feasibility Study	Paul Young	Medical Research Institute of New Zealand
19/605	Infectious disease	Characteristics of <i>S. pyogenes</i> isolated prior to rheumatic fever diagnosis	\$245,000	Emerging Researcher First Grant	Julie Bennett	University of Otago
19/609	Respiratory/ asthma	Treatable traits for the management of asthma: a feasibility study	\$240,750	Feasibility Study	James Fingleton	Medical Research Institute of New Zealand
19/614	Infectious disease	An epigenetic marker of BCG protection from <i>M. tuberculosis</i>	\$250,000	Emerging Researcher First Grant	Ayesha Verrall	University of Otago
19/617	Human genetics and inherited/ congenital conditions	Coaching caregivers of children with developmental disability: A cluster RCT	\$233,618	Emerging Researcher First Grant	Fiona Graham	University of Otago
19/621	Ageing	A community-based psychosocial group treatment for older adults with loneliness	\$248,815	Feasibility Study	Gary Cheung	The University of Auckland
19/622	Cancer (oncology)	Younger Women's Wellness after Cancer Program: Feasibility Study	\$249,144	Feasibility Study	Alexandra McCarthy	The University of Auckland
19/624	Neurological (CNS)	Measuring perceived task difficulty during rehabilitation	\$227,452	Emerging Researcher First Grant	Nada Signal	Auckland University of Technology
19/632	Ageing	Enhancing balance in older adults via noisy Galvanic Vestibular Stimulation	\$249,819	Feasibility Study	Denise Taylor	Auckland University of Technology
19/640	Other (generic health or health services)	Valuing health-related quality of life in New Zealand	\$247,406	Emerging Researcher First Grant	Trudy Sullivan	University of Otago
19/641	Addiction (alcohol/drugs/ gambling/ smoking)	Whakahā o Te Pā Harakeke	\$4,949,737	Programme	Janet Hoek	University of Otago
19/647	Disability	Exploring medicinal cannabis use in New Zealand in a time of policy change	\$246,886	Emerging Researcher First Grant	Marta Rychert	Massey University
19/649	Child and youth (healthy) development	Supporting mothers and babies in Lakes District	\$249,959	Emerging Researcher First Grant	Rosie Dobson	The University of Auckland
19/652	Bone/ musculoskeletal	Prediction of the form-function musculoskeletal system in a paediatric population	\$249,999	Emerging Researcher First Grant	Julie Choisne	The University of Auckland

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19/654	Mental health (and sleep disorders)	Social Rhythm Therapy and Bright Light for Treatment-Resistant Bipolar Disorder	\$241,385	Feasibility Study	Richard Porter	University of Otago
19/657	Cardiovascular/ cerebrovascular	Diet and circulating lipids in relation to cardiovascular disease in New Zealand	\$247,000	Emerging Researcher First Grant	Kathryn Bradbury	The University of Auckland
19/664	Nutrition	He Pātaka Marohi - The feasibility of novel and conventional instruments	\$249,754	Feasibility Study	Geoff Kira	Massey University
19/667	Physical activity/ exercise	Novel approach to measuring the food and activity environments for child health	\$225,137	Emerging Researcher First Grant	Niamh Donnellan	The University of Auckland
19/670	Mental health (and sleep disorders)	Group Transdiagnostic Treatment for Anxiety and Depression in Primary Care	\$247,231	Feasibility Study	Caroline Bell	University of Otago
19/675	Rheumatology/ arthritis	Reducing the burden of knee osteoarthritis through community pharmacy	\$249,181	Feasibility Study	Benjamin Darlow	University of Otago
19/679	Rheumatology/ arthritis	Oxygen control in 3D-bioprinted osteochondral constructs	\$249,759	Emerging Researcher First Grant	Gabriella Lindberg	University of Otago
19/687	Cardiovascular/ cerebrovascular	Aberrant purinergic afferent signalling in cardiovascular disease	\$4,928,393	Programme	Julian Paton	The University of Auckland
19/690	Child and youth (healthy) development	Assessing the impact of maternal and perinatal interventions on life-long health	\$4,971,164	Programme	Jane Harding	The University of Auckland
19/691	Cardiovascular/ cerebrovascular	ARCOS V: Incidence of stroke and TIA in NZ	\$1,195,113	Project	Valery Feigin	Auckland University of Technology
19/694	Wellbeing (autonomy self-determination)	Tangata Whenua Tangata Ora: Investigating health gain through whenua initiatives	\$4,997,071	Programme	Helen Moewaka Barnes	Massey University
19/696	Infectious disease	Developing computational tools to design highly potent antibiotics	\$150,000	Explorer Grant	Wanting Jiao	Research Trust of Victoria University of Wellington
19/701	Diabetes	Does energy deficiency compromise myofilament contractility in diabetes?	\$150,000	Explorer Grant	Kenneth Tran	The University of Auckland
19/722	Infectious disease	Are children at high risk of pneumococcal getting the protection they require?	\$211,298	Medicines Research Project	Anna Howe	The University of Auckland
19/730	Reproduction/ fertility/sexual health	"Missing Women" in New Zealand: Exploring Gender Bias in Migrant Communities	\$150,000	Explorer Grant	Rachel Simon-Kumar	The University of Auckland
19/734	Cardiovascular/ cerebrovascular	Next-generation cardiac ultrasound: training echocardiography using MRI	\$150,000	Explorer Grant	Sean Coffey	University of Otago
19/741	Gastrointestinal	The 'Surgical Canary' : A Rapid Detector of Anastomotic Leaks	\$150,000	Explorer Grant	Gregory O'Grady	The University of Auckland
19/743	Inflammatory and immune system	Rebalancing fluid distribution in critical illness	\$150,000	Explorer Grant	Anthony Phillips	The University of Auckland
19/750	Inflammatory and immune system	Enabling New Zealand biomedical research with superior targeted cell ablation models	\$150,000	Explorer Grant	David Ackerley	Research Trust of Victoria University of Wellington

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19/760	Other (generic health or health services)	From Prescription to Patients: identifying pharmaceutical information pathways	\$213,750	Medicines Research Project	Denise Taylor	Research Trust of Victoria University of Wellington
19/763	Obstetric complications/perinatal care	Development of a non-invasive diagnostic test for endometriosis	\$150,000	Explorer Grant	Anna Ponnampalam	The University of Auckland
19/768	Addiction (alcohol/drugs/gambling/smoking)	Investigating iNKT Cell-Based Vaccinology to Treat Drug Addiction	\$150,000	Explorer Grant	Benjamin Compton	Research Trust of Victoria University of Wellington
19/771	Cancer (oncology)	Transforming the paradigm of functional genome organisation	\$150,000	Explorer Grant	Tracy Hale	Massey University
19/774	Respiratory/asthma	Asthma - a test case for precision	\$150,000	Explorer Grant	Justin O'Sullivan	The University of Auckland
19/777	Cancer (oncology)	A novel device for early cancer detection	\$150,000	Explorer Grant	Parry Guilford	University of Otago
19/779	Cardiovascular/cerebrovascular	Synthetic Stem Cells – a New Area for Myocardial Infarction Treatment	\$150,000	Explorer Grant	Xiaolin Cui	University of Otago
19/791	Cancer (oncology)	Identification and monitoring of lymphoedema	\$150,000	Explorer Grant	Bartosz Nowak	University of Canterbury
19/792	Mental health (and sleep disorders)	Interpretation of anomalous experiences: Implications for wāhine Māori	\$150,000	Explorer Grant	Natasha Tassell-Matamua	Massey University
19/804	Child and youth (healthy) development	Effect of maternal diet & pollutant exposure on infant neurocognition at 1 year	\$99,868	NSFC Emerging Researcher	Jamie de Seymour	Massey University
19/806	Cardiovascular/cerebrovascular	Cardiovascular risk prediction for people with diabetes in New Zealand and China	\$86,600	NSFC Emerging Researcher	Romana Pylypchuk	The University of Auckland
19/813	Ageing	MicroRNA in Tau protein-mediated synapse weakening	\$99,552	NSFC Emerging Researcher	Owen Jones	University of Otago
19/816	Cancer (oncology)	Third-generation CAR T-cells incorporating TLR domains	\$599,495	NSFC Project	Robert Weinkove	Malaghan Institute of Medical Research
19/826	Reproduction/fertility/sexual health	Te kaha o te rangatahi: Young Māori women's access to LARC in Counties Manukau	\$198,779	Ngā Kanohi Kitea Project	Kim Southey	Te Puawai Tapu Trust
19/832	Cancer (oncology)	Analysis of full-length transcripts for variant classification in breast cancer	\$186,149	Breast Cancer Research Project	Logan Walker	University of Otago
19/834	Neurological (CNS)	Early vocational rehabilitation following acquired neurological disability	\$594,790	Maintaining Work Connections Research Project	Jennifer Dunn	University of Otago
19/835	Cancer (oncology)	Using deep learning and digital pathology to intrinsically subtype breast cancer	\$249,747	Breast Cancer Research Project	Gavin Harris	Canterbury District Health Board
19/844	Cancer (oncology)	Costs of Breast Cancer in New Zealand	\$194,196	Breast Cancer Register Project	Chunhuan Lao	University of Waikato
19/845	Cancer (oncology)	Validation of a liquid biopsy to predict recurrence in NZ breast cancer patients	\$244,095	Breast Cancer Research Project	Annette Lasham	The University of Auckland
19/851	Cancer (oncology)	Effect of recency of childbirth on breast cancer survival	\$44,200	Breast Cancer Register Project	Brian Cox	University of Otago

