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# Annual Report Pūrongo ā-Tau 2024

For the year ended 30 June 2024

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

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## From our Chair

This has been a year of strengthening collaborative relationships with government and health agencies to achieve health gains for all New Zealanders. We want to ensure New Zealand's research efforts make a difference in priority areas and deliver maximum value from the funds we invest.

I am proud of the contribution the HRC has made this year to the health of all New Zealanders. The HRC has supported 992 active research contracts, spending over \$127.8 million to help achieve vital health and economic gains for our country. The HRC's investment in health research, on behalf of the New Zealand public, delivers evidence-informed healthcare solutions and innovations; solves complex health issues especially among populations with high health needs; seeds innovation and impact by harnessing the benefits of biotechnology; and develops research skills and expertise critical for New Zealand's success.

A personal highlight for me this past financial year includes our contribution to improved health outcomes and embedding a culture of continuous learning and improvement in the health system. This is evidenced by our researchers reporting 116 healthcare delivery outputs, including new or improved clinical guidelines, technologies, interventions, policy or processes in the past year. A further 142 innovative research outputs were reported, namely new or improved health-related products or services. This included 13 patents awarded or pending.

The HRC's investment also enabled more health professionals to become part of the health research workforce and contribute to research activities, with approximately 39% of the 1633 workforce positions supported on new contracts held by currently practicing health professionals. Supporting the development of clinician researchers, with the skills to embed research into practice in this way, is a critical enabler for delivering safe and effective healthcare.

The HRC has also taken steps this past year to work more collaboratively across the health and science systems with particular focus on building strong relationships with the Ministry of Health, Ministry of Business Innovation and Employment (MBIE), and Health New Zealand. This has included ensuring that achieving the vision of the New Zealand Health Research Strategy 2017 – 2027 remains a joint focus across our agencies. Directly engaging with the agencies that can use and apply the research outcomes generated by HRC-funded research helps improve the policy, practice and service provision of healthcare, resulting in health gains and enabling efficiencies across the system.

As we look back at what we have achieved, but also to the year ahead, we continue to maximise opportunities and sharpen our focus on delivering research aligned with the priorities of our Government Policy Statement on Health, that improves timely access to quality healthcare and delivers outcomes that will make a real difference in the lives of New Zealanders.



**Professor Lester Levy,**  
CNZM Chair,  
Health Research Council

## From our Chief Executive

This report outlines our achievements in the past year, and clearly demonstrates the outcomes HRC-funded health research delivers for all New Zealanders, as well as our vital role in ensuring New Zealand has the critical skills and expertise needed, now and in the future.

As I reflect on the past year, I am proud of the ongoing commitment from all the people that collectively make up, and contribute to, the health research system in New Zealand. Without their dedication, and innovative ideas and exceptional skills and expertise, the HRC would not be able to deliver excellent and impactful research supporting health gains for all New Zealanders, especially for those with highest health need.

In the past year, the HRC's investment has supported 5390 workforce positions across 992 contracts. That includes 113 lead positions for early-stage researchers, the future of New Zealand's health research workforce. In line with the Government Policy Statement on Health, we have supported researchers who are best able to respond to the communities with highest health need, and we continue to actively engage health professionals in research to foster the critical skills and capabilities needed in the health system through our Health Delivery investment portfolio.

Continuing to support and build the health research workforce is a core function of the HRC and ensures New Zealand has the critical research capability needed to address health challenges and create innovations for our country, now and in the future.

I'd also like to extend a huge thank you to the HRC's committees for their outstanding work this year running robust and impartial assessment processes, advising on key policy, safety and ethical issues, and building our research workforce. Together with the scores of experts that advise on Council's funding decisions, they are responsible for maintaining a safe and ethical health research environment in New Zealand and identifying the outstanding science and people that we support.

Central to the HRC's success this year has been the continued implementation of our programme of continuous improvement. It ensures our funding opportunities and processes are accessible, effective, efficient and responsive to priorities, while reducing applicant burden and compliance. This is important for the overall cohesion and sustainability of the Science, Innovation and Technology (SI&T) system and is core to our leadership role in providing a strong, connected, and stable environment for health research for New Zealand. We appreciate the government's trust and confidence in the HRC to make investments that will make a difference in the lives of all New Zealanders, with the ongoing benefits of this transformation continuing to be realised in the years ahead.

I am proud of and grateful for the dedication of HRC staff who continue to meaningfully and tangibly deliver on research that improves health outcomes for New Zealanders, especially for those with high health need. I hope you enjoy reading the highlights of all that has been achieved.

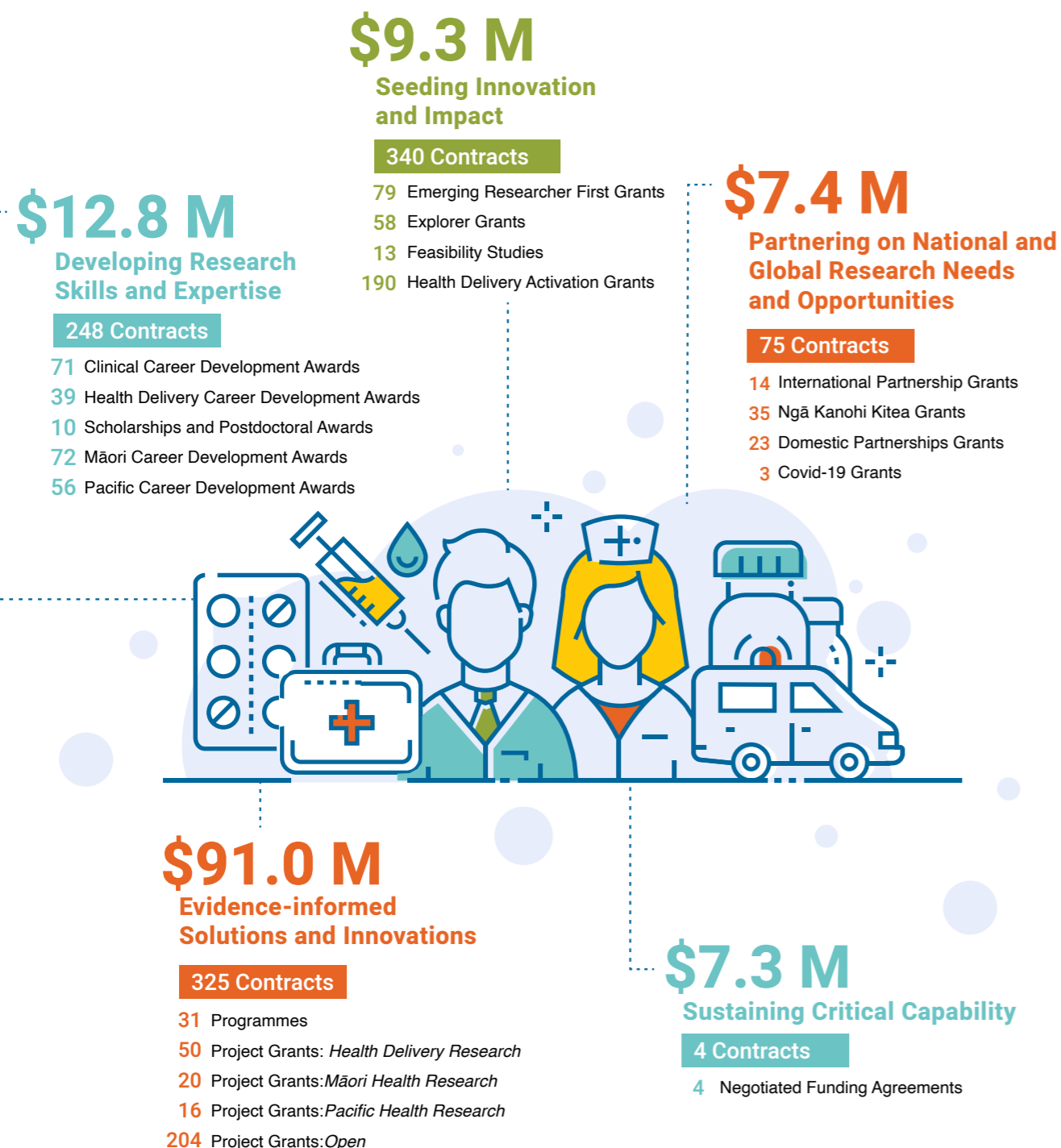


**Professor Sunny Collings**  
HRC Chief Executive

## The year at a glance

The HRC has over 900 health research 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 of our active contracts in the year ending 30 June 2024.

**01** The HRC supported **992 active research contracts**, spending \$127.8M on these, during the financial year to 30 June 2024.



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



**03** Our investment has supported continuous improvement in the Health System:

One quarter (**253**) of active contracts were in scope for our **Health Delivery Research Investment Stream**, total value **\$15.74M**. This funding provides opportunities for health professionals to engage in research that focuses on identifying sustainable evidence-informed solutions for the health system.

**04** We have supported biotechnology and innovation for healthcare:

We have supported 99 Projects and Programmes which utilised, studied, or improved one or more **health technologies or biotechnologies** to the sum of **\$24.8M**. This includes:

- 71 contracts utilising **Precision Health technology**, including Artificial Intelligence, Genomics, Proteomics, Metabolomics and Nanomedicine
- 20 contracts utilising **Synthetic Biology technology**, including Cell Culture Engineering, Genetic Modification, and Bioengineering
- 56 contracts utilising and improving **Health Delivery technologies**, which support all New Zealanders in having timely access to quality healthcare, including Mobile (Tablet) technologies, Pharmaceuticals/ Biologics, and Point of Care technology

## Our research investment areas



### Legend to Chart

#### Priority non-communicable diseases:

Cancer

Cardiovascular Disease

Mental Health and Addiction

Respiratory Disease / Asthma

Diabetes

Health Across the Lifespan

Timely Access to Quality Healthcare

Determinants of Health

Infectious Diseases

Other Specific Health Needs

Infographic: Research supported by the Health Research Council for year ending 30 June 2024, by primary or secondary relevance to health issue (in millions).

## CASE STUDY

### Helping more NZ cancer patients access clinical trials remotely



Auckland City Hospital and University of Auckland oncologists Dr Michelle Wilson and Dr Nicola Lawrence (pictured) are co-leading an HRC-funded Project to increase patients' access to cancer clinical trials throughout New Zealand. Their team will use an ongoing clinical trial at Auckland City Hospital that offers genomic (DNA) testing for patients with rare cancers as the basis for the study.

Even though these cancers have been classified as rare, collectively, Dr Wilson says they make up a significant – and increasing – burden of disease across the country. Using a decentralised clinical trial model, the team will expand the trial to include patients in Northland and Canterbury to ensure the model works for both small and large sites covering large population areas with wide geographical spread.

“Clinical trials traditionally involve patients and their whānau having to attend hospitals in-person with trial staff. This can be a significant social, financial and time barrier for those who live outside of major regional cancer centres – which is more than 35 percent of New Zealand's population – with many patients having to leave their family and support network, take time off work, and pay to travel to the trial site,” says Dr Wilson.

International guidelines recommend that participation in clinical trials is considered part of standard management

as it can be the best treatment option for many cancer patients. However, despite this, very few patients have access to clinical trials in New Zealand, with smaller hospitals and rural areas having almost no patients enrolled on clinical trials.

The decentralised clinical trial model will take the trial to the patient, with trial activities performed at patients' homes and/or at local healthcare facilities with the oncology team they are familiar with. The primary trial site – in this case, Auckland City Hospital – will work collaboratively with the smaller 'satellite' sites in Northland and Canterbury to enrol, consent and treat 150 patients for the trial over three years. Remote monitoring and data collection via telehealth and testing using local laboratories will reduce logistical difficulties in accessing the trial location.

“This trial will help us enormously to figure out how we can make this model work best for patients nationally.”

## CASE STUDY

## Using AI to avoid over- and under-prescribing medicines



Clinical pharmacy senior lecturer Dr Mohammed Mohammed from the University of Auckland is seeking to develop New Zealand's first digital tool using AI technology to guide the safer use of medicines in older adults and reduce the amount of harmful or unnecessary medicines prescribed.

“While medicines are very helpful for the prevention and treatment of health problems, inappropriate use can lead to a range of problems such as falls, injuries, and hospitalisation in older adults. There are two major problems: prescribing a medicine that is not quite right for an elderly person, which affects about 1 in 2 older people, and/or omission of a medicine that is necessary, which affects about 1 in 3 older people,” he says.

Dr Mohammed says automated clinical decision support tools can help healthcare providers screen and manage patients at risk of being prescribed inappropriate medicines and/or those not receiving the necessary medicines by consolidating patient information from multiple health providers and data sources into one system.

He says currently, we don't have a robust and efficient method that can identify the spectrum of these problems to proactively screen individuals at risk of harm. Existing tools developed overseas do not account for the complexity of medicine-related problems that older adults

may experience and are also not directly applicable to New Zealand as they don't use New Zealand guidelines or pharmaceutical data.

With the help of his HRC Emerging Researcher First Grant, Dr Mohammed and his team are developing an all-in-one digital tool that will intelligently analyse patient health information, identify individuals at risk of harm, and provide personalised recommendations to healthcare providers at the point of care, such as alerting a doctor to start a new medicine that is necessary or to stop a medicine that is causing harm or is not helping a patient.

“Ensuring that the tool is user-friendly is crucial, so we will seek feedback from healthcare providers and patients. We will also embed key resources into the tool so that healthcare providers can give patients customised information such as possible adverse withdrawal symptoms if a medicine is stopped and instructions for self-care,” says Dr Mohammed.

## CASE STUDY

## Providing high-tech solutions to functional gut disorders



The team led by Professor Greg O'Grady, surgeon and scientist based at the University of Auckland, has pioneered a range of cutting-edge medical devices to diagnose, monitor and treat some of the most poorly understood and challenging gut conditions in clinical medicine.

With renewed funding from an HRC 2023 Programme Grant, the team can now focus on moving a range of technologies out of the laboratory and into the hands of clinicians, on a global scale.

Problems such as chronic nausea, indigestion, incontinence, and irritable bowel syndrome are highly prevalent in New Zealand.

Professor O'Grady says his team's unique high-resolution devices can accurately measure and map gastrointestinal activity and have the potential to revolutionise the field of gastroenterology, meaning less 'trial-and-error care' and more personalised therapy.

“Existing tests requiring scopes or x-rays are excellent at diagnosing structural problems, such as polyps, cancers, inflammation or cancer, but they can't identify 'functional' issues in the gut, which is what a greater number of patients suffer from,” he says.

His team's innovations are non-invasive and designed to provide answers to gut issues within hours, not months. Their most mature invention to date – a stretchable electronic device worn over the stomach to measure signals coming from the stomach (much like an ECG records the electrical signal of the heart) – is already in use in a number of clinics to produce accurate reports on gastric motility.

Their new programme involves 17 clinical studies and an assembled consortium of experts from six countries. “While this programme is firmly centred in Aotearoa New Zealand, we will act as the hub for an international network of partnerships working together to reform care in complex gastrointestinal disorders, for the wellbeing of future patients globally.”

## CASE STUDY

## Nurse-led screening programme helps identify children with heart issues

A team led by paediatric infectious diseases specialist Associate Professor Rachel Webb has developed and tested a new nurse-led approach for offering echocardiograms (heart scans) to siblings of children recently diagnosed with acute rheumatic fever (ARF) at Kidz First Children's Hospital in Counties Manukau. Despite evidence showing siblings of ARF patients have approximately three times higher risk of rheumatic heart disease (compared to children in families where no one else is affected), siblings are not routinely offered a heart scan or any additional health checks for rheumatic heart disease.

Dr Webb says workforce shortages are partly to blame, with not enough cardiac sonographers in many regions of New Zealand, particularly in areas where high levels of economic deprivation co-exist with extremely high rates of cardiovascular disease.

"In Counties Manukau, this has led to unacceptably long waiting lists for outpatient heart scans for people with rheumatic heart disease and to a very overstretched cardiac sonographer and clinical workforce," she says. There is a good theoretical case for earlier detection of rheumatic heart disease (RHD).

"If a heart scan picks up rheumatic heart valve damage in the early (mild) stages, that person could have long-term treatment with penicillin and their health outcomes would typically be very good, with them leading a normal active life. Severe rheumatic heart disease, on the other hand, can lead to open heart surgery with devastating impacts on long-term health and wellbeing," says Dr Webb.

Using an HRC Health Sector Research Collaboration Grant, Dr Webb worked with a team of Māori and Pacific nurses, doctors and qualitative health researchers. Dr Adam Dennison, a Samoan paediatrician and the project's coordinating investigator, established a training programme for Māori and Pacific nurses to perform focused (screening) echocardiograms for RHD and implemented a nurse-led RHD echo-screening clinic for siblings of ARF patients from August 2023 until April 2024. Researchers from the National Hauora Coalition, led by Dr Rachel Brown and Dr Anneka Anderson, worked with whānau affected by ARF to document their experiences and to develop a new whānau-centred clinical model.



Members of the research team presenting findings at Counties Manukau Research Week.

Sixty-eight families participated in the clinic and 155 children had an echo-screen. Ten children were found to have rheumatic heart disease, and 8 had another heart problem requiring a specialist follow-up. Overall, about 1 in 10 children had a heart problem and about 1 in 5 whānau required additional support from the team during the clinic (e.g. referrals for other health concerns, food or social supports).

Dr Webb and Dr Dennison say the whānau who participated were very positive about the nurse-led model of care, which they found empowering and preferable to the current service model they receive.

"The training of nurse sonographers for rheumatic heart disease is a first for New Zealand and may go some way towards addressing health workforce shortages and improving rheumatic fever services in Counties Manukau," says Dr Webb.

## CASE STUDY

## World-first tech helping treat children with movement disorders



Childhood conditions such as developmental hip abnormalities, cerebral palsy and slipped capital femoral epiphysis (a hip condition that occurs in teens and pre-teens who are still growing) can lead to complex hip and knee deformities. Due to the variability in paediatric conditions, outcomes of surgical interventions are variable, making it difficult to quantify the effectiveness of individual treatments or know which are most effective for which child.

To help solve this problem, Dr Julie Choisine from the Auckland Bioengineering Institute used funding from an HRC Emerging Researcher First Grant to obtain more than 330 CT scans of children aged from 4 to 18 years and manually segment the bones in the lower extremity. From here, Dr Choisine and her team created the world's first 3D bone growth chart of the pelvis, femur and tibia/fibula for children aged 4 to 18 years old.

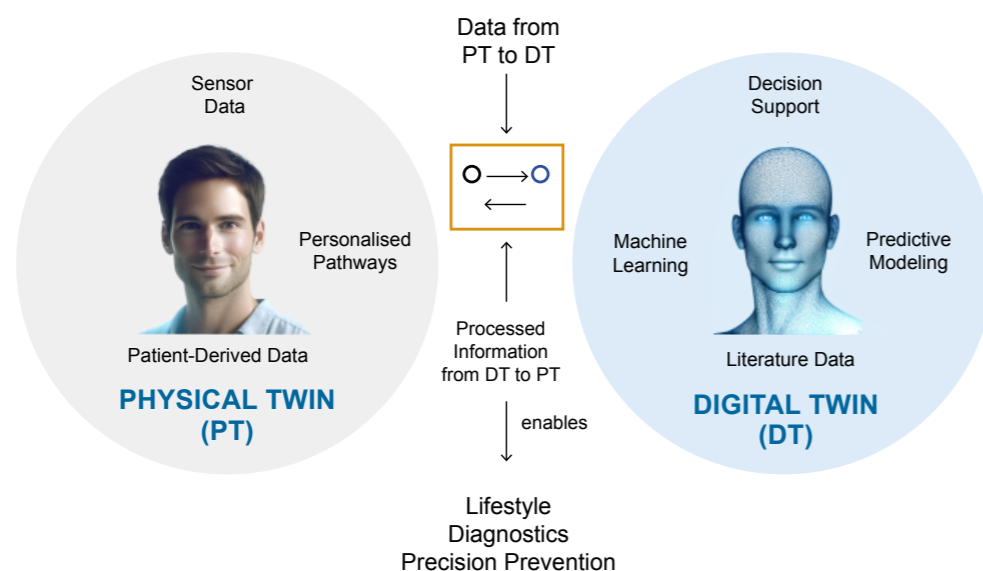
This new tool can serve as a reference to understand and compare bone measurements in children with atypical bone development. These measurements are freely available on an opensource database accessible to the clinical and research community.

Dr Choisine's team have also created a world-first computer model that can accurately predict a child's skeleton based on their age, sex, height and mass. This model can be used worldwide and is now being implemented in all gait clinics in Australia and New Zealand for use on children with movement disorders.

"This model will reduce processing times for 3D gait analysis by automatically computing each child's joint range of motion and moments during gait. Moreover, we can now create a database of gait analysis that can train AI models to help physiotherapists, orthopaedic surgeons and orthotists in their assessment and treatment decision-making," says Dr Choisine.

## CASE STUDY

## Exploring a new paradigm in diabetes care with 'human digital twins'



Associate Professor Arindam Basu from the University of Canterbury is carrying out exploratory research into the use of 'human digital twins' (HDT) and artificial intelligence aimed at reversing Type 2 diabetes. With his 2024 HRC Explorer Grant, Dr Basu hopes to reduce the need for hospital treatment of diabetes by giving patients tighter control of their condition in primary care settings and at home.

He and his team are developing a machine learning model whereby anonymised data, made up of relevant physiological characteristics, is continually passed between an individual and a computer-based 'digital twin'. This data would be transferred via sensors or bluetooth-enabled devices such as a glucometer, smart watch, or mobile phone. The digital twin would then be able to monitor and assess the individual's blood glucose levels and instantly identify actionable steps to help keep their diabetes at a 'completely manageable level'.

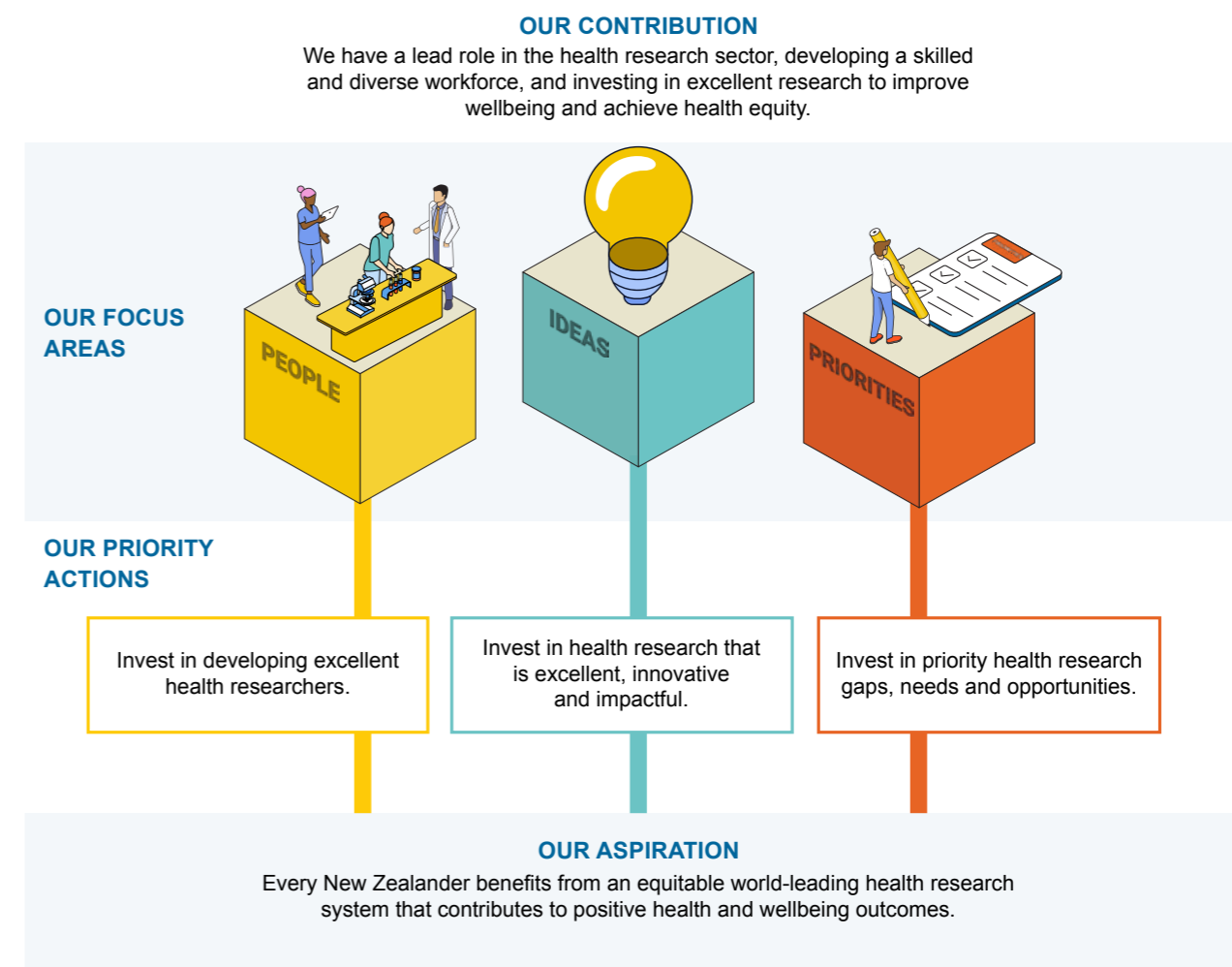
While this technology is already being used in areas such as heart disease and anaesthesia, Dr Basu's team will also test the use of action-orientated 'nudges', via a virtual reality avatar, to bring about the behavioural changes required in patients.

"We're talking about giving individuals 'just in time' advice, which is highly contextualised and personalised," he says. "We anticipate that 'nudging' in the form of a believable and convincing HDT, will help users make more deliberate and better choices related to Type 2 Diabetes and relevant lifestyle factors."

He says combining HDT with nudge technology is not business as usual. "We are testing new approaches and novel hypothesis with this research. We are asking how we might train a deep supervised learning model – based on literature and observational health data – to then use these insights and generate messages that influence human behaviour."

## Our Strategic Direction

The Health Research Council's performance framework from our Statement of Intent 2023-2027 sets out our contribution, our aspiration, and the focus areas and priority actions that we undertake to further our strategic objectives.



More detail on our priority actions for each of our three focus areas can be found in our Statement of Service Performance (page 24).

## What our Ministers expect of us: looking forward from 2024

In their Letter of Expectations to the HRC for 2024/2025, the ministers responsible for the HRC asked us to prioritise efforts and resources in areas where we can add the most value, with an emphasis on building strong collaborative relationships and working closely with health system leads to help ensure research supports key priorities and areas of need. This includes:

1. Identifying opportunities to work collaboratively and collectively with other entities where it will result in health gains or enable efficiencies.
2. Harnessing the benefits of biotechnology.
3. Prioritising effort and resources in areas where the HRC can add the most value to the health research system and the public health system.
4. Building and maintaining strong strategic relationships with the Ministry of Health as the health system leader and MBIE as primary funder of research and strategic support, as strong collaborative relationships across all agencies will create a science, innovation and technology system that will advance the health, economic, social, cultural and environmental wellbeing of New Zealanders.
5. In partnership with the Ministry of Health and MBIE, continue to progress work on the New Zealand Health Research Strategy, with consideration of how the strategy can give effect to priorities in the area of biotechnology, AI in healthcare and commercialisation of research.
6. Continuing to enable more health professionals and others to become part of the health research workforce and contribute to research activities.

7. Building on our relationship with Health New Zealand with clear and regular lines of communication to understand the research priorities of the health sector and how the HRC can support these and increase the quality and quantity of research in the health system.
8. Updating our Statement of Intent to demonstrate how the HRC's current priorities align with the new priorities of the Government.

The HRC and government's priorities for health research inform our annual Statement of Performance Expectations<sup>1</sup> and will be used to inform our new Statement of Intent 2024 – 2028.

## Reporting against our Strategic Objectives

On the following pages we report progress against performance measures set out in our Statement of Intent 2023-2027.

Baseline measures in the Statement of Intent, reflected in this section, were calculated from a 3-year period 2020-2022. Our 3-year baseline measures may be presented here as a 3-year average annual value to allow comparison. Our target for these quantitative measures is to maintain or increase levels of investment or activity over the subsequent 3-year period within the term of the Statement of Intent.

<sup>1</sup> Available here: <https://www.hrc.govt.nz/resources/statement-performance-expectations>

## Focus Area: People

### Invest in developing excellent health researchers.

Below are measures we have taken to develop the skills and capabilities required in the health research workforce. These examples demonstrate how we have progressed our medium-term goals as outlined in our Statement of Intent for 2023-2027, and demonstrate how we are aligning with the Government Policy Statement on Health and the expectations of our Ministers.



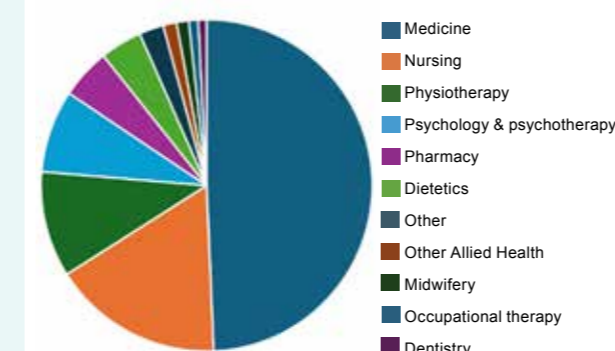
### 01 We are investing in the people and capability NZ needs now and for the future.

Recruiting and retaining future leaders to address health challenges and create innovations for New Zealand is a core function of the HRC. Through student-level funding opportunities such as summer studentships and Master's and PhD scholarships, right through to postdoctoral fellowships, we continue to build critical research capability to address both current local and global issues and prepare for emerging health threats. We have also increased the value of Emerging Researcher First Grants, to help develop and retain early career researchers with critical subject-area expertise.

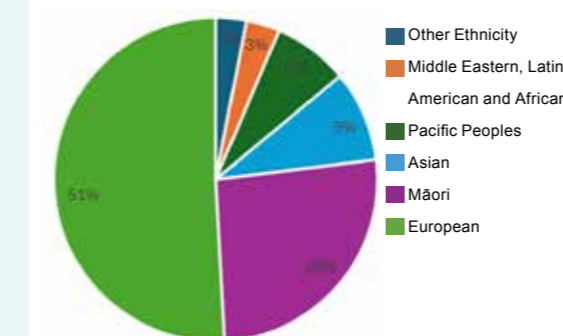
### Highlights

Through 332 contracts that commenced this year, we've supported 1633 new workforce positions for named investigators.

**Figure 1.**  
Workforce positions held by Named Investigators who have trained as health professionals, by profession.



**Figure 2.**  
Workforce positions held by Named Investigators, by ethnicity (Groupings based on Stats NZ prioritised reporting protocols)



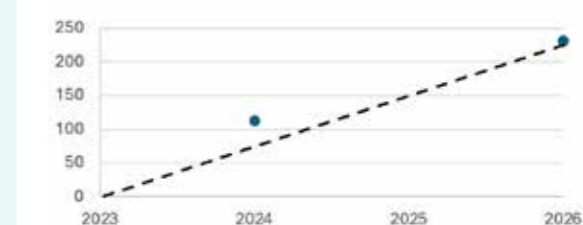
We supported a diverse range of individuals with critical skills and capabilities\*:

- 46% of positions are held by those who have trained as health professionals
- 39% are held by currently practicing health professionals
- 6% are held by health economists or statisticians
- 60% are held by women
- Over 67 ethnicities are represented (Figure 2).

