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

Annual Report 2025

For the year ended 30 June 2025

Te Kāwanatanga
o Aotearoa
New Zealand Government

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

Contents

From our Chair **6**

From our acting Chief Executives **7**

The year at a glance **8**

Case studies 14

Who we are 21

What we do 22

Progress on strategic intentions **23**

Our performance framework 24

What our Ministers expect of us: looking forward from 2025 25

Assessment of operations in the 2024/25 financial year 26

Reporting against our annual and medium-term goals 26

Focus Area 1: Investing in research skills and expertise 27

Focus Area 2: Investing in research, evidence and solutions 29

Focus Area 3: Targeting research needs and opportunities 33

Statement of Performance **36**

What we delivered in 2024/25 37

Output 1: Invest in developing excellent health researchers 38

Output 2: Invest in health research that is excellent, innovative and impactful 42

Output 3: Invest in priority health research gaps, needs and opportunities 46

Output 4: Keep the health research system ethical and safe 48

Our team and organisation **53**

Governance 54

Statutory and standing committees 54

Our people and organisational capability 55

Equal employment opportunities 55

Health and safety 55

Information technology systems and security 56

Carbon Neutral Government Programme (CNGP) reporting 56

Financial statements **59**

Statement of Responsibility 60

Notes to the Financial Statements 64

Statement of Resources 78

Independent auditor's report **80**

Active research contracts **84**

From our Chair

In 2024/25 the Health Research Council of New Zealand invested in research designed to improve health outcomes, support the development of clinician researchers, and capitalise on the benefits of innovation and emerging technologies. We have strengthened health system performance through new and innovative models of service delivery and care, contributed to progress towards achieving the health and mental health targets, and seeded innovations with the potential to drive economic growth and prosperity.

The Health Research Council (HRC) plays a vital strategic and stewardship role that bridges the health sector and science, innovation and technology system. Our aspiration is that all New Zealanders benefit from our world-leading, high-impact, high-value health research. To achieve this, we strive to ensure health research delivers excellent value for public investment, makes a significant impact in priority areas, and generates value by keeping our population healthy and productive.

New Zealand has a talented and committed health research community, and I am proud of the collaborative work that has been done this year to continue to develop and invest in the skills, expertise, and transformative ideas New Zealand needs.

This report shows the significant contribution health researchers make to the innovation pipeline, with 44 commercial collaborations, 37 new or upgraded technologies, tools, or devices, and 7 drug patents granted in 2024/25.

We contributed to improvements in healthcare delivery, evidenced by the 28 innovations in healthcare delivery, 18 improvements to public health interventions, 46 contributions to new or improved health policies or clinical guidelines, and 12 refinements of the use of drugs or biologics reported this year.

In 2024/25 we supported 1,168 practising clinicians to conduct health research as part of our ongoing commitment to embedding the culture of continuous learning and improvement that is critical for safe, high-quality care. We also allocated $4.6 million to investigate the potential of AI as a transformative technology for the health system through a new targeted initiative. Throughout the past financial year, our Council has continued to exercise discretion in decision making based upon the strength of a research application's scientific merit and its alignment with the government's goals and our signalled investment priorities.

We are committed to ensuring our funding opportunities and the processes that support them are fit for purpose: agile and responsive to government priorities and new opportunities; accessible, effective, and efficient; and without undue applicant burden or compliance.

The HRC has responded to the Minister of Health's commitment to improving health outcomes through timely access to high quality, sustainable services. We have invested in excellent research in areas that are foundational for the safety, quality, effectiveness and affordability of health delivery and support a learning health system. We have continued to work closely with the Ministry of Health and Health New Zealand to add value to the wider health sector.

We have also worked with the Ministry of Business, Innovation and Employment (MBIE) to target investment to areas of emerging technologies, strengthen the commercialisation pathway, and build stronger connections between researchers, innovators, and end-users to maximise health and economic outcomes. We are committed to the work initiated by the Minister of Science, Innovation and Technology to strengthen the SI&T system, lift economic growth and position New Zealand for the future.

The benefits of investment into research are realised over both short- and longer-term timeframes. A personal highlight from the 2024/25 year was the publication of the HRC Investment Impact Report 2025, which demonstrates the extraordinary value previous HRC investments have delivered in the past three years and will continue to deliver into the future.

I thank the research community for their ongoing commitment to improving health outcomes and the health system for New Zealanders, through the conduct and communication of their excellent research.

Professor Lester Levy, CNZM
Chair

From our acting Chief Executives

In 2024/25 the Health Research Council of New Zealand has maintained our strong focus on ensuring that HRC-funded research meets the needs of the health system and the New Zealanders it serves. In the year end 30 June 2025, over 50% of our investment was dedicated to research that will have short-to medium-term outcomes for the health system alongside ongoing support for the development of clinician researchers. Our investment strategy also included targeted initiatives such as our Artificial Intelligence in Healthcare Request for Proposals that will facilitate meaningful changes in practice and policy and assist timely access to high-quality healthcare.

A core part of how we measure and track our performance is by the outcomes we deliver for the health system, with all HRC-funded research required to have a clear line of sight to making positive and tangible differences to the health of New Zealanders. This year, of 1057 active contracts in the year end 30 June 2025, 532 supported health services, public health or clinical research with short- to medium-term outcomes for or within the health system (totalling $73.1 million or 56.5% of our investment). This investment is expected to begin delivering meaningful outcomes in the near future, with the case studies featured in this report showcasing the HRC's contribution to a safe, effective, evidence-informed, and innovative health system.

Alongside this we have maintained our focus on the important role clinician researchers play in the health research ecosystem. Clinician researchers work on the frontline to deliver healthcare and are also actively engaged in conducting research. They are vital for supporting the translation and uptake of evidence and innovation within the health sector, contribute to a culture of continuous learning and ensure research is focused on delivering what the health system needs.

This year, the HRC provided opportunities for 1,445 named investigators with clinical training, of which 1,168 are currently practicing clinicians, to lead or contribute to HRC-funded research. Our $5.3 million investment in 88 active clinical career development contracts included targeted support for 13 Māori Clinical Research Training Fellowships and nine Pacific Research Clinical Training Fellowships, enabling more health professionals to become part of the health research workforce.

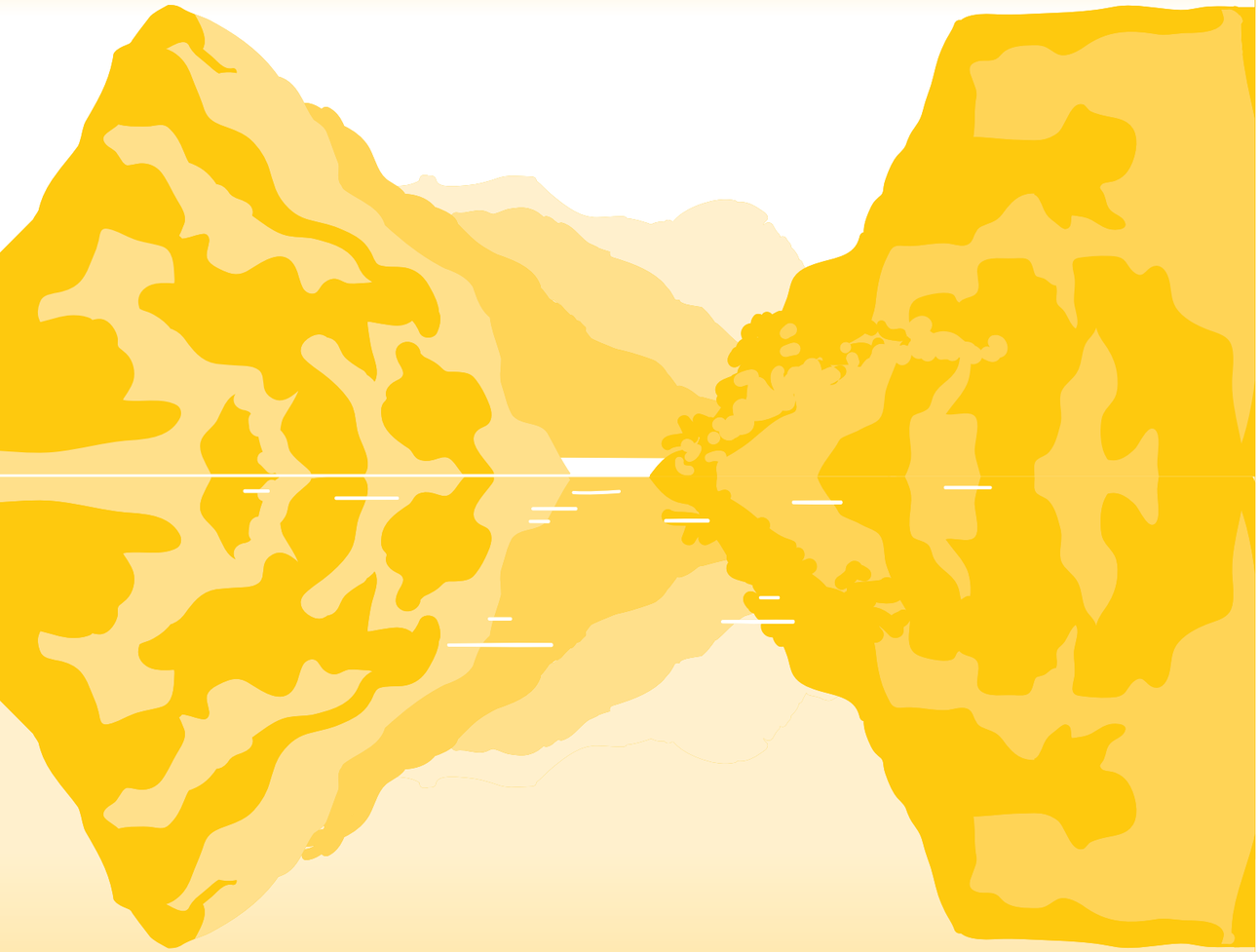
In consultation with the health sector, we released our premiere funding call dedicated to the use of artificial intelligence (AI) as a potentially transformative technology to support the delivery of timely access to quality healthcare. We received an impressive response from a wide range of applicants, many new to the HRC, showcasing the breadth and depth of expertise within the research community. Our Council invested in 10 studies to a total value of $4.6 million. This targeted investment builds on a growing portfolio of AI-related research that will seed innovations and technological advancements in healthcare delivery to improve health outcomes and generate economic benefit, some of which is profiled in this report.

Most importantly, this annual report emphasises the ongoing dedication and talent of all those involved in New Zealand's health research effort. We would like to thank everyone who has given their valuable time, skills and expertise to the assessment and conduct of health research. This includes researchers, support and technical staff, peer reviewers, assessing committee members, the HRC's statutory and standing committees, our Council and the HRC team.

Finally, we would like to acknowledge our former Chief Executive, Professor Sunny Collings who stepped down in August 2025, having led the Health Research Council for more than five years. Professor Collings is a dedicated champion for health research, and we thank her for the expert leadership she provided to our organisation and the wider research sector during her tenure.

Lynne Bjarnesen
Acting Chief Executive

Stacey Pene
Acting Chief Executive



The year at a glance

Doubtful Sound

The Health Research Council of New Zealand (HRC) is a Crown agent and the principal government funder of health research in New Zealand. Our investments improve health outcomes, strengthen the delivery of health services, and contribute to the nation's science, innovation and technology system, and the wider economy. We work closely with the Ministry of Business, Innovation and Employment (MBIE), the Ministry of Health, Health New Zealand, and other stakeholders to ensure we deliver the best value for public investment.

The HRC supported 1057 active research contracts, investing $129.3 million on these during the financial year to 30 June 2025.

These contracts are at various stages of their funding terms, ranging from a few months through to seven years. The figures below represent payments across all of our active contracts made during the year ending 30 June 2025.

$73.9M

Research, evidence and solutions - major programme and project grants that deliver innovation and impact

261 Contracts

- 35 Programmes
- 180 Projects - general
- 25 Projects - Māori
- 21 Projects - Pacific

$27.8M

Engaging the health sector in research

422 Contracts

- 88 Clinical Career Development Awards
- 42 Health Delivery Research Career Development Awards
- 59 Health Delivery Projects
- 233 Health Delivery Activation Grants

$9.8M

Targeted research on national and global needs and opportunities

63 Contracts

- 10 Domestic partnership grants
- 8 International partnership grants
- 41 Ngā Kanohi Kitea Grants
- 4 Negotiated funding agreements

$8.9M

Investing in the people and skills New Zealand needs now and for the future

155 Contracts

- 3 Ethics Career Development Awards
- 63 Māori Career Development Awards
- 49 Pacific Career Development Awards
- 40 General Career Development Awards

$8.9M

Seeding innovative, impactful and transformative research*

156 Contracts

- 81 Emerging Researcher First Grants
- 66 Explorer Grants
- 9 Feasibility Studies

*This $8.9 million in innovative, impactful and transformative research includes $1.2 million invested in the area of health delivery (additional to the $27.8 million in engaging the health sector in research), comprising 10 Emerging Researcher First Grants, 5 Explorer Grants and 1 Feasibility Study.

We supported innovative research and research to advance health delivery.

HRC-funded research supports a safe, effective, evidence-informed, and innovative health system that works to meet the health needs of all New Zealanders. Across our active contracts, 532 are to conduct health services, public health or clinical research with short- to medium-term health system outcomes (total investment $73.1 million).

In 2024/25 HRC-funded research supported the clinician researchers necessary for a collaborative, learning health system.

Research opportunities for clinicians in 2024/25

1,445 unique named investigators on HRC contracts with clinical training

- **740** researchers with training in medicine
- **216** researchers with training in nursing
- **23** researchers with training in dentistry
- **485** researchers with training in allied healthcare, including midwifery, medical imaging, and mental health

1,168 unique named investigators are currently practising clinicians

77* clinical trials and 64 clinical studies

75 Clinical Training Research Fellowships and 13 Clinical Practioner Research Fellowships

* 77 grants including 54 multi-year Project or Programme grants, 1 Independent Research Organisation grant, 11 career development awards in the area of clinical trials, and 11 smaller seeding grant types contributing to clinical trial research

Health sector engagement in research

220 health sector collaborations reported

1,108 roles in HRC research grants held by employees of Health New Zealand

20 Health New Zealand regions represented by named investigators on HRC contracts

350 health delivery research contracts active, $23.6M invested

Advances for the delivery of healthcare

28	18	31	15	12
innovations in delivery of healthcare	improvements to public health interventions	contributions to new or improved health policies	contributions to new or improved clinical guidelines	refinements to the use of drugs or biologics

We support innovative research that is likely to lead to new or improved products, processes or health services and research into emerging technology with potential to create commercial value for New Zealand. To fuel the new ideas that are essential for innovation, we fund a broad base of health research across the spectrum from targeted basic research with a line of sight to improved health outcomes, to applied and implementation research.

Our 320 active Projects and Programmes ($89 million) demonstrate potential for innovation, technology and commercial benefit.

Economic outputs

320 Projects and Programmes active

201	53	168
focused on an innovative product, process or service	likely to produce commercial value	using or developing new technologies, including: **43** utilising precision health technology

Significant outputs that represent economic and technological advances were reported in 2024/25.

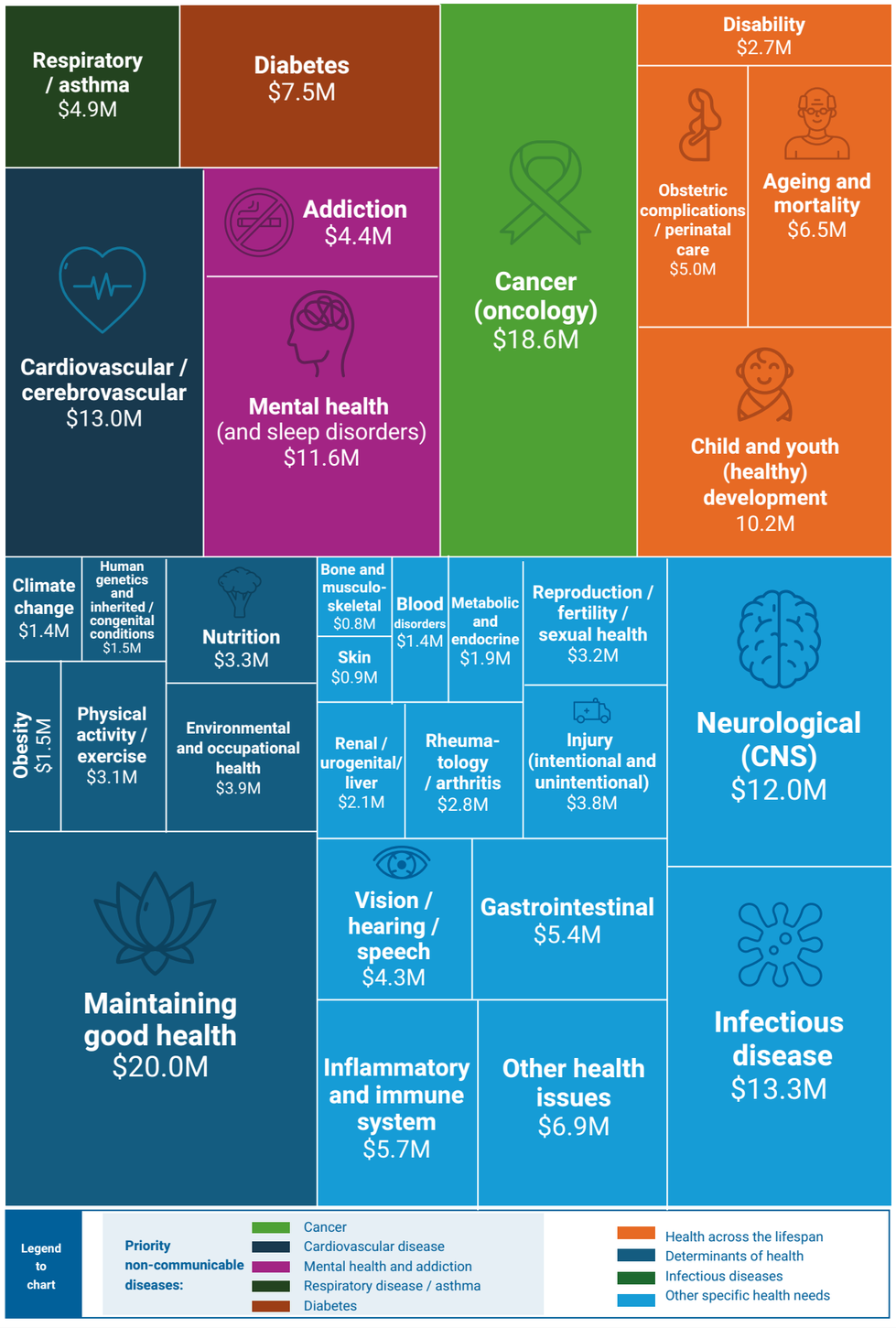
Economic and technology benefits

44 commercial collaborations developed

7 drug patents awarded

37 new or upgraded technologies, tools or devices

We supported a wide range of research investment areas[1]



[1] Infographic: research supported by the Health Research Council for year ending 30 June 2025, by primary or secondary relevance to health issues. Our contracts span a range of health issues and priorities, including the five priority non-communicable diseases identified in the Government Policy Statement on Health 2024-2027 (cancer, cardiovascular disease, mental health and addiction, diabetes and respiratory disease/asthma). Researchers assign the primary and secondary health issue for all our major grant types and for many of the smaller ones as well. If a grant has two health issues assigned, the relevant investment is counted for both health issue categories so the total value presented for this infographic is greater than our total investment for the year. There were 737 active contracts with an assigned health issue.

We invested in research to improve the health of populations with the highest health needs

We continued to fund Rangahau Hauora Māori research, investing in a portfolio of 164 active contracts across multiple grant types. This targeted investment supports Māori-led solutions to health issues and improved delivery of health services. We also invested in a portfolio of 85 active contracts for Pacific health research across multiple grant types.

These investments are designed to contribute to achievement of the New Zealand health targets and priorities. Further details can be found on page 33.

The HRC's investment across a spectrum of health research disciplines reflects the importance of generating knowledge and evidence to underpin benefits for health and the economy, with both short and longer timelines to impact, from a range of perspectives.

CASE STUDY

Harnessing the potential of AI

Building on a growing portfolio of investment in the AI heath research space, this year the HRC launched a new Artificial Intelligence (AI) in Healthcare Request for Proposals (RFP). This initiative was designed to invest in health research centred on the use of AI as a potentially transformative technology to support delivery of timely access to quality healthcare for New Zealanders.

We invested in 10 studies through this RFP to a total value of $4.6 million. Here we profile research completed in early 2025 that shows the potential of AI to support assessment of children's illnesses in emergency departments, and feature a study funded in the RFP that will digitally redesign the New Zealand hospital ward with the goal of preventing avoidable deaths after surgery.

Supporting nurses to better assess children at emergency departments

An HRC-funded study has found that artificial intelligence (AI)-powered tools could help nurses identify seriously ill children who present at hospital emergency departments earlier so they can receive the right care at the right time.

Every year, thousands of children visit emergency departments (EDs), and nurses must make rapid decisions about who needs the most urgent care (triage 1 or 2). These decisions are critical, yet current triage systems can sometimes miss early signs of serious illness, especially within the context of high-pressure environments. Children, particularly the youngest, struggle to communicate what's happening for them, which adds another layer of complexity to the system.

To support nurses in EDs with their decision making, University of Auckland Senior Research Fellow and biostatistician Dr Zhenqiang Wu and his team developed and tested AI-based tools, built with SAS Enterprise Miner and Python, using hospital data routinely collected for patient care during and before emergency visits, including information like vital signs, medical history, medications, notes written by clinicians, and test results. They spent a lot of time talking with frontline workers to nail down what information would be the most useful for triage nurses.

Dr Wu says these tools, which have promise for future use at the coalface, were highly accurate at predicting those children presenting at ED who would later be hospitalised or need to be admitted to the resuscitation room or paediatric intensive care (PICU). This was the case even when the children were initially assigned to lower urgency triage categories.

"One of our most important findings was that many children who later needed hospital care were not initially recognised as high-risk when they presented to ED. More

Dr Zhenqiang Wu

than 85 percent of hospital admissions and 55 percent of PICU admissions came from lower triage categories [triage codes 3 or 4]. These triage categories also accounted for more than 90% of ED re-presentations in the following weeks."

Dr Wu says these AI tools could potentially fill this gap, giving triage nurses support to make more informed decisions, and ultimately improving the safety and quality of care.

"In the future, this could lead to fewer missed diagnoses, potentially shorter wait times, and better outcomes for children and their families."

In addition, Dr Wu says this technology could help reduce unnecessary hospitalisations and support earlier interventions, which are typically less expensive and more effective.

For the next stage of this research, Dr Wu says they plan to test these tools in real clinical settings using a 'silent trial' that runs in the background without affecting care. This would allow them to evaluate how the system would work in practice before it is fully implemented.

Contract type:	**2022 Career Development Award**
Research term:	**24 months**
Status:	**Completed**

CASE STUDY

'Digital hospital ward of the future' could halve deaths after surgery

A novel study that will use innovative continuous monitoring technology and artificial intelligence (AI) to digitise New Zealand's hospitals could help halve deaths after surgery.

University of Auckland Professor of Surgery Gregory O'Grady and colleagues Dr Chris Varghese and Dr Cameron Wells received funding for this study from the HRC's new 2025 AI in Healthcare RFP funding initiative. The research team are currently partnering on this study with North Shore, Middlemore and Christchurch hospitals – all of which have Electronic Medical Record systems in place – and collaborating with the world-leading Mayo Clinic in Rochester, US, and the University of Edinburgh in Scotland.

Death following surgery is the third leading cause of deaths worldwide. And while the ability to 'rescue' patients with complications following surgery has improved in New Zealand over the past 20 years after the introduction of a national early warning system, Dr Varghese says we now have an opportunity to digitally redesign and modernise what the future New Zealand hospital ward will look like to make even more health gains for patients.

"Currently, medical teams in New Zealand hospitals are required to review patients daily and nursing teams monitor patients' vitals sign every four hours. However, patients can deteriorate very quickly in the intervening hours, and sometimes cultural differences might mean some people don't escalate their concerns to healthcare staff," says Dr Varghese.

Research led by Dr Cameron Wells also shows that some hospitals in New Zealand are better than others at rescuing patients.

"Our work will focus on using digital technologies to bridge these gaps across all medical specialities, offering a digitised and continuous monitoring paradigm to recognise complications in a timely manner, relay them smoothly to the right people, and then react quickly to rescue the patient from death. And because these tools are objective and continuous,[2] it's potentially a leveller for many of the discrepancies we see in our healthcare system," says Dr Varghese.

L to R: Professor Greg O'Grady, Dr Chris Varghese, Dr Cameron Wells

Professor O'Grady says the team will evaluate vital signs data routinely collected as part of hospital care and analyse that data using AI techniques to work out the markers that would indicate a patient is deteriorating.

"From there, we plan to bring in new continuous monitoring sensor devices that we're developing as inputs to our AI platform,[3] such as our recently patented early complication sensor device to monitor bowel leaks, the most serious complication following gastrointestinal surgery."

The team are working closely with The University of Auckland to set up robust and secure systems to de-identify the large volume of national health data needed for the AI models. To keep at the forefront of AI technology, they are also sharing knowledge about the deep science behind AI models with external sites around the world, but without sharing any of the data that goes into training the AI models themselves.

Professor O'Grady says he believes it is inevitable that New Zealand moves its hospitals away from an analogue system with handwritten records and develop the infrastructure to support the integration of the transformative potential of AI in surgical recovery.

"We hope our research will genuinely lay the foundation to enable this step change to occur and take everyone with us no matter who they are or where they live."

Contract type:	**2025 AI in Healthcare RFP**
Research term:	**24 months**
Status:	**Funding approved (start date October 2025)**

[2] The AI models will be anchored to detecting well established perturbations to vital signs (e.g. heart rate, blood pressure, oxygen levels) measured by nurses and clinical teams. Grounding on objective vital signs should alleviate any biases that influence clinical practice owing to systemic biases. Key demographic variables such as gender and self-identified prioritised ethnicity will also be captured to ensure model predictions aren't unfairly biased to any subpopulation.

[3] The HRC grant will fund the development of a server hosted within the University of Auckland with the computational capacity to support rapid but secure development and iteration of AI models using retrospective data from collaborating hospitals.

CASE STUDY

Designing a national lung cancer screening programme

Lung cancer has a significant impact on the health of New Zealanders. It is the second leading cause of death for non-Māori men and women and Māori men, and the leading cause of death for Māori women.

University of Otago public and Māori health expert Professor Sue Crengle (Ngāi Tahu/Kāi Tahu, Kāti Māmoe, Waitaha) is currently leading HRC-funded research to design a national lung cancer screening programme that is equitable, effective, and acceptable for everyone affected by lung cancer.

The screening approach uses a low dose CT scan that has been shown to reduce lung cancer deaths by 20 to 26% through earlier diagnosis and is now recommended for high-risk populations in both the United States and Europe.

The research programme, 'Te Oranga Pūkahukahu', began in July 2024 and builds on findings from Professor Crengle and her team's other HRC-funded lung cancer screening research that shows a 'central hub' approach is more effective than a 'local practice' approach at contacting eligible people, undertaking risk assessments and inviting people to undertake a CT screening scan.

Professor Crengle says while declining smoking rates have seen the incidence of lung cancer decrease slowly over time for some population groups, the residual risk for lung cancer persists for about 25 to 30 years after someone stops smoking, so "lung cancer will be a major issue for New Zealand for the foreseeable future."

Her team are exploring the use of biomarkers to predict lung cancer risk, second rounds of CT scans, the important role of Māori health providers, and the people's views on the use of artificial intelligence within lung cancer screening.

"Artificial intelligence will inevitably be a part of lung cancer screening programmes because it has the potential to automatically characterise lung nodules (small round spots in the lungs often found on a CT scan) with a high degree of accuracy, sensitivity and specificity, while also reducing the workforce requirements and time involved in reading and analysing scans," says Professor Crengle.

In addition to a national lung cancer screening programme reducing the wide-ranging impacts of lung cancer on affected people, their families and the health system, the research team will also analyse its cost effectiveness and the capacity of the health system to resource it. However, Professor Crengle says research previously funded by Auckland and Waitematā District Health Boards showed that lung cancer screening using CT scans every two years was likely to be cost-effective,[4] ranging from savings of $24,700 per Health Adjusted Life Year (HALY) for Māori women to a high of $39,100 per HALY for non-Māori men.

Professor Sue Crengle

Contract type:	**2024 Programmes**
Research term:	**54 months**
Status:	**In progress (start date July 2024)**

[4] The Auckland and Waitematā District Health Boards are now part of Health New Zealand.

CASE STUDY

Improving children's access to specialist health services

With support from a 2025 HRC Emerging Researcher First Grant, Senior Research Fellow, Dr Cervantée Wild from The University of Auckland is leading an investigation into factors affecting paediatric waiting times and the potential solutions to long waiting times.

Dr Wild is working with a team of researchers, which includes paediatricians Professor Cameron Grant (University of Auckland, Starship Children's Hospital) and Dr Niamh O'Reilly (University of Auckland, Health NZ), health services researchers, and health system and policy experts.

Their three-year project will develop the first national picture of children on specialist waiting lists, including how many receive new appointments, follow-up appointments, and treatment within target times, and whether there is variation in waiting times depending on where children live, their age, gender or ethnicity.

The research will generate vital information needed by clinicians, policymakers, and health systems to more effectively plan improvements to their services, match resources with demand, and better meet the needs of children throughout New Zealand.

"When children wait too long for specialist care, it can affect their health, development, and everyday life for them and their families in ways that last well beyond the wait itself. Untreated health conditions might cause pain, limit a child's ability to take part in activities, or affect their schooling," says Dr Wild.

"However, current reporting tells us very little about the children who are on these waiting lists, many of whom are waiting alongside adults for services.

"Our research will provide information about how long children are waiting, where delays are happening, and what the consequences of those delays can be. By highlighting where the system isn't working well for children, we can support health services and policymakers to make changes that improve access to timely care and reduce avoidable harm," says Dr Wild.

Timely specialist assessment and treatment can improve a child's future health and their developmental and learning outcomes, impacting many facets of their future, explains Dr Niamh O'Reilly.

Dr Cervantée Wild

"Early intervention is recommended for many childhood medical problems where unrecognised and untreated issues may consequently have a negative impact on the child's development, wellbeing and learning," she says.

Professor Grant says the research findings also have the potential to reduce future demand on health services.

"If you improve management of early childhood illnesses that lead to chronic adult disease, you improve the health of children now and of adults into the next generation," he says.

The team will work closely with health services throughout the project and share early insights and potential improvements as they emerge.

"Some of the findings from this research could be useful quite quickly, especially where they highlight gaps in data collection or opportunities to improve how services track and prioritise children on waiting lists," says Dr Wild.

"The final recommendations from the project will be available at the end of the three years, but we hope to start informing conversations about paediatric wait times well before then."

Contract type:	**2025 Emerging Researcher First Grant**
Research term:	**36 months**
Status:	**Funding approved (start date July 2025)**

CASE STUDY

Micronutrients shown to be effective at treating severe irritability in teens

A Health Research Council-funded randomised control trial led by University of Canterbury clinical psychologist Professor Julia Rucklidge has shown that high doses of micronutrients (vitamins and minerals) are a safe and effective treatment for teenagers with severe irritability and difficulty regulating their emotions.

The Taiora Trial recruited 132 teenagers (12-17 years) with moderate to severe irritability and symptoms associated with a hard-to-treat condition called Disruptive Mood Dysregulation Disorder (DMDD), which is characterised by both temper outbursts and dysregulated emotions. The teenagers, who couldn't be on any psychiatric medications (such as antidepressants, stimulants or antipsychotics) to qualify for the trial, were split into two groups – one group was given micronutrients for 8 weeks and the other group was given a placebo.

The study was conducted online, with regular check-ins with a clinical psychologist, including monitoring very carefully for suicidal ideation.