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19/855	Cancer (oncology)	Validation of predictive biomarkers for T-DM1 activity in HER2+ breast cancer.	\$195,571	Breast Cancer Research Fellowship	Barbara Lipert	The University of Auckland
19/861	Wellbeing (autonomy self-determination)	Ngati Kuia He Maunga Pakohe Rautaki Hauora	\$200,000	Ngā Kanohi Kitea Project	Victoria Thorn	Kaikaiawaro Charitable Trust
19/862	Occupational health	Evaluating a multi-level participatory psychosocial risk intervention	\$1,198,378	Psychosocial Risk Reduction Project	David Tappin	Massey University
19/873	Occupational health	A systematic review and meta-analysis of organisational-level interventions	\$395,962	Psychosocial Risk Reduction Literature Review	Lixin Jiang	The University of Auckland
19/879	Wellbeing (autonomy self-determination)	Ngā waka hauora: Community development through creating vehicles of wellbeing	\$199,220	Ngā Kanohi Kitea Project	Lily George	Waikare Community Development & Research Trust
19/880	Addiction (alcohol/drugs/gambling/smoking)	Exploring the lived experiences of whānau Māori with a Foetal Alcohol Spectrum Disorder (FASD) diagnosis	\$196,780	Ngā Kanohi Kitea Project	Elizabeth Strickett	Hapai Te Hauora Tapui
19/882	Wellbeing (autonomy self-determination)	Out of the realm of Tū: the health journeys of Mātaatua veterans & their whānau	\$199,376	Ngā Kanohi Kitea Project	Shane Solomon	Te Parairoa a Tumatauenga
19/895	Injury (intentional and unintentional)	A bioelectronic implant to reconnect damaged nerves following spinal cord injury	\$472,123	Spinal Cord Injury Project	Darren Svirskis	The University of Auckland
19/897	Infectious disease	Are TB neighbourhoods a high risk population for active intervention?	\$450,000	eASIA Project	Susan McAllister	University of Otago
20/002	Respiratory/asthma	Understanding dyspnoea and exercise limitation in interstitial lung disease	\$316,975	Clinical Research Training Fellowship	Charlotte Chen	The University of Auckland
20/005	Ageing	Health and the Ta'unga: Cook Island palliative health knowledge in New Zealand	\$134,921	Pacific Health PhD Scholarship	Amy Henry	University of Otago
20/006	Inflammatory and immune system	Novel strategies to harness therapeutic potential of CB2 in the immune system	\$565,312	Sir Charles Hercus Fellowship	Natasha Grimsey	The University of Auckland
20/009	Other (generic health or health services)	Developing Tongan-centred ways to improve primary health care access in Auckland, New Zealand	\$85,658	Pacific Health PhD Scholarship	Manusiu Latu	The University of Auckland
20/011	Cardiovascular/cerebrovascular	Vulnerability of the female heart	\$593,057	Sir Charles Hercus Fellowship	June-Chiew Han	The University of Auckland
20/014	Mental health (and sleep disorders)	Implementing effective treatments: Parent training for cUonduct problems	\$320,000	Clinical Research Training Fellowship	Melanie Woodfield	Auckland DHB Charitable Trust
20/015	Vision/hearing/speech	Adult stem cell treatments for corneal endothelial diseases	\$575,742	Sir Charles Hercus Fellowship	Jie Zhang	The University of Auckland
20/017	Cancer (oncology)	Precision cancer treatment using predictive software and imaging biomarkers	\$469,821	Sir Charles Hercus Fellowship	Hayley Reynolds	The University of Auckland
20/018	Obesity	Does a sleep intervention reduce weight gain in infancy? A novel approach	\$320,000	Clinical Research Training Fellowship	Louise Fangupo	University of Otago
20/019	Wellbeing (autonomy self-determination)	Mindfulness based cognitive therapy for family carers of people with dementia	\$319,802	Clinical Research Training Fellowship	Emme Chacko	The University of Auckland

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20/021	Ageing	Estimating the cost of dementia care in NZ and modelling future costs and needs	\$319,087	Pacific Health Clinical Training Fellowship	'Etuini Ma'u	The University of Auckland
20/023	Respiratory/asthma	Evaluating a model of care for patients with chronic obstructive pulmonary disease (COPD) in their last year of life	\$319,850	Clinical Research Training Fellowship	Amanda Landers	University of Otago
20/026	Diabetes	Improving outcomes for children and adolescents with diabetes	\$896,261	Clinical Practitioner Research Fellowship	Craig Jefferies	Auckland DHB Charitable Trust
20/027	Injury (intentional and unintentional)	Understanding and treating obesity's harmful effects on rotator cuff healing	\$193,225	Clinical Research Training Fellowship	Scott Bolam	The University of Auckland
20/030	Obstetric complications/perinatal care	Improving care and outcomes for babies at risk of brain injury	\$823,756	Clinical Practitioner Research Fellowship	Malcolm Battin	Auckland DHB Charitable Trust
20/035	Other (generic health or health services)	The role of oedema and lymphatic dysfunction in critical illness	\$281,630	Clinical Research Training Fellowship	Peter Russell	The University of Auckland
20/042	Obstetric complications/perinatal care	Optimising the care and outcomes for women with severe postpartum anaemia	\$315,174	Clinical Research Training Fellowship	Esther Calje	The University of Auckland
20/045	Neurological (CNS)	Nocebo Hypothesis Cognitive Behavioural Therapy (NH-CBT): an RCT	\$320,000	Clinical Research Training Fellowship	Matt Richardson	University of Otago
20/052	Cancer (oncology)	Rational extension of immunotherapy in colorectal cancer.	\$600,000	Sir Charles Hercus Fellowship	Nicholas Fleming	University of Otago
20/057	Neurological (CNS)	The use of cannabis as a medicine in New Zealand	\$129,933	Clinical Research Training Fellowship	Karen Oldfield	Medical Research Institute of New Zealand
20/061	Reproduction/fertility/sexual health	Fertility and IVF and IUI trial in couples with unexplained infertility (FIIX)	\$1,439,812	Project	Cindy Farquhar	The University of Auckland
20/069	Cancer (oncology)	Tickling cancer cells to provoke an antitumour immune response	\$580,348	Sir Charles Hercus Fellowship	Muhammad Hanif	The University of Auckland
20/084	Other (generic health or health services)	A mega randomised registry trial comparing two approaches to oxygen therapy	\$1,438,370	Project	Paul Young	Medical Research Institute of New Zealand
20/089	Wellbeing (autonomy self-determination)	Whakamana te reo a ngā rangatahi ki roto i nga tautuhinga hauora	\$127,043	Māori Health PhD Scholarship	Te Wai Barbarich-Unasa	Auckland University of Technology
20/092	Other (generic health or health services)	Strategies to improve Maori recruitment and retention into nursing	\$127,043	Māori Health PhD Scholarship	Phillipa Barton	Auckland University of Technology
20/101	Neurological (CNS)	Treatment of GABAergic interneuron dysfunction in preterm brain injury	\$1,186,647	Project	Justin Dean	The University of Auckland
20/103	Cancer (oncology)	Molecular mechanisms and the gut microbiome in colorectal cancer (CRC)	\$598,972	Sir Charles Hercus Fellowship	Rachel Purcell	University of Otago
20/105	Cardiovascular/cerebrovascular	Epidemiology of cardiovascular disease among Pacific people in New Zealand	\$118,050	Pacific Health PhD Scholarship	Julie Winter-Smith	The University of Auckland
20/106	Injury (intentional and unintentional)	A systematic review of alcohol research in the Pacific Islands	\$5,000	Pacific Health Summer Studentship	Monleigh Ikiua	The University of Auckland

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20/111	Mental health (and sleep disorders)	Sleep, health, communication, and wellbeing for Pacific children and families	\$132,661	Pacific Health PhD Scholarship	Albany Lucas	University of Otago
20/112	Mental health (and sleep disorders)	Ketamine therapy for neurotic disorders: Is there a single mechanism?	\$1,438,830	Project	Paul Glue	University of Otago
20/113	Ageing	Keteparaha: A Community Framework to Support Māori Ageing and End-of-Life Study.	\$411,192	Māori Health Postdoctoral Fellowship	Melissa Carey	The University of Auckland
20/115	Child and youth (healthy) development	Lighted Paths: Education and pathways to better health for Pacific families	\$256,775	Sir Thomas Davis Fellowship	Jesse Kokaua	University of Otago
20/116	Child and youth (healthy) development	Lighted paths and connecting pathways: Education, health and Pacific families	\$1,200,000	Pacific Health Project	Jesse Kokaua	University of Otago
20/121	Human genetics and inherited/ congenital conditions	Genetic discoveries for unsolved developmental and epileptic encephalopathies	\$1,199,870	Project	Lynette Sadleir	University of Otago
20/122	Cardiovascular/ cerebrovascular	Can love break your heart? Oxytocin makes the failing heart skip a beat!	\$1,198,648	Project	Daryl Schwenke	University of Otago
20/137	Cancer (oncology)	Understanding the role of the aryl hydrocarbon receptor in cancer	\$587,351	Sir Charles Hercus Fellowship	Christoph Goebel	University of Otago
20/138	Other (generic health or health services)	Supporting allied health professionals in rural areas	\$204,586	Clinical Research Training Fellowship	Sarah Walker	University of Otago
20/140	Bone/ musculoskeletal	Zoledronic acid and fracture prevention in early postmenopausal women	\$1,192,557	Project	Mark Bolland	The University of Auckland
20/144	Cardiovascular/ cerebrovascular	The Metformin Aneurysm Trial	\$1,325,324	Project	Greg Jones	University of Otago
20/151	Climate change	Seeking the transport sweet spot: health, equity and zero carbon	\$1,199,695	Project	Caroline Shaw	University of Otago
20/152	Other (generic health or health services)	Prioritising Māori health and equity: a critical approach to modelling	\$1,199,300	Māori Health Project	Melissa McLeod	University of Otago
20/155	Other (generic health or health services)	Dying as a health and social justice issue: exploring the impact of deprivation	\$1,199,999	Project	Jackie Robinson	The University of Auckland
20/158	Cardiovascular/ cerebrovascular	Respiratory modulated pacing to improve outcomes in heart failure	\$1,191,073	Project	Rohit Ramchandra	The University of Auckland
20/166	Wellbeing (autonomy self-determination)	Hauora Rangatahi Māori: Appropriateness and acceptability of health measures	\$135,000	Māori Health PhD Scholarship	Georgia McCarty	University of Otago
20/168	Physical activity/ exercise	Implementing high intensity interval training in school	\$1,362,262	Project	Nigel Harris	Auckland University of Technology
20/180	Diabetes	Metabolic health of Maori and Pacific women: relationships between CREBRF genotype and metabolic resilience	\$127,550	Pacific Health PhD Scholarship	Taimi Tuimalealiifano	The University of Auckland
20/184	Obstetric complications/ perinatal care	Safely improving outcomes for babies after birth by planned caesarean section	\$1,433,915	Project	Katie Groom	The University of Auckland

