

Annual Report

Pūrongo ā-Tau 2023

For the year ended 30 June 2023

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

Foreword from our Chair Kupu Takamua Nā te Heamana	4
Foreword from our Chief Executive Nā tō mātou Tāhuhu Rangapū	5
The year at a glance Te tirohanga whānui ki te tau	7
Case studies He Tauira	10
Statement of Service Performance He tauākī o te kounga whakaratonga	14
Output 1: Fostering excellence and innovation Whakaputanga 1: He poipoi i te kounga me te auahatanga	19
Output 2: Connecting for greater impact Whakaputanga 2: He whakahonohono e nui ake ai te hua	24
Output 3: Strengthening skills and growing a diverse workforce Whakaputanga 3: He whakakaha i ngā pūkenga me te whanake i tētahi ahumahi kanorau	28
Output 4: Keeping the health research system ethical and safe Whakaputanga 4: He whakaū i te haumarū me te tika o ngā pūnaha rangahau hauora	32
Our team and organisation Tō mātou tīma me te umanga	38
Statement of responsibility He tauākī o te takohanga	45
Financial statements Ngā whakataunga ahupūtea	46
Independent auditor's report Pūrongo Kaitātari motuhake	64
Active research contracts Ngā kirimana rangahau e whakahaeretia ana	68

From our Chair

Kupu Takamua Nā te Heamana

This report outlines our achievements in the past year, as well as the many initiatives and opportunities we have created since writing our Statement of Intent in 2020.

I'm proud to see our aspirations come to life as we continue to review and improve our mechanisms for maximising the impact of publicly funded health research.

In 2020 we set out to promote – and champion – the New Zealand Health Research Prioritisation Framework which defines the domains and attributes for health research in Aotearoa New Zealand. Over the past three years we have reviewed our funding mechanisms and processes to optimise alignment with the framework. In this context we have redesigned our community-led funding opportunities, our health delivery research portfolio, our targeted investments mechanism, and our strategic objectives for negotiated funding agreements. We have also aligned our assessment criteria with the priorities for research to ensure all HRC-funded projects and programmes align with the domains within the framework.

In this timeframe we have focused on making gains for health equity. As a Crown agency, with an important role in advancing health, we are pleased with our continued growth and contribution to these goals by raising awareness and expectations for responsiveness from the research sector.

The expertise of the HRC's Māori Health Committee has informed important workstreams and design initiatives across the HRC and we have also successfully engaged more Māori communities in health research to help them address health issues that directly affect them. As a result of our Ngā Kanohi Kitea Community Advancement Fund, which makes funding more accessible and provides a wider range of grants to communities, applications for Māori-led community research grants doubled last year. This is an important step in helping to effectively address health inequities amongst Māori.

The HRC continues to optimise its processes and ensure all investments help advance the goals of the health, research, science and innovation sectors. Our 'Connecting for Impact Fund', launched this year, complements the national research priorities and provides a new mechanism for the HRC to pursue priority research needs.

Our first initiative under this mechanism is focused on the impact of climate change on the health of New Zealanders. Work continues on this initiative to inform future targeted ideas, projects and programmes to meet the unique health needs of New Zealanders, in a rapidly changing context.

We look forward to working closely with the research community to bring to life those game-changing research activities that will improve the health of all New Zealanders.



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

Professor Lester Levy
CNZM, Chair

From our Chief Executive

Nā tō mātou Tāhuhu Rangapū

Sustaining and developing excellent health researchers is our calling at the HRC, because a skilled and diverse research workforce is the backbone of health innovation and impact.

In the past year, we have continued our focus on upskilling and empowering researchers right across the career pathway.

We are currently supporting 4,648 research positions across biomedical, public health and clinical research domains. And through increased investment in healthcare delivery research, we have increased the percentage of HRC grants with practicing clinicians working on them from 26% to 42%, in the past five years. This is significant because building research capability in healthcare settings helps speed up the translation of research findings into evidence-based services and practices, and helps ensure we are well prepared for future healthcare challenges.

We remain committed to building a research workforce that mirrors society and are proud that 18% of lead investigators on all HRC contracts now identify as Māori, and 8.5% as Pacific. We will continue to support the representation and diversity we'd like to see across all parts of the HRC funding system.

My aspiration is for our people-focused funding opportunities to help build and shape a world-class research workforce, with a focus on connecting and collaborating across sectors and stakeholders, to ensure we adequately address health needs and achieve equitable health outcomes for all New Zealanders.

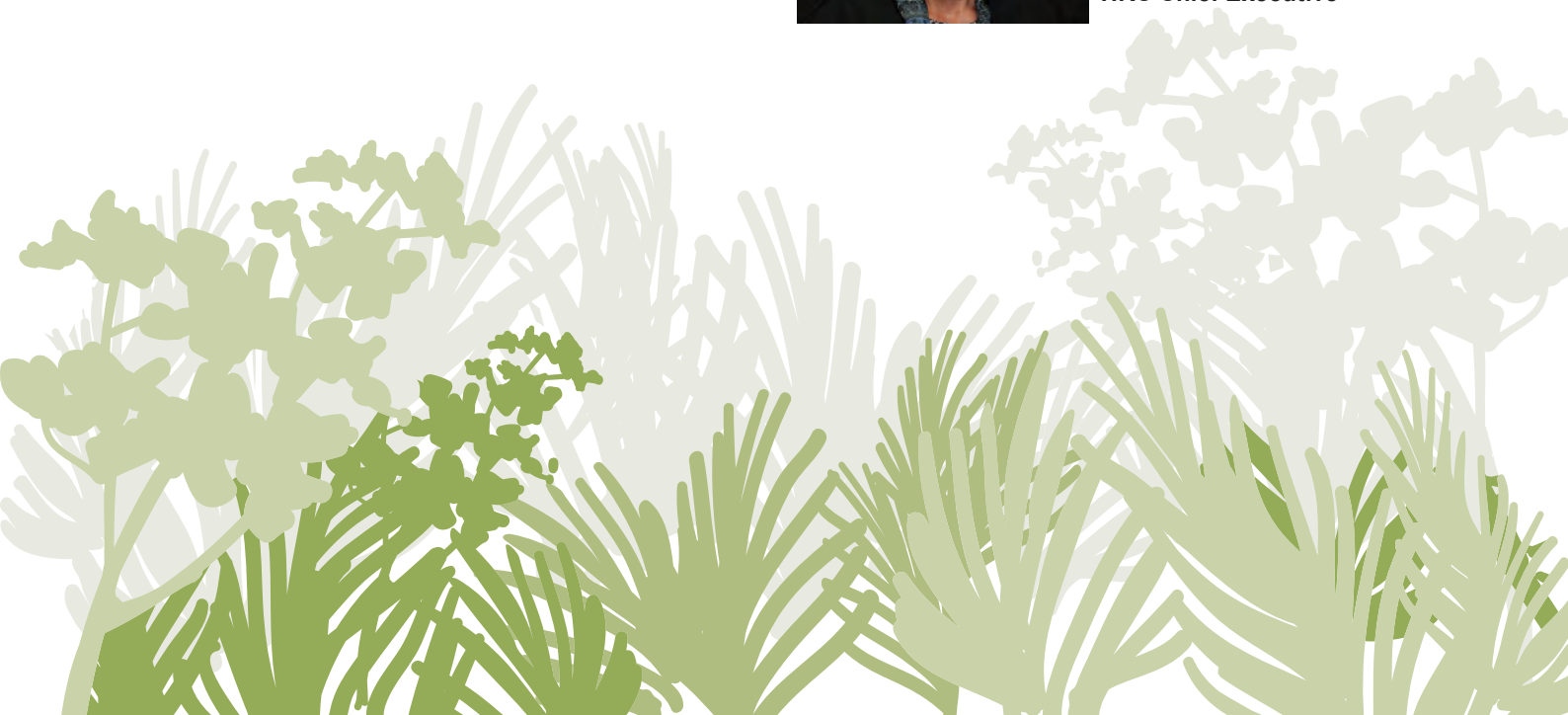
Finally, I acknowledge and thank the passion, sincerity and drive of the many hundreds of scientific experts, leaders and community representatives who make up our Council and numerous assessing and advisory committees. They give their time and knowledge to ensure the most meaningful and relevant research is funded in Aotearoa New Zealand, working through a robust process that's meticulously managed by our kaimahi/staff at the HRC.

Together, this dedicated group of people is committed to maximising the benefits of health research and contributing to a fair, equitable system that improves health for all New Zealanders.



A handwritten signature in dark ink, appearing to be 'Sunny Collings'.

Professor Sunny Collings
HRC Chief Executive





About the HRC

Mō HRC

The year at a glance

Te tirohanga whānui ki te tau

The Health Research Council has over 800 contracts under active management at any one time. These contracts are at various stages of their funding terms, ranging from a few months through to seven years. The below figures represent payments across all our active contracts in the year ending 30 June 2023.

01 In the year ending 30 June 2023, the HRC supported 867 research contracts, spending **\$119M** on these during the year.

\$83.6 M

Impact and innovation

298 Contracts

- 29 Programmes
- 20 Project Grants: *Māori Health Research*
- 48 Project Grants: *Health Delivery Research*
- 16 Project Grants: *Pacific Health Research*
- 185 Project Grants: *General*

\$7.3 M

Idea development pipeline

250 Contracts

- 64 Emerging Researcher First Grants
- 52 Explorer Grants
- 20 Feasibility Study
- 114 Health Delivery Activation

\$8.2 M

Partnering on national and global research efforts

67 Contracts

- 13 International Partnership Grants
- 16 Ngā Kanohi Kitea Grants
- 33 Partnership Programme (domestic)
- 5 Rapid Response*

\$12.7 M

People development pipeline

245 Contracts

- 60 Māori Career Development Awards
- 47 Pacific Career Development Awards
- 64 Clinical Career Development Awards
- 15 Scholarships and Postdoctoral Awards
- 59 Health Delivery Career Development Awards

\$7.2 M

Sustaining critical capacity

7 Contracts

- 7 Negotiated funding agreements

*Reflects final payments for contracts funded in 2020 through COVID-19 Equity and COVID-19 Project funding rounds (total 24 grants awarded, \$10.2M) and one Christchurch March 15 Project funded in 2019 (\$0.69M).

Infographic: Research supported by the Health Research Council for year ending 30 June 2023
Figures represent payments across all active contracts in the year.

02 We supported a broad portfolio of research across all disciplines. The investment below includes \$16.1M for research by Māori, for Māori (124 contracts) and \$6.7M for Pacific research (72 contracts).



Graph: Research supported by the Health Research Council in the year ending 30 June 2023, by portfolio (in millions).

03 Across all active contracts, we supported 66 unique research providers, including:

- 35 contracts with 25 Māori-owned providers
- 56 contracts with 9 hospitals
- 715 contracts with 9 Universities.

Our research investment areas

Ngā wāhi e tukuna ai he haumi mō te rangahau



Infographic: Research supported by the Health Research Council for year ending 30 June 2023, by primary or secondary relevance to health issue (in millions).

CASE STUDY

Fostering excellence and innovation

Supporting Kaupapa Māori research: Improving end-of-life care for whānau



Research by Dr Tess Moeke-Maxwell (Ngāi Tai ki Tāmaki, Ngāti Porou) and Te Ārai Palliative Care and End of Life Research Group has helped improve palliative care, end-of-life, and tangihanga experiences for Māori kaumātua and whānau throughout Aotearoa.

With the advice and support of a kaumātua advisory group, the team's research has contributed to documents that guide palliative care across Aotearoa, including *Mauri Mate: A Māori palliative care framework for hospices*; *Whenua ki te whenua*, an advance care planning guide for whānau; and the Foundations of Spiritual Care Training Programme, led by Hospice New Zealand.

The shift to include whānau and family carers as members of the palliative care workforce in the Ministry of Health's 2017 Palliative Care Action Plan was also informed by the work of Te Ārai Research Group. Recently, Dr Moeke-Maxwell completed the HRC-funded Pae Herenga project, which examined the traditional end-of-life care customs used by kaumātua and their whānau in different healthcare settings. She says the resources and digital stories from this project are a taonga for Māori whānau and health professionals.

She describes the end of life as a tapu (sacred) time when the wairua (spirit) is very active, so great care must be taken in this space. "We've been privileged to hear some of these wairua-filled, end-of-life rituals, which belong to iwi and hapū," says Dr Moeke-Maxwell.

"Often whānau care for a loved one at the end of life at great cost. They give up work, they might use all the savings in their bank account or even go into debt. But whānau tell us this was not a burden and that they would do it again. That is aroha (care, compassion), manaakitanga (respect and caring), and wairuatanga (spirituality), all those beautiful values that we have which take priority over the sacrifices. The word that whānau use to describe caregiving is 'privilege' – it's a privilege to serve our sick and dying in that way."

Dr Moeke-Maxwell and Te Arai Research Group were awarded the HRC's Te Tohu Rapuora Medal at the 2022 Royal Society Te Apārangi Research Honours, for their outstanding contribution to Māori health research and putting whānau aspirations and tikanga front and centre.

CASE STUDY

Fostering excellence and innovation

Developing safer alternative to opioids

A New Zealand-led research team that's developed a suite of non-addictive drug compounds to treat pain is using HRC funding to progress potential treatments through the preclinical development phase.

Associate Professor Bronwyn Kivell from the Research Trust of Victoria University of Wellington and her team are using a \$1.2 million project grant to find the most effective and safe compound from their novel drug library for treating chronic pain.

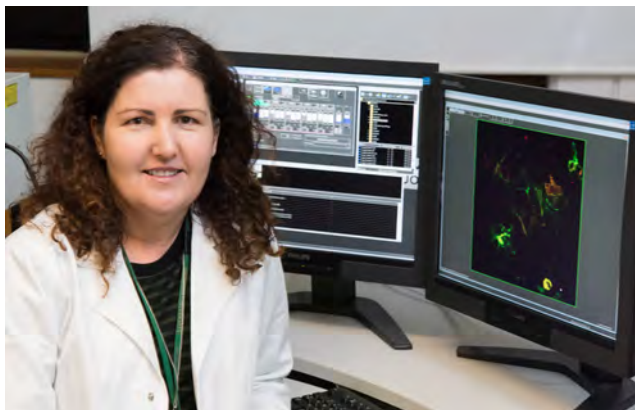
The research team will help develop the novel drugs and use innovative technology to 'map' pain in the brain and see how the drugs mitigate that pain.

Associate Professor Kivell says one in five adults in New Zealand suffers from chronic pain and half of pain sufferers report little pain relief with current treatments.

"Current pain medications targeting the mu-opioid receptor such as morphine, fentanyl and tramadol are addictive and ineffective at treating chronic pain when used long-term. They can also be lethal, targeting a part of the brain that causes breathing to stop," says Associate Professor Kivell.

She says misuse of these prescription pain medications can be a gateway to illicit drug use.

"The misuse of these pain medications has contributed to the opioid epidemic, which is killing hundreds of people each day globally, including nearly 50,000 people in the US in 2019 alone. Although rates of opioid use, misuse and abuse are not readily available for the New Zealand population, New Zealand, like the US, has seen a spike in the number of opioid overdose deaths. There is therefore an urgent need to develop safer, more effective pain medication."



Associate Professor Kivell's research team has developed novel compounds that target a different receptor system to that of many current pain medications called the kappa-opioid receptor system. This receptor is like a cousin to the mu-opioid receptor that is associated with drugs like morphine.

"Drugs that target the kappa-opioid receptor aren't as effective at treating acute pain as those drugs that target the mu-opioid receptor, which is why they have been ignored in the past. However, they are more effective than mu-opioids in treating chronic pain, which is often caused by damage to nerves, and critically, they do not have any addictive qualities or lethal side-effects."

Associate Professor Kivell says the team's long-term goal is to find a leading drug candidate that they can progress through established commercialisation pathways and eventually into clinical use.

This exciting research has the potential to significantly improve the quality of life for those New Zealanders suffering from chronic pain and save lives by reducing the misuse of pain medications and associated drug harm.

CASE STUDY

Connecting for greater impact

Health agencies working together to harness full potential of clinical trials

Research funded by the HRC and Manatū Hauora (Ministry of Health) in 2020 is now guiding system-level changes to maximise the benefits of clinical trials in Aotearoa New Zealand.

'The country's lead health agencies, Manatū Hauora (Ministry of Health), Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora are now working together to implement recommendations from the research report titled 'Enhancing Aotearoa New Zealand Clinical Trials'.

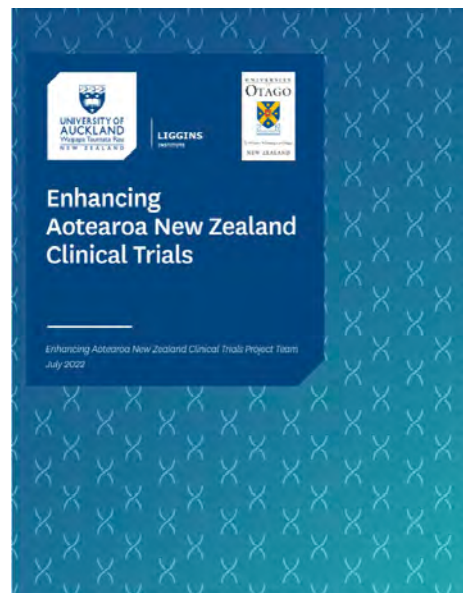
The report was the result of 18 months' research led by the Universities of Auckland and Otago, involving a diverse team of clinical researchers, advisors, and consumer groups.