\* These figures relate to baseline measures for 2023-2024 showing that HRC workforce positions on active contracts were held by a diverse range of individuals with critical skills and capabilities.

This year, new contracts have supported 113 lead positions for early-stage researchers who have held a PhD for ≤10 years, therefore we are on track to achieving our target of 231 set for the term of the SOI.

**Tracking our progress:**  
new lead positions for early-stage career researchers.



**Corresponding SOI intended outcome: We invest in a health research workforce that is skilled, diverse and inclusive.**  
SOI measure:

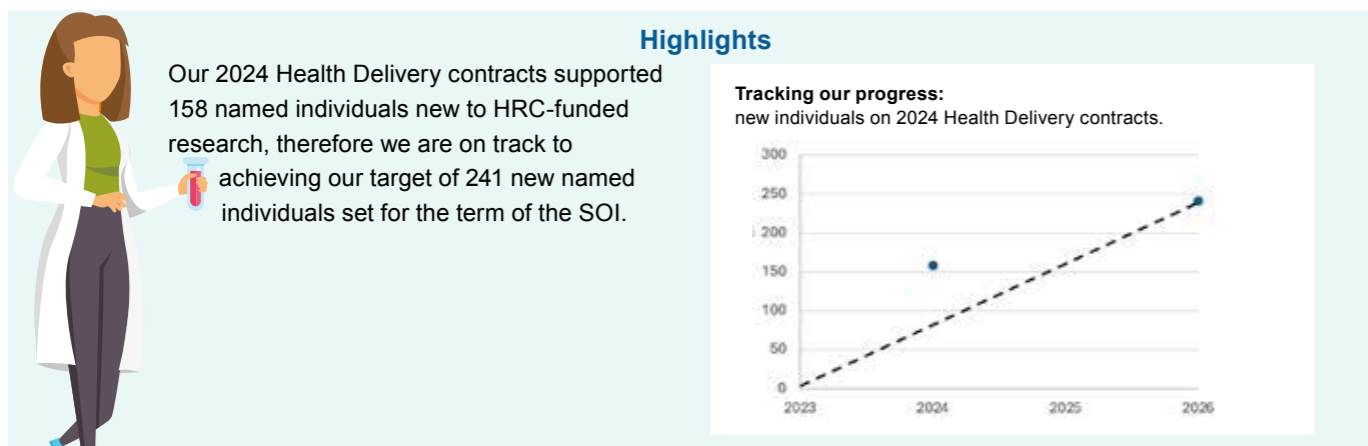
- We capture, monitor and report on HRC workforce by training, ethnicity and gender. Target for SOI term: Baseline measures and updates to be reported in HRC's Annual Report.

**Corresponding SOI intended outcome: We increase opportunities for early-stage career researchers.**  
SOI measure:

- Number of lead or co-lead positions for researchers who have held a PhD for ≤10 years. Target for SOI term: to maintain or increase our 3-year baseline measure of 231.

## 02 We are engaging health professionals in research, to foster critical skills and capabilities.

The HRC is contributing to embedding a culture of continuous learning and improvement in the health system. Through our range of health delivery research opportunities, we've brought together health researchers and health professionals to build cross-sectoral experience and make meaningful contributions to health and health system outcomes in priority areas.



### Corresponding SOI intended outcome:

**We attract new healthcare delivery professionals to engage with health research.**

*SOI measure:*

- Number of individuals named on HRC research grants for the first time through health delivery research initiatives. Target for SOI term: to maintain or increase our 3-year baseline measure of 241 'new' individuals.

## 03 We are developing the workforce who can engage with and respond to communities with highest health need.

We have supported health researchers to build the skills and expertise needed to meet their communities' health needs and aspirations. In addition to providing opportunities to launch research careers (see Output 1, page 28), our overarching goal across our investment is to retain and build a senior cohort of researchers with the skills and capabilities to make a difference and improve health outcomes for Māori.

### Highlights

The percentage of lead investigators who are Māori was 26% in 2023-2024 [▲from a 3-year average annual baseline measure: 23%] and we're supporting 64 Māori researchers who have held a PhD for more than 10 years [▲from 3-year average annual baseline measure: 30], therefore we are on track to meet our targets set for the term of the SOI.

We have also supported Pacific health researchers to build the skills and expertise needed to meet their communities' health needs and aspirations and improve health outcomes for Pacific peoples.

The percentage of lead investigators who are Pacific is 9% in 2023-24 [▼from a 3-year average annual baseline measure: 11%] and we're supporting 23 Pacific researchers who have held a PhD for more than 10 years [▲from 3-year average annual baseline measure: 9], therefore we are on track to achieving our targets set for the term of the SOI.

### Corresponding SOI intended outcome:

**We support advancement of Māori health researchers.**

*SOI measures:*

- Percentage of lead investigators who are Māori. Target for SOI term: to maintain or increase from our 3-year baseline measure of 23%.
- Number of Māori researchers supported who have held a PhD for more than 10 years. Target for SOI term: to maintain or increase our 3-year baseline measure of 89 individuals.

**Corresponding SOI intended outcome: We support advancement of Pacific health researchers.**

*SOI measures:*

- Percentage of lead investigators who are Pacific. Target over SOI term: to maintain or increase from our 3-year baseline measure 11%.
- Number of Pacific researchers supported who have held a PhD for more than 10 years. Target over SOI term: to maintain or increase from our 3-year baseline measure of 19 individuals.

Our investment in this focus area is captured in Output 1 – investment in career development awards – see page 28.

## Focus Area: Ideas

### Invest in health research that is excellent, innovative and impactful.



This year we continued to invest in the best ideas and innovations proposed by researchers, with strong potential to improve health outcomes and contribute to a robust science, innovation and technology system. Below we demonstrate just some of the ways that we have progressed our medium-term goals as outlined in our Statement of Intent for 2023-2027, and the steps we will take to better align with refreshed government expectations.

## 01 We are supporting research, evidence and solutions designed to make a difference.

We have continued to support a broad portfolio of research across all disciplines to generate new knowledge and fuel discoveries with both shorter-term impact and longer-term health gains. The HRC's 'impact' criterion ensures that the research we fund has a clear line of sight to improved health and health system outcomes, such as improving timely access to quality healthcare.

### Highlights

HRC funders reported 142 "Innovative" research outputs in 2023-2024, that were new or improved health-related products, processes or services. This included 13 patents awarded or pending.

In the last year, we've published and shared 7 media releases and 16 Update newsletters, in all cases featuring studies that demonstrate the benefits of our investment [▼from a 3-year average annual baseline

measure: 14 media releases, 24 Update newsletters, and 10 featured studies]. See case studies from page 9-14 for examples. We have prioritised targeted stakeholder communications over media outreach, with the aim of familiarising key stakeholders with HRC funding outcomes and highlights. This year has seen a shift to more regular and in-depth briefing of Ministers.

### Corresponding SOI intended outcome:

**We demonstrate the positive impact and outcomes of the excellent, innovative research that we fund.**

*SOI measure:*

- We publish and share funding outcomes, and we feature studies that demonstrate the benefits of our investment. Target over SOI term: to maintain or increase from our 3-year baseline measure of 41 media releases, 73 Update newsletters, 31 featured studies.

## 02 **We are investing in research to improve health outcomes focused on communities and areas of highest health need.**

HRC funding has supported key areas for driving health improvements as set out in the Government Policy Statement on Health 2024-2027. Research into non-communicable diseases such as cancer, cardiovascular disease, respiratory disease, diabetes, and poor mental health have the potential to inform future healthcare practice and policy, while research into disease prevention and system improvements stand to contribute to New Zealand's health targets of faster cancer care, improved immunisation rates, and shorter wait times for emergency and specialist care. Additionally, through our Rangahau Hauora Māori investment stream and our Pacific health research stream, we focus on advancing Māori health and wellbeing outcomes and supporting the health aspirations, needs and outcomes of Pacific peoples.

### Highlights

- New contracts commencing in 2023-2024 included:
- 46 contracts on priority non-communicable diseases (total allocation \$45.7M): Cancer \$23.5M, cardiovascular disease \$16.8M, respiratory disease \$2.4M, diabetes \$3.0M and mental health \$14.2M.
  - 132 contracts on health delivery research and improvement of the health system (\$21.9M).
  - 4 Pacific Health Projects (\$4.6 million) [▼from 3-year average annual baseline measure: \$5M].
  - 2 Māori Health Projects and 1 Māori Health Programme (\$7.4M) [▼from 3-year average annual baseline measure: \$8.8M].

### Corresponding SOI intended outcome:

**We fund research by Māori, for Māori. We fund research by Pacific, for Pacific.**

#### SOI measures:

- *Number and value of researcher-led Māori health research Projects or Programmes. Target over SOI term: maintain or increase from our baseline measure of \$26.5M (14 Projects, 2 Programmes).*
- *Number and value of researcher-led Pacific health research Projects or Programmes. Target over SOI term: maintain or increase from our 3-year baseline measure of \$14.9M (14 Projects).*

## 03 **We are reviewing and improving our funding processes.**

The HRC is committed to an ongoing programme of continuous improvement. We will aim to ensure that our funding opportunities and processes are accessible, effective, efficient and responsive to priorities, while simultaneously reducing applicant burden and compliance. This is important for the overall cohesion and sustainability of the Science, Innovation and Technology (SI&T) system and core to our leadership role in providing a strong, connected, and stable environment for health research for New Zealand.

### Corresponding SOI intended outcome: Our funding mechanisms are redesigned in alignment with HRC's te Tiriti o Waitangi partnership model.

#### SOI measure:

- *Advice is sought from the Māori Health Committee, particularly in relation to how advancing Māori health and health equity are embedded within the redesign.*

### Corresponding SOI intended outcome: We design research processes to ensure our investments build towards health equity.

#### SOI measure:

- *Equity is embedded in our funding/ assessment processes.*

There is no substantive progress to report against these two SOI performance measures as we work to revise them.

## 04 **We are helping ensure the health research system is ethical and safe.**

Through the work of our Ethics Committee and advisory committees, the HRC continues to make a strong contribution to New Zealand's ethics and regulatory frameworks. This year, we called for public submissions on our revised Terms of Reference for the Standing Committee on Therapeutic Trials (SCOTT). This committee assesses applications involving clinical trials for the use of a new medicine and makes recommendations to the Director-General of Health on whether or not trials should be approved. The draft Terms of Reference aim to apply principles of modern regulatory practice to SCOTT's decision-making, including changes to how SCOTT is constituted as a committee (including expansion of membership), and provision for varied decision-making processes depending on the risks and complexity of trials proposed.

*Our investment in this focus area is captured through Output 2 - see page 31.*

## Focus Area: Priorities

### Invest in priority health research gaps, needs and opportunities.

We invest in priority health issues and opportunities through targeted investment mechanisms. Below are examples of progress towards our medium-term goals as outlined in our Statement of Intent 2023-2027.

#### 01 Through dedicated funding for health delivery research, we will increase access, timeliness, and quality of healthcare.

The HRC continues to support key areas for driving health improvements built around timeliness, access, and quality. We have funded research that contributes to access, consistency, and continuity of care for all New Zealanders, which includes supporting critical enablers, such as the digital tools and technologies needed to improve infrastructure in the health system.

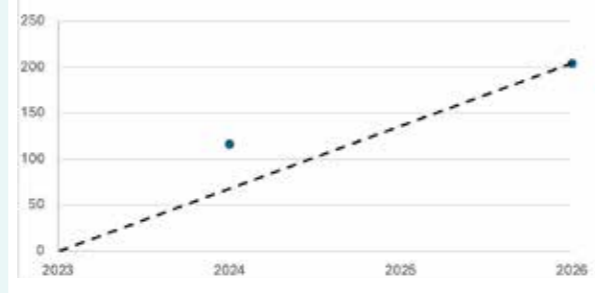
##### Highlights

In 2023-2024, HRC researchers reported 116 new healthcare delivery outputs, including new or improved clinical guidelines, technologies, interventions, policies or processes, therefore we are on track to achieving the target of 204 set for the term of the SOI. 28 of these new outputs arose from HRC's health delivery research portfolio.

Investment through active contracts in 2023-2024 includes:

- \$13M to improve hospital-based care and emergency medicine
- \$25M to improve primary services, including \$7.2M on health promotion and health protection and \$16.3M on community-based care.

Tracking our progress:  
new healthcare delivery outputs



##### Corresponding SOI intended outcome:

**Our investment provides more evidence to improve healthcare delivery.**

##### SOI measure:

- Number of new or improved clinical guidelines, technology, intervention, policy or process outputs reported by researchers overall, and from health delivery portfolio. Target over SOI term: to maintain or increase from our 3-year baseline measure of 204 healthcare delivery outputs reported across our investment, including 26 from Health Delivery Projects.



#### 02 With funding for populations with high health needs, the HRC has brought research closer to communities.

As well as supporting health research in tertiary and clinical settings, the HRC has increased research participation at a grassroots level. Consistent with the Government Policy Statement on Health which outlines priorities for populations with high health needs, we have supported iwi and community groups to undertake research that addresses self-identified issues and opportunities. By making research more accessible to communities, our investment supports culturally sound, more tailored approaches to addressing health issues, which in turn brings New Zealand closer to achieving its health targets and priorities.

##### Highlights

In 2023-24, 20 new Ngā Kanohi Kitea community grants commenced, to the value of \$3.1M [▲from a 2-year average annual baseline measure: 7 grants, \$1.1M]. The HRC supported 21 Māori host organisations across 24 new contracts [▲from a 2-year average annual baseline measure: 15 Māori organisations]. Therefore we are on track to achieving our targets set for the term of the SOI.

##### Corresponding SOI intended outcome:

**We continue to fund targeted initiatives for health research priorities identified by Māori communities.**

##### SOI measures:

- Investment in Māori-led Ngā Kanohi Kitea Community Grants<sup>2</sup>. Target over SOI term: maintain or increase from our 2-year baseline measure of 13 grants, \$2.1M.
- Number of Māori host organisations. Target over SOI term: to maintain or increase from our 2-year baseline measure of 33 Māori host organisations.

#### 03 We are building a coordinated view of research activity across the health system.

We are working collaboratively with government agencies to ensure HRC's funding addresses priority issues, adds value to the health and science systems, and is positioned for impact – thanks to direct engagement with the agencies that can use and apply the research outcomes to improve policy, practice and service provision.

##### Highlights

The HRC is supporting 23 collaborative, cross-sectoral grants. Our Connecting for Impact research initiative is currently paused as we strive to ensure the best mechanism and process is used to fund mission-led research. Therefore, we did not progress the target we'd set for the term of the SOI. This year we will develop a

request for proposals (RFP) to support the government's strategic priority of realising the potential role and benefits of Artificial Intelligence in strengthening the health system. This new mission was selected on the basis of our Letter of Expectations.

##### Corresponding SOI intended outcome:

**We boost cross-sectoral research in priority health areas to build towards equitable health outcomes**

##### SOI measure:

- How many "missions" under our "connecting for impact" initiative are selected using gap analysis and the New Zealand Health Research Prioritisation Framework. Target over SOI term: 100%

Our investment in this focus area is captured through Output 3 - see page 35.

<sup>2</sup> Baseline value presented as average over 2 years (2020 and 2022) since Ngā Kanohi Kitea was not offered in 2021

# Statement of Service Performance

Tane Mahuta

## Who we are

The Health Research Council of New Zealand (HRC) is the government agency dedicated to funding high-impact, high-value research that improves health outcomes for all New Zealanders.

We invest approximately \$120 million a year in research across all health disciplines, including biomedical, clinical, public health, and health service fields.

The Health Research Council Act 1990 sets out our functions and responsibilities<sup>3</sup>. We are responsible for developing the research workforce, ensuring New Zealand has the skills and expertise to address the complex health challenges facing us now and into the future. And we are proud to contribute to evidence-informed interventions that underpin quality healthcare services and practice.

Across our broad portfolio of research, we aim to drive health research excellence, innovation and impact; focus on health need; foster the people and capability New Zealand needs; add value through connection and collaboration; and support the safe and ethical conduct of health research.

## Key facts about the HRC

### Crown Agent

(established through the HRC Act 1990)

### Accountable to:

- The Minister of Health (responsible Minister under the HRC Act)
- The Minister of Innovation and Technology (funding and monitoring)

### Aspiration:

All New Zealanders benefit from an equitable world-leading health research system that contributes to positive health and wellbeing outcomes.

### Principal statutory functions:

- advise the Minister of Health on national health research policy
- advise on health research priorities for New Zealand
- initiate and support health research
- foster the recruitment, training and retention of health researchers in New Zealand
- maintaining a safe and ethical health research environment, including ensuring the safety of large clinical trials.

<sup>3</sup> Refer to the Health Research Council Act 1990 for more information. Available here: <https://www.legislation.govt.nz/act/public/1990/0068/latest/DLM213048.html>

What we do

Guided by the goals of Government, the HRC invests in the research skills and evidence required to address priority health issues and to prepare our country for future health challenges.

We support research from activation stage through to project and programme stage, ensuring the most innovative ideas and solutions can make a real-world difference. We also initiate research in areas of high health need or where we see evidence gaps and opportunities, ensuring we work across agencies and sectors to address the wider determinants of health, including social, environmental and economic factors.

All HRC-funded research has a direct line of sight to improving health outcomes for New Zealanders, with a sustained focus on addressing five priority non-communicable diseases and five modifiable factors.

Our investment provides evidence that can make a difference to the health and productivity of New Zealanders and the economic prosperity of New Zealand. It generates new knowledge, solutions and innovations, and improves the quality and cost-effectiveness of the healthcare system.

By keeping New Zealanders healthy and productive, we support economic growth. We support innovative research that results in new products and processes with commercial value and cost savings for the health sector.

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

Building a skilled workforce, to serve our diverse populations, is pivotal to building the evidence and solutions needed to improve health outcomes in New Zealand. We do this by providing research opportunities for both emerging researchers and our next research leaders, including opportunities for Māori and Pacific health researchers. To support evidence-informed healthcare, we are committed to engaging more healthcare professionals in research, with the aim of bridging the gap between research findings and research practice.

The HRC manages a fair and robust funding process involving multiple committees and hundreds of national and international reviewers a year. Through a series of strategic levers, from the design and scope of funding rounds through to our assessment criteria, we ensure New Zealand's limited health research dollars go to proposals with clear line of sight to improving health outcomes and the greatest likely impact.

Ensuring health research is ethical and safe is pivotal to a world-leading Science, Innovation and Technology system. The HRC Ethics Committee accredits all the Health and Disability ethics committees and Institutional ethics committees in New Zealand, and our regulatory committees monitor the safety of innovations involving gene technologies, therapeutics and clinical trials involving new medicines.

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.

Our priority actions

Our Statement of Intent 2023-2027<sup>4</sup> sets out priority actions that we will focus on to pursue our aspiration: that every New Zealander benefits from an equitable world-leading health research system that contributes to positive health and wellbeing outcomes. Below we describe our priority actions and what we intend to achieve for each of the three focus areas: people, ideas and priorities.



People - Invest in developing excellent health researchers

We invest in the people who deliver excellent health research and develop the capability New Zealand needs, now and for the future. This means we recognise people and teams for achieving excellence, innovation and impact; develop a health research workforce able to engage with and respond to communities with highest health need; provide research leadership opportunities for early to mid-career health researchers; work collaboratively with other government agencies to support the health research workforce development and retention; and provide project opportunities for early career health ethicists to support the safe and ethical conduct of health research in New Zealand.

<sup>4</sup> <https://www.hrc.govt.nz/resources/statement-intent>



Ideas - Invest in health research that is excellent, innovative and impactful

We invest in the best ideas and innovations proposed by researchers, focused on improving health outcomes and health system outcomes. We also invest in research focused on areas of highest health need and improving health outcomes. The HRC works collaboratively across the health and science systems to collectively contribute to health and economic gains and deliver maximum value for the public's investment in health research; and our Ethics and Data Monitoring Core Committees support the safe and ethical conduct of research in New Zealand.



Priorities - Invest in priority health research gaps, needs and opportunities

We invest in priority health issues and opportunities through targeted investment mechanisms to increase access, timeliness and quality of healthcare; target investment in research focused on the health research priorities identified by communities with high health needs; provide long-term funding for independent research organisations making unique contributions to the capability and expertise required to address strategic priorities; invest in longitudinal studies which form part of our national data and policy backbone; work collaboratively with other agencies to identify priorities, needs and research opportunities to strengthen the health and science systems; and provide advice on research ethics, monitoring and regulation, including new medicines and technologies to support the safe and ethical conduct of health research in New Zealand.

Our performance story

The HRC's Statement of Service Performance are reported from pages 19 to 21 and pages 25 to 41 of the Annual Report, with notes to the performance measures on page 40.

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. They are aligned with the focus areas of our performance framework, presented on page 15.

The HRC has determined the costs of outputs using the cost allocation system outlined in the Summary of Significant Accounting Policies, Cost Allocation (Note 1 of the Financial Statements, page 55).

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.

HRC Output Class
1. Invest in developing excellent health researchers
2. Invest in health research that is excellent, innovative and impactful
3. Invest in priority health research gaps, needs and opportunities
4. Keeping the health research system ethical and safe

Output 1: Invest in developing excellent health researchers

The HRC has a statutory responsibility to build and maintain a skilled health research workforce to meet current and future needs. We invest in skills and capabilities – recruiting and retaining current and future leaders and innovators.

Scope of the Output

The scope of this Output covers our investments contracted through the following funding rounds and mechanisms:

- **Career Development Awards:** This funding round supports skills and capability development for 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 to work with communities with highest health need and improve health outcomes.

HRC’s activities this year

In 2023/24, the HRC conducted the following activities to enhance the skills and capability of people who deliver excellent health research in New Zealand:

- We received 157 applications for 27 different grant types funded through this Output.
- We assessed these applications by convening 7 Assessing Committees, each comprising of 7-10 external Assessing Committee Members with appropriate mix of skills and expertise, as well as 2 research panels, each comprising of 20-23 members.
- A total of 35 external peer review reports were provided as part of the assessment process for two different grant types.
- We awarded 110 new contracts.
- Concurrently, we managed a portfolio of more than 281 active contracts that were funded through this Output in 2023/24 or preceding years.

Output 1	Actual	Budget	Actual
Invest in developing excellent health researchers	2024	2024	2023
	\$000	\$000	\$000
Funding from the Crown	11,268	11,297	12,263
Interest Received	82	34	50
Other	5		
Total Revenue	11,355	11,331	12,313
Cost of Output	14,008	14,186	12,834
Surplus (Deficit)	(2,653)	(2,855)	(521)

Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2023-2024.

KPIs for Output 1	2022 - 2023 Actual	2023 - 2024 Target	2023 - 2024 Actual
Number of current career development contracts awarded to practicing clinicians.	99 Achieved	>60	120 <sup>5</sup> Achieved
			
Number of Māori Health Research Scholarships awarded (including Masters, PhD and postdoctoral awards).	12 Achieved	>8	13 Achieved
			
Number of Pacific Health Research Scholarships awarded (including Masters, PhD and postdoctoral awards).	10 Achieved	>8	11 Achieved
			

<sup>5</sup> Includes in 2023-2024 Health Delivery Research Development Awards funded through this Output class. This measure includes 41 new contracts and 84 active contracts funded in previous financial years. We did not set a maximum for our target and will revise our measure in future to better reflect year on year increase.

”

“This award has allowed me to develop essential research skills that I can now take back into clinical practice. It has also allowed me to foster various collaborations with other clinicians and researchers around the world that will be vital for effective research moving forward.”

“This support has also allowed me to complete my Paediatric Infectious Diseases training and I am now working clinically part-time as a specialist at Starship Hospital. I intend to continue my work as a clinician researcher in infectious diseases and this was made possible through this award.”

“This project has exposed me to the inner politics and workings of our health system and allowed me to build key contacts within the sector. I am now having conversations with key health system stakeholders and can speak their language in a bid to influence change for our whānau.”

Adding value and making a difference

During the last year, recipients of HRC career development awards provided information on research outputs and outcomes that demonstrates how our investment is developing excellent health researchers with the critical skills and capabilities that New Zealand needs.

- 34 awardees reported receiving a total of 49 individual awards for research excellence, external to the HRC.
- 65 reported collaborations with the health sector, and 13 reported collaborations with commercial entities, demonstrating clear focus on generating impact by working closely with the users of research.
- Overall, 577 research outputs were reported for Output 1, representing a diverse range of benefits such as peer-reviewed publications, innovative research tools and improvements in healthcare policy and practice.
- 100% of the 67 HRC Career Development Award recipients who completed their contract in 2023-24 said that HRC support had been beneficial or essential to developing the skills and networks necessary to support a career in health research, or embed research in their clinical practice (see selected quotes).
- Many respondents noted that they would have been unable to complete their research or training without these grants and spoke to the value of the grants in developing clinical and research skills and strong mentoring and collaborative relationship both locally and abroad. It was also repeatedly noted that this funding provided stability and supported researchers through the uncertainty and turmoil of Covid-19.

Output 2: Invest in health research that is excellent, innovative and impactful

The HRC invests in the best ideas and innovations proposed by New Zealand’s researchers, designed to deliver benefits for New Zealand and make a tangible difference to health outcomes.

Our investment delivers knowledge, evidence and solutions with immediate and long-term impact, and supports the innovation and advances in technology that will generate future health and economic gains.

Scope of the Output

The scope of this Output covers our investments contracted through the following funding rounds and research grant types:

- Investigator-initiated research: The majority of our funds are awarded through annual contestable funding rounds for Projects, Programmes, Explorer Grants, and Emerging Researcher First Grants. The Output includes Project and Activation Grants funded through our redesigned Health Delivery Research Investment Stream (with Activations Grant rounds held twice a year). In these rounds, we fund research ideas and opportunities identified by researchers.

HRC’s activities this year

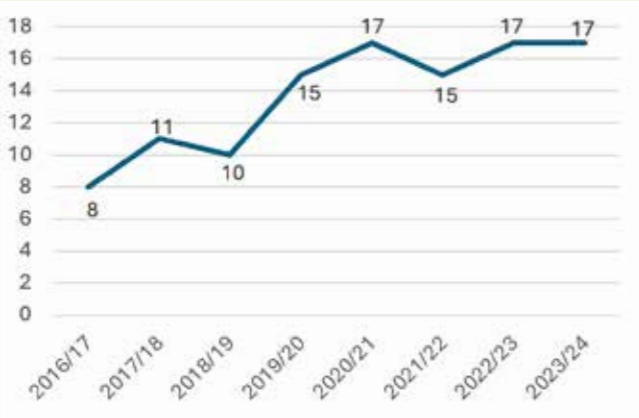
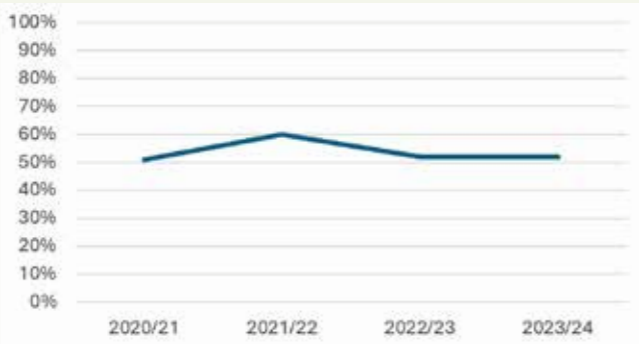
In 2023/24, the HRC conducted the following activities to invest in the best ideas and innovations proposed by New Zealand’s researchers:

- We offered 6 different grant types through this Output and received 916 applications (including 390 Expressions of Interest for awards that had a two-stage assessment process).
- We assessed these applications by convening 37 Assessing Committees, each comprising 3-13 external Assessing Committee Members with the appropriate mix of skills and expertise. A total of 432 external peer review reports were provided as part of the assessment process.
- We awarded 250 new contracts (across 44 different host institutions).
- Concurrently, we managed a portfolio of more than 632 active contracts that were funded through this Output in 2023/24 or preceding years.

Output 2	Actual	Budget	Actual
Invest in health research that is excellent, innovative and impactful	2024	2024	2023
	\$000	\$000	\$000
Funding from the Crown	118,962	119,006	105,731
Interest Received	1,003	464	680
Other	776	353	310
Total Revenue	120,741	119,823	106,721
Cost of Output	116,643	114,531	105,951
Surplus (Deficit)	4,098	5,292	770

Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2023-2024.

KPIs for Output 2	2022 - 2023 Actual	2023 - 2024 Target	2023 - 2024 Actual
Number of contracts funded in the previous financial year <sup>6</sup> that meet the HRC's definition of transformative research <sup>7</sup>	17 Achieved	13-20	17 Achieved
			
Implement a contract monitoring regime scalable to risk	Contract risk monitoring regime was implemented and met target <sup>8</sup> . Achieved	Appoint a dedicated risk manager to ensure the contract risk regime is maintained for all contracts >\$200,000	Risk manager appointed on 21 June 2023. Achieved
Percentage of HRC Programme and Projects funded in the previous financial year with a focus on understanding and reducing inequity in health outcomes.	52% Achieved	At least 50%	52% Achieved
			

Adding value and making a difference

During the last year, research teams funded through this output submitted information to capture how HRC's investment has generated value, evidence and solutions.

- Overall, 3197 research outputs were reported, across a range of output types as diverse as publications, patents, and public health interventions. While some of these outputs have a longer-time frame to generate innovation and health gains for New Zealanders, others represent more immediate benefits, such as:
  - 78 outputs supporting new or improved health technologies, tools, treatments or medical devices; healthcare delivery methods, clinical guidelines, or public health interventions.
  - 233 contributions to public discourse through media engagements, 39 training or educational materials, and 27 other resources to make research accessible to a layperson.
  - 36 national or international advisory or consulting positions.
- HRC periodically publishes case studies to demonstrate the impact of research findings. These are compiled in the HRC's Investment Impact Reports<sup>9</sup>.

Impact Highlight

On 1 May 2024, the Prime Minister's top science prize for transformative impact was awarded to the Hereditary Diffuse Gastric Cancer Team led by Professor Parry Guilford from the University of Otago, in conjunction with Kimihauora Health and Research Clinic in Mount Maunganui<sup>10</sup>. The HRC's investment of \$16.27M in this work over a 25-year timeframe has enabled the research to move from preclinical cancer genetics and cancer models, through to the development of genetic screening and improved drug delivery systems, alongside the successful commercialisation of cancer diagnostic tests through Pacific Edge Limited. HRC investment in early-stage research has led to a number of successful spin-out companies, including Pacific Edge, Alimentry, BioOra, and SapVax.

<sup>6</sup> Includes HRC 2023 Funding Rounds that result in new contracts that commence prior to or within the last financial year.  
<sup>7</sup> 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.  
<sup>8</sup> Target for 2022-23 was: Implement a risk-based monitoring regime, to include all active Programmes and 10% of all other research contracts with a value >\$200,000.

<sup>9</sup> <https://www.hrc.govt.nz/resources/investment-impact-report>  
<sup>10</sup> <https://pmscienceprizes.org.nz/finding-a-genetic-cause-for-stomach-cancer-in-a-whanau-now-saves-thousands-of-lives/>



Output 3: Invest in priority health research gaps, needs and opportunities

We invest in priority health issues through investment mechanisms that respond to important health needs and address urgent and emerging priorities, critical gaps and cross-sectoral challenges.