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20/190	Cardiovascular/cerebrovascular	Enhancing Spontaneous Recovery after Stroke Study (ESPRESSO)	\$1,421,460	Project	Winston Byblow	The University of Auckland
20/193	Injury (intentional and unintentional)	BIONIC2: TBI incidence, causes, costs over time and service access in New Zealand	\$1,192,610	Project	Kelly Jones	Auckland University of Technology
20/195	Child and youth (healthy) development	A study of Samoan, Tongan, Cook Island Māori, and Niuean infant care practices	\$1,155,335	Pacific Health Project	Vili Nosa	The University of Auckland
20/196	Cardiovascular/cerebrovascular	A novel marker to assess cardiac ischemia and outcomes	\$1,182,419	Project	Chris Pemberton	University of Otago
20/197	Infectious disease	Reducing antibiotic usage in people with self-limiting viral illness	\$1,199,517	Project	Stephen Ritchie	The University of Auckland
20/199	Rheumatology/arthritis	Turning off the cellular energy supply to treat osteoarthritis	\$1,180,502	Project	Raewyn Poulsen	The University of Auckland
20/213	Infectious disease	Unlocking antimicrobial tolerance in bacterial pathogens to overcome AMR	\$1,197,344	Project	Gregory Cook	University of Otago
20/216	Mental health (and sleep disorders)	Meeting physical health care needs of people with mental illness or addiction	\$1,187,682	Project	Ruth Cunningham	University of Otago
20/226	Mental health (and sleep disorders)	Counselling survivors of sexual violence trauma: Developing a Pasifika model.	\$127,418	Pacific Health PhD Scholarship	Sarah McRobie	The University of Auckland
20/229	Child and youth (healthy) development	Exploring resilience among Pasifika children within the Growing Up in New Zealand (GUINZ) Study	\$85,128	Pacific Health PhD Scholarship	Jacinta Fa'alili-Fidow	The University of Auckland
20/230	Inflammatory and immune system	Time for destruction - switching immune responses off	\$1,197,433	Project	Catherine Day	University of Otago
20/233	Wellbeing (autonomy self-determination)	Niuean happiness: A hiapo approach to Niuean mental health and wellbeing	\$359,179	Pacific Health Postdoctoral Fellowship	Jessica Pasisi	University of Waikato
20/239	Diabetes	Improving publicly funded Pacific bariatric surgery patients' retention rates	\$296,503	Sir Thomas Davis Fellowship	Tamasin Taylor	The University of Auckland
20/259	Neurological (CNS)	Therapeutic development for Fragile X Syndrome	\$126,350	Māori Health PhD Scholarship	Victoria Hawkins	The University of Auckland
20/274	Cardiovascular/cerebrovascular	A novel therapeutic to protect hearts in acute ischaemic procedures	\$1,143,639	Project	Ivan Sammut	University of Otago
20/284	Child and youth (healthy) development	Determinants of NCD risk and mental well-being in Cook Island adolescents	\$1,004,257	Pacific Health Project	Neti Herman	The University of Auckland
20/298	Diabetes	Improving adherence to a reduced carbohydrate diet for women with gestational diabetes	\$30,951	Pacific Health Masters Scholarship	Tutangi Amataiti	University of Otago
20/302	Vision/hearing/speech	Microdrop administration of phenylephrine and cyclopentolate in neonates	\$74,927	Māori Health PhD Scholarship	Lisa Kremer	University of Otago
20/304	Cardiovascular/cerebrovascular	Impact of multimorbidity on CVD risk prediction and management in primary care	\$1,047,797	Project	Susan Wells	The University of Auckland
20/305	Cardiovascular/cerebrovascular	Novel potential anti-arrhythmic target	\$1,171,620	Project	Julian Paton	The University of Auckland

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20/312	Renal and urogenital	ACHIEVE - New Zealand	\$1,061,053	Project	Janak de Zoysa	Waitemata District Health Board
20/317	Vision/hearing/speech	Tackling the vicious circle of dry eye disease	\$1,195,447	Project	Ilva Rupenthal	The University of Auckland
20/330	Human genetics and inherited/congenital conditions	Identifying biomarkers of aneuploidy in embryos	\$385,232	Pacific Health Postdoctoral Fellowship	Zaramasina Clark	Research Trust of Victoria University of Wellington
20/344	Infectious disease	Staphylococcus aureus network adaptive platform trial (SNAP)	\$1,190,216	Project	Genevieve Walls	Middlemore Clinical Trials
20/362	Mental health (and sleep disorders)	Responding to Pacific maternal mental health	\$599,082	Pacific Health Project	Seini Taufa	Moana Research
20/366	Injury (intentional and unintentional)	Erythropoietin to improve outcomes for critically ill trauma patients	\$1,199,020	Project	Colin McArthur	Medical Research Institute of New Zealand
20/370	Neurological (CNS)	Role of ryanodine receptors in Alzheimer's disease	\$1,189,937	Project	Peter Jones	University of Otago
20/374	Infectious disease	Understanding the role of IgG3 in acute rheumatic fever	\$1,187,149	Project	Nicole Moreland	The University of Auckland
20/378	Ageing	Ngā Kaumātua ō Tātou Taonga: Supporting kaumātua health in a changing world	\$1,181,194	Māori Health Project	Marama Muru-Lanning	The University of Auckland
20/389	Respiratory/asthma	RCT budesonide-formoterol vs salbutamol reliever therapy in childhood asthma	\$1,439,100	Project	Richard Beasley	Medical Research Institute of New Zealand
20/399	Neurological (CNS)	Galvanic vestibular stimulation as a treatment for neurological disorders	\$1,188,357	Project	Paul Smith	University of Otago
20/402	Wellbeing (autonomy self-determination)	Wellbeing and the precariat: How does it work in everyday life?	\$1,180,504	Project	Jarrod Haar	Auckland University of Technology
20/425	Respiratory/asthma	Barriers and facilitators to self-management of asthma in Pacific children	\$971,542	Pacific Health Project	Sunia Foliaki	Massey University
20/427	Cardiovascular/cerebrovascular	Lifestyle program for Pacific	\$125,790	Pacific Health PhD Scholarship	Gavin Faeamani	Massey University
20/437	Obstetric complications/perinatal care	Circadian patterns of fetal heart rate predict impaired fetal oxygenation	\$1,199,998	Project	Laura Bennet	The University of Auckland
20/438	Cancer (oncology)	Enabling clinical development of a novel hypoxia-targeted anti-cancer agent	\$1,199,946	Project	Frederik Pruijn	The University of Auckland
20/457	Other (generic health or health services)	Revitalisation of the Samoan traditional diet	\$126,868	Pacific Health PhD Scholarship	Amy Maslen-Miller	The University of Auckland
20/459	Infectious disease	Combating antimicrobial resistance with high-throughput bacterial genetics	\$1,199,272	Project	Matthew McNeil	University of Otago
20/470	Reproduction/fertility/sexual health	A neural circuit required for maternal adaptation to pregnancy	\$1,199,971	Project	David Grattan	University of Otago

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20/506	Cancer (oncology)	The roles of respiration and ATP production in tumorigenesis and metastasis	\$1,197,498	Project	Michael Berridge	Malaghan Institute of Medical Research
20/508	Bone/ musculoskeletal	Smart delivery of growth factors for treating osteonecrosis of the femoral head	\$730,435	Project	Khoon Lim	University of Otago
20/520	Gastrointestinal	Reducing organ failure in critical illness	\$1,189,801	Project	Anthony Phillips	The University of Auckland
20/526	Nutrition	Improving nutrition delivery	\$1,187,999	Project	Anthony Phillips	The University of Auckland
20/538	Neurological (CNS)	Brain biomarkers for future cognitive health in Parkinson's disease	\$1,189,161	Project	John Dalrymple-Alford	University of Canterbury
20/542	Cancer (oncology)	Exploiting oxidative stress in the treatment of metastatic melanoma	\$1,198,252	Project	Mark Hampton	University of Otago
20/550	Cancer (oncology)	He Tapu Te Whare Tangata: Empowering rural solutions	\$1,293,194	Māori Health Project	Beverley Lawton	Research Trust of Victoria University of Wellington
20/561	Wellbeing (autonomy self-determination)	Te Ao Rauropi: Mapping the biosphere of Rongoā Māori	\$1,199,837	Māori Health Project	Amohia Boulton	Whakauae Research Services
20/564	Cancer (oncology)	Randomised trial of a novel chyme reinfusion device for temporary ileostomies	\$1,433,127	Project	Ian Bissett	The University of Auckland
20/569	Infectious disease	Designing a scalable vaccine to induce liver resident T cells against malaria	\$1,195,994	Project	Gavin Painter	Research Trust of Victoria University of Wellington
20/579	Renal and urogenital	Improving Health Care for Cook Islands people with Chronic Kidney Disease	\$627,109	Pacific Health Project	Debbie Ryan	Pacific Perspectives
19/907	Mental health (and sleep disorders)	Psychological effects of the March 15 Mosque attacks	\$686,969	Project	Caroline Bell	University of Otago
20/581	Disability	Low-intensity therapy and parent coaching for young children with ASD: An RCT.	\$250,000	Emerging Researcher First Grant	Hannah Waddington	Research Trust of Victoria University of Wellington
20/584	Neurological (CNS)	A human functional genomics approach to investigate inflammation in dementia	\$245,745	Emerging Researcher First Grant	Amy Smith	The University of Auckland
20/585	Dental/oral	Interrogating immunotherapy for dental pulp therapy and management	\$206,046	Emerging Researcher First Grant	Haizal Hussaini	University of Otago
20/588	Injury (intentional and unintentional)	ACTION-TBI: ACT to improve recovery after Traumatic Brain Injury	\$249,309	Feasibility Study	Alice Theadom	Auckland University of Technology
20/590	Gastrointestinal	Preoperative exclusive enteral nutrition versus usual care in Crohn's disease	\$180,376	Emerging Researcher First Grant	Catherine Wall	University of Otago
20/591	Nutrition	Metabolites in plasma and urine as objective markers of dietary intakes	\$249,762	Emerging Researcher First Grant	Andrew Reynolds	University of Otago