The micronutrient formula used in the trial is currently listed as an unapproved medicine by Medsafe due to the higher than recommended dietary allowance (RDA) doses of some nutrients and is only available in New Zealand with an authority letter from a prescriber. Medsafe approved it as a research medicine for this trial. The findings from the trial showed that the teenagers who took the micronutrients had better overall improvement in their irritability, reactivity and dysregulation emotions compared to those who took the placebo.

The DMDD teens identified themselves as "much to very much improved" significantly more if they were randomised to the micronutrients group (42.9%) than the placebo group (12.5%). For some measures, the teenagers taking the micronutrients also got better faster, with improvements seen within a couple of weeks.

Furthermore, those teenagers with DMDD and who came from lower-income families responded even better to the treatment. Professor Rucklidge says this might be because these teenagers have symptoms at the severe end of the scale and possibly eat a diet lower in nutrients.

One of the most important findings was the reduction in clinician-rated self-harm and suicidal thoughts in both the micronutrient and placebo groups, with significantly greater improvement noted in self-reported suicidal ideation on micronutrients.

Professor Julia Rucklidge

"Our trial shows that micronutrients are a safe and effective treatment for severe irritability and DMDD in teenagers, potentially offering better results than current funded treatments such as medications and psychotherapy," says Professor Rucklidge.

She says this research is proof of principle that these teenagers are not getting an adequate supply of nutrients from their food, especially when considered alongside the depletion of nutrients in the food environment.

"Ultra-processed foods are depleted in vitamins and minerals, and even foods that are fortified with minerals or vitamins are at doses so low that they are not necessarily going to be able to make up for the chronic deficiency that's occurring," she says.

Contract type:	**2020 Explorer Grant**
Research term:	**48 months**
Status:	**Completed**

CASE STUDY

Transforming neutron-beam therapy of hard-to-treat cancers with Kiwi ingenuity

Scientists are using a 2025 Health Research Council Explorer Grant to transform a technique first developed in the 1930s to try to kill cancer cells using neutron beams into an effective and safe frontline treatment option for hard-to-treat cancers.

Currently used mainly in Japan, China, Finland and the United States in patients with recurrent cancers that fail regular treatment, boron neutron capture therapy (BNCT) uses low energy radiation in the form of a neutron beam to excite boron atoms, which then decay to high energy particles that can kill cancer cells.

The University of Auckland chemist, Associate Professor Paul Harris, who leads the project with his colleagues Dr Renata Kowalczyk and Dr Jiwon Hong, says the advantage of using boron – specifically, boron-10 – as a target is that it is over 2,000 times more likely to absorb the neutron beam than any other element in your body.

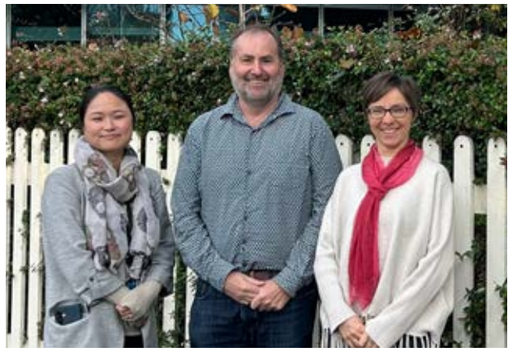
"Boron is virtually undetectable in the human body. In general, people only consume about 1 to 2 milligrams of boron a day in the average diet. This is critically important because you don't want large amounts of boron in the body for the neutron beam to absorb."

But while advances in BNCT have been made in recent times – for example, electricity can now be used to generate the neutron beams rather than nuclear reactors – Dr Harris says the major downside remains that the boron compound targets currently in use are only marginally selective for cancer cells, so many healthy cells end up getting damaged by the beam as well.

"A lot of cancers, including pancreatic, breast, head and neck, and lung cancer, have high levels of a protein that sits on the cell surface to help cells grow and migrate around the body. In a normal person, there are only very low levels of this protein, however, cancer cells can hijack this protein for their own benefit."

Dr Harris says their team have identified a peptide that binds to this cell-surface protein.

"We will test loading this peptide with a cargo of boron atoms and subjecting it to a beam of neutrons to establish the precise way the peptide and boron load contributes to the death of cancer cells," he says.



(L-R) Dr Jiwon Hong, Associate Professor Paul Harris and Dr Renata Kowalczyk

The team will undergo initial tests in their lab to see if the boron-loaded peptide can get inside the cancer cells using various cancer cell lines. As New Zealand does not currently have access to neutron beam technology in a clinical setting, they will work with collaborators at the University of Birmingham in the UK to see how the boron-loaded cancer cells respond to the neutron beam.

They will begin studies on head and neck, pancreatic, breast and lung cancers. Based on successful experimental outcomes, they will then expand their research to include other cancers, such as prostate and colon cancers.

Dr Kowalczyk says this research will introduce a much needed and novel non-invasive cancer treatment option, both in New Zealand and globally.

"With hospital-compatible, electricity-based neutron beams already being manufactured in New Zealand for use in overseas hospitals, identification of effective peptide-based carriers for delivering boron-10 specifically to cancer cells will position New Zealand as a leader in BNCT technology," she says.

Contract type:	**2025 Explorer Grant**
Research term:	**24 months**
Status:	**Funding approved (start date July 2025)**

CASE STUDY

Kiwi discovery offers hope for treating neurological disorders

A new class of therapeutic compounds with “astonishing” potential for the treatment of multiple sclerosis (MS) and other neuroinflammatory disorders has been identified by Victoria University of Wellington scientists Professor Anne La Flamme (School of Biological Sciences) and Dr Olga Zubkova (Ferrier Research Institute) and their research teams.

Supported by an HRC Project Grant, the researchers established that novel sugar-based molecule Tet-29 is a potent inhibitor of heparanase, an enzyme involved in the regulation of immune cell entry into the brain.

Neuroinflammation commonly involves the invasion of immune cells from the blood and is at the core of many neurological disorders including multiple sclerosis (MS), Alzheimer’s, Parkinson’s, bacterial and viral meningitis, schizophrenia and traumatic brain injury.

“We started by asking a basic question about how immune cells get from the blood into the brain, both in homeostasis (steady state) and during a neuroinflammatory episode,” says Dr La Flamme

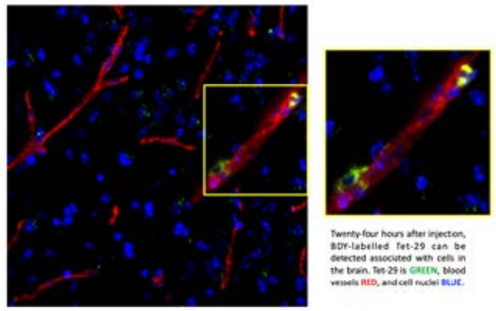
“Regulating this pathway is a known way to inhibit neuroinflammation in diseases like multiple sclerosis and there are therapies that already do this. However, these therapies come with a cost to the patient because they do not discriminate between immune cell migration in a healthy state and a diseased state.

“We were interested in whether we could control this pathway using a compound that mimics our natural sugar and inhibits heparanase.”

Tet-29 was devised and synthesised by Dr Zubkova and her team of research chemists as an adaptable mimetic. They drew on longstanding New Zealand expertise in the synthesis of bioactive sugar molecules to develop a robust, scalable pathway to Tet-29 and were successful in labelling it with a range of biomarkers.

“We were able to create a unique toolbox of labelled Tet-29 compounds to enable their activity in the body to be monitored and imaged,” says Dr Zubkova.

“Importantly, these compounds are synthetically accessible, have low toxicity and are powerful inhibitors of heparanase. What we see these compounds do in animal tests is astonishing.”



Twenty-four hours after injection, BDY-labelled Tet-29 can be detected associated with cells in the brain. Tet-29 is GREEN, blood vessels RED, and cell nuclei BLUE.

Dr La Flamme led development of an experimental model of neuroinflammatory MS and used it to establish that the labelled Tet-29 worked through a unique combination of pathways. Importantly, Tet-29 was shown to be a selective inhibitor that did not disrupt the normal regulatory functions that occur in a healthy person but displayed potent bioactivity against inflammation. Additional testing was carried out by expert collaborators, Professor Christopher Parish at the John Curtin School of Medical Research and Associate Professor Anne Brüestle at the Australian National University.

“Our findings have far-reaching implications for the development of therapies for a range of neurological disorders,” Dr La Flamme says.

The team has patented their invention and, through Wellington Univentures, is in the early stages of discussing potential licensing opportunities with interested parties.

In addition to progressing Tet-29 for a commercial development, they will investigate modified versions of the promising therapeutic with the goal of optimising its effectiveness against different diseases while retaining its low cost, ease of manufacture and safety in animals and humans.

Contract type:	**2021 Projects**
Research term:	**41 months**
Status:	**Completed**

Who we are

The Health Research Council of New Zealand (HRC) is the principal government funder of health research in New Zealand.

Our investment improves health outcomes, strengthens the health system and progress towards health targets, and adds value to the nation’s science, innovation and technology system and the wider economy.

All HRC-funded research has a direct line of sight to improving health outcomes or the delivery of health services for all New Zealanders.

We have a strong track record in funding research that leads to disease prevention, treatment and cures, better models of care, improved efficiencies, and commercial applications.[5]

We invest around $115 million a year in research across all health disciplines, including biomedical, clinical, public health, and health delivery domains.

Our major activity is investing in health research that:

- generates evidence-informed solutions, innovations and impacts that improve health, wellbeing and economic prosperity
- addresses priority national and global health issues
- fosters national and international research collaborations
- supports the early exploration of innovative high-impact ideas
- engages clinicians to ensure research is focused on delivering what the health systems needs
- supports the development of research skills and expertise to meet New Zealand’s needs now and in the future.

New Zealand’s investment in health research must contribute to achieving the goals of the health system,[6] and the science, innovation, and technology system,[7] including:

- improving health outcomes by providing New Zealanders with timely access to high-quality health services
- harnessing the benefits of research and innovation to drive economic transformation.

Key facts about the HRC

Crown agent

- Established through the Health Research Council Act 1990.

Accountable to:

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

Aspiration:

All New Zealanders benefit from our world-leading, high-impact, high-value health research.

Principal statutory functions under the HRC Act 1990:

- Advise the Minister of Health on national health research policy.
- Advise on health research priorities for New Zealand.
- Initiate and support health research.
- Foster the recruitment, training and retention of health researchers in New Zealand.

Our strategic intentions from our Statement of Intent:

- Drive research excellence, innovation and impact.
- Focus on health need and improving health outcomes.
- Invest in the people and capability New Zealand needs now and for the future.
- Add value through connection and collaboration.
- Support the safe and ethical conduct of research.

[5] Our Impact Investment Report (https://www.hrc.govt.nz/resources/investment-impact-report) is published every three years and demonstrates the effectiveness of the HRC’s investment in health research by highlighting a diverse range of research impacts in health outcomes and wider economic, environmental, and broader social benefits.
[6] For information on health system targets and priorities see: https://www.tewhatuora.govt.nz/corporate-information/planning-and-performance/health-targets; https://www.health.govt.nz/publications/government-policy-statement-on-health-2024-2027; https://www.health.govt.nz/publications/new-zealand-health-research-strategy-2017-2027.
[7] https://www.mbie.govt.nz/business-and-employment/economic-growth/going-for-growth.

What we do

The HRC plays a strategic role that bridges the health sector and the science, innovation and technology system. We provide leadership and expertise in a highly specialised field and have established a strong, connected, and stable environment for health research in New Zealand.

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 current and future health challenges, across the lifecycle. We balance our investment portfolio 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, innovations, and economic benefits of the future.

We support research from early activation and seeding stages through to Project and Programme stage, ensuring the most innovative ideas and solutions can make a real-world difference. We also initiate targeted research in areas of specifically identified high health need, where we see evidence gaps and opportunities, or where a rapid research response is needed, ensuring we work across agencies and sectors to address the wider impacts on health, including social, environmental and economic factors.

Building a skilled workforce able to understand and meet the health needs of our population is pivotal to building the evidence and solutions needed to improve health outcomes for all New Zealanders. We do this by providing research opportunities for both emerging researchers and our next research leaders, including opportunities for Māori and Pacific health researchers. We are committed to the enhanced development of clinician researchers, supporting more healthcare professionals to engage in research in order to bridge the gap between research findings and clinical practice and support a learning health system.

The HRC manages a fair and robust funding process involving peer review and expert committees. From the design and scope of funding rounds through to our assessment criteria, we ensure New Zealand's finite health research dollars fund proposals with a clear line of sight to improving health outcomes and having the greatest likely impact.

As a Crown entity, and part of the wider public service, we strive to deliver the best value for public investment through innovative and efficient service delivery.

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 and clinical trials involving new medicines.[8]

[8] Our approach is aligned with the code of expectations for health entities' engagement with consumers and whānau (https://www.hqsc.govt.nz/resources/resource-library/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau/)

Progress on strategic intentions

Lion Rock

Our performance framework

The Health Research Council's performance framework from our Statement of Intent 2024-2028 sets out our contribution, our aspiration, our investment areas and strategic intentions, and the outcomes we seek for the health system and the science, innovation and technology sector.[9]

OUR CONTRIBUTION

HRC investment improves health outcomes and adds value to New Zealand's health and science, innovation and technology systems.

OUR ASPIRATION

All New Zealanders benefit from our world-leading, high-impact, high-value health research.

OUR INVESTMENT AREAS

Research skills and expertise

Research, evidence and solutions

Research needs and opportunities

OUR STRATEGIC INTENTIONS

Drive research excellence, innovation and impact	Focus on health need and improving health outcomes	Invest in the people and capability New Zealand needs now and for the future	Add value through connection and collaboration	Support the safe and ethical conduct of research

OUR DESIRED OUTCOMES

	Drive research excellence, innovation and impact	Focus on health need and improving health outcomes	Invest in the people and capability New Zealand needs now and for the future	Add value through connection and collaboration	Support the safe and ethical conduct of research
For the Science, Innovation and Technology System	High-quality, high-impact and innovative health research produces transformational change, generating information and technological advances that bring health, social and economic benefits for New Zealand.	High-quality, high-impact and innovative health research effectively addresses our highest health needs, improving health and wellbeing outcomes, especially for those with highest health needs.	New Zealand has a highly skilled, innovative, culturally capable and sustainable health research workforce, who are well supported to meet local, global and future health needs.	Research is coordinated, cross-sectoral, transdisciplinary and well connected internationally, increasing the potential for health gains, preparedness for future health challenges and our ability to capture health and economic returns for New Zealand.	Research harnessing new technologies and innovations is undertaken safely and ethically in New Zealand.
For the Health System	Quality evidence underpins quality healthcare, while innovative solutions improve the effectiveness and efficiency of the health system.	Research effectively engages with and responds to the needs, strengths and aspirations of our communities to address access barriers and develop clinically and culturally safe and appropriate health services.	Alongside health researchers, health professionals are a core part of the research workforce, equipped with the knowledge, skills, and expertise to embed research into healthcare.	Through collaboration, partnership and targeted investment, research is responsive to health needs and priorities and research evidence and solutions are effectively translated and implemented by the next and end-users of the health system.	Through the work of our monitoring and regulation committees, health research underpinning new medicines, interventions, and health services in New Zealand is ethical and safe.

[9] https://www.hrc.govt.nz/resources/statement-intent.

What our Ministers expect of us: looking forward from 2025

The Health Research Council receives an annual Letter of Expectations that outlines key priorities for the upcoming year.[10]

In the Letter of Expectations for the HRC for 2025/26, the Minister of Health asked us to use our position bridging the health sector, and the science, research and technology sector, to prioritise:

- delivering public value through investing in research that maximises benefit for healthcare delivery, supports new models of care and treatments, and improves the effectiveness of our health system
- fostering innovation in healthcare, including facilitating research partnerships internationally, and exploring opportunities to build stronger connections between researchers and innovators
- helping realise the potential of research and technical advancements to improve health services and strengthen the performance of the health system
- supporting the enhanced development of the clinician researcher workforce and contributing to a learning health system
- ensuring the Government's areas of focus for health delivery are strongly positioned in the HRC's work programme
- prioritising research with a clear pathway to commercialisation and contributing to growing the economy.

These priorities build on guidance from the Letter of Expectations for 2024/25 in which the Minister of Health and the Minister of Research, Science and Innovation asked us to prioritise efforts and resources in areas where we can add the most value, and work closely with health system leads so that research supports key priorities and areas of need.

This includes:

- identifying opportunities to work collaboratively and collectively with other entities where it will result in health gains or enable efficiencies
- harnessing the benefits of biotechnology, AI in healthcare and research with strong commercial potential
- prioritising effort and resources in areas where the HRC can add the most value to the research system and the public health system
- building and maintaining strong strategic relationships with the Ministry of Health as the health system leader and MBIE as primary funder of research
- continuing to enable more health professionals and others to become part of the health research workforce and increase the quality and quantity of research in the health system.

Some of the activities we have undertaken this year to implement Government priorities are highlighted on pages 10-11.

[10] https://www.health.govt.nz/about-us/new-zealands-health-system/health-system-roles-and-organisations/health-crown-entities/letters-of-expectations-for-health-statutory-entities

Assessment of operations in the 2024/25 financial year

- We allocated $107.6 million to 311 new contracts across a range of funding mechanisms. These are described in more detail in the Statement of Performance (pages 38-47, Outputs 1-3).
- We managed 1057 active contracts commencing in 2024/25 or preceding years. Our active contracts are profiled on page 9.
- We awarded two medals to recognise people and teams for achieving research excellence, innovation and impact and established two new medals. For more detail, see page 27, Focus area 1.
- We provided advice on research ethics, monitoring and regulation through the work of several standing and statutory HRC committees. These are described in more detail on page 48 (Output 4).
- We worked collaboratively with the health system and the science, innovation and technology sector to work towards system improvements, and continued to implement our work programme of continuous improvement to refine our funding mechanisms. The next section includes commentary on these activities and an assessment of the HRC's progress in relation to its strategic goals.

Reporting against our annual and medium-term goals

As the government agency with the primary responsibility for investing public funds in health research, the HRC continually measures and monitors its performance to ensure we are delivering against the priorities of the Government and our Council.

This annual report summarises the HRC's progress towards our strategic intentions, and reports on our financial and non-financial performance for 2024/25 as required under the Public Finance Act 1989.

It summarises our major workstreams and achievements and demonstrates our progress towards the medium-term goals set out in our Statement of Intent 2024-2028,[11] and the annual performance indicators outlined in our Statement of Performance Expectations 2024-2025.[12]

The HRC's performance framework from our Statement of Intent 2024-2028 (page 24) sets out our contribution, our aspiration, our strategic intentions and the outcomes we seek for the health system and the science, innovation and technology sector. Our strategic intentions sit across each of our three investment areas to form priority actions. Our progress towards these priority actions and medium-term performance measures is described on pages 27-35.[13]

Our Statement of Performance Expectations 2024-2025 outlines the four Outputs through which we invest in research, primarily through the Health Research Fund from the Vote Business, Science and Innovation appropriation. We report on this in our Statement of Performance (pages 37-52).

[11] With the change of Government in November 2023, it was important to understand the Government's priorities and set the HRC's own priorities within this context. A new Statement of Intent was published to cover the period from 1 July 2024 to 30 June 2028 (https://www.hrc.govt.nz/resources/statement-intent).
[12] https://www.hrc.govt.nz/resources/statement-performance-expectations.
[13] The priority actions for of our investment areas are summarised on p9 of the Health Research Council Statement of Intent 2024-2028.

Focus Area 1:
Investing in research skills and expertise

Below we describe the measures we have taken to invest in people who deliver excellent health research and develop the capabilities that New Zealand needs to generate health, economic and social benefits, now and for the future. We outline how we have progressed our priority actions and performance measures in order to build research capacity and capability, as set out in our Statement of Intent 2024-2028.

Our five priority actions for Focus Area 1:

01 Recognise people and teams for achieving excellence, innovation and impact

The HRC celebrates health research excellence with prestigious medals presented annually at the Royal Society Te Apārangi Research Honours ceremony. In 2024/25:

- The HRC's 2024 Beaven Medal was awarded to Professor Cindy Farquhar and her team for research into gynaecological and fertility conditions, which included 12 clinical trials over the past 30 years and transformed clinical practice worldwide.
- The HRC's 2024 Te Tohu Rapuora Medal was awarded to Cheryl Davies (Ngāti Raukawa, Ngāti Wehiwehi, Ngāti Mutunga ki Te Wharekauri) from the Tu Kotahi Māori Asthma and Research Trust for making tangible improvements to health outcomes through her marae-based work in asthma education and advocacy.

Additionally, in 2025 we launched two new awards for excellence in research that complement our existing suite of medals and enable us to celebrate a broader range of research contributions.[14] The new awards are:

- The Catalyst in the Community Award, which recognises an individual or team who has supported improved health outcomes through transformative, cross-disciplinary research developed in partnership with a community.
- Te Ata Hāpara Award recognises an emerging Māori researcher with a promising research trajectory who has made a demonstrable contribution to advancing Māori health. The award complements our Te Tohu Rapuora Medal, which has a focus on Māori health research leadership.

Calls for nominations for the two new medals closed in May 2025.

02 Develop the workforce who can engage with, and respond to, communities with highest heath needs

The HRC's career development awards provide a spectrum of opportunities from launching research careers (master's and PhD scholarships), to postdoctoral fellowships that support researchers to move into leadership roles. These career development awards are funded through Output 1 (see page 38).

Our targeted support for clinician researchers included 13 Māori Clinical Research Training Fellowships and 9 Pacific Research Clinical Training Fellowships, as part of our $5.3 million investment in 88 active contracts for clinical development contracts.[15] Practicing clinicians also hold lead roles on other types of career development awards (see KPI page 39), and larger grant types, supporting a robust and learning health system.

We provide opportunities for Māori and Pacific health researchers to build the skills and expertise needed to meet their communities' health needs and aspirations and improve health outcomes.

In 2024/25, our investment in career development included:

- $3.0 million in 72 active contracts to support Māori health research career development[16]
- $2.9 million in 58 active contracts to support Pacific health research career development.[17]

[14] https://www.hrc.govt.nz/news-and-events/nominations-open-hrc-medals-and-new-awards
[15] This includes 3 new Māori Clinical Research Training Fellowships, and 1 new Pacific Clinical Research Training Fellowship funded in 2024/25
[16] This includes 31 new Māori Health Career Development Awards funded in 2024/25.
[17] This includes 16 new Pacific Health Career Development Awards funded in 2024/25.

03 Provide research leadership opportunities for early to mid-career health researchers

We offer Emerging Researcher First Grants to help develop and retain early career researchers with the critical expertise required to address current health challenges and develop innovative solutions. In 2024/25, our $6.0 million investment across 81 active Emerging Researcher First Grants included 10 in the area of Health Delivery.

We offer co-leadership roles on Project and Programme grants, to provide valuable leadership and development opportunities for mid-career researchers and to facilitate succession pathways within research teams. In 2024/25, 45% of new Projects or Programmes were co-led by a researcher who had held a PhD for 10 years or fewer.

HRC data shows that our Explorer Grants provide leadership opportunities for a diverse group of researchers, many of whom are early or mid-career.

04 Work collaboratively to support health research workforce development and retention

The HRC has been working collaboratively across the sector to strengthen New Zealand's health research workforce and the development of clinician researchers. The HRC has provided collated data and analysis to Health New Zealand and the Ministry of Health on the health research workforce supported by HRC contracts.

This includes a summary of researchers with health practitioner training including whether they are currently practising, their areas of specialty and an overview of the clinical trials researcher workforce. These reports help to identify strengths and gaps in New Zealand's health research workforce and allow us to monitor and enhance the development of clinician researchers.

05 Provide project opportunities for early career health ethicists

In 2024/25, we funded three ethics summer studentships, to enable students to gain work experience with a research team on their summer break, on a project focused on an ethical challenge facing New Zealand.

Our target for 2028	How we will measure our progress	Baseline	How we're tracking
By 2026, launch at least one new medal to recognise people who have generated benefits from health research for New Zealand, to complement our existing suite of medals	Report on new medals developed and awarded	New activity	We have achieved our target – we launched the Catalyst in the Community Award and Te Ata Hāpara Award in April 2025 (refer page 27)
We will maintain or increase our support for early and mid-career researchers to 'co-lead' major grant types, to foster development and contribute to succession planning	Report annually the percentage of co-lead positions supported on new Projects or Programmes that are held by early- to mid-career researchers (who held a PhD for ≤10 years at time of application)	In 2023, 20% of funded Projects or Programmes included co-lead positions for researchers who had held a PhD for ≤10 years	On track. In the 2024 funding rounds, 45% of funded Projects or Programmes (17 of 38) included co-lead positions for researchers who had held a PhD for ≤10 years

Focus Area 2:
Investing in research, evidence and solutions

This year we continued to make new investments in the best ideas and innovations proposed by researchers in areas of importance to New Zealand, while demonstrating the wide range of benefits that have been generated from previous investments. These include technology-based advances to improve health outcomes, evidence-based solutions to improve the efficiency and effectiveness of the healthcare in New Zealand, and knowledge generation to underpin future innovations. Below, we outline how we have progressed our priority actions and performance measures for funding excellent, innovative and impactful research, as set out in our Statement of Intent 2024-2028.

Our five priority actions for Focus Area 2:

01 Invest in excellent, innovative and impactful health research to improve health outcomes

We have continued to support a broad range of research across all disciplines to generate new knowledge and fuel discoveries with both short-term impact and longer-term health gains.

The HRC's 'impact' assessment 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.

In June 2025, the HRC's Investment Impact Report was published,[18] and profiled a diverse range of impacts reported in the last three years that were generated from HRC-funded research. The profiled research demonstrates how HRC research has led to start-up companies; created jobs and revenue; engaged clinicians in research; generated new clinical evidence, techniques, tools and processes to improve health outcomes; led to more effective prevention and health protection programmes and cost-saving within healthcare; advanced New Zealand's international standing and reputation, and much more.

To boost innovation, we have continued to fund HRC Explorer Grants to support transformative, innovative, exploratory or unconventional research ideas. Our data shows that, per $1 million invested, Explorer Grants deliver a higher volume of innovative outputs compared with larger grants that have come through more traditionally complex assessment processes.

02 Invest in research focused on areas of highest health need and improving health outcomes

In August 2024, the HRC announced updates to the application guidelines for the 2025 Programme Grants and Emerging Researcher First Grants to ensure that research applicants understand and align their proposals with the needs and priorities of the Government and the New Zealand health system.

While HRC funding covers a broad range of important health issues (see page 12), $54.7 million of investment in 2024/25 was directed to research that focused on one or more of the Government's five priority non-communicable diseases (addiction/mental health, cancer, cardiovascular disease, diabetes or asthma/respiratory disease) and $7.4 million to research on the modifiable factors (nutrition, obesity and physical activity) as either a primary or secondary health issue.[19]

A broad portfolio of HRC-funded research is directed at generating improvements to health services and the health system in the short-to-medium term. We currently invest in 93 active Project and Programme Grants focused on improvements to primary services ($21.2 million in 2024/25), 49 on secondary or tertiary services ($12.5 million) and 13 in health system improvement research ($2.8 million).

[18] https://www.hrc.govt.nz/resources/investment-impact-report.
[19] https://www.health.govt.nz/publications/government-policy-statement-on-health-2024-2027.

03 Attract and retain the best health research talent

We have continued to support the ideas and discoveries of New Zealand's best researchers whose projects can make significant contributions to health. Our funding helps to develop a highly skilled research workforce who can use new and emerging technologies, with 53% of new Projects and Programmes funded in 2024 utilising or developing new technologies, including artificial intelligence, genomics or other personalised medicine technology.

HRC-funded researchers make many world-class contributions to international research collaborations, and in turn leverage additional resource generated through access to overseas knowledge, expertise, networks, research tools and equipment.

Half of the Projects and Programmes in the 2024 funding rounds involved an international named investigator or collaborator, representing 97 collaborations across 13 different countries, primarily Australia (58 collaborations), the United States (13) and the United Kingdom (8).
In 2024/25, the HRC invested in 23 active research contracts that represented the New Zealand arm of a large, multinational clinical trial, providing invaluable opportunities for clinical researchers to demonstrate global engagement and leadership and stay at the forefront of international best clinical practice.

Some of the highly skilled specialist roles across active contracts in 2024/25 include 306 workforce positions for statisticians and 91 positions for economists.

04 Work collaboratively to strengthen research excellence, innovation and impact

The HRC engages in ongoing relationship meetings and collaborative forums with the Ministry of Health and MBIE to implement the New Zealand Health Research Strategy 2017-2027.

As part of our collaborative work with the Ministry of Health and MBIE, the HRC provides information on key issues affecting the health system and health of New Zealanders, including the development of the Rheumatic Fever Report 2023/24 and Rheumatic Fever Roadmap 2023-2028, with Health New Zealand.

The HRC contributes to sector-wide data initiatives, such as the New Zealand Research Information System (NZRIS), which seeks to capture the outputs and outcomes of research funding.

The HRC is committed to an ongoing programme of continuous improvement. We aim to ensure that our funding opportunities and processes are accessible, effective, efficient and responsive to priorities, while reducing applicant burden and compliance.

This year, we continued to engage with international science funding discussion forums to increase knowledge sharing on innovative research funding processes and practices. This included exploring mechanisms that enable investment that is responsive to government priorities, and mechanisms to increase efficiency and reduce sector burden. We also implemented a pilot survey for assessing committee members to inform our continuous improvement workplan. (See the following page for details.)

05 Undertake approval of health and disability ethics committees and independent monitoring of HRC-funded clinical trials

The HRC has a long-standing statutory role of supporting the safe and ethical conduct of research. We undertake safety monitoring and provide strategic advice on health research issues, primarily through the work of our ethics committees (for details see pages 48-49).

We publish our annual Ethics Notes newsletter, to share updates with the research community.[20] This year's issue included updates from the Ministry of Health and the National Ethics Advisory Committee, as well as articles on the need for Māori consultation in research.

The HRC Community of Practice for New Zealand Research Ethics Offices was established to provide ethics offices with a platform focussed on knowledge-sharing, collaborating, and aligning research ethics review processes across the country. The annual training day in July 2024 attracted 24 onsite and 20 online attendees.

[20] https://www.hrc.govt.nz/news-and-events/newsletters

Results of pilot survey for assessing committee members

In 2024/25, the HRC developed and implemented a survey for assessing committee members to capture and report levels of satisfaction with HRC assessment processes. The voluntary survey was sent to 469 assessing committee members across all 2024/25 funding rounds, with a response rate of 38%.

Overall, 94% of respondents agreed or strongly agreed that the HRC's application assessment processes are fair, robust and transparent.[21] In addition, 94% of respondents were satisfied or very satisfied with their participation in the HRC's application processes.

Respondents were invited to suggest one way that the HRC could improve our current assessment processes to be more robust, fair and transparent. Suggestions for improvement were offered by 51% of respondents, and covered many aspects of HRC assessment processes, policies and practices.

Themes from the feedback included: how we might build on our current processes for mitigating bias, managing conflict of interest and selecting a diverse and appropriate mix of expertise within assessing committees; how we might improve assessing criteria and guidance for scoring discussions within committee; the need to improve timekeeping within meetings; how we might adjust our timelines to improve workload management for external reviewers and further optimise the information and support that we provide to them; and to consider how feedback could be provided to a wider range of applicants.

This information, when combined with the assessing committee Chair reports, provides the HRC with valuable insight to inform our programme of continuous improvement.

Current workstreams include:

Conflicts of interest management.

- Feedback suggests that the integrity of HRC assessment processes is well managed and the HRC should maintain existing protocols for effective management of high-level conflicts of interest prior to meetings, and practices to maintain confidentiality and minimise bias throughout the assessment process. The HRC is working to strengthen and standardise processes for early identification of low-level conflicts of interest, as late declaration of such conflicts during meetings can be difficult to manage and cause disruption. In addition, we are reviewing our conflicts of interest management practices to ensure that they do not unfairly disadvantage research communities with a smaller workforce (i.e. the Māori and Pacific research communities). A recent update to our online application portal Gateway has helped streamline conflict declarations.

Clarifying expectations for committee reviewers (CR).

