E11

hrc nz
Health Research Council of New Zealand
Te Kaunihera Rangahau Hauora o Aotearoa

Annual Report
Pūrongo ā-Tau 2022

For the year ended 30 June 2022

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

Te Kāwanatanga o Aotearoa
New Zealand Government

Contents | Ngā Ihirangi

From our Chair
Kupu Takamua Nā te Heamana

This has been a year of advancement and improvement to what we do at the Health Research Council (HRC).

It's also been a year of significant change in the health landscape, where working with and across multipile agencies has helped ensure New Zealand's research efforts deliver a difference in priority areas.

Working with the Ministry of Business, Innovation and Employment (MBIE), the HRC reviewed and redesigned its long-term funding for independent research, resulting in an investment that complements our vision for health, the economy, the environment, and society.

We also redesigned our funding mechanism for community-led research, increasing the opportunity and scope to undertake research at a grassroots level in New Zealand. Funding documents were streamlined, while retaining the HRC's key criteria for excellence and impact. The usual assessment timeframe was shortened, in keeping with the practical needs of communities engaging in research. And we provided different levels of funding, starting with opportunities to establish capability and to get 'research ready'. This funding is so important because it enables iwi, hapū, and other Māori community groups to identify and investigate issues that matter to them most, ultimately making a real difference to hauora/health outcomes for their communities.

But beyond individual rounds, we have taken further steps to maximise the impact of HRC investment. While our Partnership Programme has seen us partner with multiple government agencies, NGOs, and international co-funders over many years, we recently redesigned the programme to ensure it is more targeted and purpose-driven. Our new 'Mission-Led' mechanism will encourage multiple partners to work together to leverage funds and create funding opportunities of higher monetary value and greater potential impact. We have made processes more flexible, innovative, responsive, and inclusive, with built-in measures for responding to urgent needs, as we did so successfully with our rapid research response to COVID-19.

We are on track to deliver our first mission-led call in 2023, and are excited about bringing together researchers and end-users, to help research findings make their way into health practice and policy.

Collaboration between sectors, research providers and policy-makers is the surest pathway to impact. New knowledge and evidence is what triggers and drives health improvements, and we are confident health research will play a significant and visible role within the new health system. We look forward to working in tandem with New Zealand's new health agencies in addressing the most important issues facing New Zealanders.

Professor Lester Levy CNZM, Chair

From our Chief Executive
Nā tō mātou Tāhuhu Rangapū

What a year. There were landmark changes in the health sector, and changes to a number of funding mechanisms at the Health Research Council. All the while, our focus was on supporting and sustaining a pandemic-hit research workforce.

For those actively engaged in research, lockdowns made it difficult to access the workplace or research materials; there were barriers to research participation and to travel. At the same time, there were many researchers involved at the frontline of New Zealand's health response, in clinical and advisory roles, doing the work that all New Zealanders rely on, and stepping in to support their communities in other ways.

In response to these challenges, the HRC extended funding application deadlines and offered blanket extensions on all research reports. When needed, we moved assessing committee meetings to accommodate members who – like all of us – found themselves wearing many hats. We also provided an additional $6.8M for HRC-funded emerging researchers to help get them through this difficult time at a critical stage of their careers.

As we all move through the next phases of our pandemic response, research funding systems around the world are grappling with the extended effects on research progress and on participants. The HRC is part of international conversations on how research funding systems can better respond to the ongoing implications, and we are watchful for approaches we can take here.

Out of every crisis, of course, comes the opportunity to learn and better prepare for things to come. And this pandemic has only reinforced the need for a long-term view to research. The reason the HRC was able to mount a strong research response to COVID-19 was because, for decades now, we have funded researchers specialising in biomedical science, infectious diseases, and population health, to name just some of the expertise that was quickly needed. Rapidly, New Zealand's health researchers were able to apply their skills and knowledge to combat an emergent threat, which is what building research capability and capacity is all about.

This year we renewed our long-term funding for independent research organisations doing nationally significant research in areas of high priority for government. Alongside our competitive funding rounds for researcher-initiated studies, we know that this type of targeted and stable long-term funding can make the difference in retaining critical skills and carrying out high-impact mission-led science in New Zealand.

Going into a new year, the HRC is looking to maximise the benefits stemming from all our investments. We aspire for our research to be even more aligned with what our country needs, and we'll continue to nurture the people and skills that drive discovery and change.

Finally, I acknowledge our research, clinical, and public health workers, and communities themselves, for their ongoing contribution to keeping New Zealanders as well as possible through such challenging times; and of course our wonderful HRC kaimahi whose work supports the pathway to better health and wellbeing for all New Zealanders.

He aha te mea nui o te ao? He tangata he tangata he tangata! What is the most important thing in the world? It is the people, it is the people, it is the people! Now, more than ever, we need to heed this wisdom, as we continue to navigate currents sometimes strong and sometimes unexpected.

Professor Sunny Collings
HRC Chief Executive

PART 1 / WĀHANGA 1

About the HRC

Mō HRC

Lion Rock | Te Piha

Who we are
Ko wai mātou

The Health Research Council of New Zealand (HRC) is the principal government agency for funding health research.

We identify and fund the research that will make the greatest difference to New Zealanders. We're also responsible for building and fostering the talented research workforce that will seek and find the solutions to current and emerging health challenges.

We invest $120M a year in research spanning the biomedical, public health, clinical, and health science fields, and are currently supporting 4,257 research positions.

Informing our vision for excellent health research is Te Tiriti o Waitangi, guiding us to uphold Māori rights, worldviews and knowledge. We believe a health research system that is fit for New Zealand must support mātauranga Māori and kaupapa Māori methodologies, and actively engage iwi, hapū and Māori communities in the research process.

Across our broad portfolio of research, we aim to drive innovation and impact; advance Māori health; and improve health equity. We want every New Zealander to enjoy equitable improvements in health and wellbeing because of evidence and innovations from New Zealand's high-performing health research system.

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.

The Health Research Council Act 1990 sets out clear functions for the HRC, which include:

- 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.

What we do
Ā mātou mahi

We are committed to investing in the building of evidence to tackle the problems facing us now, and to prepare for future health challenges.

Guided by government's vision and goals for New Zealand health research, we design research funding opportunities and manage the funding process. Through contestable funding rounds, we support the ideas of New Zealand's best researchers, as well as initiate and commission research in priority areas where knowledge gaps exist.

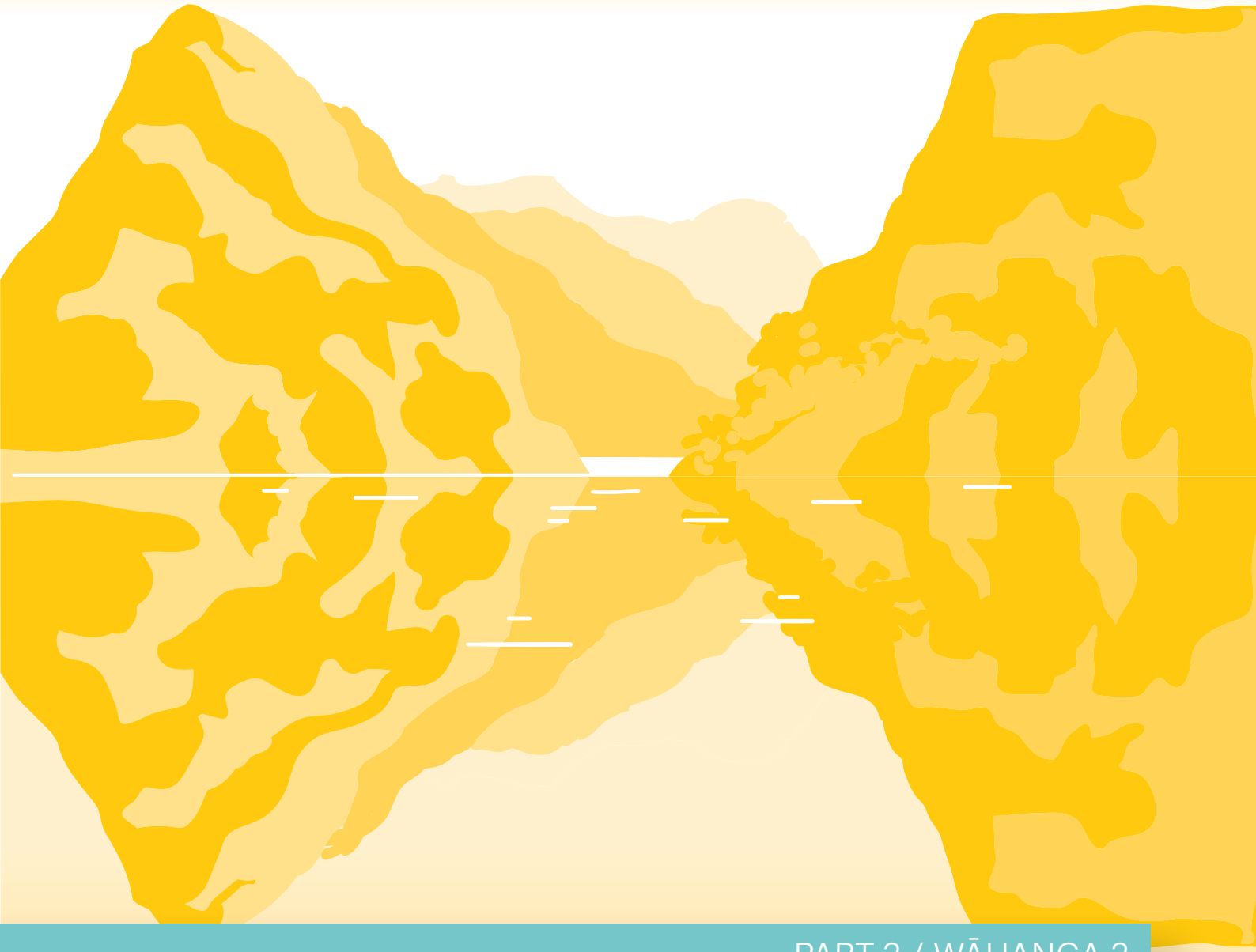
Having led the development of the New Zealand Health Research Prioritisation Framework, we are responsible for aligning our investment with this framework and supporting the many stakeholders that are required to implement it.

Building a skilled workforce, which represents the diverse populations we serve, is part of our endeavour to improve health equity. We do this by providing funding opportunities for researchers at various stages of their careers – from students and emerging researchers through to research champions. This includes dedicated opportunities across the career spectrum for Māori and Pacific health researchers.

To support evidence-based healthcare policies and practice, we also provide research funding for healthcare professionals, with the aim of bridging the gap between research findings and research practice.

Our assessment processes involve multiple committees and typically more than 1500 national and international reviewers a year. At each level of decision-making, we apply the best-suited expertise to ensure New Zealand's limited health research dollars go to the highest-quality proposals with the greatest potential for impact. And through our ethics and regulatory committees, we play a pivotal role in ensuring New Zealand health research is ethical and safe.

We are proudly dedicated to health research, and committed to addressing New Zealanders' health needs in what we fund and how we work, at all times upholding the HRC's values of transparency, integrity, courage and commitment.



PART 2 / WĀHANGA 2

Supporting people, capability, ideas, and impact

Te tautoko i te tangata, i te āheinga, i ngā whakaaro me te pānga

Doubtful Sound | Pātea

The year at a glance
Te tirohanga whānui ki te tau

The Health Research Council has several hundred contracts under active management at any one time. These contracts are at various stages of their funding terms, ranging from a few months up to seven years.

01 In the year ending 30 June 2022, the HRC supported 796 research contracts, spending $124M on these during the year.

$61.7 M
Impact and innovation
254 Contracts
- 58 Project Grants: *Health and Wellbeing*
- 121 Project Grants: *Improving Outcomes for Acute and Chronic Conditions*
- 21 Project Grants: *Māori Health Research*
- 38 Project Grants: *Health Delivery Research*
- 16 Project Grants: *Pacific Health Research*

$10.9 M
Idea development
219 Contracts
- 58 Emerging Researcher First Grants
- 45 Explorer Grants
- 19 Feasibility Study Grants
- 97 Health Delivery Activation Grants

$6.7 M
Partnering on national and global research efforts
47 Contracts
- 14 International Partnership Grants
- 5 Ngā Kanohi Kitea Grants
- 28 Partnership Programme (domestic)

$0.7 M
Rapid Response Research
8 Contracts
- 1 Christchurch March 15 Project
- 6 COVID-19 Equity Grants
- 1 COVID-19 Project

$27.0 M
Sustaining critical research capacity
34 Contracts
- 4 Funding for Independent Research Organisations
- 30 Programme Grants

$17.4 M
People development
234 Contracts
- 56 Māori Career Development Awards
- 48 Pacific Career Development Awards
- 57 Clinical Career Development Awards
- 11 General Career Development Awards
- 62 Health Delivery Career Development Awards

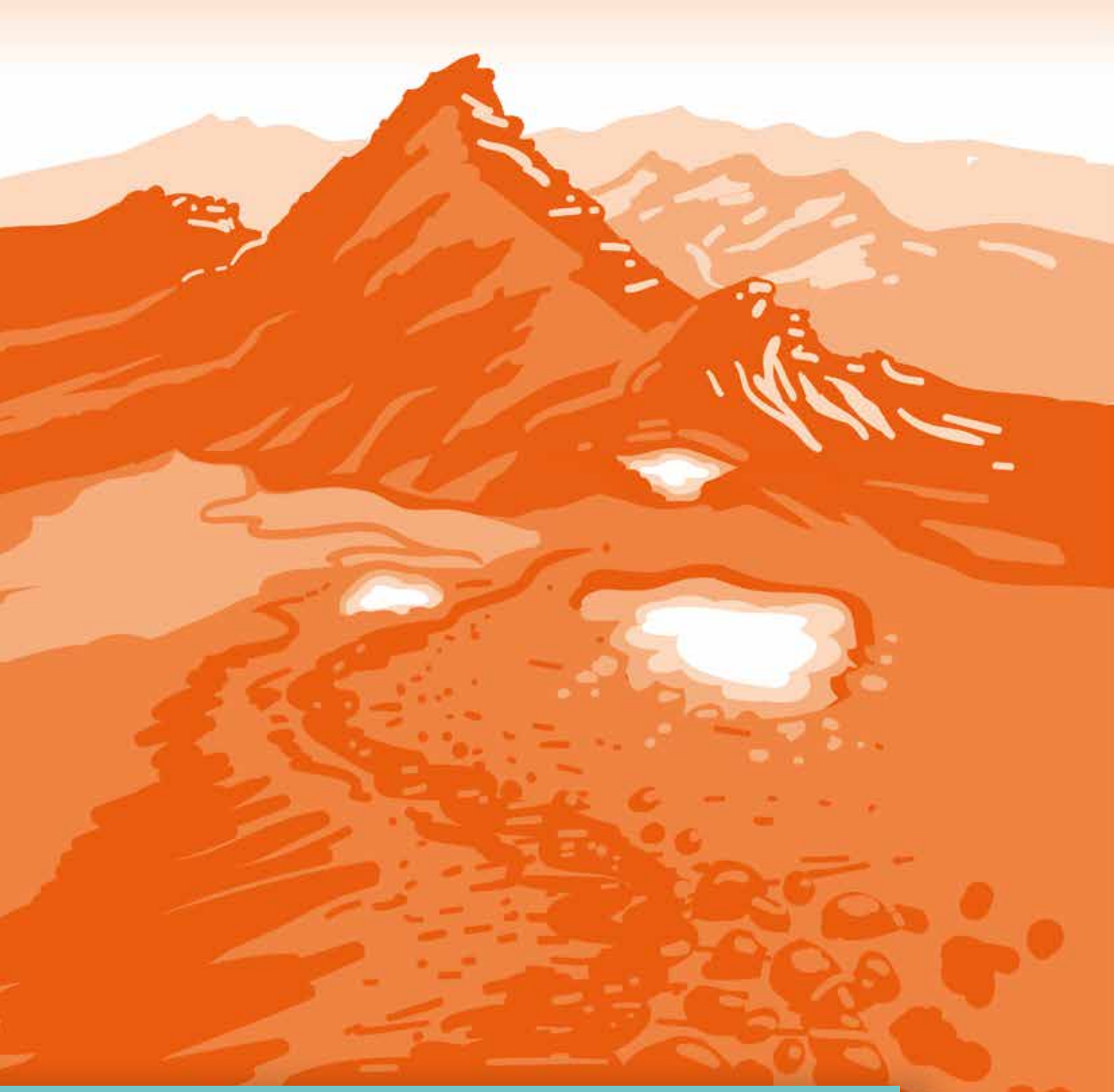
Infographic: Research supported by the Health Research Council for year ending 30 June 2022. Figures represent payments across all active contracts in the year.

02 We supported a broad portfolio of research across all disciplines.

Graph: Research supported by the Health Research Council in the year ending 30 June 2022, by portfolio (in millions).

03 Across all active contracts, we supported 55 different research providers, including:

- 27 contracts with 19 Māori-owned research providers
- 39 contracts with 9 hospitals
- 685 contracts with 7 Universities.



PART 3 / WĀHANGA 3

Meeting Goals and Expectations

Ngā whāinga me ngā manako o te hui

The Health Research Council's Performance Framework

Our aspiration

Every New Zealander enjoys equitable improvements in health and wellbeing because of evidence and innovations from our world-leading health research system.
Kia rongo ai ngā kainoho katoa o Aotearoa i ngā hua o te hauora me te waiora nā ngā taunakitanga me ngā auahatanga e puta mai ana i tā mātou pūnaha rangahau hauora.

Our contribution

We lead the health research sector, developing a skilled and diverse workforce and investing in excellent research to improve wellbeing and health equity.
Kei mua kē tātou i te ahumahi rangahau hauora, e whanake ana i tētahi ao mahi matatau, kanorau hoki, ā, e penapena ana hoki i te rangahau kounga e pai ake ai te tōkeke waiora, hauora hoki.

Our 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.

Our goals

- Invest in excellent research for innovation and impact
- Advance Māori health through excellent research
- Improve health equity through excellent research.

(Activities funded through HRC Output 1: Fostering excellence and innovation)

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, **form strategic research partnerships** to address priority health issues, and **build strong links to international research** efforts.

Our goals

- Connect for innovation and impact
- Advance Māori health through meaningful partnerships
- Improve health equity through engaging across government and the health sector.

(Activities funded through HRC Output 2: Connecting for greater impact)

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.

Our goals

- Invest in people and systems for innovation and impact
- Advance Māori health through building research capacity and capability
- Improve health equity through investment in a diverse research workforce.

(Activities funded through HRC Output 3: Strengthening skills and growing a diverse workforce; and Output 4: Keeping the health research system ethical and safe)

Infographic: Our drivers and goals for 2020 - 2024

Our goals and drivers | Ērā e whakaaweawe ana i a mātou

The Health Research Council's Performance Framework (see previous page) is made up of three strategic drivers: fostering excellence and innovation; connecting for greater impact; and strengthening skills and systems.

Across all these drivers are three clear goals:

- To **drive innovation and impact**, ensuring that the research taking place in Aotearoa New Zealand will result in improved practices and treatments that make a tangible difference to health and wellbeing. We support New Zealand researchers to work locally and collaborate internationally, building the evidence and knowledge to tackle complex global health issues.

- To **advance Māori health** by not only improving health outcomes for Māori, but by creating opportunities for Māori researchers and thought-leaders to generate the knowledge, methods and innovations that address the health needs of their whānau, hāpu and iwi. Building and sustaining the Māori workforce is key to generating mātauranga Māori as a national and international resource while also improving health and wellbeing among Māori.

- To **improve health equity** by ensuring New Zealand health research serves and benefits all New Zealanders, including Pacific peoples, people with disabilities, migrants and refugees, and people with diverse gender identities. Designing a research system that embeds and prioritises equity – as well as building a skilled and diverse research workforce that mirrors society – is fundamental to how the HRC can contribute to a fairer health system and better health outcomes for all New Zealanders.

What our Ministers expect of us | Ngā kawatau o ngā Minita hei whakatutuki mā mātou

The Health Research Council's strategic objectives closely align with the government's priorities for health research in New Zealand.

In their 2021/2022 Letter of Expectations, the ministers responsible for the HRC asked us to focus on the following areas:

1. The government expected its wellbeing and equity priorities to provide a solid framework for the HRC's work throughout the year.

Equity is a goal across all the HRC's work, and a good percentage of our research is focused on keeping people healthy and well. HRC research continues to provide evidence and knowledge that can be used for system-level improvements and better outcomes in each of the areas outlined by ministers (listed below).

Government's priorities include:

- Giving practical effect to Whakamaua, the Māori Health Action Plan.
- Improving child wellbeing.
- Improving mental wellbeing.
- Improving wellbeing through prevention.
- Improving population outcomes, supported by a strong and equitable public health and disability system.
- Improving population outcomes, supported by primary healthcare.

2. We were asked to drive improvements in the health research funding system, building on our progress in the below areas.

As reflected in both the research we fund, and how we operate as an organisation, the HRC has fervently pursued advancements in each of these areas, through actions across all three strategic drivers.

Focus areas include:

- Achieving equity in health outcomes and meeting Te Tiriti obligations.
- Strong governance and financial management including a process to regularly review the performance of our Council.
- Increasing the intensity of research into healthcare services and in healthcare settings (i.e. healthcare delivery research).
- Improving environmental sustainability.
- Enabling and supporting research in District Health Boards.
- Realising the potential from data-intensive health research.
- Building and shaping a research workforce that can meet our future health needs.
- Reviewing the funding opportunities supported by the Vision Mātauranga Capability Fund.
- Developing the Health Research Strategy's priorities.

3. Our ministers expected we would continue working towards the goals outlined in our Statement of Intent (SOI).

The HRC has worked collaboratively across various sectors (health, research, social services and commercial sectors) to pool resources and efforts, and advance government goals in a coordinated and cohesive way. In the next chapter of this Report, we outline examples of our progress against our current SOI.

The SOI goals noted in the Letter of Expectations:

- A focus on impact and reducing inequity.
- Leading the development of the health research workforce.
- Collaborating with Ministry of Health and MBIE to implement the Health Research Strategy.
- Strengthening collaborations that leverage international science and innovation.
- Developing cross-sectoral relationships to improve equity and wellbeing.
- Supporting the work of National Science Challenges and Centres of Research Excellence.
- Strengthening system-wide approaches to health research infrastructure and capability.
- Supporting better information platforms and systems.

COVID-19 impact on our work
Te pānga mai o ā mātou mahi e KOWHEORI-19

In Auckland, where the HRC is based, we experienced prolonged lockdowns, restrictions and elevated health risk to our staff related to COVID-19 in this reporting period – from August 2021 and continuing in the 'new normal' that evolved in the first half of 2022. Staff continued to work from home during lockdowns, and flexibly between home and office as restrictions lifted.

At various times in the first half of 2022, a significant number of HRC staff required leave for COVID-19.

Fortunately, the timing was staggered, and we were able to provide continuous delivery of all our critical services. This was the result of cautious policies and business continuity planning, alongside our capability to complete almost all functions remotely.

The HRC has continued to support researchers whose activities have been impacted by the pandemic. In December 2021, we announced that additional funding (20% of existing contract value) would be provided to support early career researchers holding HRC grants that are critical to address inequity and gaps in the health research workforce. This additional funding, totalling $6.92 million, was released between February and April 2022.

We continue to process a high number of contract variations, at 145% higher volume relative to pre-COVID-19 baseline in both this financial year and the previous financial year (no reduction).

In this reporting period, the HRC has also progressed significant improvements to funding opportunities, processes, systems, and capability, as listed below, which had been either paused or substantially delayed in the previous two years. This includes:

- Refinement and implementation of risk profiling of research contracts and development of the monitoring regime scalable to risk.
- Internal audits/reviews of key processes.
- Commissioning of a functional review of the HRC's implementation of its regulatory mandate.

We have not, however, been able to progress planned improvements to records management practices in response to an audit by Archives NZ. As our paper-based formal records management was severely impacted by prolonged lockdown and restrictions on office access, our focus in the first half of 2022 was on maintaining our pre-existing good standard of paper record-keeping for the financial year, in which we have been successful.

PART 4 / WĀHANGA 4

Our performance story

Ngā kōrero mō tā mātou whakatutuki i ngā mahi

Tane Mahuta

Progress on medium-term goals
Te kaneke mō ngā whāinga ā-pae waenga

Strategic Driver 1: Fostering excellence and innovation

In keeping with our Statement of Intent (SOI), we've continued to align our investments with the research priorities of Aotearoa New Zealand, while bringing to life more key components of the New Zealand Health Research Strategy.

Below are measures we have taken to enhance our mechanisms and processes and to fulfil our medium-term goals. Where an initiative specifically progresses a stated SOI target, this is noted.

Enhancing our processes: recent initiatives to advance our goals under Strategic Driver 1.	**Highlights and outcomes:** the HRC's investment in priority areas.