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20/593	Metabolic and endocrine (excl. diabetes and bone)	TAONGA - Tōku Ara OraNGA: a Kaupapa Māori informed co-design of outpatient care	\$250,001	Māori Emerging Researcher First Grant	Jade Tamatea	The University of Auckland
20/594	Reproduction/fertility/sexual health	Sexual and Reproductive Health Education among Pacific Youth	\$168,655	Pacific Emerging Researcher First Grant	Radilaite Cammock	Auckland University of Technology
20/603	Cardiovascular/cerebrovascular	Psychosocial wellbeing after stroke: Understanding and enhancing care	\$243,087	Emerging Researcher First Grant	Felicity Bright	Auckland University of Technology
20/611	Mental health (and sleep disorders)	Tele-mental health delivery of psychotherapy for recurrent mood disorders	\$244,813	Feasibility Study	Marie Crowe	University of Otago
20/614	Other (generic health or health services)	The Māori in-between? Identity, health, and social service access needs	\$169,550	Māori Emerging Researcher First Grant	Lara Greaves	The University of Auckland
20/618	Neurological (CNS)	Novel non-invasive neuromodulation treatment for chronic low back pain	\$209,995	Emerging Researcher First Grant	Divya Adhia	University of Otago
20/622	Physical activity/exercise	Taking a break from Netflix: The effect on glycaemia and sleep	\$203,306	Emerging Researcher First Grant	Meredith Peddie	University of Otago
20/625	Cardiovascular/cerebrovascular	Calsequestrin as a target to restore calcium balance in atrial fibrillation	\$246,380	Emerging Researcher First Grant	Michelle Munro	University of Otago
20/630	Injury (intentional and unintentional)	Healthy & safe truck drivers, safer journeys: feasibility of a national survey	\$245,736	Feasibility Study	Rebecca Lilley	University of Otago
20/631	Infectious disease	SYMBIOTIC: Integrated prevention of infectious diseases and long-term conditions	\$4,951,982	Programme	Michael Baker	University of Otago
20/632	Diabetes	Improving equitable access to diabetes eye services	\$249,239	Emerging Researcher First Grant	Jacqueline Ramke	The University of Auckland
20/637	Gastrointestinal	The epidemiology of Crohn's and Colitis in New Zealand: a data linkage study	\$248,987	Feasibility Study	Andrea 't Mannetje	Massey University
20/638	Cancer (oncology)	Comprehensive pan-cancer characterization of uncommon TP53 mutations	\$239,632	Emerging Researcher First Grant	Sunali Mehta	University of Otago
20/642	Cardiovascular/cerebrovascular	exciteBCI telerehabilitation: determining optimal dose and testing feasibility	\$245,117	Feasibility Study	Denise Taylor	Auckland University of Technology
20/644	Mental health (and sleep disorders)	Tē 'ākirāta mārama: Cook Islands mental health prevalence	\$249,512	Pacific Emerging Researcher First Grant	Sam Manuela	The University of Auckland
20/646	Renal and urogenital	Decoding GWAS to combat renal disease in Māori and Pacific people	\$249,979	Emerging Researcher First Grant	Megan Leask	University of Otago
20/650	Neurological (CNS)	Low-dose naltrexone as an adjunctive treatment in major depressive disorder	\$249,138	Emerging Researcher First Grant	Joanne Lin	The University of Auckland
20/651	Child and youth (healthy) development	Neonatal Glucose Care Optimisation (NeoGluCO) Study	\$249,641	Feasibility Study	Christopher McKinlay	The University of Auckland

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20/653	Respiratory/asthma	Resveratrol – a potential novel treatment for bronchiectasis	\$219,061	Feasibility Study	Conroy Wong	Middlemore Clinical Trials
20/668	Wellbeing (autonomy self-determination)	Manalagi: Aotearoa Pacific Rainbow/Queer/LGBTIQA+ MVPFAFF Health and Wellbeing Project	\$249,980	Pacific Emerging Researcher First Grant	Patrick Thomsen	The University of Auckland
20/680	Cardiovascular/cerebrovascular	Measuring and reducing stroke burden in New Zealand	\$4,996,868	Programme	Valery Feigin	Auckland University of Technology
20/683	Respiratory/asthma	Research to maximise the health and wellbeing gains from housing	\$4,996,215	Programme	Nevil Pierse	University of Otago
20/690		The use of social licence in health contexts	\$6,000	Ethics Summer Studentship	Paul Sneyd	The University of Auckland
20/692	Vision/hearing/speech	Regulation of lens water transport: A strategy to treat presbyopia and cataract	\$4,936,998	Programme	Paul Donaldson	The University of Auckland
20/704	Addiction (alcohol/drugs/gambling/smoking)	Instagram influencers, unhealthy products, and covert marketing to young people	\$150,000	Explorer Grant	Ian Goodwin	Massey University
20/706	Cancer (oncology)	Overcoming the limitations of adoptive T-cell therapy by genetic modification	\$150,000	Explorer Grant	Antony Braithwaite	University of Otago
20/710	Mental health (and sleep disorders)	A community-based RCT evaluating micronutrients for mood dysregulated teenagers	\$150,000	Explorer Grant	Julia Rucklidge	University of Canterbury
20/721	Respiratory/asthma	Lung protection during critical illness	\$150,000	Explorer Grant	Anthony Phillips	The University of Auckland
20/728	Infectious disease	HBsAg mutations and pathophysiology of chronic hepatitis B.	\$150,000	Explorer Grant	William Abbott	Auckland DHB Charitable Trust
20/732	Inflammatory and immune system	Looking Skin Deep	\$150,000	Explorer Grant	Anthony Phillips	The University of Auckland
20/733	Wellbeing (autonomy self-determination)	Synthesis of a million stories with natural language processing	\$150,000	Explorer Grant	Simone Rodda	The University of Auckland
20/741	Inflammatory and immune system	Resurrection of an anti-inflammatory therapy through protein engineering	\$150,000	Explorer Grant	Lyn Wise	University of Otago
20/756	Respiratory/asthma	Continuous dynamic monitoring of lung function at the bedside	\$150,000	Explorer Grant	Haribalan Kumar	The University of Auckland
20/759	Infectious disease	Sewers for Superbug Surveillance	\$150,000	Explorer Grant	Siouxie Wiles	The University of Auckland
20/765	Cancer (oncology)	A collaborative AR work and presentation tool to examine tumour evolution	\$150,000	Explorer Grant	Benjamin Lawrence	The University of Auckland
20/766	Obstetric complications/perinatal care	The placental clock: Investigating mechanisms of stillbirth	\$150,000	Explorer Grant	Meghan Hill	The University of Auckland
20/768	Blood disorders/haematology	Fighting Splicing with Splicing: New Strategies for CAR T cell Immunotherapy	\$150,000	Explorer Grant	Alexander McLellan	University of Otago
20/776	Cancer (oncology)	Is our destiny in our genes? Using Mendelian genetics to refine cancer risk	\$150,000	Explorer Grant	Louise Bicknell	University of Otago

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20/782	Neurological (CNS)	Early mitochondrial dysfunction assay for neurodegenerative diseases	\$150,000	Explorer Grant	Michael Berridge	Malaghan Institute of Medical Research
20/786	Cardiovascular/ cerebrovascular	Codesign of augmented reality stroke rehabilitation from Te Whare Tapa Whā	\$150,000	Explorer Grant	Danielle Lottridge	The University of Auckland
20/798	Infectious disease	Designing synergistic combinations to prevent antibiotic resistance	\$150,000	Explorer Grant	Stephanie Dawes	The University of Auckland
20/812	Infectious disease	How do antimicrobial combinations suppress development of resistance?	\$404,171	China Biomedical Project	Iain Lamont	University of Otago
20/834	Other (generic health or health services)	Partnering with whānau to address inequities to pain management	\$91,689	Research Development Award	Hemakumar Devan	University of Otago
20/845	Mental health (and sleep disorders)	Developing serotonergic 2A receptor agonists as treatments for mood disorders	\$596,512	Consolidator Grant	Suresh Muthukumaraswamy	The University of Auckland
20/847	Infectious disease	Unravelling the mysteries of yersiniosis	\$1,308,051	Project	Brent Gilpin	ESR Institute of Environmental Science & Research
19/970	Ageing	'Mā wai e tō taku kauwae ki uta' - who will take my place?	\$190,728	Ngā Kanohi Kitea Project	Tepora Emery	Ngati Pikiao Iwi Trust
18/651A	Wellbeing (autonomy self-determination)	Working on wellbeing with young people	\$206,996	Emerging Researcher First Grant	Octavia Calder Dawe	Research Trust of Victoria University of Wellington
20/860	Child and youth (healthy) development	Te Puna Taiao - Improving health outcomes for tamariki	\$200,000	Ngā Kanohi Kitea Project	Hannah Simmonds	Te Puna Taiao Charitable Trust
20/862	Other (generic health or health services)	Developing a Decision Support System at ED triage for predicting health outcomes	\$239,389	Precision Driven Health Postdoctoral Fellowship	Zhenqiang Wu	The University of Auckland
20/865	Neurological (CNS)	Getting ready for the first clinical trial for Māori with dementia	\$28,103	Research Activation Grant	Gary Cheung	The University of Auckland
20/866	Mental health (and sleep disorders)	Tihei Rangatahi Programme: Improving hauora-oranga services for rangatahi Māori	\$1,397,789	Project	Tupa'ilevaililigi Ridvan Firestone	Massey University
20/872	Vision/hearing/ speech	Spatial oculomics with imaging mass spectrometry for drug delivery	\$596,120	Consolidator Grant	Angus Grey	The University of Auckland
20/875	Other (generic health or health services)	Do locality network partnerships improve health system performance and outcomes?	\$1,399,511	Project	Timothy Stokes	University of Otago
20/878	Human genetics and inherited/ congenital conditions	A clinical:research alliance for diagnosing genetic disorders in New Zealand	\$599,939	Consolidator Grant	Louise Bicknell	University of Otago
20/883	Diabetes	Scoping an online 'research ready' lifestyle programme for type-2 diabetes	\$30,000	Research Activation Grant	Grant Schofield	Auckland University of Technology
20/887	Infectious disease	Improving blood safety and donor selection	\$1,398,607	Project	Peter Saxton	The University of Auckland