- Feedback suggests that less experienced committee members often feel uncertain about what is required when they are assigned a 'CR1' or 'CR2' role for an application. The HRC is working to provide more support by clarifying the requirements and providing more structured guidance for assessing committee members, providing examples and reminders, and structuring meetings so that new members do not present first.

The pilot survey has been evaluated, and some minor changes will be made in 2025/26 to improve how the information is collected.

[21] This included 83% of assessing committee members involved in funding rounds under Output 1 and 95% of assessing committee members involved in funding rounds under Output 2.

Our target for 2028	How we will measure our progress	Baseline	How we're tracking
We will capture and increase the profile of innovative research outputs and outcomes funded through HRC grants	Profile annually innovative outputs of HRC research, including (but not limited to) those that harness the benefits of biotechnology (using MBIE/OECD definition of innovation)[22]	HRC researchers reported 142 innovative research outputs in 2023-2024, that were new or improved products, processes or services[23]	On track. A further 126 innovative health-related research outputs were reported in 2024/2025. We also refined our taxonomy criterion to help us better articulate the potential contribution of HRC research to innovation
At least 50% of our investment through major grant types will be in research to address our highest health needs	Percentage of researcher-initiated Projects or Programmes that address an area of high health need or focus on areas of prevention or translation, as identified in the Government Policy Statement on Health[24]	In 2023, 69% of researcher-initiated Projects or Programmes addressed an area of high health need as identified in the Government Policy Statement on Health	On track. In 2024/25, 66% of researcher-initiated Projects or Programmes addressed an area of high health need as identified in the Government Policy Statement on Health
We will refine our funding mechanisms and assessment processes to maximise potential for excellent, innovative and impactful research, based on results of stakeholder surveys and consultation and collaboration with national and international research funders	We will report on changes to funding mechanisms and assessment processes, and key themes emerging from stakeholder surveys	Our system design work programme is in place to identify and make continuous improvements to our funding mechanisms and processes. Our most recent refinements were made to application guidelines, to highlight HRC's priorities for investment.[25] A pilot survey for assessing committee members will commence for 2025 funding rounds, to help inform our improvements	On track. In 2024/25, we strengthened the focus on HRC priorities in the relevant application guideline. The pilot assessing committee member survey has commenced. See page 31 for details
We will establish and maintain a community of practice for members of ethics committees in New Zealand, to share knowledge and better support the safe and ethical conduct of health research	Number of new quarterly ethics committee 'drop in sessions' or other engagements convened by HRC to build relationships and discuss issues committees are facing	HRC convenes an annual meeting of ethics committees in New Zealand and has identified potential to increase engagement in between meetings	On track. Four drop-in sessions for ethics committees were conducted in 2024/25. We currently have 42 active members of the HRC Community of Practice for Research Ethics Offices

[22] OECD/Eurostat, Oslo Manual 2018: Guidelines for Collecting, Reporting and Using Data on Innovation, 4th Edition (https://www.oecd.org/en/publications/2018/10/oslo-manual-2018_g1g9373b.html)
[23] Includes: new or upgraded/improved us of technologies/tools/devices, therapeutics, health care delivery, health policy/guidelines or public health interventions (excludes innovative research materials, tools or methods and contributions to clinical guidelines).
[24] https://www.health.govt.nz/publications/government-policy-statement-on-health-2024-2027.
[25] Found at: https://gateway.hrc.govt.nz/.

Focus Area 3:
Targeting research needs and opportunities

We invest in priority health issues and opportunities through targeted investment mechanisms, often in partnership with stakeholders and communities. Below summarises our progress towards medium-term goals as outlined in our Statement of Intent 2024-2028.

Our five priority actions for Focus Area 3:

01 Target investment to increase access, timeliness and quality of healthcare

In February 2025, the HRC released a new RFP to invest in health research centred on the use of artificial intelligence (AI) as a potentially transformative technology to support delivery of timely access to quality healthcare.

For this targeted opportunity, applicants were required to clearly identify the health or healthcare area where AI can be leveraged safely and ethically to improve health outcomes in the New Zealand health system, directly addressing priorities identified in the Government Policy Statement on Health 2024-2027.

A total investment pool of $5 million was available to fund a range of projects across three grant tiers. This RFP attracted a wide range of applicants, many new to the HRC, and 10 studies were approved for funding, a total investment of $4.6 million. For further details on this workstream, see pages 14, and 46-47.

02 Target investment in research focused on the health aspirations and needs of Māori, and the health aspirations and needs of Pacific peoples

We have continued to fund Rangahau Hauora Māori research, investing in a portfolio of 164 active contracts across multiple grant types, representing $17.2 million, or 13% of our total investment for 2024/25.

This funding stream is designed to identify and support Māori-led solutions and indigenous knowledge to achieve improved health and wellbeing outcomes for Māori. Community-identified approaches to addressing health issues and improved delivery of accessible, quality healthcare will bring New Zealand closer to achieving its health targets and priorities.

In 2024/25 we invested in a portfolio of 85 active contracts for Pacific health research across multiple grant types, representing $6.9 million, or 5.3% of our total investment. This includes 1 Pacific Programme, 21 Pacific Projects, and 5 Emerging Researcher First Grants, in addition to career development awards.

As a result of our efforts to develop research that can address health issues for populations with the highest health needs, 24% of the HRC's named investigators in 2024/25 were Māori, and 7% were Pacific people.

03 Engage health professionals in research

Through a range of research opportunities focused on the health sector and system, we have continued to bring health researchers and health professionals together, to build cross-sectoral expertise and insights and make meaningful contributions to health outcomes in priority areas. In 2024/25 we managed 350 active health delivery research contracts, representing $23.6 million, or 18.25% of our total investment, across several grant types.

There has been a significant increase in high-quality health delivery research proposals across all our funding rounds. This year we decided not to offer the entry level Health Delivery Research Activation Grants and focus on longer-term investments in health delivery research that deliver longer-term impact and benefit.

We recognise that alongside health researchers, health professionals are a core part of the research workforce, equipped with the knowledge, skills and expertise to embed research into healthcare and support more rapid uptake of new technologies and techniques. One in five named investigator roles on HRC grants is held by an employee of Health New Zealand, representing 1,108 roles (held by 565 individuals) and all 20 Health New Zealand regions. This includes 184 first named investigators who are leading the research.

The HRC provides opportunities for clinician researchers across all of our funding mechanisms. In 2024/25, 49%

of workforce positions on active contracts were held by individuals who have trained as health practitioners, and 40% were held by currently practicing health professionals. This includes 1,400 roles held by medical professionals, 295 roles held by nurses and 169 roles held by psychologists or psychotherapists.

We invested $22.4 million in clinical research in 2024/25, including clinical trials (77 active contracts) and clinical studies (64 active contracts). Of the 54 Projects or Programmes that were clinical trials, 31 (57%) were trials in New Zealand only, highlighting the capacity for clinical trials within New Zealand and ensuring the relevance of this research to the New Zealand healthcare system.

04 Work collaboratively to identify priorities, needs and research opportunities to strengthen the health and science systems

The HRC works collaboratively with a number of agencies to ensure our funding addresses priority issues, adds value to the health and science systems and is positioned for impact. Engaging directly with agencies that can use and apply the outcomes of the research we fund supports improved policy, practice and service provision outcomes.

The HRC has engaged in ongoing meetings with Health New Zealand to redesign our health delivery application guidelines and to develop the RFP for AI in healthcare. This collaboration allows us to better understand and meet the needs of the health sector. In January 2025, the HRC announced updates to the Health Delivery Investment Signal,[26] and score criteria for the 2025 Health Delivery Research Project Grant round to more strongly align with our overarching priorities and those of the health system.

The HRC is continuing to engage with MBIE regarding any system-level changes associated with the science system reforms and the transition of the Vision Mātauranga Capability Fund to the He Ara Whakahihiko Capability Fund.

In June 2025, our Council approved the International Research Strategy principles and goals. The purpose of the strategy is to articulate the HRC's principles and goals for international engagement, inform investment choices and opportunities, and provide clarity and direction to Council in making funding decisions around international research investment. The strategy aims to provide a framework for contributing to and harnessing the benefits of international research collaboration, including mutually beneficial sharing of ideas, knowledge, expertise, data, equipment and other resources, and addressing significant global health issues.

The strategy is intended to be a living document that can be responsive to changes in the national and international context. In the next phase of development, we will be seeking input from our research committees.

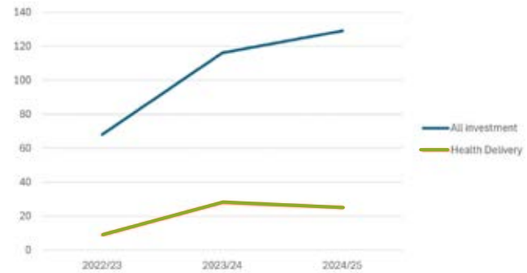
05 Provide advice on research ethics, monitoring and regulation, including new medicines and technologies

Clinical research and advances in gene technologies are priority areas to enable health and economic benefits for New Zealand. The HRC continues to make strong contributions to the regulatory framework that enables safe and ethical innovation in these areas.

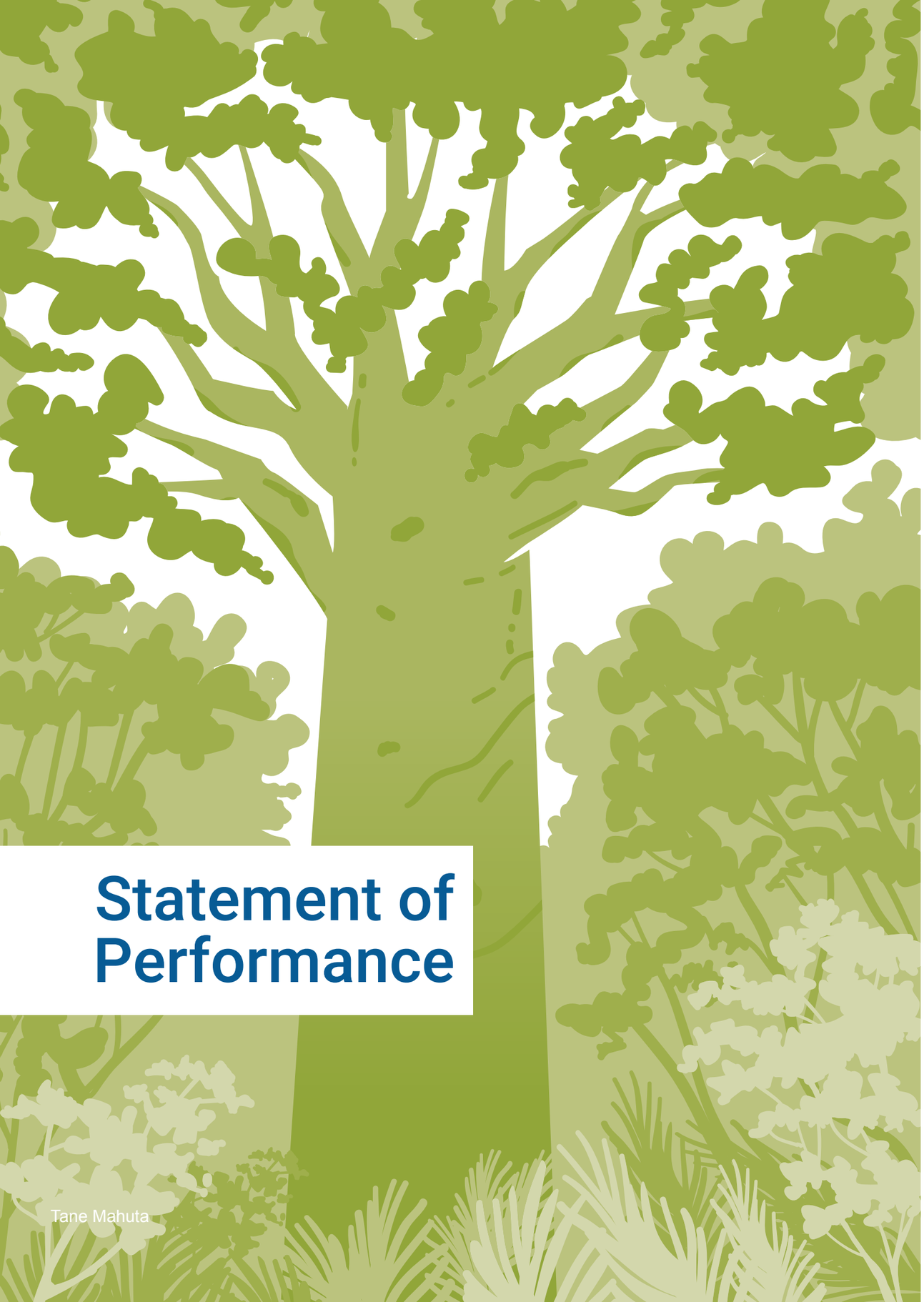
In 2024/25, the HRC facilitated a review and update of the Standing Committee on Therapeutic Trials (SCOTT) Terms of Reference which will be implemented following final approval by MedSafe and commenced a review of the Gene Technology Advisory Committee (GTAC) Terms of Reference. These reviews ensure that the processes of the HRC's committees are modernised, streamlined and aligned with current regulatory practices.

See Output 4 (pages 48-49) for more detail on ethics, monitoring and regulation activities that HRC committees have conducted during the past year.

[26] https://gateway.hrc.govt.nz/funding/ideas-funding/2025-health-delivery-projects

Our target for 2028	How we will measure our progress	Baseline	How we're tracking
By 2028, we expect to see an increase in benefits from healthcare delivery research reported per year, to reflect improvements made to our health delivery investment in 2020	Profile research outputs reported annually that are relevant to access, timeliness and quality of health services, such as number of new or improved clinical guidelines, technologies, interventions, policies or processes	From 2020-2022, there were 204 healthcare delivery research outputs reported across our investment, including 26 from health delivery Projects[27] (Note: this is represented as an average annual value of 68 for 2022/23 in the trend chart below)	On track. In 2024/25, there were 129 healthcare delivery research outputs reported across our investment, including 25 from health delivery projects, representing an increase from baseline
			
At least 30% of workforce positions funded through major grant types will be held by those trained as health practitioners	Percentage of workforce positions on active contracts for major investigator-initiated grant types (each with total value ≥$150,000) held by individuals who have trained as health practitioners	In 2023, 45% of workforce positions on active contracts for major grant types were held by individuals trained as health practitioners	On track. In 2024/25, 47% of workforce positions on active contracts for major grant types were held by individuals who have trained as health practitioners
By 2027, we will strengthen our investment in health delivery research to better reflect current health sector needs and priorities, identified through collaborative work with Health New Zealand and Ministry of Health	The objectives for HRC's investment in Health Delivery Research are currently defined in an investment signal. We will report when the investment signal has been updated and published	New activity	Achieved. The 2025 Health Delivery Investment Signal has been updated in consultation with Health New Zealand to more strongly align with the HRC's strategic priorities and that of the health system[28]
By 2028, we will review and update the Terms of Reference for HRC's Gene Technology Advisory Committee (GTAC)[29]	We will report when the update to existing GTAC Terms of Reference is published	New activity	On track. A preliminary draft of the updated HRC Gene Technology Advisory Committee (GTAC) Terms of Reference has been prepared; however, further progress is on hold pending the introduction of the Gene Technology Bill 2025, which may impact the role and operations of the GTAC

[27] Includes new or improved health delivery, health technology/tools or devices, public health interventions, health policy/guidelines or clinical guidelines.
[28] The 2025 Health Delivery Investment Signal can be found at: https://gateway.hrc.govt.nz/funding/downloads/2025_Health_Delivery_Research_Investment_Signal.pdf.
[29] See https://www.hrc.govt.nz/resources/gene-technology-advisory-committee for current Terms of Reference (ToR). The updated GTAC ToR will be available here once finalised.



What we delivered in 2024/25

In the past year, we have undertaken significant activities to meet the expectations of our Ministers and progress the strategic intentions of the HRC.

This Statement of Performance provides high-level reporting of annual activities and investment through the four HRC output classes derived from the Statement of Performance Expectations 2024/25. Notes to the performance measures can be found on page 50.[30]

The HRC's output classes are named to reflect the strategic intent of each funding category. The outputs are closely aligned with, and contribute to, the investment areas of our performance framework (see page 24).

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 64).

The funding 'inputs' (where our money comes from) is primarily from Government Vote Business, Science and Innovation (Outputs 1-3), and Vote Health (Output 4). A small proportion is from interest received 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

[30] The Statement of Intent 2024-2028, which was published following the change of Government in November 2023 and in the context of the new Government's priorities, is not included in the Statement of Service Performance. This section reports solely against the Statement of Service Performance 2024/25.

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 health research leaders and innovators.

Scope of the output

The scope of this output covers our investments contracted through our career development awards. These funding rounds support skills and capability development for our most promising early career researchers, engage frontline clinicians in research, and address critical gaps in the workforce, including Māori and Pacific researchers, to work with communities with highest health needs and improve health outcomes.

Allocation of new contracts through this output contributes strongly to achieving our strategic intention to invest in the people and capability New Zealand needs now and for the future and our investment area of research skills and expertise (refer priority actions for Focus Area 1, page 27).

The HRC's investment activities in 2024/25

In 2024/25, the HRC managed a portfolio of 288 active career development contracts funded through Output 1 in 2024/25 or preceding years. This represents 27% of our overall number of contracts. In addition, we conducted the following activities to make new investments in the skills and capability of people who deliver excellent health research in New Zealand.

Output 1: HRC's investment activities

157 applications received across 23 grant types

67 external experts convened across 8 assessing committees or research panels

74 external peer reviewers engaged

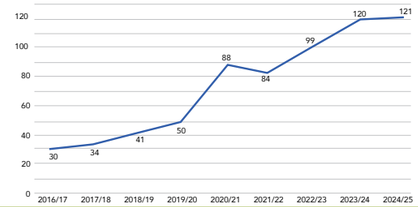
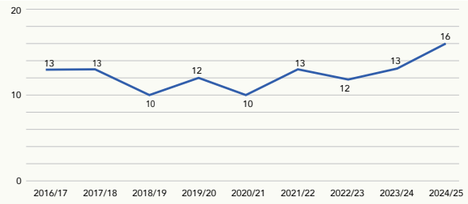
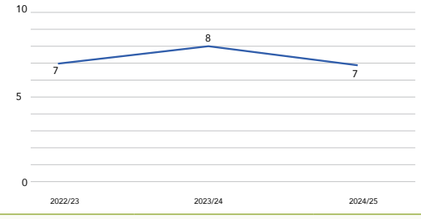
102 new contracts awarded

Output 1: Invest in developing excellent health researchers[31]	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Funding from the Crown	12,903	12,958	11,268
Interest Received	153	38	82
Other	1	0	5
Total Revenue	**13,057**	**12,996**	**11,355**
Cost of Output	16,854	15,239	14,008
Surplus (Deficit)	**(3,797)**	**(2,243)**	**(2,653)**

[31] For the year ended 30 June 2025.

Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2024/25.

Key performance indicators (KPIs) for Output 1	2023/24 Actual	2024/25 Target	2024/25 Actual
Number of current career development contracts awarded to practicing clinicians[32]	120 	>60	121 (Achieved)
Number of Māori Health Research Scholarships awarded (including Masters, PhD and postdoctoral awards).	13 	>8	16 awarded in 2024/25 (Achieved) The target was successfully exceeded in 2024/25 because the demand and quality of applications enabled Council to award a higher number of grants
Number of Advanced Postdoctoral Fellowships awarded[33]	New measure 	5-12	7 awarded in 2024/25 (Achieved)
Pilot a stakeholder survey for Assessing Committee members	New measure	Baseline survey results to be reported	Achieved. The pilot survey was sent to 59 experts who participated as assessing committee members for applications funded through Output 1, with a 31% response rate

Baseline survey results

The survey invited assessing committee members to answer two questions:

Q1: Based on your experience, would you agree that the HRC's current application assessment processes are fair, robust and transparent? →83% agreed or strongly agreed (15/18)

Q2: Overall, how satisfied were you with your participation in the HRC's assessment processes? →94% were satisfied or very satisfied (17/18)

More about the assessing committee members survey, and the themes of feedback that we received, can be found on page 31

[32] Includes 2024/25 Health Delivery Research Development Awards funded through this Output class. This measure includes 22 new contracts approved in 2024/25 and 99 active contracts approved in previous financial years. We have increased our target for 2025/26 to >90 to better reflect year on year increase.
[33] Includes Sir Charles Hercus Health Research Fellowships and Sir Thomas Davis Te Patu Kite Rangi Ariki Health Research Fellowships (both targeted at researchers who have held a PhD for 6-10 years).

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, while realising the benefits of innovation.

Highlights of the 1,530 total research outputs reported are summarised below.

100% of the 62 HRC Career Development Award recipients who completed final contract reports in 2024/25 said that HRC support had been beneficial or essential to allowing them to complete and disseminate their research in a timely manner, to develop specific research skills and networks to support a career in health research or in allowing them to embed research in their clinical practice.

Many recipients noted that they would not have been able to conduct their research or training without this HRC funding, or that it would have been significantly delayed or reduced in scope and general applicability.

They spoke to the value of these grants in developing research and clinical skills, as well as strong mentoring and professional networks, both locally and abroad. It was also repeatedly noted that these grants provided stability and allowed them to conduct their research while continuing their clinical practice, furthering their education or supporting their families.

The HRC Investment Impact Report 2025 also highlighted the achievements of 11 HRC-funded researchers who were awarded major New Zealand science prizes between 2022-2024 for their contributions to expanding the boundaries of scientific knowledge and improving health outcomes for all New Zealanders,[34] including:

- three recipients of the Prime Minister's Science Prize
- eight medals awarded by Royal Society Te Apārangi:
  - three Rutherford Medals
  - two Hercus Medals
  - two Callaghan Medals
  - one Te Rangi Hiroa Medal.

Output 1: Research outputs generated through career development awards

70 healthcare or technology innovation outputs

- **11** new or improved health delivery methods
- **48** new or improved technologies or lab techniques
- **7** new clinical guidelines
- **4** collaborations with the commercial sector

1,033 dissemination outputs

- **181** peer-reviewed publications
- **212** researcher collaborations
- **64** collaborations with the health sector
- **427** meetings, conferences, lectures and workshops
- **149** disseminations to the general public

19 excellence awards

- **19** funding recipients received awards for research excellence, external to the HRC

[34] https://www.hrc.govt.nz/resources/investment-impact-report.

"[This award] has allowed me to contribute to national conversations about clinical AI and digital innovation, and to demonstrate how data-driven tools can be used to improve equity, efficiency, and patient outcomes."

"[This grant] has enabled me to break out of a purely clinical role into the research space, which can often feel inaccessible for clinicians. I believe the ethos behind the grant is fantastic as I believe that clinicians who are on the ground have significant value to bring to research and are well acquainted with the gaps between policy, research and practice."

"Ring-fenced, funded, non-clinical time made a tremendous difference to my capacity to conduct comprehensive, rigorous, impactful research."

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 funding rounds for 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. In these rounds, we fund research ideas and opportunities identified by researchers.

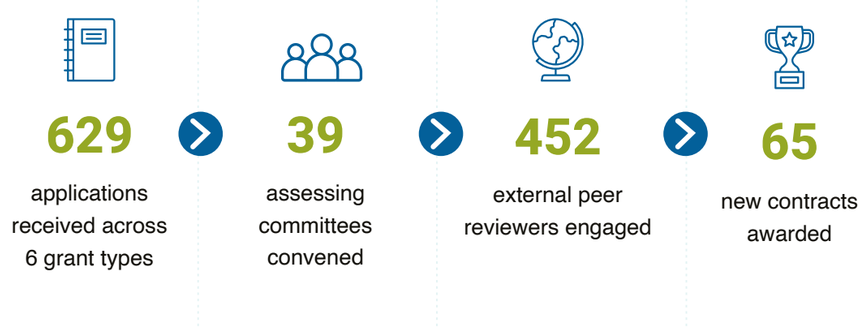
New investment through this output contributes strongly to achieving our strategic intention to drive research excellence, innovation and impact, and our investment area of investing in research, evidence and solutions.

(For details refer to the priority actions for Focus Area 2, page 29.)

The HRC's investment activities in 2024/25

In 2024/25, the HRC managed a portfolio of 710 active contracts that were funded through Output 2 in 2024/25 or preceding years. This represents 67% of our overall contracts, and the major part of our investment budget. This year we also conducted the following activities to make new investments in the best ideas and innovations proposed by New Zealand's researchers.[35]

Output 2: The HRC's investment activities



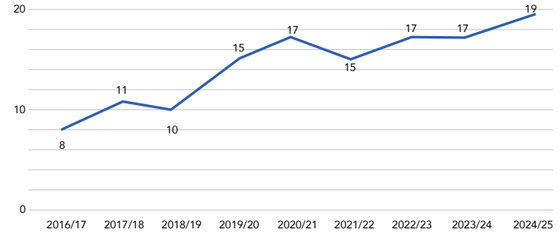
[35] We offered six different grant types through this output and received 629 applications (including 381 Expressions of Interest for awards that had a two-stage assessment process). There were 248 full applications assessed.

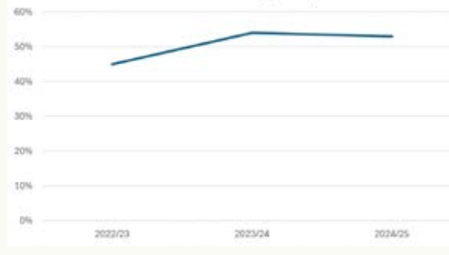
Output 2: Invest in health research that is excellent, innovative and impactful[36]	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Funding from the Crown	112,204	109,684	118,962
Interest Received	810	512	1,003
Other	394	217	776
Total Revenue	**113,408**	**110,413**	**120,741**
Cost of Output	112,775	113,821	116,643
Surplus (Deficit)	**633**	**(3,408)**	**4,098**

Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2024/25.

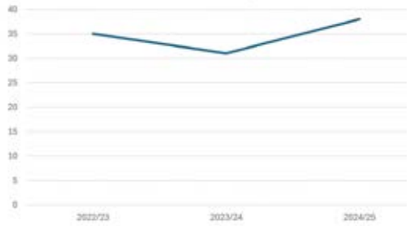
Key performance indicators (KPIs) for Output 2	2023/24 Actual	2024/25 Target	2024/25 Actual
Number of Explorer Grant contracts funded in the previous financial year that meet the HRC's definition of 'transformative' research[37,38]	17	15-25	19 (Achieved)
Percentage of Projects and Programmes funded in the previous financial year that address five priority non-communicable diseases *Note – value on chart for 2022/23 represents the annual average for 2020-2023 inclusive	New measure in 2024/25	40-65%	53% (Achieved)





[36] For the year ended 30 June 2025.
[37] 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.
[38] This measure is included in the end-of-year reporting requirements for the Health Research Fund under the Vote Business, Science and Innovation Estimates of Appropriation for 2024/25. The target in the Estimates of Appropriation was 10-20.

Key performance indicators (KPIs) for Output 2	2023/24 Actual	2024/25 Target	2024/25 Actual
Number of new or upgraded therapies, tools, devices or technologies reported from HRC-funded research	New measure in 2024/25	>28	38 Achieved. The increased number of outputs reported in 2024/25 by researchers corresponds with HRC's increased focus on communicating how innovation from health research generates value for the health system.
Implement a contract monitoring and management regime scalable to risk	Risk manager appointed on 21 June 2023	Implement a risk-based monitoring regime to include all active contracts and introduce a new 'traffic light' framework to improve contract management	Achieved
Pilot a stakeholder survey for assessing committee members.	New measure	Baseline survey results to be reported	Achieved. The pilot survey was sent to 401 experts who participated as assessing committee members for applications funded through Output 2, with a 41% response rate.



Baseline survey results

The survey invited assessing committee members to answer two questions:

Q1: Based on your experience, would you agree that the HRC's current application assessment processes are fair, robust and transparent?→ 95% agreed or strongly agreed (157/166)

Q2: Overall, how satisfied were you with your participation in the HRC's assessment processes? →94% were satisfied or very satisfied (156/166)

More about the assessing committee members survey, and the themes of feedback that we received, can be found on page 31

Adding value and making a difference

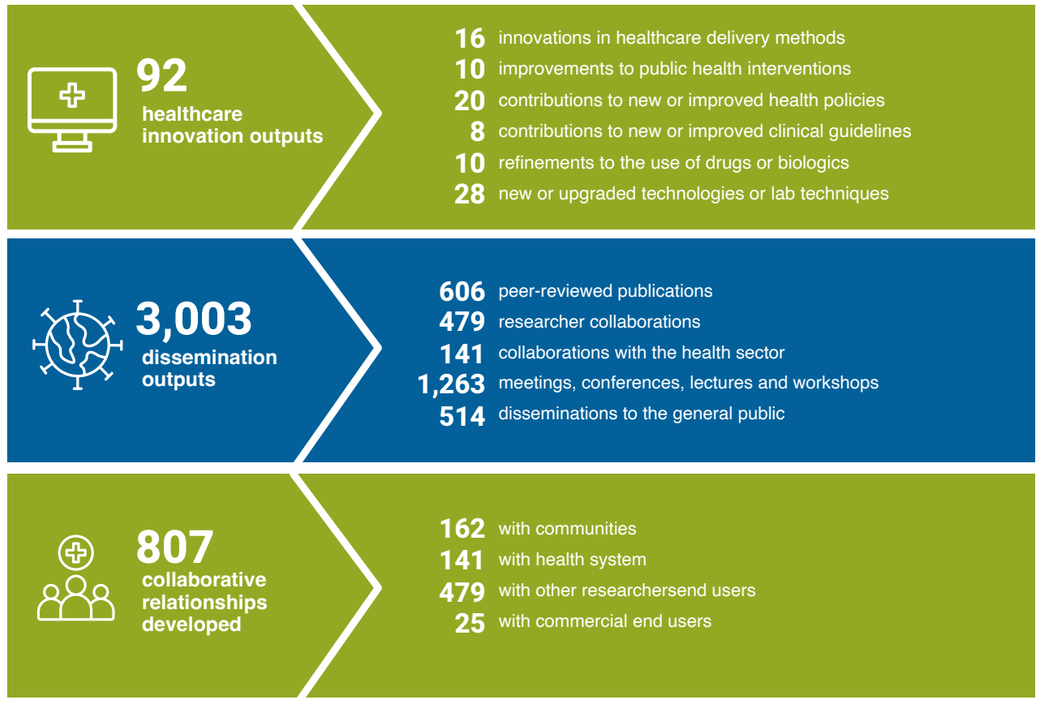
During the past year, research teams funded through this output submitted information to capture how the HRC's investment has generated value, evidence and solutions.

Overall, 4,153 research outputs were reported, across a range of output types as diverse as publications, patents, novel laboratory techniques and new public health interventions. While some of these outputs will require a longer timeframe to generate innovation, health gains and commercial value for New Zealanders, others represent more immediate benefits.

Our Investment Impact Report 2025 also demonstrates the wide range of benefits generated from investigator-initiated research.[39]

The HRC adds value for New Zealand through diligent research contract management. We continue to proactively identify any high-risk contracts and implement strategies to mitigate these risks. As part of these mitigation strategies, improvements to the contract management lifecycle were implemented. These include thorough quality checking of objectives and milestones at pre-contracting; analysis of the impact of variation requests on objectives and milestones; developing a rating framework for progress reports; and enhancing the processes around the review and rating of end of contract reporting.

Output 2: Investigator-initiated research outputs



[39] https://www.hrc.govt.nz/resources/investment-impact-report.

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. This includes HRC investment in research on emerging technologies and collaborative international research to address global health needs.

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 needs for knowledge or innovation for health.

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 needed, 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. (Note: the HRC is engaging with MBIE regarding the transition of the Vision Mātautanga Capability Fund to the He Ata Whakahihiko Capability Fund.)

Funding through Output 3 contributes strongly to our investment area of research needs and opportunities (refer priority actions for Focus Area 3, page 33).

The HRC's investment activities in 2024/25

This year, the HRC released a request for proposals in the area of artificial intelligence (AI) in healthcare and ran an investment process that included the following activities.