Investing in excellent research for innovation and impact

1. We have mapped our investment in major grant types* against the domains of the New Zealand Health Research Prioritisation Framework. This has given us a clearer picture of how HRC investments align with national research priorities and where we need to make adjustments. *Corresponding SOI target: By 2024, we will track how our investments are delivering to the research aims of the Health Research Prioritisation Framework annually.*

2. We have evaluated and changed our Health Delivery Research funding initiatives to attract more applicants. We now offer the awards more frequently, and allow career development awards to be undertaken part-time. *Corresponding SOI target: By 2024, our pilot scheme will have been reviewed, and any necessary changes identified will be made, to maximise the effect of this investment and increase the translation and uptake of research in clinical practice.*

3. By implementing a negotiated funding process we enabled a number of funding applicants to strengthen their health delivery research proposals until they met our stringent 'fundable' criteria. This process enabled promising research to get off the ground and helped us maintain investment levels in this area of strategic importance.

4. We used a negotiated funding process to reinvest in independent research organisations (IROs) that undertake crucial research. Through a revised funding mechanism, we ensured our support for IROs complements the goals of MBIE's Strategic Science Investment Fund and will bring long-term benefits for health, the economy, the environment, and society.

We invest more than $13 million a year in research projects and programmes relating to **children and youth.**

We are currently supporting 48 research contracts focused on **mental health,** with a combined value of $26.9 million.

In the past year, we spent $4.1 million on **addiction research.**

More than 55% of research projects and programmes funded over the past 5 years will have short-term to medium-term benefits for New Zealand's health system, particularly within the areas of **primary care, health policy,** and hospital-based treatment.

Research focused on **wellbeing and keeping populations healthy** and independent through life represents at least 30% of our annual investment.

We've invested more than $32.7 million in **healthcare delivery research** since revising our funding mechanism in 2020.

Enhancing our processes: recent initiatives to advance our goals under Strategic Driver 1.

Highlights and outcomes: the HRC's investment in priority areas.

Advancing Māori health through excellent research

1. We have made changes to how research proposals are scored and assessed (based on the Health Research Attributes of the Health Research Prioritisation Framework). With this first step we've ensured Māori health advancement is given the same weighting as other key components of excellent health research, which will increase the likelihood of all health research improving Māori health outcomes; addressing inequities; or upholding and valuing Māori rights, worldviews and knowledge.

2. To ensure our Māori health research opportunities are responsive to Māori needs, we have centred the expertise of the HRC Māori Health Committee across the design of key funding rounds, including the revised Ngā Kanohi Kitea Community Advancement Fund and our recent call for Whakamaua research (jointly funded by the Ministry of Health). *Corresponding SOI target: By 2024: Our investments will be guided by the Māori health research priorities generated through implementing Action 2 of the New Zealand Health Research Strategy.*

All major grant types* now have a **'Māori Health Advancement'** score of 20%.

In the past 3 years, more than 42% of our investment in major grant types has been relevant to **Māori Advancement** or Māori development. That's an average of $36 million per year.

Over the past decade, $41.7 million has been allocated to **Māori-led research organisations.**

Improving health equity through excellent research

1. In our COVID-19 research response, we ran a dedicated COVID-19 equity-focused funding round to ensure the benefits of New Zealand's research efforts could be fairly distributed and accessed by different population groups.

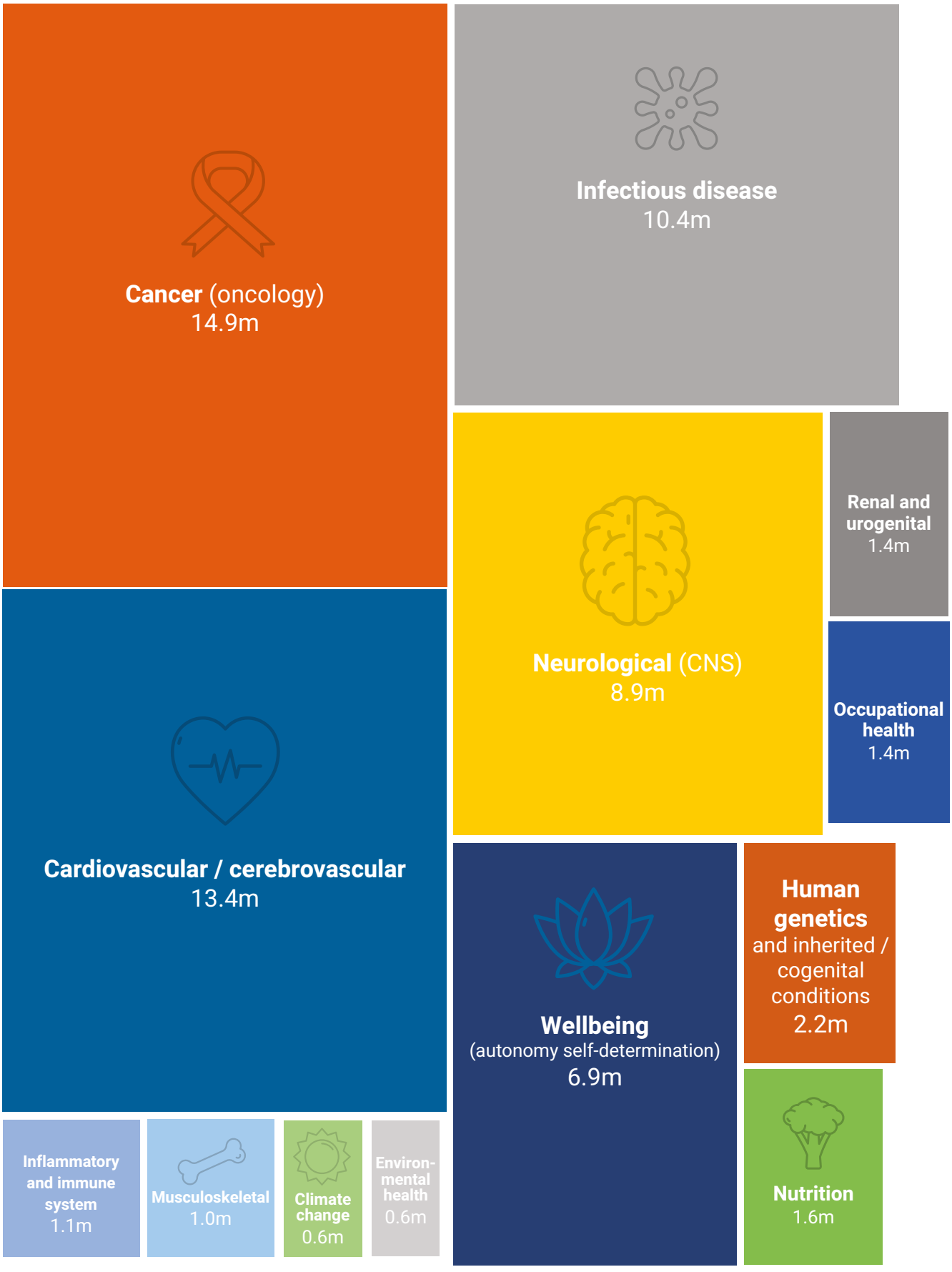
2. We have continued to build investment in Pacific health research, increasing the value of some Pacific career development awards and funding the maximum number of Māori and Pacific health projects that meet our stringent funding criteria.

More than $6.3 million has been invested in **equity-driven COVID-19 research** (and future infectious disease).

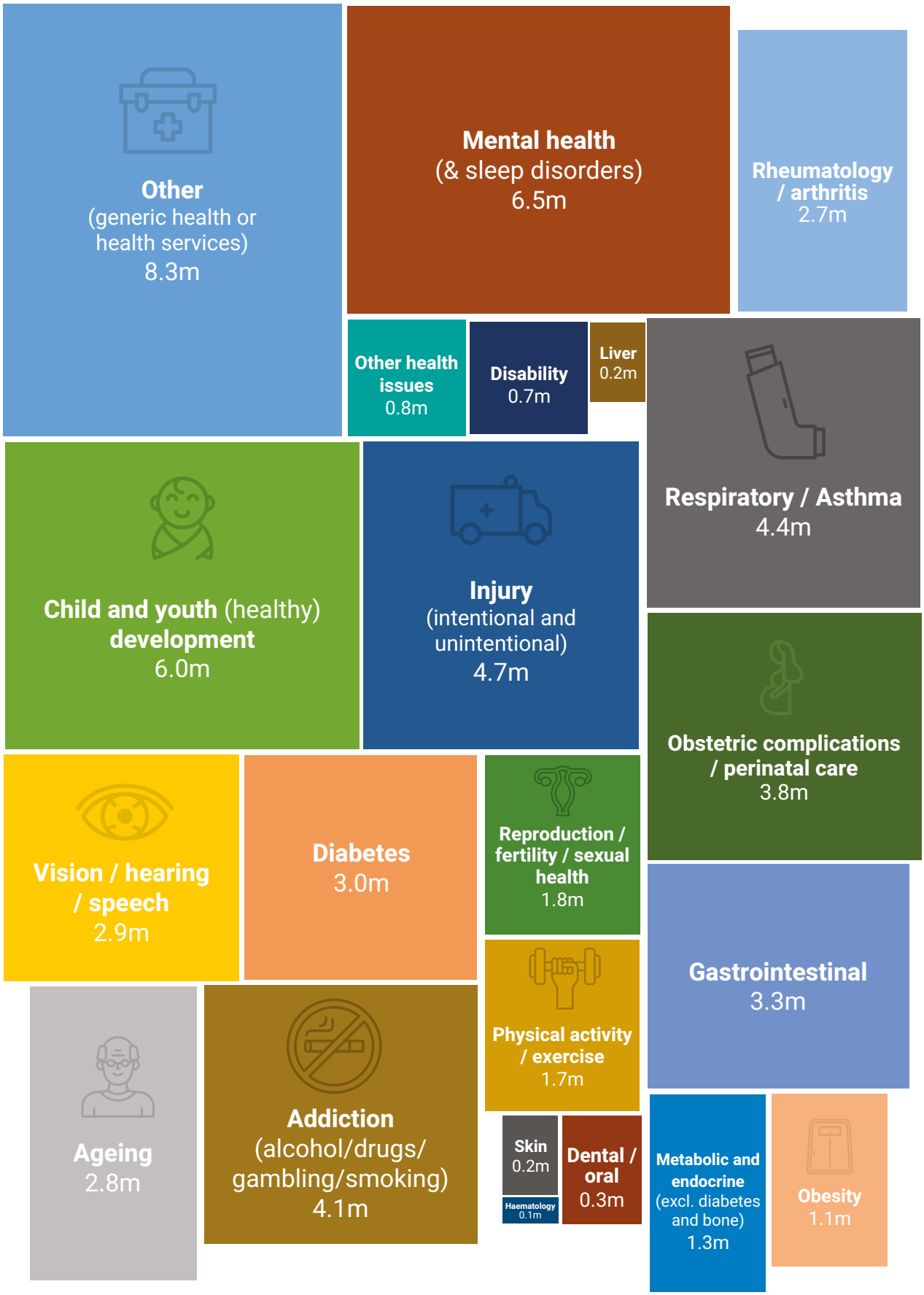
In the past 5 years, an average of $4.6 million has been invested each year in **Pacific-related health research** (not including Career Development Awards). This included 24 Pacific Projects.

*'Major grant types' includes research programmes and projects funded through our annual rounds

Our research investment areas
Ngā wāhi e tukuna ai he haumi mō te rangahau



Infographic: HRC spending on active research contracts in year ending 30 June 2022, by health topic/area.


Other
(generic health or health services)
8.3m
Mental health
(& sleep disorders)
6.5m
Rheumatology / arthritis
2.7m
Other health issues
0.8m
Disability
0.7m
Liver
0.2m
Respiratory / Asthma
4.4m
Child and youth (healthy) development
6.0m
Injury
(intentional and unintentional)
4.7m
Obstetric complications / perinatal care
3.8m
Vision / hearing / speech
2.9m
Diabetes
3.0m
Reproduction / fertility / sexual health
1.8m
Gastrointestinal
3.3m
Physical activity / exercise
1.7m
Ageing
2.8m
Addiction
(alcohol/drugs/ gambling/smoking)
4.1m
Skin
0.2m
Haematology
0.1m
Dental / oral
0.3m
Metabolic and endocrine
(excl. diabetes and bone)
1.3m
Obesity
1.1m

Strategic Driver 2: Connecting for Greater Impact

Working in collaboration with others helps us maximise the potential of health research in New Zealand.

Through stronger connections and communication, we are coordinating research efforts across the health sector and galvanising research within communities. Through strong partnerships, we also reduce duplication of research efforts and speed the uptake of research findings into health policies and practices.

Enhancing our processes: recent initiatives to advance our goals under Strategic Driver 2.	**Highlights and outcomes:** the HRC's investment in priority areas.
Connecting for innovation and impact	
1. We have reviewed and redesigned our longstanding Partnership Programme and are launching our new 'Mission-led Investment' mechanism in the 2022–2023 year. The new mechanism builds on earlier input from stakeholders and research users, with the aim of maximising impact from HRC-funded research. It will require us to be more proactive in bringing together multiple research partners to create funding opportunities in areas of high priority.	Through active partnerships, we are currently addressing the following issues: • Safe **paracetamol use** in children • Equitable **cancer** outcomes • Improving **injury prevention** for ageing Māori • Equitable **access to medicines** for Māori • Reducing work-related health problems such as **stress, anxiety and depression**.
2. In a year of major health reform, the HRC met with the Health Transition Unit (responsible for establishing Te Whatu Ora - Health New Zealand, and Te Aka Whai Ora - Māori Health Authority) to help embed the role of health research in the new health system and to engage and familiarise new agencies with our goals.	
3. We made a submission to the MBIE-led green paper on Te Ara Paerangi – Future Pathways, which will shape the government's plans for a future-focussed research system for New Zealand. We also worked with the Healthier Lives National Science Challenge to organise the Pathways between Research, Policy, and Practice webinar.	We allocated **$10.1 million** in dedicated **COVID-19 funding rounds** to help track and manage the pandemic in New Zealand.' *Corresponding SOI goal: By 2021, the HRC will have allocated at least $3M to COVID-19 research.*
4. The HRC has stayed connected with best practice and international funding trends through our chief executive's membership on the Heads of International Research Organisations (HIROs); our ongoing working relationships with Australia, Canada, China and the UK; and our engagement with forums such as Ensuring Value in Research, the Research on Research Institute, and the DORA Asia-Pacific Funders Forum.	Since 2020, we have conducted 7 funding rounds in partnership with **international co-funders.** *Corresponding SOI goal: By 2024, we will have increased investment in international research partnership opportunities.**
	Approximately **65%** of major grant types funded in the past five years involved at least one **international collaboration.**

*With the redesign of our Partnership Programme, the intention is to offer fewer, but more targeted higher-value funding opportunities to support HRC's priority missions. This strategic shift may also affect our earlier intention to offer at least 3 funding opportunities that build knowledge, capacity and capability in the area of 'one health'.

Enhancing our processes: recent initiatives to advance our goals under Strategic Driver 2.

Highlights and outcomes: the HRC's investment in priority areas.

Advancing Māori health through meaningful partnerships

1. We have strengthened our engagement with the HRC's Māori Health Committee to ensure new Māori-led research initiatives meet the needs of Māori and support mātauranga Māori research.

2. In a key initiative to support pae ora (healthy futures) for Māori, we partnered with the Ministry of Health to invest in an independent research project centred on key government policy – the Whakamaua Māori Health Action Plan 2020-2025. This means Māori-led research will directly inform implementation, progress, and direction of Whakamaua from now through to 2025.

Input from the HRC's **Māori Health Committee** has informed important workstreams and design initiatives across the organisation, including the increased weighting of the Māori Health Advancement score criterion across all major grant types.

Improving health equity through engaging across government and the health sector

1. By partnering with the Ministry of Health and several other government agencies, such as PHARMAC, WorkSafe and the Ministry of Social Development, we have been able to address health inequities from a broader, cross-sectoral perspective that targets some of the wider determinants of health. This has helped us coordinate research efforts across sectors and advance mutually shared government priorities.

2. Through our upcoming mission-led mechanism, funding will be equity-driven and channelled into priority areas where research gaps exist. This will provide greater support for Māori, Pacific, and other groups who experience unequal access to good health outcomes.

Since 2020, 70% of our partnership initiatives have been relevant to **building towards equity.**

RESEARCH PROFILE

Investing in excellent research for innovation and impact

Decade of breakthrough science - Digitising the gut

HRC funding played a significant role in the development of a wearable device that can help doctors diagnose the causes of abdominal pain, indigestion, nausea and vomiting in their patients.

Worn over the stomach, the device consists of a stretchable array containing 64 electrodes. Much like the way an ECG records the electronic signal of the heart, the device known as 'Gastric Alimetry' can measure the comparatively weaker signals coming from the stomach and produce accurate reports that clinicians can use to treat patients.

A single non-invasive test conducted in the comfort of a clinic allows patients and clinicians to get answers within hours instead of months. It stands to transform the diagnostic pathway for millions of patients worldwide.

The device is currently undergoing clinical trials in 5 countries, with results and further regulatory approvals expected during 2022.

Getting to this point was the culmination of a decade of award-winning scientific research by The University of Auckland's Bioengineering Institute and Faculty of Medical and Health Science. The research was backed by grants from the Health Research Council and the US National Institutes of Health, followed by Callaghan Innovation funding.

Professor Greg O'Grady and Armen Gharibans, cofounders of Alimetry.

In 2019, a spin-out company 'Alimetry' was founded to support the innovation's next phase of development. New funds raised by the company, including support from the HRC, will be used to expand its artificial intelligence capabilities and its product pipeline.

The gastric device has recently received numerous innovation and product design awards, including Gold from the Australian Good Design Awards, and a prestigious 'Purple Pin' at the New Zealand Best Design Awards. The Best Awards judges stated, "This is a tangible example of how New Zealand science, technology and design can work together to produce brilliant results."

RESEARCH PROFILE

Advancing Māori health through meaningful partnerships

Funding real-time research on key Māori health policy

In partnership with the Ministry of Health, the HRC in June awarded $1.5M to an independent Māori-led research team to track the implementation and progress of the government's Whakamaua Māori Health Action Plan 2020–2025.

In addition to the Ministry of Health's internal evaluation of the plan, the research team's assessment will directly inform implementation, progress, and direction of Whakamaua from now through to 2025, and identify gaps that need to be filled along the way.

The project's co-lead researcher Dr Lis Ellison-Loschmann (Te Ātiawa, Ngāti Raukawa, Kāi Tahu, Ngāti Toa Rangatira), describes it as a 'unique opportunity to provide real-time research on an important policy initiative on Māori health at a time of major health reforms and ongoing significant impacts resulting from Covid-19'.

The Whakamaua Māori Health Action Plan sets the government's direction for Māori health advancement over a five-year period, giving practical effect to He Korowai Oranga – the Māori Health Strategy. It outlines a suite of objectives and priority areas with tangible actions that can be implemented to achieve high-level outcomes that contribute to pae ora (healthy futures) for Māori.

While equitable health outcomes for all New Zealanders is an explicit goal of the New Zealand health and disability system, significant inequities between Māori and non-Māori still exist across the life course – from before birth, through childhood and youth, adulthood and into old age.

The team includes Tākiri Mai te Ata (Whānau Ora collective), Te Pūtahitanga o Te Waipounamu (Whānau Ora Commissioning Agency) and Te Awa Kairangi Kai Collective. They will evaluate the role of Whakamaua in contributing to pae ora across the life course, and will provide evidence of progress on the outcomes and objectives of Whakamaua, guided by the eight priority areas outlined in the plan: Māori-Crown partnerships, Māori leadership, Māori health and disability workforce, Māori health sector development, cross-sector action, quality and safety, insights and evidence, and performance and accountability.

Dr Lis Ellison-Loschmann

They will examine progress at four different levels, which includes the policy and implementation level; the governance and provision of primary healthcare for Māori; the impact on iwi, Māori, and Māori-led provider organisations; and maximising the value of health data to benefit Māori.

"Our overarching goal is to determine what Whakamaua looks like in practice, with a view to identifying what is working well and why; what is not working well and why; and where improvements can be made," says Dr Ellison-Loschmann.

> "This is an opportunity to draw on whānau, iwi, Māori and Māori-led expertise in the area of service delivery, to provide valuable direction on how action and policy can be more closely aligned."

Ultimately, the team will provide independent advice and insights to help remediate any areas where there is insufficient evidence of progress being made.

With Whakamaua being a living document with the ability to evolve in collaboration with stakeholders. this highly skilled research team has the potential to make a direct and significant impact on government policy and help shape a healthier future for Māori.

Strategic Driver 3: Strengthening skills and systems

The HRC has a statutory responsibility to build and maintain a skilled health research workforce that meets the needs of New Zealanders.

As part of our endeavours to promote health equity, we have continued to build and maintain diversity in the workforce so it mirrors society and reflects the diverse populations we serve. Below are measures we have taken to launch and establish research careers and to enhance our systems so research in New Zealand has the best chance of making a difference.

Enhancing our processes: recent initiatives to advance our goals under Strategic Driver 3.	**Highlights and outcomes:** the HRC's investment in priority areas.

Investing in people and systems for innovation and impact

1. By supporting projects and careers through our Health Delivery Research investment portfolio, we have increased research activity within the health sector, allowing health professionals to gain research training and develop evidence-based health policy and practice.

2. We have enhanced our mechanism for providing long-term support for independent research organisations in New Zealand, so we can offer more stability and support for the unique and diverse capability fostered and built within these organisations.

3. We have developed a rapid-response investment process as part of a redesign of all our investment mechanisms, helping ensure our investments are both effective and timely in addressing New Zealanders' needs.
   Corresponding SOI targets: By 2022, we will have developed a specialised rapid-response investment process that allows us to allocate funds in short timeframes, without compromising quality. By 2022 our funding processes will appropriately reflect the Research Attributes of the Health Research Prioritisation Framework.

4. Alongside the periodic research reports prepared by HRC-funded researchers, we have introduced reporting at two years and five years after contracts end to help us better capture the impact of our funding.

5. Through the work of our Ethics Committee and other advisory committees (See Output 4 on Page 36), we continue to make a strong contribution to the ethics and regulatory frameworks in New Zealand.

6. We supported the roll-out of the New Zealand Research Information System (NZRIS) as a major early data provider and contributor to the working groups. The HRC is now a key advocate for the system which will allow an analysis of the impact of money spent on health research.

7. We have upgraded our grant management and financial systems in order to more seamlessly manage investment contracts. We have also invested in cyber security monitoring and upgrades to protect the HRC's information network.

Over the past 5 years, we have supported
2,793 individuals
in undertaking research.

The percentage of
practicing clinicians
working on HRC grants has increased from 26% to 42% over the past 5 years.

In the past year 603 roles on active contracts were held by
emerging researchers.

Enhancing our processes: recent initiatives to advance our goals under Strategic Driver 3.

Highlights and outcomes: the HRC's investment in priority areas.

Advancing Māori health through building research capacity and capability

1. Working with MBIE and the HRC's Māori Health Committee, we redesigned our funding mechanism for building research capability within Māori communities. To better engage iwi, hapū and Māori organisations in the research process, we made the Ngā Kanohi Kitea Community Advancement Fund more accessible through streamlined application forms; shortened assessment timeframes; and by providing a wider range of grants that 'meet communities where they are at' in terms of research readiness.

2. Through our comprehensive suite of career development opportunities for Māori, we continue to strengthen research capacity and capability, starting with student level opportunities such as summer studentships and Master's and PHD scholarships, through to postdoctoral fellowships for establishing research careers.

3. Through our longstanding clinical research training fellowships, we've continued to build research capacity in the healthcare sector, and in the past year introduced a Māori Health Clinical Research Fellowship to the suite of Māori Career Development Awards.

The proportion of investment overseen by the **Māori Health Committee** has increased to an average of 11.1% over the last 5 years, up from 9% in the 5 years prior.

More than 18% of lead investigators on active contracts identify as **Māori.**

In the past 5 years, we have awarded 119 **Career Development Awards** to Māori researchers.

In the past 5 years, we've supported **138 Māori investigators** who are currently practicing clinicians.

Improving health equity through investment in a diverse research workforce

1. Through our suite of Pacific Career Development Awards, the HRC has continued to support Pacific researchers to develop the methodologies and solutions that work for their communities. Notably, we have doubled the value of one of our Pacific postdoctoral fellowships, from $300,000 over 2 years to $600,000 over 4 years.

2. In collaboration with Ministry of Business, Innovation and Employment and the Ministry of Health, we are leading the implementation of Strategic Priority 1 of the NZ Health Research Strategy, which includes sustaining the research workforce. Through involvement on the Strategy's implementation and steering groups, we are set to support the development of Strategic Priorities 2 and 3, led by the Ministry of Health; and Strategic Priority 4, led by MBIE.
By 2024, we will have aligned our career development opportunities with any agreed outcomes from Action 2-4 of the New Zealand Health Research Strategy.

Over the past 5 years, 7.5% of lead investigators identified as **Pacific Peoples,** and we awarded 106 Career Development Awards to Pacific peoples.

RESEARCH PROFILE

Advancing Māori health through building research capacity and capability in communities

Taurite Tū is a falls prevention exercise programme especially designed for Māori aged 50-plus and their whānau, and it's an example of what community-led research funding can achieve.

Falls are a leading cause of injury with major consequences for ageing Māori. In 2017, members of Te Rūnanga o Ōtākou, in Ōtepoti/Dunedin, identified a gap in fall prevention services for Māori living in their takiwā/district.