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20/902	Obstetric complications/perinatal care	Reflecting informed choice in population screening: Progressing equity	\$27,575	Research Activation Grant	Sara Filoche	University of Otago
20/903	Injury (intentional and unintentional)	Cryopreserved vs. Liquid Platelets for Surgical Bleeding (CLIP-II NZ)	\$1,399,921	Project	Shay McGuinness	Medical Research Institute of New Zealand
20/909	Dental/oral	Assessing the oral health sector's organisational commitment to equity	\$29,879	Research Activation Grant 2	Moiria Smith	University of Otago
20/913	Other (generic health or health services)	Developing a pathway of care for carpal tunnel syndrome	\$59,769	Research Development Award	Miranda Buhler	Southern District Health Board
20/914	Cardiovascular/cerebrovascular	CT to reduce invasive coronary angiography in acute coronary syndrome	\$1,331,291	Project	Philip Adamson	University of Otago
20/922	Other (generic health or health services)	Improved Surgical Scheduling Software	\$213,033	Precision Driven Health Postdoctoral Fellowship	Thomas Adams	The University of Auckland
20/926	Obstetric complications/perinatal care	Looking at the placenta through a detailed lens: relating anatomy to function	\$595,830	Consolidator Grant	Alys Clark	The University of Auckland
20/932	Injury (intentional and unintentional)	Improving primary care service delivery for those impacted by violence	\$1,399,997	Project	Jane Koziol-McLain	Auckland University of Technology
20/937	Obstetric complications/perinatal care	Intervening in sleep to improve perinatal mental health outcomes	\$29,964	Research Activation Grant	Tracey Signal	Massey University
20/948	Other (generic health or health services)	Access to medicines: Exploring lived experience to inform policies and programmes	\$1,349,521	Project	Pauline Norris	University of Otago
20/955	Child and youth (healthy) development	Reducing inequities in Well Child Tāmaki Ora developmental surveillance	\$1,350,786	Project	Alison Leversha	Auckland DHB Charitable Trust
20/960	Cancer (oncology)	Implementing HPV primary testing to prevent cervical cancer in NZ: Te Tai Tokerau	\$1,398,122	Project	Beverley Lawton	Research Trust of Victoria University of Wellington
20/969	Injury (intentional and unintentional)	Sleep problems in children with a mild traumatic brain injury	\$23,810	Research Activation Grant 2	Jacqueline Henderson	University of Canterbury
20/974	Obstetric complications/perinatal care	Delivering optimal weight gain advice to pregnant women (DOT) study	\$29,582	Research Activation Grant 2	Kirsten Coppel	University of Otago
20/985	Infectious disease	Social response to COVID-19 in New Zealand: Obligations and stigmatisation	\$350,325	Project	Liangni Liu	Massey University
20/990	Infectious disease	Improving effectiveness and equity in the operation of COVID-19 'self-isolation'	\$179,904	COVID-19 Rapid Response Project	Lesley Gray	University of Otago
20/991	Other (generic health or health services)	Towards a national, equitable & sustainable clinical trial system in Aotearoa NZ	\$800,000	Enhancing New Zealand's Clinical Trials Project	Frank Bloomfield	The University of Auckland
20/1014	Addiction (alcohol/drugs/gambling/smoking)	Convergence of gaming and gambling in treatment services	\$30,000	Research Activation Grant	Simone Rodda	The University of Auckland

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20/1015	Infectious disease	Distinguishing COVID-19 from influenza with rapid 15 minute diagnostics	\$196,570	Project	John Mackay	Dnature Diagnostics & Research
20/1018	Infectious disease	Predict and Prevent COVID-19: a data driven innovation project	\$533,224	Project	Colin Simpson	Research Trust of Victoria University of Wellington
20/1022	Cancer (oncology)	Correlating digital image features of breast cancer nuclei with molecular data	\$30,000	Research Activation Grant	Gavin Harris	Canterbury District Health Board
20/1028	Wellbeing (autonomy self-determination)	Rongo-ā-Ngāti Hine: Development of a Rongoā Māori Strategic Plan for Ngāti Hine	\$199,920	Ngā Kanohi Kitea Project	Mary-Anne Baker	Ngati Hine Health Trust
20/1030	Infectious disease	Economic Risks from COVID-19 in Pacific Island Countries	\$51,436	COVID-19 Rapid Response Project	Ilan Noy	Research Trust of Victoria University of Wellington
20/1041	Infectious disease	Rapid diagnosis and genome sequencing to follow CoV-2019 outbreak	\$165,471	COVID-19 Rapid Response Project	Olin Silander	Massey University
20/1053	Infectious disease	An effective point-of-care screening pathway for COVID-19	\$235,746	COVID-19 Rapid Response Project	Jo-Ann Stanton	University of Otago
20/1064	Infectious disease	Clinical trial of COVID-19 treatments for the critically ill	\$169,571	COVID-19 Rapid Response Project	Colin McArthur	Medical Research Institute of New Zealand
20/1066	Infectious disease	COVID-19 Pandemic in Aotearoa NZ: Impact, Inequalities & Improving our response	\$497,056	Project	Michael Baker	University of Otago
20/1068	Infectious disease	Australasian COVID-19 Trial (ASCOT)	\$766,113	Project	Susan Morpeth	Middlemore Clinical Trials
20/1073	Gastrointestinal	Gut Symptom Investigation - South Island (GutSI-SI)	\$29,680	Research Activation Grant	Lee Thompson	University of Otago
20/1077	Infectious disease	Attenuating lung injury during prolonged ventilation for COVID-19	\$161,977	Project	Anthony Phillips	The University of Auckland
20/1095	Infectious disease	Clinical trial of hydroxychloroquine prophylaxis in frontline healthcare workers	\$427,130	Project	Richard Beasley	Medical Research Institute of New Zealand
20/1097	Ageing	Harirū, hongi and hau in the time of COVID-19	\$101,922	COVID-19 Rapid Response Project	Marama Muru-Lanning	The University of Auckland
20/1119	Other (generic health or health services)	Activating grassroots New Zealand Pacifica participatory research	\$29,239	Research Activation Grant	Felicity Goodyear-Smith	The University of Auckland
20/1127	Other (generic health or health services)	Optimising compassionate care in acute hospitals: building the foundations	\$29,967	Research Activation Grant	Julia Slark	The University of Auckland
20/1131	Cancer (oncology)	What is the societal preference for breast cancer treatment in New Zealand?	\$29,822	Research Activation Grant	Carlo Marra	University of Otago
20/1134	Cancer (oncology)	Relationship building: Study on stratified PSA for prostate cancer detection	\$29,999	Research Activation Grant	Nishi Karunasinghe	The University of Auckland
20/1139	Neurological (CNS)	Cerebral palsy and Māori health inequities in New Zealand	\$30,000	Research Activation Grant	Karen Wright	The University of Auckland

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20/1142	Cancer (oncology)	An evaluation of a health literacy intervention for men with prostate cancer	\$30,000	Research Activation Grant	Tania Blackmore	University of Waikato
20/1145	Diabetes	Wearing your continuous glucose monitor on your sleeve.	\$154,523	Research Development Award	Shekhar Sehgal	University of Otago
20/1148	Nutrition	Measuring Turanga Health's impact on food security and food sovereignty	\$30,000	Research Activation Grant	Pauline Norris	University of Otago
20/1149	Other (generic health or health services)	Activating communities to improve outcomes for wāhine Māori	\$30,000	Research Activation Grant	Angela Beaton	Auckland DHB Charitable Trust
20/1155	Other (generic health or health services)	Integrated system responses for families impacted by violence: a pipe dream?	\$30,000	Research Activation Grant	Claire Gear	Auckland University of Technology
20/1156	Other (generic health or health services)	Strategic next-generation metrics to ensure ED quality of care	\$30,000	Research Activation Grant	Tava Olsen	The University of Auckland
20/1161	Injury (intentional and unintentional)	Patient education and self-management for painful shoulders	\$27,023	Research Activation Grant	Gisela Sole	University of Otago
20/1163	Mental health (and sleep disorders)	Mental health casual video game for adolescents	\$30,000	Research Activation Grant	Russell Pine	Research Trust of Victoria University of Wellington
20/1164	Injury (intentional and unintentional)	The health economic case for implementing ACL injury prevention interventions	\$29,845	Research Activation Grant	Yana Prymachenko	University of Otago
20/1165	Obstetric complications/perinatal care	Māori Uho Kuku Apparatus (MUKA)	\$30,000	Research Activation Grant	Hope Tupara	Tieki Limited
20/1167	Physical activity/exercise	Maintaining of wellness of people with long-term conditions in southern New Zealand	\$28,683	Research Activation Grant	Leigh Hale	University of Otago
20/1174	Child and youth (healthy) development	A Hui to establish strategic research priorities for FASD in Aotearoa	\$30,000	Research Activation Grant 2	Joanna Ting Wai Chu	The University of Auckland
20/1176	Vision/hearing/speech	Teleophthalmology in New Zealand	\$29,600	Research Activation Grant 2	Renoh Johnson Chalakkal	oDocs Eye Care
20/1177		CDHB research review implementation and collaboration for Hauora Māori advancement through research	\$86,562	Research Activation Grant	Cameron Lacey	Canterbury District Health Board
20/1178	Wellbeing (autonomy self-determination)	The determinants of health for Māori mothers and adults with chronic diseases	\$1,399,781	Project	Ross Lawrenson	Waikato District Health Board
20/1179		Māori communities in project governance - health research outcomes	\$90,000	Research Activation Grant	Ross Lawrenson	Waikato District Health Board
20/1182	Neurological (CNS)	Using routinely collected health data to improve health outcomes in older people	\$352,074	Project	Sarah Cullum	Counties Manukau District Health Board
20/1184	Respiratory/asthma	Health care delivery of an early childhood intervention – impact and engagement	\$588,093	Project	Adrian Trenholme	Counties Manukau District Health Board