It includes recommendations for increasing access to, and participation in, clinical trials, with a focus on reducing inequities and conducting trials that are relevant to Aotearoa New Zealand. It also proposes a new model for supporting clinical trials, including a national centre for providing leadership, governance, expertise, and high-level coordination of trial activity, as well as four regional coordinating centres to support trials at local level.

In funding this research, the HRC and Manatū Hauora intended to strengthen the clinical trials environment – a key component of a thriving health research sector and a priority of the New Zealand Health Research Strategy 2017-2027.

Clinical trials are a core part of a high-performing learning health system, and key to ensuring high-quality evidence underpins health services and practices.

Te Whatu Ora's national director of Improvement and Innovation, Dr Dale Bramley, says better coordination of the many clinical trials occurring across Aotearoa can help ensure benefits are more evenly shared.



"We have a strong culture of innovation within the New Zealand health sector, which includes an amazing amount of clinical trial work happening at any one time. It is important that we rise to the challenge of joining all this work up so that 'where people live' does not prevent them from participating in and benefiting from trials."

- Dr Dale Bramley

CASE STUDY

Strengthening skills and systems

Supporting community-led research: New research to help encourage more bone marrow donors

In 2022, the HRC received double the usual applications for its revamped Ngā Kanohi Kitea Community Advancement Fund, designed to support community-led research carried out by Māori for Māori.

Among the successful applicants was a Whakatāne mum who set up a charity with her husband to support whānau who have a child with cancer.

Keri Topperwien (Ngāti Awa, Ngāti Porou) established the Dream Chaser Foundation in memory of her son, Chace, who passed away in 2012 at just three years old after a difficult battle with acute myeloid leukaemia – an aggressive cancer of the blood and bone marrow.

“The best chance our son Chace had of surviving leukaemia was a bone marrow transplant to replace the cancerous cells within his bones with donated healthy marrow,” says Keri.

“However, unlike with blood, certain markers need to align to be a bone marrow match, meaning that Chace’s match was most likely going to be from a Māori donor.” At the time, there were 26 million bone marrow donors on the international bone marrow registry, however only 6000 were Māori – and none were a match for Chace. Keri says this devastating experience is not unique, but reflects a reality for many Māori, Pacific Island and other ethnic minority groups searching for a donor match due to their underrepresentation on the bone marrow registry.

With her HRC Ngā Kanohi Kitea research grant, and with the help of her research mentor Dr Naomi Simmonds (Raukawa, Ngāti Huri), Keri will undertake a comprehensive literature review of existing research on organ donation from Te Ao Māori and indigenous perspectives. This will help her develop research questions for a full project proposal by identifying barriers that might impact bone marrow donation.

She will also establish a bone marrow advisory group of health professionals, organisations, relevant charities and whānau to share knowledge and experiences of the bone marrow donation process.



Keri hopes to build on existing Māori research on organ donation and believes exploring the process of bone marrow donation offers rich insights into whakapapa, whānau, spirituality and connection that distinguishes itself from the wider kaupapa of organ donation.

“For every Māori child that finds a bone marrow donor match, there is a possible overlap somewhere, as ancient as it may be, of genealogy. That’s a powerful narrative for talking to Māori whānau who may have reservations about bone marrow donation.”

Keri says that although this research has bone marrow donation at its core, there is the opportunity for multiple offshoots. “Once you start talking about bone marrow donation, it often leads to discussions about cancer inequities, blood donations or becoming an organ donor.

“When considered through the lens of cultural values such as whakapapa, manaakitanga, mana and mauri, it can shift the kōrero from one that has been heavily medicalised by western frameworks to one that enables Māori-led health solutions.”

- Keri Topperwien



Statement of Service Performance

He tauākī o te kounga whakaratonga

Who we are

The Health Research Council of New Zealand (HRC) is the Crown agency responsible for managing the government's investment in health research.

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 (in brief) 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.

We invest around \$120M a year in research across the biomedical, clinical, public health, and health delivery fields, including targeted funding for rangahau Māori and Pacific health research.

We identify and fund research that will make the greatest difference to health and wellbeing, with the aim of achieving equitable health outcomes for all in Aotearoa New Zealand. We're also responsible for building and fostering the talented and diverse research workforce that we need to find solutions to current and future health needs.

Through all our research investments, we aim to drive innovation and impact; advance Māori health; and improve health equity. While these goals drive us, Te Tiriti o Waitangi guides us. As a Crown agent, we recognise that 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.

What we do

Guided by a shared vision for health research and national research priorities, the Health Research Council creates research opportunities and manages the entire funding process.

Through contestable funding rounds, we support investigator-initiated ideas, as well as initiate and commission research in priority areas where knowledge gaps exist.

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 – and offering a dedicated career development programme across the career spectrum for Māori, Pacific, clinical and healthcare delivery researchers. We are currently supporting 2565 named investigators across 4648 workforce positions, including 483 Māori researchers, 145 Pasifika researchers, and 1134 clinically trained researchers (including 925 who are currently practicing).

Having led the development of the New Zealand Health Research Prioritisation Framework, we are responsible for aligning the HRC's investment with this framework and supporting researchers to deliver on its intentions. We also work to advance government initiatives for enhancing and strengthening the health and research, science and innovation sectors. In further steps to ensure evidence underpins healthcare policies and practice, we provide research funding for healthcare professionals, helping bridge the gap between research findings and healthcare practice.

Our robust assessment process involves multiple committees and typically more than 350 national and international reviewers a year. And through our ethics and regulatory committees, we play a pivotal role in ensuring New Zealand health research is ethical and safe.

We are continually enhancing our processes and reviewing our funding opportunities to ensure our investment in research builds the evidence and knowledge needed to tackle the health and wellbeing challenges facing us now and into the future.

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)

Our goals and drivers

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:

- **Drive innovation and impact:** We invest in research that has the greatest chance of making a tangible difference to health and wellbeing in Aotearoa New Zealand. We support researchers to work with international teams, building the evidence and knowledge to tackle complex global health issues.
- **Improve health equity:** We strive to create an equitable research funding system that addresses inequities in health and wellbeing and removes barriers for participation. 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.
- **Advance Māori health:** We aim to improve health outcomes for Māori and create opportunities for Māori researchers and thought-leaders to generate the knowledge, methods and innovations that address Aotearoa New Zealand's unique needs. Growing the Māori workforce is key to building mātauranga Māori as a national and international resource while also improving health outcomes and health equity.

What our Ministers expect of us

In their 2022-2023 Letter of Expectations, the ministers responsible for the HRC asked us to focus on the following areas:

1. Contribute to building a health system that prioritises learning in all that it does.
2. Harness the potential of innovation and ensure research supports the delivery of health services and policies that benefit all New Zealanders.
3. Understand gaps and respond to priorities for health delivery research.
4. Ensure research can inform and support the government's response to the pandemic.
5. Contribute to health system reforms made under the Pae Ora (Healthy Futures) Act, and overarching system priorities such as embedding Te Tiriti o Waitangi and laying the foundations for the future system.
6. Continue to engage with science sector reforms and give consideration to Te Ara Paerangi Future Pathways.
7. Continue to build our equity focus, and align with MBIE's Diversity in Science Statement to help ensure a diversity of perspectives in advisory, assessment, and decision-making bodies.
8. Work closely with the Māori Health Authority when considering hauora Māori research priorities and Māori career development.
9. Support capabilities with national significance such as those provided through independent research organisations and longitudinal studies.
10. Support clinical research and strengthen research capability and capacity in the health sector.
11. Build relationships with Health New Zealand (Te Whatu Ora) to expand the reach of health research funding so that more parts of the sector (e.g. different disciplines, geographic locations or non-governmental organisations) are able to conduct research.
12. Encourage greater collaboration between academia/ research institutes and health sector clinicians.
13. Support more data-intensive health research and capability building.
14. Continue to invest in developing and maintaining the health research workforce, and address issues relating to retention of early career researchers.
15. Implement the Kia Toipoto Public Service Pay Gaps Action Plan to help close gender, Māori, Pacific, and ethnic pay gaps and create fairer workplaces for all employees.

There is alignment between the HRC's strategic drivers and the government's priorities for health research. Our ministers' expectations inform the HRC's annual Statement of Performance Expectations, and sit alongside the wider aims of our four-yearly Statement of Intent. Accordingly, the next chapters summarise our progress against the goals and targets of our Statement of Intent 2020-2024 as well as our Statement of Performance Expectations 2022-2023.

Our performance story

As outlined in our Performance Framework, 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.

In the past year, and for the duration of our Statement of Intent 2020-2024, we have taken significant steps to meet the expectations of our ministers and the goals of the HRC.

In the following sections, we present the HRC's outputs. These fall into four categories named to reflect the strategic intent of each funding category. The HRC has

determined the costs of outputs using the cost allocation system outlined in the Summary of Significant Accounting Policies, paragraph i) Cost Allocation (page 51).

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

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

The HRC invests in the best ideas and innovations proposed by New Zealand's researchers, designed to improve equitable outcomes and make a tangible difference to health and wellbeing.

Our investment delivers knowledge and solutions with immediate and long-term impact, and supports the ideas and exploration that will generate future health and wellbeing gains.

Scope of the Output

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

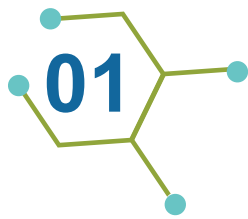
- **Investigator-initiated research:** The majority of our funds are awarded through multiple contestable funding rounds run annually, mainly for Projects, Programmes, Feasibility Studies, Explorer and Emerging Researcher grants. In these rounds, we fund research ideas and opportunities identified by researchers. Our redesigned Health Delivery Research investment rounds also fall largely under this output.
- **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.

Output 1	Actual 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Funding from the Crown	105,731	120,637	102,010
Interest Received	680	295	77
Other	310	362	244
Total Revenue	106,721	121,294	102,331
Cost of Output	105,951	117,190	106,800
Surplus (Deficit)	770	4,104	(4,469)



Delivering on government expectations and meeting our goals

This year we continued to align our investments with the research priorities of Aotearoa New Zealand, with consideration to wider changes in the health system and research, science and innovation sector. Below we demonstrate just some of the ways we have met government expectations and progressed our medium-term goals as outlined in our Statement of Intent for 2020-2024.



Supporting learning in the health system and ensuring research contributes to improved health policies, services and care.

Since redesigning our healthcare delivery research portfolio in 2020, we have increased research activity that informs healthcare policy, practice and systems.



Highlights

\$56.8M

invested through our Health Delivery research portfolio since 2020 until now, covering **70+** research disciplines and 36 different providers.

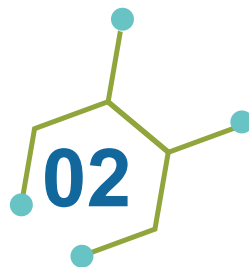
200+

the number of **healthcare delivery outputs** reported by HRC researchers since 2020, such as new or improved clinical guidelines, technologies, interventions, policies or processes (including outputs from the Health Delivery research portfolio).

Benefits

This funding expands the reach of health research funding. In keeping with our Statement of Intent 2020-2024, we have evaluated and refined this investment portfolio, now offering awards more frequently and allowing 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.



Investing in research priorities and identifying gaps.

Mapping our investment in major grant types against the domains of the New Zealand Health Research Prioritisation Framework has helped us track how HRC investment has delivered to national research and infrastructure aims.

Highlights

100%
relevance

All active projects and programmes have relevance to the domains of the Prioritisation Framework.

\$39M

on research into **cancer, cardiovascular disease, and neurological disorders** in 2023 financial year.

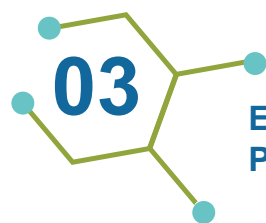
\$41M

on government priority areas, including wellbeing and disease prevention, mental health, child and youth healthy development, addiction research, and improved detection, screening and diagnosis in 2023 financial year.

Corresponding Sol target: By 2024, we will track how our investments are delivering to the research aims of the Health Research Prioritisation Framework annually.

Benefits

This has given us a clearer picture of our investment in priority areas and helped identify funding gaps in areas of need, which the HRC can work to address.



Embedding Te Tiriti o Waitangi and supporting the Pae Ora (Healthy Futures) Act.

a)

To meaningfully invest in research that responds to Māori health priorities, we have focused on working in partnership with the HRC Māori Health Committee. The new partnership model extends the committee's role in the decision-making and design of Māori health research funding.

Highlights

We developed a **Te Tiriti o Waitangi-based partnership** with our statutory Māori Health Committee.

Benefits This is a major step forward in supporting the Crown in realising its obligations under Te Tiriti o Waitangi. The Māori Health Committee and HRC Council will formally work together on areas of shared interest and responsibility.

Corresponding Sol 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.

b)

We continue to ensure all research contributes to Māori health advancement by embedding this requirement into our assessment criteria.

Highlights

Māori health advancement has made up **20%** of the score criteria for major grants since 2021.



Benefits

In the HRC's assessment criteria, Māori health advancement now has equal weighting with other key components of excellent health research.





Key Performance Indicators and meeting our targets

Our performance measures for Output 1:

This section addresses targets from our Statement of Performance Expectations 2022-2023.

KPIs for Output 1	2021 - 2022 Actual	2022 - 2023 Target	2022 - 2023 Actual	Achieved / not achieved
-------------------	-----------------------	-----------------------	-----------------------	----------------------------

Number of contracts funded in the previous financial year that meet the HRC's definition of 'transformative' research^{1,2}

15

≥10

17

Achieved

Implement a contract monitoring regime scalable to risk.

Contract risk monitoring has been implemented for all Programmes according to our management regime, scaled to risk.

Implement a risk-based monitoring regime, to include all active Programmes and 10% of all other research contracts with a value >\$200,000.

Monitoring regime was implemented and met target.

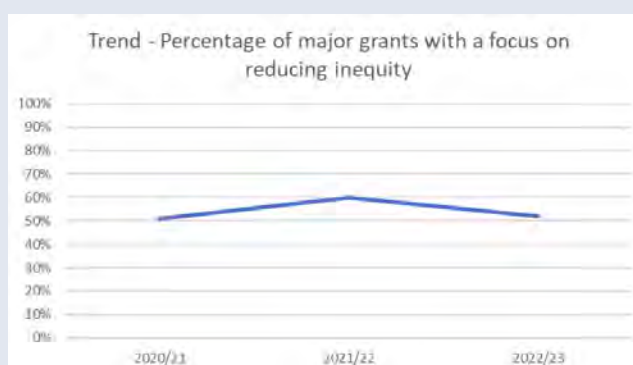
Achieved

Percentage of HRC Programmes and Projects funded in the previous financial year with a focus on understanding and reducing inequity in health outcomes.

60%

At least 35%

52%

Achieved

¹ Transformative research has the potential to radically change our knowledge base by disrupting understanding of existing theories or concepts, or by creating a new paradigm or pathway to a new field.

² 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 2022/23. The target in the Estimates of Appropriation was 10-20.

Output 2: Connecting for greater impact

Whakaputanga 2: He whakahonohono e nui ake ai te hua

The HRC aligns and connects funders, providers, and users of health research, and works in collaboration with other government agencies and international bodies to maximise the potential of health research in Aotearoa New Zealand.

Through stronger connections and communication, we have been coordinating research efforts across the health sector and galvanising research within communities.

Scope of the Output

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 work with partners to identify knowledge needs, then issue Requests for Proposals (RFPs) to find the right research team to deliver the results.
- **International agreements and consortia:** The HRC connects with the international research effort through international agreements and consortia. Research calls in areas of mutual priority are released annually.
- **Rapid response research:** Where we commission research to meet an urgent evidence need, for example, in the event of a natural disaster, public health outbreak or a global pandemic, the HRC sometimes partners with an organisation with aligned objectives.

Output 2	Actual 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Funding from the Crown	3,399	3,365	2,987
Interest Received	244	106	69
Other	119	150	64
Total Revenue	3,762	3,621	3,120
Cost of Output	3,331	7,977	3,728
Surplus (Deficit)	431	(4,356)	(607)

Delivering on government expectations and meeting our goals

The below examples demonstrate how we have met government expectations and progressed our medium-term goals as outlined in our Statement of Intent for 2020-2024.

01

Understanding gaps and responding to priorities for health research.

In identifying the most pressing research gaps, needs and opportunities in Aotearoa New Zealand, in 2023 the HRC introduced a new mission-led funding initiative focused on climate change and its impacts on health and wellbeing. This initiative, still in its early stages, falls under our new Connecting for Impact Fund, which replaces the HRC's previous Partnership Programme.

Highlights



In the 2023 financial year, we engaged with **over 60 stakeholders**.

We launched an **Expression of Capability mechanism** as a first step in forming the most qualified health and climate change research team.



Corresponding Sol target: By 2024, we will have established a cross-sectoral partnership that focuses on 'one health' and will have offered at least three funding opportunities that build knowledge, capacity and capability in an area covered by the HRC's definition of 'one health'. Note: Our climate change initiative meets the intent of this Sol target; however, during the period of our 2020-2024 Sol, the HRC undertook a significant redesign of our Partnership Programme which affected our ability to meet this target.

Benefits

This collaborative research initiative will help assess the impact of climate change on New Zealanders. It will bring together a cross-section of experts, including mātauranga Māori and Pacific researchers, to build knowledge with particular relevance to New Zealand's population.

02

Contributing to health system improvements and reforms.

Jointly commissioned research by the HRC and Manatū Hauora in 2020 informed the design of a national, equity-centred model for clinical trials in Aotearoa New Zealand. Manatū Hauora is currently working closely with Te Aka Whai Ora and Te Whatu Ora, with input from the HRC, MBIE, and Te Aho o Te Kahu (Cancer Control Agency) to implement the proposed model within the new health system.