Te Rūnanga o Ōtākou applied for HRC funding specifically designed to support iwi, hapū and community groups to undertake research into self-identified health issues. They first gained an HRC Ngā Kanohi Kitea Development Grant before securing a Ngā Kanohi Kitea Full Project Grant with the aim of creating a balance and strengthening exercise programme based on Kaupapa Māori research methodology.

With the help of Katrina Bryant – a member of Te Rūnanga ō Ōtākou and a registered physiotherapist – the community designed 'Taurite Tū' – an exercise programme using Te Ao Māori practices, including te reo Māori, karakia, waiata, mihimihi, whakawhanaukataka, and other Mātauraka Māori (Māori knowledge).

This was the first falls prevention programme developed specifically for kāumatua Māori (designed by kāumatua for kāumatua), and its outcomes have included statistically significant improvement in falls risk, positive engagement of Māori community, and increased hauora research capacity within Te Rūnanga o Ōtākou.

The programme's success led to Te Rūnanga o Ōtākou receiving further funding in 2020 ($881,944 through an HRC-ACC partnership fund) to roll this programme out throughout Aotearoa. As with the original Taurite Tū research, the current project is again guided by evidence-based falls prevention research findings, mātauranga Māori, and kaupapa Māori research methodology. The project aims to support other rūnanga-based organisations to grow their own health research capacity, while also meeting the needs of Māori communities.

This year, the HRC revised its Ngā Kanohi Kitea Community Advancement Fund to better meet communities 'where they are' in terms of research readiness, supporting them to build research capability skills, relationships, networks, and development opportunities to get started on their research journey.

Katrina Bryant, project leader for the Taurite Tū falls prevention exercise programme

This funding is one of the ways that the HRC can advance Māori health and gain the unique benefits of Māori knowledge in addressing health gaps and inequities.

Participants enjoying a Taurite Tū exercise class

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.

Our Performance Framework (page 13) is designed to drive the goals of the New Zealand Health Research Prioritisation Framework and New Zealand Health Research Strategy. Its overarching vision also supports the aims of the Pae Ora Healthy Futures Act.

In this Statement of Service Performance, we present the HRC's outputs. These fall into four categories 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.

HRC Output	Funding Sources	Vote Output Expenses
1. Fostering excellence and innovation	• Vote Business, Science & Innovation • Bequests & donations • Interest	• Science & Innovation; *Health Research Fund*
2. Connecting for greater impact	• Vote Business, Science & Innovation • Third-party management fees • Interest	• Science & Innovation; *Health Research Fund* • Science & Innovation; *Catalyst Fund*
3. Strengthening skills and growing a diverse workforce	• Vote Business, Science & Innovation • Interest	• Science & Innovation; *Health Research Fund* • Science & Innovation; *Vision Mātauranga Capability Fund*
4. Keeping the health research system ethical and safe	• Vote Health	• Health

The following sections describe our outputs in the past financial year and the funding allocated through all grant types.

Output 1: Fostering excellence and innovation
Whakaputanga 1: He poipoi i te kounga me te auahatanga

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

Output 1	Actual 2022 $000	Budget 2022 $000	Actual 2021 $000
Funding from the Crown	102,285	111,412	109,305
Interest Received	45	27	103
Total Revenue	**102,330**	**111,439**	**109,408**
Cost of Output	106,800	110,912	104,335
Surplus (Deficit)	**(4,470)**	**527**	**5,073**

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 output.
- **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	2020 - 2021 Baseline	2021 - 2022 Target	2021 - 2022 Actual	
Number of contracts funded in the previous financial year that meet the HRC's definition of 'transformative' research1	15	10 - 20	15	**Achieved**
Why this KPI? *As this research is higher risk 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 significant economic returns for New Zealand. As the research is higher risk, we seek to maintain investment within the range defined.*				
Implement a contract monitoring regime scalable to risk	New measure	Implement a monitoring regime for new Programmes, based on updated risk profiles	Contract risk monitoring has been implemented for all Programmes according to our management regime, scaled to risk.	**Achieved**
Why this KPI? *Good contract management practices are key to ensuring that the excellent research that the HRC supports will be completed on time and have the desired impact. Identifying risks and issues early, and instituting the appropriate level of monitoring, is an important part of this. We will focus on implementing a monitoring regime initially for new Programmes, our major contract type with the highest value and longest term (up to $5 million over 5 years).*				
Percentage of HRC Programmes and Projects funded in the previous financial year with a focus on understanding and reducing inequity in health outcomes	34%	At least 25%	60%	**Achieved**
Why this KPI? *This measure allows us to track the extent to which our investments contribute to evidence that service-providers and policy-makers can draw on to improve equity of health outcomes and advance Māori health – both crucial goals of HRC investment. The target was exceeded, which is a desirable outcome and indicates increased focus amongst successful applicants on reducing inequity in health outcomes.*				

[1]This measure is one of three included in the end-of-year reporting requirements for the Health Research Fund (M84) under the Vote Business, Science and Innovation Estimates of Appropriation for 2021/22. The target in the Estimates of Appropriation was 8-10.

FUNDING ALLOCATED IN 2021 - 2022

What it means for New Zealanders
Te hua kua puta ki ngā tāngata o Aotearoa

Health Delivery Research investment

In the year to 30 June, the HRC awarded 10 Health Delivery Research Project Grants; 62 Research Activation Grants; 6 Career Development Awards; and 17 Health Research Sector Collaboration Grants to the combined value of $17.2M.

Approximately 14% of the HRC's annual funding was allocated to health delivery research, one of the major channels through which we can contribute to health gains and system benefits in New Zealand. Initiating and enabling research to be done in healthcare settings is crucial to ensuring quality evidence underpins health treatments and services.

Projects and Programmes investment

The HRC awarded 4 Programme Grants; 5 Rangahau Hauora Māori Project Grants; 3 Pacific Project Grants; and 41 General Project Grants to the combined value of $78.92M.

Through our largest rounds of the year, we funded the highest-ranked proposals covering biomedical, clinical, public health, and health services research, including Māori and Pacific research. This funding supports the ideas and discoveries of New Zealand's most experienced researchers, whose projects have a chance of significantly improving health outcomes, equitably, for New Zealanders.

Explorer Grants

The HRC awarded 17 Explorer Grants to a total of $2.55M.

Through these grants, we maintain our support for high-risk discovery science and transformative research. This funding supports researchers to challenge conventional wisdom and look at solving health problems in new and different ways.

Independent Research Organisation (IRO) Capability Funding

The HRC allocated long-term funding to the value of $38.3M to four IROs.

This investment will build research and innovation capability which delivers to the government's and HRC's research priorities. It covers biomedical research in cancer, asthma, allergy and microbiome research; research to improve clinical management, clinical trial translation and implementation; Māori-led research focused on health, the environment, and intergenerational trauma; and Māori research into public health, health services and policy.

Emerging Researcher First Grants

The HRC awarded 11 Emerging Researcher grants to a total of $2.7M.

Through this funding round and a number of career development awards offered later in the year, New Zealand's early career researchers are able to advance their careers by undertaking quality research that builds new evidence and knowledge in their field.

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 2022 $000	Budget 2022 $000	Actual 2021 $000
Funding from the Crown	2,995	3,043	3,077
Interest Received	68	40	46
Other	57	585	770
Total Revenue	**3,120**	**3,668**	**3,893**
Cost of Output	3,727	7,876	3,871
Surplus (Deficit)	**(607)**	**(4,208)**	**22**

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 international research efforts 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	2020 - 2021 Baseline	2021 - 2022 Target	2021 - 2022 Actual	
Implement a redesigned Partnership Programme	New measure	Develop and implement a redesigned Partnership Programme funding opportunity	While the new mechanism concept has been approved, implementation timelines were pushed out due to staff turnover. The new mission-led opportunity is on track to launch in first quarter of 2023.	**Not achieved**
Why this KPI? *The redesign of our Partnership Programme is a vital component of our overall goal to redesign our funding mechanisms and processes to better align with the Prioritisation Framework and achieve HRC's and the government's strategic goals. The goal of the redesign is to create a sustainable "mission-led" funding mechanism that maximises our resources and can better meet priority research needs of stakeholders.*				
Number of new funding agreements negotiated with government or non-government agencies to specifically address a health research priority developed as a result of the New Zealand Health Research Strategy1	1	1	0 (Negotiation of new funding agreements was paused to allow for implementation of redesigned Partnership Programme, see above KPI)	**Not 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. The redesign of our Partnership Programme has aligned with the Framework as part of our process to target investment and prioritise "mission-led" funding opportunities, and this redesign has been the focus of our workplan in 2021/22 (see KPI above).*				
Number of New Zealand based researchers named on current contracts resulting from HRC commitments to international organisations and agreements	50	>20	50	**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 have modified our target because investment in the Catalyst Fund has not increased, and no longer supports the E-Asia initiative. We exceeded our target, reflecting the significant number of researchers who remain supported on active, as well as new contracts resulting from international partnerships.*				

[1] This measure is one of three included in the end-of-year reporting requirements for the Health Research Fund (M84) under the Vote Business, Science and Innovation Estimates of Appropriation for 2021/22.
The VOTE Supplementary Estimates for 2021/2022 included a 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 2022/23 financial year.

FUNDING ALLOCATED IN 2021 - 2022

What it means for New Zealanders
Te hua kua puta ki ngā tāngata o Aotearoa

2021 Equitable Cancer Outcomes RFP

In a joint funding initiative with Te Aho o Te Kahu (Cancer Control Agency) and the Ministry of Health, we allocated $6.2M for research to address the stark inequities in cancer care and survival for Māori and Pacific peoples in New Zealand.

This funding will help tackle a major priority of the health and disability sector reforms – inequities in cancer outcomes. Due to lung cancer being New Zealand's biggest and most inequitable cancer, the majority of funding was awarded for projects into testing, screening, and improving lung cancer services.

2021 NZ-China Biomedical Research Alliance

In a joint initiative with the Chinese Ministry of Science and Technology (MoST) and the Ministry of Business, Innovation & Employment, we awarded $405,000 for the development of innovative and effective long-term treatment strategies for diabetes.

This funding, supported through MBIE's Catalyst Strategic Fund, facilitates research collaborations between New Zealand and Chinese researchers that help bring long-term health and economic benefits to New Zealand.

2022 Whakamaua and Achieving Pae Ora for Māori

In partnership with the Ministry of Health, we awarded $1.5M for research to track and monitor progress of the government's Whakamaua Māori Health Action Plan 2020–2025.

This funding helps ensure that Kaupapa Māori research will directly inform the implementation, progress, and direction of government policies for Māori health. See case study on Page 25.

Output 3: Strengthening skills and growing a diverse workforce

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

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

Output 3	Actual 2022 $000	Budget 2022 $000	Actual 2021 $000
Funding from the Crown	10,434	11,309	13,381
Interest Received	58	34	158
Total Revenue	**10,492**	**11,343**	**13,539**
Cost of Output	17,582	14,770	13,031
Surplus (Deficit)	**(7,090)**	**(3,427)**	**508**

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	2020 - 2021 Baseline	2021 - 2022 Target	2021 - 2022 Actual	
Number of current career development contracts awarded to practising clinicians	50	>30	84	**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. The number achieved exceeds our target, which is a desirable outcome, reflecting high uptake of our clinical career development initiatives.*				
Number of Māori Health Research Scholarships awarded (including Masters, PhD and postdoctoral awards)	12	>8	13	**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. Maintaining this capacity is critical to what we are trying to achieve.				
Number of Pacific Health Research Scholarships awarded (including Masters, PhD and postdoctoral awards)	17	>8	8 (All fundable applications were funded.)	**Not 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 for their communities.*				

FUNDING ALLOCATED IN 2021 - 2022

What it means for New Zealanders
Te hua kua puta ki ngā tāngata o Aotearoa

Career Development Awards

In the year to 30 June, the HRC awarded 22 'General' Career Development Awards; 29 Māori Health Research Career Development Awards; and 8 Pacific Health Research Career Development Awards to a combined value of $11.2M

The Summer Studentships, Master's and PhD Scholarships awarded in this round will help launch research careers, while the postdoctoral advanced fellowships support New Zealand's emerging and mid-career researchers to address current and future health challenges.

Ngā Kanohi Kitea Community Advancement Fund

We launched our revamped Ngā Kanohi Kitea Community Advancement Fund with a $2M funding pool available, to help build research capability within communities.

This funding puts research in the hands of Māori communities, helping them build research skills and capability to address self-identified health/hauora needs and priorities. Funding outcomes will be available in October 2022.

Extra $6.8M for emerging researchers across the board

Here and around the world, early career researchers have been the most vulnerable to the impact of COVID-19. To show our support for research organisations trying to retain their workforce, the HRC contributed $6.8M in additional funding to HRC researchers considered to be in the emerging researcher category. Additionally, we granted contract variations and extensions to all researchers affected by COVID-19.

Output 4: Keeping the health research system ethical and safe

Whakaputanga 4: He whakaū i te haumaru 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 2022 $000	Budget 2022 $000	Actual 2021 $000
Funding from the Crown	311	285	285
Total Revenue	**311**	**285**	**285**
Cost of Output	306	225	224
Surplus (Deficit)	**5**	**60**	**61**

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	2020 - 2021 Baseline	2021 - 2022 Target	2021 - 2022 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 2021/22 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 2021 - 2022

Putting the safety of New Zealanders first
Te whakamātāmua i te noho haumaru o ngā tāngata o Aotearoa

The HRC Ethics Committee fulfilled the following:

- Assessed the performance and approved all health and disability and institutional ethics committees in New Zealand.
- Completed three projects:
  - Updated Guidelines on Ethics and Health Research.
  - Explored Māori Health Research governance in Aotearoa.
  - Identified ethical issues in the usage of secondary data (including from the Integrated Data Infrastructure) and ways to reduce ethical risk.
- Published three articles in the annual Ethics Notes to inform the research community about ethical aspects around end-of-life choice, child data in the Integrated Data Infrastructure, and human embryo research.

The Data Monitoring Core Committee provided objective monitoring of 7 trials.

The Gene Technology Advisory Committee assessed the scientific merit of 2 applications to produce new medical therapies through the transfer of genes from another species to humans, and between species.

The Standing Committee on Therapeutic Trials assessed 158 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 5 / WĀHANGA 5

Our team and organisation

Tō mātou tīma me te umanga

Franz Josef Glacier | Kā Roimata o Hine Hukatere

How we work | Tā mātou e mahi nei

Our small team of 37 full-time and part-time staff works collaboratively to ensure every HRC initiative benefits from the input and expertise spread across the organisation.

We are very much driven by our values of transparency, courage, commitment and integrity, with staff taking ownership and pride over the portfolios and outcomes they contribute to.

The HRC is committed to developing research careers and strengthening capability, and applies this thinking in-house too. For the past year, staff have had the opportunity to improve their competency in te reo Māori and deepen their understanding of te ao Māori, both for personal and professional development.

Staff also receive regular training in cyber security and safety measures, increasing their knowledge in this increasingly important area.

Every summer we offer work placement opportunities for interns to gain experience in the research funding field: interns have the opportunity to work on assessment and contracting processes or help analyse data and set new initiatives for maximising the impact of research investment.

One of the legacies from the country's response to COVID-19 was the introduction of a flexible working environment at the HRC. All staff members are now fully equipped to work from the office and from home as part of our 'flexible working' policy.

Staff wellbeing is a priority, and in part is supported through the Employee Assistance Programme which gives employees access to counselling for a range of issues, both work-related and personal. The HRC also operates a zero-tolerance policy towards bullying and harassment.

With our quarterly 'OSCARs' celebrations, the HRC recognises outstanding service and achievement by employees who go a step beyond. To work at the HRC is to be part of a closely-connected, hardworking team, in a workplace that's driven by fairness, inclusion, and is growing in cultural competency.

Diversity, equity and inclusion (DEI) | Te kanorau, te tōkeke me te kauawhi

The Health Research Council follows Equal Employment Opportunity guidelines, ensuring that people who possess the required skills have equal opportunity to be hired. Our emphasis is always on recruitment of the best person to do the job regardless of gender, nationality, disability, or age.

Our small team of 37 consists of 27 women; and four of the five positions on our Executive Leadership Team are held by women. The HRC has a directorate centred around Equity, Māori and Pacific health, with the director of this team sitting on the HRC's Executive Leadership Team.

In the past year, our leadership moved to close pay gaps associated with gender or ethnicity, and adjusted individuals' salaries where appropriate. Our Human Resources agency is currently developing an action plan under Kia Toipoto guidance from Te Kawa Mataaho (Public Service Commission) which includes a remuneration plan, flexible working policy, and plans to enhance cultural competency at the Health Research Council.

While the plan is still in its infancy, the HRC has already implemented a number of measures that align with Kia Toipoto guidance. This includes taking steps to advertise vacancies more widely, with ads posted on Māori and Pacific job boards as well as traditional channels; and putting measures in place to better mitigate against potential racism and unconscious bias from the recruitment process, which includes having multiple people on an interview panel.

Māori Crown Relations | Ngā hononga i waenga i te Māori me te Karauna

As a crown agency, the HRC is 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 it is increasingly informing how we work and uphold the principle of equal partnership.

Our Equity, Māori and Pacific Health Research Directorate has worked closely with the HRC Māori Health Committee to ensure new research initiatives at the HRC are guided by the voice and perspectives of Māori. The HRC's Māori Health Committee is a statutory committee established under the HRC Act 1990, responsible for making funding recommendations to Council concerning Māori health research and career development. We have harnessed and centred the Committee's expertise as we've redesigned key funding mechanisms in the past year, including our Partnership Programme, the Independent Research Organisations Capability Fund, and the Ngā Kanohi Kitea Community Advancement Fund.

The Māori Health Committee, in conjunction with the Ministry of Health's Māori Health Directorate, worked to procure an independent Māori-led research team to track the implementation of the Whakamaua Māori Health Action Plan, and together they co-designed the assessment process that was managed by the HRC.

While the HRC continues to prioritise engagement with the Māori Health Committee as our organisation's Tiriti partner, we continue to strengthen our relationship with Ngāti Whātua Ōrākei - tangata whenua of central Tāmaki Makaurau. We are honoured to have the support of this hapū on our journey towards better partnership.

As part of this journey, the majority of HRC staff members this year participated in the AUT-facilitated Critical Tiriti Analysis (CTA) workshop to support building Te Tiriti capability across the organisation. This workshop looked at using CTA to inform the development of policy, checking that documents comply with the Preamble and the Articles of te Tiriti, reflecting Kāwanatanga, Rangatiratanga, Ōritetanga, and Wairuatanga. The workshop provided applicable measures and direction for ensuring Māori engagement, leadership and authority in the policy-making process.

Progress on Māori Language Planning

HRC staff have been learning te reo facilitated through Ngāti Whātua Ōrākei. These weekly lessons began in person, then continued weekly as Zoom meetings before returning in the hybrid format we now have, accommodating staff in the office and home.

Staff have embraced the lessons and valuable knowledge about Māori customs and protocols. In addition, our chief executive has taken up tertiary te reo studies, while some staff have introduced initiatives of their own to the workplace, such as forming the HRC's first waiata rōpū. The group meets frequently to learn and lead our waiata at staff gatherings.

All HRC statutory documents have bilingual components in terms of key heading translations, and we are looking to enhance our promotion and usage of te reo across other platforms.

Carbon Neutral Government Programme reporting | Te pūrongo mō te Hōtaka Whakamauru Pānga ā-Waro a te Kāwanatanga

The HRC is proud to have completed a third year of Toitū net carbonzero certification. We have:

- measured our emissions in accordance with ISO 14064-1:2018
- committed to managing and reducing our emissions
- compensated for our remaining unavoidable emissions through purchasing carbon credits.

Our total emissions for the 2021 calendar year were 29.10 tCO2e (tonnes of carbon dioxide equivalent) which is **40% lower than 2020 and 90% lower than our 2019 baseline year** (278 tCO2e).

Our emission reductions are driven by our reduction in air travel due to new ways of working initially developed in response to Covid-19 restrictions. This has led to the acceptance of, and increased expectation for, meetings and committees being conducted online.

Reducing the HRC's travel emissions was a commitment we made at the beginning of our sustainability journey back in 2019 with the launch of the HRC Sustainability Framework. Progress towards other commitments (ngā whāinga) include:

- **Ā mātou tikanga (our policies and procedures)**: the move to our new premises has encouraged progress towards a paperless office and online, electronic record-keeping.
- **Ā mātou tāngata (our people):** kaimahi (staff) have been supported to volunteer time to environmentally focused community initiatives, working with Ngāti Whātua Ōrākei Pourewa (nursery, māra kai and māra rongoā garden), the Kaipātiki Project, and Sustainable Coastlines.
- **O mātou whare (our place)**: reporting and measuring carbon emissions.

Our emissions

Table 1: Emissions profile broken down by category and source – 1 July 2021 to 30 June 2022

Emissions category	Emissions source	2021/2022 tCO2e
1. Direct emissions		0
2. Indirect emissions from imported energy	Imported electricity	5.50
3. Indirect emissions from transportation	Domestic air travel	4.60
	Accommodation	0.07
	Car mileage	0.44
	Taxi use	0.19
	Working from home	4.88
4. Indirect emissions from products and services used by organisation	Paper use	0.19
	Waste to landfill	0.25
	Wastewater services	1.55
	Water use	0.12
5. Indirect emissions associated with the use of products and services from the organisation		0
6. Indirect emissions from other sources		0
TOTAL EMISSIONS		**17.79**

Our reduction targets

The HRC has selected science-based reduction targets using a simplified method to define 1.5°C consistent reduction. We have set the following emission reduction targets:

- **2025 target:** Gross emissions (all categories) to be no more than 219.62 tCO2-e, or a 21% reduction compared to base year 2019.

- **2030 target:** Gross emissions (all categories) to be no more than 161.24 tCO2-e, or a 42% reduction compared to base year 2019.

The HRC is currently meeting these targets, driven by our reduction in air travel due to Covid-19 pandemic restrictions. We expect our emissions to grow over the next three financial years due to an increase in our domestic and international travel, and increased working from home flexibility.

Future reduction plans

To achieve our reduction targets, we have identified specific projects to decarbonise our emissions-generating activity:

- **Travel policy:** We will not allow the level of travel to return to pre-COVID levels: an update of the travel policy will reflect this.

- **Energy efficiency:** We are investigating options for renewable energy suppliers.

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 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.

Throughout the extended Auckland COVID-19 lockdown restrictions in the second half of 2021, staff continued to be offered virtual workspace assessment to support working from home. During this time the Stanley Street premises, where the HRC office was located, was being used by Auckland DHB for COVID-19 testing. To mitigate the risk to staff, all access to the office was rescinded, except for two instances where the IT administrator was granted access within strict safety protocols to retrieve full system backups.

As staff returned to a new office on Symonds Street once the country moved to the COVID-19 Protection Framework in December 2021, the Health and Safety Committee worked with the HRC's Executive Leadership Team to:

- provide guidance and support for staff to continue to work flexibly within their personal assessment of risk and comfort
- install air-purifying, filtering and ventilation units throughout the office
- provide ongoing access to COVID-19 Rapid Antigen Tests and evidence-based face masks.

All staff members received full Health and Safety inductions within the new office space. The Health and Safety Committee have worked with the Building Warden in the new premises to undertake trial evacuations, which have been run successfully.

Ensuring that the research taking place in Aotearoa New Zealand will result in improved practices and treatments that will make a tangible difference to health and wellbeing.

PART 6 / WĀHANGA 6

Financial Statements

Ngā Whakataunga Ahupūtea

Whararikí Beach | Whararikí Onepū

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 2022.

Professor Lester Levy
CNZM, Chair

30 March 2023

Dr Will Barker
Council member

Statements
Ngā tauākī

Statement of Comprehensive Revenue and Expense
for the year ended 30 June 2022

	Note	Actual 2022 $000	Budget 2022 $000	Actual 2021 $000
Revenue				
Funding from the Crown	2	115,714	126,048	126,048
Interest Revenue		207	101	307
Other Revenue		333	586	770
Total Income		**116,254**	**126,735**	**127,125**
Expense				
Research Grant costs	3	121,827	126,353	113,804
Operational costs				
Assessment and Council Committee costs		883	1,072	931
Personnel costs		4,262	4,806	4,501
Capital charge	4	639	0	967
Depreciation and amortisation expense		65	159	73
Fees to Audit New Zealand for the audit of the financial statements		74	65	68
Other costs		666	1,328	1,117
Total operational costs		**6,589**	**7,430**	**7,657**
Total expenses		**128,416**	**133,783**	**121,461**
Surplus/(Deficit)		**(12,162)**	**(7,048)**	**5,664**
Other comprehensive revenue and expenses		0	0	0
Total comprehensive revenue and expenses		**(12,162)**	**(7,048)**	**5,664**

Statement of Changes in Equity
for the year ended 30 June 2022

	Note	Actual 2022 $000	Budget 2022 $000	Actual 2021 $000
Equity at the beginning of the year		27,649	31,167	21,985
Total comprehensive revenue and expense for the year		(12,162)	(7,048)	5,664
Reclassification		(1,492)		
Equity at the end of the year	**7**	**13,995**	**24,119**	**27,649**
Represented by				
Public equity		5,556	4,965	5,099
Future Committed Funds		2,023	9,666	14,774
Joint Operations Reserve		5,411	7,925	6,660
Foxley Estate Reserve Fund		995	1,563	1,116
Total equity at 30 June	**7**	**13,995**	**24,119**	**27,649**

The accompanying accounting policies and notes form part of these financial statements.
Refer to Note 18 – Explanation of major variances against budget.