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20/1185	Cardiovascular/ cerebrovascular	Implementation of evidence-based, whānau-focused care for ARF/ RHD in CM	\$451,266	Project	Rachel Webb	Counties Manukau District Health Board
20/1188		Working with Maori to build a Maori centred model of care in a mainstream acute	\$30,000	Research Activation Grant	Jennifer Parr	Counties Manukau District Health Board
20/1202	Mental health (and sleep disorders)	An inquiry into the wellbeing of community-based midwives	\$29,976	Research Activation Grant 2	Tagonei Mharapara	Auckland University of Technology
20/1204	Infectious disease	Unravelling antimicrobial synergy to combat drug-resistant pathogens	\$100,000	NSFC Emerging Researcher	Kiel Hards	University of Otago
20/1205	Cancer (oncology)	Extracellular vesicles as inter-cellular communicators in fat graft retention	\$228,393	Breast Cancer Research Project	Kirsty Danielson	University of Otago
20/1211	Infectious disease	Targeting succinate metabolism to produce new chemotherapeutic agents	\$699,695	NSFC Project	Gregory Cook	University of Otago
20/1225	Renal and urogenital	Access and equity in transplantation	\$30,000	Research Activation Grant 2	Nicholas Cross	Canterbury District Health Board
20/1228	Injury (intentional and unintentional)	Capturing traumatic brain injury when this co-occurs with spinal cord injury	\$29,980	Research Activation Grant 2	Deborah Snell	University of Otago
20/1237	Disability	Establishing end-user driven autism research priorities in New Zealand	\$29,071	Research Activation Grant 2	Lisa Marie Emerson	University of Canterbury
21/001	Diabetes	CREATE Trial: Community deRiVEd AutoMaTEd insulin delivery	\$180,000	Clinical Research Training Fellowship	Mercedes Burnside	University of Otago
21/003	Cancer (oncology)	Protein degradation: from understanding to application	\$599,999	Sir Charles Hercus Fellowship	Adam Middleton	University of Otago
21/015	Wellbeing (autonomy self-determination)	Accessible digital resources for rangatahi and their whānau	\$5,000	Māori Health Knowledge Translation Grant	Terryann Clark	The University of Auckland
21/016	Wellbeing (autonomy self-determination)	Exploring the role of Tongan faith leaders in influencing wellbeing	\$84,033	Pacific Health PhD Scholarship	Rubinstine Manukia	Auckland University of Technology
21/018	Mental health (and sleep disorders)	Faith to bounce back! Pacific youth wellbeing and resilience	\$79,934	Pacific Health PhD Scholarship	Hulita Tauveli	Massey University
21/020	Neurological (CNS)	Defining Māori epilepsy burden and developing an approach for future research	\$173,333	Clinical Research Training Fellowship	Ngaire Keenan	University of Otago
21/022	Cardiovascular/ cerebrovascular	Multimorbidity and cardiovascular disease risk prediction	\$260,000	Clinical Research Training Fellowship	Emma Church	The University of Auckland
20/1241	Cancer (oncology)	Exploring a novel therapy to reduce breast cancer risk in high-risk individuals	\$249,975	Breast Cancer Research Project	Vanessa Lau	University of Otago
20/1242	Obstetric complications/ perinatal care	Reducing immunisation inequities during pregnancy	\$51,694	Research Development Award	Amber Young	University of Otago
21/024	Wellbeing (autonomy self-determination)	Aho Tapairu: Developing a mana wahine wellbeing toolkit	\$394,035	Erihapeti Rehu-Murchie Fellowship	Ngahua Murphy	University of Waikato

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21/025	Rheumatology/ arthritis	Clinical utility of ultrasound imaging for evaluation of foot osteoarthritis	\$259,900	Clinical Research Training Fellowship	Prue Molyneux	Auckland University of Technology
21/029	Child and youth (healthy) development	Collaboration for child wellbeing	\$890,709	Clinical Practitioner Research Fellowship	Alison Leversha	Auckland DHB Charitable Trust
21/030	Cancer (oncology)	Adapting to a CINister genome: regulating chromosomal instability and metastasis	\$600,000	Sir Charles Hercus Fellowship	Sunali Mehta	University of Otago
21/033	Reproduction/ fertility/sexual health	Unravelling the role of glial cells in fertility regulation	\$506,917	Sir Charles Hercus Fellowship	Elodie Desroziers	University of Otago
21/034	Ageing	Decreasing alpha synuclein in Parkinson's disease: Are 'strains' the solution?	\$571,338	Sir Charles Hercus Fellowship	Victor Dieriks	The University of Auckland
21/035	Gastrointestinal	Stoma-output recycling device for ileostomy reversal	\$86,667	Clinical Research Training Fellowship	Chen Liu	The University of Auckland
21/043	Ageing	Upholding the right of Māori older adults to control their medicines journey	\$5,000	Māori Health Knowledge Translation Grant	Joanna Hikaka	The University of Auckland
21/044	Wellbeing (autonomy self-determination)	'Poipoi te kākano, kia puāwai'	\$12,000	Rangahau Hauora Training Grant	Tepora Emery	Toi Ohomai Institute of Technology
20/1246	Other (generic health or health services)	Towards a natural health products and medicines census for New Zealand	\$30,000	Research Activation Grant 2	Joanne Barnes	The University of Auckland
21/047	Neurological (CNS)	Early biomarkers in mild traumatic brain injury: A multi-disciplinary approach	\$260,000	Clinical Research Training Fellowship	Matthew McDonald	The University of Auckland
20/1247	Mental health (and sleep disorders)	Real-time assessment of mood changes and machine learning	\$30,000	Research Activation Grant 2	Frederick Sundram	The University of Auckland
20/1249	Mental health (and sleep disorders)	Mental Health: Enabling the application of supported decision-making in practice	\$29,501	Research Activation Grant 2	Sarah Gordon	University of Otago
21/054	Other (generic health or health services)	He tono whakapiki ora: Whānau and pharmacists' knowledge exchange	\$258,471	Clinical Research Training Fellowship	Nora Parore	Research Trust of Victoria University of Wellington
21/056	Addiction (alcohol/drugs/ gambling/ smoking)	Persistent opioid use and opioid-related harm after surgery and trauma	\$259,000	Clinical Research Training Fellowship	Jay Gong	The University of Auckland
21/061	Infectious disease	Treatment of Impetigo with Antiseptics - Replacing Antibiotics (TIARA) Trial	\$160,000	Clinical Research Training Fellowship	Sarah Primhak	The University of Auckland
21/063	Vision/hearing/ speech	Keratoconus and corneal cross-linking	\$259,000	Clinical Research Training Fellowship	Lize Angelo	The University of Auckland
21/066	Reproduction/ fertility/sexual health	Māori women's experiences of access to abortion in Aotearoa NZ	\$10,000	Māori Health Development Grant	Kim Southey	Te Puawai Tapu Trust
21/076	Injury (intentional and unintentional)	Evidence-based suicide prevention for youth in contemporary Aotearoa New Zealand	\$259,354	Clinical Research Training Fellowship	Linda Bowden	The University of Auckland

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20/1251		Program Theory-based Framework Evaluating an Equity-focused Smokefree Innovation	\$30,034	Research Activation Grant	Summer Hawke	Counties Manukau District Health Board
20/1252	Injury (intentional and unintentional)	Staying on track – Peer led telehealth to reduce secondary health complications	\$29,848	Research Activation Grant 2	Joanne Nunnerley	Burwood Academy of Independent Living
20/1254	Occupational health	The problem of workplace violence in home care settings	\$29,791	Research Activation Grant 2	Katherine Ravenswood	Auckland University of Technology
20/1257	Diabetes	Teleclinics for management of diabetes in pregnancy	\$27,333	Research Activation Grant 2	Charlotte Oyston	The University of Auckland
20/1258	Vision/hearing/ speech	The cost-effectiveness of a myopia screening programme in New Zealand	\$30,000	Research Activation Grant 2	Sheng Chiong Hong	oDocs Eye Care
20/1259		Understanding task and time: Evidencing fundamental care interactions	\$133,674	Research Development Award	Bobbie-Jo Pene	Counties Manukau District Health Board
20/1261	Other (generic health or health services)	Anti-staphylococcal bundle to reduce SSI in implant-based breast reconstruction	\$29,813	Research Activation Grant 2	Jon Mathy	Middlemore Clinical Trials
20/1262	Ageing	COVID-19 and hospice community services in New Zealand and Scotland	\$29,868	Research Activation Grant 2	Rosemary Frey	The University of Auckland
20/1263	Other (generic health or health services)	Development of equity collaborative research in Whanganui regional primary care	\$30,000	Research Activation Grant 2	Gillian White	Health Solutions Trust
21/109	Child and youth (healthy) development	Māori whānau experiences of neuropsychological assessment for FASD	\$260,000	Clinical Research Training Fellowship	Sarah Goldsbury	University of Otago
20/1267		Implicit bias and KidzFirst Hospital	\$29,834	Research Activation Grant	Adrian Trenholme	Counties Manukau District Health Board
21/116	Diabetes	Bioenergetics of human diabetic heart failure	\$586,497	Sir Charles Hercus Fellowship	Kenneth Tran	The University of Auckland
20/1270	Other (generic health or health services)	Trans-Tasman perspectives on telehealth for palliative care	\$29,712	Research Activation Grant 2	Katherine Bloomfield	The University of Auckland
20/1271	Ageing	Access pathways to residential aged care for Māori and non-Māori	\$28,656	Research Activation Grant 2	Joanna Hikaka	Waitemata District Health Board
20/1272	Cardiovascular/ cerebrovascular	Remote monitoring and prognosis of cardiac arrhythmia	\$30,000	Research Activation Grant 2	Jichao Zhao	The University of Auckland
20/1274	Bone/ musculoskeletal	Improving health services for people with musculoskeletal chest pain	\$28,283	Research Activation Grant 2	Ewan Kennedy	University of Otago
20/1280	Ageing	New Zealanders' experiences of hospital 'visiting' during COVID-19 restrictions	\$29,996	Research Activation Grant 2	Rachael Parke	The University of Auckland
20/1282	Mental health (and sleep disorders)	e-Mental health in Aotearoa: sector engagement and research agenda priorities	\$23,043	Research Activation Grant 2	Rodrigo Ramalho	The University of Auckland