Highlights

In December 2022, an independent research report was launched and recommended implementing a **National Clinical Trials Network**.



Benefits

Clinical trials are a core part of a high-performing, learning health system. As a result of this research report, health agencies have a roadmap for system-level improvements and are working together to implement them. With the proposed model, New Zealanders will benefit from a more equitable, sustainable, and coordinated national approach to clinical trials in the health system.

03

Engaging with science sector reforms and connecting with international health research.

The HRC has long provided opportunities for New Zealand researchers to connect and collaborate with international counterparts on areas of national and international priority. In keeping with the science sector's emphasis on global connectivity, the HRC has maintained international research alliances and increased our investment in research involving NZ researchers collaborating and partnering with international researchers.

Highlights Since 2020, we have run **8 funding rounds with international partners.**

57% of projects and programmes that commenced this financial year **include at least one international collaboration** (with 15 countries represented).



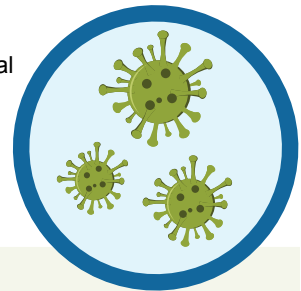
Benefits International collaborations help raise the profile of New Zealand health research in the global arena, contribute to global research efforts to combat diseases like cancer and chronic illnesses, and enable Aotearoa New Zealand to be early adopters of the latest international evidence.

Corresponding Sol target: By 2024, we will have increased investment in international research partnership opportunities and extended the range of opportunities offered to New Zealand researchers.

04

Ensuring research can inform and support the government's response to the pandemic.

In 2020, the HRC played a leading role in the collaborative national response to the COVID-19 crisis, launching four distinct research opportunities including a rapid response funding round and an equity-focused round. By 2021, we had allocated more than \$10 million to COVID-19 research. The HRC continues to support projects relating to COVID-19 and emerging health threats.



Highlights

\$13.8M

► on **infectious disease research** in the 2023 financial year, including **COVID-19** research to inform and support the government's response to the pandemic.



Benefits

Since 2020, results from our COVID-19 projects helped guide management initiatives, from interpreting genomic sequencing of the virus in real time, through to informing World Health Organization treatment guidelines.

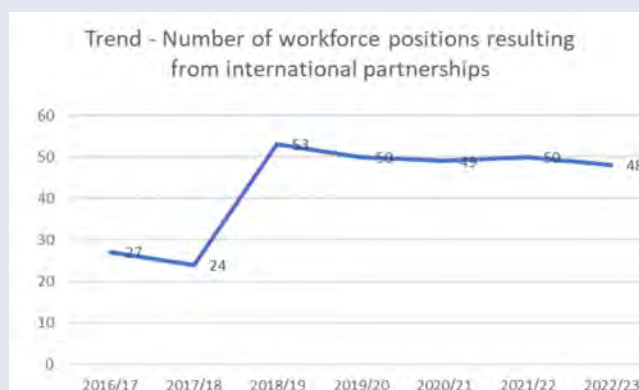
Corresponding Sol target: By 2021, the HRC will have allocated at least \$3 million to COVID-19 research for a mix of projects designed to deliver findings needed for both the national and global response to what may be repeated waves of community infection.

Key Performance Indicators and meeting our targets

Our performance measures for Output 2:

This section addresses targets from our Statement of Performance Expectations 2022-2023.

KPIs for Output 2	2021 - 2022 Actual	2022 - 2023 Target	2022 - 2023 Actual	Achieved / not achieved
Implement our new funding mechanism in Mission-Led Research.	New measure (see note page 34)	Establish 2 new initiatives through our Mission-Led funding opportunity.	We have established 1 new initiative through our 'Connecting for Impact' mechanism.	Not achieved Given the significance of our first initiative on climate change and health, we have made a much larger commitment to the scope and budget, exceeding what was envisaged for 2 new initiatives when we initially set this target.
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 Strategy.¹ Funds will be committed to the new initiative in early 2024.	0	1	0	Not achieved Negotiation of new funding agreements was paused to allow for review of our previous investment mechanism to better address key priorities. The new initiative in climate change and health addresses a research priority from the New Zealand Health Research Strategy.
Number of New Zealand based researchers named on current contracts resulting from HRC commitments to international organisations and agreements.	50	>20	48	Achieved



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 2022/23. The target in the Estimates of Appropriation was 8-10. The Vote Estimates for 2022/23 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 report on this measure and this will be corrected for the 2023/24 financial year.

Output 3: Strengthening skills and systems

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

The HRC has a statutory responsibility to build and maintain a skilled health research workforce that meets the needs of New Zealanders. We invest in people, skills and careers – recruiting and retaining future leaders and innovators.

Scope of the Output

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

- **Career Development Awards:** This funding round supports our most promising early career researchers; engages frontline clinicians in research; and addresses critical gaps in the workforce, including the need to develop Māori and Pacific researchers and grow the cultural knowledge base for improving health, wellbeing, and equity outcomes.
- **Ngā Kanohi Kitea research contracts:** These grants provide funding for iwi, hapū and Māori community groups to focus on a community-identified health needs.

Output 3	Actual 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Funding from the Crown	12,263	12,396	10,406
Interest Received	50	22	61
Other	0	0	25
Total Revenue	12,313	12,418	10,492
Cost of Output	12,834	15,543	17,582
Surplus (Deficit)	(521)	(3,125)	(7,090)



Delivering on government expectations and meeting our goals

Below are measures we have taken to launch and establish research careers and develop the skills and diverse capabilities required in the health research workforce. These examples demonstrate how we have met government expectations and progressed our medium-term goals as outlined in our Statement of Intent for 2020-2024.



Understanding gaps and responding to priorities for health research.

The HRC has developed a rapid-response investment process as part of our redesigned targeted funding mechanism, helping ensure our investments are both effective and timely in addressing New Zealanders' needs.

Highlights

Rapid response research still actively supported in the 2023 financial year:



COVID-19 outbreak

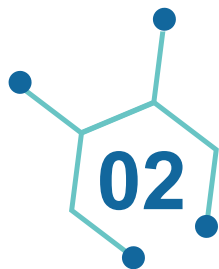


Christchurch mosque attack

Benefits

Our longstanding investment in people makes it possible to respond to urgent issues and priorities when needed. With an able and ready workforce, and funding mechanisms that can quickly be deployed, we help ensure our government's response to crises and national emergencies is informed by evidence in real time.

Corresponding Sol target: By 2022, we will have developed a specialised 'rapid response' investment process that allows us to allocate funds in short timeframes, without compromising quality.



Contributing to health system reforms made under the Pae Ora (Healthy Futures) Act, and overarching system priorities.

Our processes and systems are at the heart of what we do. In keeping with the New Zealand Health Research Prioritisation Framework, we have strengthened our policies and levers to maximise the impact of publicly funded health research, ensuring all efforts contribute to Aotearoa New Zealand's specific needs.

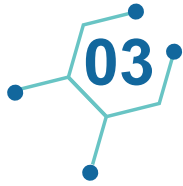
Highlights In the past 5 years, we have **strengthened our assessment criteria** in **research impact** and **Māori health advancement**.

We introduced **post-contract reporting** at two-year and five-year timepoints to identify longer-term impacts of research.

Benefits

Through a rigorous assessment system focused on excellence, impact, track record and advancing Māori health, the HRC helps drive high-level health and social outcomes and ensures maximum impact and 'value' from the government's investment in health.

Corresponding Sol target: Our funding processes will appropriately reflect the 'research attributes' of the Health Research Prioritisation Framework: Why in New Zealand? Mana Tāngata, Excellence, Impact and Equity.



Developing and maintaining the health research workforce, and retaining early career researchers.

We have ensured Aotearoa New Zealand has the diversity of people and skills needed to address current and future health challenges. This includes clinical, biomedical, and public health researchers, and Kaupapa Māori and Pacific health researchers.

Funding for Emerging Researcher First Grants **increased from \$250,000 to \$400,000 per grant** in the 2023 financial year.

The HRC currently **supports 4648 research positions for Named Investigators**.

Since 2020, we have funded **81 Pacific career development awards**, including **8 Pacific Health Clinical Research Fellowships**.

Since 2020, we have awarded **80 Māori Health Research Career Development Awards**, to the value of **\$7.86M**.

Highlights



Females currently represent **55% of all named investigator roles, 59% of lead investigators, and 70% of Career Development Award** recipients on HRC-funded research contracts.

We have attracted **241** new people into research roles through our Health Delivery Research portfolio, since 2020.

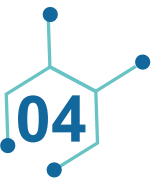
Currently, **8.5%** of HRC's lead investigators identify as Pacific.

More than **18%** of lead investigators on HRC-funded contracts identify as Māori.

Benefits

Building and retaining critical research capability within our shores can ensure we are prepared for emerging health threats, and have the skills to address uniquely local issues as well as global health challenges. The HRC's career development awards help launch research careers and are instrumental in developing subject-area experts.

Corresponding SOI target: By 2024, we will have aligned our career development opportunities with any agreed outcomes from Actions 2-4 that have been approved by the New Zealand Health Research Strategy Steering Group.



Embedding Te Tiriti o Waitangi and building pae ora for Māori.

To better engage iwi, hapū and Māori organisations in the research process, we redesigned our funding mechanism for community-led research in 2022. Streamlined application forms and a shorter assessment timeframe has made the funding process more accessible and attracted more Māori communities into research opportunities at the HRC.

Highlights

Our revamped Ngā Kanohi Kitea Community Advancement Fund attracted more than **twice the usual number of applications** in its launch.

Since 2022, the HRC has supported 39 Ngā Kanohi Kitea grants, to the value of **\$6M**.

Benefits

Developing Māori research capability and knowledge is the core purpose of this funding, which helps communities address self-identified needs and priorities. This funding aligns with MBIE's Vision Mātauranga Capability Fund designed to unlock the science and innovation potential of Māori knowledge, resources, and people.

Key Performance Indicators and meeting our targets

Our performance measures for Output 3:

This section addresses targets from our Statement of Performance Expectations 2022-2023.

KPIs for Output 3	2021 - 2022 Actual	2022 - 2023 Target	2022 - 2023 Actual	Achieved / not achieved
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Number of current career development contracts awarded to practising clinicians.

84

>30

99

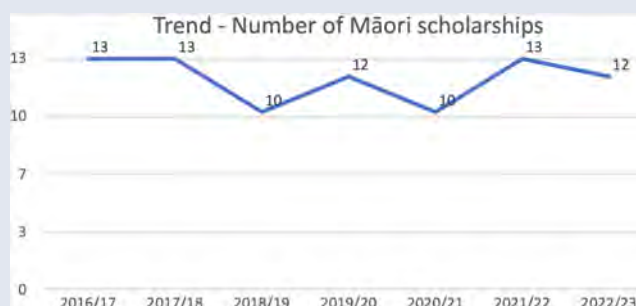
Achieved

Number of Māori Health Research Scholarships awarded (including, Masters, PhD and postdoctoral awards).

13

>8

12

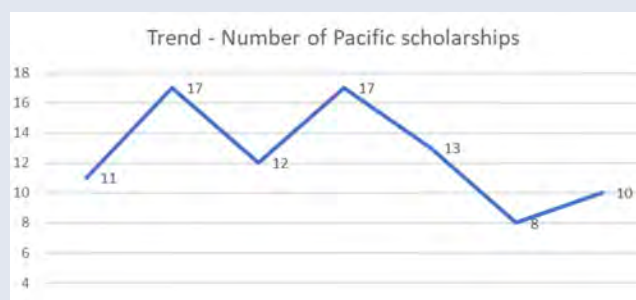
Achieved

Number of Pacific Health Research Scholarships awarded (including, Masters, PhD and postdoctoral awards).

8

>8

10

Achieved

Output 4: Keeping the health research system ethical and safe

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

The HRC 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.

Scope of the Output

The Health Research Council's committees are a key national resource, providing advice on research ethics, monitoring and regulation.

- **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 who makes the final decision.
- **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 who makes the final decision.

Output 4	Actual 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Funding from the Crown	285	285	311
Total Revenue	285	285	311
Cost of Output	355	382	306
Surplus (Deficit)	(70)	(97)	5

Key activities in 2022 - 2023

The **HRC Ethics Committee** provided approval for **all** health and disability and institutional ethics committees in Aotearoa New Zealand.

The **Data Monitoring Core Committee** provided objective monitoring of **four trials**.

The **Standing Committee on Therapeutic Trials** assessed **154 clinical trials** of new medicines to determine whether they would safely provide clinically and scientifically useful information.

Key Performance Indicators and meeting our targets

Our performance measures for Output 4:

This section addresses targets from our Statement of Performance Expectations 2022-2023.

KPIs for Output 4	2021 - 2022 Actual	2022 - 2023 Target	2022 - 2023 Actual	Achieved / not achieved
Number of Ethics Notes published to inform researchers of issues on ethics in health research.	1	1	1	Achieved
Number of Health and Disability Ethics Committees (HDECs) reviewed & approved by HRC annually.	4	4	4	Achieved

Notes to the performance information

Reporting entity

For a description of the HRC as a reporting entity, see the notes to the financial statements (page 45).

The HRC is presenting its service performance information for the same reporting period as the financial statements, to 30 June 2023.

The HRC's service performance information is reported from pages 14 to 35. Additional information in this report, including case studies and updates on our team and organisation, is not audited and does not form part of the Statement of Service Performance. However, it does provide additional context to our performance in the past financial year.

Statement of compliance

The HRC's Statement of Service Performance has been prepared in accordance with the requirements of the Crown Entities Act 2004, which include the requirement to comply with New Zealand generally accepted accounting practice (NZ GAAP).

This Statement of Service Performance has been prepared in accordance with Tier 1 PBE financial reporting standards, which have been applied consistently throughout the period, and complies with PBE financial reporting standards.

Disclosure of significant judgements

1) Selection of performance measures

The performance measures included in this Statement of Service Performance are drawn from our key strategic documents: our Statement of Intent 2020-2024 (that sets out our strategic intentions and medium-term goals) and our Statement of Performance Expectations 2022-2023 (that contains forecast performance for the next year). We also report on performance measures included in the Estimates of Appropriation (agreed upon by HRC and MBIE). We do not have any 'budget significant initiatives' in addition to these measures, to report on.

Our performance measures are developed and agreed upon by the HRC Council and staff and reflect our assessment of our most important achievements, given the constraints of available data and factors within our direct remit and ability to influence.

The nine Statement of Intent (Sol) measures (in green boxes) were developed to provide a rounded picture of non-financial performance, representing each of nine key goals set out in the Sol (developed by applying three priorities across three strategic drivers – see our Performance Framework on page 16). The Sol performance measures reflect the areas we identified as being most important to advance each goal, based on the outlook in 2020. While they cover some of the actions we have taken since 2020, we also provide commentary on subsequent actions and additional highlights, outcomes and benefits that have contributed to our goals and Ministers' expectations.

Performance measures are identified annually in the Statement of Performance Expectations, and while the quantitative measures have remained stable over the medium term, some of the qualitative measures have been refreshed to reflect progress made to our processes in key areas (see below), and to set new targets. There were no significant judgements on aggregation and presentation.

2) Changes in performance measures

The following performance measure has been changed.

Removed KPI	Replaced by new KPI	Reason
Implement a redesigned Partnership Programme (Output 2)	Implement our new funding mechanism in Mission-Led Research.	We redesigned the Partnership Programme and replaced it with a new funding mechanism for mission-led research called "Connecting for Impact". The Partnership Programme has been discontinued, although we still manage several existing contracts funded through this mechanism. We will continue to measure our progress in this area using the correct terminology for the new funding mechanism.

Below we set out the most significant methodologies or judgements applied, to measure the performance information reported.

Subject	Explanation
Number and value of grants (Multiple KPIs)	<p>Data in relation to the number or value of grants funded are extracted from internal grant management systems.</p> <p>The number of contracts that we support may be reported as "allocated" within the last financial year, or "active" which includes all contracts that received payment within the last financial year. The selection of which measure is used depends on whether the relevant data was available at the time the Annual Report was prepared.</p> <p>Periodically, we conduct analysis of investment and workforce over longer timeframes, and data from these analyses are used to illustrate progress made.</p>
Workforce data (Output 3 KPIs)	<p>All Named Investigators on applications for HRC grants are required to create a Researcher Profile on HRC Gateway that includes Personal Details (including name, gender, residence location), Professional Details (including specialist role, clinical background, postgraduate study, year PhD awarded) and Ethnicity (self-identified, primary and secondary). Applicants must update or confirm as correct their core details annually if they are to be listed as Named Investigators on applications.</p> <p>We have adopted a prioritised single ethnicity approach for analysis, based on Ministry of Health and Statistics NZ ranking for prioritised reporting, where Māori and Pacific ethnicities are prioritised over all others. Where an individual identifies as both Māori and Pacific, they are included in the analysis as Māori.</p>
Relevance of grants to health issue or research area (Outcomes and benefits reporting)	<p>All applicants are required to self-select Research Classification fields for health issues and portfolio mapping category.</p> <p>For major grant types (Projects and Programmes that make up approximately 70% of new annual investment), this data is checked by HRC staff after contracting and additional classification criterion applied (in areas that include relevance to health system) for the purpose of analysis and reporting.</p>
Reducing health inequities (Output 1 KPI)	The HRC classifies funded major grant types to determine relevance to our "outcomes to improve health equity" criterion. The criterion was developed by the HRC using Manatū Hauora's definition of inequities, and includes proposals likely to provide the approaches, knowledge, skills or resources needed to improve health equity for any group of New Zealanders. This includes but is not limited to all contracts recommended for funding by the Māori Health Committee or the Pacific Health Research Committee.