Statement of Financial Position

as at 30 June 2022

	Note	Actual 2022 $000	Budget 2022 $000	Actual 2021 $000
Current Assets				
Cash at Bank		1,211	2,888	1,600
Cash Deposits less than 3 months		2,000	0	0
Short-term Deposits	5	8,780	16,346	25,319
Short-term Deposits - Held for Joint Operations	5	5,411	7,925	6,660
Funds held on behalf of - Other Agencies	5	9,809	4,178	6,526
Funds held on behalf of - Foxley Estates	5	983	1,085	1,078
Receivables		676	379	417
Total Current Assets		**28,870**	**32,801**	**41,600**
Non-Current Assets				
Property Plant & Equipment		117	198	94
Intangible Assets		151	546	29
Total Non-Current Assets		**268**	**744**	**123**
Total Assets		**29,138**	**33,545**	**41,723**
Current Liabilities				
Payables		462	366	1,562
Contract Retentions	3	1,891	2,498	2,306
Provision for funds committed to International Agencies	6	1,225	328	937
Employee Entitlements		871	424	781
Rental Benefit in Advance		0	0	95
Funds held on behalf of other agencies	5	3,394	2,130	2,625
Total Current Liabilities		**7,843**	**5,746**	**8,306**
Non-Current Liabilities				
Provision for funds committed to International Agencies	6	885	1,632	1,867
Funds held on behalf of other agencies	5	6,415	2,048	3,901
Total Non-Current Liabilities		**7,300**	**3,680**	**5,768**
Total Liabilities		**15,143**	**9,426**	**14,074**
Net Assets		**13,995**	**24,119**	**27,649**
Equity				
Public equity		5,566	4,965	5,099
Future Committed Funds		2,023	9,666	14,774
Joint Operations Reserve		5,411	7,925	6,660
Foxley Estate Reserve Fund		995	1,563	1,116
Total Equity	7	**13,995**	**24,119**	**27,649**

The accompanying accounting policies and notes form part of these financial statements.
Refer to Note 18 – Explanation of major variances against budget.

Statement of Cash Flow

for the year ended 30 June 2022

	Note	Actual 2022 $000	Budget 2022 $000	Actual 2021 $000
Cash flows from operating activities				
Cash was provided from				
Receipts from the Crown		115,714	126,048	126,046
Interest received		255	101	383
Other Revenue		3	415	728
		115,972	**126,564**	**127,157**
Cash was applied to				
Payments to suppliers		(127,942)	(131,108)	(116,121)
Payments to employees		(3,893(	(4,384)	(3,930)
GST		(107)	1,157	(1,277)
		(131,942)	**(134,335)**	**(121,328)**
Net cash flow from operating activities	14	**(15,970)**	**(7,771)**	**5,829**
Cash flows from Investing activities				
Cash was provided from				
Funds held on behalf of other agencies		13,342	5,299	2,860
Maturing Term Deposits		79,267	110,095	105,125
Sale of Assets		138	0	0
		92,747	**115,394**	**107,985**
Cash was applied to				
Funds paid on behalf of other agencies		(10,128)	(5,129)	(4,372)
Reinvestment of Term Deposits		(66,667)	(106,595)	(108,953)
Purchase of Property Plant & Equipment		(371)	(687)	(60)
		(77,166)	**(112,411)**	**(113,385)**
Net cash flow from investing activities		**15,581**	**2,983**	**(5,400)**
Net increase (decrease) in cash held		**(389)**	**(4,788)**	**429**
Cash at Bank beginning of year		1,600	7,676	1,171
Cash at Bank end of year		**1,211**	**2,888**	**1,600**

The accompanying accounting policies and notes form part of these financial statements.
Refer to Note 18 – Explanation of major variances against budget.

Notes to the Financial Statements

For the year ended 30 June 2022

Note 1 - Statement of accounting policies

Reporting entity

Health Research Council of New Zealand (HRC) is a Crown entity as defined by the Crown Entities Act 2004 and is domiciled and operates in New Zealand. The relevant legislation governing HRC's operations includes the Crown Entities Act 2004 and the HRC 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 2022 and were approved by Council on 30 March 2023.

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:

- **PBE IPSAS 41 Financial Instruments**

  PBE IPSAS 41 replaces PBE IFRS 9 Financial Instruments and is effective for the year ending 30 June 2023, with earlier adoption permitted. HRC has assessed that there will be little change as a result of adopting the new standard, as the requirements are similar to those contained in PBE IFRS 9.

- **PBE FRS 48 Service Performance Reporting**

  PBE FRS 48 replaces the service performance reporting requirements of PBE IPSAS 1 Presentation of Financial Statements and is effective for the year ending 30 June 2023, with earlier adoption permitted. HRC has determined the main impact of the new standard is that additional information will need to be disclosed on those judgements that have the most significant effect on the selection, measurement, aggregation and presentation of service performance information.

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. An explaination of major variances against budget are provided in Note 18.

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 2022 $000	Budget 2022 $000	Actual 2021 $000
Ministry of Business, Innovation and Employment (MBIE)	115,403	125,763	125,763
Ministry of Health (MoH)	311	285	285
	115,714	**126,048**	**126,048**

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 7.

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 2022 $000	Budget 2022 $000	Actual 2021 $000
Vote Health & Society Research	120,691	124,279	112,202
Vote Vision Mātauranga	432	703	944
Vote International Relationships	704	1,371	658
	121,827	**126,353**	**113,804**

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 7.

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 6). 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 – Capital Charge

Accounting policy

The capital charge paid to the Crown is calculated based on the equity as at 30 June and 31 December each year. The capital charge rate for the year ended 30 June 2022 was 5% (2021: 5%).

Note 5 – 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 FY2022 the effective interest rates on deposited funds ranged from 0.62% pa to 3.20% 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 6 - Provision for Funds Committed to International Agencies

Provision for Funds Committed to International Agencies	Actual 2022 $000	Budget 2022 $000	Actual 2021 $000
Balance 1 July	2,804	1,960	
Provisions made during the year			2,966
Provisions used during the year	(1,360)		(128)
Provisions reveresed during the year			(40)
Unwind of discount	666		6
Balance 30 June	**2,110**	**1,960**	**2,804**
Short Term (current)	1,225	328	937
Long Term (non-current)	885	1,632	1,867
	2,110	**1,960**	**2,804**

Accounting policy

Provision for funds committed to International Agencies

Refer to Note 3 – Research Grant Expenditure. 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 2022, the balance of this provision was $1,285k of which it expects to utilise $653k 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 2022, the balance of this provision was $825k of which it expects to utilise $617k 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 7 - Equity

Equity	Actual 2022 $000	Budget 2022 $000	Actual 2021 $000
Movements in Equity			
Public Equity (Research Contract Management)			
Balance 1 July (Refer note below)	5,099	5,527	5,079
Surplus/(deficit) for the year	467	(562)	20
Balance 30 June	5,566	4,965	5,099
Future Committed Funds			
Balance 1 July (Refer note below)	14,774	16,713	7,725
Surplus/(deficit) for the year	(12,629)	(6,486)	5,644
Transfer of Net Income from/(to) Joint Operations Reserve Fund	(243)	0	1,265
Transfer of Net Income from/(to) Foxley Reserve Fund	121	(561)	140
Balance 30 June	2,023	9,666	14,774
Joint Operations Reserve Fund			
Balance 1 July (Refer note below)	6,660	7,925	7,925
Transfer of Net Income from/(to) Future Committed Funds	243		(1,265)
Reclassification	(1,492)		
Balance 30 June	5,411	7,925	6,660
Foxley Reserve Fund			
Balance 1 July (Refer note below)	1,116	1,002	1,256
Transfer (to)/from Future Committed Funds	(121)	561	(140)
Balance 30 June	995	1,563	1,116
Total Equity at 30 June	**13,995**	**24,119**	**27,649**

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 8 - Operating Lease Commitments

Operating Lease Commitments	Actual 2022 $000	Actual 2021 $000
Operating Leases as lessee		
Not later than 1 year	180	184
Later than 1 year and not later than 5 years	796	760
Later than 5 years	0	235
Total non-cancellable operating leases	**976**	**1,179**

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. During the year the lease on 110 Stanley Street was terminated. A new lease at 110 Symonds Street was entered into with effect from September 2021. The lease payments recognised as an expense in the period totalled $155,950 (2021: $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.

Note 9 - Categories of financial assets and liabilities

Categories of financial assets and liabilities	Actual 2022 $000	Actual 2021 $000
Financial Assets measured at amortised cost		
Cash and cash equivalents	1,211	1,600
Short-term Deposits	10,780	25,319
Short-term Deposits - Held for Joint Operations	5,411	6,660
Funds held on behalf of - Other Agencies	9,809	6,526
Funds held on behalf of - Foxley Estate	983	1,078
Receivables	676	417
Total loans and receivables	**28,870**	**41,600**
Other Financial liabilities measured at amortised cost		
Payables	462	1,562
Contract Retentions	1,891	2,306
Provision for Committed Grants	2,110	2,804
Funds held on behalf of other agencies	9,809	6,526
Total other financial liabilities	**14,272**	**13,198**

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 10 - 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 5.

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
2022					
Payables	462	462	462	0	0
Contract Retentions	1,891	1,891	1,891	0	0
Provision for Committed Grants	2,110	2,110	0	885	1,225
Funds held on behalf of other agencies	9,809	9,809	2,769	625	6,415
Total	**14,272**	**14,272**	**5,122**	**1,510**	**7,640**
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**

Note 11 - 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 12 - Employee Remuneration

Employees receiving over $100,000	Actual 2022 No. of Staff	Actual 2021 No. of Staff
100,000 to 109,999	5	8
110,000 to 119,999	4	4
120,000 to 129,999	3	1
130,000 to 139,999	2	
170,000 to 179,999	2	1
180,000 to 189,999	1	
190,000 to 199,999		1
270,000 to 279,999	1	
320,000 to 329,999	1	
370,000 to 379,999		1
Total Employees	**19**	**16**

Note 13 - Councillors' Fees

	Appointed	Term	Actual 2022 $	Actual 2021 $
Dr L Levy, CNZM	Jan-16	Aug-22	24,000	24,000
Professor L McCowan, ONZM	Feb-14	Mar-19		7,000
Associate 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
Mr T Norman	Jun-17	Sep-20		3,000
Dr A Dewes	May-19	May-22	10,000	12,000
Professor A Cameron, ONZM	Sep-19	Aug-22	15,000	15,000
Ms K Fox (resigned)	Jan-21	Aug-21	2,000	6,000
Professor E Rush	Jan-21	Dec-23	12,000	6,000
Professor P Tapsell	Dec-20	Dec-23	12,000	6,000
			129,000	**137,000**

Note 14 - Reconciliation of Operating surplus (deficit) to net cash flow from operating activities

	Actual 2022 $000	Budget 2022 $000	Actual 2021 $000
Surplus /(Deficit) for year	(12,162)	(7,048)	5,664
Add non-cash items			
Depreciation and Amortisation expense	65	159	73
Joint Venture Management Fees Earned		(170)	(200)
Rent recovered	(95)	(95)	(21)
Add/(deduct) movements in provisions	(2,421)	0	(1,326)
Add/(deduct) movements in working capital items			
Receivable (increase)/decrease	(259)	0	182
Payables increase/(decrease)	(1,098)	(617)	1,457
Net cash flow from operating activities	**(15,970)**	**(7,771)**	**5,829**

Note 15 - 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	2022	2021
Board Members		
Remuneration - $000	129	137
Full-time equivalent members	0.75	0.81
Leadership Team		
Remuneration - $000	1,134	1,133
Full-time equivalent members	5.00	4.66
Total Key Management Personnel Remuneration	**1,263**	**1,270**
Total Full-time Equivalent Personnel	**5.75**	**5.47**

Key management personnel include all Council members, the Chief Executive, and members of the Leadership Team.

Cessation, termination payments or compensation paid to those who ceased employment during the year totalled $Nil, Staff Nil (2021: $Nil, Staff Nil).

Note 16 - Contingencies

As at 30 June 2022, the HRC has no contingent assets or contingent liabilities (2021: Nil).

Note 17 - Post Balance Date Events

There were no post balance date events that could materially impact the financial statements for the year ended 30 June 2022.

Note 18 - 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 from the Crown was lower than budgeted because $10.5m was rescheduled in the March baseline update and will be received in the next financial year. This was done in recognition of the slower outflow of funds due to contract variations resulting from Covid-19 lockdowns. Other revenue was lower than budget by $253k as the volume of therapeutic trials completed by the SCOTT committee reduced. Interest income is higher than budget as interest rates strengthened.

Expenditure

Research Grant Expenditure was $4,526k lower than budget (3.6%). $11.5m 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. Offsetting this, the HRC invested an additional $6.9m into early and emerging researchers to ensure they were not disadvantaged by the delays caused by Covid-19. Lower operational costs of $859k were driven by lower Statutory and Assessing Committee Costs ($405k) as face-to-face meetings have not been possible under Covid-19; replacement staff and new roles have been slow to fill in the current employment climate resulting in lower than budgeted spend ($544k); Information Technology support costs reduced with the transfer to a new platform ($76k), reduced costs in Travel ($47k) and Occupancy ($34k) following the move to new premises and lower costs as staff were unable to attend the office during lockdowns; Consultant and Legal fees were not required at the anticipated levels ($300k). A capital charge of $639k 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 lower than budget by $3,931k representing the deferral of income from the Crown noted above partially offset by lower costs reflected in the operating surplus.

Liabilities are $5.7m higher than budgeted. This is largely due to additional funds provided by and held for other agencies in accordance with the joint operations funding agreements.

Statement of Cash Flow

Cash from operating activities were lower than budget by $8.2m because of the deferral of revenue from the Crown ($10.5m) offset by lower research grant payments due to Covid-19.

Note 19 - 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 responded 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 except to the extent that we applied for a change in appropriation timing to align with the revised outflow of research expenditure.

Expenditure

Research Grant costs were reduced by $4.5m 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. The HRC invested an additional $6.9m into early and emerging researchers partially offsetting this underspend.

Operational costs were reduced by approximately $100k due to savings in travel and accommodation costs as result of the restriction on travel during the various Covid–19 alert levels and work from home arrangements.

Late completion of the Annual Report

The HRC was required under Section 156 (3)(b) of the Crown Entities Act 2004 to complete its audited financial statements and service performance information by 31 December 2022. This deadline was not met because Audit New Zealand was unable to complete the audit within this timeframe due to an auditor shortage and consequential effects of COVID-19, including lockdowns.

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 2022

Operating Resources

- Computer systems
- Photocopying machines
- Furniture and fittings

Accommodation

With effect from 8 September 2021 the HRC surrendered the lease at 110 Stanley Street, Auckland and relocated to new premises at 110 Symonds Street, Auckland. 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 2022	FTEs 2021
Operational staff		
Chief Executive	1.0	1.0
Senior Managers	4.0	3.0
Manager Pacific Health Research	1.0	1.0
Manager Māori Health Research	1.0	1.0
Support staff	26.52	24.22
	33.52	**30.22**

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.

PART 7 / WĀHANGA 7

Audit Report

Te Pūrongo mō te Tātari ā-Kaute

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 2022

The Auditor-General is the auditor of Health Research Council of New Zealand (the Health Research Council). The Auditor-General has appointed me, René van Zyl, 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 46 to 63, that comprise the statement of financial position as at 30 June 2022, the statement of comprehensive revenue and expense, statement of changes in equity and statement of cash flow 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 18 to 19, pages 22 to 23, pages 26 to 27, pages 29 to 30, page 32, page 34 and page 36.

In our opinion:

- the financial statements of the Health Research Council on pages 46 to 63:
    - present fairly, in all material respects:
        - its financial position as at 30 June 2022; 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 18 to 19, pages 22 to 23, pages 26 to 27, pages 29 to 30, page 32, page 34 and page 36:
    - presents fairly, in all material respects, the Health Research Council's performance for the year ended 30 June 2022, 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 late

Our audit was completed on 30 March 2023. This is the date at which our opinion is expressed. We acknowledge that our audit was completed later than required by section 156(3)(b) of the Crown Entities Act 2004. This was due to an auditor shortage in New Zealand and the consequential effects of Covid-19, including lockdowns.

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

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 pages 1 to 17, 20 to 21, 24 to 25, 28, 31, 33, 35, 37 to 45 and 68 to 105, 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.

René van Zyl
Audit New Zealand
On behalf of the Auditor-General
Auckland, New Zealand

PART 8 / WĀHANGA 8

Active Research Contracts

Ngā kirimana rangahau e whakahaeretia ana

Lake Wānaka | Roto Wānaka

HRC contracts
Ngā kirimana HRC

This section lists all of the HRC's contracts current as of 30 June 2022, or expired in the financial year.

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
13/213	Other (generic health or health services)	PulMoDS: Pulmonary Model-based Decision Support to Optimise ARDS/ALI Care	$658,739	Geoff Chase	University of Canterbury
15/216	Child and youth (healthy) development	Does preventing neonatal hypoglycaemia improve outcome at two years of age?	$1,599,837	Jane Harding	The University of Auckland
16/003	Human genetics and inherited/ congenital conditions	Extending the window of opportunity for saving babies brains	$500,000	Joanne Davidson	The University of Auckland
16/009	Other (generic health or health services)	The PLUS trial: PLasmalyte versUs Saline for intravenous fluid therapy in ICU	$1,385,525	Paul Young	Medical Research Institute of New Zealand
16/017	Dental/oral	Preventing upper respiratory tract infections in infancy	$1,198,437	Julian Crane	University of Otago
16/058		Ethnic differences in energy metabolism among New Zealanders	$250,000	Patricia Whitfield	University of Otago
16/089	Ageing	A Māori approach to the assessment and management of dementia	$1,056,270	Makarena Dudley	The University of Auckland
16/165	Child and youth (healthy) development	Effect of early childhood ear infections on language, cognition and behaviour	$1,191,663	Cameron Grant	The University of Auckland
16/231	Gastrointestinal	Establishing drainage of thoracic duct lymph for longitudinal clinical studies	$1,158,581	John Windsor	The University of Auckland
16/330	Cardiovascular/ cerebrovascular	Improving outcomes of patients with atrial fibrillation in primary care	$1,196,335	Ralph Stewart	Auckland Hospitals Research And Endowment Fund
16/344	Diabetes	What predicts regression from prediabetes to normal glucose regulation?	$1,111,511	Kirsten Coppell	University of Otago
16/385	Cardiovascular/ cerebrovascular	Targeting human atrial microstructure: The key to resolving atrial fibrillation	$1,178,146	Jichao Zhao	The University of Auckland
16/444A	Child and youth (healthy) development	Whanau manaaki	$3,601,084	Beverley Lawton	Research Trust of Victoria University of Wellington
16/450	Ageing	A qualitative investigation of experiences of aged residential care by Maori	$104,680	Karen Keelan	University of Otago
16/475	Infectious disease	Zoonotic disease transmission in New Zealand rural communities	$149,982	Pippa Scott	University of Otago
16/505	Vision/hearing/ speech	The transition zone as corneal endothelial transplants	$149,609	Jie Zhang	The University of Auckland
16/537	Diabetes	The consequences of type 2 diabetes on the cardiovascular effects of ageing	$149,931	Graeme Carrick-Ranson	The University of Auckland
16/597	Neurological (CNS)	Harnessing brain mechanisms to tackle Alzheimer's disease	$4,933,052	Wickliffe Abraham	University of Otago
16/600	Addiction (alcohol/drugs/ gambling/ smoking)	The Christchurch Health and Development Study - birth to 40 years	$5,104,947	Joseph Boden	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
16/604	Ageing	A lifecourse study on ageing processes to inform early intervention strategies	$4,994,717	Richie Poulton	University of Otago
16/605	Child and youth (healthy) development	Feeding preterm babies for life-long health	$4,999,704	Frank Bloomfield	The University of Auckland
16/608	Neurological (CNS)	Vascular and inflammatory mediators of neurodegeneration	$4,999,999	Michael Dragunow	The University of Auckland
16/609	Cardiovascular/ cerebrovascular	Vascular risk informatics using epidemiology & the web 2020 (VIEW2020)	$4,976,577	Rodney Jackson	The University of Auckland
16/631	Infectious disease	Platform trial optimising interventions in severe community acquired pneumonia	$4,814,924	Colin McArthur	Medical Research Institute of New Zealand
17/009		Deciphering gender and ethnic disparity in obesity and cardiometabolic disease	$500,000	Jennifer Miles-Chan	The University of Auckland
17/037	Cardiovascular/ cerebrovascular	Geographic and ethnic inequities in stroke outcomes	$1,195,239	Anna Ranta	University of Otago
17/039	Neurological (CNS)	Dementia and Parkinson's disease: tau pathology and cerebrovascular health	$500,000	Tracy Melzer	University of Otago
17/050	Bone/ musculoskeletal	Novel osteoprogenitor cell populations involved in bone healing	$500,000	Brya Matthews	The University of Auckland
17/103	Rheumatology/ arthritis	Naturally biased? Exploring neuropeptide signal pathway bias in pain	$500,000	Christopher Walker	The University of Auckland
17/135	Human genetics and inherited/ congenital conditions	Environmental and genetic risk factors for cleft lip and palate	$1,198,687	John Thompson	The University of Auckland
17/141	Cardiovascular/ cerebrovascular	Improving outcomes after cardiothoracic surgery	$850,000	Shay McGuinness	Auckland Hospitals Research And Endowment Fund
17/154	Mental health (and sleep disorders)	Pacific Islands families: cultural resiliency and vulnerability in mental health	$1,189,886	El-Shadan Tautolo	Auckland University of Technology
17/155	Respiratory/ asthma	Respiratory health of Pacific youth: risk and resilience throughout childhood	$1,183,935	El-Shadan Tautolo	Auckland University of Technology
17/164	Vision/hearing/ speech	Randomized controlled trial of hearing aids to improve cognition in older NZers	$1,150,909	Grant Searchfield	The University of Auckland
17/204	Renal and urogenital	Timing of initiation of renal support in acute kidney injury (STARRT-AKI)	$1,191,468	Shay McGuinness	Medical Research Institute of New Zealand
17/226	Cardiovascular/ cerebrovascular	Are treatments for COPD increasing the risk of acute coronary syndrome?	$842,445	Lianne Parkin	University of Otago
17/230	Cancer (oncology)	Can pre-screening reduce the risk of life-threatening fluoropyrimidine toxicity?	$1,186,557	Nuala Helsby	The University of Auckland
17/234	Cardiovascular/ cerebrovascular	Left ventricular remodelling in the multi-ethnic study of atherosclerosis	$1,188,398	Alistair Young	The University of Auckland
17/255	Cancer (oncology)	Development of an optimal hypoxia-selective cytotoxin for clinical use	$1,194,356	Adam Patterson	The University of Auckland
17/282	Vision/hearing/ speech	Pacific Islands Families Study: impact of hearing loss on Pacific youth	$1,196,242	Janis Paterson	Auckland University of Technology
17/284	Neurological (CNS)	Implantable light stimulator to treat Parkinson's disease.	$1,186,366	Louise Parr-Brownlie	University of Otago
17/298	Obesity	Targeting the ERp44-adiponectin interaction for diabesity treatment	$1,188,969	Ghader Bashiri	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
17/309	Other (generic health or health services)	Pae Herenga: An investigation of Māori whānau end of life cultural care customs	$1,198,829	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	Terryann Clark	The University of Auckland
17/323	Infectious disease	Bacteraemia Antibiotic Length Actually Needed for Clinical Effectiveness-BALANCE	$1,191,322	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	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	Sally Casswell	Massey University
17/363	Ageing	Using the InterRAI to improve identification and management of frailty	$1,167,729	Hamish Jamieson	University of Otago
17/372	Infectious disease	Unmasking genes for antibiotic resistance in a superbug	$1,151,504	Iain Lamont	University of Otago
17/405	Gastrointestinal	Integration of inflammatory signalling by TNF receptor associated factors	$1,185,038	Catherine Day	University of Otago
17/414	Renal and urogenital	The BEST-Fluids study: Better Evidence for Selecting Transplant Fluids	$549,035	Michael Collins	Auckland Hospitals Research And Endowment Fund
17/487	Diabetes	Te reo tipu - a bittersweet quest for new anti-diabetic agents in rongoā rākau	$425,562	Jonni Koia	Auckland University of Technology
17/492	Wellbeing (autonomy self-determination)	Becoming sexual beings: Māori recommendations for sexual violence prevention	$365,885	Jade Le Grice	The University of Auckland
17/495	Wellbeing (autonomy self-determination)	Indigenous approaches to family restoration and wellbeing	$64,492	Sesimani Havea	Massey University
17/561	Gastrointestinal	Activation to recovery mapping to predict gastric dysrhythmias	$250,000	Niranchan Paskaranandavadivel	The University of Auckland
17/562	Cardiovascular/ cerebrovascular	Improving risk assessment for worsening kidney function in heart failure	$170,877	Moritz Lassé	University of Otago
17/601	Obstetric complications/ perinatal care	Pathogenesis, detection and treatment of perinatal brain injury	$4,919,534	Alistair Gunn	The University of Auckland
17/608	Cardiovascular/ cerebrovascular	Biomechanics in heart disease	$4,964,879	Martyn Nash	The University of Auckland
17/610	Cancer (oncology)	Reducing the burden of gastric cancer in New Zealand	$4,971,155	Parry Guilford	University of Otago
17/611	Occupational health	Interventions to Reduce Occupational Disease (iROD)	$4,999,989	Jeroen Douwes	Massey University
17/614	Respiratory/ asthma	Prevention of asthma	$4,993,728	Stuart Dalziel	Auckland Hospitals Research And Endowment Fund
18/006	Cardiovascular/ cerebrovascular	Big data - creating new insights into heart failure	$500,000	Hamish Jamieson	University of Otago
18/011	Environmental health	Are toxic moulds a real health hazard in New Zealand?	$1,193,603	Julian Crane	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
18/023A	Wellbeing (autonomy self-determination)	Assessing mental health and wellbeing among high risk Pasifika youth in Aotearoa	$231,592	Julia Ioane	Massey University
18/024	Infectious disease	Combatting Tuberculosis at local and international frontlines	$500,000	Htin Lin Aung	University of Otago
18/027	Reproduction/ fertility/sexual health	Bi-modal anti-Müllerian hormone signalling in the ovary.	$500,000	Michael Pankhurst	University of Otago
18/031	Injury (intentional and unintentional)	Improving patient safety in New Zealand general practice	$320,000	Sharon Leitch	University of Otago
18/046	Neurological (CNS)	Management of psychological factors after mild traumatic brain injury	$412,831	Deborah Snell	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
18/048	Neurological (CNS)	Genetic characterisation of the epileptic encephalopathies	$320,000	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	Faafetai Sopoaga	University of Otago
18/063	Neurological (CNS)	Development of novel remyelination treatments for Multiple Sclerosis	$1,167,846	Bronwyn Kivell	Research Trust of Victoria University of Wellington
18/073	Gastrointestinal	Developing a gut dysfunction scoring tool in critical illness	$317,420	Varsha Asrani	The University of Auckland
18/079	Infectious disease	Developing an optimal strategy for the rheumatic fever endgame	$1,196,974	Michael Baker	University of Otago
18/095	Cancer (oncology)	The prognostic significance of immune cell infiltrates in meningioma	$237,430	Clinton Turner	Auckland Hospitals Research And Endowment Fund
18/1002		Independent Research Organisation Funding	$2,268,000	Richard Beasley	Medical Research Institute of New Zealand
18/1003	Cancer (oncology)	Independent Research Organisation Funding	$14,244,000	Graham Le Gros	Malaghan Institute of Medical Research
18/1004		Independent Research Organisation Funding	$2,800,000	Amohia Boulton	Whakauae Research Services
18/1005	Mental health (and sleep disorders)	Independent Research Organisation Funding	$3,784,000	Rāwiri Tinirau	Te Atawhai o te Ao: Independent Maori Institute for Environment & Health
18/1016	Cancer (oncology)	Discovery of selective FGFR4 inhibitors as anti-hepatocellular carcinoma agents	$404,913	Jeffrey Smaill	The University of Auckland
18/1030	Other (generic health or health services)	Enabling self-care through personalised mHealth	$205,823	Rosie Dobson	The University of Auckland
18/111	Injury (intentional and unintentional)	Process evaluation of trials: maximising the potential for implementation	$498,919	Daniel Ribeiro	University of Otago
18/127	Mental health (and sleep disorders)	Pathways to first episode psychosis and outcomes in Maori	$618,337	Cameron Lacey	University of Otago
18/134	Mental health (and sleep disorders)	Randomised controlled trial of prescription charges	$1,032,941	Pauline Norris	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
18/138	Other (generic health or health services)	Do regional District Health Board (DHB) groupings improve service integration and health outcomes?	$799,562	Timothy Stokes	University of Otago
18/144	Cancer (oncology)	Epigenomic profiling to predict patient response to melanoma immunotherapy	$1,198,714	Michael Eccles	University of Otago
18/147	Cardiovascular/ cerebrovascular	Reducing fatigue after stroke: A randomised controlled trial	$1,183,741	Kelly Jones	Auckland University of Technology
18/150	Cancer (oncology)	Understanding regulation of the Polycomb Repressive Deubiquitinase in malignancy	$1,193,469	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	Lisa Stamp	University of Otago
18/152	Mental health (and sleep disorders)	Treating cognitive impairment in severe depression	$1,151,916	Richard Porter	University of Otago
18/183	Obstetric complications/ perinatal care	New horizons for preterm brain protection: exploiting endogenous neuroprotection	$1,187,296	Mhoyra Fraser	The University of Auckland
18/189	Cardiovascular/ cerebrovascular	Targeting chemoreceptors in hypertension: a large animal pre-clinical trial	$1,187,099	Rohit Ramchandra	The University of Auckland
18/193	Mental health (and sleep disorders)	Pharmacological brain-imaging of novel rapid antidepressant medicines	$1,187,508	Suresh Muthukumaraswamy	The University of Auckland
18/201	Infectious disease	Does inhibition of quorum sensing increase antibiotic resistance spread?	$129,900	Howard Maxwell	University of Otago
18/207	Cardiovascular/ cerebrovascular	Targeting new receptors for lipoprotein(a)	$1,185,496	Sally McCormick	University of Otago
18/219	Cancer (oncology)	Naturally occurring peptaibols: “magic bullets” for targeting breast cancer	$1,195,373	Margaret Brimble DNZM FRS	The University of Auckland
18/225	Obstetric complications/ perinatal care	Look before we leap: strategies for treating mild neonatal encephalopathy	$1,185,478	Joanne Davidson	The University of Auckland
18/232	Cardiovascular/ cerebrovascular	A novel target for the control of arrhythmias	$1,133,212	Peter Jones	University of Otago
18/233	Cancer (oncology)	More gain, less pain from chemoradiation for rectal cancer by adding simvastatin	$1,399,054	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	Gayl Humphrey	The University of Auckland
18/239	Infectious disease	Emerging sources and pathways for leptospirosis - a paradigm shift	$1,199,841	Jackie Benschop	Massey University
18/245	Neurological (CNS)	Mechanisms of neural network metaplasticity via astrocytes	$1,175,591	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	Leigh Hale	University of Otago
18/262	Wellbeing (autonomy self-determination)	Whānau consent: an expression of indigenous rights	$125,496	Hannah Burgess	The University of Auckland
18/272	Cancer (oncology)	A new combination therapy for cancer	$1,166,624	Peter Shepherd	The University of Auckland
18/300	Cancer (oncology)	Banishing tumour hypoxia to render cancer immunotherapy curative	$1,197,122	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	Nicola Kayes	Auckland University of Technology