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20/1283	Other (generic health or health services)	Aotearoa somatic practice, chronic pain, and design network	\$30,000	Research Activation Grant 2	Rebecca Weber	The University of Auckland
21/145	Diabetes	Education and mentoring of primary care to improve diabetes care in the Waikato	\$174,993	Foxley Fellowship	Ryan Paul	University of Waikato
20/1286	Infectious disease	Developing KIWIVax – an automated SMS-system to monitor vaccine adverse events	\$30,000	Research Activation Grant 2	Michael Tatley	University of Otago
20/1287	Other (generic health or health services)	Development of a community-focused palliative care service model	\$30,000	Research Activation Grant 2	Ravi Reddy	Massey University
20/1289	Diabetes	Development of key indicators to measures diabetes-related foot ulcer outcomes	\$46,983	Research Development Award	Matthew Carroll	Auckland University of Technology
20/1290	Ageing	Telemedicine-based care for older people	\$29,990	Research Activation Grant 2	Wendy Wrapson	Auckland University of Technology
21/156	Child and youth (healthy) development	Culturally responsive physiotherapy approaches for working with Pacific children	\$32,430	Pacific Health Masters Scholarship	Oka Sanerivi	University of Otago
21/158	Respiratory/ asthma	The benefits of biodiversity: a novel approach to preventing asthma and allergy?	\$491,527	Sir Charles Hercus Fellowship	Collin Brooks	Massey University
20/1293	Other (generic health or health services)	Adaptation and implementation of stratified care (STarT Back) in New Zealand	\$29,619	Research Activation Grant 2	Cathy Chapple	University of Otago
20/1296		Improving Care and Equity in acute medical decision making (ICare-Equal)	\$67,324	Research Development Award	Laura Hamill	Canterbury District Health Board
20/1297		Rural Early Years 'What growing up well looks like for Coast kids'	\$63,956	Research Development Award	Jane George	Canterbury District Health Board
20/1298		Improving Care through Better Emergency Department bed need prediction(ICareBED)	\$23,353	Research Development Award	Andrew Villazon	Canterbury District Health Board
20/1299		Developing computational pathology capability and expertise for breast cancer	\$123,212	Research Development Award	Gavin Harris	Canterbury District Health Board
20/1300		Conceptualising inpatient rehabilitation early intervention vocational services	\$67,249	Research Development Award	Emily Timothy	Canterbury District Health Board
20/1304	Injury (intentional and unintentional)	Impact of parental brain injury on their children's quality of life and mood	\$30,000	Research Activation Grant 2	Audrey McKinlay	University of Canterbury
21/177	Reproduction/ fertility/sexual health	Kia taiohi te tū	\$386,985	Hohua Tutengaehe Fellowship	Joeliee Seed-Pihama	University of Waikato
20/1307	Mental health (and sleep disorders)	The role of whānau in coronial processes and rangatahi suicide prevention	\$29,865	Research Activation Grant 2	Clive Aspin	Research Trust of Victoria University of Wellington

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20/1308	Addiction (alcohol/drugs/gambling/smoking)	Investigating the state of Pacific addiction services in NZ	\$30,000	Research Activation Grant 2	Vili Nosa	The University of Auckland
20/1309	Metabolic and endocrine (excl. diabetes and bone)	National development of Rare Endocrine Disorder and Familial Endocrine Disorder Registries	\$79,530	Research Development Award	Emily Walsh	Capital and Coast District Health Board
20/1310	Ageing	Tupu Tika: Building whānau capacity to carry out end-of-life and end-stage care	\$29,972	Research Activation Grant 2	Tess Moeke-Maxwell	The University of Auckland
20/1311	Other (generic health or health services)	Exploring refugee access to primary healthcare services in Aotearoa	\$30,000	Research Activation Grant 2	Mudassir Anwar	University of Otago
20/1317	Other (generic health or health services)	Post-operative dressing use in lower limb amputees: reasons for and against use	\$37,940	Research Development Award	Dawn Adair	Auckland University of Technology
20/1318		Development of a Maaori Research Advisor for the Advancement of Maaori Research	\$142,960	Research Development Award	Te Hao Apaapa-Timu	Counties Manukau District Health Board
20/1320	Other (generic health or health services)	Laying the foundations for a NZ primary care research and surveillance network	\$30,000	Research Activation Grant 2	Carol Atmore	University of Otago
21/197	Diabetes	Pharmacogenetics of T2D medications within the Māori and Pacific population	\$125,550	Pacific Health PhD Scholarship	Zanetta Toomata	The University of Auckland
20/1325	Renal and urogenital	Digital technology for women's pelvic health – creative marketing or good science?	\$25,529	Research Activation Grant 2	Stephanie Woodley	University of Otago
20/1326	Infectious disease	Understanding the gendered effects of health policy responses to COVID-19	\$30,000	Research Activation Grant 2	Jennifer Curtin	The University of Auckland
21/199	Obesity	Obesity amongst Kiribati communities	\$31,000	Pacific Health Masters Scholarship	Annie Baiteke	The University of Auckland
20/1328	Physical activity/exercise	Healthy for life: education and support for older people	\$29,946	Research Activation Grant 2	John Parsons	The University of Auckland
20/1333	Mental health (and sleep disorders)	Māori sleep health across the life span	\$29,594	Research Activation Grant 2	Angela Campbell	University of Otago
20/1334	Other (generic health or health services)	Telerehabilitation for people with mTBI: a co-design approach	\$30,000	Research Activation Grant 2	Denise Taylor	Auckland University of Technology
21/203	Human genetics and inherited/congenital conditions	Why do outcomes of critical congenital heart disease in NZ differ by ethnicity?	\$260,000	Pacific Health Clinical Training Fellowship	Simone Watkins	The University of Auckland
20/1335	Physical activity/exercise	Engaging with Buttabeen Motivation: a qualitative study	\$20,587	Research Activation Grant 2	Faasisila Savila	The University of Auckland
20/1336	Vision/hearing/speech	Keratoconus and crosslinking - Improving access to care and reducing inequity	\$97,166	Research Development Award	Akilesh Gokul	The University of Auckland
20/1340	Disability	How to improve methods of engaging with disabled Māori	\$28,800	Research Activation Grant 2	Elizabeth Tohu	Taikura Trust
20/1345	Child and youth (healthy) development	Curds and whey in preterm babies: does fortifier adversely affect mother's milk?	\$29,815	Research Activation Grant 2	Christopher Pook	The University of Auckland

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20/1347	Cancer (oncology)	PROMs for individualised evaluation and management in advanced breast cancer	\$70,742	Research Development Award	Melissa Warren	Breast Cancer Foundation NZ
21/216	Mental health (and sleep disorders)	Samoan families experience with mental health services	\$172,500	Pacific Health Clinical Training Fellowship	Ioana Mulipola	Auckland University of Technology
21/217	Rheumatology/ arthritis	Investigating genetic links between height and gout in Māori and Pacific people	\$5,000	Māori Health Summer Studentship	Jordon Lima	University of Otago
21/219	Wellbeing (autonomy self-determination)	An inquiry into Raukura integration into Euro-centric Otago University	\$5,000	Māori Health Summer Studentship	Raiha Cook	University of Otago
21/220	Cancer (oncology)	Equitable Application of Circulating Tumour DNA to the New Zealand Population	\$141,000	Māori Health PhD Scholarship	Jordon Lima	University of Otago
21/222	Wellbeing (autonomy self-determination)	Teaching in racialised spaces - SET feasibility project	\$5,000	Māori Health Summer Studentship	Tahirah Moton	The University of Auckland
21/243	Physical activity/ exercise	The 'Niu Movement' - The effectiveness of circuit-based exercise in communities	\$5,000	Pacific Health Knowledge Translation Grant	Troy Ruhe	University of Otago
21/251	Cardiovascular/ cerebrovascular	Experiences of stroke rehabilitation for Māori stroke survivors and their whānau	\$6,600	Māori Health Masters Scholarship	Witana Petley	University of Otago
21/253	Wellbeing (autonomy self-determination)	Exploring interrelationships between racism, time and Māori health inequities	\$131,247	Māori Health PhD Scholarship	Natalie Talamaiavao	The University of Auckland
21/264	Mental health (and sleep disorders)	The importance of informal mental health help-seeking for Pacific men in New Zealand	\$381,402	Pacific Health Postdoctoral Fellowship	Caleb Marsters	The University of Auckland
21/272	Addiction (alcohol/drugs/ gambling/ smoking)	Culture, church and community: Understanding Tongan gambling in New Zealand	\$4,700	Pacific Health Knowledge Translation Grant	Edmond Fehoko	Auckland University of Technology
21/276	Mental health (and sleep disorders)	Mental health and wellbeing of the Pacific non-regulated health workforce	\$5,000	Pacific Health Summer Studentship	Urata Sofai	University of Otago
21/280	Obesity	Evaluating BBM Motivation: a community-based, Pacific-driven approach to obesity	\$395,676	Pacific Health Postdoctoral Fellowship	Faasisila Savila	The University of Auckland
20/1355	Cancer (oncology)	Stopping breast cancer evolution: evaluation of APOBEC3 inhibitors in live cells	\$250,000	Breast Cancer Research Project	Vyacheslav Filichev	Massey University
21/300	Environmental health	Physiotherapists use of green-space for life long health conditions	\$5,000	Māori Health Summer Studentship	Saskia van der Wilt	University of Otago
21/309	Mental health (and sleep disorders)	Mauri tau: Indigenous psychological and therapeutic approaches to mental health	\$378,331	Erihapeti Rehu-Murchie Fellowship	Pikihiua Pomare	Massey University
21/328	Infectious disease	Effects of unique Pacific gene variants on immunity and metabolic disease	\$398,248	Pacific Health Postdoctoral Fellowship	Natalie Netzler	The University of Auckland
21/331	Mental health (and sleep disorders)	Pacific mental health: Integrating Pacific world views and practices	\$300,000	Sir Thomas Davis Fellowship	Sione Vaka	Auckland University of Technology