Output 3: HRC's investment activities

Output 3: Invest in priority health research gaps, needs and opportunities[40]	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Funding from the Crown	3,524	5,391	3,094
Interest Received	211	184	291
Other	21	83	124
Total Revenue	**3,756**	**5,658**	**3,509**
Cost of Output	503	4,854	3,092
Surplus (Deficit)	**3,253**	**804**	**417**

Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2024/25.

Key performance indicators (KPIs) for Output 3	2023/24 Actual	2024/25 Target	2024/25 Actual
Launch a targeted initiative in the area of artificial intelligence (AI) in healthcare	New measure	Release an RFP on AI in Healthcare	Achieved. The RFP was released on 27 February 2025[41]
Develop an international strategy to target and guide our investment	New measure	HRC International Strategy approved by HRC Council	Achieved

Adding value and making a difference

As outlined in the following examples, evidence from research funded through our national funding partnerships is being used by government agencies to improve health outcomes for New Zealanders.

Reducing lung cancer deaths in high-risk populations

A lung cancer screening programme utilising a low dose CT scan has been shown to reduce lung cancer deaths by 20-26% through earlier diagnosis and is now recommended for high-risk populations in both the USA and Europe. This new approach shows strong potential for improving patient outcomes in New Zealand, and research jointly funded by the Ministry of Health and the HRC is generating evidence to ensure that implementation in New Zealand is equitable, effective and acceptable for everyone affected by lung cancer. More information on how HRC-funded work is providing evidence to inform and accelerate the development and implementation of a national Lung Cancer Screening Programme may be found on page 16 of this report and in our Investment Impact Report.[42]

Equitable improvement of birth outcomes in New Zealand

The Ministry of Health and HRC have jointly funded research to improve maternity services in New Zealand. One research project focused on preterm birth, with the aim of improving outcomes for all babies born preterm in New Zealand and achieving equity in preterm birth care and outcomes. Following a systematic review and evaluation of guidelines relating to the prediction, prevention, and management of preterm birth, a comprehensive guide to managing preterm birth has been developed and is in the process of being piloted and implemented.

[40] For the year ended 30 June 2025.
[41] https://www.hrc.govt.nz/news-and-events/new-ai-healthcare-rfp.
[42] https://www.hrc.govt.nz/resources/investment-impact-report

Output 4: Keeping the health research system ethical and safe

The HRC plays a pivotal role in ensuring that health research in New Zealand is conducted in an ethical and safe manner. We perform this function primarily through the work of several statutory and standing HRC committees.

Scope of the Output

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

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. It is primarily concerned with monitoring large-scale clinical trials investigating diseases that are life-threatening or cause irreversible morbidity.

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 (SCOTT):

- Assesses applications involving clinical trials for the use of a new medicine and makes recommendations to the Director-General of Health.

The HRC's activities through Output 4 contribute strongly to our strategic intention to support the safe and ethical conduct of health research in New Zealand (refer to priority action five across each of our three focus areas, pages 27-35).

The HRC's activities in 2024/25

This year the HRC operated four regulatory and ethics committees to support heath research.

Output 4: Keep the health research system ethical and safe[43]	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Funding from the Crown	285	285	285
Interest Received	1	0	5
Total Revenue	**286**	**285**	**290**
Cost of Output	332	375	357
Surplus (Deficit)	**(46)**	**(90)**	**(67)**

[43] For the year ended 30 June 2025.

Key performance indicators

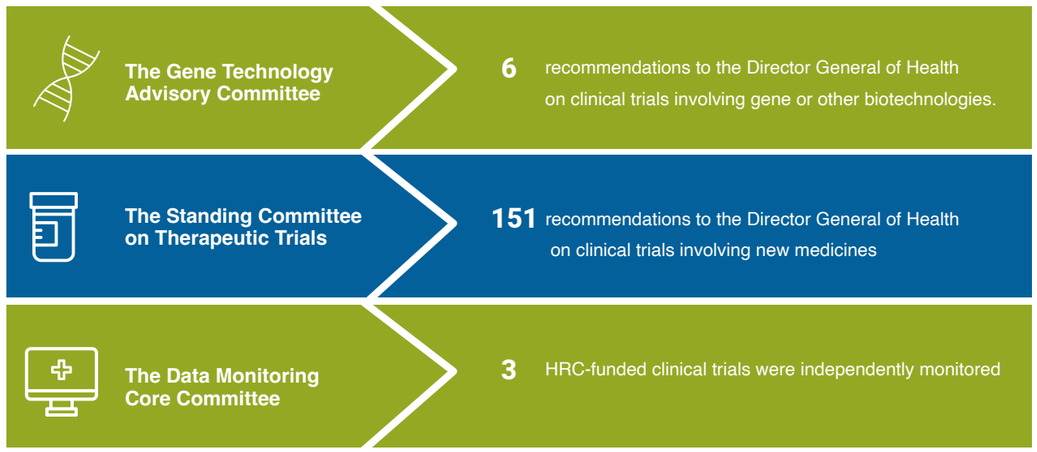
This section addresses performance measures and targets from our Statement of Performance Expectations 2024/25.

Key performance indicators (KPIs) for Output 4	2023/24 Actual	2024/25 Target	2024/25 Actual
Number of Ethics Notes published to inform researchers of issues on ethics in health research	1	1	1 (Achieved)
Number of Health and Disability Ethics Committees (HDECs) and Institutional Ethics Committees (IECs) reviewed and approved by HRC annually	4 HDEC 12 IEC	4 HDEC 12 IEC	4 HDEC 12 IEC (Achieved)
Strengthen the role of the Standing Committee of Therapeutic Trials (SCOTT)	New measure	Adopt revised Terms of Reference, informed by public consultation, and implement	Not achieved.[44] The SCOTT terms of reference were formally approved by HRC Council in September 2024 after public consultation. They have been partially adopted, however due to delays in updating the Ministry of Health-housed SCOTT application form, the Terms of Reference have not been fully implemented

Adding value and making a difference

The work done in 2024/25 by our regulatory committees is summarised below. These activities ensure New Zealanders who choose to participate in clinical trials can be assured that they are safe and ethical.

In addition, the HRC Ethics Committee has provided comment on key ethical issues such as the use of the Integrated Data Infrastructure (IDI) in research, compensation for subjects of a clinical trial, and the appeal of an HDEC decision, as part of their work to ensure that the wider health research system is ethical and safe.



[44] This has been rated "not achieved' because although the HRC has completed its work with respect to the measure, the target has not been reached due to circumstances beyond the control of the HRC.

Notes to the performance information

Reporting entity

For a description of the HRC as a reporting entity, see Note 1 to the financial statements (page 64). The HRC's Statement of Performance is reported on pages 37-52 of this document.

Statement of compliance

The HRC's Statement of 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 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

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

Selection of measures

The performance measures included in this Statement of Performance are taken from our Statement of Performance Expectations 2024/25.[45] We have supplemented our performance measures with additional information on outcomes and impacts of HRC activities to better capture and reflect the contribution that the HRC has made this 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. Qualitative measures are usually refreshed annually to reflect progress made in key workstreams and to set new targets. Where possible, quantitative measures remain stable over the medium term to enable comparative (prior year) reporting.

The table on page 51 documents changes to the KPIs between 2023/24 and 2024/25.

Measurement of performance information

Quantitative performance measures are calculated using the number of contracts relevant to the KPI that were active (received a payment) or commenced in the 2024/25 financial year, as specified for each KPI. Recommendations for the HRC's main funding rounds (Output 2) are approved by Council towards the end of the financial year and it typically takes 1-3 months for the contracting process to be completed and the research to commence. Therefore, when we report on Output 2 contracts for which funding has commenced within 2024/25, this corresponds to contracts that were approved towards the end of 2023/24 (the 2024 funding rounds).

Application and contract data held by the HRC provides an accessible source of meaningful, accurate, reliable and verifiable data on the HRC's investment activities. HRC contract holders are required to provide research reports on the outputs, outcomes and 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 Performance.

[45] https://www.hrc.govt.nz/resources/statement-performance-expectations.

Output	Removed KPI	New KPI	Reason
Output 1	Number of Pacific Health Research Scholarships awarded	Number of advanced postdoctoral fellowships awarded	Alignment with refreshed priorities (Note: includes the Sir Charles Hercus Health Research Fellowships and the Sir Thomas Davis Health Research Fellowships)
Output 1	N/A	Pilot a stakeholder survey for assessing committee members	Added to capture and report levels of satisfaction with HRC's assessment processes – a key activity that adds value for New Zealand
Output 2	Percentage of HRC Programmes and Projects funded in the previous financial year with a focus on understanding and reducing inequity in health outcomes	Percentage of HRC Programmes and Projects funded in the previous financial year that address five priority non-communicable diseases	Added to better demonstrate alignment with refreshed priorities
Output 2	N/A	Number of new or upgraded therapies, tools, devices or technologies reported from HRC research	Added to better demonstrate alignment with refreshed priorities
Output 2	N/A	Pilot a stakeholder survey for assessing committee members	Added to capture and report levels of satisfaction with HRC's assessment processes – a key activity that adds value for New Zealand
Output 3	Implement our Connecting for Impact Fund	Launch a targeted initiative in the area of artificial intelligence (AI) in healthcare	To reflect the progress that we have made to fund mission-led research in priority areas
Output 3	Number of New Zealand- based researchers named on current contracts resulting from HRC commitments to international organisations and agreements	Develop an international strategy to target and guide our investment	To address the need for a strategy to provide direction and clarity for different threads of HRC-supported international research activity and engagement, that reflects updated national and international contexts
Output 4	N/A	Strengthen the role of the Standing Committee on Therapeutic Trials (SCOTT)	Added to reflect a significant new workstream

Reconciliation of output class tables to the financial statements

Actual 2025	Output 1 $000	Output 2 $000	Output 3 $000	Output 4 $000	Per Financial Statements $000
Funding from the Crown	12,903	112,204	3,524	285	**128,916**
Interest Received	153	810	211	1	**1,175**
Other	1	394	21	0	**416**
Total Revenue	**13,057**	**113,408**	**3,756**	**286**	**130,507**
Cost of Output	16,854	112,775	503	332	**130,464**
Surplus (Deficit)	**(3,797)**	**633**	**3,253**	**(46)**	**43**

Budget 2025	$000	$000	$000	$000	$000
Funding from the Crown	12,958	109,684	5,391	285	**128,318**
Interest Received	38	512	184	0	**734**
Other	0	217	83	0	**300**
Total Revenue	**12,996**	**110,413**	**5,658**	**285**	**129,352**
Cost of Output	15,239	113,821	4,854	375	**134,289**
Surplus (Deficit)	**(2,243)**	**(3,408)**	**804**	**(90)**	**(4,937)**

Actual 2024	$000	$000	$000	$000	$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**
Total Revenue	**11,355**	**120,741**	**3,509**	**290**	**135,895**
Cost of Output	14,008	116,643	3,092	357	**134,100**
Surplus (Deficit)	**(2,653)**	**4,098**	**417**	**(67)**	**1,795**

Our Team and Organisation

Franz Josef Glacier

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.[46]

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.[47] 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.[48]

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
- 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. GTAC makes recommendations to the Director-General of Health on whether or not trials should be approved.

[46] The HRC is accountable to the Minister of Health (our ownership minister) and the Minister of Science, Innovation and Technology (our funding minister). A Memorandum of Understanding (MoU) governs the relationship and outlines the HRC's responsibilities and describes how Ministers will work in partnership to set the high-level strategic direction for health research and support the HRC via funding arrangements and appointments to the Council.
[47] https://www.legislation.govt.nz/act/public/1990/0068/latest/DLM213017.html#DLM213085
[48] Statutory committees: Māori Health Committee; Biomedical Research Committee; Public Health Research Committee; Ethics Committee. Standing Committees: Pacific Health Research Committee; Data Monitoring Core Committee (DMCC); Standing Committee on Therapeutic Trials (SCOTT); Gene Technology Advisory Committee (GTAC).

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 2025 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 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 full-time 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.

Equal employment opportunities

The HRC follows Equal Employment Opportunity guidelines, ensuring that people who possess the required skills have equal opportunity to be appointed. 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, five staff members undertook first aid training, two staff members undertook a refresher course, 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 with 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 first aid supplies
- 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 provided with vouchers for off-site vaccination.

We are pleased to report there were no accidents, lost time injuries or major incidents in the 2024/25 financial year.

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 to ensure they remain fit for purpose.

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. The HRC strives to demonstrate transparency in achieving our sustainability goals and being accountable to the New Zealand public.
The HRC is proud to have become a Toitū net carbonzero certified organisation since 2019, meaning we have:

- measured a mandatory list of emission sources in accordance with ISO 14064-1:2018
- committed to managing and reducing our emissions
- compensated for our remaining unavoidable emissions through purchasing carbon credits
- continued to implement our Sustainability Framework that sets out our commitments and forms the basis for our emissions reduction plan.

Emissions reduction results for 2024/25

For the financial year 2024/25, our total emissions were 46.33 tCO2e (tonnes of carbon dioxide equivalent),[49] which is 84% lower than our baseline year (286.77 tCO2e).[50]

This reporting period the HRC has seen an increase in overall emissions due to the introduction of staff-reported commuting from the 2024/25 financial year onwards. 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. Due to having such a small overall emissions profile this has had a large impact on our overall inventory. Staff-reported commuting emissions (all forms of transport combined) is now the single highest source of emissions at 16.66tCO2e.

Despite this increase, our overall emission reductions continue to be primarily driven by our reduction in air travel due to an acceptance of, and increased expectation for, meetings and committees to be conducted online. Air travel is the HRC's second largest emissions source with all forms of air travel (domestic and international) accounting for 16.47tCO2e of emissions. There was one international trip this year that accounts for almost half of the HRC's air travel related emissions at 48.8% of air travel emissions or 8.03tCO2e.

As part of our ongoing efforts to ensure that our data collection, calculations, and reporting is accurate, appropriate, and based on up-to-date evidence and best practice, this reporting period we have updated our domestic air travel emissions factors to use size of aircraft over aircraft average. We also amended our water supply and wastewater methodology to prorate it to reflect the number of staff in the office each day, based on the working from home data we capture. This has seen our wastewater and water supply emissions drop by 50.6% from 1.79 tCO2e the previous financial year to 0.90 tCO2e this financial year.

[49] Toitū independently verifies and certifies the HRC's carbon emissions using dual reporting, meaning both market-based and location-based reporting methods. The CNGP utilises location-based reporting to account for electricity emissions based on the average electricity grid factor therefore the data presented in this annual report is based on location-based emissions.
[50] 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_2e	Current year (2024/2025) tCO_2e
1. Direct emissions	-	-[a]	-[a]
2. Indirect emissions from imported energy	Electricity	10.37	7.63
3. Indirect emissions from transportation	Business travel - Air travel domestic (average)	127.43	-[b]
	Business travel - Air travel domestic (large aircraft)	-[b]	8.13
	Business travel - Air travel domestic (medium aircraft)	-[b]	0.32
	Business travel - Air travel international – Economy	76.09	0.19
	Business travel - Air travel international – Premium economy	4.26	-[c]
	Business travel - Air travel international – Business class	56.57	7.84
	Business travel – Transport (e.g. taxi, public transport, rental cars)	5.94	0.84
	Staff commuting - Bus travel (average)	-[d]	7.54
	Staff commuting - Car Average (diesel)	-[d]	0.01
	Staff commuting - Car Average (hybrid)	-[d]	0.09
	Staff commuting - Car Average (petrol)	-[d]	6.81
	Staff commuting - Car EV (Average)	-[d]	0.13
	Staff commuting - Rail metropolitan (average)	-[d]	0.08
	Staff commuting - Ferry travel (NZ passenger ferry)	-[d]	1.99
4. Indirect emissions from products and services used by the organisation	Business travel – other (e.g. hotel, meals etc.)	3.90	0.53
	Office products	0.49	0.55
	Waste (to landfill)	0.03	0.05
	Transmission and distributions losses (electricity)	0.80	0.56
	Water supply	0.07	0.09
	Wastewater	0.81	0.81
	Staff working from home	-[e]	2.12
5. Indirect emissions associated with the use of products and services from the organisation		-[f]	-[f]
6. Indirect emissions from other sources		-[f]	-[f]
TOTAL EMISSIONS		**286.77**	**46.33**

[a] The HRC does not produce any Category 1 Direct Greenhouse Gas (GHG) emissions.
[b] This reporting cycle the HRC had a methodology change and moved from reporting domestic air travel using the emissions factor 'air travel domestic (average)' to reporting domestic air travel by the aircraft size emissions factors.
[c] The HRC did not produce any emissions for this emissions source during the reporting period.
[d] This is a non-mandatory material scope 3 emissions source which is being measured and reported for the first time this reporting period therefore no base year data is available.
[e] No base year emissions data is available for this source.
[f] The HRC does not measure these Category 5 (Scope 3 Other) activities as they are not considered material based on significance screening.

Our reduction targets and plan

The HRC has adopted science-based reduction targets using a simplified method, which sets gross emissions reduction targets in line with a global emissions pathway that limits warming to no more than 1.5°C.[51] This is in line with our CNGP and Toitū net carbonzero programme requirements. We have set the following emission reduction targets:

- 2025 target: gross emissions (all categories) reduction of 21% compared to base year.
- 2030 target: gross emissions (all categories) reduction of 42% compared to base year.

The HRC achieved our 2025 target this financial year with our total emissions this reporting period 46.33 tCO2e (tonnes of carbon dioxide equivalent) which is 84% lower than our baseline year (286.77tCO2e). The HRC is currently exceeding our 2030 target, with an absolute reduction in emissions of 240.44 tCO2e representing an overall 84% decrease since base year.

We expect that our emissions may fluctuate or grow over the next five financial years due to some ongoing domestic and international air travel, continued staff working from home, and the introduction of staff-reported commuting this reporting period, as small changes in our emissions inventory have a large impact relative to its overall size.

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

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

- In 2022, we introduced a new waste management system that sorts waste into landfill, organic waste, recycling and soft plastic recycling. In the upcoming financial year, we will conduct increased waste audits to enhance our data accuracy, hold further staff information sessions to ensure our waste management system is being used effectively and work with our building manager and cleaning company to ensure that waste is being managed correctly when it is removed from site.

Staff commuting

- We will continue to capture and report the material Scope 3 staff commuting emissions this financial year. Now that we have data on staff commuting, we can begin to 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, over 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. Staff input and feedback has been sought, and we are currently in the process of determining the feasibility of the new framework with relevant staff members, before launching it and developing an implementation plan.

[51] Science-based targets (SBT) 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. The HRC set these targets in October 2020 using the science-based targets initiative (SBTi) free tool and they have not been independently verified by the SBTi. More information is available here: https://sciencebasedtargets.org/how-to-set-science-based-targets.

Financial Statements

Whararíki Beach

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 2025.

Professor Lester Levy, CNZM
Chair

24 October 2025

Professor Jeroen Douwes
Deputy Chair

24 October 2025

Financial Statements

Statement of Comprehensive Revenue and Expense

for the year ended 30 June 2025

	Note	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Revenue				
Funding from the Crown	2	128,916	128,318	133,609
Interest Revenue		1,175	734	1,381
Other Revenue	3	416	300	905
Total Income		**130,507**	**129,352**	**135,895**
Expense				
Research Grant costs	4	123,565	126,782	126,874
Operational costs				
Assessment and Council Committee costs		1,124	1,063	1,059
Personnel costs	5a	4,831	5,269	5,058
Depreciation and amortisation expense		80	92	86
Fees for the audit of the financial statements	5b	122	105	103
Other costs		742	978	920
Total operational costs		**6,899**	**7,507**	**7,226**
Total expenses		**130,464**	**134,289**	**134,100**
Surplus/(Deficit)		**43**	**(4,937)**	**1,795**
Other Comprehensive Revenue and Expenses		0	0	0
Total comprehensive revenue and expenses		**43**	**(4,937)**	**1,795**

Statement of Changes in Equity

for the year ended 30 June 2025

	Note	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Equity at the beginning of the year		16,400	14,412	14,605
Total comprehensive revenue and expense for the year		43	(4,937)	1,795
Equity at the end of the year	**8**	**16,443**	**9,475**	**16,400**
Represented by				
Public equity		5,501	4,451	5,162
Future Committed Funds		8,666	2,021	7,683
Joint Operations Reserve		773	1,744	2,135
Foxley Estate Reserve Fund		1,503	1,259	1,420
Total equity at 30 June	**8**	**16,443**	**9,475**	**16,400**

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 2025

	Note	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Current Assets				
Cash at Bank	6 & 10	1,854	3,098	3,375
Short-term Deposits	6 & 10	16,141	7,473	15,161
Short-term Deposits - Held for Joint Operations	6 & 10	773	1,744	2,135
Funds held on behalf of - Other Agencies	6 & 10	2,086	5,783	6,204
Funds held on behalf of - Foxley Estate	6 & 10	1,486	1,214	1,419
Receivables	10	784	207	1,132
Total Current Assets		**23,124**	**19,519**	**29,426**
Non-Current Assets				
Property Plant & Equipment		91	117	96
Intangible Assets		50	51	84
Total Non-Current Assets		**141**	**168**	**180**
Total Assets		**23,265**	**19,687**	**29,606**
Current Liabilities				
Payables	10	436	259	665
Contract Retentions	4 & 10	3,173	3,322	5,090
Provision for funds committed to International Agencies	7 & 10	0	206	238
Employee Entitlements		1,127	642	1,009
Funds held on behalf of other agencies	4 & 10	868	658	1,118
Total Current Liabilities		**5,604**	**5,087**	**8,120**
Non-Current Liabilities				
Funds held on behalf of other agencies	4 & 10	1,218	5,125	5,086
Total Non-Current Liabilities		**1,218**	**5,125**	**5,086**
Total Liabilities		**6,822**	**10,212**	**13,206**
Net Assets		**16,443**	**9,475**	**16,400**
Equity				
Public Equity		5,501	4,451	5,162
Future Committed Funds		8,666	2,021	7,683
Joint Operations Reserve		773	1,744	2,135
Foxley Estate Reserve Fund		1,503	1,259	1,420
Total Equity	8	**16,443**	**9,475**	**16,400**

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 2025

	Note	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Cash flows from operating activities				
Cash was provided from				
Receipts from the Crown		128,916	128,318	133,609
Interest received		1,314	815	1,343
Other Revenue		912	300	348
		131,142	**129,433**	**135,300**
Cash was applied to				
Payments to suppliers		(128,025)	(129,299)	(127,885)
Payments to employees		(4,537)	(5,375)	(4,688)
GST		(374)	358	648
		(132,936)	**(134,316)**	**(131,925)**
Net cash flow from operating activities	14	**(1,794)**	**(4,883)**	**3,375**
Cash flows from Investing activities				
Cash was provided from				
Funds held on behalf of other agencies		1,724	0	405
Maturing Term Deposits		79,367	50,000	77,970
Sale of Assets		0	0	0
		81,091	**50,000**	**78,375**
Cash was applied to				
Funds paid on behalf of other agencies		(5,842)	(605)	(1,837)
Reinvestment of Term Deposits		(74,934)	(43,000)	(79,926)
Purchase of Property Plant & Equipment		(42)	(62)	(21)
		(80,818)	**(43,667)**	**(81,784)**
Net cash flow from investing activities		**273**	**6,333**	**(3,409)**
Net increase (decrease) in cash held		**(1,521)**	**1,450**	**(34)**
Cash at Bank beginning of year		3,375	1,648	3,409
Cash at Bank end of year		**1,854**	**3,098**	**3,375**

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 2025

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 2025 and were approved by Council on 24 October 2025.

Basis of preparation

The financial statements have been prepared on a going concern basis, and the accounting policies have been applied consistently throughout the period.

Standards issued and not yet effective and not early adopted

There are no standards issued and not early adopted as at 30 June 2025, that have been identified.

Standards issued and effective as at 30 June 2025

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.

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 other than related party transaction disclosures in Note 15 are rounded to the nearest thousand dollars ($000). The related party transaction disclosures are rounded to the nearest dollar.

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.

The Health Research Council of New Zealand has identified no service critical assets in line with the reporting requirements in CO (23) 9.

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, the New Zealand Retirement Trust Scheme 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 2025 $000	Budget 2025 $000	Actual 2024 $000
Ministry of Business, Innovation and Employment (MBIE)	128,631	128,033	133,324
Ministry of Health (MoH)	285	285	285
	128,916	**128,318**	**133,609**

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 2025 $000	Budget 2025 $000	Actual 2024 $000
Bequests received	17	0	406
Other revenue	399	300	499
	416	**300**	**905**

Note 4 - Research grant expenditure

Research Grant Expenditure	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Vote Health & Society Research	120,556	123,627	123,395
Vote Vision Mātauranga	2,699	2,463	3,134
Vote International Relationships	310	692	345
	123,565	**126,782**	**126,874**

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. 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 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 5a – Personnel costs

Personnel costs	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Salaries and wages	4,407	4,786	4,280
Redundancy and severance payments	0	0	173
Defined contribution plan employer contributions	248	259	257
Recruitment, HR and payroll processing costs	147	160	313
Other employee costs	29	64	35
Total personnel costs	**4,831**	**5,269**	**5,058**

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 5b – Payments to Audit New Zealand

Payments to Audit New Zealand have been solely for the audit of the financial statements. No other services have been provided.

	Actual 2025 $000
Fees to Audit New Zealand for financial statements audit	111
Prior year audit fee recovery for financial statement audit	11
Total fees for the audit of the financial statements	**122**

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 FY2025 the effective interest rates on deposited funds ranged from 3.28% pa to 5.64% 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 HRC resolutions to hold bequeathed funds to support the Foxley Fellowship from the interest earned by the fund.

Note 7 - Provision for funds committed to international agencies

Provision for Funds Committed to International Agencies	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Balance 1 July	238	206	929
Provisions made during the year	0	0	0
Provisions used during the year	(249)	0	(733)
Unwind of discount	11	0	42
Balance 30 June	**0**	**206**	**238**
Short Term (current)	0	206	238
Long Term (non-current)	0	0	0
	0	**206**	**238**

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 committed to provide $2.0m in funding for cancer research, the results of which will be shared with members of the GACD. The commitment was honoured in full at 30 June 2025.
- The HRC's collaboration with National Science Foundation of China (NSFC) in which it 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 committed to making $1.0m available to researchers for biomedical research over 2 – 3 years which it would share with the NSFC. The commitment was honoured in full at 30 June 2025.

Note 8 - Equity

Equity	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Movements in Equity			
Public Equity (Research Contract Management)			
Balance 1 July (Refer note below)	5,162	5,110	5,055
Surplus/(deficit) for the year	339	(659)	107
Balance 30 June	5,501	4,451	5,162
Future Committed Funds			
Balance 1 July (Refer note below)	7,683	5,934	5,154
Surplus/(deficit) for the year	(296)	(4,278)	1,688
Transfer of Net Income from/(to) Joint Operations Reserve Fund	1,362	433	1,296
Transfer of Net Income from/(to) Foxley Reserve Fund	(83)	(68)	(455)
Balance 30 June	8,666	2,021	7,683
Joint Operations Reserve Fund			
Balance 1 July (Refer note below)	2,135	2,177	3,431
Transfer of Net Income from/(to) Joint Operations Reserve Fund	(1,362)	(433)	(1,296)
Balance 30 June	773	1,744	2,135
Foxley Reserve Fund			
Balance 1 July (Refer note below)	1,420	1,191	965
Transfer (to)/from Accumulated Surplus/(deficit)	83	68	455
Balance 30 June	1,503	1,259	1,420
Total Equity at 30 June	**16,443**	**9,475**	**16,400**

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, with a final payment of $17k in 2025. 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 2025 $000	Actual 2024 $000
Operating Leases as lessee		
Not later than 1 year	153	137
Later than 1 year and not later than 5 years	184	310
Later than 5 years	0	0
Total non-cancellable operating leases	**337**	**447**

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 $220,908 (2024: $184,628).

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 2025 $000	Actual 2024 $000
Financial Assets measured at amortised cost		
Cash and cash equivalents	1,854	3,375
Short-term Deposits	16,141	15,161
Short-term Deposits - Held for Joint Operations	773	2,135
Funds held on behalf of - Other Agencies	2,086	6,204
Funds held on behalf of - Foxley Estate	1,486	1,419
Receivables	784	1,132
Total financial assets	**23,124**	**29,426**
Other Financial liabilities measured at amortised cost		
Payables	436	665
Contract Retentions	3,173	5,090
Provision for funds committed to International Agencies	0	238
Funds held on behalf of other agencies	2,086	6,204
Total other financial liabilities	**5,695**	**12,197**

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

Accounting policy

The HRC classifies 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 the HRC 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. A 3-month notice clause in research contracts is matched with a 3-month notice period under the Crown Funding Agreement for Government funding.

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

	Carrying Amount $000	Contractual Cash flows $000	Less than 6 Months $000	6 to 12 Months $000	More than 1 year $000
2025					
Payables	436	436	436	0	0
Contract Retentions	3,173	3,173	3,173	0	0
Provision for Committed Grants	0	0	0	0	0
Funds held on behalf of other agencies	2,086	2,086	551	317	1,218
Total	**5,695**	**5,695**	**4,160**	**317**	**1,218**
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**

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 2025 $	Actual 2024 $
Professor L Levy, CNZM	Jan-16	Jul-26	32,000	26,667
Professor J Douwes	Sep-15	Jul-25	20,000	15,867
Professor P Guilford	Oct-16	Oct-24	4,000	13,333
Dr W Barker	Jun-17	Jan-24		7,000
Professor P Tapsell	Dec-20	Oct-24	4,000	13,333
Professor E Rush	Jan-21	Oct-24	4,000	13,333
B Vertongen	Jul-23	Jul-25	16,000	13,333
Professor E Wyeth	Jul-23	Jul-26	17,600	15,617
Dr L Zhou	Jul-23	Jul-25	16,000	13,333
Professor B Cowan	Oct-24	Oct-27	12,000	0
Assoc. Professor R Firestone	Oct-24	Oct-26	12,000	0
Professor C Grant	Oct-24	Oct-27	12,000	0
Dr F Hughes	Oct-24	Oct-26	12,000	0
Professor J Maclaurin	Oct-24	Oct-27	12,000	0
			173,600	**131,816**

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

	Actual 2025 $000	Budget 2025 $000	Actual 2024 $000
Surplus /(Deficit) for year	43	(4,937)	1,795
Add non-cash items			
Depreciation and Amortisation expense	80	92	86
Add/(deduct) movements in provisions	(2,036)	12	1,237
Add/(deduct) movements in working capital items			
Receivable (increase)/decrease	384	143	134
Payables increase/(decrease)	(229)	(193)	123
Net cash flow from operating activities	**(1,794)**	**(4,883)**	**3,375**

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	2025	2024
Board Members		
Remuneration - $000	172	132
Full-time equivalent members	0.78	0.71
Leadership Team		
Remuneration - $000	1,182	1,226
Full-time equivalent members	4.00	4.63
Total Key Management Personnel Remuneration - $000	**1,354**	**1,358**
Total Full-time Equivalent Personnel	**4.78**	**5.34**

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

Cessation, termination payments, or compensation paid to those who ceased employment during the year totalled $Nil, Staff $Nil (2024: $Nil, Staff 173k).

Retiring allowances paid from accrued liabilities during the year in accordance with Individual Employment Agreements totalled $Nil, Staff $Nil (2024: $Nil, Staff $49k).

Note 16 - Contingencies

As at 30 June 2025 the HRC has no contingent assets or contingent liabilities (2024: Nil).

Note 17 - Post balance date events

Following the Budget 2025 announcement on 22 May 2025 advising of reductions in health research funding of $1,439k from 1 July 2026, $405k from 1 July 2027 and $120k from 1 July 2028, further advice was received on 18 July 2025. In addition to the previously advised values a further reduction of $11,487k will take effect from 1 July 2028 onwards. Furthermore, there will also be a reduction in operational funding of $590k with effect from 1 July 2027.

While the reductions in the research funding will be managed with reductions in awards made, because of the future committed payment profiles of the existing contracts it will be necessary to allow for the impact of the higher level of commitment already made. Accordingly, there will be a clear reduction in the level of grants awarded over the next two years.