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
18/323	Cancer (oncology)	Reducing oxaliplatin toxicity: a randomised dose-finding proof-of-concept trial	$1,195,411	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	Rebecca McLean	University of Otago
18/382	Neurological (CNS)	Identifying the first signs of dementia in humans	$891,792	Maurice Curtis	The University of Auckland
18/397	Cardiovascular/ cerebrovascular	Improving CVD risk prediction in primary care: novel arterial waveform method	$1,199,504	Robert Scragg	The University of Auckland
18/400	Cardiovascular/ cerebrovascular	Nanoscale fibrosis and loss of contractility in the failing human heart	$1,182,220	David Crossman	The University of Auckland
18/407	Obstetric complications/ perinatal care	Nutrition and brain development in moderate and late preterm babies	$1,187,239	Jane Harding	The University of Auckland
18/408	Obstetric complications/ perinatal care	Placental extracellular vesicles, controllers of the maternal vasculature	$1,187,064	Larry Chamley	The University of Auckland
18/414	Injury (intentional and unintentional)	Staying UpRight in residential care	$1,443,303	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	J. Abbott	University of Otago
18/469	Diabetes	Co-designing a community-based intervention programme for prediabetes	$125,790	Veisinia Pulu	Massey University
18/473	Wellbeing (autonomy self-determination)	Integrating survey and intervention research for youth health gains	$1,189,388	Theresa Fleming	Research Trust of Victoria University of Wellington
18/474	Occupational health	Te whakahaumaru taiao: safe environments for Māori medical practitioners	$994,669	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	Stuart Dalziel	Auckland Hospitals Research And Endowment Fund
18/489	Other (generic health or health services)	Te Hao Nui	$1,198,495	Andrew Sporle	McDonald Sporle
18/506	Cardiovascular/ cerebrovascular	Dietary sodium reduction to improve heart failure outcomes: the SODIUM-HF study	$1,412,363	Richard Troughton	University of Otago
18/510	Inflammatory and immune system	Molecular characterisation of dendritic cells during immune responses	$1,199,996	Franca Ronchese	Malaghan Institute of Medical Research
18/513	Physical activity/ exercise	Rugby Fans in Training: A Randomised controlled trial	$1,199,266	Ralph Maddison	The University of Auckland
18/532	Infectious disease	Repurposing the anthelmentic niclosamide to combat Gram negative superbugs	$1,189,475	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	Sally Casswell	Massey University
18/571		Privilege and health inequity, the role for Matauranga Maori	$354,204	Belinda Borell	Massey University
18/580	Child and youth (healthy) development	Omega-3 for improvement of cardiometabolic outcomes following preterm birth	$249,660	Rebecca Dyson	University of Otago
18/585	Cancer (oncology)	Circulating RNA as diagnostic and prognostic biomarkers in colorectal cancer	$249,984	Kirsty Danielson	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
18/586	Infectious disease	Exploring immunisation inequities among refugee children in New Zealand	$125,424	Nadia Charania	Auckland University of Technology
18/588	Cancer (oncology)	Improving the quantity and quality of life for Māori with cancer	$498,567	Jason Gurney	University of Otago
18/621	Ageing	The role of sleep in healthy ageing and living well with dementia	$249,998	Rosemary Gibson	Massey University
18/627	Ageing	Can inflammation and aging modify the human epigenome?	$249,137	Aaron Stevens	University of Otago
18/632	Cancer (oncology)	Lung cancer screening with scent-detection dogs	$233,607	Timothy Edwards	University of Waikato
18/636	Cardiovascular/ cerebrovascular	Optimisation of pre-operative cardiovascular fitness: The heat vs. HIIT study	$249,615	Kate Thomas	University of Otago
18/637	Cardiovascular/ cerebrovascular	Role of myoregulin in cardiovascular disease	$249,265	Sarah Appleby	University of Otago
18/651A	Wellbeing (autonomy self-determination)	Working on wellbeing with young people	$206,996	Octavia Calder Dawe	Research Trust of Victoria University of Wellington
18/664	Child and youth (healthy) development	Rangahau Ara Oranga	$500,000	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	Mona Jeffreys	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	Rebecca Campbell	University of Otago
18/672	Nutrition	Dietary interventions: evidence and translation (DIET) programme	$4,879,689	Cliona Ni Mhurchu	The University of Auckland
18/673	Gastrointestinal	Translational advances in gastrointestinal (GI) surgical recovery and motility disorders	$4,953,846	Gregory O'Grady	The University of Auckland
18/681	Diabetes	Understanding genetic risk factors for metabolic disease in Maori and Pacific	$4,997,081	Peter Shepherd	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	Samantha Marsh	The University of Auckland
18/714	Inflammatory and immune system	Using smallpox proteins to treat human inflammation	$150,000	Kurt Krause	University of Otago
18/735	Infectious disease	Is there a 'fourth axis' of vesicular communication?	$150,000	Anthony Phillips	The University of Auckland
18/764	Cancer (oncology)	Spatial variability in breast cancer incidence, care and outcomes	$199,929	Sandar Tin Tin	The University of Auckland
18/829	Respiratory/ asthma	Randomised trial of an intervention to increase tuberculosis notifications	$450,000	Philip Hill	University of Otago
19/007	Neurological (CNS)	Delivering neurotrophic growth factors to stimulate and orient axonal outgrowth	$500,000	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	Malama Tafunai	University of Otago
19/012	Cardiovascular/ cerebrovascular	Patient reported outcomes after cardiac surgery: advanced cardiac imaging study.	$319,613	Mohammed Moharram	University of Otago
19/017	Respiratory/ asthma	Maori experience of using continuous positive airway pressure (CPAP) treatment for obstructive sleep apnoea (OSA)	$26,600	Nicola Canter-Burgoyne	Massey University

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
19/021	Physical activity/ exercise	Targeted early activity and mobilisation in the ICU (the TEAM study)	$1,011,247	Paul Young	Medical Research Institute of New Zealand
19/026	Cancer (oncology)	The applicability of circulating tumour DNA (ctDNA) as a diagnostic tool for early cancer detection	$195,162	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	Neil McNaughton	University of Otago
19/031	Cancer (oncology)	Physical activity, sedentary behaviours and breast cancer risk	$301,218	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	Elizabeth Oliphant	The University of Auckland
19/044	Mental health (and sleep disorders)	A novel biomarker for preclinical drug development in schizophrenia	$489,282	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	Rosemary Brown	University of Otago
19/069	Cardiovascular/ cerebrovascular	Exercise or hypochlorous acid for venous leg ulcer healing: Factorial4VLU trial	$1,402,941	Andrew Jull	The University of Auckland
19/078	Cardiovascular/ cerebrovascular	Optimal Medication Therapy in Indigenous Populations and specifically in Māori.	$285,292	Leanne Te Karu	The University of Auckland
19/081	Gastrointestinal	Refining prognostic accuracy in colorectal cancer patients	$292,996	Janet Rhodes	University of Otago
19/082	Mental health (and sleep disorders)	Enhancing long-term recovery in mood disorders	$427,424	Katie Douglas	University of Otago
19/087	Injury (intentional and unintentional)	Tangaroa Ara Rau: Māori water safety programme for whānau	$1,192,263	Anne-Marie Jackson	University of Otago
19/094	Metabolic and endocrine (excl. diabetes and bone)	Development of trials with novel designs	$758,874	Mark Bolland	Auckland Hospitals Research And Endowment Fund
19/104	Climate change	Climate change, extreme rainfall events and enteric disease outbreaks	$1,190,580	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	Taisia Huckle	Massey University
19/110	Nutrition	Advancing opportunities for big dietary data in New Zealand	$441,931	Kathryn Bradbury	The University of Auckland
19/118	Vision/hearing/ speech	Measuring visual field loss in glaucoma using involuntary eye movements	$1,184,345	Steven Dakin	The University of Auckland
19/123	Cancer (oncology)	The immunological effects of gene variants unique to Māori and Pacific peoples	$21,650	Chris Puliuvea	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	Veronica Playle	The University of Auckland
19/135	Bone/ musculoskeletal	3D bioassembly of functional bone grafts: a Lego approach	$487,549	Khoon Lim	University of Otago
19/139	Cancer (oncology)	Development of chimeric antigen receptor (CAR) T-Cell therapy in New Zealand	$802,249	Robert Weinkove	Malaghan Institute of Medical Research
19/147	Disability	Te Ao Mārama: Disability perspectives of tāngata whaikaha Māori	$1,186,339	Bernadette Jones	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
19/169	Obstetric complications/ perinatal care	The impact of micro-environment composition on oocyte developmental competency	$113,791	Matire Ward	Research Trust of Victoria University of Wellington
19/172	Nutrition	Novel methods of infant feeding in New Zealand - cause for concern or optimism?	$1,185,360	Anne-Louise Heath	University of Otago
19/173A	Physical activity/ exercise	Built environment and active transport to school: BEATS Natural Experiment	$914,202	Sandra Mandic	Auckland University of Technology
19/190	Diabetes	Glycotoxicity in the diabetic heart - novel treatment targets	$1,148,222	Kim Mellor	The University of Auckland
19/194	Mental health (and sleep disorders)	Nga kaiwhakaako, whakapakari tinana me te hauora hinengaro	$107,000	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	Amio Matenga Ikihele	The University of Auckland
19/204	Neurological (CNS)	Manipulating rewards to treat maladaptive brain disorders: focus on tinnitus	$1,192,994	John Reynolds	University of Otago
19/206	Rheumatology/ arthritis	Addressing clinical questions in gout using genetic data	$1,198,120	Tony Merriman	University of Otago
19/209	Wellbeing (autonomy self-determination)	Racial and ethnic bias among registered nurses	$128,900	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	Michael Hay	The University of Auckland
19/232	Rheumatology/ arthritis	Transitions to gout research (TIGER) study	$1,178,675	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	Martin Than	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
19/242	Addiction (alcohol/drugs/ gambling/ smoking)	Characterisation of synthetic cannabinoid signalling bias and toxicity	$1,172,582	Michelle Glass	University of Otago
19/243	Infectious disease	Tackling antimicrobial resistance	$1,180,239	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	Marnie Reinfelds	The University of Auckland
19/259	Infectious disease	New drugs for the post-antibiotic era by targeting glutamate racemase	$1,199,915	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	Gail Pacheco	Auckland University of Technology
19/264	Cardiovascular/ cerebrovascular	Environmental effects on cardiometabolic biomarkers in Pacific peoples	$594,804	Allamanda Faatoese	University of Otago
19/268	Renal and urogenital	Serum phosphate to improve outcomes for dialysis patients: The PHOSPHATE trial	$1,266,604	Suetonia Palmer	University of Otago
19/290	Renal and urogenital	Teaching to improve health outcomes for peritoneal dialysis: The TEACH-PD trial	$1,439,327	Suetonia Palmer	University of Otago
19/291	Wellbeing (autonomy self-determination)	Tairāwhiti waka, Tairāwhiti tāngata - Examining Tairāwhiti voyaging philosophies	$141,364	Ngahuia Mita	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
19/297	Obstetric complications/ perinatal care	Circulating miRNAs in maternal blood as biomarkers for preterm birth	$1,142,111	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	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	Janet Hoek	University of Otago
19/332	Diabetes	Reducing the burden of Metabolic disease in Maori	$284,599	Megan Leask	University of Otago
19/340	Cardiovascular/ cerebrovascular	Targeted therapeutic mild hypercapnia after resuscitated cardiac arrest	$1,199,995	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	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	Sarah Derrett	University of Otago
19/346	Obesity	Does a brief sleep intervention in infancy have long-term health benefits?	$1,190,309	Rachael Taylor	University of Otago
19/367	Skin	Understanding scabies prevalence to improve the health of Pasifika/Māori kids	$594,346	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	Jemaima Tiatia	The University of Auckland
19/384	Neurological (CNS)	Dissecting the role of glial lysosome function in neurodegeneration	$1,199,417	Stephanie Hughes	University of Otago
19/387	Neurological (CNS)	Patterns of recovery from concussion in children and adolescents	$1,197,414	Nicola Starkey	University of Waikato
19/390	Neurological (CNS)	A neural circuit to suppress stress in motherhood	$1,167,223	Karl Iremonger	University of Otago
19/397	Infectious disease	Readying next-generation antifungals for drug development	$1,199,968	Brian Monk	University of Otago
19/401	Cardiovascular/ cerebrovascular	Biomarker-guided secondary prevention post-acute coronary syndromes: A randomised controlled trial	$1,596,636	Robert Doughty	The University of Auckland
19/407	Wellbeing (autonomy self-determination)	Enrichment of community health through targeted social protection strategies	$588,534	Steven Ratuva	University of Canterbury
19/415	Cancer (oncology)	A novel genetic mechanism in Acute Myeloid Leukaemia	$1,177,920	Julia Horsfield	University of Otago
19/420	Neurological (CNS)	International case-control study of sudden unexpected death in epilepsy	$1,190,647	Peter Bergin	Auckland Hospitals Research And Endowment Fund
19/421	Environmental health	Health and equity impacts of Te Ara Mua Future Streets	$1,185,793	Alex Macmillan	University of Otago
19/433	Cancer (oncology)	Precision treatment of head and neck cancer with evofosfamide	$1,199,968	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	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	James Ussher	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
19/460	Cancer (oncology)	Impact of germline copy number variation on endometrial cancer risk	$1,145,198	Logan Walker	University of Otago
19/463	Cardiovascular/ cerebrovascular	A precision medicine approach to improving heart disease outcomes	$1,193,681	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	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 inscurity in the community	$129,200	Alvina Pauuvale	The University of Auckland
19/481	Diabetes	Automated Insulin Delivery for Type 1 Diabetes utilizing open source technology	$1,317,624	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	Luke Rowe	Massey University
19/487	Respiratory/ asthma	A Randomised Controlled Trial of Beta-blockers in COPD	$1,439,385	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	Garry Nixon	University of Otago
19/532	Cardiovascular/ cerebrovascular	Duration of Dual Antiplatelet Therapy in Acute Coronary Syndrome (DUAL-ACS)	$1,550,000	Philip Adamson	University of Otago
19/534	Respiratory/ asthma	Biodiversity and microbiota: a novel pathway to allergy and asthma prevention	$1,199,962	Jeroen Douwes	Massey University
19/591	Injury (intentional and unintentional)	Are concussion services for mild traumatic brain injury cost effective?	$246,647	Braden Te Ao	The University of Auckland
19/594	Cardiovascular/ cerebrovascular	A suPAR Prognostic Indicator of Cardiovascular Risk and Outcomes	$243,759	Janice Chew-Harris	University of Otago
19/596	Child and youth (healthy) development	Sensory organisation for balance control in children with strabismus	$244,828	Prasath Jayakaran	University of Otago
19/602	Obstetric complications/ perinatal care	Cysteine biosynthesis and infection, gonorrhoea's weak link?	$249,959	Joanna Hicks	University of Waikato
19/605	Infectious disease	Charactieristics of S. pyogenes isolated prior to rheumatic fever diagnosis	$245,000	Julie Bennett	University of Otago
19/617	Human genetics and inherited/ congenital conditions	Coaching caregivers of children with developmental disability: A cluster RCT	$233,618	Fiona Graham	University of Otago
19/621	Ageing	A community-based psychosocial group treatment for older adults with loneliness	$248,815	Gary Cheung	The University of Auckland
19/622	Cancer (oncology)	Younger Women's Wellness after Cancer Program: Feasibility Study	$249,144	Alexandra McCarthy	The University of Auckland
19/624	Neurological (CNS)	Measuring perceived task difficulty during rehabilitation	$227,452	Nada Signal	Auckland University of Technology
19/632	Ageing	Enhancing balance in older adults via noisy Galvanic Vestibular Stimulation	$249,819	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	Trudy Sullivan	University of Otago
19/641	Addiction (alcohol/drugs/ gambling/ smoking)	Whakahā o Te Pā Harakeke	$4,949,737	Janet Hoek	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
19/647	Disability	Exploring medicinal cannabis use in New Zealand in a time of policy change	$246,886	Marta Rychert	Massey University
19/649	Child and youth (healthy) development	Supporting mothers and babies in Lakes District	$249,959	Rosie Dobson	The University of Auckland
19/652	Bone/ musculoskeletal	Prediction of the form-function musculoskeletal system in a paediatric population	$249,999	Julie Choisne	The University of Auckland
19/654	Mental health (and sleep disorders)	Social Rhythm Therapy and Bright Light for Treatment-Resistant Bipolar Disorder	$241,385	Richard Porter	University of Otago
19/657	Cardiovascular/ cerebrovascular	Diet and circulating lipids in relation to cardiovascular disease in New Zealand	$247,000	Kathryn Bradbury	The University of Auckland
19/667	Physical activity/ exercise	Novel approach to measuring the food and activity environments for child health	$225,137	Niamh Donnellan	The University of Auckland
19/675	Rheumatology/ arthritis	Reducing the burden of knee osteoarthritis through community pharmacy	$249,181	Benjamin Darlow	University of Otago
19/679	Rheumatology/ arthritis	Oxygen control in 3D-bioprinted osteochondral constructs	$249,759	Gabriella Lindberg	University of Otago
19/687	Cardiovascular/ cerebrovascular	Aberrant purinergic afferent signalling in cardiovascular disease	$4,928,393	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	Jane Harding	The University of Auckland
19/691	Cardiovascular/ cerebrovascular	ARCOS V: Incidence of stroke and TIA in NZ	$1,195,113	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	Helen Moewaka Barnes	Massey University
19/696	Infectious disease	Developing computational tools to design highly potent antibiotics	$150,000	Wanting Jiao	Research Trust of Victoria University of Wellington
19/730	Reproduction/ fertility/sexual health	“Missing Women” in New Zealand: Exploring Gender Bias in Migrant Communities	$150,000	Rachel Simon-Kumar	The University of Auckland
19/734	Cardiovascular/ cerebrovascular	Next-generation cardiac ultrasound: training echocardiography using MRI	$150,000	Sean Coffey	University of Otago
19/743	Inflammatory and immune system	Rebalancing fluid distribution in critical illness	$150,000	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	David Ackerley	Research Trust of Victoria University of Wellington
19/760	Other (generic health or health services)	From Prescription to Patients: identifying pharmaceutical information pathways	$213,750	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	Anna Ponnampalam	The University of Auckland
19/771	Cancer (oncology)	Transforming the paradigm of functional genome organisation	$150,000	Tracy Hale	Massey University
19/774	Respiratory/ asthma	Asthma - a test case for precision	$150,000	Justin O'Sullivan	The University of Auckland
19/779	Cardiovascular/ cerebrovascular	Synthetic Stem Cells – a New Area for Myocardial Infarction Treatment	$150,000	Xiaolin Cui	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
19/792	Mental health (and sleep disorders)	Interpretation of anomalous experiences: Implications for wāhine Māori	$150,000	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	Jamie de Seymour	Massey University
19/806	Cardiovascular/ cerebrovascular	Cardiovascular risk prediction for people with diabetes in New Zealand and China	$86,600	Romana Pylypchuk	The University of Auckland
19/813	Ageing	MicroRNA in Tau protein-mediated synapse weakening	$99,552	Owen Jones	University of Otago
19/816	Cancer (oncology)	Third-generation CAR T-cells incorporating TLR domains	$599,495	Robert Weinkove	Malaghan Institute of Medical Research
19/832	Cancer (oncology)	Analysis of full-length transcripts for variant classification in breast cancer	$186,149	Logan Walker	University of Otago
19/834	Neurological (CNS)	Early vocational rehabilitation following acquired neurological disability	$594,790	Jennifer Dunn	University of Otago
19/835	Cancer (oncology)	Using deep learning and digital pathology to intrinsically subtype breast cancer	$249,747	Gavin Harris	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
19/844	Cancer (oncology)	Costs of Breast Cancer in New Zealand	$194,196	Chunhuan Lao	University of Waikato
19/845	Cancer (oncology)	Validation of a liquid biopsy to predict recurrence in NZ breast cancer patients	$244,095	Annette Lasham	The University of Auckland
19/862	Occupational health	Evaluating a multi-level participatory psychosocial risk intervention	$1,198,378	David Tappin	Massey University
19/873	Occupational health	A systematic review and meta-analysis of organisational-level interventions	$395,962	Lixin Jiang	The University of Auckland
19/880	Addiction (alcohol/drugs/ gambling/ smoking)	Exploring the lived experiences of whanau Maori with a Foetal Alcohol Spectrum Disorder (FASD) diagnosis	$196,780	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	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	Darren Svirskis	The University of Auckland
19/897	Infectious disease	Are TB neighbourhoods a high risk population for active intervention?	$450,000	Susan McAllister	University of Otago
19/907	Mental health (and sleep disorders)	Psychological effects of the March 15 Mosque attacks	$686,969	Caroline Bell	University of Otago
19/970	Ageing	'Mā wai e tō taku kauwae ki uta' - who will take my place?	$190,728	Tepora Emery	Ngati Pikiao Iwi Trust
20/002	Respiratory/ asthma	Understanding dyspnoea and exercise limitation in interstitial lung disease	$316,975	Charlotte Chen	The University of Auckland
20/005	Ageing	Health and the Ta'unga: Cook Island palliative health knowledge in New Zealand	$134,921	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	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	Manusiu Latu	The University of Auckland
20/011	Cardiovascular/ cerebrovascular	Vulnerability of the female heart	$593,057	June-Chiew Han	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/012A	Mental health (and sleep disorders)	Improving Pacific youth wellbeing: co-creation and evaluation of a digital tool	$128,600	Taulaga Auva'a-Alatimu	Massey University
20/014	Mental health (and sleep disorders)	Implementing effective treatments: Parent training for cUonduct problems	$320,000	Melanie Woodfield	Auckland Hospitals Research And Endowment Fund
20/015	Vision/hearing/ speech	Adult stem cell treatments for corneal endothelial diseases	$575,742	Jie Zhang	The University of Auckland
20/017	Cancer (oncology)	Precision cancer treatment using predictive software and imaging biomarkers	$469,821	Hayley Reynolds	The University of Auckland
20/018	Obesity	Does a sleep intervention reduce weight gain in infancy? A novel approach	$320,000	Louise Fangupo	University of Otago
20/019	Wellbeing (autonomy self-determination)	Mindfulness based cognitive therapy for family carers of people with dementia	$319,802	Emme Chacko	The University of Auckland
20/021	Ageing	Estimating the cost of dementia care in NZ and modelling future costs and needs	$319,087	'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	Amanda Landers	University of Otago
20/026	Diabetes	Improving outcomes for children and adolescents with diabetes	$896,261	Craig Jefferies	Auckland Hospitals Research And Endowment Fund
20/027	Injury (intentional and unintentional)	Understanding and treating obesity's harmful effects on rotator cuff healing	$193,225	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	Malcolm Battin	Auckland Hospitals Research And Endowment Fund
20/035	Other (generic health or health services)	The role of oedema and lymphatic dysfunction in critical illness	$281,630	Peter Russell	The University of Auckland
20/041A	Neurological (CNS)	The role of psychological flexibility in recovery following a concussion	$65,348	Josh Faulkner	Massey University
20/042	Obstetric complications/ perinatal care	Optimising the care and outcomes for women with severe postpartum anaemia	$315,174	Esther Calje	The University of Auckland
20/045	Neurological (CNS)	Nocebo Hypothesis Cognitive Behavioural Therapy (NH-CBT): an RCT	$320,000	Matt Richardson	University of Otago
20/052	Cancer (oncology)	Rational extension of immunotherapy in colorectal cancer.	$600,000	Nicholas Fleming	University of Otago
20/061	Reproduction/ fertility/sexual health	Fertility and IVF and IUI trial in couples with uneXplained infertility (FIIX)	$1,439,812	Cindy Farquhar	The University of Auckland
20/069	Cancer (oncology)	Tickling cancer cells to provoke an antitumour immune response	$580,348	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	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	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	Phillipa Barton	Auckland University of Technology
20/101	Neurological (CNS)	Treatment of GABAergic interneuron dysfunction in preterm brain injury	$1,186,647	Justin Dean	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/1018	Infectious disease	Predict and Prevent COVID-19: a data driven innovation project	$533,224	Colin Simpson	Research Trust of Victoria University of Wellington
20/1028	Wellbeing (autonomy self-determination)	Rongo-ā-Ngāti Hine: Development of a Rongoā Māori Strategic Plan for Ngāti Hine	$199,920	Mary-Anne Baker	Ngati Hine Health Trust
20/103	Cancer (oncology)	Molecular mechanisms and the gut microbiome in colorectal cancer (CRC)	$598,972	Rachel Purcell	University of Otago
20/105	Cardiovascular/ cerebrovascular	Epidemiology of cardiovascular disease among Pacific people in New Zealand	$118,050	Julie Winter-Smith	The University of Auckland
20/1064	Infectious disease	Clinical trial of COVID-19 treatments for the critically ill	$169,571	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	Michael Baker	University of Otago
20/1068	Infectious disease	Australasian COVID-19 Trial (ASCOT)	$766,113	Susan Morpeth	Middlemore Clinical Trials
20/1077	Infectious disease	Attenuating lung injury during prolonged ventilation for COVID-19	$161,977	Anthony Phillips	The University of Auckland
20/111	Mental health (and sleep disorders)	Sleep, health, communication, and wellbeing for Pacific children and families	$132,661	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	Paul Glue	University of Otago
20/1126	Mental health (and sleep disorders)	Predictive modelling of executive function patterns in child psychopathology	$110,034	Fabián Labra-Spröhnle	Noologica
20/113	Ageing	Keteparaha: A Community Framework to Support Māori Ageing and End-of-Life Study.	$411,192	Melissa Carey	The University of Auckland
20/1133	Mental health (and sleep disorders)	e-DiVA (empowering Dementia Carers with an iSupport Virtual Assistant)	$446,739	Sarah Cullum	The University of Auckland
20/1134	Cancer (oncology)	Relationship building: Study on stratified PSA for prostate cancer detection	$29,999	Nishi Karunasinghe	The University of Auckland
20/1145	Diabetes	Wearing your continuous glucose monitor on your sleeve.	$154,523	Shekhar Sehgal	University of Otago
20/115	Child and youth (healthy) development	Lighted Paths: Education and pathways to better health for Pacific families	$256,775	Jesse Kokaua	University of Otago
20/1156	Other (generic health or health services)	Strategic next-generation metrics to ensure ED quality of care	$30,000	Tava Olsen	The University of Auckland
20/116	Child and youth (healthy) development	Lighted paths and connecting pathways: Education, health and Pacific families	$1,200,000	Jesse Kokaua	University of Otago
20/1178	Wellbeing (autonomy self-determination)	The determinants of health for Māori mothers and adults with chronic diseases	$1,399,781	Ross Lawrenson	Te Whatu Ora - Waikato
20/1179		Māori communities in project governance - health research outcomes	$90,000	Ross Lawrenson	Te Whatu Ora - Waikato
20/1182	Neurological (CNS)	Using routinely collected health data to improve health outcomes in older people	$352,074	Sarah Cullum	Te Whatu Ora - Counties Manukau
20/1184	Respiratory/ asthma	Health care delivery of an early childhood intervention – impact and engagement	$588,093	Adrian Trenholme	Te Whatu Ora - Counties Manukau