Our investment in international research ensures that our health researchers are connected to the international research effort, providing benefit to New Zealand through enabling access to advanced technologies, resources and expertise not currently available locally.

Scope of the Output

The scope of this Output covers our investments contracted through the following funding rounds and mechanisms:

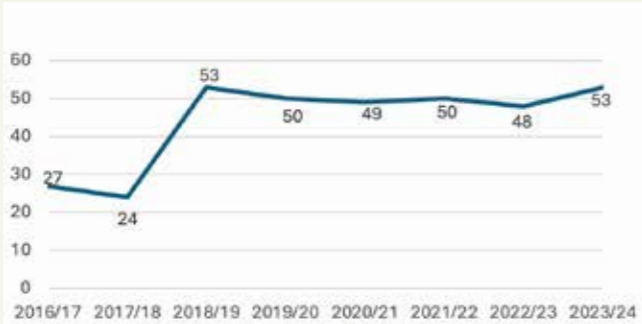
- **Mission-led research:** The HRC funds mission-led research, working with research users to identify knowledge needs, then issue Request for Proposals (RFPs) to find the right research team to deliver the results.
- **International agreements and consortia:** The HRC connects with the international research effort through international agreements and consortia, and issues joint research calls in areas of mutual priority.
- **Rapid response research:** When 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.
- **Ngā Kanohi Kitea** research contracts: These grants provide funding for iwi, hapu and Māori community groups to focus on a community-identified health need.

Output 3	Actual	Budget	Actual
Invest in priority health research gaps, needs and opportunities	2024	2024	2023
	\$000	\$000	\$000
Funding from the Crown	3,094	3,230	3,399
Interest Received	291	166	244
Other	124	135	119
Total Revenue	3,509	3,531	3,762
Cost of Output	3,092	11,425	3,331
Surplus (Deficit)	417	(7,894)	431

## Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2023-2024.

KPIs for Output 3	2022 - 2023 Actual	2023 - 2024 Target	2023 - 2024 Actual
Implement our Connecting for Impact Fund	N/A	Establish 1 new initiative through Connecting for Impact	0 Not achieved
The HRC did not establish a new initiative through Connecting for Impact for the financial year 2023/24, due to both insights gained from the set-up process and the need to be agile and responsive to emerging system priorities. In responding to our 2024 Letter of Expectations, Council has approved a targeted initiative using our traditional Request for Proposals process to address a key government priority in 2024/25.			
Number of New Zealand based researchers named on current contracts resulting from HRC commitments to international organisations and agreements.	48 Achieved	>35	53 Achieved <sup>11</sup>



## Adding value and making a difference

Evidence from research funded through our national funding partnerships is being used by government agencies to improve health outcomes for New Zealanders:

- Example 1: Working with cancer control agency to improve lung cancer survival for Māori**  
Research has identified a number of areas across the lung cancer clinical pathway where changes can be made that would have a meaningful impact on Māori access to services, and a likely follow-on impact on cancer survival inequities (e.g. extension of lung fast-track clinics to improve access to early detection).
- Example 2: Safer use of paracetamol**  
As a result of user-testing workshops with health professionals and Māori, researchers have explored and developed a syringe and paracetamol dosing label aimed at reducing dosing errors. Through

a randomised clinical trial, they found that the intervention syringe and label reduced significant paracetamol dosing errors by 70% and increased dosing precision by 34%.

- Example 3: Reducing injury prevention among ageing Māori**  
Taurite Tū is an effective falls prevention exercise template which has demonstrated a significantly improved falls risk and contributed to ageing Māori remaining active and independent in their own homes. The Kaupapa Māori-based exercise programme has also proven to be transferable into Māori organisations around Aotearoa.

<sup>11</sup> We have not increased the target because our appropriation for international investment has decreased. The value exceeds the target in part because of the proportion of international contracts (36%) that have received time-only extensions.



Output 4: Keeping the health research system ethical and safe

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.
- **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.

Output 4	Actual	Budget	Actual
Keeping the health research system ethical and safe	2024	2024	2023
	\$000	\$000	\$000
Funding from the Crown	285	285	285
Interest Received	5		
Total Revenue	290	285	285
Cost of Output	357	393	355
Surplus (Deficit)	(67)	(108)	(70)

Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2023-2024.

KPIs for Output 4	2022 - 2023 Actual	2023 - 2024 Target	2023 - 2024 Actual
Number of Ethics Notes published to inform researchers of issues on ethics in health research	1 Achieved	1	1 Achieved
Number of Health and Disability ethics Committees (HDECs) and Institutional Ethics Committees (IECs) reviewed and approved by HRC annually	4 HDEC Achieved (Target was 4 HDEC for 2022-2023)	4 HDEC 13 IEC	4 HDEC 12 IEC Not achieved
During the period July 2023 to June 2024, the HRC Ethics Committee reviewed and approved the annual reports from four HDECs and 12 IECs. One IEC withdrew their approval due to a lack of applications requiring HRC-funding.			

Adding value and making a difference

Below, we summarise the work done by our regulatory Committees to ensure that New Zealanders who choose to participate in clinical trials can be assured that they are safe and ethical.

- The Gene Technology Advisory Committee (GTAC) provided recommendations to the Director-General of Health on eight clinical trials involving gene or other biotechnologies.
- The Data Monitoring Core Committee (DMCC) continued to provide independent monitoring of four HRC-funded clinical trials; one of which was confirmed as complete at the May 2024 DMCC meeting.
- The Standing Committee on Therapeutic Trials (SCOTT) provided recommendations to the Director-General of Health on 144 clinical trials involving new medicines (125 Standard Clinical Trials and 19 First-in-Human).
- A review was undertaken of the SCOTT Terms of Reference, which sought external consultation. The new Terms of Reference will adopted on 1 January 2025.



# Notes to the performance information

## Reporting entity

For a description of the HRC as a reporting entity, see Note 1 to the financial statements (see page 53).

The HRC’s Statement of Service Performance are reported from pages 19 to 21 and 25 to 41 of the Annual Report. Additional information in this report, including case studies and updates on our team and organisation, 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**

HRC has primary discretion over the selection, measurement, aggregation and presentation of performance information in relation to its Outputs, with opportunity for input from our responsible Ministers.

**Selection of measures**

The performance measures included in this statement of service performance are taken from our Statement of Performance Expectations 2023-24. We have supplemented our performance measures with additional information on outcomes and impacts of HRC activities to better capture and reflect the contribution HRC has made during the year.

Our performance measures are developed and agreed upon by the HRC Council and staff and reflect our assessment of our most important activities and achievements, within the constraints of available data and factors within our direct remit and ability to influence. KPIs for each Output are selected to demonstrate progress against the strategic direction set out in our Statement of Intent, which in turn reflects government and HRC priorities, and our statutory role.

Performance information may be used at a high level to inform internal decision-making on work programmes and on the balance of investment mechanisms, but does

not contribute to the assessment of individual proposals which is undertaken by expert external reviewers.

Performance measures are identified annually in the Statement of Performance Expectations, and while quantitative measures have remained stable over the medium-term to enable comparative (prior year) reporting, some qualitative measures have been refreshed to reflect progress made to our processes in key areas (see below) and to set new targets.

The following performance measure, set out in the Statement of Performance Expectations 2023-2024, represents a change from the previous year.

Removed KPI	Replaced by new KPI	Reason
Implement our new funding mechanism in Mission-Led Research. (Output 2)	Implement our Connecting for Impact Fund. (Output 3)	To reflect new HRC terminology for this funding mechanism

## Measurement of performance information

Quantitative performance measures are calculated using the number of contracts relevant to the KPI that are active or commence in the previous financial year, as specified.

Application and contract data held by HRC provides an accessible source of meaningful, accurate, reliable and verifiable data on HRC’s investment activities. HRC contract holders are required to provide research reports on the outputs and outcomes/benefits of HRC funding for the term of their contract.

## Aggregation and presentation of performance information

There were no significant judgements on aggregation or presentation of measures in the Statement of Service Performance. See page 16 for notes on presentation of performance measures from the Statement of Intent.

## Reconciliation of output tables

Actual 2024	Output 1 \$000	Output 2 \$000	Output 3 \$000	Output 4 \$000	Per Financial Statements \$000
Funding from the Crown	11,268	118,962	3,094	285	133,609
Interest Received	82	1,003	291	5	1,381
Other	5	776	124	0	905
<b>Total Revenue</b>	<b>11,355</b>	<b>120,741</b>	<b>3,509</b>	<b>290</b>	<b>135,895</b>
Cost of Output	14,008	116,643	3,092	357	134,100
<b>Surplus (Deficit)</b>	<b>(2,653)</b>	<b>4,098</b>	<b>417</b>	<b>(67)</b>	<b>1,795</b>

Budget 2024	Output 1 \$000	Output 2 \$000	Output 3 \$000	Output 4 \$000	Per Financial Statements \$000
Funding from the Crown	11,297	119,006	3,230	285	133,818
Interest Received	34	464	166	0	664
Other	0	353	135	0	488
<b>Total Revenue</b>	<b>11,331</b>	<b>119,823</b>	<b>3,531</b>	<b>285</b>	<b>134,970</b>
Cost of Output	14,186	114,531	11,425	393	140,535
<b>Surplus (Deficit)</b>	<b>(2,855)</b>	<b>5,292</b>	<b>(7,894)</b>	<b>(108)</b>	<b>(5,565)</b>

Actual 2023	Output 1 \$000	Output 2 \$000	Output 3 \$000	Output 4 \$000	Per Financial Statements \$000
Funding from the Crown	12,263	105,731	3,399	285	121,678
Interest Received	50	680	244	0	974
Other	0	310	119	0	429
<b>Total Revenue</b>	<b>12,313</b>	<b>106,721</b>	<b>3,762</b>	<b>285</b>	<b>123,081</b>
Cost of Output	12,834	105,951	3,331	355	122,471
<b>Surplus (Deficit)</b>	<b>(521)</b>	<b>770</b>	<b>431</b>	<b>(70)</b>	<b>610</b>

# Our Team and Organisation

Franz Josef Glacier

## Our Team and Organisation

### Governance

The HRC is governed by a 10-member Council. The Minister of Health, in consultation with the Minister of Science, Innovation and Technology, appoints members. Membership consists of five persons who are or have been actively engaged in health research and five persons who have skills and experience in areas such as community affairs, health administration, law, commercial expertise, management, or knowledge of health issues from a consumer perspective.

The Council's governance responsibilities include:

- Communicating with the Minister of Health and Minister of Science, Innovation and Technology and other stakeholders to ensure their views are reflected in the HRC's planning.
- Delegating responsibility for achievement of specific objectives to the chief executive.
- Monitoring organisational performance towards achieving objectives.
- Accountability to the Ministers for plans and progress.
- Maintaining effective systems of control.

The Council maintains an interests register and ensures Council members are aware of their obligations to declare interests. The Council is committed to ensuring that all its activities are conducted in a manner which meets the highest ethical standards. The criteria for membership of the Council is outlined in Sections 8 to 11 of the Health Research Council Act 1990. Sections 6, 31 and 34 of the Act sets out the statutory responsibilities of the HRC, which relate to the functions of the Council, consideration of applications, and liaisons with other organisations.

### Statutory and Standing Committees

The HRC also has eight Statutory and Standing Committees that play a vital role in the assessment of research applications, providing advice on funding, and keeping health research ethical and safe. Our Biomedical, Public Health, and Māori Health Statutory Committees (members of Council chair these committees), and the Pacific Health Research Committee play a vital role in the assessment process and advise the Council on the assignment of funds for health research within the remit of their respective Committees.

The Māori Health Committee has additional functions specified by the HRC Act 1990, namely that the Committee shall advise the Council on health research into issues that affect Māori people, with particular reference to research impinging on cultural factors affecting the Māori people, including those that affect the gathering of information, and the verification and validation of information.

Our ethics and regulatory committees are a key national resource and integral to ensuring New Zealand's health research is ethical and safe.

The HRC Ethics Committee provides independent ethical advice on health research of national importance or great complexity. This includes:

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

The Data Monitoring Core Committee (DMCC) provides objective, independent monitoring of HRC-funded clinical trials.

The Gene Technology Advisory Committee (GTAC) assesses the scientific merit of any New Zealand applications to produce new medical therapies through the transfer of genes from another species to humans, and between species. If necessary, GTAC will advise the Minister of Health that such trials should not be allowed to proceed.

The Standing Committee on Therapeutic Trials (SCOTT) assesses whether a proposed clinical trial of a medicine will provide clinically and scientifically useful information, particularly in relation to the safety and efficacy of the agent and provide advice to the Ministry of Health. In 2024 the HRC is progressing work to revise the implementation of SCOTT's mandate according to Section 30 of the Medicines Act 1981. This encompasses the design of new processes, procedures, and principles for consideration of applications by the SCOTT, in consultation with Medsafe and SCOTT committee members, who hold expertise on safe conduct of clinical trials with new medicines that is limited within New Zealand.

## Our people and organisational capability

We are a team of 38 dedicated and diverse fulltime and part-time staff, with 16 ethnicities represented. Leadership takes a proactive approach to developing and maintaining the skills and capabilities needed to deliver on our functions as set out in our Act and to individually and collectively be accountable for the HRC delivering to its strategic intentions.

Our investment decisions are guided by independent peer review and expert assessing committees; and the HRC's advisory committees follow policies and protocols that safeguard integrity and transparency in making funding recommendations.

## Information technology systems and security

The HRC takes seriously the need to keep the information we hold safe and is aware of the risk a potential cyber security threat poses. We have robust systems and processes in place that focus on preventing breaches or unauthorised access, including multifactor authentication. We have an external service provider who performs penetration tests of our network. Network users undertake continuous cyber security training aimed at enhancing awareness and capability and are tested frequently. All systems and processes are regularly reviewed and revised as necessary to ensure they remain fit for purpose.

## Equal Employment Opportunities

The HRC follows Equal Employment Opportunity guidelines, ensuring that people who possess the required skills have equal opportunity to be hired. The HRC has implemented several measures that align with Te Kawa Mataaho's Kia Toipoto guidance, which include taking steps to advertise vacancies more widely. 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.

## 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 and Risk Management Assurance Committee (RMAC). The Health and Safety 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 training. In the past year one staff member undertook first aid training, and all staff received fire warden and evacuation training.
- 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 11 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-19 protections such as air purifying and filtration systems within the office space.
- Ensuring grab bags in case of emergencies, are available for all staff members. These have been replenished in the past year with up-to-date emergency supplies.

HRC staff are offered annually on-site flu vaccinations with a nurse or vouchers for off-site vaccination. We are pleased to report there were no accidents, lost time injuries or major incidents in the 2024 financial year.

## Carbon Neutral Government Programme (CNGP) reporting

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

In 2019, the HRC introduced its sustainability framework<sup>12</sup> which sets out our commitments:

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

Progress against our commitments since 2019 include:

- **Our people:** supporting 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 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.
- **Our policies and procedures:** relocating to new premises has encouraged progress towards a paperless office and online, electronic record-keeping.

The HRC is proud to have become a Toitū net carbonzero certified organisation since the 2018/19 financial year. It is a voluntary climate impact programme that helps organisations measure, manage, and reduce their greenhouse gas (GHG) emissions. It is the only certification in New Zealand that is accredited by JASANZ to certify to international standards (ISO 14064-1:2018). Achieving and maintaining certification is an annual requirement where an organisation must demonstrate they are meeting the certification rules. To obtain and maintain our certification we have:

- measured our emissions in accordance with ISO 14064-1:2018.
- committed to managing and reducing our emissions.
- compensated for our remaining unavoidable emissions through purchasing carbon credits.
- continue to implement our Sustainability Framework that sets out our commitments and forms the basis for our emissions reduction plan.
- complied with the programme requirements, which are independently verified annually to maintain certification.

Quantifying GHG emissions is subject to inherent uncertainty as scientific knowledge and methodologies are still evolving in this area, as are GHG reporting and assurance standards.

### Emissions reduction results for 2023/24

For the financial year 2023/24, our total emissions were 33.34 tCO<sub>2</sub>e (tonnes of carbon dioxide equivalent) which is 88.4% lower than our baseline year (286.77tCO<sub>2</sub>e). 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 the reporting period, our staff and the committees we are responsible for generated 21.82 tCO<sub>2</sub>e in air-travel related emissions, a reduction of over 91.75% from our base year value (264.35 tCO<sub>2</sub>e). The HRC remains committed to maintaining those reductions.

However, this reporting period, the HRC has seen an increase in overall emissions compared to the previous financial year due to the hosting of a one-off in-person committee meeting in November 2023, which required flights, accommodation, taxi and mileage claims. There were also two international trips by staff in September and November 2023. Due to having a small overall emissions profile, one-off emission generating activities such as these, have a large impact on our overall inventory.

This financial year the HRC also undertook the step of aligning our Toitū net carbonzero reporting and certification from calendar year to financial year. This saw our base year change from 1 January to 31 December 2019 to 1 July 2018 to 30 June 2019. This is so that our Toitū net carbonzero audit and certification cycle and CNGP reporting are aligned and ensures that the data we report to the CNGP has been audited and verified.

<sup>12</sup> <https://www.hrc.govt.nz/resources/hrc-sustainability-framework>

<sup>13</sup> Our base year period covers 1 July 2018 to 30 June 2019.

Emissions profile broken down by category and source.

Emissions category	Emissions Source	Base year (2018/19) tCO <sub>2</sub> e	Current year (2023/2024) tCO <sub>2</sub> e
1. Direct emissions	-	-	-
2. Indirect emissions from imported energy	Electricity	10.37	5.68
	Business travel - Air travel domestic	127.43	13.70
3. Indirect emissions from transportation	Business travel - Air travel international – Economy	76.09	0.91
	Business travel - Air travel international – Premium economy	4.26	-
	Business travel - Air travel international – Business class	56.57	7.21
	Business travel – Transport (e.g. taxi, public transport, rental cars)	5.94	0.72
	Business travel – other (e.g. hotel, meals etc.)	3.90	0.76
4. Indirect emissions from products and services used by the organisation	Office products <sup>14</sup>	0.49	0.35
	Waste (to landfill)	0.03	0.06
	Transmission and distributions losses (electricity)	0.80	0.41
	Water	0.07	0.15
	Wastewater	0.81	1.64
	Staff working from home	-	1.75
5. Indirect emissions associated with the use of products and services from the organisation		-	-
6. Indirect emissions from other sources		-	-
TOTAL EMISSIONS		286.77	33.34

Note: quantifying GHG emissions is subject to inherent uncertainty as scientific knowledge and methodologies are still evolving in this area, as are GHG reporting and assurance standards.

<sup>14</sup> Office products are a non-material scope 3 emission.

Our reduction targets and plan

The HRC has adopted science-aligned reduction targets<sup>15</sup> 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 (total emissions scope 1, 2 and 3) reduction of 21% compared to base year (financial year 2018/19).
- 2030 target: Gross emissions (total emissions scope 1, 2 and 3) reduction of 42% compared to base year (financial year 2018/19).

The HRC is currently exceeding both these targets, with an absolute reduction in emissions (scopes 1, 2 and 3) of 253.4 tCO<sub>2</sub>e representing an overall 88.4% decrease since base year. We do expect our emissions to grow over the next three financial years due to an increase in domestic and international travel, continued staff working from home, reporting of staff commuting being introduced from the 2024/25 financial year onwards and an ongoing data improvement project, which may result in additional material scope 3 emissions sources being added in future reporting.

To achieve our reduction targets, we have developed an emissions reduction plan and identified specific projects to decarbonise our emissions generating activity. Our emissions reduction plan and meeting our emissions reduction targets is achievable within current operational budgets.

- **Travel policy:** Continued minimisation of staff and committee travel to reflect our commitment to reduced air travel related emissions. This has a positive flow on effect and concomitant reduction in accommodation, taxi and mileage 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 continue to conduct periodic waste audits, staff information sessions, and have updated signage to reflect the new recycling standards that came into effect on 1 February 2024 to ensure our waste management system is being used effectively and the data we capture is accurate.

- **Staff commuting:** Introduction of reporting of material Scope 3 staff commuting emissions in financial year 2024/25. 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 staff to utilise active and public transport options.
- **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.
- **Update the HRC Sustainability Framework:** The HRC Sustainability Framework was first introduced in 2019. Now, five-years after its introduction we have achieved many of the commitments and plan to update it to reflect the progress made as an organisation and to set some new commitments.

<sup>15</sup> Science aligned targets are based on the concept of science-based targets (SBT). It is an emissions reduction target that aligns with climate science to contribute to the global goal of limiting warming to well below 2°C over pre-industrial levels – with the ideal being 1.5°C below. More information available here: <https://www.toitu.co.nz/news-and-events/news/reduce/what-are-sbts>.

# Statement of Responsibility

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 2024.



**Professor Lester Levy**  
CNZM, Chair

25 October 2024



**Professor Jeroen Douwes**  
Deputy Chair

25 October 2024

## Financial Statements

# Financial Statements

## Statement of Comprehensive Revenue and Expense

for the year ended 30 June 2024

	Note	Actual 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
<b>Revenue</b>				
Funding from the Crown	2	133,609	133,818	121,678
Interest Revenue		1,381	664	974
Other Revenue	3	905	488	429
<b>Total Income</b>		<b>135,895</b>	<b>134,970</b>	<b>123,081</b>
<b>Expense</b>				
Research Grant costs	4	126,874	132,520	115,363
<b>Operational costs</b>				
Assessment and Council Committee costs		1,059	1,110	922
Personnel costs	5	5,058	5,628	4,667
Depreciation and amortisation expense		86	87	89
Audit fees		103	95	134
Other costs		920	1,095	1,296
<b>Total operational costs</b>		<b>7,226</b>	<b>8,015</b>	<b>7,108</b>
<b>Total expenses</b>		<b>134,100</b>	<b>140,535</b>	<b>122,471</b>
<b>Surplus/(Deficit)</b>		<b>1,795</b>	<b>(5,565)</b>	<b>610</b>
Other Comprehensive Revenue and Expenses		0	0	0
<b>Total comprehensive revenue and expenses</b>		<b>1,795</b>	<b>(5,565)</b>	<b>610</b>

## Statement of Changes in Equity

for the year ended 30 June 2024

	Note	Actual 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
Equity at the beginning of the year		14,605	14,082	13,995
Total comprehensive revenue and expense for the year		1,795	(5,565)	610
<b>Equity at the end of the year</b>	<b>8</b>	<b>16,400</b>	<b>8,517</b>	<b>14,605</b>
<b>Represented by</b>				
Public equity		5,162	4,505	5,055
Future Committed Funds		7,683	1,184	5,154
Joint Operations Reserve		2,135	1,935	3,431
Foxley Estate Reserve Fund		1,420	893	965
<b>Total equity at 30 June</b>	<b>8</b>	<b>16,400</b>	<b>8,517</b>	<b>14,605</b>

The accompanying accounting policies and notes form part of these financial statements. Explanation of major variances against budget are provided in note 18.

## Statement of Financial Position

as at 30 June 2024

	Note	Actual 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
<b>Current Assets</b>				
Cash at Bank		3,375	1,659	3,409
Short-term Deposits	6 & 10	15,161	8,984	10,934
Short-term Deposits - Held for Joint Operations	6 & 10	2,135	1,935	3,431
Funds held on behalf of - Other Agencies	6 & 10	6,204	6,082	7,635
Funds held on behalf of - Foxley Estate	6 & 10	1,419	959	963
Receivables	10	1,132	798	1,266
<b>Total Current Assets</b>		<b>29,426</b>	<b>20,417</b>	<b>27,638</b>
<b>Non-Current Assets</b>				
Property Plant & Equipment		96	96	127
Intangible Assets		84	85	118
<b>Total Non-Current Assets</b>		<b>180</b>	<b>181</b>	<b>245</b>
<b>Total Assets</b>		<b>29,606</b>	<b>20,598</b>	<b>27,883</b>
<b>Current Liabilities</b>				
Payables	10	665	431	543
Contract Retentions	4 & 10	5,090	2,880	3,185
Provision for funds committed to International Agencies	7 & 10	238	1,225	725
Employee Entitlements		1,009	578	986
Funds held on behalf of other agencies	6 & 10	1,118	2,104	1,874
<b>Total Current Liabilities</b>		<b>8,120</b>	<b>7,218</b>	<b>7,313</b>
<b>Non-Current Liabilities</b>				
Provision for funds committed to International Agencies	7 & 10	0	885	204
Funds held on behalf of other agencies	6 & 10	5,086	3,978	5,761
<b>Total Non-Current Liabilities</b>		<b>5,086</b>	<b>4,863</b>	<b>5,965</b>
<b>Total Liabilities</b>		<b>13,206</b>	<b>12,081</b>	<b>13,278</b>
<b>Net Assets</b>		<b>16,400</b>	<b>8,517</b>	<b>14,605</b>
<b>Equity</b>				
Public Equity		5,162	4,505	5,055
Future Committed Funds		7,683	1,184	5,154
Joint Operations Reserve		2,135	1,935	3,431
Foxley Estate Reserve Fund		1,420	893	965
<b>Total Equity</b>	<b>8</b>	<b>16,400</b>	<b>8,517</b>	<b>14,605</b>

The accompanying accounting policies and notes form part of these financial statements. Explanation of major variances against budget are provided in note 18.

Statement of Cash Flow

for the year ended 30 June 2024

	Note	Actual 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
<b>Cash flows from operating activities</b>				
<i>Cash was provided from</i>				
Receipts from the Crown		133,609	133,818	121,678
Interest received		1,343	615	831
Other Revenue		348	488	954
		<b>135,300</b>	<b>134,921</b>	<b>123,463</b>
<i>Cash was applied to</i>				
Payments to suppliers		(127,885)	(135,218)	(117,877)
Payments to employees		(4,688)	(5,303)	(4,277)
GST		648	71	(891)
		<b>(131,925)</b>	<b>(140,450)</b>	<b>(123,045)</b>
<b>Net cash flow from operating activities</b>	15	<b>3,375</b>	<b>(5,529)</b>	<b>418</b>
<b>Cash flows from Investing activities</b>				
<i>Cash was provided from</i>				
Funds held on behalf of other agencies		405	0	517
Maturing Term Deposits		77,970	45,500	87,595
Sale of Assets		0	0	59
		<b>78,375</b>	<b>45,500</b>	<b>88,171</b>
<i>Cash was applied to</i>				
Funds paid on behalf of other agencies		(1,837)	(1,763)	(2,691)
Reinvestment of Term Deposits		(79,926)	(46,500)	(83,575)
Purchase of Property Plant & Equipment		(21)	(22)	(125)
		<b>(81,784)</b>	<b>(48,285)</b>	<b>(86,391)</b>
<b>Net cash flow from investing activities</b>		<b>(3,409)</b>	<b>(2,785)</b>	<b>1,780</b>
<b>Net increase (decrease) in cash held</b>		<b>(34)</b>	<b>(8,314)</b>	<b>2,198</b>
Cash at Bank beginning of year		3,409	9,973	1,211
<b>Cash at Bank end of year</b>		<b>3,375</b>	<b>1,659</b>	<b>3,409</b>

The accompanying accounting policies and notes form part of these financial statements.  
Explanation of major variances against budget are provided in note 18.

Notes to the Financial Statements

For the year ended 30 June 2024

Note 1 - Statement of accounting policies

Reporting entity

The 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 the HRC’s operations includes the Crown Entities Act 2004 and the HRC Act 1990. The HRC’s ultimate parent is the New Zealand Crown.

The HRC’s primary objective is to benefit New Zealand through health research. The HRC does not operate to make a financial return. The 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 2024 and were approved by Council on 25 October 2024.

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

*Disclosure of Fees for Audit Firms’ Services (Amendments to PBE IPSAS 1)*

Amendments to PBE IPSAS 1 Presentation of Financial Reports change the required disclosures for fees relating to services provided by the audit provider, including a requirement to disaggregate the fees into specified categories. The amendments to PBE IPSAS 1 aim to address concerns about the quality and consistency of disclosures an entity provides about fees paid to its audit or review firm for different types of services. The enhanced disclosures are expected to improve the transparency and consistency of disclosures about fees paid to an entity’s audit or review firm.

This is effective for the year ended 30 June 2025.

Standards issued and effective as at 30 June 2024

*2022 Omnibus Amendments to PBE Standards, issued June 2022*

The 2022 Omnibus Amendments issued by the External Reporting Board (XRB) include several general updates and amendments to several Tier 1 and Tier 2 PBE accounting standards, effective for reporting periods starting 1 January 2023. The HRC has adopted the revised PBE standards, and the adoption did not result in any significant impact on the financial statements.

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 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
Ministry of Business, Innovation and Employment (MBIE)	133,324	133,533	121,393
Ministry of Health (MoH)	285	285	285
	133,609	133,818	121,678

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 8.

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 - Breakdown of other revenue

Breakdown of other revenue	Actual 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
Bequests received	406	0	0
Other revenue	499	488	429
	905	488	429

Note 4 - Research Grant Expenditure

Research Grant Expenditure	Actual 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
Vote Health & Society Research	123,395	130,747	113,988
Vote Vision Mātauranga	3,134	1,387	1,028
Vote International Relationships	345	386	347
	126,874	132,520	115,363

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 8.

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 7). 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 the HRC's acceptance of 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 accepted by 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.

Note 5 – Personnel costs

Personnel costs	Actual 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
Salaries and wages	4,280	4,719	4,094
Redundancy and severance payments	173	120	46
Defined contribution plan employer contributions	257	265	251
Recruitment, HR and payroll processing costs	313	406	184
Other employee costs	35	118	92
<b>Total personnel costs</b>	<b>5,058</b>	<b>5,628</b>	<b>4,667</b>

Accounting policy

Salaries and wages

Salaries and wages are recognised as an expense as employees provide services.

Superannuation schemes

Employer contributions to KiwiSaver, the Government Superannuation Fund, and the New Zealand Retirement Trust Scheme are accounted for as defined contribution superannuation schemes and are expensed in the surplus or deficit as incurred.

Note 6 – 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 FY2024 the effective interest rates on deposited funds ranged from 5.15% pa to 5.75% 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. During the year two further bequests were received totalling \$401k. The HRC resolved to add these funds to the Foxley Reserve.