3) Reconciliation of output tables

Actual 2023	Output 1 \$000	Output 2 \$000	Output 3 \$000	Output 3 \$000	Per Financial Statements \$000
Funding from the Crown	105,731	3,399	12,263	285	121,678
Interest Received	680	244	50	0	974
Funding from the Crown	310	119	0	0	429
Total Revenue	106,721	3,762	12,313	285	123,081
Cost of Output	105,951	3,331	12,834	355	122,471
Surplus (Deficit)	770	431	(521)	(70)	610

Budget 2023	Output 1 \$000	Output 2 \$000	Output 3 \$000	Output 3 \$000	Per Financial Statements \$000
Funding from the Crown	120,637	3,365	12,396	285	136,683
Interest Received	295	106	22	0	423
Funding from the Crown	362	150	0	0	512
Total Revenue	121,294	3,621	12,418	285	137,618
Cost of Output	117,190	7,977	15,543	382	141,092
Surplus (Deficit)	4,104	(4,356)	(3,125)	(97)	(3,474)

Actual 2022	Output 1 \$000	Output 2 \$000	Output 3 \$000	Output 3 \$000	Per Financial Statements \$000
Funding from the Crown	102,010	2,987	10,406	311	115,714
Interest Received	77	69	61	0	207
Funding from the Crown	244	64	25	0	333
Total Revenue	102,331	3,120	10,492	311	116,254
Cost of Output	106,800	3,728	17,582	306	128,416
Surplus (Deficit)	(4,469)	(608)	(7,090)	5	(12,162)





Our team and organisation

Tō mātou tīma me te umanga

Our team and organisation

Tō mātou tīma me te umanga



Pictured: The HRC team at a Kaimahi Strategy Day in March 2023.

How we work

Our small team of 37 fulltime and part-time staff works collaboratively across all funding initiatives while coordinating and managing many advisory and assessment committees made up of external expertise and reviewers.

The HRC has an Equity work programme which aims to embed fairness right across the HRC's funding system and processes. As well as aiming to address and monitor aspects of our funding system that uphold and maintain inequities, we aim to ensure meaningful Māori participation in partnership with our Māori Health Committee.

Diversity, equity and inclusion

Papa Pounamu is a work programme designed to grow diversity and inclusion capability in the Public Service. As noted by Te Kawa Mataaho (Public Service Commission), the Public Service needs to make better progress for ethnic groups, women, disabled persons, and Rainbow communities.

Measures taken by our small agency in recent years complement and help advance the five priority areas identified by the programme:

- Te Urupare i te Mariu | Addressing bias
- Te whakawhanaungatanga | Building relationships
- Te āheinga ā-ahurea | Cultural competence
- Ngā tūhononga e kōkiritia ana e ngā kaimahi | Employee-led networks
- Hautūtanga Ngākau Tuwhera | Inclusive leadership.

Our commitment to diversity, inclusiveness, and fairness is further evidenced with the diverse ethnicities represented at the HRC – 13 ethnicities among 37 permanent staff – and a growing number of Pacific and Māori employees at the HRC.

The HRC follows Equal Employment Opportunity guidelines, ensuring that people who possess the required skills have equal opportunity to be hired. While at early stages still, the focus on cultural competency as part of our remuneration and retention strategies is developing and growing.

The HRC has implemented a number of measures that align with Te Kawa Mataaho's Kia Toipoto guidance, which include taking steps to advertise vacancies more widely, with advertisements posted on Māori and Pacific job boards as well as traditional channels. We include multiple people on an interview panel and have measures to better mitigate against bias in the recruitment process. We aim to foster a culture that drives inclusivity.

Our leadership has also been focused on closing pay gaps associated with gender or ethnicity.

Māori Crown Relations capability

The Public Service Act 2020 requires the public service to strengthen the Māori Crown relationship and develop and maintain capability to engage with Māori and to understand Māori perspectives.

The Health Research Council is committed to honouring Te Tiriti o Waitangi to advance Māori health outcomes by addressing the problems associated with health inequities.

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. In recent years, we have increasingly harnessed the committee's expertise as we've redesigned funding rounds and mechanisms to ensure they are equity-centred with a focus on Māori health advancement.

In the past year, the HRC strengthened the partnership model between the HRC Council and Māori Health Committee. The model enhances and supports existing statutory obligations for the HRC Council as set out in the Health Research Council Act 1990 and the Crown Entities Act 2004, and it supports the Māori Health Committee to discharge its role to its full extent.

Beyond this important change in how we work, the HRC has been working with Ngāti Whātua Ōrākei – tangata whenua of central Tāmaki Makaurau – to build organisational capability in te ao Māori which includes strengthening our kaimahi's literacy in Te Tiriti history, Māori tikanga, and te reo Māori.

Māori language planning - Te Reo Māori revitalisation

Te Ture mō Te Reo Māori 2016 (the Māori Language Act 2016) requires the Crown and Māori to work in active partnership to promote the revitalisation, knowledge, and use of te reo Māori.

At the HRC, staff understanding of te reo and tikanga is facilitated through Ngāti Whātua Ōrākei. And all HRC statutory documents feature bilingual components.

Engagement with consumers and whānau

The Code of Expectations for Health Entities' Engagement with Consumers and Whānau enables consumer voices to be heard in the planning, design, delivery, and evaluation of health services. This code is underpinned by the health sector principles in Section 7 of the Pae Ora (Healthy Futures) Act, which emphasises that the health sector should be equitable.

While these expectations explicitly apply to health agencies, the HRC has also been asked to consider how the principles of the code can be built into our work.

At the HRC, achieving equitable health outcomes is a goal, reinforced through the development of our Equity work programme. Improving access to research funding (beyond academia) and providing targeted career support for Māori and Pacific researchers is one of the major ways we build the knowledge systems needed to address the health needs of diverse populations.

The HRC's advisory committees, ranging from the Māori Health Committee, Pacific Health Research Committee, Biomedical Research Committee, and Public Health Research Committee, connect the HRC to subject-matter experts and representatives of the populations we serve.

The Pacific Health Research Committee provides advice to the HRC about Pacific health research priorities and makes funding recommendations to Council regarding Pacific research proposals. The Māori Health Committee is a statutory committee of the HRC, with input across all workstreams and oversight over all Māori health research initiatives. It also advises the HRC on issues concerning the gathering, verification, and validation of information. This helps ensure we fund the most relevant, high-impact research that aligns with the country's research priorities.

We also promote research opportunities directly to Māori communities through our Ngā Kanohi Kitea Community Advancement Fund, designed to build research capability at a grassroots level and support communities to directly address self-identified health needs.

In terms of protecting and promoting people's health and wellbeing, a significant portion of HRC funding is focused on keeping populations healthy, which includes research into children and youth, and mental health and addiction. HRC-funded research also contributes to evidence-informed services and practices in primary healthcare and hospitals, as well as improvements in the public health and disability system itself. Additionally, by partnering with

Manatū Hauora and several other government agencies, we have been able to address health inequities from a broader, cross-sectoral perspective that targets some of the wider determinants of health.

Health and safety

The HRC is committed to maintaining the health and safety of all employees, and we support the aim of the Health and Safety at Work Act, 2015.

We have a Health and Safety Committee comprised of staff members who work closely with our executive leadership team, and report back to the HRC's Council. The committee has a range of functions, including:

- Organising annual health and safety training updates for staff, such as hazard identification training, warden refresher training, and first-aid refresher training. In the past year, 7 staff members undertook first aid training, and all staff received fire warden and evacuation training accompanying the launch of a new fire warden system which takes into account the HRC's flexible working model.
- Reviewing fire drill reports and making recommendations on evacuation procedures based on lessons learned. In the past year, two fire drills were conducted and feedback provided to staff and the building manager.
- Reporting at every HRC Council meeting, and on a quarterly basis to the Risk Management and Assurance Committee. This included 12 updates in the past year.
- Providing staff with timely health and wellbeing updates including reminding them of HRC-supported access to EAP services, workspace set up services, and continued provision of COVID protections such as air purifying and filtration systems within the office space.
- Ensuring grab bags are available for all staff members. These have been replenished in the past year with up-to-date emergency supplies.

In the past year, the committee oversaw the maintenance of heat and smoke detectors, fire extinguishers, and air purifiers.

HRC kaimahi were offered vouchers for the flu vaccine and in-office vaccinations with a nurse, and they continued to have access to free rapid antigen tests, face masks, and hand sanitisers to manage the risk of COVID-19.

We are pleased to report there were no accidents, lost-time injuries or major incidents in the 2023 financial year.

Carbon Neutral Government Programme reporting

Sustainability for the HRC means leading with integrity to improve outcomes for the environment of Aotearoa and health of all New Zealanders. Stepping up to address the challenge that climate change presents will take courage and the HRC strives to demonstrate transparency in achieving our sustainability goals and being accountable to the New Zealand public.

The HRC is proud to be a Toitū net carbonzero certified organisation. Since 2019, 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.

We also continue to implement our Sustainability Framework that sets out our commitments (ngā whāinga) and forms the basis for our emissions reduction plan.

Progress against our commitments includes:

- **Ā mātou tikanga** (our policies and procedures): relocating to new premises has encouraged progress towards a paperless office and online, electronic record-keeping.
- **O mātou whare** (our place): moving to new premises with a smaller footprint; individually metred power; installing eco LED lights; switching to a 100% renewable and Toitū certified electricity provider; and introducing a new waste management system.
- **Ā mātou tāngata** (our people): supporting kaimahi (staff) 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.

Our people | ā mātou tāngata

To create a culture of organisational sustainability and a workforce of environmental champions and stewards.

Guide our staff to act sustainably with their everyday choices reflecting wise environmental stewardship.

- Empower staff to actively engage with personal sustainability practices inside and outside the office.
- Encourage staff commuting by public or active transport.
- Support staff to volunteer time to environmentally focused community initiatives.

Our place | o mātou whare

To create a work environment that enhances the wellbeing of HRC staff and minimises our impact on the environment.

Reduce consumption of non-renewable resources and the waste we generate.

- To measure, externally verify, and report on the HRC's carbon emissions.
- To reduce our waste to landfill.
- To reduce the HRC's energy consumption.
- To reduce HRC's consumption of consumables, such as paper and stationery.

Our policies & procedures | ā mātou tikanga

To become an environmental leader within the sector through a whole systems approach to sustainability and sharing best practice.

Ensure HRC policies and procedures drive sustainable practice.

- To reduce the HRC's travel emissions (reducing in-person meetings and increasing virtual meetings).
- To transition all HRC committees to paperless meetings.
- To transition to fully online and electronic record keeping.
- Show preference through procurement for suppliers who disclose sustainability credentials or environmental operating principles.



In the year 2022-2023, our total emissions were 16.41 tCO₂e (tonnes of carbon dioxide equivalent)¹ which is 94% lower than our 2019 baseline year (279.16 tCO₂e)².

Our emission reductions continue to be primarily driven by our reduction in air travel due to ways of working initially developed in response to COVID restrictions. In 2019, our staff and the committees we are responsible for, took 996 flights equating to 264.43 tCO₂e. In the 2022-2023 reporting period, our staff and the committees we are responsible for generated 6.75 tCO₂e in air-travel related emissions, a reduction of over 97% since our base year. The HRC remains committed to maintaining these reductions, taking an intentional approach to travel and we are in the process of formalising a new travel policy to reflect this.

In September 2022, we switched electricity providers to Ecotricity, New Zealand's first and only Toitū climate positive certified 100% renewable electricity from wind, hydro and solar. Compared to our baseline year (2019), our electricity-related emissions have reduced from 9.50 tCO₂e to 6.40 tCO₂e, representing a 32% reduction.

Emissions category	Emissions Source	2022/2023 tCO ₂ e
1. Direct emissions		0
2. Indirect emissions from imported energy	Imported electricity	6.40
	Domestic air travel	6.75
	Accommodation	0.1
3. Indirect emissions from transportation	Car mileage	0.24
	Taxi use	0.17
	Working from home	1.35
	Paper use	0.24
	Waste to landfill (LFGR mixed waste)	0.05
4. Indirect emissions from products and services used by the organisation	Wastewater services	0.81
	Electricity Toitū carbonzero certified factor Ecotricity (T & D losses)	0.24
	Water use	0.06
5. Indirect emissions associated with the use of products and services from the organisation		0
6. Indirect emissions from other sources		0
TOTAL EMISSIONS		16.41

¹ Note as the HRC currently audits carbon emissions by calendar year, the data reported here includes 6-months of Toitū verified data (1 July – 31 December 2022) and 6-months of data that has not yet been verified by Toitū (1 January to 30 June 2023).

² Our base year period covers 1 January – 31 December 2019.

Our reduction targets and plan

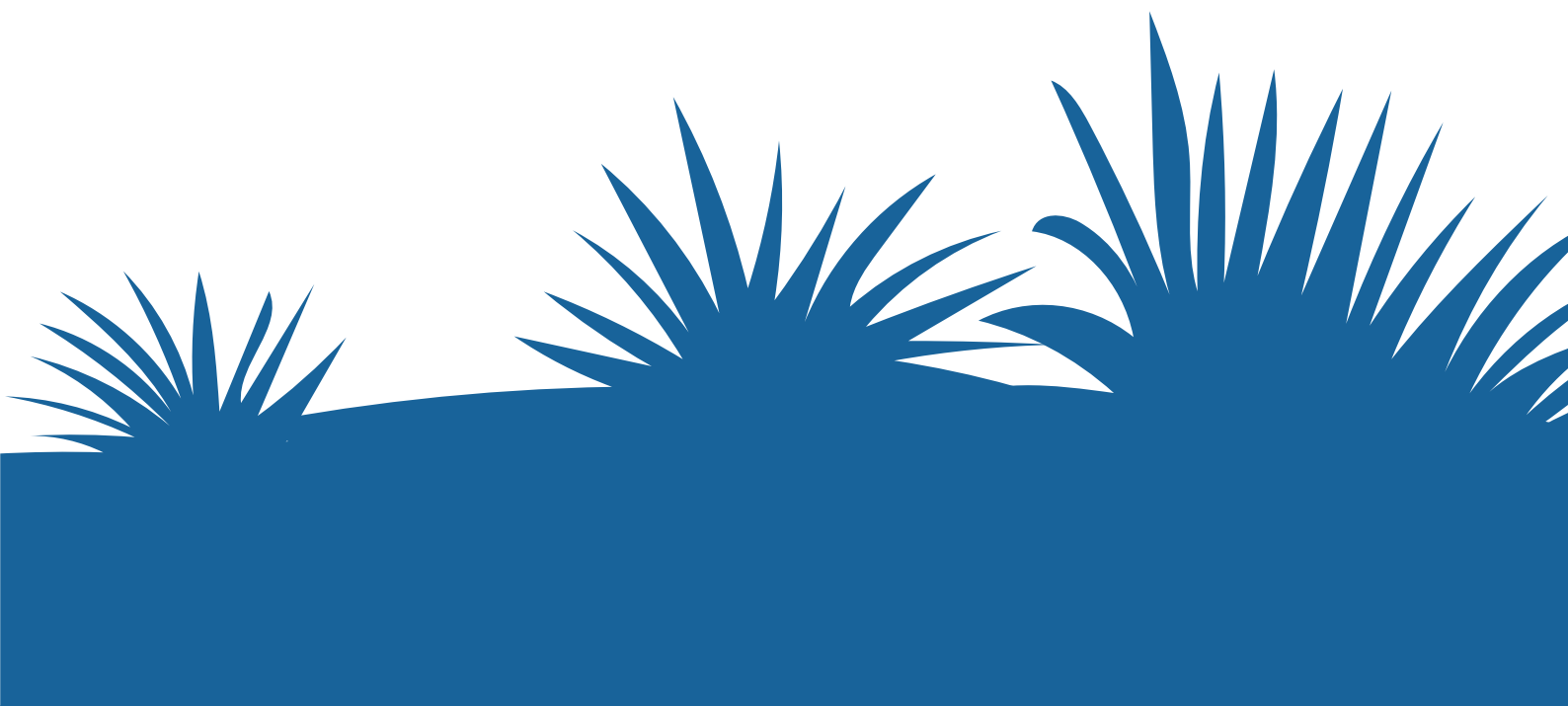
The HRC has adopted science-based reduction targets using a simplified method, which sets gross emissions reduction targets in line with a global emissions pathway that limits warming to no more than 1.5°C. This is in line with our CNGP and Toitū net carbonzero programme requirements. We have set the 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 exceeding both these targets, with an absolute reduction in emissions of 262.74 tCO₂e representing an overall 94% decrease. We expect our emissions to grow over the next three financial years due to an increase in our domestic and international travel, increased working from home flexibility, and an ongoing data improvement project, which may result in additional sources being added in future reporting.

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

- **Travel policy:** An update of our travel policy to reflect our commitment to reduced air travel related emissions.
- **Waste management:** When we moved to new premises in 2022, we introduced a new waste management system that sorts waste into landfill, organic waste, recycling and soft plastic recycling. We plan to implement staff engagement initiatives to ensure the waste management system is being used effectively to maintain our low waste to landfill emissions.
- **Data improvement project:** We continue to ensure that our data collection, calculations, and reporting is accurate, appropriate, and based on up-to-date evidence and best practice. This may result in additional emissions sources being added to our emissions inventory as we are able to develop methods to capture and report them.
- **Staff commuting:** We plan to introduce reporting of non-mandatory Scope 3 staff commuting emissions. The first step is to capture the emissions associated with staff commuting, which will allow us to understand how they relate to working from home emissions and investigate ways to support our kaimahi to utilise active and public transport options.