The reduction in operational funding will require process review to enable a reduction in FTE. This will likely mean a review and rationalisation of the variety of grant types offered.

An announcement from Minister Reti on 16 October 2025 advised that a new entity will be formed to administer research funding. While this will impact the Health Research Council of New Zealand, no changes are anticipated within the next two years.

These changes do not materially impact the financial statements for the year ended 30 June 2025.

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 lower than last year. The decline in revenue is due to the transfer of $5.0m from the Health Research Fund for administration by MBIE. $3.5m relates to funding directed to the Malaghan Institute of Medical Research with the remaining $1.5m related to funding of longitudinal studies. The second instalment of $7.5m from a total of $15.0m rescheduled from previous financial years was received. 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 $3.2m lower than budget (2.5%). This is the tail 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. The recovery has been slower than originally predicted. Lower operational costs of $0.6m 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 ($402k); Consultant and Legal fees were not required at the anticipated levels ($152k). Statutory and Assessing Committee costs are lower than budgeted ($68k) as face-to-face meetings are less frequent.

Statement of financial position

Current assets are higher than budget by $2.9m representing the underspend on research contracts noted above reflecting in the operating surplus.

Liabilities are lower than budget by $4.0m as uncommitted funds from joint operations partners was returned to them during the year.

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 2025

Operating resources

- computer systems
- printers
- 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 $201k including operating costs.

Staff resources

Operational staff	FTEs 2025	FTEs 2024
Chief Executive	1.0	1.0
Senior Managers	3.0	3.0
Portfolio Managers	3.8	3.8
Support staff	27.4	28.1
	35.2	**35.9**

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

Employee remuneration

Employees receiving over $100,000	Actual 2025 No. of Staff	Actual 2024 No. of Staff
100,000 to 109,999	3	3
110,000 to 119,999	7	6
120,000 to 129,999	2	3
130,000 to 139,999	7	7
140,000 to 149,999	1	0
210,000 to 219,999	0	1
230,000 to 239,999	1	1
240,000 to 249,999	1	1
280,000 to 289,999	0	1
290,000 to 299,999	1	0
390,000 to 399,999	0	1
410,000 to 419,999	1	0
Total Employees	**24**	**23**

Insurance cover in respect of Council members and employees

The HRC has the 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

Doubtful Sound

To the readers of the Health Research Council of New Zealand's annual financial statements and statement of performance for the year ended 30 June 2025.

The Auditor-General is the auditor of the 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, on his behalf, the audit of:

- the annual financial statements that comprise the statement of financial position as at 30 June 2025, 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 that include accounting policies and other explanatory information on pages 61 to 77; and
- the statement of performance for the year ended 30 June 2025 on pages 37 to 52.

Opinion

In our opinion:

- The annual financial statements of the Health Research Council:
    - fairly present, in all material respects:
        - its financial position as at 30 June 2025; 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.
- The statement of performance fairly presents, in all material respects, the Health Research Council's service performance for the year ended 30 June 2025. In particular, the statement of performance:
    - provides an appropriate and meaningful basis to enable readers to assess the actual performance of the Health Research Council for each class of reportable outputs; determined in accordance with generally accepted accounting practice in New Zealand;
    - fairly presents, in all material respects, for each class of reportable outputs:
        - the actual performance of the Health Research Council;
        - the actual revenue earned; and
        - the output expenses incurred

      as compared with the forecast standards of performance, the expected revenues, and the proposed output expenses included in the Health Research Council's statement of performance expectations for the financial year; and
    - complies with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Reporting Standards.

Our audit was completed on 24 October 2025. This is the date at which our opinion is expressed.

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, the *International Standards on Auditing (New Zealand)*, and *New Zealand Auditing Standard 1 (Revised): The Audit of Service Performance Information* 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 annual financial statements and the statement of performance

The Council is responsible on behalf of the Health Research Council for preparing:

- Annual financial statements that fairly present the Health Research Council's financial position, financial performance, and its cash flows, and that comply with generally accepted accounting practice in New Zealand.
- A statement of performance that:
    - provides an appropriate and meaningful basis to enable readers to assess the actual performance of the Health Research Council for each class of reportable outputs; determined in accordance with generally accepted accounting practice in New Zealand;
    - fairly presents, for each class of reportable outputs:
        - the actual performance of the Health Research Council;
        - the actual revenue earned; and
        - the output expenses incurred,

      as compared with the forecast standards of performance, the expected revenues, and the proposed output expenses included in the Health Research Council's statement of performance expectations for the financial year; and
    - complies 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 annual financial statements, and a statement of performance that are free from material misstatement, whether due to fraud or error.

In preparing the annual financial statements, and a statement of performance, 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'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 annual financial statements and the statement of performance

Our objectives are to obtain reasonable assurance about whether the annual financial statements, and the statement of performance, 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 the annual financial statements, and the statement of performance.

For the budget information reported in the annual financial statements, and the statement of performance, 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 annual financial statements, and the statement of performance.

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 annual financial statements, and the statement of performance, 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 whether the statement of performance:
    - provides an appropriate and meaningful basis to enable readers to assess the actual performance of the Health Research Council. We make our evaluation by reference to generally accepted accounting practice in New Zealand; and
    - fairly presents the actual performance of the Health Research Council for the financial year.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Council.
- We evaluate the overall presentation, structure and content of the annual financial statements, and the statement of performance, including the disclosures, and whether the annual financial statements, and the statement of performance 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 all of the information included in the annual report, but does not include the annual financial statements, and the statement of performance, and our auditor's report thereon.

Our opinion on the annual financial statements, and the statement of performance 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 annual financial statements, and the statement of performance, our responsibility is to read the other information. In doing so, we consider whether the other information is materially inconsistent with the annual financial statements, and the statement of performance 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)* 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

Lake Wānaka

Active research contracts

This section lists all of the HRC's contracts current as of 30 June 2025, or expired in the financial year.

HRC Ref	Proposal title		Funding approved	Lead researcher	Host organisation
Biomedical research					
22/510	Harnessing the immune system to improve health outcomes	$	6,231,750.00	Professor Graham Le Gros	Malaghan Institute of Medical Research
21/710	Neurovascular pathology in human neurodegenerative disorders	$	4,999,999.65	Professor Michael Dragunow	The University of Auckland
23/527	Translating biophysical models for heart health	$	4,999,999.65	Professor Martyn Nash	The University of Auckland
22/559	Pathogenesis, detection and treatment of perinatal brain injury	$	4,999,982.55	Professor Alistair Gunn	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
23/470	Investigating the functions of p53 isoforms and their clinical translation	$	4,999,700.81	Professor Antony Braithwaite	University of Otago
18/681	Understanding genetic risk factors for metabolic disease in Māori and Pacific	$	4,997,081.20	Professor Peter Shepherd	The University of Auckland
17/610	Reducing the burden of gastric cancer in New Zealand	$	4,971,154.90	Professor Parry Guilford	University of Otago
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
19/687	Aberrant purinergic afferent signalling in cardiovascular disease	$	4,928,392.85	Professor Julian Paton	The University of Auckland
21/989	A nationwide strategy to improve lung cancer outcomes with molecular testing	$	1,222,392.33	Associate Professor Aniruddha Chatterjee	University of Otago
22/432	Spatial profiling of tumour tissue to improve lung cancer immunotherapy	$	1,200,000.35	Professor Rod Dunbar	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
23/133	Blood-based biomarkers of dementia in a longitudinal birth cohort	$	1,200,000.11	Dr Ashleigh Barrett-Young	University of Otago
23/333	Plasticity of the skin IL-13+ innate lymphoid cell niche	$	1,200,000.10	Professor Franca Ronchese	Malaghan Institute of Medical Research
22/485	New targets for infectious disease - tackling antimicrobial resistance	$	1,200,000.00	Professor Emily Parker	Victoria University of Wellington, Research Trust
22/331	Development of safe, non-addictive pain medications	$	1,199,999.90	Associate Professor Bronwyn Kivell	Victoria University of Wellington, Research Trust
21/355	Targeting the right atrium, the forgotten chamber of the heart	$	1,199,999.65	Associate Professor Jichao Zhao	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
23/284	Development of a targeted drug therapy for acute kidney injury	$	1,199,999.30	Professor Alan Davidson	The University of Auckland

HRC Ref	Proposal title		Funding approved	Lead researcher	Host organisation
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
20/437	Circadian patterns of fetal heart rate predict impaired fetal oxygenation	$	1,199,998.30	Professor Laura Bennet	The University of Auckland
23/225	Cancer targeted bioorthogonal prodrugs	$	1,199,997.45	Associate Professor Allan Gamble	University of Otago
24/427	Minimally-invasive gastric ablation for GI disorders	$	1,199,996.70	Dr Timothy Angeli-Gordon	Te Wananga o Aotearoa
24/215	Increasing cardiac vagal activity as a novel treatment for heart failure	$	1,199,996.10	Dr Julia Shanks	The University of Auckland
22/345	Overcoming antibody-drug conjugate resistance in HER2-positive breast cancer	$	1,199,994.80	Associate Professor Stephen Jamieson	The University of Auckland
23/049	Curbing the reproductive hormonal axis to control PCOS	$	1,199,989.90	Professor Greg Anderson	University of Otago
24/292	Translational 'omics of the hidden genome for equitable precision medicine	$	1,199,988.28	Dr Megan Leask	University of Otago
23/076	A molecular triage test to reduce colposcopy referrals after HPV testing	$	1,199,987.46	Professor Merilyn Hibma	University of Otago
22/296	Role of polarized exocyosis in infection of host cells by pathogenic *E. coli*	$	1,199,984.57	Associate Professor Keith Ireton	University of Otago
23/143	Can loss of a ‘hunger’ hormone increase cardiovascular disease in Pacific people	$	1,199,984.44	Professor Daryl Schwenke	University of Otago
23/186	Identifying epigenetic markers for early detection of colorectal cancer	$	1,199,979.13	Dr Euan Rodger	University of Otago
21/278	Neural chip platforms for drug translation in paediatric brainstem gliomas	$	1,199,977.45	Professor Charles Unsworth	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
21/565	Harnessing lung resident immune cells for mucosal vaccines	$	1,199,975.40	Dr Lisa Connor	Victoria University of Wellington, Research Trust
21/474	Lymphocyte specific kinase inhibitors for controlling immunotherapy toxicity	$	1,199,974.10	Associate Professor Jack Flanagan	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
21/413	Understanding how heparan sulfate mimetics control neuroinflammation	$	1,199,969.60	Professor Anne La Flamme	Victoria University of Wellington, Research Trust
22/479	Hormone-induced adaptations in respiratory function during pregnancy	$	1,199,969.09	Professor David Grattan	University of Otago
19/397	Readying next-generation antifungals for drug development	$	1,199,967.55	Associate Professor Brian Monk	University of Otago
21/358	Skin dendritic cell specialisation determines disease outcome	$	1,199,943.25	Professor Franca Ronchese	Malaghan Institute of Medical Research
22/278	Targeted immune stimulants to hypersensitise lung cancer to checkpoint blockade	$	1,199,922.40	Associate Professor Adam Patterson	The University of Auckland
24/110	Protecting Mum: hormone-driven neural plasticity to regulate mood and behaviour	$	1,199,922.24	Dr Rosemary Brown	University of Otago
21/097	Improving genetic diagnosis for tamariki in Aotearoa	$	1,199,920.35	Professor Stephen Robertson	University of Otago

HRC Ref	Proposal title		Funding approved	Lead researcher	Host organisation
23/212	Protecting the lungs of the critical illness patient	$	1,199,915.25	Professor John Windsor	The University of Auckland
19/259	New drugs for the post-antibiotic era by targeting glutamate racemase	$	1,199,914.95	Professor Kurt Krause	University of Otago
21/209	How does preeclampsia in pregnancy lead to early cardiovascular disease?	$	1,199,914.40	Professor Larry Chamley	The University of Auckland
23/165	A novel intracranial baroreceptor mechanism for blood pressure control	$	1,199,911.90	Professor Julian Paton	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
22/237	Hormones and mood: Imaging the impact of obesity on maternal neural circuitry	$	1,199,908.32	Dr Rosemary Brown	University of Otago
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
23/347	Toward a mechanism for CREBRF R457Q to drive diabetes protection	$	1,199,861.15	Dr Kate Lee	The University of Auckland
22/219	Bringing precision to the diagnosis of complex neurodevelopmental disorders	$	1,199,831.41	Professor Stephen Robertson	University of Otago
22/322	A vaccine for *Staphylococcus aureus*	$	1,199,789.30	Professor John Fraser	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
22/323	Targeting metabolic dysregulation to eradicate drug resistant *M. tuberculosis*	$	1,199,544.36	Dr Matthew McNeil	University of Otago
22/329	WNT signalling - a matter of degradation	$	1,199,533.94	Professor Catherine Day	University of Otago
24/305	Point-of-care testing: Improving access to timely and safe care for rural whānau	$	1,199,496.60	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
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
22/198	Is Exendin-4 neuroprotective after perinatal hypoxia-ischaemia?	$	1,199,443.45	Associate Professor Joanne Davidson	The University of Auckland
22/301	A single-cell transcriptomic approach to gastric cancer heterogeneity	$	1,199,413.46	Professor Parry Guilford	University of Otago
21/080	Novel targets to enhance axonal repair after spinal cord injury	$	1,199,242.48	Dr Laura Gumy	University of Otago
23/332	Identifying central therapeutic targets in polycystic ovary syndrome	$	1,198,920.56	Professor Rebecca Campbell	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
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
23/314	Fighting leukaemia colonisation of the haematopoietic niche	$	1,198,340.00	Professor Julia Horsfield	University of Otago
21/232	Predicting cardiovascular risk from diabetic eye screening photographs	$	1,198,293.95	Professor Rinki Murphy	The University of Auckland
20/542	Exploiting oxidative stress in the treatment of metastatic melanoma	$	1,198,251.65	Professor Mark Hampton	University of Otago
23/047	Establishment of a new molecular target for arrhythmias and heart failure	$	1,198,100.32	Professor Peter Jones	University of Otago

HRC Ref	Proposal title		Funding approved	Lead researcher	Host organisation
22/248	Activity of orexigenic AgRP neurons during pregnancy and lactation	$	1,197,681.24	Professor David Grattan	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
20/230	Time for destruction - switching immune responses off	$	1,197,433.37	Professor Catherine Day	University of Otago
22/177	Neuron-glia regulation of plasticity in health and neuroinflammatory diseases	$	1,197,310.48	Professor Wickliffe Abraham	University of Otago
22/138	Genomic epidemiology of human respiratory viruses in Aotearoa	$	1,196,858.43	Professor Jemma Geoghegan	University of Otago
20/569	Designing a scalable vaccine to induce liver resident T cells against malaria	$	1,195,993.80	Professor Gavin Painter	Victoria University of Wellington, Research Trust
23/306	PDE9: inhibition in experimental MI and plasma levels in human heart disease	$	1,194,867.49	Professor Christopher Charles	University of Otago
23/293	MRI-informed computational model for non-invasive detection of brain pressure	$	1,191,990.00	Dr Samantha Holdsworth	Mātai Medical Research Institute
21/457	Targeted drug delivery to the stomach	$	1,191,527.07	Professor Parry Guilford	University of Otago
20/158	Respiratory modulated pacing to improve outcomes in heart failure	$	1,191,072.60	Associate Professor Rohit Ramchandra	The University of Auckland
22/187	Improving genetic health through RNA diagnostics	$	1,190,889.97	Professor Logan Walker	University of Otago
16/314	Targeting cancer vaccines to human dendritic cells via CD301	$	1,190,835.96	Professor Rod Dunbar	The University of Auckland
22/262	Immune cells, bacteria and epithelium in Crohn's disease patients	$	1,190,405.53	Professor Roslyn Kemp	University of Otago
20/399	Galvanic vestibular stimulation as a treatment for neurological disorders	$	1,188,357.10	Professor Paul Smith	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
20/374	Understanding the role of IgG3 in acute rheumatic fever	$	1,187,148.95	Associate Professor Nicole Moreland	The University of Auckland
20/101	Treatment of GABAergic interneuron dysfunction in preterm brain injury	$	1,186,646.95	Associate Professor Justin Dean	The University of Auckland
18/207	Targeting new receptors for lipoprotein(a)	$	1,185,496.15	Professor Sally McCormick	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
19/118	Measuring visual field loss in glaucoma using involuntary eye movements	$	1,184,344.55	Professor Steven Dakin	The University of Auckland
19/415	A novel genetic mechanism in acute myeloid leukaemia	$	1,177,919.75	Professor Julia Horsfield	University of Otago
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
19/242	Characterisation of synthetic cannabinoid signalling bias and toxicity	$	1,172,581.85	Professor Michelle Glass	University of Otago
20/305	Novel potential anti-arrhythmic target	$	1,171,620.25	Professor Julian Paton	The University of Auckland

HRC Ref	Proposal title		Funding approved	Lead researcher	Host organisation
24/021	Harnessing the antiviral activities of Samoan traditional medicines	$	1,166,908.00	Dr Natalie Netzler	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
20/274	A novel therapeutic to protect hearts in acute ischaemic procedures	$	1,143,638.85	Professor Ivan Sammut	University of Otago
23/169	Disposable, not dispensable: reducing the incidence of cataract post vitrectomy	$	1,139,547.60	Dr Julie Lim	The University of Auckland
19/027	Do hippocampus, insula and amygdala contribute to an anxiety syndrome biomarker?	$	1,090,630.95	Professor Emeritus Neil McNaughton	University of Otago
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
24/708	A pathway to the molecular tumour board	$	649,412.00	Dr Kimiora Henare	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
25/220	Early diagnosis for lifelong impact: Technology to detect perinatal brain injury	$	600,000.00	Dr Hamid Abbasi	The University of Auckland
21/003	Protein degradation: from understanding to application	$	599,999.00	Dr Adam Middleton	University of Otago
22/005	Immune system-derived oxidants in the treatment and diagnosis of respiratory diseases	$	599,995.00	Dr Nina Dickerhof	University of Otago
23/037	Generating hypertension to prevent mortality in Duchenne muscular dystrophy	$	599,966.00	Dr Angus Lindsay	University of Canterbury
24/002	Targeting the epigenetic signature of drug resistance in cancer	$	599,958.00	Associate Professor Aniruddha Chatterjee	University of Otago
20/878	A clinical research alliance for diagnosing genetic disorders in New Zealand	$	599,939.44	Associate Professor Louise Bicknell	University of Otago
24/059	Charting the neuroprotective role of a lncRNA in Parkinson's disease	$	599,779.00	Dr Indranil Basak	University of Otago
24/212	Developing novel targets and drugs for cancer therapy in Aotearoa New Zealand	$	599,702.00	Dr Silke Neumann	University of Otago
25/114	Finding the POP factor: The genetics of pelvic organ prolapse	$	599,672.00	Dr Emma Wade	University of Otago
23/200	Development of diagnostic fluorescence and ultrasound probes for *S. aureus*	$	599,612.00	Dr Matthias Fellner	University of Otago
24/184	Enhancing and understanding functional improvements after spinal cord injury	$	599,381.00	Dr Bruce Harland	The University of Auckland
24/195	Multi-drug antibody-drug conjugates for targeted cancer therapy	$	599,244.00	Dr Iman Kavianinia	The University of Auckland
20/103	Molecular mechanisms and the gut microbiome in colorectal cancer (CRC)	$	598,972.00	Dr Rachel Purcell	University of Otago
25/291	Predicting dementia in a New Zealand sample with magnetic resonance imaging	$	598,353.00	Dr Catherine Morgan	The University of Auckland
22/030	Next-generation high-throughput screening for smart drug discovery	$	597,136.00	Dr Daniel Conole	The University of Auckland
20/928	Vaccine development: upping the ante	$	596,504.10	Associate Professor Bridget Stocker	Victoria University of Wellington, Research Trust

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23/228	A genomics-led approach to bacteriophage therapies for infectious disease.	$	596,423.00	Dr Simon Jackson	University of Otago
21/116	Bioenergetics of human diabetic heart failure	$	586,497.00	Dr Kenneth Tran	The University of Auckland
22/156	Dysregulating metabolism to eradicate drug-resistant *Mycobacterium tuberculosis*	$	582,826.00	Dr Matthew McNeil	University of Otago
20/069	Tickling cancer cells to provoke an antitumour immune response	$	580,348.00	Dr Muhammad Hanif	The University of Auckland
20/015	Adult stem cell treatments for corneal endothelial diseases	$	575,742.00	Dr Jie Zhang	The University of Auckland
21/034	Decreasing alpha synuclein in Parkinson's disease: Are 'strains' the solution?	$	571,338.00	Dr Victor Dieriks	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
20/006	Novel strategies to harness therapeutic potential of CB2 in the immune system	$	565,312.00	Dr Natasha Grimsey	The University of Auckland
23/188	Large-scale substitution approaches to engineer non-ribosomal peptides	$	536,377.00	Dr Mark Calcott	Victoria University of Wellington, Research Trust
24/016	An integrative diagnosis of neurovascular function for Alzheimer's disease	$	505,964.00	Dr Gonzalo Maso Talou	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
20/017	Precision cancer treatment using predictive software and imaging biomarkers	$	469,821.00	Dr Hayley Reynolds	The University of Auckland
21/815	A smarter oral protein delivery system: Mimicking intestinal nutrient absorption	$	404,957.40	Professor Dr Jingyuan Wen	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
20/812	How do antimicrobial combinations suppress development of resistance?	$	404,171.45	Professor Emeritus Iain Lamont	University of Otago
24/659	Interferon-alpha targets as prognostic biomarkers for IBD patients	$	400,000.00	Dr Safina Gadeock	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
24/680	Light assisted management of fungal keratitis	$	400,000.00	Dr Sanjay Marasini	The University of Auckland
24/741	Development of a topical treatment for management of chronic wounds	$	400,000.00	Dr Priyanka Agarwal	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
24/744	Advancing breast and ovarian cancer prevention strategies	$	399,992.00	Dr George Wiggins	University of Otago
24/755	Understanding new targets for weight loss therapeutics	$	399,844.00	Dr Christopher Hedges	The University of Auckland
23/875	Elucidating pathways of kidney injury and repair – new therapeutic options?	$	399,340.00	Professor Robert Walker	University of Otago
24/694	The role of antidepressants in promoting antibiotic resistance	$	398,258.00	Dr Samuel Wardell	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

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24/747	Balancing heart energetics: Diabetes, statins and coenzyme Q10	$	395,081.10	Dr Amelia Power	The University of Auckland
18/073	Developing a gut dysfunction scoring tool in critical illness	$	317,420.00	Ms Varsha Asrani	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
22/071	Unravelling autonomic control in heart failure with preserved ejection fraction	$	260,000.00	Dr Joshua Chang	The University of Auckland
23/194	Investigating fibroblast influence on the gastric cancer microenvironment	$	260,000.00	Dr Florence de Roo	University of Otago
25/094	Molecular insights into pancreas cancer - an Aotearoa perspective	$	260,000.00	Dr Howe Mao	The University of Auckland
23/484	Building a synthetic biology pipeline to develop nucleoside therapeutics	$	250,001.00	Dr Alistair Brown	Victoria University of Wellington, Research Trust
23/513	Unravelling the role of protein oligomerisation in acute myeloid leukemia	$	250,000.36	Dr Natalia Yewdall	University of Canterbury
22/533	Improving population health through education of the innate immune system	$	250,000.00	Dr Kerry Hilligan	Malaghan Institute of Medical Research
21/618	Multimodal neuroimaging biomarker for cognitive deficits in ADHD	$	249,999.78	Dr Narun Pat	University of Otago
23/452	Circulating tumour DNA in hastening the diagnosis of lung cancer	$	249,999.64	Dr Annie Wong	University of Otago
23/473	Prolactin-mediated suppression of fever during pregnancy	$	249,999.50	Dr Teodora Georgescu	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
20/1241	Exploring a novel therapy to reduce breast cancer risk in high-risk individuals	$	249,974.83	Dr Vanessa Lau	University of Otago
21/622	Improving outcome of mild traumatic brain Injury with advanced brain imaging	$	249,964.95	Associate Professor Mangor Pedersen	Auckland University of Technology
22/562	Treating gastric cancer according to its biology	$	249,960.66	Dr Silke Neumann	University of Otago
23/458	Novel targeted therapeutic strategy for ovarian cancer treatment	$	249,959.14	Dr Mak Sarwar	University of Otago
22/567	Investigating fibroblast influence on the gastric cancer microenvironment	$	249,942.00	Associate Professor Sharon Pattison	University of Otago
22/546	Exploring the role of the inflammasome pathway in diabetic retinopathy	$	249,660.15	Dr Odunayo Mugisho	The University of Auckland
22/539	Development of an ultrasound responsive implant to treat spinal cord injury	$	249,453.00	Dr Sachin Thakur	The University of Auckland
21/608	Extracellular vesicles as prognostic markers for endometrial cancer	$	249,374.64	Dr Claire Henry	University of Otago
23/454	Harnessing the immune system for predicting adverse postoperative recovery	$	249,213.90	Dr Kathryn Hally	University of Otago
21/653	Improving mitochondrial metabolism to rescue diabetic heart failure	$	248,822.00	Dr Toan Pham	The University of Auckland
23/495	Genomics and functional metabolomics of phaeochromocytomas and paragangliomas	$	246,917.65	Dr Veronica Boyle	The University of Auckland

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21/658	Light-responsive molecular tools to study tau-mediated neurodegeneration	$	246,869.00	Dr Cassandra Fleming	Auckland University of Technology
20/584	A human functional genomics approach to investigate inflammation in dementia	$	245,745.00	Dr Amy Smith	The University of Auckland
21/646	Neuropathology of repetitive sport-related head injury	$	243,748.05	Dr Helen Murray	The University of Auckland
22/572	Investigating the diet-microbiome connection in paediatric coeliac disease	$	229,098.00	Dr Olivia Ogilvie	University of Canterbury
24/260	A novel wireless intracranial pressure sensor for patients with hydrocephalus	$	220,000.00	Dr Sang Ho Kim	The University of Auckland
24/046	Probiotics/synbiotics and postoperative infection rates after colorectal surgery	$	206,667.00	Dr Claudia Paterson	The University of Auckland
20/585	Interrogating immunotherapy for dental pulp therapy and management	$	206,045.95	Associate Professor Haizal Hussaini	University of Otago
23/256	Mamaku: ethnobiology and use as a novel intraoral medicament - an *in vitro* study	$	190,133.00	Mr Jonathan Martin	University of Otago
19/763	Development of a non-invasive diagnostic test for endometriosis	$	150,000.00	Dr Anna Ponnampalam	The University of Auckland
20/706	Overcoming the limitations of adoptive T-cell therapy by genetic modification	$	150,000.00	Professor Antony Braithwaite	University of Otago
20/721	Lung protection during critical illness	$	150,000.00	Professor Anthony Phillips	The University of Auckland
21/727	Contribution of ENaC in Covid-19	$	150,000.00	Dr Martin Fronius	University of Otago
21/754	Extracellular DNA repair: a role in antimicrobial resistance?	$	150,000.00	Dr Adele Williamson	University of Waikato
21/758	An overlooked opportunity to exploit heart rate variability	$	150,000.00	Dr June-Chiew Han	The University of Auckland
21/759	Exploring hepatic urea cycle dysfunction in Huntington's disease	$	150,000.00	Dr Renee Handley	The University of Auckland
21/786	The role of circulating bacterial DNA in cardiovascular disease	$	150,000.00	Dr Sarah Appleby	University of Otago
21/794	Repurposing anti-viral immunity to combat Neisseria gonorrhoeae	$	150,000.00	Dr William Kelton	University of Waikato
22/576	PIN1ng down heterochromatin to prevent cellular ageing	$	150,000.00	Dr Tracy Hale	Massey University
22/581	A novel and simple tool for tumour diagnosis and treatment prognosis	$	150,000.00	Dr Christoph Goebl	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
22/614	A novel non-invasive technology platform for intracranial pressure measurement	$	150,000.00	Dr Sheng Chiong Hong	oDocs Eye Care
22/625	A storm in the brain - analysing brain network disruptions after mTBI	$	150,000.00	Dr Vickie Shim	The University of Auckland
22/629	Novel targets within the carotid body for treating cardiometabolic disease.	$	150,000.00	Dr Pratik Thakkar	The University of Auckland
22/632	Salivary microRNAs as prognostic biomarkers of heart disease	$	150,000.00	Professor Rajesh Katare	University of Otago
22/638	The gut gets going	$	150,000.00	Professor Anthony Phillips	The University of Auckland

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22/640	Glucoregulation by leptin: The missing piece to the puzzle of tissue repair?	$	150,000.00	Associate Professor Alexander Tups	University of Otago
22/645	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
22/650	The warfare between bacteria and bacteriophage, its benefits to humankind	$	150,000.00	Dr Venkata Chelikani	Lincoln University
23/530	A novel methylation-editing screen to identify epigenetic drivers of metastasis	$	150,000.00	Associate Professor Aniruddha Chatterjee	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
23/546	Rapid identification of leads for antimicrobials	$	150,000.00	Associate Professor Christopher Brown	University of Otago
23/553	Developing novel devices to relieve congestion in heart failure	$	150,000.00	Associate Professor Rohit Ramchandra	The University of Auckland
23/586	A revolutionary solution to a chronic healing problem	$	150,000.00	Professor Anthony Phillips	The University of Auckland
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
24/791	Retaining teeth for life: a smart stimuli-response dental pulp medication	$	150,000.00	Associate Professor Haizal Hussaini	University of Otago
24/801	Preventing the ups and downs of lithium in bipolar disorder	$	150,000.00	Associate Professor Ailsa McGregor	University of Otago
24/807	Development of novel prebiotics from marine glycans	$	150,000.00	Dr Chelsea Vickers	University of Waikato
24/808	Scalable heparan sulfate mimetics as dual-mechanism antiviral agents	$	150,000.00	Dr Olga Zubkova	Victoria University of Wellington, Research Trust
24/838	Using multimodal MRI, genomics and AI to tackle ethnicity bias in neuroimaging	$	150,000.00	Dr Narun Pat	University of Otago
24/839	Positively selecting your MAIT Cells	$	150,000.00	Associate Professor Mattie Timmer	Victoria University of Wellington, Research Trust
24/841	Using super-wideband microwave technology to improve cancer early diagnosis	$	150,000.00	Professor Boon-Chong Seet	Auckland University of Technology
24/848	Molecular testing for antibiotic resistance in *Helicobacter pylori*	$	150,000.00	Dr Thomas Mules	Malaghan Institute of Medical Research
24/864	Self-signalling mRNA vaccines for sustained antibody immunity	$	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
16/537	The consequences of type 2 diabetes on the cardiovascular effects of ageing	$	149,931.00	Dr Graeme Carrick-Ranson	The University of Auckland
23/592	Investigating iodine supplementation in pregnancy	$	149,687.00	Associate Professor Louise Brough	Massey University