Note 7 - Provision for Funds Committed to International Agencies

Provision for Funds Committed to International Agencies	Actual 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
Balance 1 July	929	2,110	2,110
Provisions made during the year	0	0	0
Provisions used during the year	(733)	0	(1,254)
Provisions reversed during the year	0	0	0
Unwind of discount	42	0	73
Balance 30 June	<b>238</b>	<b>2,110</b>	<b>929</b>
Short Term (current)	238	1,225	725
Long Term (non-current)	0	885	204
	<b>238</b>	<b>2,110</b>	<b>929</b>

Accounting policy

Provision for funds committed to International Agencies

Refer to Note 4 – 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 2024, the balance of this provision was \$156k which it expects to fully utilise 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 bio-medical research over 2 – 3 years which it will share with the NSFC. As of 30 June 2024, the balance of this provision was \$82k which it expects to fully utilise 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 8 - Equity

Equity	Actual 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
Movements in Equity			
Public Equity (Research Contract Management)			
Balance 1 July (Refer note below)	5,055	5,851	5,566
Surplus/(deficit) for the year	107	(1,346)	(511)
Balance 30 June	5,162	4,505	5,055
Future Committed Funds			
Balance 1 July (Refer note below)	5,154	3,738	2,023
Surplus/(deficit) for the year	1,688	(4,219)	1,121
Transfer of Net Income from/(to) Joint Operations Reserve Fund	1,296	1,597	1,980
Transfer of Net Income from/(to) Foxley Reserve Fund	(455)	68	30
Balance 30 June	7,683	1,184	5,154
Joint Operations Reserve Fund			
Balance 1 July (Refer note below)	3,431	3,532	5,411
Transfer of Net Income from/(to) Future Committed Funds	(1,296)	(1,597)	(1,980)
Balance 30 June	2,135	1,935	3,431
Foxley Reserve Fund			
Balance 1 July (Refer note below)	965	961	995
Transfer (to)/from Future Committed Funds	455	(68)	(30)
Balance 30 June	1,420	893	965
Total Equity at 30 June	16,400	8,517	14,605

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. In 2024 two further bequests, from the Barrow estate and the Fletcher estate, totalling \$401k were received and the Council resolved to add these funds to the Foxley Reserve. Interest received on these assets is credited to the reserve. Grants made for research sabbaticals are charged against the reserve.

Note 9 - Operating Lease Commitments

Operating Lease Commitments	Actual 2024 \$000	Actual 2023 \$000
Operating Leases as lessee		
Not later than 1 year	137	133
Later than 1 year and not later than 5 years	310	446
Later than 5 years	0	0
Total non-cancellable operating leases	447	579

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 \$184,628 (2023: \$180,001).

No restrictions are placed on the 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. The lease expires in August 2027. There are two 3-year rights of renewal with the final expiry in August 2033.

Note 10 - Categories of financial assets and liabilities

Categories of financial assets and liabilities	Actual 2024 \$000	Actual 2023 \$000
<i>Financial Assets measured at amortised cost</i>		
Cash and cash equivalents	3,375	3,409
Short-term Deposits	15,161	10,934
Short-term Deposits - Held for Joint Operations	2,135	3,431
Funds held on behalf of - Other Agencies	6,204	7,635
Funds held on behalf of - Foxley Estate	1,419	963
Receivables	1,132	1,266
<b>Total loans and receivables</b>	<b>29,426</b>	<b>27,638</b>
<i>Other Financial liabilities measured at amortised cost</i>		
Payables	665	543
Contract Retentions	5,090	3,185
Provision for funds committed to International Agencies	238	929
Funds held on behalf of other agencies	6,204	7,635
<b>Total other financial liabilities</b>	<b>12,197</b>	<b>12,292</b>

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 11 - 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 6.

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. The 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 overleaf 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
2024					
Payables	665	665	665	0	0
Contract Retentions	5,090	5,090	5,090	0	0
Provision for Committed Grants	238	238	182	56	0
Funds held on behalf of other agencies	6,204	6,204	703	415	5,086
Total	12,197	12,197	6,640	471	5,086
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

Note 12 - 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 13 - Councillors' Fees

	Appointed	Term	Actual 2024 \$	Actual 2023 \$
Dr L Levy, CNZM	Jan-16	Jul-26	26,667	24,000
Professor J Douwes	Sep-15	Jul-25	15,867	15,000
Professor P Guilford	Oct-16	Jul-24	13,333	12,000
Dr W Barker	Jun-17	Jan-24	7,000	12,000
Professor E Rush	Jan-21	Jun-24	13,333	12,000
Professor P Tapsell	Dec-20	Jun-24	13,333	12,000
B Vertongen	Jul-23	Jul-25	13,333	
Professor E Wyeth	Jul-23	Jul-26	15,617	
Dr L Zhou	Jul-23	Jul-25	13,333	
Associate Professor S Pitama	Jun-15	Jun-23		15,000
Dr A Dewes	May-19	Jun-23		12,000
Professor A Cameron, ONZM	Sep-19	Dec-22		7,500
			131,816	121,500

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

	Actual 2024 \$000	Budget 2024 \$000	Actual 2023 \$000
Surplus /(Deficit) for year	1,795	(5,565)	610
Add non-cash items			
Depreciation and Amortisation expense	86	87	89
Add/(deduct) movements in provisions	1,237	99	228
Add/(deduct) movements in working capital items			
Receivable (increase)/decrease	134	(13)	(590)
Payables increase/(decrease)	123	(137)	81
Net cash flow from operating activities	3,375	(5,529)	418

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	2024	2023
Board Members		
Remuneration - \$000	132	122
Full-time equivalent members	0.71	0.71
Leadership Team		
Remuneration - \$000	1,226	1,235
Full-time equivalent members	4.63	5.00
Total Key Management Personnel Remuneration - \$000	1,358	1,357
Total Full-time Equivalent Personnel	5.34	5.71

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 \$173k (2023: \$Nil, Staff \$46k).

Retiring allowances paid from accrued liabilities during the year in accordance with Individual Employment Agreements totalled \$Nil, Staff \$49k (2023: \$Nil, Staff \$12k).

Note 16 - Contingencies

As at 30 June 2024 the HRC has no contingent assets or contingent liabilities (2023: 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 2024.

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 in line with budget but higher than last year as \$7.5m of a total of \$15.0m rescheduled from the previous financial year was received, with the balance due in FY 2025. This rescheduling recognised the slower outflow of funds due to contract variations resulting from Covid-19 lockdowns in previous years and realigned it to match the anticipated timing of the expenditure. Interest income is higher than budget as interest rates continued to strengthen.

Expenditure

Research Grant Expenditure was \$5.6m lower than budget (4.3%). 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. While the recovery is well underway, it has been slower than originally predicted. Lower operational costs of \$0.8m resulted as replacement staff and new roles were slow to fill in the challenging employment climate translating to reduced staffing and recruitment costs for the year (\$570k); Consultant and Legal fees were not required at the anticipated levels (\$117k). Statutory and Assessing Committee costs are lower than budgeted (\$51k) as face-to-face meetings are less frequent.

Statement of financial position

Current assets are higher than budget by \$9.0m representing the underspend on research contracts noted above reflecting in the operating surplus.

Liabilities are higher than budget by \$1.0m as a component of that underspend is now falling due, specifically as contract retentions reach maturity.

Statement of Cash Flow

Cash from operating activities was higher than budget by \$8.9m because of the underspend described above.

Statement of Resources  
For the year ended 30 June 2024

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 \$185k including operating costs.

Staff Resources

	FTEs 2024	FTEs 2023
Operational staff		
Chief Executive	1.0	1.0
Senior Managers	3.0	4.0
Portfolio Managers	3.8	
Manager Pacific Health Research		1.0
Manager Māori Health Research		1.0
Support staff	28.1	26.6
	35.9	33.6

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

Employee Remuneration

Employees receiving over \$100,000	Actual 2024 No. of Staff	Actual 2023 No. of Staff
100,000 to 109,999	3	6
110,000 to 119,999	6	8
120,000 to 129,999	3	5
130,000 to 139,999	7	1
170,000 to 179,999		1
180,000 to 189,999		1
200,000 to 209,999		1
210,000 to 219,999	1	
230,000 to 239,999	1	
280,000 to 289,999	1	1
390,000 to 399,999	1	1
Total Employees	23	25

**Insurance Cover in respect of Council Members and Employees**

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

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



## Independent Auditor's Report

# Independent Auditor's Report

To the readers of the Health Research Council of New Zealand’s financial statements and performance information for the year ended 30 June 2024.

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, of the Health Research Council on his behalf.

**Opinion**

We have audited:

- the financial statements of the Health Research Council on pages 50 to 66, that comprise the statement of financial position as at 30 June 2024, 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 for the year ended 30 June 2024 on pages 19 to 21 and pages 25 to 41.

In our opinion:

- the financial statements of the Health Research Council:
  - present fairly, in all material respects:
    - its financial position as at 30 June 2024; 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 2024:
  - 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
  - complies with generally accepted accounting practice in New Zealand.

Our audit was completed on 25 October 2024. 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.

- 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 18, pages 22 to 24, pages 42 to 49, pages 67 to 69 and pages 73 to 116, 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 (including International Independence Standards) (New Zealand) (PES 1) 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

# Active Research Contracts

This section lists all of the HRC’s contracts current as of 30 June 2024, or expired in the financial year.

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
Biomedical Research				
24/260	A Novel Wireless Intracranial Pressure Sensor for Patients with Hydrocephalus	\$ 220,000.00	Dr Sang Ho Kim	The University of Auckland
20/1405	Molecular profiling for precision cancer therapies in breast and ovarian cancer	\$ 199,146.17	Professor Michael Eccles	University of Otago
20/1205	Extracellular vesicles as inter-cellular communicators in fat graft retention	\$ 228,392.75	Dr Kirsty Danielson	University of Otago
20/1355	Stopping breast cancer evolution: evaluation of APOBEC3 inhibitors in live cells	\$ 250,000.00	Professor Dr Vyacheslav Filichev	Massey University
20/1241	Exploring a novel therapy to reduce breast cancer risk in high-risk individuals	\$ 249,974.83	Dr Vanessa Lau	University of Otago
18/1016	Discovery of selective FGFR4 inhibitors as anti-hepatocellular carcinoma agents	\$ 404,913.40	Associate Professor Jeff Small	The University of Auckland
22/821	Improving solid tumour lymphocyte infiltration using bioinspired nanosystem	\$ 404,699.85	Dr Guo-Liang Lu	The University of Auckland
21/815	A smarter oral protein delivery system: Mimicking intestinal nutrient absorption	\$ 404,957.40	Professor Jingyuan Wen	The University of Auckland
20/812	How do antimicrobial combinations suppress development of resistance?	\$ 404,171.45	Professor Emeritus Iain Lamont	University of Otago
24/046	Probiotics/synbiotics and postoperative infection rates after colorectal surgery	\$ 206,667.00	Dr Claudia Paterson	The University of Auckland
23/194	Investigating fibroblast influence on the gastric cancer microenvironment	\$ 260,000.00	Dr Florence de Roo	University of Otago
22/071	Unravelling autonomic control in heart failure with preserved ejection fraction	\$ 260,000.00	Dr Joshua Chang	The University of Auckland
21/109	Māori whānau experiences of neuropsychological assessment for FASD	\$ 260,000.00	Ms Sarah Goldsbury	University of Otago
18/073	Developing a gut dysfunction scoring tool in critical illness	\$ 317,420.00	Ms Varsha Asrani	The University of Auckland
21/047	Early biomarkers in mild traumatic brain injury: A multi-disciplinary approach	\$ 260,000.00	Dr Matthew McDonald	The University of Auckland
20/1466	Te Puna Rongoā : Achieving Medicines Access Equity for Māori - Pharmacists' role	\$ 217,942.00	Dr Joanna Hikaka	The Maori Pharmacists' Association
20/035	The role of oedema and lymphatic dysfunction in critical illness	\$ 281,630.00	Dr Peter Russell	The University of Auckland
20/002	Understanding dyspnoea and exercise limitation in interstitial lung disease	\$ 316,975.00	Dr Charlotte Chen	The University of Auckland
20/928	Vaccine development: upping the ante	\$ 596,504.10	Associate Professor Bridget Stocker	Victoria University of Wellington, Research Trust
20/926	Looking at the placenta through a detailed lens: relating anatomy to function	\$ 595,830.35	Associate Professor Alys Clark	The University of Auckland
20/872	Spatial oculomics with imaging mass spectrometry for drug delivery	\$ 596,120.10	Dr Angus Grey	The University of Auckland

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
18/627	Can inflammation and aging modify the human epigenome?	\$ 249,137.10	Dr Aaron Stevens	University of Otago
24/664	Hypothalamic inhibition of GIPR signalling to increase health during ageing	\$ 400,000.00	Dr Geke Aline Boer	University of Otago
19/652	Prediction of the form-function musculoskeletal system in a paediatric population	\$ 249,999.15	Dr Julie Choisne	The University of Auckland
24/742	Engineering enzymes to enable CAR T-cells to synergise with chemotherapy	\$ 400,000.00	Dr Abigail Sharrock	Victoria University of Wellington, Research Trust
20/638	Comprehensive pan-cancer characterization of uncommon TP53 mutations	\$ 239,631.65	Dr Sunali Mehta	University of Otago
23/458	Novel targeted therapeutic strategy for ovarian cancer treatment	\$ 249,959.14	Dr Mak Sarwar	University of Otago
23/495	Genomics and functional metabolomics of pheochromocytomas and paragangliomas	\$ 246,917.65	Dr Veronica Boyle	The University of Auckland
21/608	Extracellular vesicles as prognostic markers for endometrial cancer	\$ 249,374.64	Dr Claire Henry	University of Otago
22/567	Investigating fibroblast influence on the gastric cancer microenvironment	\$ 249,942.00	Associate Professor Sharon Pattison	University of Otago
22/562	Treating gastric cancer according to its biology	\$ 249,960.66	Dr Silke Neumann	University of Otago
23/513	Unravelling the role of protein oligomerisation in acute myeloid leukemia	\$ 250,000.36	Dr Natalia Yewdall	University of Canterbury
18/637	Role of myoregulin in cardiovascular disease	\$ 249,265.40	Dr Sarah Appleby	University of Otago
20/625	Calsequestrin as a target to restore calcium balance in atrial fibrillation	\$ 246,380.45	Dr Michelle Munro	University of Otago
19/594	A suPAR Prognostic Indicator of Cardiovascular Risk and Outcomes	\$ 243,758.60	Dr Janice Chew-Harris	University of Otago
20/585	Interrogating immunotherapy for dental pulp therapy and management	\$ 206,045.95	Associate Professor Haizal Hussaini	University of Otago
21/653	Improving mitochondrial metabolism to rescue diabetic heart failure	\$ 248,822.00	Dr Toan Pham	The University of Auckland
22/572	Investigating the diet-microbiome connection in paediatric coeliac disease	\$ 229,098.00	Dr Olivia Ogilvie	University of Canterbury
24/680	Light assisted management of fungal keratitis	\$ 400,000.00	Dr Sanjay Marasini	The University of Auckland
22/533	Improving population health through education of the innate immune system	\$ 250,000.00	Dr Kerry Hilligan	Malaghan Institute of Medical Research
23/484	Building a synthetic biology pipeline to develop nucleoside therapeutics	\$ 250,001.00	Dr Alistair Brown	Victoria University of Wellington, Research Trust
23/473	Prolactin-mediated suppression of fever during pregnancy	\$ 249,999.50	Dr Teodora Georgescu	University of Otago
23/454	Harnessing the immune system for predicting adverse postoperative recovery	\$ 249,213.90	Dr Kathryn Hally	University of Otago
21/618	Multimodal neuroimaging biomarker for cognitive deficits in ADHD	\$ 249,999.78	Dr Narun Pat	University of Otago
21/646	Neuropathology of repetitive sport-related head injury	\$ 243,748.05	Dr Helen Murray	The University of Auckland

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
20/584	A human functional genomics approach to investigate inflammation in dementia	\$ 245,745.00	Dr Amy Smith	The University of Auckland
21/658	Light-responsive molecular tools to study Tau-mediated neurodegeneration	\$ 246,869.00	Dr Cassandra Fleming	Auckland University of Technology
22/539	Development of an ultrasound responsive implant to treat spinal cord injury	\$ 249,453.00	Dr Sachin Thakur	The University of Auckland
21/622	Improving outcome of mild Traumatic Brain Injury with advanced brain imaging	\$ 249,964.95	Associate Professor Mangor Pedersen	Auckland University of Technology
19/602	Cysteine biosynthesis and infection, gonorrhoea's weak link?	\$ 249,959.00	Dr Joanna Hicks	University of Waikato
20/646	Decoding GWAS to combat renal disease in Māori and Pacific people	\$ 249,978.70	Dr Megan Leask	University of Otago
19/679	Oxygen control in 3D-bioprinted osteochondral constructs	\$ 249,759.00	Dr Gabriella Lindberg	University of Otago
16/505	The transition zone as corneal endothelial transplants	\$ 149,609.40	Dr Jie Zhang	The University of Auckland
22/546	Exploring the role of the inflammasome pathway in diabetic retinopathy	\$ 249,660.15	Dr Odunayo Mugisho	The University of Auckland
22/576	PIN1ng down heterochromatin to prevent cellular ageing	\$ 150,000.00	Dr Tracy Hale	Massey University
20/768	Fighting Splicing with Splicing: New Strategies for CAR T cell Immunotherapy	\$ 150,000.00	Professor Alexander McLellan	University of Otago
20/706	Overcoming the limitations of adoptive T-cell therapy by genetic modification	\$ 150,000.00	Professor Antony Braithwaite	University of Otago
20/765	A collaborative AR work and presentation tool to examine tumour evolution	\$ 150,000.00	Dr Benjamin Lawrence	The University of Auckland
20/776	Is our destiny in our genes? Using Mendelian genetics to refine cancer risk	\$ 150,000.00	Associate Professor Louise Bicknell	University of Otago
23/530	A Novel Methylation-Editing Screen to Identify Epigenetic Drivers of Metastasis	\$ 150,000.00	Associate Professor Aniruddha Chatterjee	University of Otago
22/604	Circulating bacterial DNA for early detection of metastasis in colorectal cancer	\$ 150,000.00	Dr Rachel Purcell	University of Otago
22/581	A novel and simple tool for tumour diagnosis and treatment prognosis	\$ 150,000.00	Dr Christoph Goebel	University of Otago
22/609	Self-assembling therapeutic nanovaccines for cancer	\$ 150,000.00	Dr Benjamin Compton	Victoria University of Wellington, Research Trust
21/786	The role of circulating bacterial DNA in cardiovascular disease	\$ 150,000.00	Dr Sarah Appleby	University of Otago
23/541	Transforming the care of people with heart failure through proactive monitoring	\$ 150,000.00	Professor Simon Malpas	The University of Auckland
23/553	Developing novel devices to relieve congestion in heart failure	\$ 150,000.00	Associate Professor Rohit Ramchandra	The University of Auckland
22/632	Salivary MicroRNAs as Prognostic biomarkers of heart disease	\$ 150,000.00	Associate Professor Rajesh Katare	University of Otago
21/777	A smart toothpaste for the twenty-first century	\$ 150,000.00	Professor George Dias	University of Otago
18/693	A unique cellular mechanism for diabetic heart disease?	\$ 150,000.00	Associate Professor Chris Baldi	University of Otago

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
22/629	Novel targets within the carotid body for treating cardiometabolic disease.	\$ 150,000.00	Dr Pratik Thakkar	The University of Auckland
22/640	Glucoregulation by leptin: The missing piece to the puzzle of tissue repair?	\$ 150,000.00	Associate Professor Alexander Tups	University of Otago
22/638	The gut gets going	\$ 150,000.00	Professor Anthony Phillips	The University of Auckland
20/728	HBsAg mutations and pathophysiology of chronic hepatitis B.	\$ 150,000.00	Dr William Abbott	Auckland Hospitals Research And Endowment Fund
20/798	Designing synergistic combinations to prevent antibiotic resistance	\$ 150,000.00	Dr Stephanie Dawes	The University of Auckland
21/794	Repurposing anti-viral immunity to combat Neisseria gonorrhoeae	\$ 150,000.00	Dr William Kelton	University of Waikato
23/534	Avoiding detection: How does gonorrhoea survive within host cells?	\$ 149,994.00	Dr Joanna Hicks	University of Waikato
23/546	Rapid identification of leads for antimicrobials	\$ 150,000.00	Associate Professor Christopher Brown	University of Otago
22/650	The warfare between bacteria and bacteriophage, its benefits to humankind	\$ 150,000.00	Dr Venkata Chelikani	Lincoln University
19/750	Enabling New Zealand biomedical research with superior targeted cell ablation models	\$ 150,000.00	Professor David Ackerley	Victoria University of Wellington, Research Trust
20/741	Resurrection of an anti-inflammatory therapy through protein engineering	\$ 150,000.00	Associate Professor Lyn Wise	University of Otago
22/625	A storm in the brain - analysing brain network disruptions after mTBI	\$ 150,000.00	Dr Vickie Shim	The University of Auckland
23/592	Investigating iodine supplementation in pregnancy	\$ 149,687.00	Associate Professor Louise Brough	Massey University
20/782	Early mitochondrial dysfunction assay for neurodegenerative diseases	\$ 150,000.00	Professor Michael Berridge	Malaghan Institute of Medical Research
21/759	Exploring hepatic urea cycle dysfunction in Huntington's disease	\$ 150,000.00	Dr Renee Handley	The University of Auckland
22/614	A novel non-invasive technology platform for intracranial pressure measurement	\$ 150,000.00	Dr Sheng Chiong Hong	oDocs Eye Care
23/604	Do shed a tear for me: novel biomarker methods for Parkinson's disease	\$ 150,000.00	Dr Vanessa Morris	University of Canterbury
23/605	Wearable ultrasonic array for non-invasive imaging and manipulation of the body	\$ 150,000.00	Joe Chen	University of Canterbury
22/645	Pumping gas the right way	\$ 150,000.00	Professor Anthony Phillips	The University of Auckland
22/646	Novel approaches to support patients in acute settings	\$ 150,000.00	Professor Anthony Hickey	The University of Auckland
21/802	Personalised 3D-tissue models: Reducing health inequities in cartilage therapies	\$ 150,000.00	Professor Tim Woodfield	University of Otago
23/586	A revolutionary solution to a chronic healing problem	\$ 150,000.00	Professor Anthony Phillips	The University of Auckland
23/452	Circulating tumour DNA in hastening the diagnosis of lung cancer	\$ 249,999.64	Dr Annie Wong	University of Otago
21/989	A nationwide strategy to improve lung cancer outcomes with molecular testing	\$ 1,222,392.33	Associate Professor Aniruddha Chatterjee	University of Otago

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
22/510	Harnessing the immune system to improve health outcomes	\$ 6,231,750.00	Professor Graham Le Gros	Malaghan Institute of Medical Research
23/372	Biofilm infections' impact on Maori with osteomyelitis as a central focus.	\$ 135,000.00	Dr Reece Joseph	The University of Auckland
24/708	A Pathway to the Molecular Tumour Board	\$ 649,412.00	Dr Kimiora Henare	The University of Auckland
22/355	Stakeholder views on the Pharmacist Minor Ailment Service and access equity	\$ 32,127.60	Mr Brendon McIntosh	The University of Auckland
23/256	Mamaku: ethnobiology and use as a novel intraoral medicament - an in vitro study	\$ 190,133.00	Mr Jonathan Martin	University of Otago
20/259	Therapeutic development for Fragile X Syndrome	\$ 126,350.00	Miss Victoria Hawkins	The University of Auckland
23/419	Identifying unique histological features in brain tumours from Māori patients	\$ 7,500.00	Miss Awhina Pearce	The University of Auckland
24/589	Investigating a novel gene causing Meier-Gorlin syndrome	\$ 7,500.00	Mr Tira McLachlan	University of Otago
24/577	Chemical synthesis of novel antimicrobial compounds	\$ 7,500.00	Miss Kaiah Bloor	University of Otago
19/760	From Prescription to Patients: identifying pharmaceutical information pathways	\$ 213,750.10	Dr Denise Taylor	Victoria University of Wellington, Research Trust
20/1572	Development of PI3K inhibitors to control cytokine storm in COVID-19	\$ 328,261.65	Professor Peter Shepherd	The University of Auckland
20/1566	Printed sensing strips for sensitive and reliable detection of SARS-CoV-2	\$ 350,000.15	Professor Jadranka Travas-Sejdic	The University of Auckland
20/1204	Unravelling antimicrobial synergy to combat drug-resistant pathogens	\$ 100,000.00	Dr Cara Adolph	University of Otago
19/816	Third-generation CAR T-cells incorporating TLR domains	\$ 599,494.70	Dr Robert Weinkove	Malaghan Institute of Medical Research
20/1211	Targeting succinate metabolism to produce new chemotherapeutic agents	\$ 699,695.42	Professor Gregory Cook	University of Otago
24/666	Theca progenitors: 'gate-keepers' of ovulation potential of ovarian follicles?	\$ 650,000.00	Dr Zaramasina Clark	Victoria University of Wellington, Research Trust
20/180	Metabolic health of Maori and Pacific women: relationships between CREBRF genotype and metabolic resilience	\$ 127,550.00	Ms Taimi Tuimalealiifano	The University of Auckland
21/197	Pharmacogenetics of T2D medications within the Māori and Pacific population	\$ 125,550.00	Miss Zanetta Toomata	The University of Auckland
23/415	Investigating metabolic disease in I-Kiribati	\$ 94,050.00	Miss Bwenaua Biiri	University of Otago
21/328	Effects of unique Pacific gene variants on immunity and metabolic disease	\$ 398,248.00	Dr Natalie Netzler	The University of Auckland
23/143	Can loss of a 'hunger' hormone increase cardiovascular disease in Pacific people	\$ 1,199,984.44	Professor Daryl Schwenke	University of Otago
21/235	Are all tests created equal? NT-proBNP measurement in Pasifika vs European NZers	\$ 1,106,003.89	Dr Allamanda Faatoese	University of Otago
24/598	Method Development to measure dyslipidaemia in ovarian follicles	\$ 7,500.00	Mereana Ave	Victoria University of Wellington, Research Trust
23/470	Investigating the functions of p53 isoforms and their clinical translation	\$ 4,999,700.81	Professor Antony Braithwaite	University of Otago

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
17/608	Biomechanics in heart disease	\$ 4,964,878.92	Professor Martyn Nash	The University of Auckland
23/527	Translating biophysical models for heart health	\$ 4,999,999.65	Professor Martyn Nash	The University of Auckland
19/687	Aberrant purinergic afferent signalling in cardiovascular disease	\$ 4,928,392.85	Professor Julian Paton	The University of Auckland
18/681	Understanding genetic risk factors for metabolic disease in Maori and Pacific	\$ 4,997,081.20	Professor Peter Shepherd	The University of Auckland
18/673	Translational advances in gastrointestinal (GI) surgical recovery and motility disorders	\$ 4,953,845.76	Professor Gregory O'Grady	The University of Auckland
21/714	Translating treatments for lymphatic dysfunction associated with organ failure	\$ 4,999,761.20	Professor Anthony Phillips	The University of Auckland
18/671	Untangling PCOS: Understanding androgen excess and the female brain	\$ 4,999,603.60	Professor Rebecca Campbell	University of Otago
22/559	Pathogenesis, detection and treatment of perinatal brain injury	\$ 4,999,982.55	Professor Alistair Gunn	The University of Auckland
21/710	Neurovascular pathology in human neurodegenerative disorders	\$ 4,999,999.65	Professor Michael Dragunow	The University of Auckland
17/601	Pathogenesis, detection and treatment of perinatal brain injury	\$ 4,919,534.36	Professor Alistair Gunn	The University of Auckland
20/692	Regulation of lens water transport: A strategy to treat presbyopia and cataract	\$ 4,936,997.70	Professor Paul Donaldson	The University of Auckland
23/314	Fighting leukaemia colonisation of the haematopoietic niche	\$ 1,198,340.00	Professor Julia Horsfield	University of Otago
20/508	Smart delivery of growth factors for treating osteonecrosis of the femoral head	\$ 730,435.20	Associate Professor Khoon Lim	University of Otago
20/542	Exploiting oxidative stress in the treatment of metastatic melanoma	\$ 1,198,251.65	Professor Mark Hampton	University of Otago
18/272	A new combination therapy for cancer	\$ 1,166,623.52	Professor Peter Shepherd	The University of Auckland
19/415	A novel genetic mechanism in Acute Myeloid Leukaemia	\$ 1,177,919.75	Professor Julia Horsfield	University of Otago
18/144	Epigenomic profiling to predict patient response to melanoma immunotherapy	\$ 1,198,713.55	Professor Michael Eccles	University of Otago
19/460	Impact of germline copy number variation on endometrial cancer risk	\$ 1,145,197.80	Associate Professor Logan Walker	University of Otago
19/213	Doubling down on DNA-dependent protein kinase (DNA-PK): Radiosensitisers for head & neck cancer	\$ 1,199,999.95	Associate Professor Michael Hay	The University of Auckland
19/433	Precision treatment of head and neck cancer with evofosfamide	\$ 1,199,967.60	Associate Professor Stephen Jamieson	The University of Auckland
23/186	Identifying epigenetic markers for early detection of colorectal cancer	\$ 1,199,979.13	Dr Euan Rodger	University of Otago
20/506	The roles of respiration and ATP production in tumorigenesis and metastasis	\$ 1,197,497.55	Professor Michael Berridge	Malaghan Institute of Medical Research
21/278	Neural chip platforms for drug translation in paediatric brainstem gliomas	\$ 1,199,977.45	Associate Professor Charles Unsworth	The University of Auckland
23/208	Targeting the tumour microenvironment to improve outcomes in rectal cancer	\$ 1,200,000.14	Dr Rachel Purcell	University of Otago
23/111	Relaxed quality control: how rogue AS-NMD drives cancer evolution	\$ 1,184,999.89	Dr Sunali Mehta	University of Otago

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23/225	Cancer targeted bioorthogonal prodrugs	\$ 1,199,997.45	Associate Professor Allan Gamble	University of Otago
22/187	Improving genetic health through RNA diagnostics	\$ 1,190,889.97	Associate Professor Logan Walker	University of Otago
21/457	Targeted drug delivery to the stomach	\$ 1,191,527.07	Professor Parry Guilford	University of Otago
22/301	A single-cell transcriptomic approach to gastric cancer heterogeneity	\$ 1,199,413.46	Professor Parry Guilford	University of Otago
22/361	Critical evaluation of a tumour-targeted cancer therapy for clinical development	\$ 1,199,489.20	Associate Professor Jeff Smaill	The University of Auckland
22/329	WNT signalling - a matter of degradation	\$ 1,199,533.94	Professor Catherine Day	University of Otago
22/278	Targeted immune stimulants to hypersensitise lung cancer to checkpoint blockade	\$ 1,199,922.40	Associate Professor Adam Patterson	The University of Auckland
21/474	Lymphocyte specific kinase inhibitors for controlling immunotherapy toxicity	\$ 1,199,974.10	Associate Professor Jack Flanagan	The University of Auckland
22/379	A dual-safety system to promote CAR T cell activation and migration	\$ 1,199,975.45	Professor Alexander McLellan	University of Otago
22/345	Overcoming antibody-drug conjugate resistance in HER2-positive breast cancer	\$ 1,199,994.80	Associate Professor Stephen Jamieson	The University of Auckland
22/444	Hypoxia-selective delivery of DNA-PK inhibitors to tumours	\$ 1,199,999.65	Associate Professor Michael Hay	The University of Auckland
22/432	Spatial profiling of tumour tissue to improve lung cancer immunotherapy	\$ 1,200,000.35	Professor Rod Dunbar	The University of Auckland
18/400	Nanoscale fibrosis and loss of contractility in the failing human heart	\$ 1,182,219.72	Dr David Crossman	The University of Auckland
18/189	Targeting chemoreceptors in hypertension: a large animal pre-clinical trial	\$ 1,187,098.68	Associate Professor Rohit Ramchandra	The University of Auckland
20/274	A novel therapeutic to protect hearts in acute ischaemic procedures	\$ 1,143,638.85	Professor Ivan Sammut	University of Otago
20/305	Novel potential anti-arrhythmic target	\$ 1,171,620.25	Professor Julian Paton	The University of Auckland
20/158	Respiratory modulated pacing to improve outcomes in heart failure	\$ 1,191,072.60	Associate Professor Rohit Ramchandra	The University of Auckland
20/122	Can love break your heart? Oxytocin makes the failing heart skip a beat!	\$ 1,198,648.20	Professor Daryl Schwenke	University of Otago
21/355	Targeting the right atrium, the forgotten chamber of the heart	\$ 1,199,999.65	Associate Professor Jichao Zhao	The University of Auckland
23/047	Establishment of a new molecular target for arrhythmias and heart failure	\$ 1,198,100.32	Professor Peter Jones	University of Otago
21/232	Predicting cardiovascular risk from diabetic eye screening photographs	\$ 1,198,293.95	Professor Rinki Murphy	The University of Auckland
23/306	PDE9: inhibition in experimental MI and plasma levels in human heart disease	\$ 1,194,867.49	Professor Christopher Charles	University of Otago
23/165	A novel intracranial baroreceptor mechanism for blood pressure control	\$ 1,199,911.90	Professor Julian Paton	The University of Auckland
21/209	How does preeclampsia in pregnancy lead to early cardiovascular disease?	\$ 1,199,914.40	Professor Larry Chamley	The University of Auckland
19/190	Glycotoxicity in the diabetic heart - novel treatment targets	\$ 1,148,222.25	Associate Professor Kim Mellor	The University of Auckland