Financial Statements

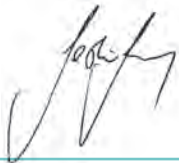
Ngā Whakataunga Ahupūtea

Statement of Responsibility

He tauākī o te takohanga

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

- We have been responsible for the preparation of these Financial Statements and Statement of Service Performance and the judgements used therein.
- We have been responsible for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial reporting.
- We are responsible for any end-of-year performance information provided by the Health Research Council of New Zealand under section 19A of the Public Finance Act 1989.
- We are of the opinion that these financial statements and statement of service performance fairly reflect the financial position and operations of this Crown Entity for the year ended 30 June 2023.



Professor Lester Levy
CNZM, Chair

31 October 2023



Dr Will Barker
Council member

31 October 2023

Financial Statements

Ngā Whakataunga Ahupūtea

Statement of Comprehensive Revenue and Expense

for the year ended 30 June 2023

	Note	Actual 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Revenue				
Funding from the Crown	2	121,678	136,683	115,714
Interest Revenue		974	423	207
Other Revenue		429	512	333
Total Income		123,081	137,618	116,254
Expense				
Research Grant costs	3	115,363	133,288	121,827
Operational costs				
Assessment and Council Committee costs		922	1,016	883
Personnel costs		4,667	5,110	4,262
Capital charge	4	0	0	639
Depreciation and amortisation expense		89	82	65
Fees to Audit New Zealand for the audit of the financial statements		134	69	74
Other costs		1,296	1,527	666
Total operational costs		7,108	7,804	6,589
Total expenses		122,471	141,092	128,416
Surplus/(Deficit)		610	(3,474)	(12,162)
Other comprehensive revenue and expenses		0	0	0
Total comprehensive revenue and expenses		610	(3,474)	(12,162)

Statement of Changes in Equity

for the year ended 30 June 2023

	Note	Actual 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Equity at the beginning of the year		13,995	12,238	27,649
Total comprehensive revenue and expense for the year		610	(3,474)	(12,162)
Reclassification				(1,492)
Equity at the end of the year	7	14,605	8,764	13,995
Represented by				
Public equity		5,055	3,916	5,566
Future Committed Funds		5,154	2,328	2,023
Joint Operations Reserve		3,431	2,086	5,411
Foxley Estate Reserve Fund		965	434	995
Total equity at 30 June	7	14,605	8,764	13,995

Statement of Financial Position

as at 30 June 2023

	Note	Actual 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Current Assets				
Cash at Bank		3,409	112	1,211
Cash Deposits less than 3 months		0	0	2,000
Short-term Deposits	5	10,934	12,472	8,780
Short-term Deposits - Held for Joint Operations	5	3,431	2,086	5,411
Funds held on behalf of - Other Agencies	5	7,635	2,942	9,809
Funds held on behalf of - Foxley Estates	5	963	600	983
Receivables		1,266	198	676
Total Current Assets		27,638	18,410	28,870
Non-Current Assets				
Property Plant & Equipment		127	107	117
Intangible Assets		118	95	151
Total Non-Current Assets		245	202	268
Total Assets		27,883	18,612	29,138
Current Liabilities				
Payables		543	1,589	462
Contract Retentions	3	3,185	2,259	1,891
Provision for funds committed to International Agencies	6	725	457	1,225
Employee Entitlements		986	916	871
Funds held on behalf of other agencies	5	1,874	1,175	3,394
Total Current Liabilities		7,313	6,396	7,843
Non-Current Liabilities				
Provision for funds committed to International Agencies	6	204	1,685	885
Funds held on behalf of other agencies	5	5,761	1,767	6,415
Total Non-Current Liabilities		5,965	3,452	7,300
Total Liabilities		13,278	9,848	15,143
Net Assets		14,605	8,764	13,995
Equity				
Public equity		5,055	3,916	5,566
Future Committed Funds		5,154	2,328	2,023
Joint Operations Reserve		3,431	2,086	5,411
Foxley Estate Reserve Fund		965	434	995
Total Equity	7	14,605	8,764	13,995

Statement of Cash Flow

for the year ended 30 June 2023

	Note	Actual 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Cash flows from operating activities				
<i>Cash was provided from</i>				
Receipts from the Crown		121,678	136,683	115,714
Interest received		831	495	255
Other Revenue		954	377	3
		123,463	137,555	115,972
<i>Cash was applied to</i>				
Payments to suppliers		(117,877)	(135,367)	(127,942)
Payments to employees		(4,277)	(4,557)	(3,893)
GST		(891)	78	(107)
		(123,045)	(139,846)	(131,942)
Net cash flow from operating activities	14	418	(2,291)	(15,970)
Cash flows from Investing activities				
<i>Cash was provided from</i>				
Funds held on behalf of other agencies		517	1,750	13,342
Maturing Term Deposits		87,595	89,450	79,267
Sale of Assets		59	0	138
		88,171	91,200	92,747
<i>Cash was applied to</i>				
Funds paid on behalf of other agencies		(2,691)	(4,000)	(10,128)
Reinvestment of Term Deposits		(83,575)	(85,000)	(66,667)
Purchase of Property Plant & Equipment		(125)	33	(371)
		(86,391)	(88,967)	(77,166)
Net cash flow from investing activities		1,780	2,233	15,581
Net increase (decrease) in cash held		2,198	(58)	(389)
Cash at Bank beginning of year		1,211	170	1,600
Cash at Bank end of year		3,409	112	1,211

Notes to the Financial Statements

For the year ended 30 June 2023

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 2023 and were approved by Council on 31 October 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 effective and not early adopted

There are no standards and amendments issued but not yet effective, that have been identified.

Standards issued and effective as at 30 June 2023

PBE IPSAS 41 Financial Instruments

PBE IPSAS 41 replaces PBE IFRS 9 Financial Instruments and is effective for the year ending 30 June 2023. The 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. The HRC has determined the main impact of the new standard is that additional information needs 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 the 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 the 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

The 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. Explanation of major variances against budget are provided in note 18.

i) Cost allocation

The 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. The 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 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Ministry of Business, Innovation and Employment (MBIE)	121,393	136,398	115,403
Ministry of Health (MoH)	285	285	311
	121,678	136,683	115,714

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 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Vote Health & Society Research	113,988	130,557	120,691
Vote Vision Mātauranga	1,028	1,067	432
Vote International Relationships	347	1,664	704
	115,363	133,288	121,827

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 recognised as the obligations under the contract 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 Public Equity balance (excluding the Foxley Reserve Fund) if it exceeds \$15m, as at 30 June and 31 December each year. The capital charge rate for the year ended 30 June 2023 was 5% (2022: 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 FY2023 the effective interest rates on deposited funds ranged from 1.80% pa to 5.65% 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 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Balance 1 July	2,110	2,142	2,804
Provisions made during the year	0	0	0
Provisions used during the year	(1,254)	0	(1,360)
Provisions reversed during the year	0	0	0
Unwind of discount	73		666
Balance 30 June	929	2,142	2,110
Short Term (current)	725	457	1,225
Long Term (non-current)	204	1,685	885
	929	2,142	2,110

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 as part of its membership of the Global Alliance for Chronic Disease (GACD). Under this call, the 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 2023, the balance of this provision was \$670k of which it expects to utilise \$519k 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, the HRC has committed to making \$1.0m available to researchers for biomedical research over the next 2 – 3 years which it will share with the NSFC. As of 30 June 2023, the balance of this provision was \$259k of which it expects to utilise \$206k 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 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Movements in Equity			
Public Equity (Research Contract Management)			
Balance 1 July (Refer note below)	5,566	5,026	5,099
Surplus/(deficit) for the year	(511)	(1,110)	467
Balance 30 June	5,055	3,916	5,566
Future Committed Funds			
Balance 1 July	2,023	2,071	14,774
Surplus/(deficit) for the year	1,121	(2,364)	(12,629)
Transfer of Net Income from/(to) Joint Operations Reserve Fund	1,980	2,040	(243)
Transfer of Net Income from/(to) Foxley Reserve Fund	30	581	121
Balance 30 June	5,154	2,328	2,023
Joint Operations Reserve Fund			
Balance 1 July (Refer note below)	5,411	4,126	6,660
Transfer of Net Income from/(to) Future Committed Funds	(1,980)	(2,040)	243
Reclassification	0	0	(1,492)
Balance 30 June	3,431	2,086	5,411
Foxley Reserve Fund			
Balance 1 July (Refer note below)	995	1,015	1,116
Transfer (to)/from Future Committed Funds	(30)	(581)	(121)
Balance 30 June	965	434	995
Total Equity at 30 June	14,605	8,764	13,995

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 2023 \$000	Actual 2022 \$000
<i>Operating Leases as lessee</i>		
Not later than 1 year	133	180
Later than 1 year and not later than 5 years	446	796
Later than 5 years	0	0
Total non-cancellable operating leases	579	976

Accounting policy

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

Current Lease Arrangements

Operating Leases as lessee

The HRC currently leases office premises. The lease payments recognised as an expense in the period totalled \$180,001 (2022: \$155,950).

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 2023 \$000	Actual 2022 \$000
<i>Financial Assets measured at amortised cost</i>		
Cash and cash equivalents	3,409	1,211
Short-term Deposits	10,934	10,780
Short-term Deposits - Held for Joint Operations	3,431	5,411
Funds held on behalf of - Other Agencies	7,635	9,809
Funds held on behalf of - Foxley Estate	963	983
Receivables	1,266	676
Total loans and receivables	27,638	28,870
<i>Other Financial liabilities measured at amortised cost</i>		
Payables	543	462
Contract Retentions	3,185	1,891
Provision for Committed Grants	929	2,110
Funds held on behalf of other agencies	7,635	9,809
Total other financial liabilities	12,292	14,272

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 the HRC may discontinue contracts at its discretion.

The table below 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
2023					
Payables	543	543	543	0	0
Contract Retentions	3,185	3,185	3,185	0	0
Provision for Committed Grants	929	929	102	102	725
Funds held on behalf of other agencies	7,635	7,635	1,115	759	5,761
Total	12,292	12,292	4,945	861	6,486
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

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 2023 No. of Staff	Actual 2022 No. of Staff
100,000 to 109,999	6	5
110,000 to 119,999	8	4
120,000 to 129,999	5	3
130,000 to 139,999	1	2
170,000 to 179,999	1	2
180,000 to 189,999	1	1
190,000 to 199,999	1	
270,000 to 279,999		1
320,000 to 329,999	1	1
370,000 to 379,999	1	
Total Employees	25	19

Note 13 - Councillors' Fees

	Appointed	Term	Actual 2023 \$	Actual 2022 \$
Dr L Levy, CNZM	Jan-16	Jul-26	24,000	24,000
Associate Professor S Pitama	Jun-15	Jun-23	15,000	15,000
Professor J Douwes	Sep-15	Jul-25	15,000	15,000
Professor P Guilford	Oct-16	Dec-23	12,000	12,000
Dr W Barker	Jun-17	Dec-23	12,000	12,000
Dr A Dewes	May-19	Jun-23	12,000	10,000
Professor A Cameron, ONZM	Sep-19	Dec-22	7,500	15,000
Ms K Fox (resigned)	Jan-21	Aug-21		2,000
Professor E Rush	Jan-21	Dec-23	12,000	12,000
Professor P Tapsell	Dec-20	Dec-23	12,000	12,000
			121,500	129,000

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

	Actual 2023 \$000	Budget 2023 \$000	Actual 2022 \$000
Surplus /(Deficit) for year	610	(3,474)	(12,162)
Add non-cash items			
Depreciation and Amortisation expense	89	82	65
Joint Venture Management Fees Earned		(150)	
Rent recovered	0	0	(95)
Add/(deduct) movements in provisions	228	0	(2,421)
Add/(deduct) movements in working capital items			
Receivable (increase)/decrease	(590)	180	(259)
Payables increase/(decrease)	81	1,071	(1,098)
Net cash flow from operating activities	418	(2,291)	(15,970)

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	2023	2022
Board Members		
Remuneration - \$000	122	129
Full-time equivalent members	0.71	0.75
Leadership Team		
Remuneration - \$000	1,235	1,134
Full-time equivalent members	5.00	5.00
Total Key Management Personnel Remuneration	1,357	1,263
Total Full-time Equivalent Personnel	5.71	5.75

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 \$46k (2022: \$Nil, Staff \$Nil).

Note 16 - Contingencies

As at 30 June 2023, the HRC has no contingent assets or contingent liabilities (2022: 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 2023.

Note 18 - Explanation of major variances against budget

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 \$15.0m was rescheduled in the March baseline update and will be received in the next two financial years. This was done in recognition of the slower outflow of funds due to contract variations resulting from Covid-19 lockdowns. Interest income is higher than budget as interest rates strengthened.

Expenditure

Research Grant Expenditure was \$17.9m lower than budget (13.4%). This is as a 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. Lower operational costs of \$0.7m were driven by lower Statutory and Assessing Committee Costs (\$94k) 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 (\$315k) plus recruitment cost underspend (\$128k); Information Technology support costs were lower than budgeted and website development was not undertaken (\$145k). There were reduced costs in Travel (\$17k) and

Occupancy (\$10k) with lower costs as staff continue to take advantage of the flexible work location policy; Consultant and Legal fees were not required at the anticipated levels (\$61k). Fees to Audit New Zealand are above budget by \$65k with cost recovery for FY2022 (increased costs driven by migration to new system \$39k) and a fee increase (28.4% - \$21k) for the current financial year.

Statement of financial position

Current assets are higher than budget by \$2.2m representing the deferral of income from the Crown noted above, offset by lower costs reflected in the operating surplus.

Liabilities are in line with the budget.

Statement of cash flow

Cash from operating activities were higher than budget by \$2.7m because of the deferral of revenue from the Crown (\$15.0m) offset by lower research grant payments due to Covid-19.

Note 19 - Impact of COVID-19

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 \$17.9m due to requests for extensions to research contracts driven by the need for research providers to suspend aspects of research activity during the various Covid-19 alert levels and the difficulty in recruiting staff.

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 2023

Operating Resources

- Computer systems
- Photocopying machines
- Furniture and fittings

Accommodation

The HRC is located at Level 1, 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

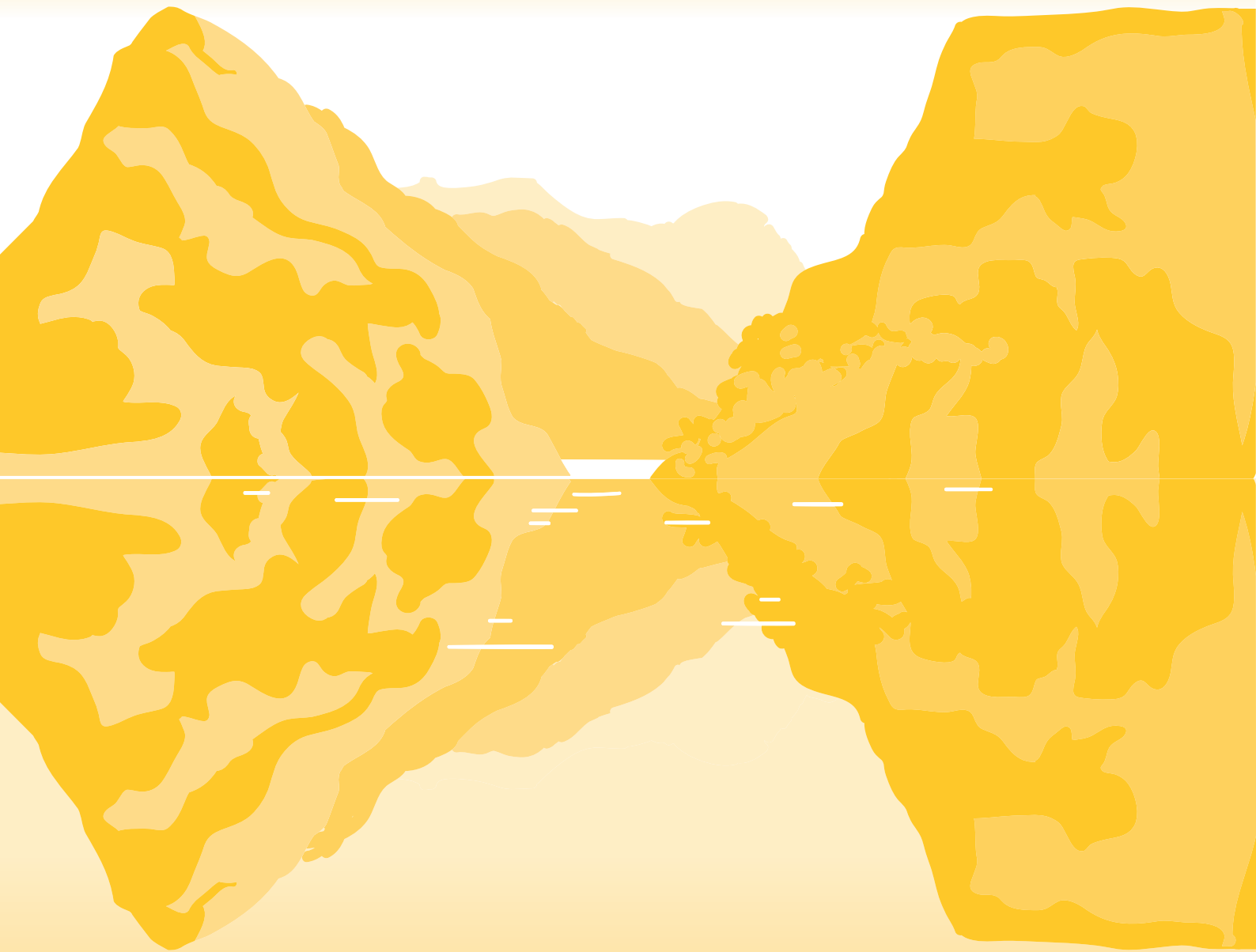
	FTEs 2023	FTEs 2022
Operational staff		
Chief Executive	1.0	1.0
Senior Managers	4.0	4.0
Manager Pacific Health Research	1.0	1.0
Manager Māori Health Research	1.0	1.0
Support staff	26.6	26.5
	33.6	33.5

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.