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/1185	Cardiovascular/ cerebrovascular	Implementation of evidence-based, whanau-focused care for ARF/ RHD in CM	$451,266	Rachel Webb	Te Whatu Ora - Counties Manukau
20/1202	Mental health (and sleep disorders)	An inquiry into the wellbeing of community-based midwives	$29,976	Tagonei Mharapara	Auckland University of Technology
20/1204	Infectious disease	Unravelling antimicrobial synergy to combat drug-resistant pathogens	$100,000	Cara Adolph	University of Otago
20/1205	Cancer (oncology)	Extracellular vesicles as inter-cellular communicators in fat graft retention	$228,393	Kirsty Danielson	University of Otago
20/121	Human genetics and inherited/ congenital conditions	Genetic discoveries for unsolved developmental and epileptic encephalopathies	$1,199,870	Lynette Sadleir	University of Otago
20/1211	Infectious disease	Targeting succinate metabolism to produce new chemotherapeutic agents	$699,695	Gregory Cook	University of Otago
20/122	Cardiovascular/ cerebrovascular	Can love break your heart? Oxytocin makes the failing heart skip a beat!	$1,198,648	Daryl Schwenke	University of Otago
20/1228	Injury (intentional and unintentional)	Capturing traumatic brain injury when this co-occurs with spinal cord injury	$29,980	Deborah Snell	University of Otago
20/1237	Disability	Establishing end-user driven autism research priorities in New Zealand	$29,071	Lisa Marie Emerson	University of Canterbury
20/1242	Obstetric complications/ perinatal care	Reducing immunisation inequities during pregnancy	$51,694	Amber Young	University of Otago
20/1246	Other (generic health or health services)	Towards a natural health products and medicines census for New Zealand	$30,000	Joanne Barnes	The University of Auckland
20/1247	Mental health (and sleep disorders)	Real-time assessment of mood changes and machine learning	$30,000	Frederick Sundram	The University of Auckland
20/1251		Program Theory-based Framework Evaluating an Equity-focused Smokefree Innovation	$30,034	Summer Hawke	Te Whatu Ora - Counties Manukau
20/1257	Diabetes	Teleclinics for management of diabetes in pregnancy	$27,333	Charlotte Oyston	The University of Auckland
20/1259		Understanding task and time: Evidencing fundamental care interactions	$133,674	Bobbie-Jo Pene	Te Whatu Ora - Counties Manukau
20/1261	Other (generic health or health services)	Anti-staphylococcal bundle to reduce SSI in implant-based breast reconstruction	$29,813	Jon Mathy	Middlemore Clinical Trials
20/1267		Implicit bias and KidzFirst Hospital	$29,834	Adrian Trenholme	Te Whatu Ora - Counties Manukau
20/1270	Other (generic health or health services)	Trans-Tasman perspectives on telehealth for palliative care	$29,712	Katherine Bloomfield	The University of Auckland
20/1272	Cardiovascular/ cerebrovascular	Remote monitoring and prognosis of cardiac arrhythmia	$30,000	Jichao Zhao	The University of Auckland
20/1274	Bone/ musculoskeletal	Improving health services for people with musculoskeletal chest pain	$28,283	Ewan Kennedy	University of Otago
20/1280	Ageing	New Zealanders' experiences of hospital 'visiting' during COVID-19 restrictions	$29,996	Rachael Parke	The University of Auckland
20/1286	Infectious disease	Developing KIWIvax – an automated SMS-system to monitor vaccine adverse events	$30,000	Michael Tatley	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/1293	Other (generic health or health services)	Adaptation and implementation of stratified care (STarT Back) in New Zealand	$29,619	Cathy Chapple	University of Otago
20/1296		Improving Care and Equity in acute medical decision making (ICare-Equal)	$67,324	Laura Hamill	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
20/1297		Rural Early Years 'What growing up well looks like for Coast kids'	$63,956	Jane George	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
20/1298		Improving Care through Better Emergency Department bed need prediction(ICareBED)	$23,353	Andrew Villazon	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
20/1299		Developing computational pathology capability and expertise for breast cancer	$123,212	Gavin Harris	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
20/1300		Conceptualising inpatient rehabilitation early intervention vocational services	$67,249	Emily Timothy	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
20/1307	Mental health (and sleep disorders)	The role of whānau in coronial processes and rangatahi suicide prevention	$29,865	Clive Aspin	Research Trust of Victoria University of Wellington
20/1315	Cancer (oncology)	Optimising lung cancer screening for Māori: comparing invitation processes	$1,959,509	Sue Crengle	Te Whatu Ora - Waitematā
20/1317	Other (generic health or health services)	Post-operative dressing use in lower limb amputees: reasons for and against use	$37,940	Dawn Adair	Auckland University of Technology
20/1318		Development of a Maaori Research Advisor for the Advancement of Maaori Research	$142,960	Te Hao Apaapa-Timu	Te Whatu Ora - Counties Manukau
20/1325	Renal and urogenital	Digital technology for women's pelvic health – creative marketing or good science?	$25,529	Stephanie Woodley	University of Otago
20/1333	Mental health (and sleep disorders)	Māori sleep health across the life span	$29,594	Angela Campbell	University of Otago
20/1334	Other (generic health or health services)	Telerehabilitation for people with mTBI: a co-design approach	$30,000	Denise Taylor	Auckland University of Technology
20/1336	Vision/hearing/ speech	Keratoconus and crosslinking - Improving access to care and reducing inequity	$97,166	Akilesh Gokul	The University of Auckland
20/1345	Child and youth (healthy) development	Curds and whey in preterm babies: does fortifier adversely affect mother's milk?	$29,815	Christopher Pook	The University of Auckland
20/1355	Cancer (oncology)	Stopping breast cancer evolution: evaluation of APOBEC3 inhibitors in live cells	$250,000	Vyacheslav Filichev	Massey University
20/137	Cancer (oncology)	Understanding the role of the aryl hydrocarbon receptor in cancer	$587,351	Christoph Goebl	University of Otago
20/1371	Injury (intentional and unintentional)	Taurite Tū- achieving equitable injury prevention outcomes for ageing Māori	$881,944	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	Joanna Hikaka	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/138	Other (generic health or health services)	Supporting allied health professionals in rural areas	$204,586	Sarah Walker	University of Otago
20/1380	Ageing	Health equity and wellbeing among older people's caregivers during COVID-19	$249,967	Vanessa Burholt	The University of Auckland
20/1383	Wellbeing (autonomy self-determination)	Wellbeing of essential workers during COVID-19: Community support	$250,000	Katherine Ravenswood	Auckland University of Technology
20/1384	Ageing	A pandemic response and recovery framework supporting equity for older people	$996,615	Christine Stephens	Massey University
20/1389	Cancer (oncology)	WHIRI: Pandemic system redesign to maximise Māori health gains	$966,309	Nina Scott	Te Whatu Ora - Waikato
20/1396	Ageing	Rāpua te Mārama: Bereaved Māori whānau experiences of palliative care and death	$999,999	Tess Moeke-Maxwell	The University of Auckland
20/140	Bone/ musculoskeletal	Zoledronic acid and fracture prevention in early postmenopausal women	$1,192,557	Mark Bolland	The University of Auckland
20/1405	Cancer (oncology)	Molecular profiling for precision cancer therapies in breast and ovarian cancer	$199,146	Michael Eccles	University of Otago
20/1419	Wellbeing (autonomy self-determination)	Titiro whakamuri, kōkiri whakamua	$236,900	Nicole Coupe	Kirikiriroa Family Services Trust
20/144	Cardiovascular/ cerebrovascular	The Metformin Aneurysm Trial	$1,325,324	Greg Jones	University of Otago
20/1442	Infectious disease	Te matatini o te horapa: a population based contagion network for Aotearoa NZ	$996,466	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	Rachel Forrest	Eastern Institute of Technology
20/1459	Other (generic health or health services)	Connecting Kai	$248,540	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	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	Maria Baker	Te Rau Ora
20/1480	Wellbeing (autonomy self-determination)	Ensuring equity for Pacific families: Learning from a pandemic	$997,814	Jacqueline Cumming	Pacific Perspectives
20/1498	Reproduction/ fertility/sexual health	Understanding the need for trans and non-binary inclusive maternity care	$178,513	George Parker	Otago Polytechnic
20/151	Climate change	Seeking the transport sweet spot: health, equity and zero carbon	$1,199,695	Caroline Shaw	University of Otago
20/1516	Human genetics and inherited/ congenital conditions	Achieving equitable outcomes from critical congenital heart disease in Aotearoa	$376,978	Frank Bloomfield	The University of Auckland
20/152	Other (generic health or health services)	Prioritising Māori health and equity: a critical approach to modelling	$1,199,300	Melissa McLeod	University of Otago
20/1532	Wellbeing (autonomy self-determination)	Weaving tikanga into practice for hapū ora	$441,436	Beverly Te Huia	Katoa

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/1539	Obstetric complications/ perinatal care	Knowledge Translation for Equity in Preterm Birth Care and Outcomes in Aotearoa	$405,065	Katie Groom	The University of Auckland
20/1549		Te Mana Māori Wahine i te hapūtanga me te manaaki whaea, a Māori perspective	$90,000	Riripeti Haretuku	Te Whatu Ora - Lakes
20/155	Other (generic health or health services)	Dying as a health and social justice issue: exploring the impact of deprivation	$1,199,999	Jackie Robinson	The University of Auckland
20/1557	Liver	Supporting whānau to safely administer paracetamol to tamariki	$399,991	Rawiri McKree Jansen	National Hauora Coalition
20/1561		Health Sector Research Collaboration Grant - Bay of Plenty DHB	$282,308	Sarah Mitchell	The Bay of Plenty Clinical School Charitable Trust
20/1566	Infectious disease	Printed sensing strips for sensitive and reliable detection of SARS-CoV-2	$350,000	Jadranka Travas-Sejdic	The University of Auckland
20/1572	Infectious disease	Development of PI3K inhibitors to control cytokine storm in COVID-19	$328,262	Peter Shepherd	The University of Auckland
20/158	Cardiovascular/ cerebrovascular	Respiratory modulated pacing to improve outcomes in heart failure	$1,191,073	Rohit Ramchandra	The University of Auckland
20/166	Wellbeing (autonomy self-determination)	Hauora Rangatahi Māori: Appropriateness and acceptability of health measures	$135,000	Georgia McCarty	University of Otago
20/168	Physical activity/ exercise	Implementing high intensity interval training in school	$1,362,262	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	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	Katie Groom	The University of Auckland
20/185A	Wellbeing (autonomy self-determination)	Māmā e Mamia - piloting a marae-based wellbeing model for pēpi and māmā Māori	$202,674	Aria Graham	Taku Mamia Trust
20/190	Cardiovascular/ cerebrovascular	Enhancing Spontaneous Recovery after Stroke Study (ESPRESSo)	$1,421,460	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	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	Vili Nosa	The University of Auckland
20/196	Cardiovascular/ cerebrovascular	A novel marker to assess cardiac ischemia and outcomes	$1,182,419	Chris Pemberton	University of Otago
20/199	Rheumatology/ arthritis	Turning off the cellular energy supply to treat osteoarthritis	$1,180,502	Raewyn Poulsen	The University of Auckland
20/213	Infectious disease	Unlocking antimicrobial tolerance in bacterial pathogens to overcome AMR	$1,197,344	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	Ruth Cunningham	University of Otago
20/226	Mental health (and sleep disorders)	Counselling survivors of sexual violence trauma: Developing a Pasifika model.	$127,418	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	Jacinta Fa'alili-Fidow	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/230	Inflammatory and immune system	Time for destruction - switching immune responses off	$1,197,433	Catherine Day	University of Otago
20/233	Wellbeing (autonomy self-determination)	Niuean happiness: A hiapo approach to Niuean mental health and wellbeing	$359,179	Jessica Pasisi	University of Waikato
20/239	Diabetes	Improving publicly funded Pacific bariatric surgery patients' retention rates	$296,503	Tamasin Taylor	The University of Auckland
20/259	Neurological (CNS)	Therapeutic development for Fragile X Syndrome	$126,350	Victoria Hawkins	The University of Auckland
20/274	Cardiovascular/ cerebrovascular	A novel therapeutic to protect hearts in acute ischaemic procedures	$1,143,639	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	Neti Herman	The University of Auckland
20/302	Vision/hearing/ speech	Microdrop administration of phenylephrine and cyclopentolate in neonates	$74,927	Lisa Kremer	University of Otago
20/304	Cardiovascular/ cerebrovascular	Impact of multimorbidity on CVD risk prediction and management in primary care	$1,047,797	Susan Wells	The University of Auckland
20/305	Cardiovascular/ cerebrovascular	Novel potential anti-arrhythmic target	$1,171,620	Julian Paton	The University of Auckland
20/312	Renal and urogenital	ACHIEVE - New Zealand	$1,061,053	Janak de Zoysa	Te Whatu Ora - Waitematā
20/317	Vision/hearing/ speech	Tackling the vicious circle of dry eye disease	$1,195,447	Ilva Rupenthal	The University of Auckland
20/330	Human genetics and inherited/ congenital conditions	Identifying biomarkers of aneuploidy in embryos	$385,232	Zaramasina Clark	Research Trust of Victoria University of Wellington
20/344	Infectious disease	Staphylococcus aureus network adaptive platform trial (SNAP)	$1,190,216	Genevieve Walls	Middlemore Clinical Trials
20/362	Mental health (and sleep disorders)	Responding to Pacific maternal mental health	$599,082	Seini Taufa	Moana Research
20/366	Injury (intentional and unintentional)	Erythropoietin to improve outcomes for critically ill trauma patients	$1,199,020	Colin McArthur	Medical Research Institute of New Zealand
20/370	Neurological (CNS)	Role of ryanodine receptors in Alzheimer's disease	$1,189,937	Peter Jones	University of Otago
20/374	Infectious disease	Understanding the role of IgG3 in acute rheumatic fever	$1,187,149	Nicole Moreland	The University of Auckland
20/378	Ageing	Ngā Kaumātua ō Tātou Taonga: Supporting kaumātua health in a changing world	$1,181,194	Marama Muru-Lanning	The University of Auckland
20/389	Respiratory/ asthma	RCT budesonide-formoterol vs salbutamol reliever therapy in childhood asthma	$1,439,100	Richard Beasley	Medical Research Institute of New Zealand
20/399	Neurological (CNS)	Galvanic vestibular stimulation as a treatment for neurological disorders	$1,188,357	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	Jarrod Haar	Auckland University of Technology
20/425	Respiratory/ asthma	Barriers and facilitators to self-management of asthma in Pacific children	$971,542	Sunia Foliaki	Massey University
20/427	Cardiovascular/ cerebrovascular	Lifestyle program for Pacific	$125,790	Gavin Faeamani	Massey University