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23/347	Toward a mechanism for CREBRF R457Q to drive diabetes protection	\$ 1,199,861.15	Dr Kate Lee	The University of Auckland
22/069	The CALCRL receptor: A new genetic determinant of diabetic kidney disease in New Zealand	\$ 1,199,906.20	Professor Alan Davidson	The University of Auckland
22/296	Role of polarized exocytosis in infection of host cells by pathogenic E. coli	\$ 1,199,984.57	Associate Professor Keith Ireton	University of Otago
14/276	Degradable metallic mini-plate and screw system for craniofacial osteosynthesis	\$ 692,736.95	Associate Professor Mark Staiger	University of Canterbury
20/121	Genetic discoveries for unsolved developmental and epileptic encephalopathies	\$ 1,199,869.65	Professor Lynette Sadleir	University of Otago
21/097	Improving genetic diagnosis for tamariki in Aotearoa	\$ 1,199,920.35	Professor Stephen Robertson	University of Otago
22/219	Bringing precision to the diagnosis of complex neurodevelopmental disorders	\$ 1,199,831.41	Professor Stephen Robertson	University of Otago
19/397	Readying next-generation antifungals for drug development	\$ 1,199,967.55	Associate Professor Brian Monk	University of Otago
18/532	Repurposing the anthelmintic niclosamide to combat Gram negative superbugs	\$ 1,189,474.90	Professor David Ackerley	Victoria University of Wellington, Research Trust
19/457	The role of microbial viability in regulating mucosal associated invariant T (MAIT) cell activation	\$ 1,191,634.70	Professor James Ussher	University of Otago
19/243	Tackling antimicrobial resistance	\$ 1,180,238.90	Professor Emily Parker	Victoria University of Wellington, Research Trust
20/213	Unlocking antimicrobial tolerance in bacterial pathogens to overcome AMR	\$ 1,197,343.55	Professor Gregory Cook	University of Otago
20/459	Combating antimicrobial resistance with high-throughput bacterial genetics	\$ 1,199,272.35	Dr Matthew McNeil	University of Otago
22/138	Genomic epidemiology of human respiratory viruses in Aotearoa	\$ 1,196,858.43	Professor Jemma Geoghegan	University of Otago
22/323	Targeting metabolic dysregulation to eradicate drug resistant M. tuberculosis	\$ 1,199,544.36	Dr Matthew McNeil	University of Otago
22/322	A vaccine for Staphylococcus aureus	\$ 1,199,789.30	Professor John Fraser	The University of Auckland
23/396	Targeting microbial energetics to achieve a rapid cure for tuberculosis	\$ 1,199,908.50	Professor Kurt Krause	University of Otago
22/485	New targets for infectious disease - tackling antimicrobial resistance	\$ 1,200,000.00	Professor Emily Parker	Victoria University of Wellington, Research Trust
21/565	Harnessing lung resident immune cells for mucosal vaccines	\$ 1,199,975.40	Dr Lisa Connor	Victoria University of Wellington, Research Trust
20/230	Time for destruction - switching immune responses off	\$ 1,197,433.37	Professor Catherine Day	University of Otago
22/262	Immune cells, bacteria and epithelium in Crohn's disease patients	\$ 1,190,405.53	Professor Roslyn Kemp	University of Otago
21/358	Skin dendritic cell specialisation determines disease outcome	\$ 1,199,943.25	Professor Franca Ronchese	Malaghan Institute of Medical Research
23/333	Plasticity of the skin IL-13+ innate lymphoid cell niche	\$ 1,200,000.10	Professor Franca Ronchese	Malaghan Institute of Medical Research

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19/027	Do hippocampus, insula and amygdala contribute to an anxiety syndrome biomarker?	\$ 1,090,630.95	Professor Emeritus Neil McNaughton	University of Otago
22/237	Hormones and mood: Imaging the impact of obesity on maternal neural circuitry	\$ 1,199,908.32	Dr Rosemary Brown	University of Otago
23/332	Identifying central therapeutic targets in polycystic ovary syndrome	\$ 1,198,920.56	Professor Rebecca Campbell	University of Otago
18/063	Development of novel remyelination treatments for Multiple Sclerosis	\$ 1,167,846.10	Associate Professor Bronwyn Kivell	Victoria University of Wellington, Research Trust
19/384	Dissecting the role of glial lysosome function in neurodegeneration	\$ 1,199,417.30	Professor Stephanie Hughes	University of Otago
19/390	A neural circuit to suppress stress in motherhood	\$ 1,167,222.60	Associate Professor Karl Iremonger	University of Otago
19/204	Manipulating rewards to treat maladaptive brain disorders: focus on tinnitus	\$ 1,192,994.10	Professor John Reynolds	University of Otago
20/399	Galvanic vestibular stimulation as a treatment for neurological disorders	\$ 1,188,357.10	Professor Paul Smith	University of Otago
20/101	Treatment of GABAergic interneuron dysfunction in preterm brain injury	\$ 1,186,646.95	Associate Professor Justin Dean	The University of Auckland
21/080	Novel targets to enhance axonal repair after spinal cord injury	\$ 1,199,242.48	Dr Laura Gummy	University of Otago
20/370	Role of ryanodine receptors in Alzheimer's disease	\$ 1,189,936.70	Professor Peter Jones	University of Otago
22/198	Is Exendin-4 neuroprotective after perinatal hypoxia-ischaemia?	\$ 1,199,443.45	Associate Professor Joanne Davidson	The University of Auckland
22/331	Development of safe, non-addictive pain medications	\$ 1,199,999.90	Associate Professor Bronwyn Kivell	Victoria University of Wellington, Research Trust
23/293	MRI-informed computational model for non-invasive detection of brain pressure	\$ 1,191,990.00	Dr Samantha Holdsworth	Mātai Medical Research Institute
23/133	Blood-based biomarkers of dementia in a longitudinal birth cohort	\$ 1,200,000.11	Dr Ashleigh Barrett-Young	University of Otago
21/413	Understanding how heparan sulfate mimetics control neuroinflammation	\$ 1,199,969.60	Professor Anne La Flamme	Victoria University of Wellington, Research Trust
22/177	Neuron-glia regulation of plasticity in health and neuroinflammatory diseases	\$ 1,197,310.48	Professor Wickliffe Abraham	University of Otago
21/380	Neurocardiac coculture approach to the long QT syndrome	\$ 1,199,932.60	Dr Annika Winbo	The University of Auckland
20/526	Improving nutrition delivery	\$ 1,187,998.75	Professor Anthony Phillips	The University of Auckland
17/298	Targeting the ERp44-adiponectin interaction for diabetes treatment	\$ 1,188,969.24	Associate Professor Ghader Bashiri	The University of Auckland
21/561	A novel brain pathway involved in pathogenesis of obesity and type-2 diabetes	\$ 1,199,664.97	Professor David Grattan	University of Otago
18/183	New horizons for preterm brain protection: exploiting endogenous neuroprotection	\$ 1,187,296.24	Associate Professor Mhoyra Fraser	The University of Auckland
18/225	Look before we leap: strategies for treating mild neonatal encephalopathy	\$ 1,185,478.00	Associate Professor Joanne Davidson	The University of Auckland
18/408	Placental extracellular vesicles, controllers of the maternal vasculature	\$ 1,187,064.24	Professor Larry Chamley	The University of Auckland

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20/437	Circadian patterns of fetal heart rate predict impaired fetal oxygenation	\$ 1,199,998.30	Professor Laura Bennet	The University of Auckland
22/248	Activity of orexigenic AgRP neurons during pregnancy and lactation	\$ 1,197,681.24	Dr Sharon Ladyman	University of Otago
22/479	Hormone-induced adaptations in respiratory function during pregnancy	\$ 1,199,969.09	Professor David Grattan	University of Otago
21/560	Visualising and controlling the cause of hot flushes at menopause	\$ 1,198,704.33	Professor David Grattan	University of Otago
23/284	Development of a targeted drug therapy for acute kidney injury	\$ 1,199,999.30	Professor Alan Davidson	The University of Auckland
20/470	A neural circuit required for maternal adaptation to pregnancy	\$ 1,199,971.30	Professor David Grattan	University of Otago
23/049	Curbing the reproductive hormonal axis to control PCOS	\$ 1,199,989.90	Professor Greg Anderson	University of Otago
23/212	Protecting the lungs of the critical illness patient	\$ 1,199,915.25	Professor John Windsor	The University of Auckland
17/294	Targeting crystal-driven macrophage activation to suppress gouty inflammation	\$ 1,185,170.04	Associate Professor Christopher Hall	The University of Auckland
19/206	Addressing clinical questions in gout using genetic data	\$ 1,198,120.10	Professor Tony Merriman	University of Otago
20/199	Turning off the cellular energy supply to treat osteoarthritis	\$ 1,180,501.60	Dr Raewyn Poulsen	The University of Auckland
21/310	Uncovering the earliest events leading to tophaceous gout	\$ 1,194,917.70	Associate Professor Christopher Hall	The University of Auckland
20/317	Tackling the vicious circle of dry eye disease	\$ 1,195,446.80	Associate Professor Ilva Rupenthal	The University of Auckland
23/169	Disposable, not dispensable: reducing the incidence of cataract post vitrectomy	\$ 1,139,547.60	Dr Julie Lim	The University of Auckland
23/076	A molecular triage test to reduce colposcopy referrals after HPV testing	\$ 1,199,987.46	Professor Marilyn Hibma	University of Otago
21/034	Decreasing alpha synuclein in Parkinson's disease: Are 'strains' the solution?	\$ 571,338.00	Dr Victor Dieriks	The University of Auckland
20/137	Understanding the role of the aryl hydrocarbon receptor in cancer	\$ 587,351.00	Dr Christoph Goebel	University of Otago
24/195	Multi-Drug Antibody-Drug Conjugates for Targeted Cancer Therapy	\$ 599,244.00	Dr Iman Kavianinia	The University of Auckland
20/017	Precision cancer treatment using predictive software and imaging biomarkers	\$ 469,821.00	Dr Hayley Reynolds	The University of Auckland
24/212	Developing novel targets and drugs for cancer therapy in Aotearoa New Zealand	\$ 599,702.00	Dr Silke Neumann	University of Otago
20/103	Molecular mechanisms and the gut microbiome in colorectal cancer (CRC)	\$ 598,972.00	Dr Rachel Purcell	University of Otago
20/052	Rational extension of immunotherapy in colorectal cancer.	\$ 600,000.00	Dr Nicholas Fleming	University of Otago
20/069	Tickling cancer cells to provoke an antitumour immune response	\$ 580,348.00	Dr Muhammad Hanif	The University of Auckland
21/003	Protein degradation: from understanding to application	\$ 599,999.00	Dr Adam Middleton	University of Otago
23/188	Large-scale substitution approaches to engineer non-ribosomal peptides	\$ 536,377.00	Dr Mark Calcott	Victoria University of Wellington, Research Trust

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22/030	Next-generation high-throughput screening for smart drug discovery	\$ 597,136.00	Dr Daniel Conole	The University of Auckland
21/030	Adapting to a CINister genome: regulating chromosomal instability and metastasis	\$ 600,000.00	Dr Sunali Mehta	University of Otago
20/011	Vulnerability of the female heart	\$ 593,057.00	Dr June-Chiew Han	The University of Auckland
22/011	Elucidating the effects of nitric oxide and argon on cerebral haemodynamics	\$ 472,672.00	Dr Mickey Fan	The University of Auckland
23/119	Developing novel treatments for HFpEF by studying vagal control of the heart	\$ 571,138.00	Dr Julia Shanks	The University of Auckland
21/116	Bioenergetics of human diabetic heart failure	\$ 586,497.00	Dr Kenneth Tran	The University of Auckland
23/037	Generating hypertension to prevent mortality in Duchenne muscular dystrophy	\$ 599,966.00	Dr Angus Lindsay	University of Canterbury
23/200	Development of diagnostic fluorecence and ultrasound probes for S. aureus	\$ 599,612.00	Dr Matthias Fellner	University of Otago
23/228	A genomics-led approach to bacteriophage therapies for infectious disease.	\$ 596,423.00	Dr Simon Jackson	University of Otago
22/156	Dysregulating metabolism to eradicate drug-resistant Mycobacterium tuberculosis	\$ 582,826.00	Dr Matthew McNeil	University of Otago
20/006	Novel strategies to harness therapeutic potential of CB2 in the immune system	\$ 565,312.00	Dr Natasha Grimsey	The University of Auckland
19/007	Delivering neurotrophic growth factors to stimulate and orient axonal outgrowth	\$ 500,000.00	Professor Darren Svirskis	The University of Auckland
24/184	Enhancing and understanding functional improvements after spinal cord injury	\$ 599,381.00	Dr Bruce Harland	The University of Auckland
24/059	Charting the neuroprotective role of a lncRNA in Parkinson's disease	\$ 599,779.00	Dr Indranil Basak	University of Otago
24/016	An integrative diagnosis of neurovascular function for Alzheimer's disease	\$ 505,964.00	Dr Gonzalo Maso Talou	The University of Auckland
22/005	Immune system-derived oxidants in the treatment and diagnosis of respiratory diseases	\$ 599,995.00	Dr Nina Dickerhof	University of Otago
20/015	Adult stem cell treatments for corneal endothelial diseases	\$ 575,742.00	Dr Jie Zhang	The University of Auckland
19/895	A bioelectronic implant to reconnect damaged nerves following spinal cord injury	\$ 472,123.27	Professor Darren Svirskis	The University of Auckland
Clinical Research				
24/306	Understanding the molecular subtypes of gastric cancer in Aotearoa New Zealand	\$ 784,062.00	Associate Professor Sharon Pattison	Te Whatu Ora - Capital, Coast and Hutt Valley
20/026	Improving outcomes for children and adolescents with diabetes	\$ 896,261.00	Associate Professor Craig Jefferies	Auckland Hospitals Research And Endowment Fund
22/002	Oxygen therapy in critically ill adults	\$ 1,031,753.00	Professor Paul Young	Te Whatu Ora - Capital, Coast and Hutt Valley
19/094	Development of trials with novel designs	\$ 758,874.00	Associate Professor Mark Bolland	Auckland Hospitals Research And Endowment Fund

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24/435	Reducing morbidity in children with neuroimmunological disorders	\$ 717,542.00	Dr Hannah Jones	Auckland Hospitals Research And Endowment Fund
23/073	Nutrition, growth and outcomes of moderate-late preterm babies	\$ 469,667.00	Dr Taniith Alexander	Te Whatu Ora - Counties Manukau
20/030	Improving care and outcomes for babies at risk of brain injury	\$ 823,756.00	Dr Malcolm Battin	Auckland Hospitals Research And Endowment Fund
22/016	Clinical Practitioner Research Fellowship	\$ 892,380.00	Dr Lynn Sadler	Auckland Hospitals Research And Endowment Fund
16/058	Ethnic differences in energy metabolism among New Zealanders	\$ 250,000.00	Dr Patricia Whitfield	University of Otago
22/041	Triaging symptomatic patients with faecal immunochemical test for bowel cancer	\$ 172,200.00	Dr Kai Sheng Saw	The University of Auckland
22/108	Novel applications of cardiac CT to enhance assessment of coronary disease	\$ 43,686.00	Charlotte Greer	University of Otago
24/112	Ectopic fat deposition: novel insights into nutrition and glycaemic control	\$ 213,333.00	Yutong Liu	The University of Auckland
22/103	Pressure reduction in Moderate Aortic Stenosis (PUMAS)	\$ 260,000.00	Dr Peter McLeod	University of Otago
24/279	Effects of caffeine in late preterm infants	\$ 260,000.00	Dr Jane Canning	The University of Auckland
24/100	Cause and effect in childhood bone and joint infection	\$ 260,000.00	Dr Sarah Hunter	The University of Auckland
22/051	The role of wearable technology in the management of type 1 diabetes	\$ 165,695.00	Dr Shekhar Sehgal	University of Otago
23/210	Assessment of fully automated insulin delivery technology in diabetes	\$ 260,000.00	Dr Thomas Wilkinson	University of Otago
22/001	The effect of chronic hookworm infection on intestinal barrier function	\$ 180,524.00	Dr Thomas Mules	Malaghan Institute of Medical Research
22/045	Quantifying and optimising postoperative recovery using wearable sensors	\$ 260,000.00	Dr Cameron Wells	The University of Auckland
24/003	A digital biomarker platform for upper gastrointestinal symptoms	\$ 260,000.00	Dr Chris Varghese	The University of Auckland
19/124	The use of whole genome sequencing (WGS) to describe the molecular epidemiology of tuberculosis (TB) in NZ	\$ 256,126.00	Dr Veronica Playle	The University of Auckland
21/061	Treatment of Impetigo with Antiseptics - Replacing Antibiotics (TIARA) Trial	\$ 160,000.00	Dr Sarah Primhak	The University of Auckland
22/128	PSGN in New Zealand Children	\$ 259,500.00	Dr Amanda Taylor	The University of Auckland
24/323	Enhancing the effectiveness and safety of leprosy control in Kiribati	\$ 260,000.00	Dr Patrick Campbell	University of Otago
22/006	Evaluating a parenting intervention for adolescents in mental health services.	\$ 245,356.00	Ms Zara Mansoor	University of Otago
20/045	Nocebo Hypothesis Cognitive Behavioural Therapy (NH-CBT): an RCT	\$ 320,000.00	Dr Matt Richardson	University of Otago
22/031	Biomarkers and their relationship to traumatic brain injuries - The BRAIN Study	\$ 146,673.00	Dr Alice Rogan	University of Otago

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24/012	The SAFE For Play study for objective assessment of recovery after concussion	\$ 260,000.00	Ms Katherine Forch	Auckland University of Technology
23/137	The Guillain-Barre Syndrome (GBS) phenotype in Aotearoa/New Zealand	\$ 260,007.00	Dr Eileen McManus	The University of Auckland
20/042	Optimising the care and outcomes for women with severe postpartum anaemia	\$ 315,174.00	Ms Esther Calje	The University of Auckland
23/272	A national best practice guide for equity in preterm birth in Aotearoa	\$ 260,000.00	Dr Briar Hunter	The University of Auckland
21/054	He tono whakapiki ora: Whānau and pharmacists' knowledge exchange	\$ 258,471.00	Mrs Nora Parore	Victoria University of Wellington, Research Trust
22/105	Finding the fit - Haemodialysis vascular access that meets patient priorities	\$ 259,230.00	Dr Katherine Richards	University of Otago
19/003	Effects of antipyretics on respiratory disease and eczema in infancy	\$ 320,000.00	Dr Eunicia Tan	The University of Auckland
21/025	Clinical utility of ultrasound imaging for evaluation of foot osteoarthritis	\$ 259,900.00	Ms Prue Molyneux	Auckland University of Technology
24/157	Corneal transplantation in Aotearoa: COVID-19, confocal and clinical outcomes	\$ 200,000.00	Dr Natalie Allen	The University of Auckland
21/063	Keratoconus and corneal cross-linking	\$ 259,000.00	Dr Lize Angelo	The University of Auckland
23/009	Scleral shell prosthesis practice in Aotearoa New Zealand.	\$ 259,800.00	Ms Janice Yeoman	The University of Auckland
22/017	Ocular melanocytic lesions - A nationwide Aotearoa/New Zealand study	\$ 260,000.00	Dr Joevy Lim	The University of Auckland
18/829	Randomised trial of an intervention to increase tuberculosis notifications	\$ 450,000.00	Professor Philip Hill	University of Otago
21/629	Psychedelic-assisted therapy in advanced-stage cancer patients	\$ 249,333.50	Dr Lisa Reynolds	The University of Auckland
18/636	Optimisation of pre-operative cardiovascular fitness: The heat vs. HIIT study	\$ 249,615.30	Dr Kate Thomas	University of Otago
20/581	Low-intensity therapy and parent coaching for young children with ASD: An RCT.	\$ 250,000.00	Dr Hannah Waddington	Victoria University of Wellington, Research Trust
20/590	Preoperative exclusive enteral nutrition versus usual care in Crohn's disease	\$ 180,375.60	Dr Catherine Wall	University of Otago
23/480	Sleep, mental health and wellbeing for young people: An online RCT of apps	\$ 244,755.25	Dr Nicola Ludin	The University of Auckland
19/624	Measuring perceived task difficulty during rehabilitation	\$ 227,452.00	Associate Professor Nada Signal	Auckland University of Technology
20/618	Novel non-invasive neuromodulation treatment for chronic low back pain	\$ 209,995.25	Dr Divya Adhia	University of Otago
20/650	Low-dose naltrexone as an adjunctive treatment in major depressive disorder	\$ 249,138.35	Dr Joanne Lin	The University of Auckland
23/481	Toward profiling and treating neurosteroid withdrawal in catamenial epilepsy	\$ 249,985.05	Dr Rachael Sumner	The University of Auckland
23/451	The relationship between physical activity and gout flares	\$ 249,823.55	Associate Professor Sarah Stewart	Auckland University of Technology

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20/710	A community-based RCT evaluating micronutrients for mood dysregulated teenagers	\$ 150,000.00	Professor Julia Rucklidge	University of Canterbury
20/651	Neonatal Glucose Care Optimisation (NeoGluCO) Study	\$ 249,641.25	Dr Christopher McKinlay	The University of Auckland
21/664	Novel white crowns for drill-free treatment of dental caries in NZ children	\$ 249,277.96	Dr Joanne Choi	University of Otago
21/619	Combined colorectal cancer and H.pylori screening for 50-60 y/o Māori in NZ	\$ 249,061.35	Dr Stephen Inns	University of Otago
18/623	Feasibility study of vitamin C therapy in community acquired pneumonia	\$ 250,000.40	Professor Steve Chambers	University of Otago
20/588	ACTION-TBI: ACT to improve recovery after Traumatic Brain Injury	\$ 249,308.75	Professor Alice Theadom	Auckland University of Technology
21/660	Community-based Intensive Activation Therapy for major depression	\$ 249,126.01	Professor Marie Crowe	University of Otago
21/640	Can we attenuate inflammation in metabolic syndrome? A feasibility study	\$ 249,999.59	Associate Professor Anitra Carr	University of Otago
20/653	Resveratrol – a potential novel treatment for bronchiectasis	\$ 219,061.00	Associate Professor Conroy Wong	Aotearoa Clinical Trials
21/676	Anti-inflammatories and physiotherapy for people with knee osteoarthritis	\$ 243,976.34	Dr Cathy Chapple	University of Otago
21/616	Self-regulation training for people with knee osteoarthritis.	\$ 248,817.10	Associate Professor Ramakrishnan Mani	University of Otago
20/041A	The role of psychological flexibility in recovery following a concussion	\$ 65,347.61	Dr Josh Faulkner	Victoria University of Wellington, Research Trust
22/548	Modelling procalcitonin for bacterial infections in intensive care	\$ 249,999.55	Dr Jacqueline Hannam	The University of Auckland
23/500	Prevalence of refractive error and access to eye care for New Zealand children	\$ 249,931.80	Dr Rebecca Findlay	The University of Auckland
19/621	A community-based psychosocial group treatment for older adults with loneliness	\$ 248,814.85	Associate Professor Gary Cheung	The University of Auckland
19/450	Do concomitant medicines impede safe and effective lung cancer treatment in NZ?	\$ 1,194,776.30	Professor Mark McKeage	The University of Auckland
22/676	The STEPCARE trial	\$ 1,399,910.75	Professor Paul Young	Medical Research Institute of New Zealand
20/914	CT to reduce invasive coronary angiography in acute coronary syndrome	\$ 1,331,290.62	Associate Professor Philip Adamson	University of Otago
23/637	Technology and Kaiāwhina-Based Support to Optimise Diabetes Management for Māori	\$ 1,399,958.00	Associate Professor Lynne Chepulis	University of Waikato
17/323	Bacteraemia Antibiotic Length Actually Needed for Clinical Effectiveness-BALANCE	\$ 1,191,322.00	Dr Colin McArthur	Medical Research Institute of New Zealand
19/466	BLING III - Phase III RCT of continuous β-lactam infusion in the critically ill	\$ 1,195,807.25	Dr Shay McGuinness	Medical Research Institute of New Zealand
19/021	Targeted early activity and mobilisation in the ICU (the TEAM study)	\$ 1,011,247.25	Professor Paul Young	Medical Research Institute of New Zealand
22/713	Self-assessment of ongoing pregnancy after early medical abortion; an RCT	\$ 1,209,795.80	Dr Michelle Wise	The University of Auckland

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20/1184	Health care delivery of an early childhood intervention – impact and engagement	\$ 588,093.30	Dr Adrian Trenholme	Te Whatu Ora - Counties Manukau
22/508	MRINZ Platform Plan	\$ 10,400,000.00	Professor Richard Beasley	Medical Research Institute of New Zealand
21/524	Optimising the potential benefits of lung cancer screening in Māori in New Zealand	\$ 1,186,187.75	Professor Dr Sue Crengle	Te Whatu Ora - Waitematā
24/592	Māori experiences and perceptions of self-regulatory treatments for chronic pain	\$ 7,500.00	Miss Tori-Lee Brown	University of Otago
24/620	An Exploration of Knowledge Exchange between Rongoā and Medical Practitioners	\$ 7,500.00	Mrs Nasya Thompson	University of Otago
23/501	Outcomes for tamariki with acute rheumatic fever in Counties Manukau	\$ 182,417.00	Dr Adam Dennison	Te Whatu Ora - Counties Manukau
23/153	The therapeutic potential of kava in the treatment of psychological trauma	\$ 997,453.00	Dr Apo Aporosa	University of Waikato
19/690	Assessing the impact of maternal and perinatal interventions on life-long health	\$ 4,971,164.10	Professor Jane Harding	The University of Auckland
23/457	Translational advances in GI surgical recovery and motility disorders	\$ 4,999,999.65	Professor Gregory O'Grady	The University of Auckland
16/631	Platform trial optimising interventions in severe community acquired pneumonia	\$ 4,814,924.00	Dr Colin McArthur	Medical Research Institute of New Zealand
17/614	Prevention of asthma	\$ 4,993,727.52	Professor Stuart Dalziel	Auckland Hospitals Research And Endowment Fund
22/574	Strategies to improve gout management in Aotearoa	\$ 4,998,486.21	Professor Lisa Stamp	University of Otago
23/144	The New Zealand Quit Vaping Trial	\$ 1,438,524.25	Professor Natalie Walker	The University of Auckland
21/323	Combining cytisine and nicotine vapes: a randomised trial in smoking cessation	\$ 1,439,365.00	Professor Natalie Walker	The University of Auckland
20/140	Zoledronic acid and fracture prevention in early postmenopausal women	\$ 1,192,556.85	Associate Professor Mark Bolland	The University of Auckland
23/257	Stepped rehabilitation for people with persistent shoulder pain	\$ 1,187,250.64	Professor Gisela Sole	University of Otago
17/230	Can pre-screening reduce the risk of life-threatening fluoropyrimidine toxicity?	\$ 1,186,557.28	Associate Professor Nuala Helsby	The University of Auckland
18/323	Reducing oxaliplatin toxicity: a randomised dose-finding proof-of-concept trial	\$ 1,195,411.20	Professor Mark McKeage	The University of Auckland
18/233	More gain, less pain from chemoradiation for rectal cancer by adding simvastatin	\$ 1,399,053.88	Associate Professor Michael Jameson	The University of Auckland
18/397	Improving CVD risk prediction in primary care: novel arterial waveform method	\$ 1,199,504.36	Professor Robert Scragg	The University of Auckland
19/069	Exercise or hypochlorous acid for venous leg ulcer healing: Factorial4VLU trial	\$ 1,402,941.25	Professor Andrew Jull	The University of Auckland
20/144	The Metformin Aneurysm Trial	\$ 1,325,323.50	Professor Greg Jones	University of Otago
19/340	Targeted therapeutic mild hypercapnia after resuscitated cardiac arrest	\$ 1,199,994.50	Associate Professor Rachael Parke	Medical Research Institute of New Zealand

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19/532	Duration of Dual Antiplatelet Therapy in Acute Coronary Syndrome (DUAL-ACS)	\$ 1,549,999.75	Associate Professor Philip Adamson	University of Otago
23/247	Digital technologies for stroke prevention: a randomised controlled trial	\$ 1,440,000.40	Professor Rita Krishnamurthi	Auckland University of Technology
23/017	Low OxyGen Intervention for Cardiac Arrest Injury Limitation (LOGICAL) Trial	\$ 1,191,990.75	Professor Paul Young	Medical Research Institute of New Zealand
23/374	A compositional neurophysiological biomarker for predicting stroke recovery	\$ 1,199,999.55	Professor Winston Byblow	The University of Auckland
20/190	Enhancing Spontaneous Recovery after Stroke Study (ESPRESSo)	\$ 1,421,459.90	Professor Winston Byblow	The University of Auckland
22/442	HCQ4ARF: A randomised trial of Hydroxychloroquine for acute rheumatic fever	\$ 1,437,916.85	Dr Rachel Webb	The University of Auckland
22/277	Evaluating a bedside high-sensitivity troponin within a rural chest pain pathway	\$ 1,199,642.01	Dr Rory Miller	University of Otago
22/305	Caffeine to improve neurodevelopmental outcomes in infants born late preterm	\$ 1,439,268.95	Associate Professor Jane Alsweiler	The University of Auckland
22/113	Early brain development and later outcomes in moderate-late preterm babies	\$ 1,198,209.40	Professor Jane Harding	The University of Auckland
16/017	Preventing upper respiratory tract infections in infancy	\$ 1,198,436.94	Professor Julian Crane	University of Otago
22/123	Novel biomarker validation to guide treatment in inflammatory bowel disease	\$ 1,199,994.38	Professor Richard Gearry	University of Otago
20/344	Staphylococcus aureus network adaptive platform trial (SNAP)	\$ 1,190,216.25	Dr Genevieve Walls	Aotearoa Clinical Trials
22/184	Development of rifampicin as a dry powder inhaler for tuberculosis	\$ 1,086,230.65	Dr Jack Dummer	University of Otago
22/409	ARISE FLUIDS Aotearoa Randomised Controlled Trial	\$ 1,199,949.75	Associate Professor Peter Jones	Medical Research Institute of New Zealand
21/450	Aetiology-focused treatment: a new paradigm for empiric pneumonia treatment	\$ 1,192,690.68	Dr Michael Maze	University of Otago
21/184	Measuring and boosting waning immunity to measles in young adults	\$ 1,163,259.24	Professor Peter McIntyre	University of Otago
20/366	Erythropoietin to improve outcomes for critically ill trauma patients	\$ 1,199,019.50	Dr Colin McArthur	Medical Research Institute of New Zealand
18/152	Treating cognitive impairment in severe depression	\$ 1,151,916.35	Professor Richard Porter	University of Otago
23/302	TIPS: Trans-Tasman Internet-delivered Prevention of (youth) Suicide	\$ 1,437,012.15	Associate Professor Sarah Hetrick	The University of Auckland
20/112	Ketamine therapy for neurotic disorders: Is there a single mechanism?	\$ 1,438,829.50	Professor Paul Glue	University of Otago
23/126	Ketamine versus Ketamine plus Behavioural Activation Therapy for Depression	\$ 1,194,434.97	Dr Ben Beaglehole	University of Otago
23/018	Connected: Who benefits from online delivery of mental disorder treatment?	\$ 1,439,846.30	Dr Charlene Rapsey	University of Otago
22/076	A randomised controlled trial of a low dose serotonergic agonist for depression	\$ 1,439,988.10	Associate Professor Suresh Muthukumaraswamy	The University of Auckland