Auditor's 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 2023.

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 62, that comprise the statement of financial position as at 30 June 2023, 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 which reports against the Health Research Council's statement of performance expectations and appropriation for the year ended 30 June 2023 on pages 14 to 35.

In our opinion:

- the financial statements of the Health Research Council:
 - present fairly, in all material respects:
 - its financial position as at 30 June 2023; 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 Health Research Council's performance information for the year ended 30 June 2023:
 - presents fairly, in all material respects, 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
 - presents fairly, in all material respects, for the appropriation:
 - what has been achieved with the appropriations; and
 - the actual expenses or capital expenditure incurred compared with the expenses or capital expenditure appropriated of forecast to be incurred; and
 - complies with generally accepted accounting practice in New Zealand.

Our audit was completed on 31 October 2023. This is the date at which our opinion is expressed.

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

Basis for our opinion

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

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

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

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

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

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

The Council's responsibilities arise from the Crown Entities Act 2004, the Health Research Council Act 1990 and the Public Finance Act 1989.

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

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

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

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

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

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

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

- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Research Council's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.
- We evaluate the appropriateness of the performance information which reports against the Health Research Council's statement of performance expectations and appropriation.
- 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 13, pages 36 to 45, page 63 and pages 68 to 108, 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



Active Research Contracts

Ngā kirimana rangahau e
whakahaeretia ana

Active research contracts

Ngā kirimana rangahau e whakahaeretia ana

This section lists all of the HRC's contracts current as of 30 June 2023, 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
16/009	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
16/058		Ethnic differences in energy metabolism among New Zealanders	\$250,000	Patricia Whitfield	University of Otago
16/329	Obesity	Communities fighting sugar in soft-drinks	\$1,176,875	Gerhard Sundborn	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
16/331	Cancer (oncology)	Proliferating tumour-associated macrophages in human cancers	\$1,173,503	Rod Dunbar	The University of Auckland
16/385	Cardiovascular/ cerebrovascular	Targeting human atrial microstructure: The key to resolving atrial fibrillation	\$1,178,146	Jichao Zhao	The University of Auckland
16/450	Ageing	A qualitative investigation of experiences of aged residential care by Maori	\$104,680	Karen Keelan	University of Otago
16/537	diabetes	The consequences of type 2 diabetes on the cardiovascular effects of ageing	\$149,931	Graeme Carrick-Ranson	The University of Auckland
16/600	Addiction (alcohol/drugs/ gambling/ smoking)	The Christchurch Health and Development Study - birth to 40 years	\$5,104,947	Joseph Boden	University of Otago
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
16/609	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
17/037	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
17/052	Neurological (CNS)	Targetting a zinc link in the treatment of Autism Spectrum Disorders	\$1,168,419	Johanna Montgomery	The University of Auckland
17/233	Diabetes	Community exercise for long-term management of diabetes and multimorbidity	\$1,181,772	Leigh Hale	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
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 diabetes treatment	\$1,188,969	Ghader Bashiri	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
17/342	Mental health (and sleep disorders)	Tūhono Māori: Promoting secure whānau relationships for traumatised mokopuna	\$389,154	Alayne Mikahere-Hall	Auckland University of Technology
17/363	Ageing	Using the InterRAI to improve identification and management of frailty	\$1,167,729	Hamish Jamieson	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
17/585	Vision/Hearing/speech	Aniseikonia as a potential barrier to neural plasticity: does image size matter	\$247,915	Joanna Black	The University of Auckland
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
17/614	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
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
18/063	Neurological (CNS)	Development of novel remyelination treatments for Multiple Sclerosis	\$1,167,846	Bronwyn Kivell	Research Trust of Victoria University of Wellington
18/079	Infectious disease	Developing an optimal strategy for the rheumatic fever endgame	\$1,196,974	Michael Baker	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
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 Māori Institute for Environment & Health
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
18/138	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
18/147	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
18/219	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
18/239	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
18/311	Injury (intentional and unintentional)	Evaluating a sustainable model of peer mentoring in traumatic brain injury	\$1,188,989	Nicola Kayes	Auckland University of Technology
18/323	Cancer (oncology)	Reducing oxaliplatin toxicity: a randomised dose-finding proof-of-concept trial	\$1,195,411	Mark McKeage	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
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
18/414	Injury (intentional and unintentional)	Staying UpRight in residential care	\$1,443,303	Ngaire Kerse MNZM	The University of Auckland
18/469	Diabetes	Co-designing a community-based intervention programme for prediabetes	\$125,790	Veisia 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 whakahaumarū taiao: safe environments for Māori medical practitioners	\$994,669	Donna Cormack	The University of Auckland
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
18/596	Rheumatology/ arthritis	Anti-depressants for osteoarthritis pain: Can we predict treatment efficacy?	\$247,098	David Rice	Te Whatu Ora - Waitematā
18/627	Ageing	Can inflammation and aging modify the human epigenome?	\$249,137	Aaron Stevens	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
18/656	Cancer (oncology)	Prophylactic InCisional antibiotics in skin surgery (PICASSo trial) feasibility	\$248,477	Jon Mathy	Aotearoa Clinical Trials
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
18/699	Cancer (oncology)	Pinpointing prostate cancer: a paradigm shift in diagnosis	\$150,000	Paul Harris	The University of Auckland

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
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
18/776	Rheumatology/ arthritis	A decision aid to incorporate patient preferences into biologic therapies	\$212,073	Carlo Marra	University of Otago
18/821	Mental health (and sleep disorders)	Development of cross-agency collaboration to improve employment outcomes	\$474,949	Helen Lockett	Te Pou
18/829	Respiratory/ asthma	Randomised trial of an intervention to increase tuberculosis notifications	\$450,000	Philip Hill	University of Otago
19/003	Respiratory/ asthma	Effects of antipyretics on respiratory disease and eczema in infancy	\$320,000	Eunicia Tan	The University of Auckland
19/007	Neurological (CNS)	Delivering neurotrophic growth factors to stimulate and orient axonal outgrowth	\$500,000	Darren Svirsakis	The University of Auckland
19/012	Cardiovascular/ cerebrovascular	Patient reported outcomes after cardiac surgery: advanced cardiac imaging study.	\$319,613	Mohammed Moharram	University of Otago
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
19/027	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
19/078	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
19/094	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

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
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
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
19/206	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
19/232	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
19/263	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
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

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
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
19/344	Injury (intentional and unintentional)	Prospective Outcomes of Injury Study: 10 years on (POIS-10)	\$1,188,042	Sarah Derrett	University of Otago
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
19/433	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
19/460	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
19/481	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
19/491	Respiratory/ asthma	Two RCTs of salbutamol therapy in exacerbations of asthma in adults	\$578,713	Richard Beasley	Medical Research Institute of New Zealand
19/532	Cardiovascular/ cerebrovascular	Duration of Dual Antiplatelet Therapy in Acute Coronary Syndrome (DUAL-ACS)	\$1,550,000	Philip Adamson	University of Otago

HRC Ref	Focus area	Proposal title	Funding approved	Lead researcher	Host organisation
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	Characteristics of S. pyogenes isolated prior to rheumatic fever diagnosis	\$245,000	Julie Bennett	University of Otago
19/608A		Whangaia ka tupu, ka puawai	\$249,873	Kendall Stevenson	The Dragon Institute
19/609	Respiratory/ asthma	Treatable traits for the management of asthma: a feasibility study	\$240,750	James Fingleton	Medical Research Institute of New Zealand
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
19/624	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
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
19/664	Nutrition	He Pātaka Marohi - The feasibility of novel and conventional instruments	\$249,754	Geoff Kira	Massey University
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

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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
19/743	Inflammatory and immune system	Rebalancing fluid distribution in critical illness	\$150,000	Anthony Phillips	The University of Auckland
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
19/779	Cardiovascular/cerebrovascular	Synthetic Stem Cells – a New Area for Myocardial Infarction Treatment	\$150,000	Xiaolin Cui	University of Otago
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
19/813	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
19/835	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
19/895	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

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20/011	Cardiovascular/cerebrovascular	Vulnerability of the female heart	\$593,057	June-Chiew Han	The University of Auckland
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
20/042	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 ngā 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

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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
20/1053	Infectious disease	An effective point-of-care screening pathway for COVID-19	\$235,746	Jo-Ann Stanton	University of Otago
20/1068	Infectious disease	Australasian COVID-19 Trial (ASCOT)	\$766,113	Susan Morpeth	Aotearoa 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	Neurological (CNS)	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
20/115	Child and youth (healthy) development	Lighted Paths: Education and pathways to better health for Pacific families	\$256,775	Jesse Kokaua	University of Otago
20/116	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
20/1182	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
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
20/1204	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
20/1241	Cancer (oncology)	Exploring a novel therapy to reduce breast cancer risk in high-risk individuals	\$249,975	Vanessa Lau	University of Otago
20/1251		Program Theory-based Framework Evaluating an Equity-focused Smokefree Innovation	\$30,034	Summer Hawke	Te Whatu Ora - Counties Manukau

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20/1259		Understanding task and time: Evidencing fundamental care interactions	\$133,674	Bobbie-Jo Pene	Te Whatu Ora - Counties Manukau
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
20/1315	Cancer (oncology)	Optimising lung cancer screening for Māori: comparing invitation processes	\$1,959,509	Sue Crengle	Te Whatu Ora - Waitematā
20/1325	Renal and urogenital	Digital technology for women's pelvic health – creative marketing or good science?	\$25,529	Stephanie Woodley	University of Otago
20/1355	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 Goebel	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
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
20/1384	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
20/144	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	Te Pūkenga - 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
20/1480	Wellbeing (autonomy self-determination)	Ensuring equity for Pacific families: Learning from a pandemic	\$997,814	Jacqueline Cumming	Pacific Perspectives

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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
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
20/155	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
20/1566	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 Tuimalealiiifano	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

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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
20/230	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	Aotearoa Clinical Trials
20/362	Mental health (and sleep disorders)	Responding to Pacific maternal mental health	\$599,082	Seini Taufa	Moana Connect
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	Jarrold Haar	Auckland University of Technology

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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
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)	Revitalisation 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

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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
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
20/631	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	Aotearoa Clinical Trials
20/668	Wellbeing (autonomy self-determination)	Manalagi: Aotearoa Pacific Rainbow/Queer/ LGBTIQ+ 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

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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
20/733	Wellbeing (autonomy self-determination)	Synthesis of a million stories with natural language processing	\$150,000	Simone Rodda	Auckland University of Technology
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
20/766	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
20/782	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
20/812	Infectious disease	How do antimicrobial combinations suppress development of resistance?	\$404,171	Iain Lamont	University of Otago
20/845	Mental health (and sleep disorders)	Developing serotonergic 2A receptor agonists as treatments for mood disorders	\$596,512	Suresh Muthukumaraswamy	The University of Auckland
20/847	Infectious disease	Unravelling the mysteries of yersiniosis	\$1,308,051	Brent Gilpin	ESR Institute of Environmental Science & Research
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
20/903	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
20/914	Cardiovascular/cerebrovascular	CT to reduce invasive coronary angiography in acute coronary syndrome	\$1,331,291	Philip Adamson	University of Otago

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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
20/928	Infectious disease	Vaccine development: upping the ante	\$596,504	Bridget Stocker	Research Trust of Victoria University of Wellington
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
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
21/024	Wellbeing (autonomy self-determination)	Aho Tapairu: Developing a mana wahine wellbeing toolkit	\$394,035	Ngahuia Murphy	Tu Tama Wahine o Taranaki
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

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21/034	Ageing	Decreasing alpha synuclein in Parkinson's disease: Are 'strains' the solution?	\$571,338	Victor Dieriks	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
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 and Research Collaborative
21/1016		Improving patient safety through empathetic communication	\$29,588	Helen Rook	Te Whatu Ora - Capital, Coast and Hutt Valley
21/1017		Improving trauma-informed care for youth with complex trauma in residential care	\$123,431	Jennifer Montgomery	Research Trust of Victoria University of Wellington
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

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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
21/1035		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
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	Aotearoa 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

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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
21/1074		School absence and stand-down: Preventive trauma and tikanga-informed approach	\$28,410	Alison Leversha	Auckland Hospitals Research And Endowment Fund
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
21/1080		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
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 Trust
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	Leigh Hale	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
21/1110		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
21/1113		Te Tau Ihu: A locality approach to developing health research capacity	\$90,000	Nicholas Baker	Te Whatu Ora - Nelson Marlborough
21/1114		Exploration of health co-benefits in AAA/AF screening in a rural context	\$89,825	Karen Bartholomew	Te Whatu Ora - Waitematā

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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
21/158	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
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
21/184	Infectious disease	Measuring and boosting waning immunity to measles in young adults	\$1,163,259	Peter McIntyre	University of Otago
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
21/203	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

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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
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

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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
21/564	Child and youth (healthy) development	Pasifika B4 School: Exploring child and family wellbeing	\$1,179,394	Teuila Percival	Moana Connect
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
21/608	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 Pat	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

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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
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 Waqanivalagi	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

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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	Diabetes	Exploring primary care factors that influence diabetes management and care	\$29,500	Lynne Chepulis	University of Waikato
21/839		Health-system factors contributing to inequity in diabetes medication use	\$1,394,675	Lynne Chepulis	University of Waikato
21/850		Early Vocational Intervention after Stroke (EVIS) Study	\$29,984	Jennifer Dunn	University of Otago
21/856	Other (generic health or health services)	Accessing earlier prediabetic treatment in pregnancy	\$11,317	Charlotte Oyston	The University of Auckland
21/859		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	Wellbeing (autonomy self-determination)	Predicting acute asthma events using machine learning	\$29,498	Amy Chan	The University of Auckland
21/872		Sustainable LMC midwifery: Balancing work and whānau responsibilities	\$1,364,661	Tagonei Mharapara	Auckland University of Technology
21/874		Implementing effective lifestyle treatment for T2 Diabetes in primary care	\$1,399,938	Caryn Zinn	Auckland University of Technology
21/890	Injury (intentional and unintentional)	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		Optimising telerehabilitation practice in Aotearoa	\$1,388,974	Nicola Kayes	Auckland University of Technology
21/906	Other (generic health or health services)	The use of pancreatic enzyme replacement (PERT) in inoperable pancreatic cancer	\$22,952	Amanda Landers	University of Otago
21/907		Measuring the impact and social value of Turanga Health's services	\$1,373,379	Louise Mainvil	University of Otago
21/911		Delivering optimal weight gain advice to pregnant women (DOT) study	\$1,299,641	Kirsten Coppell	University of Otago
21/925	Cancer (oncology)	Optimisation of a NZ focused ehealth application to improve patient outcomes	\$30,000	John Woodfield	University of Otago
21/937		Brain Oxygen Neuromonitoring in Australia and New Zealand Assessment (BONANZA)	\$30,000	James Moore	Medical Research Institute of New Zealand
21/941		Equity by 2030: Achieving equity in lung cancer survival for Māori	\$799,945	Jason Gurney	University of Otago
21/945	Nutrition	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
21/953		Ahakoā he iti – he Pounamu : Supporting māmā-pēpi relationship.	\$30,000	Tania Cargo	The University of Auckland

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21/957	Cancer (oncology)	Māori and Pacific women's pre-diagnostic experiences of uterine cancer	\$261,413	Georgina McPherson	Te Whatu Ora - Waitematā
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
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
21/980		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
21/984	Cancer (oncology)	Lung cancer screening: Testing ethnicity weighting for risk prediction in Māori	\$1,936,535	Sue Crengle	Te Whatu Ora - Waitematā
21/985		Te Pae Ora - Whanau Ora Navigation in Local Delivery of Oncology Care	\$1,256,425	Maria Ngawati	Hapai Te Hauora Tapui
21/989		A nationwide strategy to improve lung cancer outcomes with molecular testing	\$1,222,392	Aniruddha Chatterjee	University of Otago
21/990		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		The effect of chronic hookworm infection on intestinal barrier function	\$180,524	Thomas Mules	Malaghan Institute of Medical Research
22/002		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