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25/617	Exploring Antarctic marine fungi for novel antimicrobial natural products	$	137,002.00	Miss Victoria Bain	Victoria University of Wellington, Research Trust
23/372	Biofilm infections' impact on Māori with osteomyelitis as a central focus	$	135,000.00	Dr Reece Joseph	The University of Auckland
24/537	Investigation of wearable sensors for human vitality monitoring	$	132,350.00	Julia Imo	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
25/226	Investigation into factors behind gynaecological cancer in Pacific women	$	124,820.00	Mr Noah Papali'i	The University of Auckland
23/415	Investigating metabolic disease in I-Kiribati	$	94,050.00	Miss Bwenaua Biiri	University of Otago
25/280	Impacts of the TP53 X126 splice mutation on lung cancer progression	$	30,873.00	Mr Noah Kelly-Foleni	University of Otago
25/604	Role of PA28β isoform in gastric cancer cell function	$	7,500.00	Miss Isabel Gallagher	University of Otago
25/647	AI-assisted protein production for drug discovery	$	7,500.00	Te Ākauroa Jacob	University of Otago
25/655	Accuracy of TMB score using tumour-only sequencing for Māori	$	7,500.00	Miss Katya Hutton	The University of Auckland
25/672	Engineering antibodies to enhance anti-cancer therapy	$	7,500.00	Miss Ariana Drabble	University of Otago
Clinical research					
22/508	MRINZ platform plan	$	10,400,000.00	Professor Richard Beasley	Medical Research Institute of New Zealand
23/457	Translational advances in GI surgical recovery and motility disorders	$	4,999,999.65	Professor Gregory O'Grady	The University of Auckland
24/763	REMAP-CAP: Improving treatment for pneumonia, influenza and pandemic infections	$	4,998,511.50	Dr Colin McArthur	Medical Research Institute of New Zealand
22/574	Strategies to improve gout management in Aotearoa	$	4,998,486.21	Professor Lisa Stamp	University of Otago
17/614	Prevention of asthma	$	4,993,727.52	Professor Stuart Dalziel	Auckland Hospitals Research And Endowment Fund
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
19/401	Biomarker-guided secondary prevention post-acute coronary syndromes: A randomised controlled trial	$	1,596,636.00	Professor Robert Doughty	The University of Auckland
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
23/093	IMPEDE-PKD: Metformin to protect kidney function in polycystic kidney disease	$	1,439,999.74	Professor Dr Suetonia Green	University of Otago
22/076	A randomised controlled trial of a low dose serotonergic agonist for depression	$	1,439,988.10	Professor Suresh Muthukumaraswamy	The University of Auckland

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22/477	RCT budesonide-formoterol reliever therapy in moderate/severe childhood asthma	$	1,439,964.30	Professor Stuart Dalziel	The University of Auckland
23/018	Connected: Who benefits from online delivery of mental disorder treatment?	$	1,439,846.30	Dr Charlene Rapsey	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
21/458	RCT budesonide-formoterol vs salbutamol reliever therapy in preschool asthma	$	1,439,689.60	Professor Stuart Dalziel	The University of Auckland
19/487	A randomised controlled trial of beta-blockers in COPD	$	1,439,384.60	Professor Bob Hancox	University of Otago
21/323	Combining cytisine and nicotine vapes: a randomised trial in smoking cessation	$	1,439,365.00	Professor Natalie Walker	The University of Auckland
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
22/305	Caffeine to improve neurodevelopmental outcomes in infants born late preterm	$	1,439,268.95	Professor Jane Alsweiler	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
20/112	Ketamine therapy for neurotic disorders: Is there a single mechanism?	$	1,438,829.50	Professor Paul Glue	University of Otago
23/144	The New Zealand Quit Vaping Trial	$	1,438,524.25	Associate Professor George Laking	The University of Auckland
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
24/395	RandOmised Arthroplasty infection worlDwide Multidomain Adaptive Platform Trial	$	1,438,097.75	Dr Thomas Hills	Aotearoa Clinical Trials
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
22/442	HCQ4ARF: A randomised trial of Hydroxychloroquine for acute rheumatic fever	$	1,437,916.85	Associate Professor Rachel Webb	The University of Auckland
23/302	TIPS: Trans-Tasman Internet-delivered Prevention of (youth) Suicide	$	1,437,012.15	Associate Professor Sarah Hetrick	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
20/190	Enhancing Spontaneous Recovery after Stroke Study (ESPRESSo)	$	1,421,459.90	Professor Winston Byblow	The University of Auckland
24/944	Assessing the reduction of recurrent admissions using OM85 for preschool wheeze	$	1,399,999.60	Professor Cameron Grant	The University of Auckland
24/925	Enhancing Non-operative Care Of ACL Rupture: Equity and Effectiveness (ENCORE)	$	1,399,989.29	Professor Benjamin Darlow	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
22/676	The STEPCARE trial	$	1,399,910.75	Professor Paul Young	Medical Research Institute of New Zealand
24/941	Reducing the progression of diabetic kidney disease: A cluster randomised trial	$	1,399,436.60	Dr Viliami Tutone	Aotearoa Clinical Trials
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

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24/886	Hospital Operating Theatre Randomised Oxygen Study and Pulse Oximetry Bias Study	$	1,398,257.50	Dr Daniel Frei	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
20/144	The Metformin Aneurysm Trial	$	1,325,323.50	Professor Greg Jones	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
24/998	Fibrinogen Early In Severe Trauma studY (FEISTY-II)	$	1,228,225.50	Dr James Moore	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
24/361	Mapping childhood immunity to *Strep A*	$	1,199,999.85	Associate Professor Nicole Moreland	The University of Auckland
23/374	A compositional neurophysiological biomarker for predicting stroke recovery	$	1,199,999.55	Professor Winston Byblow	The University of Auckland
22/123	Novel biomarker validation to guide treatment in inflammatory bowel disease	$	1,199,994.38	Professor Richard Gearry	University of Otago
24/258	Optimising immunotherapy for Māori with advanced non-small cell lung cancer	$	1,199,987.75	Dr Laird Cameron	The University of Auckland
22/409	ARISE FLUIDS Aotearoa Randomised Controlled Trial	$	1,199,949.75	Associate Professor Peter Jones	Medical Research Institute of New Zealand
22/277	Evaluating a bedside high-sensitivity troponin within a rural chest pain pathway	$	1,199,642.01	Dr Rory Miller	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
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
22/113	Early brain development and later outcomes in moderate-late preterm babies	$	1,198,209.40	Professor Jane Harding	The University of Auckland
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
18/323	Reducing oxaliplatin toxicity: a randomised dose-finding proof-of-concept trial	$	1,195,411.20	Professor Mark McKeage	The University of Auckland
23/126	Ketamine versus ketamine plus behavioural activation therapy for depression	$	1,194,434.97	Associate Professor Ben Beaglehole	University of Otago
21/450	Aetiology-focused treatment: a new paradigm for empiric pneumonia treatment	$	1,192,690.68	Dr Michael Maze	University of Otago
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
17/323	Bacteraemia antibiotic length actually needed for clinical effectiveness - BALANCE	$	1,191,322.00	Dr Colin McArthur	Medical Research Institute of New Zealand
19/420	International case-control study of sudden unexpected death in epilepsy	$	1,190,647.00	Dr Peter Bergin	Auckland Hospitals Research And Endowment Fund

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20/344	*Staphylococcus aureus* network adaptive platform trial (SNAP)	$	1,190,216.25	Dr Genevieve Walls	Aotearoa Clinical Trials
20/538	Brain biomarkers for future cognitive health in Parkinson's disease	$	1,189,160.84	Professor John Dalrymple-Alford	University of Canterbury
23/257	Stepped rehabilitation for people with persistent shoulder pain	$	1,187,250.64	Professor Gisela Sole	University of Otago
21/524	Optimising the potential benefits of lung cancer screening in Māori in New Zealand	$	1,186,187.75	Professor Dr Sue Crengle	Health New Zealand - Waitematā
18/147	Reducing fatigue after stroke: A randomised controlled trial	$	1,183,740.70	Associate Professor Kelly Jones	Auckland University of Technology
19/232	Transitions to gout research (TIGER) study	$	1,178,674.70	Professor Nicola Dalbeth	The University of Auckland
21/184	Measuring and boosting waning immunity to measles in young adults	$	1,163,259.24	Professor Peter McIntyre	University of Otago
21/144	IMPRESS: Intelligent Multimodal imaging platform to PREdict Stroke motor outcomeS	$	1,146,922.90	Associate Professor Alan Wang	The University of Auckland
22/363	The nGVS study for bilateral vestibular disorders	$	1,111,603.20	Professor Denise Taylor	Auckland University of Technology
22/184	Development of rifampicin as inhaled therapy for tuberculosis	$	1,086,230.65	Dr Jack Dummer	University of Otago
20/312	ACHIEVE - New Zealand	$	1,061,052.65	Associate Professor Janak de Zoysa	Health New Zealand - Waitematā
22/002	Oxygen therapy in critically ill adults	$	1,031,753.00	Professor Paul Young	Health New Zealand - Capital, Coast and Hutt Valley
23/153	The therapeutic potential of kava in the treatment of psychological trauma	$	997,453.00	Dr Apo Aporosa	University of Waikato
20/026	Improving outcomes for children and adolescents with diabetes	$	896,261.00	Associate Professor Craig Jefferies	Auckland Hospitals Research And Endowment Fund
22/016	Clinical Practitioner Research Fellowship	$	892,380.00	Dr Lynn Sadler	Auckland Hospitals Research And Endowment Fund
24/932	Quality in Acute Stroke Care (QASC) Australasia	$	837,705.65	Dr Eileen Gilder	The University of Auckland
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
24/306	Understanding the molecular subtypes of gastric cancer in Aotearoa New Zealand	$	784,062.00	Associate Professor Sharon Pattison	Health New Zealand - Capital, Coast and Hutt Valley
20/1068	Australasian COVID-19 Trial (ASCOT)	$	766,113.00	Dr Susan Morpeth	Aotearoa Clinical Trials
19/094	Development of trials with novel designs	$	758,874.00	Associate Professor Mark Bolland	Auckland Hospitals Research And Endowment Fund

HRC Ref	Proposal title		Funding approved	Lead researcher	Host organisation
24/435	Reducing morbidity in children with neuroimmunological disorders	$	717,542.00	Dr Hannah Jones	Auckland Hospitals Research And Endowment Fund
25/271	Implementing biomechanics tools to the clinic for paediatric surgery	$	599,601.00	Dr Julie Choisne	The University of Auckland
24/176	Novel triple network neuromodulation treatment for chronic low back pain	$	599,445.00	Dr Divya Adhia	University of Otago
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
24/006	Improving outcomes for people with severe pneumonia	$	591,568.00	Dr Thomas Hills	Medical Research Institute of New Zealand
20/1184	Health care delivery of an early childhood intervention – impact and engagement	$	588,093.30	Dr Adrian Trenholme	Health New Zealand - Counties Manukau
25/153	Perioperative nutrition pathways in colorectal surgery	$	586,228.00	Dr Catherine Wall	Health New Zealand - Waitaha Canterbury / Te Tai o Poutini West Coast
21/074	Photonic device for real-time measurement of ischaemic tissue margins in surgery	$	482,706.00	Dr Michel Nieuwoudt	The University of Auckland
23/073	Nutrition, growth and outcomes of moderate-late preterm babies	$	469,667.00	Dr Tanith Alexander	Health New Zealand - Counties Manukau
24/625	Guided by Hine te Iwaiwa: Exploring Maramataka influence on pregnancy outcomes	$	400,000.00	Miss Beverly Te Huia	Katoa
24/736	Antenatal corticosteroids effect on Lactation and Maternal-infant health (ALMA)	$	399,971.55	Dr Mariana Muelbert	The University of Auckland
24/765	Design of a rehabilitation model for cardiovascular health after stroke	$	398,144.00	Dr Marie-Claire Smith	The University of Auckland
19/003	Effects of antipyretics on respiratory disease and eczema in infancy	$	320,000.00	Dr Eunicia Tan	The University of Auckland
25/101	Marae-based rongoā psychedelic-assisted therapy for methamphetamine use disorder	$	265,000.00	Ms Anna-Leigh Hodge	The University of Auckland
23/137	The Guillain-Barre Syndrome (GBS) phenotype in Aotearoa/ New Zealand	$	260,007.00	Dr Eileen McManus	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
22/045	Quantifying and optimising postoperative recovery using wearable sensors	$	260,000.00	Dr Cameron Wells	The University of Auckland
22/103	Pressure reduction in Moderate Aortic Stenosis (PUMAS)	$	260,000.00	Dr Peter McLeod	University of Otago
23/210	Assessment of fully automated insulin delivery technology in diabetes	$	260,000.00	Dr Thomas Wilkinson	University of Otago
23/272	A national best practice guide for equity in preterm birth in Aotearoa	$	260,000.00	Dr Briar Hunter	The University of Auckland
24/003	A digital biomarker platform for upper gastrointestinal symptoms	$	260,000.00	Dr Chris Varghese	The University of Auckland

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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
24/100	Cause and effect in childhood bone and joint infection	$	260,000.00	Dr Sarah Hunter	The University of Auckland
24/279	Effects of caffeine in late preterm infants	$	260,000.00	Dr Jane Canning	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
25/002	Mother and child health after gestational diabetes	$	260,000.00	Dr Qiliang Liu	The University of Auckland
25/024	Assessment and diagnostic practices for cervical myelopathy in Australasia	$	260,000.00	Mr Rohil Chauhan	Auckland University of Technology
25/040	Complication rates and metabolic health in young adults with type 2 diabetes	$	260,000.00	Dr David Lewis	University of Otago
25/047	Unravelling calcium pyrophosphate deposition disease	$	260,000.00	Dr Vicky Tai	The University of Auckland
25/095	Shining a light on functional neurological disorder in Aotearoa New Zealand	$	260,000.00	Mr Benjamin Scrivener	The University of Auckland
23/009	Scleral shell prosthesis practice in Aotearoa New Zealand	$	259,800.00	Ms Janice Yeoman	The University of Auckland
22/128	PSGN in New Zealand children	$	259,500.00	Dr Amanda Taylor	The University of Auckland
22/105	Finding the fit - Haemodialysis vascular access that meets patient priorities	$	259,230.00	Dr Katherine Richards	University of Otago
21/063	Keratoconus and corneal cross-linking	$	259,000.00	Dr Lize Angelo	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
22/548	Modelling procalcitonin for bacterial infections in intensive care	$	249,999.55	Associate Professor Jacqueline Hannam	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
23/500	Prevalence of refractive error and access to eye care for New Zealand children	$	249,931.80	Dr Rebecca Findlay	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
21/629	Psychedelic-assisted therapy in advanced-stage cancer patients	$	249,333.50	Dr Lisa Reynolds	The University of Auckland
20/588	ACTION-TBI: ACT to improve recovery after traumatic brain injury	$	249,308.75	Professor Alice Theadom	Auckland University of Technology
21/664	Novel white crowns for drill-free treatment of dental caries in NZ children	$	249,277.96	Associate Professor Joanne Choi	University of Otago
21/660	Community-based intensive activation therapy for major depression	$	249,126.01	Professor Marie Crowe	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
21/616	Self-regulation training for people with knee osteoarthritis	$	248,817.10	Associate Professor Ramakrishnan Mani	University of Otago

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19/657	Diet and circulating lipids in relation to cardiovascular disease in New Zealand	$	247,000.00	Dr Kathryn Bradbury	The University of Auckland
19/596	Sensory organisation for balance control in children with strabismus	$	244,828.35	Dr Prasath Jayakaran	University of Otago
20/611	Tele-mental health delivery of psychotherapy for recurrent mood disorders	$	244,812.60	Professor Marie Crowe	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
21/676	Anti-inflammatories and physiotherapy for people with knee osteoarthritis	$	243,976.34	Associate Professor Cathy Chapple	University of Otago
25/198	Measles-specific cellular immune responses to inhaled MMR vaccine	$	220,000.00	Ms Melanie Millier	University of Otago
20/653	Resveratrol – a potential novel treatment for bronchiectasis	$	219,061.00	Associate Professor Conroy Wong	Aotearoa Clinical Trials
24/112	Ectopic fat deposition: novel insights into nutrition and glycaemic control	$	213,333.00	Yutong Liu	The University of Auckland
25/146	A study to investigate the effects of nocebo on cognitive recovery after mTBI	$	203,835.00	Mr Nishal Pinto	University of Otago
20/622	Taking a break from Netflix: The effect on glycaemia and sleep	$	203,305.50	Dr Meredith Peddie	University of Otago
24/157	Corneal transplantation in Aotearoa: COVID-19, confocal and clinical outcomes	$	200,000.00	Dr Natalie Allen	The University of Auckland
23/501	Outcomes for tamariki with acute rheumatic fever in Counties Manukau	$	182,417.00	Dr Adam Dennison	Health New Zealand - Counties Manukau
20/710	A community-based RCT evaluating micronutrients for mood dysregulated teenagers	$	150,000.00	Professor Julia Rucklidge	University of Canterbury
24/784	Feasibility study of feeding time-matched donor human milk to preterm infants	$	150,000.00	Dr Ying Jin	Massey University
24/821	Cultured corneal endothelial cells for endothelial failure	$	150,000.00	Dr Sheng Chiong Hong	oDocs Eye Care
24/858	Better rehabilitation: Integration of movement analogies in Māori storytelling	$	150,000.00	Dr Gloria Clarke	University of Waikato
22/031	Biomarkers and their relationship to traumatic brain injuries - The BRAIN Study	$	146,673.00	Dr Alice Rogan	University of Otago
25/656	Retinopathy of prematurity in Aotearoa: Optimising screening and Māori equity	$	105,000.00	Dr Helen Kearns	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
Health services including Health Delivery Activation Grants					
23/447	Whakatōmuri, whakamua: Walking backwards into the future of Māori cancer care	$	4,999,905.39	Associate Professor Jason Gurney	University of Otago
22/555	Reducing the burden of osteoarthritis in Aotearoa New Zealand	$	4,999,268.10	Professor J. Abbott	University of Otago
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
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

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23/672	What matters to whānau? Optimising health in integrated family violence services	$	1,399,999.95	Dr Claire Gear	Auckland University of Technology
20/932	Improving primary care service delivery for those impacted by violence	$	1,399,996.60	Professor Jane Koziol-McLain	Auckland University of Technology
24/902	Diabetes technology - New model of care for faster and more equitable access	$	1,399,996.31	Professor Benjamin Wheeler	University of Otago
22/670	Enabling supported decision-making: mental health advance preference statements	$	1,399,976.46	Dr Sarah Gordon	University of Waikato
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
21/874	Implementing effective lifestyle treatment for type 2 diabetes in primary care	$	1,399,938.00	Professor Caryn Zinn	Auckland University of Technology
24/1079	Evaluating the equitable roll out of funded CGM in type 1 diabetes	$	1,399,928.00	Associate Professor Hamish Crocket	University of Waikato
23/796	Spiritual care in Aotearoa New Zealand healthcare	$	1,399,923.22	Associate Professor Richard Egan	University of Otago
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
23/784	Vision for learning: integrating eyecare throughout childhood in NZ	$	1,399,908.00	Dr Joanna Black	The University of Auckland
22/737	Evidence-based management of long COVID	$	1,399,904.30	Associate Professor Mona Jeffreys	Victoria University of Wellington, Research Trust
21/859	Enhancing leptospirosis diagnosis and outcomes for rural and Māori communities	$	1,399,858.94	Professor Jackie Benschop	Massey University
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
20/1178	The determinants of health for Māori mothers and adults with chronic diseases	$	1,399,781.00	Professor Dr Ross Lawrenson	Health New Zealand - Waikato
24/887	Digital delivery of wellbeing supports for autistic children	$	1,399,778.52	Professor Laurie McLay	University of Canterbury
23/625	REGIONS II - Reducing stroke inequities for rural Māori	$	1,399,773.07	Professor Anna Ranta	University of Otago
21/826	Reducing the burden of knee osteoarthritis through community pharmacy	$	1,399,704.36	Professor Benjamin Darlow	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
23/620	Building psychosocial and cultural resources for recovery and adaptation	$	1,399,402.95	Professor Nicola Kayes	Auckland University of Technology
23/692	Improving screening and management of mild TBI in the ED	$	1,398,566.40	Professor Alice Theadom	Auckland University of Technology
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
23/775	Cancer WHIRI II: Extending the pathway	$	1,396,382.20	Dr Nina Scott	Health New Zealand - Waikato

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21/839	Health-system factors contributing to inequity in diabetes medication use	$	1,394,674.50	Associate Professor Lynne Chepulis	University of Waikato
23/624	Cervical cancer prevention in community services: a health delivery partnership	$	1,394,123.44	Dr Judy Ormandy	University of Otago
22/736	Development & implementation of national nutrition guidelines for preterm babies	$	1,389,842.00	Dr Barbara Cormack	The University of Auckland
21/905	Optimising telerehabilitation practice in Aotearoa	$	1,388,974.00	Professor Nicola Kayes	Auckland University of Technology
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
24/901	Development and implementation of nutrition guidelines in childhood cancer	$	1,353,460.00	Dr Amy Lovell	The University of Auckland
20/948	Access to medicines: Exploring lived experience to inform policies and programmes	$	1,349,520.56	Professor Pauline Norris	University of Otago
22/686	Embedding accessible communication in post-stroke care	$	1,327,995.85	Associate Professor Clare McCann	The University of Auckland
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
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
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
24/507	Evaluation of the implementation of decentralised clinical trial methodology	$	1,199,999.45	Dr Michelle Wilson	Auckland Hospitals Research And Endowment Fund
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
20/197	Reducing antibiotic usage in people with self-limiting viral illness	$	1,199,517.40	Associate Professor Stephen Ritchie	The University of Auckland
23/316	Bringing manaakitanga to waitlists with tailored Smart Start letters	$	1,198,634.90	Professor Lisa Te Morenga	Massey University
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
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
21/526	Measuring the health state preferences of New Zealanders	$	1,167,512.17	Dr Ross Wilson	University of Otago
22/099	Advancing palliative care among Pacific children	$	1,148,229.74	Dr Sunia Foliaki	Massey University
25/052	Optimising implementation of evidence-based parenting support	$	654,570.00	Dr Melanie Woodfield	Auckland Hospitals Research And Endowment Fund
20/579	Improving health care for Cook Islands people with chronic kidney disease	$	627,109.00	Dr Debbie Ryan	Pacific Perspectives
24/360	Extending the scope of audiologists to enhance paediatric ORL services	$	487,700.00	Dr Michelle Pokorny	Health New Zealand - Counties Manukau

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25/111	Te vaerua kopu tangata ora: Application of a Pacific model of palliative care	$	484,760.00	Mrs Amy Henry	Auckland University of Technology
20/1185	Implementation of evidence-based, whanau-focused care for ARF/ RHD in CM	$	451,265.50	Associate Professor Rachel Webb	Health New Zealand - Counties Manukau
24/644	Electromagnetic tracking system for the gut	$	400,000.00	Dr Recep Avci	The University of Auckland
24/717	Nurse practitioners: Re-prioritising primary care delivery to promote equity	$	399,766.00	Dr Sue Adams	The University of Auckland
24/642	A Kaupapa Māori behavioural health intervention for harmful substance use	$	399,351.00	Dr Eleanor Brittain	Massey University
21/309	Mauri tau: Indigenous psychological and therapeutic approaches to mental health	$	378,331.00	Dr Pikihuia Pomare	Massey University
20/1182	Using routinely collected health data to improve health outcomes in older people	$	352,074.40	Associate Professor Sarah Cullum	Health New Zealand - Counties Manukau
20/014	Implementing effective treatments: Parent training for conduct problems	$	320,000.00	Dr Melanie Woodfield	Auckland Hospitals Research And Endowment Fund
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
22/836	Kia Kitea ai te Ora COVID-19 life-changing	$	300,000.00	Dr Kahu McClintock	Ngati Maniapoto Marae Pact Trust
22/878	“Te Mana o Taku Reo – Power of my voice “	$	300,000.00	Ms Rangi Pouwhare	Mana Ātea
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
23/807	Hauraki Māori weathering Cyclone Gabrielle	$	300,000.00	Denise Messiter	Te Whariki Manawahine o Hauraki
24/1148	Whakahokia ngā ratonga hauora ki te marae: A case study of Marae-based wellness	$	300,000.00	Dr Awanui Te Huia	Mauri Oho
24/1206	Improving access to, and use of Rongoā Māori	$	299,999.99	Dr Anna Rolleston	The Centre for Health
22/833	The role of motor fidgeting on executive functioning in ADHD	$	299,960.00	Ms Gina Waters	Mātai Medical Research Institute
23/810	Tohe-ora Wānanga-whenua	$	299,658.00	Professor Dr Te Kahautu Maxwell	Whakatōhea Māori Trust Board
22/864	Pona Kakā: A holistic approach to arthritis intervention	$	297,782.00	Dr Lily George	Waikare Community Development & Research Trust
20/239	Improving publicly funded Pacific bariatric surgery patients' retention rates	$	296,503.00	Dr Tamasin Taylor	The University of Auckland
23/842	Ngā marama o te tau	$	293,000.00	Ms Heeni Hoterene	He Puna Marama Charitable Trust
24/1191	Māku anō tōku whare e hanga: reclaiming mātauranga and determining hauora	$	287,760.00	Dr Felicity Ware	Hapai Te Hauora Tapui
22/253	Applying a Māori-centered relational model to fundamental care	$	265,000.00	Mrs Bobbie-Jo Pene	The University of Auckland

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23/125	Emergency ambulance care in out-of-hospital deaths: Whānau experience	$	265,000.00	Mrs Eillish-Kate Satchell	The University of Auckland
24/242	Improving outcomes for Māori accessing in-patient mental health services	$	265,000.00	Miss Carly Pohatu	The University of Auckland
24/555	Adaptation of dialectic behaviour therapy (DBT) for Māori	$	265,000.00	Mr Meihana Douglas	Auckland University of Technology
25/622	Pharmacist-facilitated medication reviews with and for Māori with type 2 diabetes mellitus	$	265,000.00	Mr Brendon McIntosh	The University of Auckland
22/034	Minimally invasive upper gastrointestinal and hepatopancreaticobillary surgery	$	260,000.00	Dr Phillip Chao	The University of Auckland
22/048	Improving ED workforce wellbeing with insider-led quality improvement	$	260,000.00	Dr Mike Nicholls	The University of Auckland
23/175	Understanding value in cancer molecular tests in Aotearoa	$	260,000.00	Dr Alice Minhinnick	The University of Auckland
25/084	Recruitment and retention of midwives in Aotearoa New Zealand	$	260,000.00	Ms Caitlin Woods	The University of Auckland
25/105	Developing best practice care pathways for delirium in New Zealand	$	260,000.00	Dr Engelina Groenewald	The University of Auckland
25/229	Developing and evaluating digital tool prototype for hospital medicine management	$	260,000.00	Miss Sreyon Murthi	The University of Auckland
25/083	Pasifika wellbeing and psychological need during general hospital admissions	$	260,000.00	Mr Jessee Fia'Ali'i	The University of Auckland
24/574	Taimaha rukiruki: A kaupapa Māori approach to pēpi loss	$	259,984.00	Dr Samantha Jackson	Victoria University of Wellington, Research Trust
24/074	Physiotherapists' perspective of retention within Te Whatu Ora	$	257,299.00	Ms Gillian Watson	University of Otago
22/805	Describing care pathways for patients with delirium discharged from hospital.	$	253,896.19	Dr Engelina Groenewald	Health New Zealand - Counties Manukau
22/884	A Kaupapa Māori response to Covid-19	$	251,762.00	Miss Beverly Te Huia	Nga Kairauhii
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
24/1140	'Ngāti Rangahau' ki te Tai Tokerau	$	250,000.00	Dr Erena Wikaire	Te Ramaroa: Māori and Indigenous Health Research Consultancy
23/494	Affirming cognitive behaviour therapy for Rainbow youth and whānau in Aotearoa	$	249,999.76	Dr Ilana Seager van Dyk	Massey University
23/466	The effects of climate variability on the risk of enteric diseases	$	249,967.67	Dr Alice Hyun Min Kim	University of Otago
20/632	Improving equitable access to diabetes eye services	$	249,238.95	Associate Professor Jacqueline Ramke	The University of Auckland
19/640	Valuing health-related quality of life in New Zealand	$	247,406.25	Associate Professor Trudy Sullivan	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
24/1145	Tuatinitini nga whenu o te matauranga: Many strands of knowledge	$	246,637.00	Ms Cheryl Davies	Tu Kotahi Maori Asthma Trust

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23/985	Achieving Pae Ora for children surviving hospitalised injuries	$	244,566.38	Dr Shanthi Ameratunga	Health New Zealand - Counties Manukau
22/885	Kei hea te komako e ko? Listening to whānau voices to cultivate whānau ora	$	244,020.00	Professor Elizabeth Kerekere	Te Runanga o Turanganui a Kiwa
20/603	Psychosocial wellbeing after stroke: Understanding and enhancing care	$	243,087.00	Associate Professor Felicity Bright	Auckland University of Technology
23/816	Ngāi Tai ki Tāmaki Health Research Project	$	219,000.00	Mrs Amanda Scobie	Pou Tāngata Ngāi Tai Ki Tāmaki Community Development
20/138	Supporting allied health professionals in rural areas	$	204,586.00	Mrs Sarah Walker	University of Otago
24/1269	Whānau and assisted dying: A qualitative study of family experiences in Aotearoa	$	174,891.00	Mr Manu Pelayo	Auckland Hospitals Research And Endowment Fund
24/945	Navigating together towards a therapy for PINK1 parkinsonism	$	174,777.00	Dr Christina Buchanan	Auckland Hospitals Research And Endowment Fund
24/873	Clinical implementation of tele-robotics specific to ophthalmology	$	173,970.00	Dr Renoh Johnson Chalakkal	oDocs Eye Care
24/904	Machine learning in healthcare: Designing, optimising and implementing	$	173,697.00	Dr Abtin Ijadi Maghsoodi	Health New Zealand - Waikato
23/069	Factors influencing career choices among Pacific doctors in Aotearoa	$	173,000.00	Dr Melbourne Mauiliu-Wallis	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
24/1309	Improving men's access to mental health support via primary care	$	170,565.00	Dr Sarah McKenzie	University of Otago
24/1332	Implementation of accelerated treatment pathway for patients with heart failure	$	166,074.00	Mrs Melinda Copley	Auckland Hospitals Research And Endowment Fund
23/880	Enhancing the health and wellbeing of rangatahi experiencing early psychosis	$	164,547.00	Dr Matthew Jenkins	University of Otago
24/899	How does polypharmacy affect systemic treatment and outcome of breast cancer?	$	161,384.00	Dr Chunhuan Lao	University of Waikato
24/1334	AI enabled ECGs for improving prognosis and diagnosis of atrial fibrillation	$	160,525.00	Associate Professor Jichao Zhao	The University of Auckland
23/932	Resident outcomes in homelike models of care in aged residential care	$	153,845.00	Dr Kay Shannon	Auckland University of Technology
23/941	Patient-centred education for newly diagnosed adults with type one diabetes	$	150,505.00	Associate Professor Hamish Crocket	University of Waikato
23/839	Te Hiku Rangahau	$	150,000.00	Dr Maria Baker	Te Hiku Hauora
23/549	Robotics system for rapid deployment of teleophthalmology	$	150,000.00	Dr Renoh Johnson Chalakkal	oDocs Eye Care
23/901	Challenges to health equity: Service provision in a low-cost general practice	$	146,888.00	Dr Christine Barthow	University of Otago
22/861	Ka Pō, Ka Ao, Ka Awatea: Bringing research review processes for Māori to light	$	146,593.16	Mrs Te Hao Apaapa-Timu	Health New Zealand - Waitematā

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20/1318	Development of a Maaori research advisor for the advancement of Maaori research	$	142,960.00	Mrs Te Hao Apaapa-Timu	Health New Zealand - Waitematā
23/750	Endometrial Cancer Microbiome Study	$	142,562.00	Mrs Roimata Tipene	Health New Zealand - Waitematā
25/641	The impact of a major cancer diagnosis on wellbeing of patients and their whānau	$	141,275.00	Mrs Nasya Thompson	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
24/1168	He Patikitiki	$	140,500.00	Ms Awhina Cameron	Tu Tama Wahine o Taranaki
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
23/820	Gang whānau healing from intergenerational trauma	$	136,000.00	Denise Messiter	Te Whariki Manawahine o Hauraki
24/1336	The potential of allied health in primary health services for Pacific peoples	$	134,618.40	Mr Oka Sanerivi	Mātai Medical Research Institute
23/891	A family centred group intervention for children with neurodevelopmental delay	$	134,560.00	Dr Parimala Kanagasabai	University of Otago
22/796	A clinical prediction model to risk stratify children at paediatric ED triage	$	128,915.00	Dr Zhenqiang Wu	The University of Auckland
24/142	Exploring the wellbeing of Sāmoan regulated healthcare workers	$	127,558.00	Mrs Josie Timmins	Auckland University of Technology
24/1313	Prevention of Zoster in Immunocompromised People in Aotearoa (PreZIPA)	$	126,236.00	Dr James Mbinta	Victoria University of Wellington, Research Trust
24/1047	Kai sovereign communities	$	123,948.00	Ms Julia Milne	Victoria University of Wellington, Research Trust
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
23/809	Research manager for Te Whāriki Manawāhine O Hauraki	$	119,990.00	Denise Messiter	Te Whariki Manawahine o Hauraki
23/884	Effect of prophylactic antibiotics on anastomotic leaks in colorectal surgery	$	118,851.00	Dr Kari Clifford	University of Otago
23/947	Improving service delivery for NZ South Asian women with gestational diabetes	$	115,021.00	Dr Sumera Akhtar	University of Otago
22/699	Anti-racism praxis and Māori health professional workforce development.	$	114,844.00	Mrs Haidee Renata	Auckland University of Technology
24/921	Hinga Whitu Ngā Wa, Tu Waru - Fall down seven times, stand up eight	$	113,600.00	Ms Wendy Mohi	Mātai Medical Research Institute
24/1382	Physiotherapy Airway Clearance in the Education Setting (PACES)	$	111,507.91	Ms Laura Rensford	Aotearoa Clinical Trials
24/1361	Defining patient- and whānau/family-centred inpatient care	$	109,138.00	Dr Kim Ward	The University of Auckland