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19/420	International case-control study of sudden unexpected death in epilepsy	\$ 1,190,647.00	Dr Peter Bergin	Auckland Hospitals Research And Endowment Fund
20/538	Brain biomarkers for future cognitive health in Parkinson's disease	\$ 1,189,160.84	Professor John Dalrymple-Alford	University of Canterbury
21/144	IMPRESS: Intelligent Multimodal imaging platform to PREdict Stroke motor outcomeS	\$ 1,146,922.90	Associate Professor Alan Wang	The University of Auckland
23/180	A Randomised Controlled Trial of Oral Dexamethasone to treat Sydenham's Chorea	\$ 1,438,044.10	Dr Hannah Jones	Auckland Hospitals Research And Endowment Fund
23/290	Improving lives of hydrocephalus patients - first human trial of a novel device	\$ 1,199,015.10	Dr Sarah-Jane Guild	The University of Auckland
20/184	Safely improving outcomes for babies after birth by planned caesarean section	\$ 1,433,915.15	Professor Katie Groom	The University of Auckland
16/009	The PLUS trial: PLasmalyte versUs Saline for intravenous fluid therapy in ICU	\$ 1,385,525.00	Professor Paul Young	Medical Research Institute of New Zealand
20/084	A mega randomised registry trial comparing two approaches to oxygen therapy	\$ 1,438,369.50	Professor Paul Young	Medical Research Institute of New Zealand
20/312	ACHIEVE - New Zealand	\$ 1,061,052.65	Associate Professor Janak de Zoysa	Te Whatu Ora - Waitematā
23/093	IMPEDE-PKD: Metformin to protect kidney function in polycystic kidney disease	\$ 1,439,999.74	Professor Dr Suetonia Green	University of Otago
19/268	Serum phosphate to improve outcomes for dialysis patients: The PHOSPHATE trial	\$ 1,266,603.95	Professor Dr Suetonia Green	University of Otago
19/290	Teaching to improve health outcomes for peritoneal dialysis: The TEACH-PD trial	\$ 1,439,326.75	Professor Dr Suetonia Green	University of Otago
20/061	Fertility and IVF and IUI trial in couples with uneXplained infertility (FIIX)	\$ 1,439,812.15	Professor Cindy Farquhar	The University of Auckland
20/389	RCT budesonide-formoterol vs salbutamol reliever therapy in childhood asthma	\$ 1,439,100.00	Professor Richard Beasley	Medical Research Institute of New Zealand
19/487	A Randomised Controlled Trial of Beta-blockers in COPD	\$ 1,439,384.60	Professor Bob Hancox	University of Otago
22/477	RCT budesonide-formoterol reliever therapy in moderate/severe childhood asthma	\$ 1,439,964.30	Professor Stuart Dalziel	The University of Auckland
21/458	RCT budesonide-formoterol vs salbutamol reliever therapy in preschool asthma	\$ 1,439,689.60	Professor Stuart Dalziel	The University of Auckland
19/232	Transitions to gout research (TIGER) study	\$ 1,178,674.70	Professor Nicola Dalbeth	The University of Auckland
18/151	Is prophylaxis required with start-low go slow dosing of allopurinol in gout?	\$ 1,424,888.30	Professor Lisa Stamp	University of Otago
22/363	The nGVS study for bilateral vestibular disorders	\$ 1,111,603.20	Professor Denise Taylor	Auckland University of Technology
22/028	Corneal nerves in health and diabetes: from young children to young adults	\$ 598,454.00	Associate Professor Stuti Misra	The University of Auckland
21/074	Photonic device for real-time measurement of ischaemic tissue margins in surgery	\$ 482,706.00	Dr Michel Nieuwoudt	The University of Auckland

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24/006	Improving outcomes for people with severe pneumonia	\$ 591,568.00	Dr Thomas Hills	Medical Research Institute of New Zealand
19/082	Enhancing long-term recovery in mood disorders	\$ 427,424.00	Associate Professor Katie Douglas	University of Otago
24/176	Novel triple network neuromodulation treatment for chronic low back pain.	\$ 599,445.00	Dr Divya Adhia	University of Otago
Health Services Including Health Delivery Activation Grants				
18/046	Management of psychological factors after mild traumatic brain injury	\$ 412,831.00	Associate Professor Deborah Snell	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
24/360	Extending the scope of Audiologists to enhance paediatric ORL services	\$ 487,700.00	Dr Michelle Pokorny	Te Whatu Ora - Counties Manukau
23/175	Understanding value in cancer molecular tests in Aotearoa	\$ 260,000.00	Dr Alice Minhinnick	The University of Auckland
23/099	Experiences of people receiving therapy for Complex Regional Pain Syndrome	\$ 171,990.00	Mrs Grace Griffiths	University of Otago
22/034	Minimally invasive upper gastrointestinal and hepatopancreaticobiliary surgery	\$ 260,000.00	Dr Phillip Chao	The University of Auckland
20/014	Implementing effective treatments: Parent training for cUonduct problems	\$ 320,000.00	Dr Melanie Woodfield	Auckland Hospitals Research And Endowment Fund
22/048	Improving ED workforce wellbeing with insider-led quality improvement	\$ 260,000.00	Dr Mike Nicholls	The University of Auckland
20/138	Supporting allied health professionals in rural areas	\$ 204,586.00	Mrs Sarah Walker	University of Otago
24/074	Physiotherapists' perspective of retention within Te Whatu Ora	\$ 257,299.00	Ms Gillian Watson	University of Otago
20/023	Evaluating a model of care for patients with chronic obstructive pulmonary disease (COPD) in their last year of life	\$ 319,850.00	Dr Amanda Landers	University of Otago
20/1383	Wellbeing of essential workers during COVID-19: Community support	\$ 249,999.90	Professor Katherine Ravenswood	Auckland University of Technology
20/603	Psychosocial wellbeing after stroke: Understanding and enhancing care	\$ 243,087.00	Associate Professor Felicity Bright	Auckland University of Technology
23/466	The effects of climate variability on the risk of enteric diseases	\$ 249,967.67	Dr Alice Hyun Min Kim	University of Otago
19/591	Are concussion services for mild traumatic brain injury cost effective?	\$ 246,647.30	Dr Braden Te Ao	The University of Auckland
23/494	Affirming cognitive behaviour therapy for Rainbow youth and whānau in Aotearoa	\$ 249,999.76	Dr Ilana Seager van Dyk	Massey University
21/309	Mauri tau: Indigenous psychological and therapeutic approaches to mental health	\$ 378,331.00	Dr Pikihuia Pomare	Massey University
21/778	Auricular stimulation to improve cough sensitivity after stroke	\$ 150,000.00	Associate Professor Yusuf Cakmak	University of Otago
20/632	Improving equitable access to diabetes eye services	\$ 249,238.95	Associate Professor Jacqueline Ramke	The University of Auckland

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19/617	Coaching caregivers of children with developmental disability: A cluster RCT	\$ 233,618.30	Associate Professor Fiona Graham	University of Otago
23/549	Robotics system for rapid deployment of teleophthalmology	\$ 150,000.00	Dr Renoh Johnson Chalakkal	oDocs Eye Care
22/710	Exploring the early experiences of the assisted dying service in Aotearoa	\$ 1,399,972.80	Dr Jessica Young	Victoria University of Wellington, Research Trust
23/775	Cancer WHIRI II: Extending the pathway	\$ 1,396,382.20	Dr Nina Scott	Te Whatu Ora - Waikato
23/624	Cervical cancer prevention in community services: a health delivery partnership	\$ 1,394,123.44	Dr Judy Ormandy	University of Otago
20/960	Implementing HPV primary testing to prevent cervical cancer in NZ: Te Tai Tokerau	\$ 1,398,122.00	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
23/629	Implementing Te Manawaroa first responders	\$ 1,309,939.75	Associate Professor Bridget Dicker	Auckland University of Technology
19/234	ICare-FASTER Improving care by FASTER risk-STratification in the EmeRgency dept.	\$ 1,152,385.00	Honorary Professor Martin Than	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
20/1185	Implementation of evidence-based, whanau-focused care for ARF/ RHD in CM	\$ 451,265.50	Dr Rachel Webb	Te Whatu Ora - Counties Manukau
22/686	Embedding accessible communication in post-stroke care	\$ 1,327,995.85	Dr Clare McCann	The University of Auckland
21/874	Implementing effective lifestyle treatment for T2 Diabetes in primary care	\$ 1,399,938.00	Associate Professor Caryn Zinn	Auckland University of Technology
21/839	Health-system factors contributing to inequity in diabetes medication use	\$ 1,394,674.50	Associate Professor Lynne Chepulis	University of Waikato
23/625	REGIONS II - Reducing stroke inequities for rural Māori	\$ 1,399,773.07	Professor Anna Ranta	University of Otago
23/692	Improving screening and management of mild TBI in the ED	\$ 1,398,566.40	Professor Alice Theadom	Auckland University of Technology
23/620	Building psychosocial and cultural resources for recovery and adaptation	\$ 1,399,402.95	Professor Nicola Kayes	Auckland University of Technology
20/903	Cryopreserved vs. Liquid Platelets for Surgical Bleeding (CLIP-II NZ)	\$ 1,399,921.00	Dr Shay McGuinness	Medical Research Institute of New Zealand
21/905	Optimising telerehabilitation practice in Aotearoa	\$ 1,388,974.00	Professor Nicola Kayes	Auckland University of Technology
22/670	Enabling supported decision-making: mental health advance preference statements	\$ 1,399,976.46	Dr Sarah Gordon	University of Otago
20/1182	Using routinely collected health data to improve health outcomes in older people	\$ 352,074.40	Associate Professor Sarah Cullum	Te Whatu Ora - Counties Manukau
22/712	Kanohi-ki-te-kanohi me te matihiko approaches: Promoting equity in stroke rehab	\$ 1,385,299.55	Associate Professor Nada Signal	Auckland University of Technology
22/736	Development & implementation of national nutrition guidelines for preterm babies	\$ 1,389,842.00	Dr Barbara Cormack	The University of Auckland

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20/948	Access to medicines: Exploring lived experience to inform policies and programmes	\$ 1,349,520.56	Professor Pauline Norris	University of Otago
20/875	Do locality network partnerships improve health system performance and outcomes?	\$ 1,399,511.44	Professor Timothy Stokes	University of Otago
21/859	Enhancing leptospirosis diagnosis and outcomes for rural and Māori communities	\$ 1,399,858.94	Professor Jackie Benschop	Massey University
22/737	Evidence-based management of Long COVID	\$ 1,399,904.30	Associate Professor Mona Jeffreys	Victoria University of Wellington, Research Trust
21/826	Reducing the burden of knee osteoarthritis through community pharmacy	\$ 1,399,704.36	Associate Professor Benjamin Darlow	University of Otago
23/796	Spiritual care in Aotearoa New Zealand healthcare	\$ 1,399,923.22	Associate Professor Richard Egan	University of Otago
20/1178	The determinants of health for Māori mothers and adults with chronic diseases	\$ 1,399,781.00	Professor Dr Ross Lawrenson	Te Whatu Ora - Waikato
22/667	Co-designing whānau stories to reduce opioid use for chronic pain in Aotearoa	\$ 1,399,792.00	Dr Hemakumar Devan	University of Otago
20/1126	Predictive modelling of executive function patterns in child psychopathology	\$ 110,034.00	Dr Fabián Labra-Spröhnle	Noologica
21/990	Improving management and outcomes for patients with lung cancer	\$ 719,824.80	Professor Dr Ross Lawrenson	Te Whatu Ora - Waikato
21/985	Te Pae Ora - Whanau Ora Navigation in Local Delivery of Oncology Care	\$ 1,256,425.20	Ms Maria Ngawati	Hapai Te Hauora Tapui
24/555	Adaptation of Dialectic behaviour therapy (DBT) for Māori	\$ 265,000.00	Mr Meihana Douglas	Auckland University of Technology
24/242	Improving outcomes for Māori accessing in-patient mental health services	\$ 265,000.00	Miss Carly Pohatu	The University of Auckland
23/125	Emergency ambulance care in out-of-hospital deaths: Whānau experience	\$ 265,000.00	Mrs Eillish-Kate Satchell	The University of Auckland
24/574	Taimaha rukuriki: A kaupapa Māori approach to pēpi loss	\$ 259,984.00	Dr Samantha Jackson	Victoria University of Wellington, Research Trust
22/253	Applying a Māori-centered relational model to fundamental care	\$ 265,000.00	Mrs Bobbie-Jo Pene	The University of Auckland
24/642	A Kaupapa Māori behavioural health intervention for harmful substance use	\$ 399,351.00	Dr Eleanor Brittain	Massey University
20/593	TAONGA - Tōku Ara OraNGA: a Kaupapa Māori informed co-design of outpatient care	\$ 250,000.50	Dr Jade Tamatea	The University of Auckland
24/534	Envisioning a Kaupapa Māori approach to post-injury health service delivery	\$ 32,323.00	Ms Sheree Tikao-Harkess	University of Otago
21/220	Equitable Application of Circulating Tumour DNA to the New Zealand Population	\$ 141,000.00	Ms Jordon Lima	University of Otago
24/568	Kaupapa Māori Research approach to assessing biomechanics of Mau Rākau	\$ 7,500.00	Mr James Wilson	University of Otago
20/021	Estimating the cost of dementia care in NZ and modelling future costs and needs	\$ 319,087.00	Dr 'Etuini Ma'u	The University of Auckland
23/069	Factors influencing career choices among Pacific doctors in Aotearoa	\$ 173,000.00	Dr Melbourne Mauiliu-Wallis	The University of Auckland
24/121	Exploring the cultural needs of Pacific service users in forensic mental health	\$ 24,937.00	Miss Folole Fangupo	Auckland University of Technology

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20/009	Developing Tongan-centred ways to improve primary health care access in Auckland, New Zealand	\$ 85,658.00	Ms Manusiu Latu	The University of Auckland
24/142	Exploring the wellbeing of Sāmoan regulated healthcare workers	\$ 127,558.00	Mrs Josie Timmins	Auckland University of Technology
22/099	Advancing palliative care among Pacific children	\$ 1,148,229.74	Dr Sunia Foliaki	Massey University
20/680	Measuring and reducing stroke burden in New Zealand	\$ 4,996,868.45	Professor Valery Feigin	Auckland University of Technology
23/455	Impact of Dementia mate wareware and Solutions for Equity in Aotearoa: IDEA	\$ 4,941,560.70	Professor Ngaire Kerse MNZM	The University of Auckland
22/555	Reducing the burden of osteoarthritis in Aotearoa New Zealand	\$ 4,999,268.10	Professor J. Abbott	University of Otago
18/667	Enhancing primary health care services to improve health in Aotearoa/New Zealand	\$ 4,779,446.10	Associate Professor Mona Jeffreys	Victoria University of Wellington, Research Trust
23/157	Where are the inequities in the journey from health to gynae cancer in Aotearoa?	\$ 1,187,765.62	Dr Carrie Innes	University of Otago
19/691	ARCOS V: Incidence of stroke and TIA in NZ	\$ 1,195,113.35	Professor Valery Feigin	Auckland University of Technology
22/151	How can we improve eye, hearing and feet health for kaumātua/ older adults?	\$ 1,200,000.60	Associate Professor Jacqueline Ramke	The University of Auckland
20/155	Dying as a health and social justice issue: exploring the impact of deprivation	\$ 1,199,999.15	Associate Professor Jackie Robinson	The University of Auckland
21/526	Measuring the health state preferences of New Zealanders	\$ 1,167,512.17	Dr Ross Wilson	University of Otago
20/197	Reducing antibiotic usage in people with self-limiting viral illness	\$ 1,199,517.40	Assistant Professor Stephen Ritchie	The University of Auckland
21/514	A device for monitoring visual acuity progression in young children at home	\$ 1,198,558.90	Dr Jason Turuwhenua	The University of Auckland
24/556	Qualitative research training support	\$ 7,135.00	Miss Marie-Claire Bidois-Putt	Auckland University of Technology
20/239	Improving publicly funded Pacific bariatric surgery patients' retention rates	\$ 296,503.00	Dr Tamasin Taylor	The University of Auckland
22/925	Ethics of machine-learning-based risk scores in asthma and impact on health inequities	\$ 7,500.00	Ms Darsha Widana Kankanamge	Auckland University of Technology
23/1005	Conscientious objection to providing assisted dying services: A scoping review	\$ 7,500.00	Sascha Vesty	The University of Auckland
23/1007	Equity in Palliative Care Distribution: A Pandemic Perspective	\$ 7,500.00	Miss Emma Hutchinson	University of Otago
23/971	Should genetic testing for gastric cancer risk be restricted by age?	\$ 7,500.00	Mr Joey Mackle	University of Otago
21/1088	Maximising the evidence-based management of self-harm in schools	\$ 29,799.00	Dr Sarah Fortune	The University of Auckland
21/1029	Palliative care for people who are homeless and vulnerably housed	\$ 29,890.00	Associate Professor Jackie Robinson	The University of Auckland
21/1028	Psychosocial interventions for post-treatment haematological cancer survivors	\$ 28,745.00	Dr Deborah Raphael	The University of Auckland
21/1116	Prostate Cancer Mortality of Māori in Southland	\$ 16,000.00	Professor Dr Konrad Richter	Te Whatu Ora - Southern

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21/1102	Whakapiri: nationally prioritised Māori māmā and pēpi health clinical trials	\$ 25,613.00	Professor Katie Groom	The University of Auckland
21/1008	Improving pre-diabetes/type 2 diabetes care in high needs populations	\$ 29,957.00	Dr Christine Barthow	University of Otago
21/1063	Menstrual health information delivery for Aotearoa New Zealand	\$ 28,351.00	Associate Professor Jane Girling	University of Otago
21/953	Ahakoā he iti – he Pounamu : Supporting māmā-pēpi relationship.	\$ 30,000.00	Dr Tania Cargo	The University of Auckland
21/1074	School absence and stand-down: Preventive trauma and tikanga-informed approach	\$ 28,410.00	Dr Alison Leversha	Auckland Hospitals Research And Endowment Fund
22/732	Employing activities to improve mental health - what is the Aotearoa literature?	\$ 29,675.00	Dr Denise Taylor	Victoria University of Wellington, Research Trust
22/695	Developing an automated image-based dietary assessment tool	\$ 29,800.00	Dr Rosemary Hall	University of Otago
22/759	Te Kōwheroi Roa - Māori Experiences of Long COVID	\$ 29,936.00	Dr Jason Tuhoe	Tuhauora Medical Associates
21/1009	Analysing vitamin status and early intravenous nutrition in the NICU	\$ 29,929.00	Dr Barbara Cormack	The University of Auckland
23/914	Transforming measurement of support outcomes for autistic children in Aotearoa	\$ 30,000.00	Dr Hannah Waddington	Victoria University of Wellington, Research Trust
21/1007	DBT skills groups in Te Whānau ō te Maungārongo	\$ 29,453.00	Dr Emily Cooney	University of Otago
21/1068	Preparing to meet the challenge of fitness to drive assessments	\$ 29,282.00	Dr Susan Gee	New Zealand Dementia Foundation
23/639	Advertising 101: marketing unhealthy commodities to children	\$ 29,925.00	Dr Victoria Egli	University of Waikato
23/888	Improving Parkinson's disease through the gut: building the foundations	\$ 27,435.00	Associate Professor Fiona Lithander	The University of Auckland
23/934	Community of practice co-creation of a life-span approach to managing ACL injury	\$ 28,925.00	Associate Professor Richard Ellis	Auckland University of Technology
23/920	The Post Endoscopy Tumour Study - POET	\$ 23,450.00	Associate Professor Christopher Harmston	Aotearoa Clinical Trials
23/896	Gamifying rehabilitation care for patient health and wellness	\$ 29,821.26	Associate Professor Crystal Yap	Auckland University of Technology
23/911	Harnessing collaboration: The development of clinical nurse academic roles	\$ 29,857.36	Associate Professor Julia Slark	The University of Auckland
23/938	Adapting cognitive stimulation therapy for NZ Indians and Chinese with dementia	\$ 29,944.00	Professor Rita Krishnamurthi	Auckland University of Technology
23/905	Skeletal metastases in neuroendocrine neoplasms	\$ 29,980.00	Dr Marianne Elston	The University of Auckland
23/997	Cardiovascular health after stroke: what can cardiac rehabilitation teach us?	\$ 29,984.00	Dr Marie-Claire Smith	The University of Auckland
23/885	Mining for novel antibiotics through precursor-directed biosynthesis	\$ 30,000.00	Dr Melissa Cadelis	The University of Auckland

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23/963	Connecting rangatahi with concussion management	\$ 30,000.00	Associate Professor Simon Walters	Auckland University of Technology
23/964	Hapaitia Te Ara Tika o Waiariki Whānau Mentoring	\$ 30,000.00	Ms Stella Black	The University of Auckland
21/945	Design cardiovascular symptom assessment systems to reduce prehospital delays	\$ 27,988.00	Dr Claris Chung	The University of Auckland
22/734	An innovaive integrated mental health framework - PIP for Aotearoa	\$ 29,223.00	Dr Irene Zeng	Auckland University of Technology
22/770	Giving voice to wahine wisdom - preferences for treatment of UTIs	\$ 30,000.00	Professor Rhiannon Braund	University of Otago
23/766	Evaluating accessibility of paediatric primary care services	\$ 30,000.00	Dr Amanda Clifford	University of Otago
23/975	Building dementia mate wareware friendly communities: Te whānau Māori experience	\$ 28,051.00	Associate Professor Kirsten Robertson	University of Otago
23/951	Tech innovations for fetal alcohol spectrum disorder	\$ 29,996.00	Dr Joanna Ting Wai Chu	The University of Auckland
23/1004	Piloting the DoW (dynamics of whanaungatanga) model of care	\$ 29,200.00	Ms Debra Gerrard	Te Whatu Ora - Counties Manukau
23/943	The mahi of nurse practitioners in Aotearoa	\$ 29,308.82	Associate Professor Deborah Harris	Victoria University of Wellington, Research Trust
23/936	Understanding service needs of young people with non-traumatic brain injury	\$ 29,322.00	Dr Rebecca Slykerman	The University of Auckland
21/1080	Kaitiaki Group establishment	\$ 53,500.00	Associate Professor Liza Edmonds	Te Whatu Ora - Southern
23/984	Research collaboration to support mental health of refugee children and youth	\$ 29,559.00	Dr Arezoo Zarintaj Malihi	The University of Auckland
23/991	Exploring digital tools in the health and wellbeing of transnational communities	\$ 29,674.00	Dr Marlini Bakri	Victoria University of Wellington, Research Trust
23/935	Nōnā te ao: Establishing a physical activity reference group	\$ 29,800.00	Associate Professor Geoff Kira	Victoria University of Wellington, Research Trust
23/949	Reconceptualising person centred services for older adults	\$ 29,813.00	Professor Clare Harvey	Massey University
23/974	Exploring intermittent fasting for improving Pacific people's health	\$ 29,960.00	Dr Faasisila Savila	The University of Auckland
23/961	Empowering pathways to health for Pacific meatworkers	\$ 29,995.00	Dr Miranda Buhler	University of Otago
23/893	Evaluation of a pharmacist-led intervention for older adults with polypharmacy	\$ 30,000.00	Professor Jeff Harrison	The University of Auckland
23/919	Streamlining blood anomaly detection for rheumatology	\$ 30,000.00	Dr Vicki Quincey	Te Whatu Ora - Waikato
23/931	Emergency department admission prediction with weather and public events	\$ 30,000.00	Associate Professor Lincoln Wood	University of Otago
23/937	Maungārongo: Exploring the end-of-life care needs of incarcerated New Zealanders	\$ 30,000.00	Professor Merryn Gott	The University of Auckland
23/977	Waiting well: Digital tool to improve mental health waiting list experiences	\$ 30,000.00	Dr Karolina Stasiak	The University of Auckland

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23/982	Improving access to pharmacy services	\$ 30,000.00	Dr Sanya Ram	The University of Auckland
23/996	Voice of rural communities for equitable telehealth models of care	\$ 30,000.00	Dr Inga Hunter	Massey University
21/1113	Te Tau Ihu: A locality approach to developing health research capacity	\$ 90,000.00	Dr Nicholas Baker	Te Whatu Ora - Nelson Marlborough
23/993	Effects of mau rākau mahi ā tinana among tāngata with glenohumeral arthritis	\$ 28,447.90	Dr Sibi Walter	University of Canterbury
23/764	Developing a Digital Twin of Te Manawa Taki   Midlands Region Healthcare	\$ 24,000.00	Associate Professor Michael O'Sullivan	The University of Auckland
23/995	Enhancing preventive care for geriatric patients	\$ 29,000.00	Dr Valery Pavlov	The University of Auckland
23/929	AI chatbots interventions in healthcare: From Pacific people's perspective	\$ 29,772.00	Dr Farkhondeh Hassan Doust	The University of Auckland
23/927	Contextualising a brief dietary salt reduction intervention in Aotearoa	\$ 29,818.00	Dr Helen Eyles	The University of Auckland
23/925	Consultation for a national Pacific youth wellbeing advisory group	\$ 29,967.00	Dr Jean Allen	The University of Auckland
23/928	Exploring equity in access to children's palliative care	\$ 29,996.00	Dr Gemma Aburn	The University of Auckland
23/906	Improving health through sleep resources for occupational therapists	\$ 30,000.00	Dr Diane Muller	Massey University
23/930	Equitable preventive maternal and early childhood health services among migrants	\$ 30,000.00	Dr Nadia Charania	Auckland University of Technology
23/950	Advancing food quality measurement in mobile apps with AI technology	\$ 30,000.00	Associate Professor Caryn Zinn	Auckland University of Technology
23/956	Improved diabetes outcomes in rural Māori through Kaiāwhina and FGM technology	\$ 30,000.00	Dr Kerry Taylor	Eastern Bay Primary Health Alliance
23/958	Integrating eye health into primary care: the health provider perspective	\$ 30,000.00	Dr Lucy Goodman	The University of Auckland
23/962	Māori nurse practitioners: Kaupapa Māori workforce development realising equity	\$ 30,000.00	Ms Josephine Davis	The University of Auckland
23/970	Co-designing and implementing an evaluation of a suicide prevention service	\$ 30,000.00	Dr Shyamala Nada-Raja	University of Otago
22/672	Effectiveness of Teleophthalmology in the post-COVID-19 healthcare settings	\$ 30,000.00	Dr Renoh Johnson Chalakkal	oDocs Eye Care
23/908	Comparing nail versus locking plate in three-part proximal humerus fractures	\$ 29,685.00	Dr Zohreh Jafarian Tangrood	University of Otago
23/730	Developing a predictive framework for reducing hospital-acquired infections	\$ 21,334.80	Dr Valery Pavlov	Te Whatu Ora - Waikato
22/687	Supporting the Integrated Practice Model: Digital Tool Implementation Research	\$ 21,500.00	Mr Vincent Allen	The University of Auckland
22/708	Donor Identity in Aotearoa New Zealand	\$ 29,973.72	Professor Cindy Farquhar	The University of Auckland
23/939	Investigation into development of wellbeing coaching programme in medical school	\$ 29,983.00	Dr Carolyn Clark	University of Otago
22/717	Exploring the essential elements of a long COVID clinic	\$ 29,860.00	Dr Sarah Rhodes	University of Otago

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22/728	Kete Whenua: Implementation of community-led resources for promoting wellbeing	\$ 30,000.00	Professor Denise Wilson	Auckland University of Technology
23/972	An inter-generational intervention for oral health	\$ 28,744.00	Associate Professor John Thompson	The University of Auckland
23/992	Immediate weight-bearing versus delayed weight-bearing after ankle surgery	\$ 28,766.00	Dr Blair Mason	Te Whatu Ora - Waitaha Canterbury / Te Tai o Poutini West Coast
23/969	Prehabilitation for enhanced surgery recovery: Improving hospital care pathways	\$ 28,769.00	Associate Professor Anne Haase	Victoria University of Wellington, Research Trust
23/952	Mindart: Piloting a drawing-based relaxation programme with stroke survivors	\$ 28,783.00	Dr Susan Gee	Burwood Academy Trust
22/918	Co-designing with consumers' rehabilitation services following amputation	\$ 30,000.00	Ms Vanessa Cameron	New Zealand Artificial Limb Service
23/894	Should it hurt? – Experiencing clinic based gynaecological procedures	\$ 29,902.00	Dr Joanne Nunnerley	University of Otago
23/945	Embedded research in General Practice: Psychological intervention in diabetes	\$ 29,960.00	Dr Karen Oldfield	Medical Research Institute of New Zealand
23/994	Movement to music: A community support after stroke	\$ 29,990.05	Mrs Rebecca Coombes	Burwood Academy Trust
23/913	Building space for equity: Bringing culture centred design to hospitals	\$ 29,997.00	Associate Professor Sara Filoche	University of Otago
23/948	A multi-layered predictive solution to combat sepsis and its complications	\$ 30,000.00	Dr Paul Huggan	Te Whatu Ora - Waikato
23/979	Food literacy where it matters: co-designing a food literacy assessment tool with whānau.	\$ 30,000.00	Professor Cathryn Conlon	Massey University
22/899	Circulating tumour DNA in improving the diagnosis of lung cancer	\$ 27,200.00	Dr Annie Wong	University of Otago
22/724	Exercise for Dysmenorrhea in NZ: Community engagement and literature review	\$ 28,365.00	Miss Melissa Black	Medical Research Institute of New Zealand
22/694	Translating Pacific Health Research to improve Pacific Housing	\$ 30,000.00	Dr Charmaine 'Ilaiu Talei	The University of Auckland
22/912	Better care for people with neurological disorders and LUTS	\$ 20,494.00	Professor Leigh Hale	University of Otago
22/916	Designing accessible and equitable NZ telehealth services	\$ 27,416.00	Dr Christopher Paton	University of Otago
22/773	Māori and implementation of Ngā Paerewa Health and Disability Services standard	\$ 30,000.00	Dr Jan Dewar	Auckland University of Technology
22/895	Developing knowledge exchange on apple intake for equitable gut health outcomes	\$ 28,315.00	Dr Noha Ahmed Nasef	Massey University
22/696	Piloting a cerebral palsy (CP) early diagnosis Hub in New Zealand	\$ 29,705.24	Dr Angelica Allermo Fletcher	Te Whatu Ora - Capital, Coast and Hutt Valley
22/853	Developing Early Vocational Rehabilitation after Stroke (EVIS) teams and methods	\$ 29,927.00	Dr Jennifer Dunn	University of Otago
22/721	Intensive support for high-risk families: what works to reduce ongoing harm?	\$ 29,982.89	Dr Sarah Whitcombe-Dobbs	University of Canterbury