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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
22/030	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
22/034	Gastrointestinal	Minimally invasive upper gastrointestinal and hepatopancreaticobiliary 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
22/059	Environmental health	The impact of nitrate in drinking water on preterm birth	\$1,199,509	Tim Chambers	University of Otago
22/068	Neurological (CNS)	He rapunga hauora mō te mate wareware: A prevalence study	\$1,104,374	Makarena Dudley	The University of Auckland
22/069	Diabetes	The CALCRL receptor: A new genetic determinant of diabetic kidney disease in New Zealand	\$1,199,906	Alan Davidson	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
22/076	Mental health (and sleep disorders)	A randomised controlled trial of a low dose serotonergic agonist for depression	\$1,439,988	Suresh Muthukumaraswamy	The University of Auckland
22/079	Wellbeing (autonomy self-determination)	TIAKI – Community wellbeing for whānau with lived experience of incarceration	\$1,199,536	Paula King	University of Otago
22/099	Other (generic health or health services)	Advancing palliative care among Pacific children	\$1,148,230	Sunia Foliaki	Massey University
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
22/113	Child and youth (healthy) development	Early brain development and later outcomes in moderate-late preterm babies	\$1,198,209	Jane Harding	The University of Auckland
22/114	Mental health (and sleep disorders)	He Toa Taumata Rau - The Many Resting Places of Courage	\$1,184,510	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
22/123	Gastrointestinal	Novel biomarker validation to guide treatment in inflammatory bowel disease	\$1,199,994	Richard Gearry	University of Otago

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22/127	Obesity	Food havens: the role of social enterprise in creating healthy food environments	\$128,513	Daysha Tonumaip'e'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 kōhi (tuberculosis) on the home front	\$131,850	Callum August	University of Otago
22/138	Infectious disease	Genomic epidemiology of human respiratory viruses in Aotearoa	\$1,196,858	Jemma Geoghegan	University of Otago
22/143	Mental health (and sleep disorders)	Whānau-centric coronial processes to improve suicide prevention strategies	\$1,192,898	Clive Aspin	Research Trust of Victoria University of Wellington
22/151	Diabetes	How can we improve eye, hearing and feet health for kaumātua/older adults?	\$1,200,001	Jacqueline Ramke	The University of Auckland
22/156	Infectious disease	Dysregulating metabolism to eradicate drug-resistant Mycobacterium tuberculosis	\$582,826	Matthew McNeil	University of Otago
22/172	Infectious disease	Mā te mōhio ka mārāma (M2M). Impact of COVID-19 on Māori:non-Māori inequities	\$1,197,496	Elana Curtis	The University of Auckland
22/177	Neurological (CNS)	Neuron-glia regulation of plasticity in health and neuroinflammatory diseases	\$1,197,310	Wickliffe Abraham	University of Otago
22/180	Ageing	Whiria te tāngata: Out-of-home mobility of Māori and non-Māori over 65 (NZPATHS)	\$1,198,285	Rebecca McLean	University of Otago
22/182	Physical activity/exercise	Culturally responsive physiotherapy approaches to working with Pacific families	\$202,900	Oka Sanerivi	University of Otago
22/184	Infectious disease	Development of rifampicin as a dry powder inhaler for tuberculosis	\$1,086,231	Jack Dummer	University of Otago
22/187	Cancer (oncology)	Improving genetic health through RNA diagnostics	\$1,190,890	Logan Walker	University of Otago
22/198	Neurological (CNS)	Is Exendin-4 neuroprotective after perinatal hypoxia-ischaemia?	\$1,199,443	Joanne Davidson	The University of Auckland
22/219	Human genetics and inherited/congenital conditions	Bringing precision to the diagnosis of complex neurodevelopmental disorders	\$1,199,831	Stephen Robertson	University of Otago
22/230	Neurological (CNS)	What does dementia mean for Pacific communities in New Zealand?	\$1,193,621	Fuafiva Fa'alau	The University of Auckland
22/234	Respiratory/asthma	Improving access to care for sick children to reduce mortality and morbidity	\$212,683	Sainimere Boladuaadua	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
22/237	Mental health (and sleep disorders)	Hormones and mood: Imaging the impact of obesity on maternal neural circuitry	\$1,199,908	Rosemary Brown	University of Otago
22/245	Addiction (alcohol/drugs/gambling/smoking)	Regulating retail vaping to support smoking cessation	\$1,199,840	Christopher Wilkins	Massey University
22/248	Obstetric complications/perinatal care	Activity of orexigenic AgRP neurons during pregnancy and lactation	\$1,197,681	Sharon Ladyman	University of Otago
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

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22/262	Inflammatory and immune system	Immune cells, bacteria and epithelium in Crohn's disease patients	\$1,190,406	Roslyn Kemp	University of Otago
22/269	Infectious disease	Is acute rheumatic fever primarily caused by scabies? A case-control study.	\$1,189,100	Gerhard Sundborn	The University of Auckland
22/277	Cardiovascular/cerebrovascular	Evaluating a bedside high-sensitivity troponin within a rural chest pain pathway	\$1,199,642	Rory Miller	University of Otago
22/278	Cancer (oncology)	Targeted immune stimulants to hypersensitise lung cancer to checkpoint blockade	\$1,199,922	Adam Patterson	The University of Auckland
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
22/296	Gastrointestinal	Role of polarized exocytosis in infection of host cells by pathogenic E. coli	\$1,199,985	Keith Ireton	University of Otago
22/301	Cancer (oncology)	A single-cell transcriptomic approach to gastric cancer heterogeneity	\$1,199,413	Parry Guilford	University of Otago
22/305	Child and youth (healthy) development	Caffeine to improve neurodevelopmental outcomes in infants born late preterm	\$1,439,269	Jane Alsweiler	The University of Auckland
22/322	Infectious disease	A vaccine for Staphylococcus aureus	\$1,199,789	John Fraser	The University of Auckland
22/323	Infectious disease	Targeting metabolic dysregulation to eradicate drug resistant M. tuberculosis	\$1,199,544	Matthew McNeil	University of Otago
22/327	Addiction (alcohol/drugs/gambling/smoking)	The evaluation of treatment outcomes for methamphetamine dependence in Aotearoa	\$1,199,839	David Newcombe	The University of Auckland
22/329	Cancer (oncology)	WNT signalling - a matter of degradation	\$1,199,534	Catherine Day	University of Otago
22/331	Neurological (CNS)	Development of safe, non-addictive pain medications	\$1,200,000	Bronwyn Kivell	Research Trust of Victoria University of Wellington
22/334	Wellbeing (autonomy self-determination)	An exploration of Māori cultural embeddedness	\$67,440	Ririwai Fox	Research Trust of Victoria University of Wellington
22/337	Injury (intentional and unintentional)	Exploring a twin-track approach to violence elimination for disabled women	\$791,757	Brigit Mirfin-Veitch	Donald Beasley Institute
22/339	Other (generic health or health services)	Understanding the impact of rurality on health outcomes and healthcare delivery	\$1,199,916	Garry Nixon	University of Otago
22/345	Cancer (oncology)	Overcoming antibody-drug conjugate resistance in HER2-positive breast cancer	\$1,199,995	Stephen Jamieson	The University of Auckland
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
22/361	Cancer (oncology)	Critical evaluation of a tumour-targeted cancer therapy for clinical development	\$1,199,489	Jeff Smaill	The University of Auckland
22/363	Vision/hearing/speech	The nGVS study for bilateral vestibular disorders	\$1,111,603	Denise Taylor	Auckland University of Technology
22/377	Climate change	Climate change, heat exposure and child health	\$1,199,999	Hakkan Lai	The University of Auckland
22/379	Cancer (oncology)	A dual-safety system to promote CAR T cell activation and migration	\$1,199,975	Alexander McLellan	University of Otago

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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
22/407	Child and youth (healthy) development	Kai wai ū i te pō: Māori aspirations around breastfeeding in Te Tai Tokerau	\$1,002,513	Carmen Timu-Parata	University of Otago
22/409	Infectious disease	ARISE FLUIDS Aotearoa Randomised Controlled Trial	\$1,199,950	Peter Jones	Medical Research Institute of New Zealand
22/423	Mental health (and sleep disorders)	Mana whenua ahi kā	\$28,748	Neil Rogers	Auckland University of Technology
22/432	Cancer (oncology)	Spatial profiling of tumour tissue to improve lung cancer immunotherapy	\$1,200,000	Rod Dunbar	The University of Auckland
22/436	Wellbeing (autonomy self-determination)	Mātauranga kai	\$346,984	Nikki Renall	Massey University
22/442	Cardiovascular/ cerebrovascular	HCQ4ARF: A randomised trial of Hydroxychloroquine for acute rheumatic fever	\$1,437,917	Rachel Webb	The University of Auckland
22/444	Cancer (oncology)	Hypoxia-selective delivery of DNA-PK inhibitors to tumours	\$1,200,000	Michael Hay	The University of Auckland
22/475	Infectious disease	Māori attitudes towards vaccination in Aotearoa New Zealand	\$32,400	Grace Davies	University of Otago
22/477	Respiratory/ asthma	RCT budesonide-formoterol reliever therapy in moderate/severe childhood asthma	\$1,439,964	Stuart Dalziel	The University of Auckland
22/479	Obstetric complications/ perinatal care	Hormone-induced adaptations in respiratory function during pregnancy	\$1,199,969	David Grattan	University of Otago
22/485	Infectious disease	New targets for infectious disease - tackling antimicrobial resistance	\$1,200,000	Emily Parker	Research Trust of Victoria University of Wellington
22/501	Mental health (and sleep disorders)	Kaupapa Māori approaches to maternal mental health	\$263,405	Cara Meredith	University of Otago
22/507	Environmental health	He pounga waihoe nā ō mātua	\$9,900,000	Rāwiri Tinirau	Te Atawhai o Te Ao: Independent Māori Institute for Environment & Health
22/508	Other (generic health or health services)	MRINZ Platform Plan	\$10,400,000	Richard Beasley	Medical Research Institute of New Zealand
22/509	Wellbeing (autonomy self-determination)	Whakauae Platform Plan	\$10,900,000	Amohia Boulton	Whakauae Research Services
22/510	Blood disorders/ haematology	Harnessing the immune system to improve health outcomes	\$6,231,750	Graham Le Gros	Malaghan Institute of Medical Research
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
22/519	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
22/528	Respiratory/ asthma	Cumulative impacts of air pollution exposure on adult physical and mental health	\$249,956	Matthew Hobbs	University of Canterbury

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22/533	Infectious disease	Improving population health through education of the innate immune system	\$250,000	Kerry Hilligan	Malaghan Institute of Medical Research
22/539	Neurological (CNS)	Development of an ultrasound responsive implant to treat spinal cord injury	\$249,453	Sachin Thakur	The University of Auckland
22/540	Respiratory/ asthma	A data-driven approach to predicting asthma attacks in Aotearoa	\$249,984	Amy Chan	The University of Auckland
22/546	Vision/hearing/ speech	Exploring the role of the inflammasome pathway in diabetic retinopathy	\$249,660	Odunayo Mugisho	The University of Auckland
22/548	Infectious disease	Modelling procalcitonin for bacterial infections in intensive care	\$250,000	Jacqueline Hannam	The University of Auckland
22/550	Obstetric complications/ perinatal care	Manaaki Te Iti Kahurangi: Improving outcomes for whānau	\$4,999,905	Beverley Lawton	Research Trust of Victoria University of Wellington
22/553	Ageing	Older informal caregiver experiences following the COVID-19 pandemic in Aotearoa	\$233,908	Shinya Uekusa	University of Canterbury
22/555	Rheumatology/ arthritis	Reducing the burden of osteoarthritis in Aotearoa New Zealand	\$4,999,268	J Abbott	University of Otago
22/559	Neurological (CNS)	Pathogenesis, detection and treatment of perinatal brain injury	\$4,999,983	Alistair Gunn	The University of Auckland
22/562	Cancer (oncology)	Treating gastric cancer according to its biology	\$249,961	Silke Neumann	University of Otago
22/567	Cancer (oncology)	Investigating fibroblast influence on the gastric cancer microenvironment	\$249,942	Sharon Pattison	University of Otago
22/572	Gastrointestinal	Investigating the diet-microbiome connection in paediatric coeliac disease	\$229,098	Olivia Ogilvie	University of Canterbury
22/573	Other (generic health or health services)	Menstrual cycle status and iron deficiency diagnosis in healthy females	\$250,000	Claire Badenhorst	Massey University
22/574	Rheumatology/ arthritis	Strategies to improve gout management in Aotearoa	\$4,998,486	Lisa Stamp	University of Otago
22/576	Ageing	PIN1ng down heterochromatin to prevent cellular ageing	\$150,000	Tracy Hale	Massey University
22/581	Cancer (oncology)	A novel and simple tool for tumour diagnosis and treatment prognosis	\$150,000	Christoph Goebel	University of Otago
22/586	Respiratory/ asthma	Preventing Legionellosis: New Technology to Test Engineered Water Systems	\$150,000	Liping Pang	ESR Institute of Environmental Science & Research
22/599	Cardiovascular/ cerebrovascular	Free healthy groceries in heart attack recovery: He kai ora, he oraha manawa	\$150,000	Andrew Reynolds	University of Otago
22/603	Physical activity/ exercise	Hauora Māori me kā papa takaro ki Ōtepōti/ Māori health & parks: a Dunedin study	\$150,000	Robin Quigg	University of Otago
22/604	Cancer (oncology)	Circulating bacterial DNA for early detection of metastasis in colorectal cancer	\$150,000	Rachel Purcell	University of Otago
22/609	Cancer (oncology)	Self-assembling therapeutic nanovaccines for cancer	\$150,000	Benjamin Compton	Research Trust of Victoria University of Wellington
22/614	Neurological (CNS)	A novel non-invasive technology platform for intracranial pressure measurement	\$150,000	Sheng Chiong Hong	oDocs Eye Care
22/618	Addiction (alcohol/drugs/ gambling/ smoking)	Hooked on Sugar: Addiction or lifestyle choice	\$150,000	Simone Rodda	Auckland University of Technology

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22/625	Injury (intentional and unintentional)	A storm in the brain - analysing brain network disruptions after mTBI	\$150,000	Vickie Shim	The University of Auckland
22/629	Diabetes	Novel targets within the carotid body for treating cardiometabolic disease.	\$150,000	Pratik Thakkar	The University of Auckland
22/632	Cardiovascular/ cerebrovascular	Salivary MicroRNAs as Prognostic biomarkers of heart disease	\$150,000	Rajesh Katare	University of Otago
22/638	Gastrointestinal	The gut gets going	\$150,000	Anthony Phillips	The University of Auckland
22/640	Diabetes	Glucoregulation by leptin: The missing piece to the puzzle of tissue repair?	\$150,000	Alexander Tups	University of Otago
22/645	Respiratory/ asthma	Pumping gas the right way	\$150,000	Anthony Phillips	The University of Auckland
22/646	Respiratory/ asthma	Novel approaches to support patients in acute settings	\$150,000	Anthony Hickey	The University of Auckland
22/650	Infectious disease	The warfare between bacteria and bacteriophage, its benefits to humankind	\$150,000	Venkata Chelikani	Lincoln University
22/659	Wellbeing (autonomy self-determination)	Pae Ora - collaborations in action	\$1,499,656	Lis Ellison-Loschmann	Flax Analytics
22/667	Wellbeing (autonomy self-determination)	Co-designing whānau stories to reduce opioid use for chronic pain in Aotearoa	\$1,399,792	Hemakumar Devan	University of Otago
22/670	Mental health (and sleep disorders)	Enabling supported decision-making: mental health advance preference statements	\$1,399,976	Sarah Gordon	University of Otago
22/672		Effectiveness of Teleophthalmology in the post-COVID-19 healthcare settings	\$30,000	Renoh Johnson Chalakkal	oDocs Eye Care
22/675		Community Research Rōpū: value-based approach for a rural rohe.	\$30,000	Emily Gill	The University of Auckland
22/676	Cardiovascular/ cerebrovascular	The STEPCARE trial	\$1,399,911	Paul Young	Medical Research Institute of New Zealand
22/682	Disability	The need for FASD intervention: Prevalence and knowledge in Youth Justice	\$1,399,999	Joanna Ting Wai Chu	The University of Auckland
22/686	Cardiovascular/ cerebrovascular	Embedding accessible communication in post-stroke care	\$1,327,996	Clare McCann	The University of Auckland
22/687		Supporting the Integrated Practice Model: Digital Tool Implementation Research	\$21,500	Vincent Allen	The University of Auckland
22/694		Translating Pacific Health Research to improve Pacific Housing	\$30,000	Charmaine 'Ilaiu Talei	The University of Auckland
22/695		Developing an automated image-based dietary assessment tool	\$29,800	Rosemary Hall	University of Otago
22/696		Piloting a cerebral palsy (CP) early diagnosis Hub in New Zealand	\$29,705	Angelica Allermo Fletcher	Te Whatu Ora - Capital, Coast and Hutt Valley
22/699		Anti-racism praxis and Māori health professional workforce development.	\$114,844	Haidee Renata	Auckland University of Technology
22/708		Donor Identity in Aotearoa New Zealand	\$29,974	Cindy Farquhar	The University of Auckland
22/712	Neurological (CNS)	Kanohi-ki-te-kanohi me te matihiko approaches: Promoting equity in stroke rehab	\$1,385,300	Nada Signal	Auckland University of Technology
22/713	Reproduction/ fertility/sexual health	Self-assessment of ongoing pregnancy after early medical abortion; an RCT	\$1,209,796	Michelle Wise	The University of Auckland