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23/711	Matauranga o Mate Huka - Creation of type 2 diabetes resources in the Waikato	$	107,120.00	Miss Rebekah Crosswell	University of Waikato
24/1025	Growing Māori kairangahau/researchers	$	106,400.00	Mrs Belinda Tuari-Toma	Tu Kotahi Maori Asthma Trust
25/255	Reconceptualising musculoskeletal care from a Māori worldview	$	101,050.00	Ms Sheree Tikao-Harkess	University of Otago
23/694	Māori experience of the criminal justice system in Pare Hauraki	$	100,000.00	Dr Stephanie Palmer	Tumana Research Services
23/838	Restoring the mauri of Lake Omapere	$	100,000.00	Dr Marise Stuart	Lake Omapere Trust
23/843	Ngāi Tai ki Tāmaki Hauora Strategy development	$	100,000.00	Mrs Amanda Scobie	Pou Tāngata Ngāi Tai Ki Tāmaki Community Development
23/844	Taurākautia	$	100,000.00	Dr Marise Stuart	Te Ao Mauri Ora
24/1183	Tūāpapa Rangahau Matepukupuku: Establishment of a Māori cancer research platform	$	100,000.00	Dr Nina Scott	Hei Āhuru Mōwai Māori Cancer Leadership
24/1215	Te Weu me Te Wai - Creative research mobilisation	$	100,000.00	Ms Dayna Chaffey	Te Weu Charitable Trust
23/824	Reconnecting Ngā Hapū o Te Ahuahu: reindigenising health and wellbeing	$	99,999.27	Dr Marie Jardine	The University of Auckland
23/686	Integrating oral health into the funding and management of diabetic patients	$	99,947.00	Dr Jarden Lacey	Te Rūnanga o Toa Rangatira
24/1141	Out the gate	$	99,943.00	Dr Helen Pearse-Otene	Te Rākau Hua o Te Wao Tapu
24/1213	Rongoā and cancer: Co-designing rangahau pātai and priorities	$	99,680.00	Mrs Moahuia Goza	Hei Āhuru Mōwai Māori Cancer Leadership
24/1187	Tāngata whaikaha me te āhua o te rangi: averting an unjust transition	$	99,625.00	Ms Tania Pouwhare	Mana Ātea
23/835	Ko Hine Ko Rua	$	99,620.00	Dr Tepora Emery	Soldiers, Sailors & Airmen's Association of New Zealand
24/1186	Whakaoho Mauri: Exploring shifts from embodied trauma to embodied healing	$	99,584.00	Dr Lily George	Waikare Community Development & Research Trust
24/1104	Sharing the experiences of Māori dietitians	$	98,731.80	Dr Hannah Rapata	Te Kāhui Manukura o Kai Ora
24/1100	Intuitive ritual: A mana wāhine sourcebook	$	97,440.00	Dr Ngahuia Murphy	Tu Tama Wahine o Taranaki
24/1098	Tikanga and health	$	97,310.00	Miss Te Hirea Doherty	Te Whare Wananga O Awanuiarangi
24/908	The return-to-work experience for people and whānau with mild to moderate stroke	$	96,472.00	Mrs Kylie Head	University of Otago
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

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21/1113	Te Tau Ihu: A locality approach to developing health research capacity	$	90,000.00	Dr Nicholas Baker	Health New Zealand - Nelson Marlborough
23/713	Can we provide a better 'Healthy Lungs' Programme?	$	87,854.85	Dr Alana Ainsworth	Health New Zealand - Counties Manukau
24/1026	Twenty years of screening for inherited cardiac conditions in New Zealand	$	78,283.00	Dr Adrian Tarca	Auckland Hospitals Research And Endowment Fund
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	Dr Hannah Rapata	Te Kāhui Manukura o Kai Ora
23/957	The Kidz First Lungs4Life Programme 2017-2021: Health outcomes and whānau voice	$	69,960.38	Mrs Miriam Manga	Health New Zealand - Counties Manukau
24/958	Validating a dermatology AI algorithm using referral images	$	69,238.00	Dr Hamish Wu	Health New Zealand - Waikato
24/1360	Applicability of ulcerative colitis dietary guidelines in New Zealand	$	65,696.75	Dr Noha Ahmed Nasef	Massey University
22/847	Improving equity and access to intervention for children with tube dependency	$	62,990.00	Dr Sarah Leadley	The University of Auckland
23/954	Current journeys through health and wellbeing services after stroke	$	56,094.23	Mrs Emily Timothy	Burwood Academy Trust
24/534	Envisioning a Kaupapa Māori approach to post-injury health service delivery	$	32,323.00	Ms Sheree Tikao-Harkess	University of Otago
22/675	Community research rōpū: value-based approach for a rural rohe	$	30,000.00	Dr Emily Gill	The University of Auckland
22/773	Māori and implementation of Ngā Paerewa Health and Disability Services standard	$	30,000.00	Dr Jan Dewar	Auckland University of Technology
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
23/626	Creating a community engaged research agenda for tamariki with asthma	$	30,000.00	Dr Julie Blamires	Auckland University of Technology
23/642	Identifying autistic tamariki Māori using the integrated data infrastructure	$	30,000.00	Dr Jessica Tupou	Victoria University of Wellington, Research Trust
23/651	Feeding disorders and dysphagia in children with neurodevelopmental disabilities	$	30,000.00	Dr Mei Peng	University of Otago
23/659	Classifying complex illness in linked data: Test case with multiple sclerosis	$	30,000.00	Dr Natalia Boven	The University of Auckland
23/663	TLGBTQI+ views on palliative and end of life care, including assisted dying	$	30,000.00	Dr Lisa Williams	The University of Auckland
23/685	Improving delivery of symptom control for kidney failure	$	30,000.00	Professor Dr Suetonia Green	University of Otago

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23/699	A novel non-surgical approach for anterior cruciate ligament injury	$	30,000.00	Associate Professor Darryl Cochrane	Massey University
23/703	Collaborative and comprehensive care of IBD delivered via a digital platform	$	30,000.00	Dr Omer Hajelssedig	Health New Zealand - Nelson Marlborough
23/705	Telehealth: providing timely evidence for equitable models of care	$	30,000.00	Dr Inga Hunter	Massey University
23/746	Research collaboration to support effective, equitable immunisation in Aotearoa	$	30,000.00	Dr Samantha Marsh	The University of Auckland
23/749	An examination of maternity care services during a crisis event in Aotearoa	$	30,000.00	Dr Sarah Lockwood	Te Wananga o Aotearoa
23/754	What are the priorities for youth mental health and dependencies research?	$	30,000.00	Dr Kaaren Mathias	University of Canterbury
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
23/766	Evaluating accessibility of paediatric primary care services	$	30,000.00	Dr Amanda Clifford	University of Otago
23/770	Personalised breast cancer screening in Aotearoa/New Zealand	$	30,000.00	Dr Nokuthaba Sibanda	Victoria University of Wellington, Research Trust
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
23/885	Mining for novel antibiotics through precursor-directed biosynthesis	$	30,000.00	Dr Melissa Cadelis	The University of Auckland
23/893	Evaluation of a pharmacist-led intervention for older adults with polypharmacy	$	30,000.00	Professor Jeff Harrison	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
23/906	Improving health through sleep resources for occupational therapists	$	30,000.00	Dr Diane Muller	Massey University
23/912	Ophthalmic lasers and optometrists in Aotearoa	$	30,000.00	Dr Sheng Chiong Hong	oDocs Eye Care
23/914	Transforming measurement of support outcomes for autistic children in Aotearoa	$	30,000.00	Dr Hannah Waddington	Victoria University of Wellington, Research Trust
23/930	Equitable preventive maternal and early childhood health services among migrants	$	30,000.00	Dr Nadia Charania	Auckland University of Technology
23/931	Emergency department admission prediction with weather and public events	$	30,000.00	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
23/950	Advancing food quality measurement in mobile apps with AI technology	$	30,000.00	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

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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
23/963	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
23/970	Co-designing and implementing an evaluation of a suicide prevention service	$	30,000.00	Dr Shyamala Nada-Raja	University of Otago
23/977	Waiting well: Digital tool to improve mental health waiting list experiences	$	30,000.00	Dr Karolina Stasiak	The University of Auckland
23/979	Food literacy where it matters: co-designing a food literacy assessment tool with whānau.	$	30,000.00	Professor Cathryn Conlon	Massey University
23/982	Improving access to pharmacy services	$	30,000.00	Dr Sanya Ram	The University of Auckland
23/987	Motor neurone disease - how does our care need to change?	$	30,000.00	Dr Natalie Gauld	Motor Neurone Disease New Zealand Charitable Trust
23/996	Voice of rural communities for equitable telehealth models of care	$	30,000.00	Dr Inga Hunter	Massey University
24/1006	He oranga whānau, he oranga marae: Mangatoatoa marae-based hauora practices	$	30,000.00	Dr Awanui Te Huia	Victoria University of Wellington, Research Trust
24/1012	Best Start alignment with expectations of Hapū Māmā	$	30,000.00	Dr John McMenamin	Health and Research Collaborative
24/1018	System-wide perspectives on surgical delays: Ethnicity and socioeconomic factors	$	30,000.00	Professor Lincoln Wood	University of Otago
24/1019	Accessible health services in rural Northland	$	30,000.00	Dr Maria Baker	Te Hiku Hauora
24/1027	Effect of enlarged thyroid on airflow and patient symptoms	$	30,000.00	Dr Vinod Suresh	The University of Auckland
24/1030	Rongoā Māori: Mai i te pō ki te ao mārama	$	30,000.00	Ms Kayla Wikaire-Mackey	Te Ramaroa: Māori and Indigenous Health Research Consultancy
24/1034	Identifying precursor mechanics to asthma attacks	$	30,000.00	Ms Ella Guy	University of Canterbury
24/1035	Assessing feasibility of an RCT on intermittent fasting and cognitive health	$	30,000.00	Dr Mei Peng	University of Otago
24/1037	Understanding the relationship between sleep and chemosensory dysfunction	$	30,000.00	Dr Jessica McCormack	University of Otago
24/1046	Identifying opportunities to enable accurate diagnostics for rheumatic fever	$	30,000.00	Dr Anindita Sen	PHF Science
24/1055	Long COVID diagnostics: Discovery to impact	$	30,000.00	Dr Anna Brooks	The University of Auckland
24/1060	Food neophobia in Pacific cultures and its association with nutrition status	$	30,000.00	Dr Edmond Fehoko	University of Otago
24/1069	Indigenising health economics: co-creating a research agenda	$	30,000.00	Dr Braden Te Ao	The University of Auckland

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24/1281	Ākonga Māori experiences in relationships and sexuality education	$	30,000.00	Dr Hayley McGlashan-Fainu	The University of Auckland
24/1282	Māori lived experience of suicide loss: Collective to inform pre/postvention policy and practice	$	30,000.00	Associate Professor Lynne Russell	Victoria University of Wellington, Research Trust
24/1287	Exploring the link between psilocybin mushroom variability and consumer safety	$	30,000.00	Dr Rhys Ponton	The University of Auckland
24/1294	Exploring end-of-life care with people with learning disability	$	30,000.00	Dr Nicola McKenzie	The University of Auckland
24/1295	Understanding scheduling system failures	$	30,000.00	Dr Jesse Whitehead	University of Waikato
24/1297	Economic cost of migraine in Aotearoa New Zealand	$	30,000.00	Dr Fiona Imlach	University of Otago
24/1303	Allied health innovations: Collaborative strategies for equitable healthcare	$	30,000.00	Dr Heleen Reid	Auckland University of Technology
24/1304	Safety monitoring for natural health products (NHPs): the NHP industry's role	$	30,000.00	Professor Joanne Barnes	The University of Auckland
24/1308	Real-time heart-in-the-loop system for pacemaker validation and personalisation	$	30,000.00	Dr Weiwei Ai	The University of Auckland
24/1311	Development of safe access to physical activity for Whanganui transgender people	$	30,000.00	Dr Katie McMenamin	Health and Research Collaborative
24/1316	Physical activity and brain health: Understanding neurophysiological mechanisms	$	30,000.00	Associate Professor Tom Stewart	Auckland University of Technology
24/1317	The impact of bras on mental health	$	30,000.00	Dr Edgar Rodriguez Ramirez	Victoria University of Wellington, Research Trust
24/1318	Planning a culturally safe pulmonary rehabilitation programme for Māori	$	30,000.00	Dr Ainsleigh Cribb-Su'a	National Hauora Coalition
24/1323	Children of parents with a mental illness: Ethical considerations	$	30,000.00	Dr Snita Ahir-Knight	University of Otago
24/1325	Enhancing the Long COVID Registry: co-creating research and linking data	$	30,000.00	Professor Paula Lorgelly	The University of Auckland
24/1338	Weight stigma and bias in healthcare in Aotearoa: The Pacific people's voice	$	30,000.00	Dr Maria Casale	Massey University
24/1348	Bridging the health divide: Understanding the needs of Asian migrant women	$	30,000.00	Dr Sneha Lakhotia	Social Prism
24/1349	Assessing the utility of measuring mesentric adipose tissue in Crohn's disease	$	30,000.00	Dr Noha Ahmed Nasef	Massey University
24/1354	Trust and healthcare, health institutions and health systems: a research agenda	$	30,000.00	Professor Kevin Dew	Victoria University of Wellington, Research Trust
24/1359	Maximising use of routinely collected data to improve eye health for children	$	30,000.00	Dr Pushkar Silwal	The University of Auckland
24/1370	Optimising health interventions: Mindfulness, authenticity, and cultural context	$	30,000.00	Dr Anna Sutton	University of Waikato
24/1374	Prevention of Zoster in immunocompromised people: A systematic review	$	30,000.00	Associate Professor Steven Bowe	Victoria University of Wellington, Research Trust
24/1378	Co-designing co-commissioning with and for mental health services	$	30,000.00	Dr Andrea Clark	University of Otago

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24/1381	He Mana Whakatau He Aromatai	$	30,000.00	Ms Judith Watson	Ngāti Porou Oranga
24/1396	Co-designing clinical decision support system for predictive diabetes management	$	30,000.00	Associate Professor William Yu Chung Wang	University of Waikato
24/1398	Empowering rangatahi through game-based nutrition education	$	30,000.00	Dr Wendy Zhang	University of Canterbury
23/919	Streamlining blood anomaly detection for rheumatology	$	30,000.00	Dr Vicki Quincey	Health New Zealand - Waikato
24/911	Innovative health delivery in a hard-to-reach Māori community	$	30,000.00	Angie Wilkinson	H2R Research & Consulting
24/917	Waha Pikitia: a method for innovative, inclusive, and transformative research	$	30,000.00	Denise Messiter	Te Whariki Manawahine o Hauraki
24/933	Ageing well for Rainbow communities and their carers	$	30,000.00	Dr Claire Gooder	The University of Auckland
24/938	Taiao to Tēpū	$	30,000.00	Dr Lara Vlietstra	University of Otago
23/948	A multi-layered predictive solution to combat sepsis and its complications	$	30,000.00	Dr Paul Huggan	Health New Zealand - Waikato
24/959	Exploring barriers to CGM uptake in type 1 diabetes	$	30,000.00	Associate Professor Anna Serlachius	The University of Auckland
24/981	Empowering communities: An intervention to enhance resilience	$	30,000.00	Mr Stefan Heinz	University of Waikato
24/987	Develop clinical guidelines for the timing and process of consent to use PDHM	$	30,000.00	Dr Ying Jin	Massey University
24/991	Inequitable rates of abdominal aortic aneurysm rupture in Aotearoa	$	30,000.00	Mr Andrew Kindon	University of Canterbury
24/1007	Ethnic inequities in prostate cancer care in Aotearoa New Zealand	$	30,000.00	Dr Eng Ann Toh	Health New Zealand - Waitaha Canterbury / Te Tai o Poutini West Coast
24/1049	The Carosika community of practice: Impact on clinician preterm birth knowledge	$	30,000.00	Dr Lisa Dawes	The University of Auckland
24/1299	Ensuring equitable treatment of asthma with and for Māori	$	30,000.00	Associate Professor Amy Chan	The University of Auckland
24/1322	A different grief: Assisted dying support groups for families and professionals	$	30,000.00	Dr Aida Dehkhoda	The University of Auckland
24/1344	Feasibility and utility of cognitive assessment for people with schizophrenia	$	30,000.00	Associate Professor Sylvester Miles	Health New Zealand - Waitematā
24/1397	Improving access of New Zealand's tamariki and rangatahi to novel cell therapies	$	30,000.00	Assistant Professor Leander Timothy	Auckland Hospitals Research And Endowment Fund
24/898	Healthcare conversations about ethnicity-based eligibility criteria	$	30,000.00	Dr Joanna Hikaka	The Maori Pharmacists' Association
24/920	Whānau Māori preferences for vaccine delivery technology	$	30,000.00	Dr Anneka Anderson	The University of Auckland
24/940	Reconsidering Aotearoa's age restrictions on genetic testing: An HGDC case study	$	30,000.00	Associate Professor Josephine Johnston	University of Otago

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24/953	Twenty years of screening for inherited cardiac conditions in New Zealand	$	30,000.00	Dr Adrian Tarca	Auckland Hospitals Research And Endowment Fund
24/1389	Exploring the link between vitamin D deficiency and HLAB27-associated uveitis	$	29,999.75	Dr Rachael Niederer	Auckland Hospitals Research And Endowment Fund
24/1339	Feasibility of a blood test in primary healthcare for screening breast cancer	$	29,999.45	Dr Hannah Holtkamp	Breast Cancer Foundation NZ
24/1358	Evaluating Kōrero Mai as part of the Whanaungatanga at the bedside project	$	29,999.00	Dr Kim Ward	The University of Auckland
24/903	Understanding palliative care data in breast cancer research	$	29,999.00	Miss Bailey Yee	Victoria University of Wellington, Research Trust
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
24/1315	Ground to table count	$	29,998.00	Ms Kahurangi Dey	Victoria University of Wellington, Research Trust
24/952	Information needs of Māori and non-Māori after bowel cancer surgery	$	29,998.00	Dr Catherine Wall	Health New Zealand - Waitaha Canterbury / Te Tai o Poutini West Coast
23/913	Building space for equity: Bringing culture centred design to hospitals	$	29,997.00	Associate Professor Sara Filoche	University of Otago
23/967	Getting fit for surgery	$	29,997.00	Dr Toya Shaw	University of Waikato
23/928	Exploring equity in access to children's palliative care	$	29,996.00	Dr Gemma Aburn	The University of Auckland
23/951	Tech innovations for fetal alcohol spectrum disorder	$	29,996.00	Dr Joanna Ting Wai Chu	The University of Auckland
24/1387	Portion distortion: The influence of marketing on children's dietary perceptions	$	29,996.00	Professor Rich Masters	University of Waikato
23/961	Empowering pathways to health for Pacific meatworkers	$	29,995.00	Dr Miranda Buhler	University of Otago
23/721	Invisible inequity: Healthcare insights from people with rare disorders	$	29,992.00	Dr Tara Officer	Victoria University of Wellington, Research Trust
24/1393	Social return on investment methodology: a narrative review of evaluations	$	29,992.00	Dr Claire O'Loughlin	Victoria University of Wellington, Research Trust
24/1272	Optimising the management of iron-deficiency and anaemia in pregnancy	$	29,992.00	Ms Esther Calje	The University of Auckland
23/774	Māori and Pacific women's views of endometrial cancer microbiome research	$	29,991.00	Mrs Roimata Tipene	Health New Zealand - Waitematā
23/994	Movement to music: A community support after stroke	$	29,990.05	Mrs Rebecca Coombes	Burwood Academy Trust
24/954	Life after stroke: Building networks and identifying priorities	$	29,990.00	Associate Professor Felicity Bright	Auckland University of Technology

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23/997	Cardiovascular health after stroke: what can cardiac rehabilitation teach us?	$	29,984.00	Dr Marie-Claire Smith	The University of Auckland
23/640	Co-occurring traumatic brain injury among people with spinal cord injury	$	29,983.00	Associate Professor Deborah Snell	University of Otago
24/1314	He Rourou Kai mō ngā Hapori Taiwhenua - resources for rural communities	$	29,983.00	Associate Professor Jackie Robinson	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
22/721	Intensive support for high-risk families: what works to reduce ongoing harm?	$	29,982.89	Dr Sarah Whitcombe-Dobbs	University of Canterbury
22/789	Enhancing access & equity in mental health	$	29,981.31	Dr Louise Curley	The University of Auckland
24/1356	The role of physiotherapy rehabilitation in improving health outcomes for Māori with matepukupuku/cancer	$	29,980.00	Ms Rachel Swann	Health and Research Collaborative
23/905	Skeletal metastases in neuroendocrine neoplasms	$	29,980.00	Dr Marianne Elston	The University of Auckland
24/1395	Māori and Pacific views on *H.pylori* test-and-treat for stomach cancer prevention	$	29,978.00	Mrs Aifai Taupule-Tuuau	Health New Zealand - Waitematā
24/910	Consultation for integrative support of young Asian sexual violence survivors	$	29,976.00	Dr Ying Wang	The University of Auckland
24/982	Improving dermatology referrals across care pathways via an AI-enabled platform	$	29,976.00	Honorary Professor Amanda Oakley	Health New Zealand - Waikato
24/1337	NZ pathogens and AMR: Global context and phage therapy preparation	$	29,975.00	Dr Zuyu Yang	PHF Science
22/708	Donor Identity in Aotearoa New Zealand	$	29,973.72	Professor Cindy Farquhar	The University of Auckland
22/902	Natural health products in alcohol, tobacco and other substance use	$	29,972.00	Professor Joanne Barnes	The University of Auckland
24/881	Improving service delivery and health outcomes for New Zealand South Asians	$	29,972.00	Dr Sherly Parackal	University of Otago
23/925	Consultation for a national Pacific youth wellbeing advisory group	$	29,967.00	Dr Jean Allen	The University of Auckland
24/996	Exploring life in the maara and the moana: Nutrition security in rural Aotearoa	$	29,966.00	Ms Kahurangi Dey	Victoria University of Wellington, Research Trust
24/912	Surveillance: Detecting perioperative myocardial injury in vascular surgery	$	29,965.00	Dr Kathryn Hally	University of Otago
24/974	Data ethics and sovereignty: An Asian and ethnic minority perspective	$	29,963.00	Associate Professor Rachel Simon-Kumar	The University of Auckland
23/945	Embedded research in General Practice: Psychological intervention in diabetes	$	29,960.00	Dr Karen Oldfield	Medical Research Institute of New Zealand
23/974	Exploring intermittent fasting for improving Pacific people's health	$	29,960.00	Dr Faasisila Savila	The University of Auckland
24/992	Sex difference in cerebrovascular reactivity for Māori and Pakeha	$	29,958.00	Dr Gonzalo Maso Talou	The University of Auckland
24/990	Exploring newcomers' experiences of work culture in paramedicine	$	29,957.73	Dr Tagonei Mharapara	Auckland University of Technology

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24/948	A collaboration to develop an Aotearoa AI evaluation framework	$	29,955.00	Associate Professor Rosie Dobson	The University of Auckland
24/1042	A systematic review of school-based health clinics to reduce rheumatic fever	$	29,954.36	Mrs Monleigh Muliaumasealii	National Hauora Coalition
23/661	Creating workplaces that support early career nurse thriving and retention	$	29,950.00	Dr Stephen Jacobs	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
24/1288	Exploring the association between rurality and cardiovascular disease	$	29,944.00	Associate Professor Lynne Chepulis	University of Waikato
24/950	Novel digital tool for dementia care: developing and testing	$	29,944.00	Dr Alexander Merkin	Auckland University of Technology
22/905	Increasing the accessibility and reach of cardiac rehabilitation in New Zealand	$	29,941.00	Dr Emily Gray	University of Otago
24/889	Whānau: The future of research in Aotearoa (Hui-a-Kairangahau i Turangawaewae)	$	29,941.00	Dr Olivia Harrison	University of Otago
24/1372	Data pipeline and synthetic data for health research with data-centric AI	$	29,933.00	Professor Colin Simpson	Victoria University of Wellington, Research Trust
23/639	Advertising 101: marketing unhealthy commodities to children	$	29,925.00	Dr Victoria Egli	University of Waikato
24/927	Collaborating with a rural Pacific organisation to explore health needs	$	29,923.00	Dr Aliitasi Su'a-Tavila	Victoria University of Wellington, Research Trust
23/636	The impact of health system factors on diabetes management in ethnic minorities	$	29,918.00	Associate Professor Lynne Chepulis	University of Waikato
23/662	Establishing research priorities of primary care patients in southern Aotearoa	$	29,917.00	Dr Sharon Leitch	University of Otago
24/895	Spinal Cord Injury Health Maintenance Tool (SCI-HMT)	$	29,916.00	Dr Jennifer Dunn	University of Otago
24/900	Exploring health and nutrition discourse in childhood cancers	$	29,915.00	Dr Amy Lovell	The University of Auckland
24/1369	New diagnostic aid for oral cancer screening - an ultrasound elastography device	$	29,911.00	Professor Warwick Duncan	University of Otago
23/894	Should it hurt? – Experiencing clinic based gynaecological procedures	$	29,902.00	Dr Joanne Nunnerley	University of Otago
23/768	The meaning and value of physical activity for Samoan men's wellbeing	$	29,868.00	Dr Allyson Calder	University of Otago
22/862	Stimulating fungi to produce the next antibiotic	$	29,863.00	Dr Melissa Cadelis	The University of Auckland
23/911	Harnessing collaboration: The development of clinical nurse academic roles	$	29,857.36	Professor Julia Slark	The University of Auckland
24/1343	Perspectives and priorities for nutrition research in Ehlers-Danlos syndrome	$	29,856.00	Dr Nicola Gillies	The University of Auckland
24/1271	INCH-HD: Incremental dialysis to improve wellbeing and service delivery	$	29,832.00	Professor Dr Suetonia Green	University of Otago
24/1373	Human health depends upon planetary health	$	29,830.00	Dr Eileen Gilder	The University of Auckland
23/896	Gamifying rehabilitation care for patient health and wellness	$	29,821.26	Professor Dr Crystal Yap	Auckland University of Technology

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23/927	Contextualising a brief dietary salt reduction intervention in Aotearoa	$	29,818.00	Associate Professor Helen Eyles	The University of Auckland
23/949	Reconceptualising person centred services for older adults	$	29,813.00	Professor Clare Harvey	Massey University
23/935	Nōnā te ao: Establishing a physical activity reference group	$	29,800.00	Associate Professor Justin Richards	Victoria University of Wellington, Research Trust
24/1383	Nurse Practitioner Workforce Survey	$	29,798.60	Associate Professor Kathy Holloway	Victoria University of Wellington, Research Trust
22/904	Transdisciplinary teams in primary care: The Health Hub Project NZ test case	$	29,795.00	Mr Christopher Higgs	University of Otago
24/1390	Visualisation success: Feasibility	$	29,785.00	Dr Lieza Vanden Broeke	Burwood Academy Trust
23/752	Creating and coordinating local informal support	$	29,778.00	Professor Matthew Parsons	University of Waikato
23/929	AI chatbots interventions in healthcare: From Pacific people's perspective	$	29,772.00	Dr Farkhondeh Hassan Doust	The University of Auckland
24/1362	Ageing in place in Ōtepoti, Dunedin	$	29,768.00	Dr Paula O'Kane	University of Otago
24/1067	Exploring the health benefits of sauna bathing	$	29,752.00	Dr Anna Rolleston	The Centre for Health
24/1388	Exposure and health of workers on the Accelerated Silicosis Assessment Pathway	$	29,735.00	Dr Amanda Eng	Massey University
22/887	Accessing healthcare services by refugees: health professionals' perspectives	$	29,724.00	Dr Denise Taylor	Victoria University of Wellington, Research Trust
24/1341	Hospital at night: A systematic literature review	$	29,719.86	Professor Dr Angsana Techatassanasoontorn	Auckland University of Technology
23/959	Resiliency in old age	$	29,700.00	Professor Matthew Parsons	University of Waikato
23/908	Comparing nail versus locking plate in three-part proximal humerus fractures	$	29,685.00	Dr Zohreh Jafarian Tangrood	University of Otago
24/1310	Palliative care for Pacific families: what matters most and in what context	$	29,683.00	Dr Marianna Churchward	Victoria University of Wellington, Research Trust
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
24/1326	Messages around physical activity and sitting. Can we do better?	$	29,652.00	Dr Meredith Peddie	University of Otago
24/985	Mapping determinants of Māori health inequity	$	29,631.00	Dr Nathan Monk	University of Otago
23/902	Exploring the personal geographies of rangatahi experiencing early psychosis	$	29,585.00	Dr Matthew Jenkins	University of Otago
23/984	Research collaboration to support mental health of refugee children and youth	$	29,559.00	Dr Arezoo Zarintaj Malihi	The University of Auckland
21/1007	DBT skills groups in Te Whānau ō te Maungārongo	$	29,453.00	Dr Emily Cooney	University of Otago
24/1342	Modelling impacts of innovative community mental health service delivery	$	29,450.62	Associate Professor Tula Brannelly	Auckland University of Technology

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22/848	Development of a brain training intervention for student mental health	$	29,393.00	Associate Professor Katie Douglas	University of Otago
24/995	Feasibility study on long-term mental health of emergency responders to March 15	$	29,388.00	Dr S M Akramul Kabir	University of Otago
23/936	Understanding service needs of young people with non-traumatic brain injury	$	29,322.00	Dr Rebecca Slykerman	The University of Auckland
24/1391	Planning for the road ahead: transport plans and dementia mate wareware	$	29,311.00	Dr Susan Gee	Burwood Academy Trust
23/943	The mahi of nurse practitioners in Aotearoa	$	29,308.82	Professor Deborah Harris	Victoria University of Wellington, Research Trust
24/906	PINK1 Parkinsonism in Aotearoa: Unveiling insights, empowering research	$	29,284.00	Dr Christina Buchanan	Auckland Hospitals Research And Endowment Fund
23/714	Exploring the understandability of paediatric medicine labels in Aotearoa	$	29,280.00	Dr Sara Hanning	The University of Auckland
24/1353	Determining a minimum dataset for a proposed ME/CFS Registry	$	29,269.00	Associate Professor Mona Jeffreys	Victoria University of Wellington, Research Trust
22/903	Understanding organisational culture for healthcare quality	$	29,228.00	Associate Professor Shane Scahill	The University of Auckland
23/1004	Piloting the DoW (dynamics of whanaungatanga) model of care	$	29,200.00	Dr Debra Gerrard	Health New Zealand - Counties Manukau
23/706	Wellbeing at work - reducing harm and improving health	$	29,193.00	Professor Joanne Crawford	Victoria University of Wellington, Research Trust
24/1088	Axes of inequity: how should we track the new health targets?	$	29,183.00	Dr Fiona McKenzie	Victoria University of Wellington, Research Trust
24/1266	Identifying next generation therapeutics for colorectal cancer	$	29,015.00	Dr Nicholas Green	University of Otago
23/995	Enhancing preventive care for geriatric patients	$	29,000.00	Dr Valery Pavlov	The University of Auckland
23/934	Community of practice co-creation of a life-span approach to managing ACL injury	$	28,925.00	Professor Richard Ellis	Auckland University of Technology
23/952	Mindart: Piloting a drawing-based relaxation programme with stroke survivors	$	28,783.00	Dr Susan Gee	Burwood Academy Trust
23/969	Prehabilitation for enhanced surgery recovery: Improving hospital care pathways	$	28,769.00	Associate Professor Anne Haase	Victoria University of Wellington, Research Trust
23/992	Immediate weight-bearing versus delayed weight-bearing after ankle surgery	$	28,766.00	Dr Blair Mason	Health New Zealand - Waitaha Canterbury / Te Tai o Poutini West Coast
24/947	Cognitive bias modification towards marginalised populations in healthcare	$	28,763.00	Dr Jerry Hsu	University of Otago
23/972	An inter-generational intervention for oral health	$	28,744.00	Professor John Thompson	The University of Auckland
23/747	Improving respiratory service outcomes for people with neuromuscular disorders	$	28,527.00	Associate Professor Meredith Perry	University of Otago