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22/749	Setting the research agenda for paediatric rehabilitation	\$ 29,985.00	Professor Denise Taylor	Auckland University of Technology
23/774	Māori and Pacific Women's views of Endometrial Cancer Microbiome Research	\$ 29,991.00	Mrs Roimata Tipene	Te Whatu Ora - Waitematā
22/907	Co-designing research on innovative vaccine delivery models for Māori & Pasifika	\$ 29,995.00	Ms Jo Hilder	University of Otago
23/626	Creating a community engaged research agenda for tamariki with asthma	\$ 30,000.00	Dr Julie Blamires	Auckland University of Technology
23/759	Co-design and pilot of a mobile app to improve sleep and emotional wellbeing	\$ 30,000.00	Mr Dan Archer	Victoria University of Wellington, Research Trust
22/845	Best Start Māmā and Pēpī 6 week check	\$ 30,000.00	Dr John McMenamin	Health and Research Collaborative
22/855	Delivery of Respiratory Support in the Emergency Department	\$ 30,000.00	Ms Jane O'Donnell	Massey University
23/749	An examination of maternity care services during a crisis event in Aotearoa	\$ 30,000.00	Dr Sarah Lockwood	Te Wananga o Aotearoa
23/735	The Baby heAd Elevation Device (BEAD) Feasibility study	\$ 24,971.00	Dr Charlotte Oyston	The University of Auckland
23/698	Mātauranga Moana: enhancing Bee Healthy Dental Hubs with Māori & Pacific whānau	\$ 24,995.20	Ms Sonya Withers	Massey University
22/902	Natural health products in alcohol, tobacco and other substance use	\$ 29,972.00	Professor Joanne Barnes	The University of Auckland
23/714	Exploring the understandability of paediatric medicine labels in Aotearoa	\$ 29,280.00	Dr Sara Hanning	The University of Auckland
23/768	The meaning and value of physical activity for Samoan men's wellbeing	\$ 29,868.00	Dr Allyson Calder	University of Otago
23/661	Creating workplaces that support early career nurse thriving and retention	\$ 29,950.00	Dr Stephen Jacobs	The University of Auckland
23/721	Invisible inequity: Healthcare insights from people with rare disorders	\$ 29,992.00	Dr Tara Officer	Victoria University of Wellington, Research Trust
23/663	TLGBTQI+ views on palliative and end of life care, including assisted dying	\$ 30,000.00	Dr Lisa Williams	The University of Auckland
23/912	Ophthalmic lasers and optometrists in Aotearoa	\$ 30,000.00	Dr Sheng Chiong Hong	oDocs Eye Care
22/889	A people-focused approach to greening Starship	\$ 29,600.00	Professor Niki Harre	The University of Auckland
21/1104	Innovation flow in healthcare – 3D printing	\$ 30,000.00	Melody Chen	Auckland Hospitals Research And Endowment Fund
22/747	Fatigue risk management in healthcare: Next steps	\$ 30,000.00	Dr Karyn O'Keeffe	Massey University
22/911	Psychedlic Assisted Psychotherapy for Treatment Resistant Depression	\$ 30,000.00	Professor Cameron Lacey	University of Otago
23/747	Improving respiratory service outcomes for people with neuromuscular disorders	\$ 28,527.00	Associate Professor Meredith Perry	University of Otago
22/887	Accessing Healthcare Services by Refugees: health professionals' perspectives	\$ 29,724.00	Dr Denise Taylor	Victoria University of Wellington, Research Trust

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22/838	Assessment of pregnancy and postnatal maternal emotional distress	\$ 29,960.00	Honorary Professor Gillian White	Health and Research Collaborative
23/720	Exploring virtual visiting to improve equity of family access to intensive care	\$ 29,998.00	Associate Professor Rachael Parke	The University of Auckland
23/651	Feeding disorders and dysphagia in children with neurodevelopmental disabilities	\$ 30,000.00	Dr Mei Peng	University of Otago
23/685	Improving delivery of symptom control for kidney failure	\$ 30,000.00	Professor Dr Suetonia Green	University of Otago
23/705	Telehealth: providing timely evidence for equitable models of care	\$ 30,000.00	Dr Inga Hunter	Massey University
23/794	Visualising heart health: Promoting cardiovascular health in Māori populations	\$ 30,000.00	Dr Nataly Martini	The University of Auckland
23/815	Advocating for brain tumour research through comics	\$ 30,000.00	Professor Neal Curtis	The University of Auckland
23/830	Scoping solutions to address the epidemic of youth vaping in Aotearoa	\$ 30,000.00	Associate Professor Anita Jagroop-Dearing	Te Pūkenga - Eastern Institute of Technology
23/662	Establishing research priorities of primary care patients in southern Aotearoa	\$ 29,917.00	Dr Sharon Leitch	University of Otago
22/904	Transdisciplinary Teams in Primary Care: The Health Hub Project NZ Test Case	\$ 29,795.00	Mr Christopher Higgs	University of Otago
22/903	Understanding organisational culture for healthcare quality	\$ 29,228.00	Associate Professor Shane Scahill	The University of Auckland
22/848	Development of a brain training intervention for student mental health	\$ 29,393.00	Associate Professor Katie Douglas	University of Otago
22/880	Developing a model to grow Nurse Practitioner-led urgent care in Aotearoa	\$ 29,812.00	Dr Miriam James-Scotter	The University of Auckland
22/862	Stimulating fungi to produce the next antibiotic	\$ 29,863.00	Dr Melissa Cadelis	The University of Auckland
22/726	Establishing the Long COVID Collective	\$ 29,914.00	Associate Professor Mona Jeffreys	Victoria University of Wellington, Research Trust
22/905	Increasing the accessibility and reach of cardiac rehabilitation in New Zealand	\$ 29,941.00	Dr Emily Gray	University of Otago
22/789	Enhancing access & equity in mental health	\$ 29,981.31	Dr Louise Curley	The University of Auckland
22/675	Community Research Rōpū: value-based approach for a rural rohe.	\$ 30,000.00	Dr Emily Gill	The University of Auckland
22/784	Exploring supported “self”-management within Aotearoa’s shifting health context	\$ 30,000.00	Professor Leigh Hale	University of Otago
22/891	Consultation for a national Fetal Alcohol Spectrum Disorder (FASD) registry	\$ 30,000.00	Dr Joanna Ting Wai Chu	The University of Auckland
23/699	A novel non-surgical approach for anterior cruciate ligament injury	\$ 30,000.00	Associate Professor Darryl Cochrane	Massey University
22/841	Moving towards an improved model of early intervention for psychosis in Aotearoa	\$ 30,000.00	Dr Rebecca Grattan	Victoria University of Wellington, Research Trust
23/933	Community-based screening and health promotion initiative for Type 2 diabetes	\$ 26,848.02	Dr Fulton Shannon	Langimalie Research Centre
22/893	Speech-language therapy assistant-delivered interventions for children	\$ 30,000.00	Associate Professor Toby Macrae	University of Canterbury

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23/642	Identifying autistic tamariki Māori using the Integrated Data Infrastructure	\$ 30,000.00	Dr Jessica Tupou	Victoria University of Wellington, Research Trust
23/704	Impacts of losing child disability allowance funding in type one diabetes	\$ 25,152.00	Dr Hamish Crocket	University of Waikato
23/924	Tauhi Vā: Building relationships between the Pacific community and pharmacists	\$ 27,801.00	Dr Jane Taafaki	University of Otago
23/706	Wellbeing at work - reducing harm and improving health	\$ 29,193.00	Professor Joanne Crawford	Victoria University of Wellington, Research Trust
23/659	Classifying complex illness in linked data: Test case with multiple sclerosis	\$ 30,000.00	Natalia Boven	The University of Auckland
23/895	Poverty alleviation and mental health: RCT acceptability and outcome measures	\$ 30,000.00	Professor Pauline Norris	University of Otago
23/776	The COVID-19 lockdown cohort: investigating the utility of a longitudinal study	\$ 25,162.00	Dr Claire O'Loughlin	Victoria University of Wellington, Research Trust
23/752	Creating and coordinating local informal support	\$ 29,778.00	Professor Matthew Parsons	University of Waikato
23/636	The impact of health system factors on diabetes management in ethnic minorities	\$ 29,918.00	Associate Professor Lynne Chepulis	University of Waikato
23/640	Co-occurring traumatic brain injury among people with spinal cord injury	\$ 29,983.00	Associate Professor Deborah Snell	University of Otago
23/703	Collaborative and comprehensive care of IBD delivered via a digital platform	\$ 30,000.00	Dr Omer Hajelssedig	Te Whatu Ora - Nelson Marlborough
23/746	Research collaboration to support effective, equitable immunisation in Aotearoa	\$ 30,000.00	Dr Samantha Marsh	The University of Auckland
23/754	What are the priorities for youth mental health and dependencies research?	\$ 30,000.00	Dr Kaaren Mathias	University of Canterbury
23/770	Personalised breast cancer screening in Aotearoa/New Zealand	\$ 30,000.00	Dr Nokuthaba Sibanda	Victoria University of Wellington, Research Trust
22/739	Use of EpiNet to communicate with Epilepsy New Zealand educators	\$ 27,605.00	Dr Peter Bergin	Auckland Hospitals Research And Endowment Fund
23/795	Impacts of COVID-19 on work and education	\$ 29,778.00	Dr Fiona McKenzie	Victoria University of Wellington, Research Trust
23/638	An evaluation of WELLfed: pilot data collection	\$ 29,781.00	Associate Professor Mona Jeffreys	Victoria University of Wellington, Research Trust
23/643	Afghan Health Survey	\$ 29,880.00	Mr Alexander Martin	Medical Research Institute of New Zealand
23/778	The Impact of long COVID on Pacific families living in Aotearoa New Zealand	\$ 29,887.00	Dr Marianna Churchward	Victoria University of Wellington, Research Trust
23/966	Navigating systemic conditions for cultural safety	\$ 29,980.00	Ms Brooke Hayward	Standard of Proof
23/697	Cellulitis being treated through Acute Demand; what is the scope of the problem?	\$ 29,998.00	Dr Laura Hamill	Pegasus Health
23/617	Sustainable and inclusive eye health delivery model for Aotearoa	\$ 30,000.00	Dr Sheng Chiong Hong	oDocs Eye Care

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23/899	Oranga whānau	\$ 30,000.00	Dr Marise Stuart	Te Putahi-Nui-o-Rehua Charitable Trust
21/1042	Tooth wisdom: Integrating refugee cultural competency into dental practice	\$ 52,448.00	Dr Zeina Al Naasan	University of Otago
21/1040	Understanding the enablers of innovation in the hospital environment	\$ 110,000.00	Dr Sarvnaz Taherian	Auckland Hospitals Research And Endowment Fund
23/941	Patient-centred education for newly diagnosed adults with type one diabetes	\$ 150,505.00	Dr Hamish Crocket	University of Waikato
21/1096	Realising the potential of the Primary Care Allied Health workforce	\$ 132,346.00	Mr Christopher Higgs	University of Otago
22/792	Using Virtual Reality to improve Cognitive Fatigue after Traumatic Brain Injury	\$ 56,750.00	Ms Peta Murphy	University of Otago
23/954	Current journeys through health and wellbeing services after stroke	\$ 56,094.23	Mrs Emily Timothy	Burwood Academy Trust
23/957	The Kidz First Lungs4Life programme 2017-2021: Health outcomes and whānau voice	\$ 69,960.38	Mrs Miriam Manga	Te Whatu Ora - Counties Manukau
23/711	Matauranga o Mate Huka - Creation of type 2 diabetes resources in the Waikato	\$ 107,120.00	Miss Rebekah Crosswell	University of Waikato
23/901	Challenges to health equity: Service provision in a low-cost general practice	\$ 146,888.00	Dr Christine Barthow	University of Otago
23/985	Achieving Pae Ora for children surviving hospitalised injuries	\$ 244,566.38	Dr Shanthi Ameratunga	Te Whatu Ora - Counties Manukau
23/884	Effect of prophylactic antibiotics on anastomotic leaks in colorectal surgery	\$ 118,851.00	Dr Kari Clifford	University of Otago
23/932	Resident outcomes in homelike models of care in aged residential care	\$ 153,845.00	Dr Kay Shannon	Auckland University of Technology
23/891	A family centred group intervention for children with neurodevelopmental delay	\$ 134,560.00	Dr Parimala Kanagasabai	University of Otago
22/847	Improving Equity and Access to Intervention for Children with Tube Dependency	\$ 62,990.00	Dr Sarah Leadley	The University of Auckland
23/713	Can we provide a better 'Healthy Lungs' Programme?	\$ 87,854.85	Dr Alana Ainsworth	Te Whatu Ora - Counties Manukau
22/699	Anti-racism praxis and Māori health professional workforce development.	\$ 114,844.00	Mrs Haidee Renata	Auckland University of Technology
21/946	Identifying the barriers to kidney transplant for Pasifika patients with ESRD	\$ 148,541.42	Dr Amelia Tekiteki	Auckland Hospitals Research And Endowment Fund
23/947	Improving service delivery for NZ South Asian women with gestational diabetes	\$ 115,021.00	Dr Sumera Akhtar	University of Otago
23/750	Endometrial Cancer Microbiome Study	\$ 142,562.00	Mrs Roimata Tipene	Te Whatu Ora - Waitematā
21/1017	Improving trauma-informed care for youth with complex trauma in residential care	\$ 123,431.00	Ms Jennifer Montgomery	Victoria University of Wellington, Research Trust

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22/796	A clinical prediction model to risk stratify children at Paediatric ED triage	\$ 128,915.00	Dr Zhenqiang Wu	The University of Auckland
22/876	Enhancing Educational Psychology Internship Placements	\$ 139,934.00	Dr Russell Pine	Victoria University of Wellington, Research Trust
23/813	Utility of dietary management for ulcerative colitis	\$ 138,983.32	Dr Noha Ahmed Nasef	Massey University
22/805	Describing care pathways for patients with delirium discharged from hospital.	\$ 253,896.19	Dr Engelina Groenewald	Te Whatu Ora - Counties Manukau
Public Health				
20/1371	Taurite Tū- achieving equitable injury prevention outcomes for ageing Māori	\$ 881,944.00	Ms Katrina Bryant	Te Runanga o Otakou
20/1379	Whaioranga te Pā Harakeke – lwi-driven injury prevention and recovery for Māori	\$ 1,421,317.45	Dr Joanna Hikaka	The University of Auckland
19/139	Development of chimeric antigen receptor (CAR) T-Cell therapy in New Zealand	\$ 802,249.00	Dr Robert Weinkove	Malaghan Institute of Medical Research
21/029	Collaboration for child wellbeing	\$ 890,709.00	Dr Alison Leversha	Auckland Hospitals Research And Endowment Fund
21/056	Persistent opioid use and opioid-related harm after surgery and trauma	\$ 259,000.00	Mr Jay Gong	The University of Auckland
19/078	Optimal Medication Therapy in Indigenous Populations and specifically in Māori.	\$ 285,292.00	Dr Leanne Te Karu	The University of Auckland
23/152	Determinants of abdominal aortic aneurysm risk in New Zealand	\$ 110,104.00	Mr Andrew Kindon	University of Canterbury
21/022	Multimorbidity and cardiovascular disease risk prediction	\$ 260,000.00	Dr Emma Church	The University of Auckland
24/013	Enhanced surveillance of Strep A disease in the Auckland region	\$ 260,000.00	Dr Andrew Fox-Lewis	The University of Auckland
21/076	Evidence-based suicide prevention for youth in contemporary Aotearoa New Zealand	\$ 259,354.00	Ms Linda Bowden	The University of Auckland
23/181	Co-Design of a Pharmacist-Led Mental Health Intervention for Long-Term Condition Patients	\$ 260,000.00	Mr Patrick Cabasag	The University of Auckland
23/123	Mental Health in Elite Athletes	\$ 260,000.00	Mr Connor Silvester	Auckland University of Technology
21/020	Defining Māori epilepsy burden and developing an approach for future research	\$ 173,333.00	Dr Ngaire Keenan	University of Otago
20/018	Does a sleep intervention reduce weight gain in infancy? A novel approach	\$ 320,000.00	Ms Louise Fangupo	University of Otago
20/019	Mindfulness based cognitive therapy for family carers of people with dementia	\$ 319,802.00	Dr Emme Chacko	The University of Auckland
20/1419	Titiro whakamuri, kōkiri whakamua	\$ 236,900.00	Dr Nicole Coupe	Kirikiriroa Family Services Trust
19/897	Are TB neighbourhoods a high risk population for active intervention?	\$ 449,999.85	Dr Susan McAllister	University of Otago
20/1133	e-DiVA (empowering Dementia Carers with an iSupport Virtual Assistant)	\$ 446,739.20	Associate Professor Sarah Cullum	The University of Auckland
21/638	A drug harms ranking study for Aotearoa New Zealand	\$ 194,698.48	Dr Rose Crossin	University of Otago

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18/621	The role of sleep in healthy ageing and living well with dementia	\$ 249,997.96	Dr Rosemary Gibson	Massey University
22/553	Older informal caregiver experiences following the COVID-19 pandemic in Aotearoa	\$ 233,907.64	Dr Shinya Uekusa	University of Canterbury
17/562	Improving risk assessment for worsening kidney function in heart failure	\$ 170,877.02	Dr Moritz Lassé	University of Otago
19/647	Exploring medicinal cannabis use in New Zealand in a time of policy change	\$ 246,885.56	Dr Marta Rychert	Massey University
18/586	Exploring immunisation inequities among refugee children in New Zealand	\$ 125,424.00	Dr Nadia Charania	Auckland University of Technology
16/475	Zoonotic disease transmission in New Zealand rural communities	\$ 149,982.07	Dr Pippa Scott	University of Otago
19/605	Charactieristics of S. pyogenes isolated prior to rheumatic fever diagnosis	\$ 245,000.00	Dr Julie Bennett	University of Otago
23/459	Protecting hapū māmā and pēpi from vaccine preventable diseases	\$ 249,998.42	Dr Amber Young	University of Otago
23/465	The adaptation of a web-based psychosocial intervention for cancer survivors	\$ 245,102.35	Dr Deborah Raphael	The University of Auckland
22/573	Menstrual cycle status and iron deficiency diagnosis in healthy females	\$ 249,999.82	Dr Claire Badenhorst	Massey University
19/667	Novel approach to measuring the food and activity environments for child health	\$ 225,136.75	Dr Niamh Donnellan	The University of Auckland
21/681	Environmental determinants of national physical activity and nutrition behaviour	\$ 124,261.00	Dr Tom Stewart	Auckland University of Technology
22/540	A data-driven approach to predicting asthma attacks in Aotearoa	\$ 249,984.00	Associate Professor Amy Chan	The University of Auckland
22/528	Cumulative impacts of air pollution exposure on adult physical and mental health	\$ 249,956.44	Dr Matthew Hobbs	University of Canterbury
18/651A	Working on wellbeing with young people	\$ 206,996.38	Dr Octavia Calder Dawe	Victoria University of Wellington, Research Trust
24/168	Tino rangatiratanga through Kaupapa Māori pregnancy and parenting solutions	\$ 391,877.00	Dr Nikki Barrett	University of Waikato
20/185A	Māmā e Mamia - piloting a marae-based wellbeing model for pēpi and māmā Māori	\$ 202,674.34	Dr Aria Graham	Taku Mamia Trust
21/024	Aho Tapairu: Developing a mana wahine wellbeing toolkit	\$ 394,035.00	Dr Ngahuia Murphy	Tu Tama Wahine o Taranaki
20/704	Instagram Influencers, Unhealthy Products, and Covert Marketing to Young People	\$ 150,000.00	Associate Professor Ian Goodwin	Massey University
23/584	The metaverse - new health risks	\$ 149,882.00	Associate Professor Taisia Huckle	Massey University
22/618	Hooked on Sugar: Addiction or lifestyle choice	\$ 150,000.00	Dr Simone Rodda	Auckland University of Technology
23/598	Co-exploring dementia risk reduction from a planetary health perspective	\$ 150,000.00	Associate Professor Susanne Roehr	Massey University
20/786	Codesign of Augmented Reality Stroke Rehabilitation from Te Whare Tapa Whā	\$ 150,000.00	Dr Danielle Lottridge	The University of Auckland
22/599	Free healthy groceries in heart attack recovery: He kai ora, he oraha manawa	\$ 150,000.00	Dr Andrew Reynolds	University of Otago

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23/597	Injuring oneself, injuring others: Distinctions and commonalities	\$ 135,674.00	Dr Cate Curtis	University of Waikato
23/590	Our Flow: increasing access to health-screening through menstrual blood	\$ 150,000.00	Dr Claire Badenhorst	Massey University
23/577	Searching for novel antimicrobials	\$ 149,992.00	Professor Peter Lockhart	Massey University
23/580	Transforming crisis communication for linguistic minority communities	\$ 150,000.00	Dr Shinya Uekusa	University of Canterbury
19/730	"Missing Women" in New Zealand: Exploring Gender Bias in Migrant Communities	\$ 150,000.00	Associate Professor Rachel Simon-Kumar	The University of Auckland
21/731	Designing better methodologies to enable robust risk assessment of vaping	\$ 150,000.00	Dr Graham Eyres	University of Otago
22/586	Preventing Legionellosis: New Technology to Test Engineered Water Systems	\$ 150,000.00	Dr Liping Pang	ESR Institute of Environmental Science & Research
18/710	"This is not an Intervention, It's a Movement!": reducing screen time in teens	\$ 149,929.00	Dr Samantha Marsh	The University of Auckland
20/733	Synthesis of a million stories with natural language processing	\$ 150,000.00	Dr Simone Rodda	Auckland University of Technology
21/673	Preventing subsequent injuries: A feasibility study	\$ 249,995.79	Dr Helen Harcombe	University of Otago
20/1315	Optimising lung cancer screening for Māori: comparing invitation processes	\$ 1,959,509.00	Professor Dr Sue Crengle	Te Whatu Ora - Waitematā
19/031	Physical activity, sedentary behaviours and breast cancer risk	\$ 301,218.00	Dr Sandar Tin Tin	University of Oxford
21/060	Experiences of children and their families during the COVID-19 pandemic	\$ 242,645.00	Dr Cervantee Wild	University of Oxford
19/649	Supporting mothers and babies in Lakes District	\$ 249,958.80	Dr Rosie Dobson	The University of Auckland
21/613	Flourishing together: including tāngata whaikaha in health policy development	\$ 249,009.00	Dr Rachelle Martin	University of Otago
23/461	Maternal perception vs actual breast milk supply: is there a difference?	\$ 249,453.70	Dr Lisa Daniels	University of Otago
23/615	Wāhi Kōrero: I felt too whakamā to go to the doctor..."	\$ 150,000.00	Dr Angelique Reweti	Massey University
20/955	Reducing inequities in Well Child Tāmariki Ora developmental surveillance	\$ 1,350,785.50	Dr Alison Leversha	Auckland Hospitals Research And Endowment Fund
21/829	Hapū Whānau: Implementing iwi-owned service hubs to improve health outcomes	\$ 1,385,761.90	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
22/782	Whanake te Kura - flourishing pēpi and whānau	\$ 1,392,637.00	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
22/682	The need for FASD intervention: Prevalence and knowledge in Youth Justice	\$ 1,399,998.95	Dr Joanna Ting Wai Chu	The University of Auckland
20/847	Unravelling the mysteries of yersiniosis	\$ 1,308,050.50	Dr Brent Gilpin	ESR Institute of Environmental Science & Research

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20/887	Improving blood safety and donor selection	\$ 1,398,606.85	Associate Professor Peter Saxton	The University of Auckland
18/134	Randomised controlled trial of prescription charges	\$ 1,032,941.45	Professor Pauline Norris	University of Otago
20/866	Tihei Rangatahi Programme: Improving hauora-oranga services for rangatahi Māori	\$ 1,397,789.00	Associate Professor Tupa'illevaililigi Ridvan Firestone	Massey University
21/911	Delivering optimal weight gain advice to pregnant women (DOT) study	\$ 1,299,640.72	Associate Professor Kirsten Coppel	University of Otago
23/739	Building system readiness for trans inclusive perinatal mental health services	\$ 1,211,883.60	Dr George Parker	Victoria University of Wellington, Research Trust
23/672	What matters to whānau? Optimising health in integrated family violence services	\$ 1,399,999.95	Dr Claire Gear	Auckland University of Technology
21/907	Measuring the impact and social value of Turanga Health's services	\$ 1,373,378.67	Dr Louise Mainvil	University of Otago
23/825	Evidencing the causal mechanisms of kaupapa Māori health transformation	\$ 1,339,992.72	Associate Professor Sacha McMeeking	University of Canterbury
21/872	Sustainable LMC midwifery: Balancing work and whānau responsibilities	\$ 1,364,660.60	Dr Tagonei Mharapara	Auckland University of Technology
21/173	A kaupapa Māori analysis of Māori cannabis and methamphetamine use	\$ 554,400.00	Dr Erena Wikaire	Te Whare Wananga O Awanuiarangi
22/512	He Piki Toroa - Intervention to improve health outcomes and equity	\$ 505,759.00	Dr Aroaro Tamati	Te Pou Tiringa Incorporated
21/177	Kia taiohi te tū	\$ 386,985.00	Dr Hotukura Wharehoka	Te Whare Wananga O Awanuiarangi
22/436	Mātauranga kai	\$ 346,984.00	Dr Nikki Renall	Massey University
24/605	Hākoako: Enhancing the health and wellbeing outcomes of tamariki and whānau	\$ 530,354.00	Ms Erana Hond-Flavell	Te Pou Tiringa Incorporated
21/957	Māori and Pacific women's pre-diagnostic experiences of uterine cancer	\$ 261,413.05	Dr Georgina McPherson	Te Whatu Ora - Waitematā
21/941	Equity by 2030: Achieving equity in lung cancer survival for Māori	\$ 799,945.44	Associate Professor Jason Gurney	University of Otago
22/507	He pounga waihoe nā ō mātua	\$ 9,900,000.00	Dr Rāwiri Tinirau	Te Atawhai o Te Ao: Independent Māori Institute for Environment & Health
22/509	Whakauae Platform Plan	\$ 10,900,000.00	Dr Amohia Boulton	Whakauae Research Services
16/736	Mana Tū: a whānau ora approach to long term conditions	\$ 2,375,813.00	Associate Professor Matire Harwood	National Hauora Coalition
21/984	Lung cancer screening: Testing ethnicity weighting for risk prediction in Māori	\$ 1,936,535.20	Professor Dr Sue Crengle	Te Whatu Ora - Waitematā
20/1474	Addressing the COVID-19 impacts upon Māori with mental illness	\$ 250,000.00	Dr Maria Baker	Te Rau Ora
22/501	Kaupapa Māori approaches to maternal mental health	\$ 263,405.00	Ms Cara Meredith	University of Otago
24/539	Karu Ora - An Indigenous approach to eye health to achieve equitable outcomes	\$ 265,000.00	Mrs Renata Watene	The University of Auckland

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23/377	Uncloaking the korowai of silence: Understanding the silence around sexual abuse	\$ 265,000.00	Ms Penelope Hayward	Auckland University of Technology
24/565	Co-design of a kaupapa Māori research project on ageing biomarkers	\$ 10,000.00	Mx Te-Rina King-Hudson	University of Otago
24/619	Nourishing Hawke's Bay: Pātaka Kai	\$ 9,868.00	Professor Dr David Tipene-Leach	Te Pūkenga - Eastern Institute of Technology
24/253	Exploring Takatāpui Social Capital	\$ 10,000.00	Ms Georgia McLellan	Massey University
18/588	Improving the quantity and quality of life for Māori with cancer	\$ 498,567.00	Associate Professor Jason Gurney	University of Otago
18/664	Rangahau Ara Oranga	\$ 500,000.00	Associate Professor Reremoana Theodore	University of Otago
24/715	Hapai te hauora: Breathing your ancestors into life	\$ 649,992.00	Dr Teah Carlson	Massey University
24/685	Whāia te ōritetanga o Ngāti Turi: Health equity and equality for Ngāti Turi	\$ 646,645.00	Dr Kirsten Smiler	Victoria University of Wellington, Research Trust
24/630	He Kaakaakura Whakamaatau	\$ 649,997.00	Dr Belinda Borell	Massey University
24/674	Timely access to rongoa Māori in cancer care services for Māori	\$ 398,771.00	Dr Monica Koia	Massey University
20/614	The Māori in-between? Identity, health, and social service access needs	\$ 169,550.40	Dr Lara Greaves	The University of Auckland
23/491	Mana Mōmona: Exploring Fat (Bias) within Health Spaces for Māori	\$ 249,815.00	Ms Ashlea Gillon	The University of Auckland
21/722	A kaupapa Māori approach to improving wellbeing for rural whānau	\$ 150,000.00	Ms Taria Tane	Te Roroa Development Charitable Trust
22/603	Hauora Māori me kā papa takaro ki Ōtepōti/Māori health & parks: a Dunedin study	\$ 150,000.00	Dr Robin Quigg	University of Otago
19/608A	Whangaia ka tupu, ka puawai	\$ 249,873.40	Dr Kendall Stevenson	The Dragon Institute
24/600	A critical evaluation of longitudinal frameworks through Kaupapa Māori methods	\$ 2,500.00	Mr Caleb Smith	The University of Auckland
24/610	Māmā aroha: enhancing the first free indigenous digital breastfeeding app	\$ 5,000.00	Dr Felicity Ware	Hapai Te Hauora Tapui
24/615	Supporting whānau flourishing with a cohesive evidence base	\$ 5,000.00	Dr Anna Rolleston	The Centre for Health
24/618	Rangatahi-developed nutrition and wellbeing guidelines	\$ 4,998.40	Professor Dr David Tipene-Leach	Te Pūkenga - Eastern Institute of Technology
24/616	Knowledge Translation: From thesis to community	\$ 4,269.35	Dr Gloria Clarke	University of Waikato
24/541	Hauora: a Ngāti Kahungunu perspective	\$ 4,500.00	Mrs Sharron Fabish	The University of Auckland
24/590	Rapua te Mārama	\$ 5,000.00	Dr Tess Moeke-Maxwell	The University of Auckland
23/036	Wāhine Māori experiences of recovery from addiction, a Kaupapa Māori perspective	\$ 30,632.00	Miss Lena Kemp	Massey University
22/475	Māori attitudes towards vaccination in Aotearoa New Zealand	\$ 32,400.00	Miss Grace Davies	University of Otago