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22/717		Exploring the essential elements of a long COVID clinic	\$29,860	Sarah Rhodes	University of Otago
22/721		Intensive support for high-risk families: what works to reduce ongoing harm?	\$29,983	Sarah Whitcombe-Dobbs	University of Canterbury
22/724		Exercise for Dysmenorrhea in NZ: Community engagement and literature review	\$28,365	Melissa Black	Medical Research Institute of New Zealand
22/726		Establishing the Long COVID Collective	\$29,914	Mona Jeffreys	Research Trust of Victoria University of Wellington
22/728		Kete Whenua: Implementation of community-led resources for promoting wellbeing	\$30,000	Denise Wilson	Auckland University of Technology
22/732		Employing activities to improve mental health - what is the Aotearoa literature?	\$29,675	Denise Taylor	Research Trust of Victoria University of Wellington
22/734		An innovative integrated mental health framework - PIP for Aotearoa	\$29,223	Irene Zeng	Auckland University of Technology
22/736	Nutrition	Development & implementation of national nutrition guidelines for preterm babies	\$1,389,842	Barbara Cormack	The University of Auckland
22/737	Other (generic health or health services)	Evidence-based management of Long COVID	\$1,399,904	Mona Jeffreys	Research Trust of Victoria University of Wellington
22/742		COVID-19 rapid antigen testing: exploring public-use in New Zealand	\$29,822	Gabrielle Shortt	Medical Research Institute of New Zealand
22/747		Fatigue risk management in healthcare: Next steps	\$30,000	Karyn O'Keeffe	Massey University
22/749		Setting the research agenda for paediatric rehabilitation	\$29,985	Denise Taylor	Auckland University of Technology
22/759		Te Kōwhiri Roa - Māori Experiences of Long COVID	\$29,936	Jason Tuho	Tuhauora Medical Associates
22/766		Lūsia ki taulanga	\$30,000	Ofa Dewes	The University of Auckland
22/770		Giving voice to wahine wisdom - preferences for treatment of UTIs	\$30,000	Rhiannon Braund	University of Otago
22/773		Māori and implementation of Ngā Paerewa Health and Disability Services standard	\$30,000	Jan Dewar	Auckland University of Technology
22/782	Child and youth (healthy) development	Whanake te Kura - flourishing pēpi and whānau	\$1,392,637	Beverley Lawton	Research Trust of Victoria University of Wellington
22/784		Exploring supported "self"-management within Aotearoa's shifting health context	\$30,000	Leigh Hale	University of Otago
22/789		Enhancing access & equity in mental health	\$29,981	Louise Curley	The University of Auckland
22/792		Using Virtual Reality to improve Cognitive Fatigue after Traumatic Brain Injury	\$56,750	Peta Murphy	University of Otago
22/796		A clinical prediction model to risk stratify children at Paediatric ED triage	\$128,915	Zhenqiang Wu	The University of Auckland
22/805		Describing care pathways for patients with delirium discharged from hospital.	\$253,896	Engelina Groenewald	Te Whatu Ora - Counties Manukau

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22/827		Maramataka: The Rising of Ancestral Waters	\$47,310	Tiana Mihaere	Āio Nuku
22/833		The Role of Motor Fidgeting on Executive Functioning in ADHD	\$299,960	Gina Waters	Mātai Medical Research Institute
22/835		Kaumātua use of digital technology post COVID-19 to meet their health needs	\$98,133	Dianne Wepa	Auckland University of Technology
22/836		Kia Kitea ai te Ora COVID-19 Life- Changing	\$300,000	Kahu McClintock	Ngati Maniapoto Marae Pact Trust
22/838		Assessment of pregnancy and postnatal maternal emotional distress	\$29,960	Gillian White	Health and Research Collaborative
22/841		Moving towards an improved model of early intervention for psychosis in Aotearoa	\$30,000	Rebecca Grattan	Research Trust of Victoria University of Wellington
22/845		Best Start Māmā and Pēpī 6 week check	\$30,000	John McMenamin	Health and Research Collaborative
22/847		Improving Equity and Access to Intervention for Children with Tube Dependency	\$62,990	Sarah Leadley	The University of Auckland
22/848		Development of a brain training intervention for student mental health	\$29,393	Katie Douglas	University of Otago
22/851		Te Pae Tawhiti: looking at the lie of the land	\$99,635	Cheryl Davies	Tu Kotahi Maori Asthma Trust
22/853		Developing Early Vocational Rehabilitation after Stroke (EVIS) teams and methods	\$29,927	Jennifer Dunn	University of Otago
22/855		Delivery of Respiratory Support in the Emergency Department	\$30,000	Jane O'Donnell	Massey University
22/861		Ka Pō, Ka Ao, Ka Awatea: Bringing Research Review Processes for Māori to light	\$146,593	Te Hao Apaapa-Timu	Te Whatu Ora - Counties Manukau
22/862		Stimulating fungi to produce the next antibiotic	\$29,863	Melissa Cadelis	The University of Auckland
22/864		Pona Kakā: A holistic approach to arthritis intervention	\$297,782	Lily George	Waikare Community Development & Research Trust
22/865		Te Whariki Manawāhine o Hauraki Mahi Raraunga	\$127,245	Irene Kereama-Royal	Te Whariki Manawahine o Hauraki
22/870		Mobilising a Maori Community	\$92,900	Levi Armstrong	The Meke Meter
22/875		Taku Tapuwae He Tapuwae Tapu - Wāhine Walking to Wellness	\$99,500	Naomi Simmonds	Dr Naomi Simmonds
22/876		Enhancing Educational Psychology Internship Placements	\$139,934	Russell Pine	Research Trust of Victoria University of Wellington
22/877		Validation of tools to measure experience of whanau engagement	\$88,400	Ainsleigh Cribb-Su'a	National Hauora Coalition
22/878		"Te Mana o Taku Reo – Power of my Voice "	\$300,000	Rangi Pouwhare	Mana Ātea
22/879		Ahakoā kahore mātou i te kite kei te kite (We may be blind but we have vision)	\$99,250	Chrissie Cowan	Kāpō Māori Aotearoa
22/880		Developing a model to grow Nurse Practitioner-led urgent care in Aotearoa	\$29,812	Miriam James-Scotter	The University of Auckland
22/881		Te Whare o Ngarue: The healing pathways of our ancestor Tūrongo	\$81,800	Naomi Simmonds	Dr Naomi Simmonds

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22/884		A Kaupapa Māori response to Covid-19	\$251,762	Beverly Te Huia	Nga Kairauhi
22/886		The gift of life - exploring Maori perspectives on bone marrow donation	\$53,650	Keri Topperwien	Dream Chaser Foundation - A Chace Topperwien Charity
22/887		Accessing Healthcare Services by Refugees: health professionals' perspectives	\$29,724	Denise Taylor	Research Trust of Victoria University of Wellington
22/889		A people-focused approach to greening Starship	\$29,600	Niki Harre	The University of Auckland
22/891		Consultation for a national Fetal Alcohol Spectrum Disorder (FASD) registry	\$30,000	Joanna Ting Wai Chu	The University of Auckland
22/893		Speech-language therapy assistant-delivered interventions for children	\$30,000	Toby Macrae	University of Canterbury
22/895		Developing knowledge exchange on apple intake for equitable gut health outcomes	\$28,315	Noha Ahmed Nasef	Massey University
22/899		Circulating tumour DNA in improving the diagnosis of lung cancer	\$27,200	Annie Wong	University of Otago
22/902		Natural health products in alcohol, tobacco and other substance use	\$29,972	Joanne Barnes	The University of Auckland
22/903		Understanding organisational culture for healthcare quality	\$29,228	Shane Scahill	The University of Auckland
22/904		Transdisciplinary Teams in Primary Care: The Health Hub Project NZ Test Case	\$29,795	Christopher Higgs	University of Otago
22/905		Increasing the accessibility and reach of cardiac rehabilitation in New Zealand	\$29,941	Emily Gray	University of Otago
22/907		Co-designing research on innovative vaccine delivery models for Māori & Pasifika	\$29,995	Jo Hilder	University of Otago
22/911		Psychedelic Assisted Psychotherapy for Treatment Resistant Depression	\$30,000	Cameron Lacey	University of Otago
22/912		Better care for people with neurological disorders and LUTS	\$20,494	Daniela Aldabe	University of Otago
22/916		Designing accessible and equitable NZ telehealth services	\$27,416	Christopher Paton	University of Otago
22/918		Co-designing with consumers' rehabilitation services following amputation	\$30,000	Vanessa Cameron	New Zealand Artificial Limb Service
22/920		Qualitative Literature Review on Ethical Engagement with Mokopuna Māori	\$7,500	Charlizza Matehe	University of Otago
22/923		Producing 'facts': how is Big Data created?	\$7,500	Lily Horal	University of Otago
22/924		Ethical Analysis of Direct-to-Consumer Virtual Consultation Services	\$7,500	Madeleine Reid	University of Otago
22/925		Ethics of machine-learning-based risk scores in asthma and impact on health inequities	\$7,500	Darsha Widana Kankanamge	Auckland University of Technology
22/930		An enquiry into the public availability of coroners' reports	\$7,500	Helen Deuchar	The University of Auckland
22/931		Content analysis of NZ print media reporting of COVID-19 vaccine mandates	\$7,500	Jillian Heng	University of Otago
22/933		Consent Māori for wearable camera studies using current ethical guidelines	\$7,500	Sam Penney	University of Otago

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23/006	Mental health (and sleep disorders)	Understanding the Experiences and Needs of Māori with Eating Disorders	\$95,939	Bailey Rose	Research Trust of Victoria University of Wellington
23/009	Vision/hearing/speech	Scleral shell prosthesis practice in Aotearoa New Zealand.	\$259,800	Janice Yeoman	The University of Auckland
23/026	Nutrition	Modelling the health and equity impacts of a range of dietary policies in NZ	\$600,000	Cristina Cleghorn	University of Otago
23/043	Vision/hearing/speech	An Exploratory Qualitative Study with Maori Whānau Experiences with ROPEE	\$7,500	Kendall Coker	University of Otago
23/053	Ageing	Māori experiences and expectations of kaumātua care	\$666,431	Joanna Hikaka	The University of Auckland
23/055	Vision/hearing/speech	A novel approach to keratoconus screening and treatment programme in New Zealand	\$10,000	Ben O'Keeffe	oDocs Eye Care
23/069	Other (generic health or health services)	Factors influencing career choices among Pacific doctors in Aotearoa	\$173,000	Melbourne Mauiliu-Wallis	The University of Auckland
23/073	Obstetric complications/perinatal care	Nutrition, growth and outcomes of moderate-late preterm babies	\$469,667	Tanith Alexander	Te Whatu Ora - Counties Manukau
23/097	Wellbeing (autonomy self-determination)	Health Benefits of Fagatua Indigenous Tokelau Wrestling for Tokelauan Youth	\$133,550	Ilai Elekana Manū	Massey University
23/099	Disability	Experiences of people receiving therapy for Complex Regional Pain Syndrome	\$171,990	Grace Griffiths	University of Otago
23/104	Diabetes	Concept of Kato Polopola - Holistic approach to diabetes management	\$5,000	Soana Muimuiheata	Auckland University of Technology
23/119	Cardiovascular/cerebrovascular	Developing novel treatments for HFpEF by studying vagal control of the heart	\$571,138	Julia Shanks	The University of Auckland
23/123	Mental health (and sleep disorders)	Mental Health in Elite Athletes	\$260,000	Connor Silvester	Auckland University of Technology
23/125	Other (generic health or health services)	Emergency ambulance care in out-of-hospital deaths: Whānau experience	\$265,000	Eilish-Kate Satchell	The University of Auckland
23/137	Neurological (CNS)	The Guillain-Barre Syndrome (GBS) phenotype in Aotearoa/New Zealand	\$260,007	Eileen McManus	The University of Auckland
23/152	Cardiovascular/cerebrovascular	Determinants of abdominal aortic aneurysm risk in New Zealand	\$110,104	Andrew Kindon	University of Canterbury
23/173	Infectious disease	Improving management, diagnosis and prevention of scrub typhus among Ni-Vanuatu	\$260,000	Leinasei Isno	University of Otago
23/175	Cancer (oncology)	Understanding value in cancer molecular tests in Aotearoa	\$260,000	Alice Minhinnick	The University of Auckland
23/181	Mental health (and sleep disorders)	Co-Design of a Pharmacist-Led Mental Health Intervention for Long-Term Condition Patients	\$260,000	Patrick Cabasag	The University of Auckland
23/188	Cancer (oncology)	Large-scale substitution approaches to engineer non-ribosomal peptides	\$536,377	Mark Calcott	Research Trust of Victoria University of Wellington
23/194	Cancer (oncology)	Investigating fibroblast influence on the gastric cancer microenvironment	\$260,000	Florence de Roo	University of Otago
23/200	Infectious disease	Development of diagnostic fluorescence and ultrasound probes for S. aureus	\$599,612	Matthias Fellner	University of Otago

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23/210	Diabetes	Assessment of fully automated insulin delivery technology in diabetes	\$260,000	Thomas Wilkinson	University of Otago
23/256	Dental/oral	Mamaku: ethnobiology and use as a novel intraoral medicament - an in vitro study	\$190,133	Jonathan Martin	University of Otago
23/272	Obstetric complications/perinatal care	A national best practice guide for equity in preterm birth in Aotearoa	\$260,000	Briar Hunter	The University of Auckland
23/274	Cancer (oncology)	Splice mutations in the TP53 gene and its drive in aggressive tumours	\$7,500	Cameron Young	University of Otago
23/372	Bone/musculoskeletal	Biofilm infections' impact on Maori with osteomyelitis as a central focus.	\$135,000	Reece Joseph	The University of Auckland
23/377	Wellbeing (autonomy self-determination)	Uncloaking the korowai of silence: Understanding the silence around sexual abuse	\$265,000	Penelope Hayward	Auckland University of Technology
23/384	Other (generic health or health services)	I-Kiribati youth perspectives in Health and Wellbeing	\$30,900	Tekin Kanimako	The University of Auckland
23/387	Wellbeing (autonomy self-determination)	Utilising Mātauranga to Guide Biomedical Research	\$138,800	Mana Mitchell	University of Otago
23/402	Wellbeing (autonomy self-determination)	Ko te mauri, he mea huna ki te Moana	\$30,631	Jordan Tane	Auckland University of Technology
23/403	Ageing	Māori experiences of the InterRAI interviews	\$7,500	Emily Bain	University of Otago
23/408	Wellbeing (autonomy self-determination)	Understanding the worldview of health from a Samoan New Zealander's perspective	\$168,411	Suli Tuitaupe	University of Canterbury
23/410	Diabetes	Family Wellbeing - Food and diabetes management	\$5,000	Soana Muimuiheata	Auckland University of Technology
23/414	Disability	The inequities of the NASC system in Aotearoa and the experience of Māori whānau	\$138,800	Emily Bain	University of Otago
23/415	Metabolic and endocrine (excl. diabetes and bone)	Investigating metabolic disease in I-Kiribati	\$94,050	Bwenaua Biiri	University of Otago
23/419	Cancer (oncology)	Identifying unique histological features in brain tumours from Māori patients	\$7,500	Awhina Pearce	The University of Auckland
23/421	Bone/musculoskeletal	Pathways To Health For Pacific Meat Workers and Their Whānau	\$7,500	Miguel Veilofia	University of Otago
23/423	Occupational health	Pacific workplace wellbeing - perspectives from Pacific managers	\$7,500	Beatrice Hessel	University of Otago
23/424	Occupational health	Pathways to health for Maori meatworkers and their whanau	\$7,500	Ihaia Kendrew	University of Otago
23/425	Neurological (CNS)	Te Whāriki o ngā Ao e rua - The Woven Mat of Two Worlds	\$7,500	Ariel Schwencke	Mātai Medical Research Institute
23/430	Wellbeing (autonomy self-determination)	Physiotherapy for Māori communities	\$7,500	Johnny Lisle	University of Otago
23/431	Child and youth (healthy) development	Cultural Intelligence and Cultural Safety for Tokelau Young People in Aotearoa	\$465,085	Hana Tuisano	Massey University

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23/433	Other (generic health or health services)	Interventions to improve maternal immunisation coverage in Aotearoa	\$7,500	Flynn Macredie	University of Otago
23/436	Ageing	Is Tāmaki Makaurau an age-friendly and healthy place for Pacific people to age?	\$388,938	Falegau Melanie Lilomaiaava Silulu	Auckland University of Technology
23/439	Wellbeing (autonomy self-determination)	DIGIFALE: A mobile literacy programme for Pacific communities - a pilot study	\$5,000	Amio Matenga Ikihele	Moana Connect
23/440	Diabetes	Kupesi 'o e Nofo 'a Kainga.	\$5,000	Litiuingi Ahio	Auckland University of Technology
23/441	Wellbeing (autonomy self-determination)	Novel applications of the IDI for longitudinal analysis for the Māori population	\$31,305	Tori Diamond	The University of Auckland
23/444	Cancer (oncology)	Traceless linking methodology for the synthesis of O-linked glycoproteins	\$7,500	Aidan Lynch	Research Trust of Victoria University of Wellington
23/459	Infectious disease	Protecting hapū māmā and pēpi from vaccine preventable diseases	\$249,998	Amber Young	University of Otago
23/465	Mental health (and sleep disorders)	The adaptation of a web-based psychosocial intervention for cancer survivors	\$245,102	Deborah Raphael	The University of Auckland
23/466	Climate change	The effects of climate variability on the risk of enteric diseases	\$249,968	Alice Hyun Min Kim	University of Otago
23/481	Neurological (CNS)	Toward profiling and treating neurosteroid withdrawal in catamenial epilepsy	\$249,985	Rachael Sumner	The University of Auckland
23/484	Infectious disease	Building a synthetic biology pipeline to develop nucleoside therapeutics	\$250,001	Alistair Brown	Research Trust of Victoria University of Wellington
23/577	Infectious disease	Searching for novel antimicrobials	\$149,992	Peter Lockhart	Massey University
23/615	Other (generic health or health services)	Wāhi Kōrero: "I felt too whakamā to go to the doctor..."	\$150,000	Angelique Reweti	Massey University



Health Research Council
of New Zealand

Te Kaunihera Rangahau Hauora o Aotearoa

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