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/437	Obstetric complications/ perinatal care	Circadian patterns of fetal heart rate predict impaired fetal oxygenation	$1,199,998	Laura Bennet	The University of Auckland
20/438	Cancer (oncology)	Enabling clinical development of a novel hypoxia-targeted anti-cancer agent	$1,199,946	Frederik Pruijn	The University of Auckland
20/457	Other (generic health or health services)	Revitilisation of the Samoan traditional diet	$126,868	Amy Maslen-Miller	The University of Auckland
20/459	Infectious disease	Combating antimicrobial resistance with high-throughput bacterial genetics	$1,199,272	Matthew McNeil	University of Otago
20/470	Reproduction/ fertility/sexual health	A neural circuit required for maternal adaptation to pregnancy	$1,199,971	David Grattan	University of Otago
20/506	Cancer (oncology)	The roles of respiration and ATP production in tumorigenesis and metastasis	$1,197,498	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	Khoon Lim	University of Otago
20/520	Gastrointestinal	Reducing organ failure in critical illness	$1,189,801	Anthony Phillips	The University of Auckland
20/526	Nutrition	Improving nutrition delivery	$1,187,999	Anthony Phillips	The University of Auckland
20/538	Neurological (CNS)	Brain biomarkers for future cognitive health in Parkinson's disease	$1,189,161	John Dalrymple-Alford	University of Canterbury
20/542	Cancer (oncology)	Exploiting oxidative stress in the treatment of metastatic melanoma	$1,198,252	Mark Hampton	University of Otago
20/550	Cancer (oncology)	He Tapu Te Whare Tangata: Empowering rural solutions	$1,293,194	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	Amohia Boulton	Whakauae Research Services
20/564	Cancer (oncology)	Randomised trial of a novel chyme reinfusion device for temporary ileostomies	$1,433,127	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	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	Debbie Ryan	Pacific Perspectives
20/581	Disability	Low-intensity therapy and parent coaching for young children with ASD: An RCT.	$250,000	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	Amy Smith	The University of Auckland
20/585	Dental/oral	Interrogating immunotherapy for dental pulp therapy and management	$206,046	Haizal Hussaini	University of Otago
20/588	Injury (intentional and unintentional)	ACTION-TBI: ACT to improve recovery after Traumatic Brain Injury	$249,309	Alice Theadom	Auckland University of Technology
20/590	Gastrointestinal	Preoperative exclusive enteral nutrition versus usual care in Crohn's disease	$180,376	Catherine Wall	University of Otago
20/591	Nutrition	Metabolites in plasma and urine as objective markers of dietary intakes	$249,762	Andrew Reynolds	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/593	Metabolic and endocrine (excl. diabetes and bone)	TAONGA - Tōku Ara OraNGA: a Kaupapa Māori informed co-design of outpatient care	$250,001	Jade Tamatea	The University of Auckland
20/594	Reproduction/ fertility/sexual health	Sexual and Reproductive Health Education among Pacific Youth	$168,655	Radilaite Cammock	Auckland University of Technology
20/603	Cardiovascular/ cerebrovascular	Psychosocial wellbeing after stroke: Understanding and enhancing care	$243,087	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	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	Lara Greaves	The University of Auckland
20/618	Neurological (CNS)	Novel non-invasive neuromodulation treatment for chronic low back pain	$209,995	Divya Adhia	University of Otago
20/622	Physical activity/ exercise	Taking a break from Netflix: The effect on glycaemia and sleep	$203,306	Meredith Peddie	University of Otago
20/625	Cardiovascular/ cerebrovascular	Calsequestrin as a target to restore calcium balance in atrial fibrillation	$246,380	Michelle Munro	University of Otago
20/630	Injury (intentional and unintentional)	Healthy & safe truck drivers, safer journeys: feasibility of a national survey	$245,736	Rebbecca Lilley	University of Otago
20/631	Infectious disease	SYMBIOTIC: Integrated prevention of infectious diseases and long-term conditions	$4,951,982	Michael Baker	University of Otago
20/632	Diabetes	Improving equitable access to diabetes eye services	$249,239	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	Andrea 't Mannetje	Massey University
20/638	Cancer (oncology)	Comprehensive pan-cancer characterization of uncommon TP53 mutations	$239,632	Sunali Mehta	University of Otago
20/642	Cardiovascular/ cerebrovascular	exciteBCI telerehabilitation: determining optimal dose and testing feasibility	$245,117	Denise Taylor	Auckland University of Technology
20/644	Mental health (and sleep disorders)	Tē 'ākirāta mārama: Cook Islands mental health prevalence	$249,512	Sam Manuela	The University of Auckland
20/646	Renal and urogenital	Decoding GWAS to combat renal disease in Māori and Pacific people	$249,979	Megan Leask	University of Otago
20/650	Neurological (CNS)	Low-dose naltrexone as an adjunctive treatment in major depressive disorder	$249,138	Joanne Lin	The University of Auckland
20/651	Child and youth (healthy) development	Neonatal Glucose Care Optimisation (NeoGluCO) Study	$249,641	Christopher McKinlay	The University of Auckland
20/653	Respiratory/ asthma	Resveratrol – a potential novel treatment for bronchiectasis	$219,061	Conroy Wong	Middlemore Clinical Trials
20/668	Wellbeing (autonomy self-determination)	Manalagi: Aotearoa Pacific Rainbow/Queer/ LGBTIQA+ MVPFAFF Health and Wellbeing Project	$249,980	Patrick Thomsen	The University of Auckland
20/680	Cardiovascular/ cerebrovascular	Measuring and reducing stroke burden in New Zealand	$4,996,868	Valery Feigin	Auckland University of Technology
20/683	Respiratory/ asthma	Research to maximise the health and wellbeing gains from housing	$4,996,215	Nevil Pierse	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/692	Vision/hearing/ speech	Regulation of lens water transport: A strategy to treat presbyopia and cataract	$4,936,998	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	Ian Goodwin	Massey University
20/706	Cancer (oncology)	Overcoming the limitations of adoptive T-cell therapy by genetic modification	$150,000	Antony Braithwaite	University of Otago
20/710	Mental health (and sleep disorders)	A community-based RCT evaluating micronutrients for mood dysregulated teenagers	$150,000	Julia Rucklidge	University of Canterbury
20/721	Respiratory/ asthma	Lung protection during critical illness	$150,000	Anthony Phillips	The University of Auckland
20/728	Infectious disease	HBsAg mutations and pathophysiology of chronic hepatitis B.	$150,000	William Abbott	Auckland Hospitals Research And Endowment Fund
20/732	Inflammatory and immune system	Looking Skin Deep	$150,000	Anthony Phillips	The University of Auckland
20/733	Wellbeing (autonomy self-determination)	Synthesis of a million stories with natural language processing	$150,000	Simone Rodda	Auckland UniServices
20/741	Inflammatory and immune system	Resurrection of an anti-inflammatory therapy through protein engineering	$150,000	Lyn Wise	University of Otago
20/756	Respiratory/ asthma	Continuous dynamic monitoring of lung function at the bedside	$150,000	Haribalan Kumar	The University of Auckland
20/759	Infectious disease	Sewers for Superbug Surveillance	$150,000	Siouxsie Wiles	The University of Auckland
20/765	Cancer (oncology)	A collaborative AR work and presentation tool to examine tumour evolution	$150,000	Benjamin Lawrence	The University of Auckland
20/766	Obstetric complications/ perinatal care	The placental clock: Investigating mechanisms of stillbirth	$150,000	Meghan Hill	The University of Auckland
20/768	Blood disorders/ haematology	Fighting Splicing with Splicing: New Strategies for CAR T cell Immunotherapy	$150,000	Alexander McLellan	University of Otago
20/776	Cancer (oncology)	Is our destiny in our genes? Using Mendelian genetics to refine cancer risk	$150,000	Louise Bicknell	University of Otago
20/782	Neurological (CNS)	Early mitochondrial dysfunction assay for neurodegenerative diseases	$150,000	Michael Berridge	Malaghan Institute of Medical Research
20/786	Cardiovascular/ cerebrovascular	Codesign of Augmented Reality Stroke Rehabilitation from Te Whare Tapa Whā	$150,000	Danielle Lottridge	The University of Auckland
20/798	Infectious disease	Designing synergistic combinations to prevent antibiotic resistance	$150,000	Stephanie Dawes	The University of Auckland
20/812	Infectious disease	How do antimicrobial combinations suppress development of resistance?	$404,171	Iain Lamont	University of Otago
20/834	Other (generic health or health services)	Partnering with whānau to address inequities to pain management	$91,689	Hemakumar Devan	University of Otago
20/845	Mental health (and sleep disorders)	Developing serotonergic 2A receptor agonists as treatments for mood disorders	$596,512	Suresh	The University of Auckland
20/847	Infectious disease	Unravelling the mysteries of yersiniosis	$1,308,051	Brent Gilpin	ESR Institute of Environmental Science & Research

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
20/860	Child and youth (healthy) development	Te Puna Taiao - Improving health outcomes for tamariki	$200,000	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	Zhenqiang Wu	The University of Auckland
20/866	Mental health (and sleep disorders)	Tihei Rangatahi Programme: Improving hauora-oranga services for rangatahi Māori	$1,397,789	Tupa'ilevaililigi Ridvan Firestone	Massey University
20/872	Vision/hearing/ speech	Spatial oculomics with imaging mass spectrometry for drug delivery	$596,120	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	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	Louise Bicknell	University of Otago
20/887	Infectious disease	Improving blood safety and donor selection	$1,398,607	Peter Saxton	The University of Auckland
20/902	Obstetric complications/ perinatal care	Reflecting informed choice in population screening: Progressing equity	$27,575	Sara Filoche	University of Otago
20/903	Injury (intentional and unintentional)	Cryopreserved vs. Liquid Platelets for Surgical Bleeding (CLIP-II NZ)	$1,399,921	Shay McGuinness	Medical Research Institute of New Zealand
20/909	Dental/oral	Assessing the oral health sector's organisational commitment to equity	$29,879	Moira Smith	University of Otago
20/914	Cardiovascular/ cerebrovascular	CT to reduce invasive coronary angiography in acute coronary syndrome	$1,331,291	Philip Adamson	University of Otago
20/922	Other (generic health or health services)	Improved Surgical Scheduling Software	$213,033	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	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	Jane Koziol-McLain	Auckland University of Technology
20/948	Other (generic health or health services)	Access to medicines: Exploring lived experience to inform policies and programmes	$1,349,521	Pauline Norris	University of Otago
20/955	Child and youth (healthy) development	Reducing inequities in Well Child Tāmariki Ora developmental surveillance	$1,350,786	Alison Leversha	Auckland Hospitals Research And Endowment Fund
20/960	Cancer (oncology)	Implementing HPV primary testing to prevent cervical cancer in NZ: Te Tai Tokerau	$1,398,122	Beverley Lawton	Research Trust of Victoria University of Wellington
20/985	Infectious disease	Social response to COVID-19 in New Zealand: Obligations and stigmatisation	$350,325	Liangni Liu	Massey University
20/991	Other (generic health or health services)	Towards a national, equitable & sustainable clinical trial system in Aotearoa NZ	$800,000	Frank Bloomfield	The University of Auckland
21/001	Diabetes	CREATE Trial: Community deRivEd AutomaTEd insulin delivery	$180,000	Mercedes Burnside	University of Otago
21/003	Cancer (oncology)	Protein degradation: from understanding to application	$599,999	Adam Middleton	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
21/012	Wellbeing (autonomy self-determination)	Mana wāhine o Te Kapotai: reclaiming the strength of women towards mauri ora	$128,299	Renee Wikaire	Massey University
21/016	Wellbeing (autonomy self-determination)	Exploring the role of Tongan faith leaders in influencing wellbeing	$84,033	Rubinstine Manukia	Auckland University of Technology
21/018	Mental health (and sleep disorders)	Faith to bounce back! Pacific youth wellbeing and resilience	$79,934	Hulita Tauveli	Massey University
21/020	Neurological (CNS)	Defining Māori epilepsy burden and developing an approach for future research	$173,333	Ngaire Keenan	University of Otago
21/022	Cardiovascular/ cerebrovascular	Multimorbidity and cardiovascular disease risk prediction	$260,000	Emma Church	The University of Auckland
21/025	Rheumatology/ arthritis	Clinical utility of ultrasound imaging for evaluation of foot osteoarthritis	$259,900	Prue Molyneux	Auckland University of Technology
21/029	Child and youth (healthy) development	Collaboration for child wellbeing	$890,709	Alison Leversha	Auckland Hospitals Research And Endowment Fund
21/030	Cancer (oncology)	Adapting to a CINister genome: regulating chromosomal instability and metastasis	$600,000	Sunali Mehta	University of Otago
21/033	Reproduction/ fertility/sexual health	Unravelling the role of glial cells in fertility regulation	$506,917	Elodie Desroziers	University of Otago
21/034	Ageing	Decreasing alpha synuclein in Parkinson's disease: Are 'strains' the solution?	$571,338	Victor Dieriks	The University of Auckland
21/035	Gastrointestinal	Stoma-output recycling device for ileostomy reversal	$86,667	Chen Liu	The University of Auckland
21/047	Neurological (CNS)	Early biomarkers in mild traumatic brain injury: A multi-disciplinary approach	$260,000	Matthew McDonald	The University of Auckland
21/054	Other (generic health or health services)	He tono whakapiki ora: Whānau and pharmacists' knowledge exchange	$258,471	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	Jay Gong	The University of Auckland
21/059	Bone/ musculoskeletal	Effect of dexamethasone on acute phase response following zoledronic acid	$86,580	Rachel Murdoch	The University of Auckland
21/060	Child and youth (healthy) development	Experiences of children and their families during the COVID-19 pandemic	$242,645	Cervantee Wild	University of Oxford
21/061	Infectious disease	Treatment of Impetigo with Antiseptics - Replacing Antibiotics (TIARA) Trial	$160,000	Sarah Primhak	The University of Auckland
21/062	Environmental health	Te Maramataka - restoring 'health' by reconnecting with Te Taiao	$1,125,097	Isaac Warbrick	Auckland University of Technology
21/063	Vision/hearing/ speech	Keratoconus and corneal cross-linking	$259,000	Lize Angelo	The University of Auckland
21/068	Cancer (oncology)	The growing crisis of diabetes and cancer co-occurrence	$799,777	Jason Gurney	University of Otago
21/074	Gastrointestinal	Photonic device for real-time measurement of ischaemic tissue margins in surgery	$482,706	Michel Nieuwoudt	The University of Auckland
21/076	Injury (intentional and unintentional)	Evidence-based suicide prevention for youth in contemporary Aotearoa New Zealand	$259,354	Linda Bowden	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
21/080	Neurological (CNS)	Novel targets to enhance axonal repair after spinal cord injury	$1,199,242	Laura Gumy	University of Otago
21/097	Human genetics and inherited/ congenital conditions	Improving genetic diagnosis for tamariki in Aotearoa	$1,199,920	Stephen Robertson	University of Otago
21/1004		Setting occupational therapy research priorities in the Waikato	$30,000	Ema Tokolahi	Otago Polytechnic
21/1007		DBT skills groups in Te Whānau ō te Maungārongo	$29,453	Emily Cooney	University of Otago
21/1008		Improving pre-diabetes/type 2 diabetes care in high needs populations	$29,957	Christine Barthow	University of Otago
21/1009		Analysing vitamin status and early intravenous nutrition in the NICU	$29,929	Barbara Cormack	The University of Auckland
21/1015		Equity-focused implementation of Best Start early pregnancy assessment	$90,000	John McMenamin	Health Solutions Trust
21/1016		Improving patient safety through empathetic communication	$29,588	Helen Rook	Te Whatu Ora - Capital, Coast and Hutt Valley
21/1018		Computer assisted diagnosis in pathology: Guiding a pathway to translation	$28,400	Gavin Harris	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
21/1020		Does a marae-based clinic increase access for prevention of cervical cancer?	$30,009	Judy Ormandy	Te Whatu Ora - Capital, Coast and Hutt Valley
21/1023		Feasibility of oral pathology tissue bank for Māori and Pasifika	$26,630	Haizal Hussaini	University of Otago
21/1025		Emergency ambulance care in the event of a death: What matters?	$29,596	Natalie Anderson	The University of Auckland
21/1026		Engagement in healthcare in adolescents and young adults after liver transplant.	$30,000	Helen Evans	Auckland Hospitals Research And Endowment Fund
21/1028		Psychosocial interventions for post-treatment haematological cancer survivors	$28,745	Deborah Raphael	The University of Auckland
21/1029		Palliative care for people who are homeless and vulnerably housed	$29,890	Jackie Robinson	The University of Auckland
21/1030		Making nutrition support accessible and applicable for New Zealand communities	$30,000	Pamela von Hurst	Massey University
21/1033		Exploring educational outcomes among young people with diabetes	$18,567	Nicholas Bowden	University of Otago
21/1035		Tāngata kāpō Māori and health service (non) delivery	$29,600	Rebekah Graham	Parents of Vision Impaired
21/1040		Understanding the enablers of innovation in the hospital environment	$110,000	Sarvnaz Taherian	Auckland Hospitals Research And Endowment Fund
21/1042		Tooth wisdom: Integrating refugee cultural competency into dental practice	$52,448	Zeina Al Naasan	University of Otago
21/1044		Kaiāwhina Hauora Hapori (Community Health Helpers)	$29,927	Bridget Dicker	Auckland University of Technology
21/1047		RAPID Paediatric Palliative Care and Pain	$106,376	Ross Drake	Auckland Hospitals Research And Endowment Fund

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
21/1048		Ngā Toronga o Te Kukunetanga: The branches of the Te Kukunetanga family	$29,971	Dean Mahuta	Auckland University of Technology
21/1049		A new research agenda to support safe and accessible assisted dying in Aotearoa	$29,996	Jessica Young	Research Trust of Victoria University of Wellington
21/1056		A technology-based intervention for early detection of post-natal depression	$29,998	Liesje Donkin	Auckland University of Technology
21/1057		Gaps analysis of mental health and addiction services for rainbow communities	$29,793	George Parker	Research Trust of Victoria University of Wellington
21/1059		Improving access to primary healthcare: Integrating nurse practitioner roles	$30,000	Sue Adams	The University of Auckland
21/1062		Indigenous health services development – tools and networks for pro-equity care	$30,000	Joanna Hikaka	Hikaka Consulting
21/1063		Menstrual health information delivery for Aotearoa New Zealand	$28,351	Jane Girling	University of Otago
21/1066		Intravenous antibiotic duration for children with bronchiectasis	$29,528	Catherine Byrnes	Middlemore Clinical Trials
21/1067		Creating food havens in South Auckland	$29,897	Radilaite Cammock	Auckland University of Technology
21/1068		Preparing to meet the challenge of fitness to drive assessments	$29,282	Susan Gee	New Zealand Dementia Foundation
21/1069		Māmā aroha: A digital breastfeeding resource to improve support for māmā	$29,600	Felicity Ware	Massey University
21/1070		Te Rourou Iti ā-Haere – Improving health outcomes for diabetic kaumātua	$30,000	Kesava Kovanur Sampath	Te Pūkenga - WinTec
21/1075		Investigation of services and programmes available in Aotearoa for FASD	$29,956	Jessica McCormack	University of Otago
21/1076		Co-design of core outcome measures for a multidisciplinary frailty intervention	$29,198	Katherine Bloomfield	The University of Auckland
21/1078		Exploration of inherited propensity for codeine misuse and dependence	$29,889	Rhys Ponton	The University of Auckland
21/1079		Te Matahourua: Charting the course of Rongoa and medical collaboration	$29,910	Jonathan Koea	Te Whatu Ora - Waitematā
21/1080		Kaitiaki Group establishment	$53,500	Liza Edmonds	Te Whatu Ora - Southern
21/1081		Developing an eHealth colorectal cancer pathway across healthcare delivery	$20,420	John Woodfield	Te Whatu Ora - Southern
21/1082		Developing momentum for computer assisted diagnosis in pathology	$153,299	Gavin Harris	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
21/1083		Supportive self-management for new medications in type 2 diabetes	$30,000	Timothy Ryan	Te Whatu Ora - Lakes
21/1086		Models of diabetic retinopathy screening across Aotearoa	$30,000	Jacqueline Ramke	The University of Auckland
21/1088		Maximising the evidence-based management of self-harm in schools	$29,799	Sarah Fortune	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
21/109	Child and youth (healthy) development	Māori whānau experiences of neuropsychological assessment for FASD	$260,000	Sarah Goldsbury	University of Otago
21/1090		Investigating navigational support for people living with stroke	$29,811	Joanne Deely	Burwood Academy of Independent Living
21/1096		Realising the potential of the Primary Care Allied Health workforce	$132,346	Christopher Higgs	University of Otago
21/1098		Investigating Parkinson's disease among Māori and Pacific peoples	$29,227	Paulo Silva Pelicioni	University of Otago
21/1100		Integrating exercise and nutrition therapy to equitably address multi-morbidity	$28,692	Kirsten Coppell	University of Otago
21/1102		Whakapiri: nationally prioritised Māori māmā and pēpi health clinical trials	$25,613	Katie Groom	The University of Auckland
21/1104		Innovation flow in healthcare – 3D printing	$30,000	Justin Kennedy-Good	Auckland Hospitals Research And Endowment Fund
21/1107		Attitudes of people affected by Huntington's disease towards regenerative therapies	$6,000	Jamie Hounsell	University of Otago
21/1108		Covid-19 tracer apps & QR codes: Pacific young people's views	$6,000	Brooke Kuresa	Victoria University of Wellington
21/1109		Learning about equity in health and research	$6,000	Jasmeer Singh	The University of Auckland
21/1110		Co-design whanau focused & Transitional care	$29,587	Alison Pile	Te Whatu Ora - Southern
21/1111		Co-design whanau focused & Transitional care	$29,587	Julia Devereux	Te Whatu Ora - Southern
21/1112		Maori health engagement & development in suicide prevention	$60,000	Suzi Wereta	Te Whatu Ora - Southern
21/1114		Exploration of health co-benefits in AAA/AF screening in a rural context	$89,825	Karen Bartholomew	Te Whatu Ora - Waitematā
21/1116		Prostate Cancer Mortality of Māori in Southland	$16,000	Konrad Richter	Te Whatu Ora - Southern
21/116	Diabetes	Bioenergetics of human diabetic heart failure	$586,497	Kenneth Tran	The University of Auckland
21/117	Neurological (CNS)	Improving continence management for people with dementia in the community	$1,199,981	Vanessa Burholt	The University of Auckland
21/139	Mental health (and sleep disorders)	Pacific Islands Families: Thriving Pacific Young Adults (PIF: TPYA)	$1,199,366	El-Shadan Tautolo	Auckland University of Technology
21/144	Neurological (CNS)	IMPRESS: Intelligent Multimodal imaging platform to PREdict Stroke motor outcomeS	$1,146,923	Alan Wang	The University of Auckland
21/145	Diabetes	Education and mentoring of primary care to improve diabetes care in the Waikato	$174,993	Ryan Paul	University of Waikato
21/156	Child and youth (healthy) development	Culturally responsive physiotherapy approaches for working with Pacific children	$32,430	Oka Sanerivi	University of Otago
21/158	Respiratory/ asthma	The benefits of biodiversity: a novel approach to preventing asthma and allergy?	$491,527	Collin Brooks	Massey University
21/165	Neurological (CNS)	Parkinson's in New Zealand: Genes and environmental exposures	$1,199,253	Toni Pitcher	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
21/173	Addiction (alcohol/drugs/ gambling/ smoking)	A kaupapa Māori analysis of Māori cannabis and methamphetamine use	$554,400	Erena Wikaire	Te Whare Wananga O Awanuiarangi
21/177	Reproduction/ fertility/sexual health	Kia taiohi te tū	$386,985	Joeliee Seed-Pihama	University of Waikato
21/183	Infectious disease	Understanding measles: severity and sequelae	$1,104,966	Emma Best	The University of Auckland
21/192	Addiction (alcohol/drugs/ gambling/ smoking)	Effectiveness of alcohol warning labels: research to reduce alcohol-related harm	$1,200,000	Natalie Walker	The University of Auckland
21/197	Diabetes	Pharmacogenetics of T2D medications within the Māori and Pacific population	$125,550	Zanetta Toomata	The University of Auckland
21/199	Obesity	Obesity amongst Kiribati communities	$31,000	Annie Baiteke	The University of Auckland
21/203	Human genetics and inherited/ congenital conditions	Why do outcomes of critical congenital heart disease in NZ differ by ethnicity?	$260,000	Simone Watkins	The University of Auckland
21/209	Cardiovascular/ cerebrovascular	How does preeclampsia in pregnancy lead to early cardiovascular disease?	$1,199,914	Larry Chamley	The University of Auckland
21/216	Mental health (and sleep disorders)	Samoan families experience with mental health services	$172,500	Ioana Mulipola	Auckland University of Technology
21/220	Cancer (oncology)	Equitable Application of Circulating Tumour DNA to the New Zealand Population	$141,000	Jordon Lima	University of Otago
21/232	Cardiovascular/ cerebrovascular	Predicting cardiovascular risk from diabetic eye screening photographs	$1,198,294	Rinki Murphy	The University of Auckland
21/235	Cardiovascular/ cerebrovascular	Are all tests created equal? NT-proBNP measurement in Pasifika vs European NZers	$1,106,004	Allamanda Faatoese	University of Otago
21/251	Cardiovascular/ cerebrovascular	Experiences of stroke rehabilitation for Māori stroke survivors and their whānau	$6,600	Witana Petley	University of Otago
21/253	Wellbeing (autonomy self-determination)	Exploring interrelationships between racism, time and Māori health inequities	$131,247	Natalie Talamaivao	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	Caleb Marsters	The University of Auckland
21/278	Cancer (oncology)	Neural chip platforms for drug translation in paediatric brainstem gliomas	$1,199,977	Charles Unsworth	The University of Auckland
21/279	Human genetics and inherited/ congenital conditions	Utilisation and safety of ondansetron during pregnancy: a national cohort study	$1,199,994	Lianne Parkin	University of Otago
21/280	Obesity	Evaluating BBM Motivation: a community-based, Pacific-driven approach to obesity	$395,676	Faasisila Savila	The University of Auckland
21/309	Mental health (and sleep disorders)	Mauri tau: Indigenous psychological and therapeutic approaches to mental health	$378,331	Pikihuia Pomare	Massey University
21/310	Rheumatology/ arthritis	Uncovering the earliest events leading to tophaceous gout	$1,194,918	Christopher Hall	The University of Auckland
21/323	Addiction (alcohol/drugs/ gambling/ smoking)	Combining cytisine and nicotine vapes: a randomised trial in smoking cessation	$1,439,365	Natalie Walker	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
21/328	Infectious disease	Effects of unique Pacific gene variants on immunity and metabolic disease	$398,248	Natalie Netzler	The University of Auckland
21/331	Mental health (and sleep disorders)	Pacific mental health: Integrating Pacific world views and practices	$300,000	Sione Vaka	Auckland University of Technology
21/340	Infectious disease	Developing an assessment tool to gauge barriers to vaccination	$896,196	Nikki Turner	The University of Auckland
21/355	Cardiovascular/ cerebrovascular	Targeting the right atrium, the forgotten chamber of the heart	$1,200,000	Jichao Zhao	The University of Auckland
21/358	Inflammatory and immune system	Skin dendritic cell specialisation determines disease outcome	$1,199,943	Franca Ronchese	Malaghan Institute of Medical Research
21/372	Reproduction/ fertility/sexual health	Nesian narratives: Enhancing sexuality education for Pacific communities	$442,511	Analosa Veukiso-Ulugia	The University of Auckland
21/380	Neurological (CNS)	Neurocardiac coculture approach to the long QT syndrome	$1,199,933	Annika Winbo	The University of Auckland
21/382	Wellbeing (autonomy self-determination)	Kei roto tō tātau rongoā: A community/ whānau-based approach for wellbeing	$1,197,920	Denise Wilson	Auckland University of Technology
21/413	Neurological (CNS)	Understanding how heparan sulfate mimetics control neuroinflammation	$1,199,970	Anne La Flamme	Research Trust of Victoria University of Wellington
21/425	Mental health (and sleep disorders)	Intersectional ethnic minority youth: harnessing creativity for health gains	$1,199,984	Roshini Peiris-John	The University of Auckland
21/450	Infectious disease	Aetiology-focused treatment: a new paradigm for empiric pneumonia treatment	$1,192,691	Michael Maze	University of Otago
21/452	Rheumatology/ arthritis	Pasifika intervention to increase uptake of urate-lowering therapy for gout	$1,106,325	Malakai Ofanoa	The University of Auckland
21/457	Cancer (oncology)	Targeted drug delivery to the stomach	$1,191,527	Parry Guilford	University of Otago
21/458	Respiratory/ asthma	RCT budesonide-formoterol vs salbutamol reliever therapy in preschool asthma	$1,439,690	Stuart Dalziel	The University of Auckland
21/468	Physical activity/ exercise	Tackling ableism to remove barriers to participation in sport and recreation	$1,105,430	Penelope Carroll	Massey University
21/474	Cancer (oncology)	Lymphocyte specific kinase inhibitors for controlling immunotherapy toxicity	$1,199,974	Jack Flanagan	The University of Auckland
21/500	Infectious disease	Knowledge, attitudes and practices of COVID-19 among Pacific people in Aotearoa	$1,199,482	Collin Tukuitonga	The University of Auckland
21/514	Vision/hearing/ speech	A device for monitoring visual acuity progression in young children at home	$1,198,559	Jason Turuwhenua	The University of Auckland
21/524	Cancer (oncology)	Optimising the potential benefits of lung cancer screening in Māori in New Zealand	$1,186,188	Sue Crengle	Te Whatu Ora - Waitematā
21/526	Other (generic health or health services)	Measuring the health state preferences of New Zealanders	$1,167,512	Ross Wilson	University of Otago
21/558	Mental health (and sleep disorders)	Te Pu Korokoro: Improving the physical health of Māori with psychosis	$1,199,992	Cameron Lacey	University of Otago
21/560	Obstetric complications/ perinatal care	Visualising and controlling the cause of hot flushes at menopause	$1,198,704	David Grattan	University of Otago
21/561	Obesity	A novel brain pathway involved in pathogenesis of obesity and type-2 diabetes	$1,199,665	David Grattan	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
21/564	Child and youth (healthy) development	Pasifika B4 School: Exploring child and family wellbeing	$1,179,394	Teuila Percival	Moana Research
21/565	Infectious disease	Harnessing lung resident immune cells for mucosal vaccines	$1,199,975	Lisa Connor	Research Trust of Victoria University of Wellington
21/580	Child and youth (healthy) development	Te Kura Mai i Tawhiti - kaupapa Māori early years provision and health outcomes	$1,199,861	Mihi Ratima	Te Pou Tiringa Incorporated
21/581	Nutrition	DIET 2: Māori Health Equity	$129,390	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	Leueta Mulipola	The University of Auckland
21/608	Cancer (oncology)	Extracellular vesicles as prognostic markers for endometrial cancer	$249,375	Claire Henry	University of Otago
21/613	Disability	Flourishing together: including tāngata whaikaha in health policy development	$249,009	Rachelle Martin	University of Otago
21/616	Rheumatology/ arthritis	Self-regulation training for people with knee osteoarthritis.	$248,817	Ramakrishnan Mani	University of Otago
21/618	Mental health (and sleep disorders)	Multimodal neuroimaging biomarker for cognitive deficits in ADHD	$250,000	Narun	University of Otago
21/619	Gastrointestinal	Combined colorectal cancer and H.pylori screening for 50-60 y/o Māori in NZ	$249,061	Stephen Inns	University of Otago
21/622	Neurological (CNS)	Improving outcome of mild Traumatic Brain Injury with advanced brain imaging	$249,965	Mangor Pedersen	Auckland University of Technology
21/629	Cancer (oncology)	Psychedelic-assisted therapy in advanced-stage cancer patients	$249,334	Lisa Reynolds	The University of Auckland
21/638	Addiction (alcohol/drugs/ gambling/ smoking)	A drug harms ranking study for Aotearoa New Zealand	$194,698	Rose Crossin	University of Otago
21/640	Obesity	Can we attenuate inflammation in metabolic syndrome? A feasibility study	$250,000	Anitra Carr	University of Otago
21/646	Neurological (CNS)	Neuropathology of repetitive sport-related head injury	$243,748	Helen Murray	The University of Auckland
21/653	Diabetes	Improving mitochondrial metabolism to rescue diabetic heart failure	$248,822	Toan Pham	The University of Auckland
21/658	Neurological (CNS)	Light-responsive molecular tools to study Tau-mediated neurodegeneration	$246,869	Cassandra Fleming	Auckland University of Technology
21/660	Mental health (and sleep disorders)	Community-based Intensive Activation Therapy for major depression	$249,126	Marie Crowe	University of Otago
21/664	Dental/oral	Novel white crowns for drill-free treatment of dental caries in NZ children	$249,278	Joanne Choi	University of Otago
21/673	Injury (intentional and unintentional)	Preventing subsequent injuries: A feasibility study	$249,996	Helen Harcombe	University of Otago
21/676	Rheumatology/ arthritis	Anti-inflammatories and physiotherapy for people with knee osteoarthritis	$243,976	Cathy Chapple	University of Otago
21/681	Physical activity/ exercise	Environmental determinants of national physical activity and nutrition behaviour	$124,261	Tom Stewart	Auckland University of Technology