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23/441	Novel applications of the IDI for longitudinal analysis for the Māori population	\$ 31,305.00	Miss Tori Diamond	The University of Auckland
23/402	Ko te mauri, he mea huna ki te Moana	\$ 30,631.00	Miss Jordan Tane	Auckland University of Technology
24/573	Experiences of Māori with podiatry foot screening prior to Diabetic amputations.	\$ 91,175.00	Ms Cynthia Otene	Auckland University of Technology
23/414	The inequities of the NASC system in Aotearoa and the experience of Māori whānau	\$ 138,800.00	Miss Emily Bain	University of Otago
22/131	Combatting mate kohi (tuberculosis) on the home front	\$ 131,850.00	Mr Callum August	University of Otago
23/006	Understanding the Experiences and Needs of Māori with Eating Disorders	\$ 95,939.00	Miss Bailey Rose	Victoria University of Wellington, Research Trust
21/581	DIET 2: Māori Health Equity	\$ 129,390.00	Ms Hannah Rapata	The University of Auckland
22/127	Food havens: the role of social enterprise in creating healthy food environments	\$ 128,513.00	Mrs Daysha Tonumaipe'a	Auckland University of Technology
24/570	Pikau i te Anamata: Re-imagining Postpartum Care in Aotearoa	\$ 135,550.00	Mrs Arianna Nisa-Waller	University of Otago
24/576	Te toi o te aitanga	\$ 141,000.00	Miss Laura Gemmell	University of Otago
17/496	Key influences for bed sharing and the relationship with SUDI	\$ 111,550.00	Mrs Melanie Christensen-MacFarlane	The University of Auckland
22/334	An exploration of Māori cultural embeddedness	\$ 67,440.00	Dr Ririwai Fox	Victoria University of Wellington, Research Trust
20/166	Hauora Rangatahi Māori: Appropriateness and acceptability of health measures	\$ 135,000.00	Miss Georgia McCarty	University of Otago
23/022	Mō ngā uri whakatipu: Women leaders paving a pathway for future generations	\$ 127,362.00	Ms Stacey Ruru	Whakauae Research Services
22/519	Bringing our mokopuna home: Reconnecting Māori to whakapapa whānau	\$ 77,000.00	Ms Emma West	Te Whare Wananga O Awanuiarangi
21/253	Exploring interrelationships between racism, time and Māori health inequities	\$ 131,247.00	Ms Natalie Paki Paki	The University of Auckland
23/387	Utilising Mātauranga to Guide Biomedical Research	\$ 138,800.00	Mr Mana Mitchell	University of Otago
24/543	Tāne Māori and Te Awa Tupua	\$ 72,019.71	Mr Tom Johnson	Whakauae Research Services
24/596	Mana wāhine perspectives for waka ama and hauora	\$ 123,600.00	Ms Kay Berryman	University of Waikato
22/019	Hoki ki te ūkaipō-whenua & hauora: An exploration of whānau, whenua & restoration	\$ 131,475.60	Ms Kiri Parata	Whakauae Research Services
21/012	Mana wāhine o Te Kapotai: reclaiming the strength of women towards mauri ora	\$ 128,299.00	Miss Renee Wikaire	Massey University
20/113	Keteparaha: A Community Framework to Support Māori Ageing and End-of-Life Study.	\$ 411,192.00	Dr Melissa Carey	The University of Auckland

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23/053	Māori experiences and expectations of kaumātua care	\$ 666,431.00	Dr Joanna Hikaka	The University of Auckland
23/447	Whakatōmuri, whakamua: Walking backwards into the future of Māori cancer care	\$ 4,999,905.39	Associate Professor Jason Gurney	University of Otago
22/550	Manaaki Te Iti Kahurangi: Improving outcomes for whānau	\$ 4,999,905.10	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
21/716	Kia puawai ake ngā uri whakatupu: flourishing future generations	\$ 4,999,949.60	Dr Amohia Boulton	Whakauae Research Services
19/694	Tangata Whenua Tangata Ora: Investigating health gain through whenua initiatives	\$ 4,997,070.86	Professor Helen Moewaka Barnes	Massey University
19/342	Whānau Manaaki : Methamphetamines- a strength based community approach	\$ 1,187,031.30	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
16/089	A Māori approach to the assessment and management of dementia	\$ 1,056,270.48	Dr Makarena Dudley	The University of Auckland
20/378	Ngā Kaumātua ō Tātou Taonga: Supporting kaumātua health in a changing world	\$ 1,181,194.40	Associate Professor Marama Muru-Lanning	The University of Auckland
22/407	Kai wai ū i te pō: Māori aspirations around breastfeeding in Te Tai Tokerau	\$ 1,002,512.55	Ms Carmen Timu-Parata	University of Otago
21/580	Te Kura Mai i Tawhiti - kaupapa Māori early years provision and health outcomes	\$ 1,199,860.64	Dr Mihi Ratima	Te Pou Tiringa Incorporated
19/147	Te Ao Mārama: Disability perspectives of tāngata whaikaha Māori	\$ 1,186,338.80	Mrs Bernadette Jones	University of Otago
21/062	Te Maramataka - restoring 'health' by reconnecting with Te Taiao	\$ 1,125,097.05	Associate Professor Isaac Warbrick	Auckland University of Technology
22/172	Mā te mōhio ka mārāma (M2M). Impact of COVID-19 on Māori:non-Māori inequities	\$ 1,197,495.85	Associate Professor Elana Curtis	The University of Auckland
19/325	POIS-10 Māori: Outcomes and experiences in the decade following injury	\$ 1,191,067.90	Professor Emma Wyeth	University of Otago
19/087	Tangaroa Ara Rau: Māori water safety programme for whānau	\$ 1,192,263.25	Professor Anne-Marie Jackson	University of Otago
21/558	Te Pu Korokoro: Improving the physical health of Māori with psychosis	\$ 1,199,991.92	Professor Cameron Lacey	University of Otago
22/114	He Toa Taumata Rau - The Many Resting Places of Courage	\$ 1,184,510.01	Dr Tepora Emery	Te Pūkenga - Toi Ohomai
22/143	Whānau-centric coronial processes to improve suicide prevention strategies	\$ 1,192,898.30	Associate Professor Clive Aspin	Victoria University of Wellington, Research Trust
22/068	He rapunga hauora mō te mate wareware: A prevalence study	\$ 1,104,373.60	Dr Makarena Dudley	The University of Auckland
20/152	Prioritising Māori health and equity: a critical approach to modelling	\$ 1,199,300.15	Associate Professor Melissa McLeod	University of Otago
23/103	Waerea: Māori whānau experiences of assisted dying in Aotearoa New Zealand	\$ 1,199,999.00	Dr Tess Moeke-Maxwell	The University of Auckland
21/382	Kei roto tō tātau rongoā: A community/whānau-based approach for wellbeing	\$ 1,197,919.80	Professor Denise Wilson	Auckland University of Technology
22/079	TIAKI – Community wellbeing for whānau with lived experience of incarceration	\$ 1,199,536.26	Dr Paula King	University of Otago

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23/023	Ngā Hau o Tāwhiri - Returning our Mokopuna to the Winds of Tāwhiri	\$ 1,199,965.00	Dr Paula King	University of Otago
24/553	Systemic Bias - Eating Disorder awareness in Indigenous communities	\$ 7,500.00	Miss Eilish Dalley	University of Otago
24/564	Cardiac rehabilitation delivery for Māori and other indigenous populations	\$ 7,500.00	Miss Jessica Watson	University of Otago
20/1539	Knowledge Translation for Equity in Preterm Birth Care and Outcomes in Aotearoa	\$ 405,065.10	Professor Katie Groom	The University of Auckland
20/1532	Weaving tikanga into practice for hapū ora	\$ 441,436.00	Miss Beverly Te Huia	Katoa
20/1498	Understanding the need for trans and non-binary inclusive maternity care	\$ 178,513.40	Dr George Parker	Otago Polytechnic
19/804	Effect of maternal diet & pollutant exposure on infant neurocognition at 1 year	\$ 99,868.12	Dr Jamie de Seymour	Massey University
21/203	Why do outcomes of critical congenital heart disease in NZ differ by ethnicity?	\$ 260,000.00	Dr Simone Watkins	The University of Auckland
23/173	Improving management, diagnosis and prevention of scrub typhus among Ni-Vanuatu	\$ 260,000.00	Miss Leinasei Isno	University of Otago
22/182	Culturally responsive physiotherapy approaches to working with Pacific families	\$ 202,900.00	Mr Oka Sanerivi	University of Otago
22/234	Improving access to care for sick children to reduce mortality and morbidity	\$ 212,683.00	Dr Sainimere Boladuadua	The University of Auckland
24/559	Visual impairment in Aotearoa: Inequity in access for Pasifika to eye care	\$ 260,000.00	Miss Esmeralda Lo Tam	The University of Auckland
23/408	Understanding the worldview of health from a Samoan New Zealander's perspective	\$ 168,411.00	Mr Suli Tuitaupe	University of Canterbury
24/687	Do the main drivers of poverty vary across Pacific ethnicities in Aotearoa?	\$ 506,978.00	Dr Jesse Kokaua	University of Otago
24/648	Development of a Fijian Model of Health	\$ 649,561.00	Dr Radilaite Cammock	Auckland University of Technology
20/644	Tē 'ākirāta mārama: Cook Islands mental health prevalence	\$ 249,512.00	Dr Sam Manuela	The University of Auckland
20/668	Manalagi: Aotearoa Pacific Rainbow/Queer/LGBTIQ+ MVPFAFF Health and Wellbeing Project	\$ 249,980.00	Dr Patrick Thomsen	The University of Auckland
24/602	Nofo 'a Kainga: Impacts of NZ living systems on managing long-term conditions	\$ 5,000.00	Mrs Litiuingi Ahio	Auckland University of Technology
24/406	Me'akai/Food and Suka/Diabetes - Tongan youth perspectives	\$ 5,000.00	Dr Soana Muimuiheata	Auckland University of Technology
24/480	Talanoa and Hermeneutic Phenomenology Approach	\$ 5,000.00	Dr Soana Muimuiheata	Auckland University of Technology
24/604	Talanoa and ūloa in mental health	\$ 5,000.00	Associate Professor Sione Vaka	University of Waikato
24/057	Enhancing health outcomes: Educating healthcare workers on Pacific spirituality	\$ 5,000.00	Dr Apo Aporosa	University of Waikato
22/520	Knowledge, attitudes and practices of Samoans towards the COVID-19 vaccine	\$ 31,800.00	Dr Letava Tafuna'i	University of Otago
24/549	Samoan students' mental wellbeing and belonging at Waipapa Taumata Rau	\$ 29,625.60	Miss Cecile Vine	The University of Auckland

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23/384	I-Kiribati youth perspectives in Health and Wellbeing	\$ 30,900.00	Miss Tekin Kanimako	The University of Auckland
22/236	Pacific knowledge and practice in relation to spiritual health	\$ 33,481.00	Mrs Penina Hitti	Massey University
24/548	A Sāmoan perspective on the generational shift of violence in the home	\$ 26,548.00	Ms Maria Satele	University of Otago
20/005	Health and the Ta'unga: Cook Island palliative health knowledge in New Zealand	\$ 134,921.00	Mrs Amy Henry	University of Otago
20/105	Epidemiology of cardiovascular disease among Pacific people in New Zealand	\$ 118,050.00	Mrs Julie Winter-Smith	The University of Auckland
19/195	An mHealth approach: Reducing cardiovascular disease (CVD) risk among Pacific people living in NZ	\$ 128,600.00	Dr Amio Matenga Ikihele	The University of Auckland
23/117	Reducing the equity gap for Pacific peoples with diabetes	\$ 124,550.00	Miss Janina Galewski	University of Waikato
20/012A	Improving Pacific youth wellbeing: co-creation and evaluation of a digital tool	\$ 128,600.00	Mrs Taulaga Auva'a-Alatimu	Massey University
22/121	Empowering the next generation as catalysts for a better future	\$ 126,501.20	Miss Melenaito Tohi	The University of Auckland
20/457	Revitalisation of the Samoan traditional diet	\$ 126,868.00	Amy Maslen-Miller	The University of Auckland
22/025	Cultural Implications of End-of-Life Care on the wellbeing of Samoan families	\$ 126,050.00	Ms Elizabeth Fanueli	The University of Auckland
24/069	Physical activity participation among Pacific Peoples' in Aotearoa New Zealand	\$ 133,000.00	Martine Matapo-Kolisko	Victoria University of Wellington, Research Trust
23/097	Health Benefits of Fagatua Indigenous Tokelau Wrestling for Tokelauan Youth	\$ 133,550.00	Mr Ilai Elekana Manū	Massey University
22/295	Pacific male perspectives on the strengths and harms of digital wellbeing	\$ 404,444.00	Dr Edmond Fehoko	University of Otago
23/436	Is Tāmaki Makaurau an age-friendly and healthy place for Pacific people to age?	\$ 388,938.00	Dr Falegau Melanie Lilomaiaava Silulu	Auckland University of Technology
23/431	Cultural Intelligence and Cultural Safety for Tokelau Young People in Aotearoa	\$ 465,085.00	Dr Hana Tuisano	Massey University
24/015	A community co-design intervention to address rheumatic fever inequities	\$ 487,549.00	Dr Siobhan Tu'akoi	The University of Auckland
21/264	The importance of informal mental health help-seeking for Pacific men in New Zealand	\$ 381,402.00	Dr Caleb Marsters	The University of Auckland
21/280	Evaluating BBM Motivation: a community-based, Pacific-driven approach to obesity	\$ 395,676.00	Dr Faasisila Savila	The University of Auckland
21/372	Nesian narratives: Enhancing sexuality education for Pacific communities	\$ 442,511.00	Dr Analosa Veukiso-Ulugia	The University of Auckland
24/018	Pacific gout intervention to improve Pacific men's understanding of gout and ULT	\$ 469,657.00	Dr Samuela Ofanoa	The University of Auckland
20/233	Niuean happiness: A hiapo approach to Niuean mental health and wellbeing	\$ 359,179.00	Dr Jessica Pasisi	University of Otago
24/612	The role of digital health tools and improving Pacific health and wellbeing	\$ 469,657.00	Dr Amio Matenga Ikihele	Moana Connect
23/381	Measuring research impact in Pacific Health Research	\$ 430,102.00	Dr Troy Ruhe	University of Otago
20/284	Determinants of NCD risk and mental well-being in Cook Island adolescents	\$ 1,004,257.00	Dr Neti Herman	The University of Auckland

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21/564	Pasifika B4 School: Exploring child and family wellbeing	\$ 1,179,394.05	Dr Teuila Percival	Moana Connect
22/269	Is acute rheumatic fever primarily caused by scabies? A case-control study.	\$ 1,189,100.15	Dr Gerhard Sundborn	The University of Auckland
21/500	Knowledge, attitudes and practices of COVID-19 among Pacific people in Aotearoa	\$ 1,199,482.35	Associate Dean Collin Tukuitonga	The University of Auckland
20/362	Responding to Pacific maternal mental health	\$ 599,082.40	Dr Seini Taufa	Moana Connect
23/224	The Lotu Factor: Delusional Religiosity, Covid-19 and Tongan Wellbeing in NZ	\$ 1,171,446.70	Dr Nasili Vaka'uta	Trinity Methodist Theological College
21/139	Pacific Islands Families: Thriving Pacific Young Adults (PIF: TPYA)	\$ 1,199,365.95	Professor El-Shadan Tautolo	Auckland University of Technology
22/230	What does dementia mean for Pacific communities in New Zealand?	\$ 1,193,620.50	Dr Fuafiva Fa'alau	The University of Auckland
23/348	Can assisted reproductive technologies better assist Pacific people in Aotearoa?	\$ 1,199,999.80	Dr Zaramasina Clark	Victoria University of Wellington, Research Trust
20/425	Barriers and facilitators to self-management of asthma in Pacific children	\$ 971,541.84	Dr Sunia Foliaki	Massey University
21/452	Pasifika intervention to increase uptake of urate-lowering therapy for gout	\$ 1,106,324.55	Dr Malakai Ofanoa	The University of Auckland
19/367	Understanding scabies prevalence to improve the health of Pasifika/Māori kids	\$ 594,346.10	Dr Gerhard Sundborn	The University of Auckland
23/421	Pathways To Health For Pacific Meat Workers and Their Whānau	\$ 7,500.00	Mr Miguel Veilofia	University of Otago
24/288	Investigating prediabetes among adolescents in Aotearoa NZ	\$ 7,500.00	Miss Justice Firestone	Massey University
24/614	Do kahoa lole impact Pacific health?	\$ 7,500.00	Miss Gloria Tu'itupou	The University of Auckland
24/547	Managing for Pacific family violence within the workplace	\$ 7,500.00	Ms Beatrice Hessel	University of Otago
16/600	The Christchurch Health and Development Study - birth to 40 years	\$ 5,104,946.54	Dr James Foulds	University of Otago
19/641	Whakahā o Te Pā Harakeke	\$ 4,949,736.70	Professor Janet Hoek	University of Otago
16/604	A lifecourse study on ageing processes to inform early intervention strategies	\$ 4,994,717.39	Associate Professor Reremoana Theodore	University of Otago
16/443	BODE3: Modelling preventive interventions to improve health and social outcomes	\$ 4,945,837.03	Professor Nick Wilson	University of Otago
21/712	Vascular risk equity for all New Zealanders	\$ 4,999,920.55	Professor Rodney Jackson	The University of Auckland
20/631	SYMBIOTIC: Integrated prevention of infectious diseases and long-term conditions	\$ 4,951,982.35	Professor Michael Baker	University of Otago
23/512	Whakatipu Rakatira: improving sleep as a vehicle to grow healthy future leaders	\$ 4,999,677.36	Professor Rachael Taylor	University of Otago
18/672	Dietary interventions: evidence and translation (DIET) programme	\$ 4,879,688.88	Professor Cliona Ni Mhurchu	The University of Auckland
20/683	Research to maximise the health and wellbeing gains from housing	\$ 4,996,214.50	Professor Nevil Pierse	University of Otago
23/448	Taunakitanga Takitini: reframing self-management support for all in Aotearoa	\$ 4,999,810.53	Professor Leigh Hale	University of Otago

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19/327	Developing optimal strategies to support smoking cessation among roll your own (RYO) tobacco users	\$ 1,195,934.70	Professor Janet Hoek	University of Otago
18/551	Quantifying the disease burden of alcohol's harm to others	\$ 997,774.10	Professor Sally Casswell	Massey University
22/327	The evaluation of treatment outcomes for methamphetamine dependence in Aotearoa	\$ 1,199,839.40	Associate Professor David Newcombe	The University of Auckland
23/244	Translating, modelling and evaluating cannabis policy reform	\$ 1,187,932.08	Professor Christopher Wilkins	Massey University
22/245	Regulating retail vaping to support smoking cessation	\$ 1,199,839.52	Professor Christopher Wilkins	Massey University
21/192	Effectiveness of alcohol warning labels: research to reduce alcohol-related harm	\$ 1,199,999.65	Professor Natalie Walker	The University of Auckland
22/180	Whiria te tāngata: Out-of-home mobility of Māori and non-Māori over 65 (NZPATHS)	\$ 1,198,285.40	Associate Professor Rebecca McLean	University of Otago
21/068	The growing crisis of diabetes and cancer co-occurrence	\$ 799,777.00	Associate Professor Jason Gurney	University of Otago
20/304	Impact of multimorbidity on CVD risk prediction and management in primary care	\$ 1,047,796.65	Associate Professor Susan Wells	The University of Auckland
23/214	Effect of an Aotearoa NZ Diet for metabolic health on the gut microbiome	\$ 1,174,971.92	Professor Nicole Roy	University of Otago
20/151	Seeking the transport sweet spot: health, equity and zero carbon	\$ 1,199,695.10	Associate Professor Caroline Shaw	University of Otago
19/104	Climate change, extreme rainfall events and enteric disease outbreaks	\$ 1,190,579.90	Professor Simon Hales	University of Otago
22/377	Climate change, heat exposure and child health	\$ 1,199,999.10	Dr Hakkan Lai	The University of Auckland
18/011	Are toxic moulds a real health hazard in New Zealand?	\$ 1,193,602.65	Professor Julian Crane	University of Otago
22/059	The impact of nitrate in drinking water on preterm birth	\$ 1,199,508.73	Associate Professor Tim Chambers	University of Otago
23/301	A role for p53 isoform Δ133p53 in the progression of inflammatory bowel disease	\$ 1,199,998.83	Professor Antony Braithwaite	University of Otago
21/279	Utilisation and safety of ondansetron during pregnancy: a national cohort study	\$ 1,199,993.62	Professor Lianne Parkin	University of Otago
20/1066	COVID-19 Pandemic in Aotearoa NZ: Impact, Inequalities & Improving our response	\$ 497,056.15	Professor Michael Baker	University of Otago
21/183	Understanding measles: severity and sequelae	\$ 1,104,966.40	Dr Emma Best	The University of Auckland
23/184	Protecting hapū māmā and pēpi from vaccine preventable diseases	\$ 1,158,530.37	Dr Esther Willing	University of Otago
21/340	Developing an assessment tool to gauge barriers to vaccination	\$ 896,195.55	Professor Nikki Turner	The University of Auckland
23/196	Towards tuberculosis elimination for Māori	\$ 1,135,327.38	Professor Philip Hill	University of Otago
23/280	Understanding inequitable tuberculosis transmission in Aotearoa	\$ 1,180,728.72	Dr Htin Lin Aung	University of Otago
19/344	Prospective Outcomes of Injury Study: 10 years on (POIS-10)	\$ 1,188,041.80	Professor Sarah Derrett	University of Otago
22/337	Exploring a twin-track approach to violence elimination for disabled women	\$ 791,757.20	Associate Professor Brigit Mirfin-Veitch	Donald Beasley Institute

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17/154	Pacific Islands families: cultural resiliency and vulnerability in mental health	\$ 1,189,886.10	Professor El-Shadan Tautolo	Auckland University of Technology
20/216	Meeting physical health care needs of people with mental illness or addiction	\$ 1,187,682.15	Dr Ruth Cunningham	University of Otago
21/425	Intersectional ethnic minority youth: harnessing creativity for health gains	\$ 1,199,984.20	Associate Professor Roshini Peiris-John	The University of Auckland
23/218	Hinapōuri ki Hināture: Improving mental health outcomes and services	\$ 1,199,861.78	Professor Sarah Derrett	University of Otago
19/387	Patterns of recovery from concussion in children and adolescents	\$ 1,197,414.00	Professor Nicola Starkey	University of Waikato
21/165	Parkinson's in New Zealand: Genes and environmental exposures	\$ 1,199,252.93	Dr Toni Pitcher	University of Otago
21/117	Improving continence management for people with dementia in the community	\$ 1,199,981.40	Professor Vanessa Burholt	The University of Auckland
19/172	Novel methods of infant feeding in New Zealand - cause for concern or optimism?	\$ 1,185,359.60	Professor Anne-Louise Heath	University of Otago
23/316	Bringing manaakitanga to waitlists with tailored Smart Start letters	\$ 1,198,634.90	Professor Lisa Te Morenga	Massey University
22/339	Understanding the impact of rurality on health outcomes and healthcare delivery	\$ 1,199,916.05	Professor Garry Nixon	University of Otago
18/513	Rugby Fans in Training: A Randomised controlled trial	\$ 1,199,266.20	Professor Ralph Maddison	The University of Auckland
19/173A	Built environment and active transport to school: BEATS Natural Experiment	\$ 914,201.65	Professor Sandra Mandic	Auckland University of Technology
21/468	Tackling ableism to remove barriers to participation in sport and recreation	\$ 1,105,429.56	Dr Penelope Carroll	Massey University
17/155	Respiratory health of Pacific youth: risk and resilience throughout childhood	\$ 1,183,935.35	Professor El-Shadan Tautolo	Auckland University of Technology
19/534	Biodiversity and microbiota: a novel pathway to allergy and asthma prevention	\$ 1,199,961.52	Professor Jeroen Douwes	Massey University
23/086	Urban farm-like dust: microbial origin and protective effects on later asthma	\$ 1,196,993.73	Dr Caroline Halley	University of Otago
20/402	Wellbeing and the precariat: How does it work in everyday life?	\$ 1,180,503.90	Professor Jarrod Haar	Massey University
19/873	A systematic review and meta-analysis of organisational-level interventions	\$ 395,962.20	Dr Lixin Jiang	The University of Auckland
19/862	Evaluating a multi-level participatory psychosocial risk intervention	\$ 1,198,377.70	Associate Professor David Tappin	Massey University
24/578	Aging and Care for Kaumātua in Kahungunu	\$ 12,000.00	Miss Tuakana August	The University of Auckland
20/1557	Supporting whānau to safely administer paracetamol to tamariki	\$ 399,991.00	Dr Rawiri McKree Jansen	National Hauora Coalition
19/107	Alcohol's harm to others: impacts on children of problem/heavy drinkers	\$ 500,000.00	Associate Professor Taisia Huckle	Massey University
19/110	Advancing opportunities for big dietary data in New Zealand	\$ 441,931.00	Dr Kathryn Bradbury	The University of Auckland
23/026	Modelling the health and equity impacts of a range of dietary policies in NZ	\$ 600,000.00	Dr Cristina Cleghorn	University of Otago

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23/051	Associations and mechanisms linking transport and health: outcome-wide analyses	\$ 599,983.00	Dr Sandar Tin Tin	The University of Auckland
21/158	The benefits of biodiversity: a novel approach to preventing asthma and allergy?	\$ 491,527.00	Dr Collin Brooks	Massey University
21/331	Pacific mental health: Integrating Pacific world views and practices	\$ 300,000.00	Associate Professor Sione Vaka	University of Waikato
22/659	Pae Ora - collaborations in action	\$ 1,499,656.00	Dr Lis Ellison-Loschmann	Flax Analytics
23/831	Nga Maia Māori Midwives Aotearoa indigenous matauranga development	\$ 14,500.00	Janet Taiatini	Ngā Maia Trust
22/835	Kaumātua use of digital technology post COVID-19 to meet their health needs	\$ 98,133.00	Dr Dianne Wepa	Auckland University of Technology
22/881	Te Whare o Ngarue: The healing pathways of our ancestor Tūrongo	\$ 81,800.00	Dr Naomi Simmonds	Dr Naomi Simmonds
22/851	Te Pae Tawhiti: looking at the lie of the land	\$ 99,635.00	Ms Cheryl Davies	Tu Kotahi Maori Asthma Trust
22/877	Validation of tools to measure experience of whanau engagement	\$ 88,400.00	Dr Ainsleigh Cribb-Su'a	National Hauora Coalition
22/886	The gift of life - exploring Maori perspectives on bone marrow donation	\$ 53,650.00	Ms Keri Topperwien	Dream Chaser Foundation - A Chace Topperwien Charity
23/694	Māori experience of the criminal justice system in Pare Hauraki	\$ 100,000.00	Dr Stephanie Palmer	Tumana Research Services
23/835	Ko Hine Ko Rua	\$ 99,620.00	Dr Tepora Emery	Soldiers, Sailors & Airmen's Association of New Zealand
23/843	Ngāi Tai ki Tāmaki Hauora Strategy development	\$ 100,000.00	Mrs Amanda Scobie	Pou Tāngata Ngāi Tai Ki Tāmaki Community Development
23/838	Restoring the mauri of Lake Omapere	\$ 100,000.00	Dr Marise Stuart	Lake Omapere Trust
23/686	Integrating oral health into the funding and management of diabetic patients	\$ 99,947.00	Dr Jarden Lacey	Te Rūnanga o Toa Rangatira
22/873	Mā Hine Waikōpua e whakahou: Māori Breast Cancer Framework	\$ 98,383.60	Ms Irene Kereama-Royal	Pūrangakura
22/870	Mobilising a Maori Community	\$ 92,900.00	Mr Levi Armstrong	The Meke Meter
22/875	Taku Tapuwae He Tapuwae Tapu - Wāhine Walking to Wellness	\$ 99,500.00	Dr Naomi Simmonds	Dr Naomi Simmonds
22/879	Ahakoā kahore mātou i te kite kei te kite (We may be blind but we have vision)	\$ 99,250.00	Mrs Chrissie Cowan	Kāpō Māori Aotearoa
23/723	Koeke -ā kō ake nei	\$ 94,800.00	Ms Waitiahoaho Emery	Ngati Pikiao Iwi Trust
23/833	He Aha Taku Oranga Hauora Mo Apopo	\$ 93,860.00	Professor Te Kani Kingi	Te Whare Wananga O Awanuiarangi
22/882	Mātahia mai I te 50, kei tūreiti. The pathway for indigenous advocacy	\$ 99,656.00	Dr Nina Scott	Hei Āhuru Mōwai Māori Cancer Leadership

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23/846	Waikarā kai sovereignty	\$ 77,000.00	Ms Taria Tane	Waikarā Marae & Whakarongotai Urupa Trust
23/818	Marginalism, racism and tokenism: The experiences of Māori dietitians	\$ 75,800.00	Ms Hannah Rapata	Te Kāhui Manukura o Kai Ora
22/833	The Role of Motor Fidgeting on Executive Functioning in ADHD	\$ 299,960.00	Ms Gina Waters	Mātai Medical Research Institute
22/884	A Kaupapa Māori response to Covid-19	\$ 251,762.00	Miss Beverly Te Huia	Nga Kairauhii
23/810	Tohe-ora Wānanga-whenua	\$ 299,658.00	Associate Professor Te Kahautu Maxwell	Whakatōhea Māori Trust Board
22/878	"Te Mana o Taku Reo – Power of my Voice "	\$ 300,000.00	Ms Rangi Pouwhare	Mana Ātea
23/816	Ngāi Tai ki Tāmaki Health Research Project	\$ 219,000.00	Mrs Amanda Scobie	Pou Tāngata Ngāi Tai Ki Tāmaki Community Development
22/864	Pona Kakā: A holistic approach to arthritis intervention	\$ 297,782.00	Dr Lily George	Waikare Community Development & Research Trust
23/807	Hauraki Māori weathering Cyclone Gabrielle	\$ 300,000.00	Denise Messiter	Te Whariki Manawahine o Hauraki
23/654	Weraroa taonga species	\$ 300,000.00	Tia Huia Haira	Rangiwaho Marae
23/708	Biomedical Matauranga Hub	\$ 300,000.00	Mrs Tracy Macfarlane	The Moko Foundation
23/842	Ngā marama o te tau	\$ 293,000.00	Ms Heeni Hoterene	He Puna Marama Charitable Trust
22/836	Kia Kitea ai te Ora COVID-19 Life- Changing	\$ 300,000.00	Dr Kahu McClintock	Ngati Maniapoto Marae Pact Trust
22/865	Te Whariki Manawāhine o Hauraki Mahi Raraunga	\$ 127,245.00	Mx Paora Moyle	Te Whariki Manawahine o Hauraki
23/809	Research manager for Te Whāriki Manawāhine O Hauraki	\$ 119,990.00	Denise Messiter	Te Whariki Manawahine o Hauraki
23/839	Te Hiku Rangahau	\$ 150,000.00	Dr Maria Baker	Te Hiku Hauora
23/820	Gang whānau healing from intergenerational trauma	\$ 136,000.00	Denise Messiter	Te Whariki Manawahine o Hauraki