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21/364	Vision/hearing/speech	The prevalence of vitrectomy and cataract post vitrectomy in Pacific and Māori	\$5,000	Pacific Health Summer Studentship	Malia Pateli	The University of Auckland
21/368	Wellbeing (autonomy self-determination)	Utilisation of wai for the holistic wellbeing of Māori	\$5,000	Māori Health Summer Studentship	Sade Gilbert-Perenise	University of Otago
21/372	Reproduction/fertility/sexual health	Nesian narratives: Enhancing sexuality education for Pacific communities	\$442,511	Pacific Health Postdoctoral Fellowship	Analosa Veukiso-Ulugia	The University of Auckland
21/376	Physical activity/exercise	Physical activity participation for Pacific people	\$5,000	Pacific Health Summer Studentship	Paige Enoke	University of Otago
21/430	Wellbeing (autonomy self-determination)	Self-management of long-term conditions for Pacific people	\$5,000	Pacific Health Summer Studentship	Ileana Lameta	University of Otago
21/435	Child and youth (healthy) development	Developing a supported playgroup for children of Pacific families	\$5,000	Pacific Health Summer Studentship	Duncan Drysdale	University of Otago
21/437	Obesity	Reducing health inequalities: Pacific experiences in the DHB system	\$5,000	Pacific Health Knowledge Translation Grant	Losa Moata'ane	University of Otago
21/438	Diabetes	Me'akai, Suka mo e Mo'ui Lotolu (Food, diabetes and total wellbeing)	\$5,000	Pacific Health Knowledge Translation Grant	Soana Muimuiheata	Auckland University of Technology
21/448	Diabetes	Talanoa 'o e Me'akai mo e Suka	\$5,000	Pacific Health Knowledge Translation Grant	Soana Muimuiheata	Auckland University of Technology
21/459	Physical activity/exercise	Kaitiaki's perspectives of adolescent rehabilitation from ACL injuries	\$5,000	Māori Health Summer Studentship	Mark Alexander	University of Otago
21/581	Nutrition	DIET 2: Māori Health Equity	\$129,390	Māori Health PhD Scholarship	Hannah Rapata	The University of Auckland
21/589	Child and youth (healthy) development	Exploring the understanding and expression of anger among Pasifika youth	\$31,404	Pacific Health Masters Scholarship	Leueta Mulipola	The University of Auckland
21/599	Wellbeing (autonomy self-determination)	Taufa's 5G's model – the intra-ethnic variations among Tongan teenage mothers	\$5,000	Pacific Health Knowledge Translation Grant	Seini Taufu	Moana Research
21/601	Mental health (and sleep disorders)	Whanaungatanga and association with health outcomes, health literacy and access	\$5,000	Māori Health Summer Studentship	Ariel Schwencke	The University of Auckland
21/603	Mental health (and sleep disorders)	Te Korowai Hauora o Hauraki response to mental health needs in rangatahi	\$5,000	Māori Health Summer Studentship	Ruby Ngamane-Harding	Research Trust of Victoria University of Wellington
20/1371	Injury (intentional and unintentional)	Taurite Tū- achieving equitable injury prevention outcomes for ageing Māori	\$881,944	Achieving Equity for Ageing Māori Project	Katrina Bryant	Te Runanga o Otakou
20/1379	Injury (intentional and unintentional)	Whaioranga te Pā Harakeke – Iwi-driven injury prevention and recovery for Māori	\$1,421,317	Achieving Equity for Ageing Māori Project	Joanna Hikaka	The University of Auckland
20/1380	Ageing	Health equity and wellbeing among older people's caregivers during COVID-19	\$249,967	Community Action Grant	Vanessa Burholt	The University of Auckland

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20/012A	Mental health (and sleep disorders)	Improving Pacific youth wellbeing: co-creation and evaluation of a digital tool	\$128,600	Pacific Health PhD Scholarship	Taulaga Auva'a-Alatimu	Massey University
20/1383	Wellbeing (autonomy self-determination)	Wellbeing of essential workers during COVID-19: Community support	\$250,000	Community Action Grant	Katherine Ravenswood	Auckland University of Technology
20/1384	Ageing	A pandemic response and recovery framework supporting equity for older people	\$996,615	Project	Christine Stephens	Massey University
20/1389	Cancer (oncology)	WHIRI: Pandemic system redesign to maximise Māori health gains	\$966,309	Project	Nina Scott	Waikato District Health Board
21/646	Neurological (CNS)	Neuropathology of repetitive sport-related head injury	\$243,748	Emerging Researcher First Grant	Helen Murray	The University of Auckland
20/1396	Ageing	Rāpua te Mārama: Bereaved Māori whānau experiences of palliative care and death	\$999,999	Project	Tess Moeke-Maxwell	The University of Auckland
20/1405	Cancer (oncology)	Molecular profiling for precision cancer therapies in breast and ovarian cancer	\$199,146	Breast Cancer Register Project	Michael Eccles	University of Otago
20/1419	Wellbeing (autonomy self-determination)	Titiro whakamuri, kōkiri whakamua	\$236,900	Community Action Grant	Nicole Coupe	Kirikiriroa Family Services Trust
21/694		Ethics of animal-only antimicrobials as a novel approach to emerging infectious disease control from a One Health perspective	\$6,000	Ethics Summer Studentship	Maeve Cleary	University of Otago
21/695		Why does medical education change how some students view Euthanasia/ Assisted Dying?	\$6,000	Ethics Summer Studentship	Luke Nie	University of Otago
21/696		Decolonising Pandemic Responses in Aotearoa New Zealand	\$6,000	Ethics Summer Studentship	Thomas Swinburn	The University of Auckland
21/700		Moral reasoning in the New Zealand government's press briefings on COVID-19	\$6,000	Ethics Summer Studentship	Dinithi Bowatte	Victoria University of Wellington
20/1442	Infectious disease	Te matatini o te horapa: a population based contagion network for Aotearoa NZ	\$996,466	Project	Dion O'Neale	The University of Auckland
20/1452	Wellbeing (autonomy self-determination)	The M.E.K.E. Initiative: Taking health and fitness to whānau	\$136,681	Māori Community Action Grant	Rachel Forrest	Eastern Institute of Technology
20/1459	Other (generic health or health services)	Connecting Kai	\$248,540	Community Action Grant	Kahurangi Dey	Research Trust of Victoria University of Wellington
20/1466	Wellbeing (autonomy self-determination)	Te Puna Rongoā : Achieving Medicines Access Equity for Māori - Pharmacists' role	\$217,942	Achieving Equitable Access to Medicines Project	Joanna Hikaka	The Maori Pharmacists' Association
20/1474	Mental health (and sleep disorders)	Addressing the COVID-19 impacts upon Māori with mental illness	\$250,000	Māori Community Action Grant	Maria Baker	Te Rau Ora
20/1480	Wellbeing (autonomy self-determination)	Ensuring equity for Pacific families: Learning from a pandemic	\$997,814	Project	Jacqueline Cumming	Pacific Perspectives

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21/753	Cardiovascular/cerebrovascular	Development of a novel tissue-engineered heart valve	\$150,000	Explorer Grant	Steve Waqanivalagi	The University of Auckland
21/776	Reproduction/fertility/sexual health	Development of a novel device to rapidly test embryos during IVF	\$150,000	Explorer Grant	Lynsey Cree	The University of Auckland
21/802	Rheumatology/arthritis	Personalised 3D-tissue models: Reducing health inequities in cartilage therapies	\$150,000	Explorer Grant	Tim Woodfield	University of Otago
20/041A	Neurological (CNS)	The role of psychological flexibility in recovery following a concussion	\$65,348	Foxley Fellowship	Josh Faulkner	Massey University
20/1549		Te Mana Māori Wahine i te hapūtanga me te manaaki whaea, a Māori perspective	\$90,000	Research Activation Grant 2	Riripeti Haretuku	Lakes District Health Board
19/608A		Whangaia ka tupu, ka puawai	\$249,873	Feasibility Study	Kendall Stevenson	The Dragon Institute
20/1561		Health Sector Research Collaboration Grant - Bay of Plenty DHB	\$282,308	Health Sector Research Collaboration Grant	Sarah Mitchell	The Bay of Plenty Clinical School Charitable Trust
19/173A	Physical activity/exercise	Built environment and active transport to school: BEATS Natural Experiment	\$914,202	Project	Sandra Mandic	Auckland University of Technology
20/185A	Wellbeing (autonomy self-determination)	Māmā e Mamia - piloting a marae-based wellbeing model for pēpi and māmā Māori	\$202,674	Erihapeti Rehu-Murchie Fellowship	Aria Graham	Taku Mamia Trust
18/023A	Wellbeing (autonomy self-determination)	Assessing mental health and wellbeing among high risk Pasifika youth in Aotearoa	\$231,592	Pacific Emerging Researcher First Grant	Julia Ioane	Massey University



Health Research Council
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Published by the Health Research Council of New Zealand
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