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
21/710	Neurological (CNS)	Neurovascular pathology in human neurodegenerative disorders	$5,000,000	Michael Dragunow	The University of Auckland
21/712	Cardiovascular/ cerebrovascular	Vascular risk equity for all New Zealanders	$4,999,921	Rodney Jackson	The University of Auckland
21/714	Gastrointestinal	Translating treatments for lymphatic dysfunction associated with organ failure	$4,999,761	Anthony Phillips	The University of Auckland
21/716	Other (generic health or health services)	Kia puawai ake ngā uri whakatupu: flourishing future generations	$4,999,950	Amohia Boulton	Whakauae Research Services
21/722	Child and youth (healthy) development	A kaupapa Māori approach to improving wellbeing for rural whānau Māori	$150,000	Taria Tane	Te Roroa Development Charitable Trust
21/727	Respiratory/ asthma	Contribution of ENaC in Covid-19	$150,000	Martin Fronius	University of Otago
21/731	Respiratory/ asthma	Designing better methodologies to enable robust risk assessment of vaping	$150,000	Graham Eyres	University of Otago
21/749	Vision/hearing/ speech	Early identification of infants and children with disequilibrium	$150,000	Michael Maslin	University of Canterbury
21/751	Disability	Walk a mile in their shoes - Developing a virtual reality experience of FASD	$150,000	Joanna Ting Wai Chu	The University of Auckland
21/753	Cardiovascular/ cerebrovascular	Development of a novel tissue-engineered heart valve	$150,000	Steve Waqanivavalagi	The University of Auckland
21/754	Infectious disease	Extracellular DNA repair: a role in antimicrobial resistance?	$150,000	Adele Williamson	University of Waikato
21/758	Cardiovascular/ cerebrovascular	An overlooked opportunity to exploit heart rate variability	$150,000	June-Chiew Han	The University of Auckland
21/759	Neurological (CNS)	Exploring hepatic urea cycle dysfunction in Huntington's disease	$150,000	Renee Handley	The University of Auckland
21/776	Reproduction/ fertility/sexual health	Development of a novel device to rapidly test embryos during IVF	$150,000	Lynsey Cree	The University of Auckland
21/777	Dental/oral	A smart toothpaste for the twenty-first century	$150,000	George Dias	University of Otago
21/778	Neurological (CNS)	Auricular stimulation to improve cough sensitivity after stroke	$150,000	Yusuf Cakmak	University of Otago
21/786	Cardiovascular/ cerebrovascular	The role of circulating bacterial DNA in cardiovascular disease	$150,000	Sarah Appleby	University of Otago
21/794	Infectious disease	Repurposing anti-viral immunity to combat Neisseria gonorrhoeae	$150,000	William Kelton	University of Waikato
21/802	Rheumatology/ arthritis	Personalised 3D-tissue models: Reducing health inequities in cartilage therapies	$150,000	Tim Woodfield	University of Otago
21/815	Diabetes	A smarter oral protein delivery system: Mimicking intestinal nutrient absorption	$404,957	Jingyuan Wen	The University of Auckland
21/826	Rheumatology/ arthritis	Reducing the burden of knee osteoarthritis through community pharmacy	$1,399,704	Benjamin Darlow	University of Otago
21/829	Child and youth (healthy) development	Hapū Whānau: Implementing iwi-owned service hubs to improve health outcomes	$1,385,762	Beverley Lawton	Research Trust of Victoria University of Wellington
21/838		Exploring primary care factors that influence diabetes management and care	$29,500	Lynne Chepulis	University of Waikato
21/839	Diabetes	Health-system factors contributing to inequity in diabetes medication use	$1,394,675	Lynne Chepulis	University of Waikato

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
21/850		Early Vocational Intervention after Stroke (EVIS) Study	$29,984	Jennifer Dunn	University of Otago
21/856		Accessing earlier prediabetic treatment in pregnancy	$11,317	Charlotte Oyston	The University of Auckland
21/859	Other (generic health or health services)	Enhancing leptospirosis diagnosis and outcomes for rural and Māori communities	$1,399,859	Jackie Benschop	Massey University
21/860		Te Piringa Kotuku	$29,967	Jamie-Lee Rahiri	Te Whatu Ora - Waitematā
21/867		Predicting acute asthma events using machine learning	$29,498	Amy Chan	The University of Auckland
21/872	Wellbeing (autonomy self-determination)	Sustainable LMC midwifery: Balancing work and whānau responsibilities	$1,364,661	Tagonei Mharapara	Auckland University of Technology
21/890		Scoping project: Supporting lifestyle change and vocational rehabilitation	$29,331	Clare Harvey	Massey University
21/892		Developing a strangulation screening tool from frontline responders knowledge.	$30,000	Andrea Donaldson	Massey University
21/905	Injury (intentional and unintentional)	Optimising telerehabilitation practice in Aotearoa	$1,388,974	Nicola Kayes	Auckland University of Technology
21/906		The use of pancreatic enzyme replacement (PERT) in inoperable pancreatic cancer	$22,952	Amanda Landers	University of Otago
21/925		Optimisation of a NZ focused ehealth application to improve patient outcomes	$30,000	John Woodfield	University of Otago
21/933		A pilot deployment of a portable, home-based diabetic foot monitoring system.	$29,103	Suranga Nanayakkara	The University of Auckland
21/937		Brain Oxygen Neuromonitoring in Australia and New Zealand Assessment (BONANZA)	$30,000	James Moore	Medical Research Institute of New Zealand
21/941	Cancer (oncology)	Equity by 2030: Achieving equity in lung cancer survival for Māori	$799,945	Jason Gurney	University of Otago
21/943		Developmental outcomes of South Auckland 3-year-olds who had hearing screening	$28,374	Joan Leung	The University of Auckland
21/945		Design cardiovascular symptom assessment systems to reduce prehospital delays	$27,988	Claris Chung	The University of Auckland
21/946		Identifying the barriers to kidney transplant for Pasifika patients with ESRD	$148,541	Amelia Tekiteki	Auckland Hospitals Research And Endowment Fund
21/950		Te Aukume a Hine te Iwaiwa: Health of Māori Māmā and Pēpi	$29,750	Felicity Ware	Massey University
21/953		Ahakoa he iti – he Pounamu : Supporting māmā-pēpi relationship.	$30,000	Tania Cargo	The University of Auckland
21/961		The decision-making process for women contemplating breast reconstruction	$90,700	Tania Blackmore	University of Waikato
21/963		Protecting the people: improving pandemic preparedness, response, and recovery	$28,280	Kate Morgaine	Te Whatu Ora - Nelson Marlborough
21/965		Improving health services for people with extreme obesity	$29,060	Caz Hales	Research Trust of Victoria University of Wellington
21/966		Spiritual care in New Zealand healthcare	$29,746	Richard Egan	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
21/970		Kotahitanga: A Kaumātua programme to address rehabilitation needs for Māori	$29,434	Jean Hay-Smith	University of Otago
21/971		Framework for developing an interdisciplinary temporomandibular disorder clinic	$28,708	Carrie Falling	University of Otago
21/974		Individual training programs to reduce frailty in older adults with hypertension	$30,000	Debra Waters	University of Otago
21/976		Pilot - Developing a national Adult Congenital Heart Disease (ACHD) Registry	$26,131	Clare O'Donnell	Auckland Hospitals Research And Endowment Fund
21/980		Registered nurses antimicrobial stewardship: clinical engagement and leadership	$29,863	Anecita Gigi Lim	The University of Auckland
21/981		Menstrual Apps Offering Clinical Advice: Risk or Resource?	$30,000	Bryndl Hohmann-Marriott	University of Otago
21/989	Cancer (oncology)	A nationwide strategy to improve lung cancer outcomes with molecular testing	$1,222,392	Aniruddha Chatterjee	University of Otago
21/990	Cancer (oncology)	Improving management and outcomes for patients with lung cancer	$719,825	Ross Lawrenson	Te Whatu Ora - Waikato
21/999		Generating evidence to improve uptake and equity in maternal immunisation	$29,999	Matthew Hobbs	University of Canterbury
22/001	Gastrointestinal	The effect of chronic hookworm infection on intestinal barrier function	$180,524	Thomas Mules	Malaghan Institute of Medical Research
22/002	Infectious disease	Oxygen therapy in critically ill adults	$1,031,753	Paul Young	Te Whatu Ora - Capital, Coast and Hutt Valley
22/005	Respiratory/ asthma	Immune system-derived oxidants in the treatment and diagnosis of respiratory diseases	$599,995	Nina Dickerhof	University of Otago
22/006	Mental health (and sleep disorders)	Evaluating a parenting intervention for adolescents in mental health services.	$245,356	Zara Mansoor	University of Otago
22/011	Cardiovascular/ cerebrovascular	Elucidating the effects of nitric oxide and argon on cerebral haemodynamics	$472,672	Mickey Fan	The University of Auckland
22/016	Obstetric complications/ perinatal care	Clinical Practitioner Research Fellowship	$892,380	Lynn Sadler	Auckland Hospitals Research And Endowment Fund
22/017	Vision/hearing/ speech	Ocular melanocytic lesions - A nationwide Aotearoa/New Zealand study	$260,000	Joevy Lim	The University of Auckland
22/019	Wellbeing (autonomy self-determination)	Hoki ki te ūkaipō-whenua & hauora: An exploration of whānau, whenua & restoration	$131,476	Kiri Parata	Whakauae Research Services
22/024	Injury (intentional and unintentional)	Kava and driving: Aiding driver safety through language-friendly mediums	$5,000	Apo Aporosa	University of Waikato
22/025	Other (generic health or health services)	Cultural Implications of End-of-Life Care on the wellbeing of Samoan families	$126,050	Elizabeth Fanueli	The University of Auckland
22/028	Diabetes	Corneal nerves in health and diabetes: from young children to young adults	$598,454	Stuti Misra	The University of Auckland
22/029	Wellbeing (autonomy self-determination)	Reconnecting for Māori in a post-COVID-19 world	$9,008	Dianne Wepa	Auckland University of Technology
22/030	Cancer (oncology)	Next-generation high-throughput screening for smart drug discovery	$597,136	Daniel Conole	The University of Auckland
22/031	Neurological (CNS)	Biomarkers and their relationship to traumatic brain injuries - The BRAIN Study	$146,673	Alice Rogan	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
22/034	Gastrointestinal	Minimally invasive upper gastrointestinal and hepatopancreaticobillary surgery	$260,000	Phillip Chao	The University of Auckland
22/041	Cancer (oncology)	Triaging symptomatic patients with faecal immunochemical test for bowel cancer	$172,200	Kai Sheng Saw	The University of Auckland
22/045	Gastrointestinal	Quantifying and optimising postoperative recovery using wearable sensors	$260,000	Cameron Wells	The University of Auckland
22/048	Occupational health	Improving ED workforce wellbeing with insider-led quality improvement	$260,000	Mike Nicholls	The University of Auckland
22/051	Diabetes	The role of wearable technology in the management of type 1 diabetes	$165,695	Shekhar Sehgal	University of Otago
22/056	Gastrointestinal	Optimising recovery after excisional haemorrhoidectomy	$86,667	James Jin	The University of Auckland
22/071	Cardiovascular/ cerebrovascular	Unravelling autonomic control in heart failure with preserved ejection fraction	$260,000	Joshua Chang	The University of Auckland
22/103	Cardiovascular/ cerebrovascular	Pressure reduction in Moderate Aortic Stenosis (PUMAS)	$260,000	Peter McLeod	University of Otago
22/105	Renal and urogenital	Finding the fit - Haemodialysis vascular access that meets patient priorities	$259,230	Katherine Richards	University of Otago
22/108	Cardiovascular/ cerebrovascular	Novel applications of cardiac CT to enhance assessment of coronary disease	$43,686	Charlotte Greer	University of Otago
22/118	Ageing	Māori positive ageing in place	$12,000	Tepora Emery	Te Pūkenga - Toi Ohomai
22/121	Obesity	Empowering the next generation as catalysts for a better future	$126,501	Melenaite Tohi	The University of Auckland
22/127	Obesity	Food havens: the role of social enterprise in creating healthy food environments	$128,513	Daysha Tonumaipe'a	Auckland University of Technology
22/128	Infectious disease	PSGN in New Zealand Children	$259,500	Amanda Taylor	The University of Auckland
22/131	Infectious disease	Combatting mate kohi (tuberculosis) on the home front	$131,850	Callum August	University of Otago
22/156	Infectious disease	Dysregulating metabolism to eradicate drug-resistant Mycobacterium tuberculosis	$582,826	Matthew McNeil	University of Otago
22/182	Physical activity/ exercise	Culturally responsive physiotherapy approaches to working with Pacific families	$202,900	Oka Sanerivi	University of Otago
22/216	Child and youth (healthy) development	Kaitiaki experiences of adolescence care following sports injury	$5,000	Leon Harris	University of Otago
22/223	Other (generic health or health services)	Implementation of tikanga Māori into clinical practice by physiotherapy graduate	$5,000	Tali Wilson-Munday	University of Otago
22/231	Ageing	Koeke - a ko ake nei: Intergenerational positive ageing for Ngāti Pikiao people	$5,000	Waitiahoaho Emery	Ngati Pikiao Iwi Trust
22/234	Respiratory/ asthma	Improving access to care for sick children to reduce mortality and morbidity	$212,683	Sainimere Boladuadua	The University of Auckland
22/236	Wellbeing (autonomy self-determination)	Pacific knowledge and practice in relation to spiritual health	$33,481	Penina Hitti	Massey University
22/253	Wellbeing (autonomy self-determination)	Applying a Māori-centered relational model to fundamental care	$265,000	Bobbie-Jo Pene	The University of Auckland
22/260	Wellbeing (autonomy self-determination)	The experiences of Pasifika caregivers taking care of loved ones with dementia	$21,000	Malia Tagatanuu	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
22/295	Addiction (alcohol/drugs/ gambling/ smoking)	Pacific male perspectives on the strengths and harms of digital wellbeing	$404,444	Edmond Fehoko	The University of Auckland
22/313	Addiction (alcohol/drugs/ gambling/ smoking)	The breath of a mother: A review of Te Hā Waitaha smokefree pregnancy incentive	$5,000	Julia Kayes	University of Otago
22/334	Wellbeing (autonomy self-determination)	An exploration of Māori cultural embeddedness	$67,440	Ririwai Fox	Research Trust of Victoria University of Wellington
22/355	Wellbeing (autonomy self-determination)	Stakeholder views on the Pharmacist Minor Ailment Service and access equity	$32,128	Brendon McIntosh	The University of Auckland
22/372	Vision/hearing/ speech	Māori Ocular Hauora Whakaaro Review	$5,000	Isaac Samuels	The University of Auckland
22/375	Vision/hearing/ speech	The Relationship Between Tikanga Māori and Eye Health	$5,000	Julie Pirere	The University of Auckland
22/391	Other (generic health or health services)	The effects of urinary incontinence on Māori women's health and wellbeing	$31,600	Elisabeth Dacker	University of Otago
22/413	Vision/hearing/ speech	Corneal nerve microstructure in a paediatric population	$5,000	Ricki Steiner Taepa	The University of Auckland
22/423	Mental health (and sleep disorders)	Mana whenua ahi kā	$28,748	Neil Rogers	Auckland University of Technology
22/436	Wellbeing (autonomy self-determination)	Mātauranga kai	$346,984	Nikki Renall	Massey University
22/441	Infectious disease	Audit of implementation of single-dose rifampicin chemoprophylaxis for leprosy	$5,000	Caitlin Bland	University of Otago
22/473	Other (generic health or health services)	Rangahau Taonga Puoro	$11,970	Jerome Kavanagh	Massey University
22/475	Infectious disease	Māori attitudes towards vaccination in Aotearoa New Zealand	$32,400	Grace Davies	University of Otago
22/486	Child and youth (healthy) development	Perceptions of caregivers of Māori children attending Māori-centred childcare	$5,000	Mieka Taylor	University of Otago
22/496	Wellbeing (autonomy self-determination)	Whakamana Tāngata (WT): Researching whānau in desperate need.	$10,000	Elana Curtis	The University of Auckland
22/498	Ageing	Ma wai e to taku kauae ki uta	$12,000	Waitiahoaho Emery	Ngati Pikiao Iwi Trust
22/501	Mental health (and sleep disorders)	Kaupapa Māori approaches to maternal mental health	$263,405	Cara Meredith	University of Otago
22/512	Child and youth (healthy) development	He Piki Toroa - Intervention to improve health outcomes and equity	$505,759	Aroaro Tamati	Te Pou Tiringa Incorporated
22/514	Other (generic health or health services)	Medicine storage	$5,000	Aislinn Reid	University of Otago
22/515	Other (generic health or health services)	Natural products of Samoan medicinal plants	$5,000	Peyton Fields	University of Otago
22/516	Other (generic health or health services)	Mai Mana - A Pacific resilience project	$5,000	Fetuoleaniva Hunkin	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
22/518	Ageing	Oranga kaumātua - Development Grant	$10,000	Monica Mercury	The Family Centre
22/519	Wellbeing (autonomy self-determination)	Bringing our mokopuna home: Reconnecting Māori to whakapapa whānau	$77,000	Emma West	Te Whare Wananga O Awanuiarangi
22/520	Infectious disease	Knowledge, attitudes and practices of Samoans towards the COVID-19 vaccine	$31,800	Letava Tafuna'i	University of Otago
22/522	Other (generic health or health services)	Investigating the barriers to re-connection to whakapapa, hapū and iwi for hauora Māori	$5,000	Eulalie Turner	The University of Auckland
22/525	Wellbeing (autonomy self-determination)	A data and literature review of Stats NZ's surveys for Māori wellbeing, Te Kupenga	$5,000	Tori Diamond	McDonald Sporle
22/526	Cancer (oncology)	Synthesis of fluorescently labelled ligands for therapeutic applications	$5,000	Jessica Siesicki	Research Trust of Victoria University of Wellington
22/539	Neurological (CNS)	Development of an ultrasound responsive implant to treat spinal cord injury	$249,453	Sachin Thakur	The University of Auckland
22/614	Neurological (CNS)	A novel non-invasive technology platform for intracranial pressure measurement	$150,000	Sheng Chiong Hong	oDocs Eye Care

Health Research Council
of New Zealand
Te Kaunihera Rangahau Hauora o Aotearoa

Published by the Health Research Council of New Zealand
PO Box 5541, Victoria Street West, Auckland 1142
Telephone 09 303 5200. Email info@hrc.govt.nz

This document is available on the Health Research Council of New Zealand website:
https://www.hrc.govt.nz