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23/993	Effects of mau rākau mahi ā tinana among tāngata with glenohumeral arthritis	$	28,447.90	Dr Sibi Walter	University of Canterbury
22/724	Exercise for dysmenorrhea in NZ: community engagement and literature review	$	28,365.00	Miss Melissa Perry	Medical Research Institute of New Zealand
24/977	End-of-life healthcare costs and informed decision-making in old age	$	28,208.00	Associate Professor Julie Harrison	The University of Auckland
23/975	Building dementia mate wareware friendly communities: Te whānau Māori experience	$	28,051.00	Associate Professor Kirsten Robertson	University of Otago
23/924	Tauhi Vā: Building relationships between the Pacific community and pharmacists	$	27,801.00	Dr Jane Taafaki	University of Otago
23/888	Improving Parkinson's disease through the gut: building the foundations	$	27,435.00	Associate Professor Fiona Lithander	The University of Auckland
22/899	Circulating tumour DNA in improving the diagnosis of lung cancer	$	27,200.00	Dr Annie Wong	University of Otago
23/933	Community-based screening and health promotion initiative for type 2 diabetes	$	26,848.02	Dr Fulton Shannon	Langimalie Research Centre
24/894	Exploring access to mental health support for rangatahi in New Zealand schools	$	26,731.13	Dr Valerie Sotardi	University of Canterbury
24/1087	The 'm' word - the stories of Samoan women who have suffered a miscarriage	$	26,041.00	Miss Talai Mapusua	University of Otago
24/882	Māori seeking health information: Kōrero mai	$	25,790.05	Dr Anushia Inthiran	University of Canterbury
23/704	Impacts of losing child disability allowance funding in type one diabetes	$	25,152.00	Associate Professor Hamish Crocket	University of Waikato
23/698	Mātauranga Moana: enhancing Bee Healthy Dental Hubs with Māori & Pacific whānau	$	24,995.20	Ms Sonya Withers	Massey University
23/735	The Baby heAd Elevation Device (BEAD) Feasibility Study	$	24,971.00	Dr Charlotte Oyston	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
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
23/920	The Post Endsocopy Tumour Study - POET	$	23,450.00	Associate Professor Christopher Harmston	Aotearoa Clinical Trials
24/919	AI-nurse partnerships: Delivering safe and equitable healthcare for Aotearoa	$	22,477.00	Mr David Brydon	Nelson Marlborough Institute of Technology
23/730	Developing a predictive framework for reducing hospital-acquired infections	$	21,334.80	Dr Valery Pavlov	Health New Zealand - Waikato
22/912	Better care for people with neurological disorders and LUTS	$	20,494.00	Professor Leigh Hale	University of Otago
24/1072	Equitable, evidence-based sexual assault forensic and healthcare services	$	16,100.00	Dr Rachel Fleming	PHF Science
23/831	Nga Maia Māori Midwives Aotearoa indigenous matauranga development	$	14,500.00	Janet Taiatini	Ngā Maia Trust
24/1376	Equity in health: Fijian males' experiences in Aotearoa's healthcare system	$	7,500.00	Mr Bale Kito	University of Otago

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24/1404	Implementation of cultural safety outside nursing education	$	7,500.00	Dr Dianne Wepa	Auckland University of Technology
24/1405	Evaluating interpreter use in surgical consent for limited English patients	$	7,500.00	Miss Samantha Turnwald	The University of Auckland
25/678	Social determinants and health outcomes for Māori and non-Māori in Central Otago	$	7,500.00	Mr Sebastian Watson	University of Otago
25/234	Te Ara Pokanga - Identifying crucial gaps in surgical research for Māori	$	5,000.00	Dr Jamie-Lee Rahiri	Tuhauora Medical Associates
Public health research					
22/509	Whakauae Platform Plan	$	10,900,000.00	Dr Amohia Boulton	Whakauae Research Services
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
16/600	The Christchurch Health and Development Study - birth to 40 years	$	5,104,946.54	Dr James Foulds	University of Otago
24/690	The Dunedin Study: Ka mua, ka muri	$	4,999,999.83	Associate Professor Reremoana Theodore	University of Otago
21/716	Kia puawai ake ngā uri whakatupu: flourishing future generations	$	4,999,949.60	Dr Amohia Boulton	Whakauae Research Services
24/622	Te Tupu o te Harakeke	$	4,999,922.64	Professor Janet Hoek	University of Otago
21/712	Vascular risk equity for all New Zealanders	$	4,999,920.55	Associate Professor Susan Wells	The University of Auckland
22/550	Manaaki Te Iti Kahurangi: Improving outcomes for whānau	$	4,999,905.10	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
24/714	Te Oranga Pūkahukahu: Future directions for lung cancer screening in Aotearoa	$	4,999,898.12	Professor Dr Sue Crengle	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
23/512	Whakatipu Rakatira: improving sleep as a vehicle to grow healthy future leaders	$	4,999,677.36	Professor Rachael Taylor	University of Otago
19/694	Tangata Whenua Tangata Ora: Investigating health gain through whenua initiatives	$	4,997,070.86	Professor Helen Moewaka Barnes	Massey University
20/683	Research to maximise the health and wellbeing gains from housing	$	4,996,214.50	Professor Nevil Pierse	University of Otago
24/623	Lifecourse Trajectories for Young Pasifika in Aotearoa (PIF: ATP)	$	4,994,413.00	Professor El-Shadan Tautolo	Auckland University of Technology
20/631	SYMBIOTIC: Integrated prevention of infectious diseases and long-term conditions	$	4,951,982.35	Professor Michael Baker	University of Otago
19/641	Whakahā o Te Pā Harakeke	$	4,949,736.70	Professor Janet Hoek	University of Otago
18/672	Dietary interventions: evidence and translation (DIET) programme	$	4,879,688.88	Professor Cliona Ni Mhurchu	The University of Auckland

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16/444A	Whānau manaaki	$	3,601,084.33	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
20/1315	Optimising lung cancer screening for Māori: comparing invitation processes	$	1,959,509.00	Professor Dr Sue Crengle	Health New Zealand - Waitematā
21/984	Lung cancer screening: Testing ethnicity weighting for risk prediction in Māori	$	1,936,535.20	Professor Dr Sue Crengle	Health New Zealand - Waitematā
22/659	Pae Ora - collaborations in action	$	1,499,656.00	Dr Lis Ellison-Loschmann	Flax Analytics
20/1379	Whaioranga te Pā Harakeke – Iwi-driven injury prevention and recovery for Māori	$	1,421,317.45	Dr Joanna Hikaka	The University of Auckland
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
24/935	Virtual cognitive stimulation therapy - an online treatment for dementia mate wareware	$	1,399,974.77	Associate Professor Hamish Jamieson	University of Otago
20/887	Improving blood safety and donor selection	$	1,398,606.85	Associate Professor Peter Saxton	The University of Auckland
22/782	Whanake te Kura - flourishing pēpi and whānau	$	1,392,637.00	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
24/1041	Ahi Kā: Near to whānau testing to make a difference	$	1,387,488.70	Associate Professor Liza Edmonds	Victoria University of Wellington, Research Trust
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
21/907	Measuring the impact and social value of Turanga Health's services	$	1,373,378.67	Dr Louise Mainvil	University of Otago
21/872	Sustainable LMC midwifery: Balancing work and whānau responsibilities	$	1,364,660.60	Dr Tagonei Mharapara	Auckland University of Technology
20/168	Implementing high intensity interval training in school	$	1,362,262.45	Professor Nigel Harris	Auckland University of Technology
20/955	Reducing inequities in Well Child Tāmariki Ora developmental surveillance	$	1,350,785.50	Dr Alison Leversha	Auckland Hospitals Research And Endowment Fund
23/825	Evidencing the causal mechanisms of kaupapa Māori health transformation	$	1,339,992.72	Associate Professor Sacha McMeeking	University of Canterbury
23/629	Implementing Te Manawaroa first responders	$	1,309,939.75	Associate Professor Bridget Dicker	Auckland University of Technology
21/911	Delivering optimal weight gain advice to pregnant women (DOT) study	$	1,299,640.72	Associate Professor Kirsten Coppell	University of Otago
20/550	He Tapu Te Whare Tangata: Empowering rural solutions	$	1,293,194.4	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
23/348	Can assisted reproductive technologies better assist Pacific people in Āotearoa?	$	1,199,999.80	Dr Zaramasina Clark	Victoria University of Wellington, Research Trust
21/192	Effectiveness of alcohol warning labels: research to reduce alcohol-related harm	$	1,199,999.65	Professor Natalie Walker	The University of Auckland

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20/116	Lighted paths and connecting pathways: Education, health and Pacific families	$	1,199,999.55	Dr Jesse Kokaua	University of Otago
22/377	Climate change, heat exposure and child health	$	1,199,999.10	Dr Hakkan Lai	The University of Auckland
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
21/279	Utilisation and safety of ondansetron during pregnancy: a national cohort study	$	1,199,993.62	Professor Lianne Parkin	University of Otago
21/558	Te Pu Korokoro: Improving the physical health of Māori with psychosis	$	1,199,991.92	Professor Richard Porter	University of Otago
18/345	Predictors and impact of driving cessation on older adults and whānau/families	$	1,199,989.20	Associate Professor Rebecca McLean	University of Otago
24/458	Examining food-climate policymaking to inform Tiriti-based public health action	$	1,199,983.65	Associate Professor Rhys Jones	The University of Auckland
21/117	Improving continence management for people with dementia in the community	$	1,199,981.40	Professor Vanessa Burholt	The University of Auckland
24/340	Te unaunahi i whakapiripiri ki te ika nui a Maui	$	1,199,974.50	Professor Melinda Webber	The University of Auckland
23/023	Ngā Hau o Tāwhiri - Returning our Mokopuna to the Winds of Tāwhiri	$	1,199,965.00	Associate Professor Paula King	University of Otago
24/386	Enhancing Pacific strategy, policy and implementation	$	1,199,927.00	Dr Debbie Ryan	Pacific Perspectives
22/339	Understanding the impact of rurality on health outcomes and healthcare delivery	$	1,199,916.05	Professor Garry Nixon	University of Otago
24/399	Exploring the mental health impacts of climate change on kai sovereignty	$	1,199,912.00	Dr Kenneth Taiapa	University of Otago
24/461	From health crisis to balance: Evaluation of a national Falls Prevention Pathway	$	1,199,894.00	Dr Rebbecca Lilley	University of Otago
23/218	Hinapōuri ki Hīnātore: Improving mental health outcomes and services	$	1,199,861.78	Professor Sarah Derrett	University of Otago
22/245	Regulating retail vaping to support smoking cessation	$	1,199,839.52	Professor Christopher Wilkins	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
20/561	Te Ao Rauropi: Mapping the biosphere of Rongoā Māori	$	1,199,837.48	Dr Amohia Boulton	Whakauae Research Services
24/341	Beyond the pandemic: Applying complexity science in child immunisation services	$	1,199,727.00	Dr Nadia Charania	Auckland University of Technology
20/151	Seeking the transport sweet spot: health, equity and zero carbon	$	1,199,695.10	Associate Professor Caroline Shaw	University of Otago
22/079	TIAKI – Community wellbeing for whānau with lived experience of incarceration	$	1,199,536.26	Associate Professor Paula King	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
21/500	Knowledge, attitudes and practices of COVID-19 among Pacific people in Aotearoa	$	1,199,482.35	Professor Sir Collin Tukuitonga	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
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

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18/254	Co-creating a digital self-help intervention for people with persistent pain	$	1,198,177.05	Professor Leigh Hale	University of Otago
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
22/172	Mā te mōhio ka mārama (M2M). Impact of COVID-19 on Māori:non-Māori inequities	$	1,197,495.85	Associate Professor Elana Curtis	The University of Auckland
24/469	The pathway to healing: Pacific child injury outcomes	$	1,197,475.00	Dr Seini Taufa	Moana Connect
19/387	Patterns of recovery from concussion in children and adolescents	$	1,197,414.00	Professor Nicola Starkey	University of Waikato
23/086	Urban farm-like dust: microbial origin and protective effects on later asthma	$	1,196,993.73	Dr Caroline Halley	University of Otago
17/282	Pacific Islands Families Study: impact of hearing loss on Pacific youth	$	1,196,242.10	Professor Janis Paterson	Auckland University of Technology
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
22/230	What does dementia mean for Pacific communities in New Zealand?	$	1,193,620.50	Dr Fuafiva Fa'alau	The University of Auckland
24/224	Returning to productive life and work: an investigation of the impacts of cancer	$	1,193,292.00	Dr Jerram Bateman	University of Otago
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
20/193	BIONIC2: TBI incidence, causes, costs over time and service access in New Zealand	$	1,192,610.30	Associate Professor Kelly Jones	Auckland University of Technology
19/325	POIS-10 Māori: Outcomes and experiences in the decade following injury	$	1,191,067.90	Professor Emma Wyeth	University of Canterbury
19/104	Climate change, extreme rainfall events and enteric disease outbreaks	$	1,190,579.90	Professor Simon Hales	University of Otago
19/346	Does a brief sleep intervention in infancy have long-term health benefits?	$	1,190,308.80	Professor Rachael Taylor	University of Otago
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
19/344	Prospective Outcomes of Injury Study: 10 years on (POIS-10)	$	1,188,041.80	Professor Sarah Derrett	University of Otago
23/244	Translating, modelling and evaluating cannabis policy reform	$	1,187,932.08	Professor Christopher Wilkins	Massey University
20/216	Meeting physical health care needs of people with mental illness or addiction	$	1,187,682.15	Dr Ruth Cunningham	University of Otago
19/421	Health and equity impacts of Te Ara Mua Future Streets	$	1,185,793.10	Professor Alex Macmillan	University of Otago
24/454	Immunotherapy in Māori primary care settings	$	1,185,295.75	Dr Helen Wihongi	Te Ira Tātai Whakaheke Trust
22/114	He Toa Taumata Rau - The many resting places of courage	$	1,184,510.01	Dr Tepora Emery	Te Pūkenga - Toi Ohomai
23/280	Understanding inequitable tuberculosis transmission in Aotearoa	$	1,180,728.72	Associate Professor Htin Lin Aung	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

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21/564	Pasifika B4 School: Exploring child and family wellbeing	$	1,179,394.05	Dr Teuila Percival	Moana Connect
24/025	Te Hao Hou: Rangatahi Māori experiences and perceptions of smoking and vaping	$	1,173,503.31	Associate Professor Andrew Waa	University of Otago
23/224	The Lotu Factor: Delusional religiosity, COVID-19 and Tongan wellbeing in NZ	$	1,171,446.70	Professor Nasili Vaka'uta	Trinity Methodist Theological College
24/332	Kia Puāwai: Co-creation and testing of a novel Māori mental wellbeing measure	$	1,169,394.90	Dr Denise Neumann	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
23/196	Towards tuberculosis elimination for Māori	$	1,135,327.38	Professor Philip Hill	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
21/468	Tackling ableism to remove barriers to participation in sport and recreation	$	1,105,429.56	Dr Penelope Carroll	Massey University
21/183	Understanding measles: severity and sequelae	$	1,104,966.40	Assistant Professor Emma Best	The University of Auckland
22/068	He rapunga hauora mō te mate wareware: A prevalence study	$	1,104,373.60	Dr Makarena Dudley	The University of Auckland
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
20/284	Determinants of NCD risk and mental wellbeing in Cook Island adolescents	$	1,004,257.00	Dr Neti Herman	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
20/1396	Rāpua te Mārama: Bereaved Māori whānau experiences of palliative care and death	$	999,999.05	Dr Tess Moeke-Maxwell	The University of Auckland
20/1384	A pandemic response and recovery framework supporting equity for older people	$	996,615.10	Professor Christine Stephens	Massey University
20/1442	Te matatini o te horapa: a population based contagion network for Aotearoa NZ	$	996,465.60	Dr Dion O'Neale	The University of Auckland
20/425	Barriers and facilitators to self-management of asthma in Pacific children	$	971,541.84	Dr Sunia Foliaki	Massey University
20/1389	WHIRI: Pandemic system redesign to maximise Māori health gains	$	966,309.00	Dr Nina Scott	Health New Zealand - Waikato
21/029	Collaboration for child wellbeing	$	890,709.00	Dr Alison Leversha	Auckland Hospitals Research And Endowment Fund
19/139	Development of chimeric antigen receptor (CAR) T-Cell therapy in New Zealand	$	802,249.00	Honorary Professor Robert Weinkove	Malaghan Institute of Medical Research
21/941	Equity by 2030: Achieving equity in lung cancer survival for Māori	$	799,945.44	Associate Professor Jason Gurney	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
23/053	Māori experiences and expectations of kaumātua care	$	666,431.00	Dr Joanna Hikaka	The University of Auckland
24/630	He Kaakaakura Whakamaatau	$	649,997.00	Dr Belinda Borell	Massey University
24/715	Hapai te hauora: Breathing your ancestors into life	$	649,992.00	Dr Teah Carlson	Massey University

HRC Ref	Proposal title		Funding approved	Lead researcher	Host organisation
24/648	Development of a Fijian Model of Health	$	649,561.00	Dr Radilaite Cammock	Auckland University of Technology
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
24/698	Manalagi: Addressing Discrimination in Healthcare for Pacific Rainbow+	$	645,799.00	Dr Patrick Thomsen	The University of Auckland
25/620	Ngā moemoeā a ngā Mokopuna Māori: Rangatahi Māori hearing and vision health	$	611,624.00	Dr Alehandrea Manuel	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
23/051	Associations and mechanisms linking transport and health: outcome-wide analyses	$	599,983.00	Dr Sandar Tin Tin	The University of Auckland
18/055	Mental health and well-being of Pacific youth in higher education	$	599,336.20	Professor Faafetai Sopoaga	University of Otago
25/107	A strengths-based approach to fetal alcohol spectrum disorder	$	599,102.00	Dr Joanna Ting Wai Chu	The University of Auckland
20/362	Responding to Pacific maternal mental health	$	599,082.40	Dr Seini Taufa	Moana Connect
19/264	Environmental effects on cardiometabolic biomarkers in Pacific peoples	$	594,804.45	Dr Allamanda Faatoese	University of Otago
19/381	Climate change and mental wellbeing: The impacts on Pacific peoples	$	589,691.60	Professor Jemaima Tiatia-Siau	The University of Auckland
19/407	Enrichment of community health through targeted social protection strategies	$	588,534.12	Professor Steven Ratuva	University of Canterbury
25/658	Scaling up Loto Malie: A Pacific-indigenous youth mental health intervention	$	577,481.00	Mrs Taulaga Auva'a-Alatimu	University of Otago
21/173	A kaupapa Māori analysis of Māori cannabis and methamphetamine use	$	554,400.00	Dr Erena Wikaire	Te Whare Wananga O Awanuiarangi
24/728	Enhancing Cook Islands mental health practices, knowledge, and research	$	551,786.00	Dr Sam Manuela	The University of Auckland
25/554	Exploring the application of Va o Tamaiti	$	534,844.00	Ms Jacinta Fa'alili-Fidow	Moana Connect
24/605	Hākoakoa: Enhancing the health and wellbeing outcomes of tamariki and whānau	$	530,354.00	Ms Erana Hond-Flavell	Te Pou Tiringa Incorporated
24/687	Do the main drivers of poverty vary across Pacific ethnicities in Aotearoa?	$	506,978.00	Dr Jesse Kokaua	University of Otago
22/512	He Piki Toroa - Intervention to improve health outcomes and equity	$	505,759.00	Dr Aroaro Tamati	Te Pou Tiringa Incorporated
19/107	Alcohol's harm to others: impacts on children of problem/heavy drinkers	$	500,000.00	Associate Professor Taisia Huckle	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
21/158	The benefits of biodiversity: a novel approach to preventing asthma and allergy?	$	491,527.00	Dr Collin Brooks	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
25/128	Developing a Kaupapa Māori Kai Security Assessment Tool	$	481,400.00	Dr Madeline Shelling	Ihi Research and Development
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

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24/612	The role of digital health tools and improving Pacific health and wellbeing	$	469,657.00	Dr Amio Matenga Ikihele	Moana Connect
23/431	Cultural intelligence and cultural safety for Tokelau young people in Aotearoa	$	465,085.00	Dr Hana Tuisano	Massey University
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
21/372	Nesian narratives: Enhancing sexuality education for Pacific communities	$	442,511.00	Dr Analosa Veukiso-Ulugia	The University of Auckland
20/1532	Weaving tikanga into practice for hapū ora	$	441,436.00	Miss Beverly Te Huia	Katoa
23/381	Measuring research impact in Pacific health research	$	430,102.00	Dr Troy Ruhe	University of Otago
25/639	Hutia te rito: Māori men, birthing and whānau ora	$	411,819.00	Dr Kenneth Taiapa	Massey University
25/673	Hauora Rangatahi Māori model: a tool to improve rangatahi health outcomes	$	407,980.00	Dr Georgia McCarty	Hapai Te Hauora Tapui
20/1539	Knowledge translation for equity in preterm birth care and outcomes in Aotearoa	$	405,065.10	Professor Katie Groom	The University of Auckland
22/295	Pacific male perspectives on the strengths and harms of digital wellbeing	$	404,444.00	Dr Edmond Fehoko	University of Otago
24/753	Expanding connection: the process of reconnection for Māori youth	$	400,000.00	Dr Logan Hamley	Whakauae Research Services
20/1557	Supporting whānau to safely administer paracetamol to tamariki	$	399,991.00	Dr Rawiri McKree Jansen	National Hauora Coalition
24/716	AIM-Safer: Automated Intelligence for Safer Medication use in older adults	$	399,990.00	Dr Mohammed Mohammed	The University of Auckland
24/768	Pasifikmetrics: A psychometric measure of Pasifika mental health literacy	$	399,977.25	Dr Sarah Kapeli	The University of Auckland
24/665	Enhancing the health and wellbeing of rangatahi experiencing early psychosis	$	399,975.00	Dr Matthew Jenkins	University of Otago
24/691	Cultivating wellbeing by advancing indigenous perspectives of autism	$	399,866.00	Dr Sandra Yellowhorse	The University of Auckland
24/724	Co-creating a parental resource with migrants to support youth mental health	$	399,825.00	Dr Vartika Sharma	The University of Auckland
24/674	Timely access to rongoa Māori in cancer care services for Māori	$	398,771.00	Dr Monica Koia	Massey University
24/732	Intergenerational trauma healing for gang wāhine & kōtiro	$	396,000.00	Mx Paora Moyle	Te Whariki Manawahine o Hauraki
21/280	Evaluating BBM motivation: a community-based, Pacific-driven approach to obesity	$	395,676.00	Dr Faasisila Savila	The University of Auckland
21/024	Aho Tapairu: Developing a mana wāhine wellbeing toolkit	$	394,035.00	Dr Ngahuia Murphy	Tu Tama Wahine o Taranaki
24/168	Tino rangatiratanga through Kaupapa Māori pregnancy and parenting solutions	$	391,877.00	Dr Nikki Barrett	University of Waikato
23/436	Is Tāmaki Makaurau an age-friendly and healthy place for Pacific people to age?	$	388,938.00	Dr Falegau Melanie Lilomaiava Silulu	Auckland University of Technology
21/177	Kia taiohi te tū	$	386,985.00	Dr Hotukura Wharehoka	Te Whare Wananga O Awanuiarangi

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24/723	Improving detection of peri- and post-natal distress	$	384,971.00	Associate Professor Liesje Donkin	Auckland University of Technology
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
24/653	He Whiringa Māramatanga: Kaupapa Māori music and healing	$	377,550.00	Dr Meri Haami	Tu Tama Wahine o Taranaki
22/436	Mātauranga kai	$	346,984.00	Dr Nikki Renall	Massey University
20/019	Mindfulness based cognitive therapy for family carers of people with dementia	$	319,802.00	Dr Emme Chacko	The University of Auckland
19/031	Physical activity, sedentary behaviours and breast cancer risk	$	301,218.00	Dr Sandar Tin Tin	University of Oxford
24/682	Haumanu Hauora - Determining the efficacy of bariatric surgery in Aotearoa	$	288,945.00	Dr Jamie-Lee Rahiri	Tuhauora Medical Associates
23/377	Uncloaking the korowai of silence: Understanding the silence around sexual abuse	$	265,000.00	Ms Penelope Hayward	Auckland University of Technology
24/539	Karu Ora - An Indigenous approach to eye health to achieve equitable outcomes	$	265,000.00	Mrs Renata Watene	The University of Auckland
22/501	Kaupapa Māori approaches to maternal mental health	$	263,405.00	Ms Cara Meredith	University of Otago
21/022	Multimorbidity and cardiovascular disease risk prediction	$	260,000.00	Dr Emma Church	The University of Auckland
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
23/123	Mental health in elite athletes	$	260,000.00	Mr Connor Silvester	Auckland University of Technology
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
23/173	Improving management, diagnosis and prevention of scrub typhus among Ni-Vanuatu	$	260,000.00	Miss Leinasei Isno	University of Otago
24/013	Enhanced surveillance of *Strep A* disease in the Auckland region	$	260,000.00	Dr Andrew Fox-Lewis	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
25/292	The impact of AID on dietary behaviour and health outcomes across the lifespan	$	260,000.00	Miss Clara Fergus	University of Otago
21/076	Evidence-based suicide prevention for youth in contemporary Aotearoa New Zealand	$	259,354.00	Ms Linda Bowden	The University of Auckland
22/573	Menstrual cycle status and iron deficiency diagnosis in healthy females	$	249,999.82	Dr Claire Badenhorst	Massey University
23/459	Protecting hapū māmā and pēpi from vaccine preventable diseases	$	249,998.42	Dr Amber Young	University of Otago
21/673	Preventing subsequent injuries: A feasibility study	$	249,995.79	Dr Helen Harcombe	University of Otago
22/540	A data-driven approach to predicting asthma attacks in Aotearoa	$	249,984.00	Associate Professor Amy Chan	The University of Auckland
20/668	Manalagi: Aotearoa Pacific Rainbow/Queer/LGBTIQA+ MVPFAFF Health and Wellbeing Project	$	249,980.00	Dr Patrick Thomsen	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

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23/491	Mana Mōmona: Exploring Fat (Bias) within health spaces for Māori	$	249,815.00	Dr Ashlea Gillon	The University of Auckland
20/644	Tē 'ākirāta mārama: Cook Islands mental health prevalence	$	249,512.00	Dr Sam Manuela	The University of Auckland
23/461	Maternal perception vs actual breast milk supply: is there a difference?	$	249,453.70	Dr Lisa Daniels	University of Otago
19/622	Younger Women's Wellness after Cancer Programme: Feasibility Study	$	249,144.20	Professor Sandie McCarthy	The University of Auckland
21/613	Flourishing together: including tāngata whaikaha in health policy development	$	249,009.00	Dr Rachelle Martin	University of Otago
23/465	The adaptation of a web-based psychosocial intervention for cancer survivors	$	245,102.35	Dr Deborah Raphael	The University of Auckland
19/605	Charactieristics of *S. pyogenes* isolated prior to rheumatic fever diagnosis	$	245,000.00	Associate Professor Julie Bennett	University of Otago
22/553	Older informal caregiver experiences following the COVID-19 pandemic in Aotearoa	$	233,907.64	Dr Shinya Uekusa	University of Canterbury
22/234	Improving access to care for sick children to reduce mortality and morbidity	$	212,683.00	Dr Sainimere Boladuadua	The University of Auckland
22/182	Culturally responsive physiotherapy approaches to working with Pacific families	$	202,900.00	Mr Oka Sanerivi	University of Otago
21/638	A drug harms ranking study for Aotearoa New Zealand	$	194,698.48	Dr Rose Crossin	University of Otago
24/113	Nitrate in drinking water and congenital anomalies: a retrospective cohort study	$	185,000.00	Dr Hana Royal	University of Otago
20/594	Sexual and reproductive health education among Pacific youth	$	168,655.00	Dr Radilaite Cammock	Auckland University of Technology
23/408	Understanding the worldview of health from a Samoan New Zealander's perspective	$	168,411.00	Mr Suli Tuitaupe	University of Canterbury
20/733	Synthesis of a million stories with natural language processing	$	150,000.00	Dr Simone Rodda	Auckland University of Technology
20/759	Sewers for superbug surveillance	$	150,000.00	Associate Professor Siouxsie Wiles	The University of Auckland
21/751	Walk a mile in their shoes - Developing a virtual reality experience of FASD	$	150,000.00	Dr Joanna Ting Wai Chu	The University of Auckland
22/586	Preventing Legionellosis: New technology to test engineered water systems	$	150,000.00	Dr Liping Pang	PHF Science
22/599	Free healthy groceries in heart attack recovery: He kai ora, he oraha manawa	$	150,000.00	Associate Professor Andrew Reynolds	University of Otago
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
22/618	Hooked on sugar: Addiction or lifestyle choice	$	150,000.00	Dr Simone Rodda	Auckland University of Technology
23/580	Transforming crisis communication for linguistic minority communities	$	150,000.00	Dr Shinya Uekusa	University of Canterbury
23/590	Our flow: increasing access to health-screening through menstrual blood	$	150,000.00	Dr Claire Badenhorst	Massey University
23/598	Co-exploring dementia risk reduction from a planetary health perspective	$	150,000.00	Professor Fiona Alpass	Massey University
23/615	Wāhi Kōrero: 'I felt too whakamā to go to the doctor…"	$	150,000.00	Dr Angelique Reweti	Massey University

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24/794	Collisions in Junior Rugby: Incidence and magnitude and potential health effect	$	150,000.00	Professor Nick Draper	University of Canterbury
24/798	Building room for equity: Culture centred design of hospital waiting rooms	$	150,000.00	Associate Professor Sara Filoche	University of Otago
24/827	Development and validation of Human Digital Twins for reversing Type II Diabetes	$	150,000.00	Associate Professor Arindam Basu	University of Canterbury
24/836	A hyper-local approach to addressing low immunisation coverage	$	150,000.00	Dr Samantha Marsh	The University of Auckland
24/849	Scoping pae ora with Māori communities and tāne Māori after a DTP in prison	$	150,000.00	Ms Kahurangi Dey	Victoria University of Wellington, Research Trust
24/865	Strengthening how people reconnect to the environment for the health of the plan	$	150,000.00	Dr Anna Rolleston	The Centre for Health
24/832	Health promotion interventions for Pacific men in a barbershop	$	150,000.00	Professor Vili Nosa	The University of Auckland
23/577	Searching for novel antimicrobials	$	149,992.00	Professor Peter Lockhart	Massey University
23/584	The metaverse - new health risks	$	149,882.00	Associate Professor Taisia Huckle	Massey University
25/044	Tagata o le Moana: Navigating Pacific health professionals' journeys	$	142,550.00	Miss Michaela Peters	University of Otago
24/576	Te toi o te aitanga	$	141,000.00	Miss Laura Gemmell	University of Otago
23/387	Utilising Mātauranga to guide biomedical research	$	138,800.00	Mr Mana Mitchell	University of Otago
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
23/597	Injuring oneself, injuring others: Distinctions and commonalities	$	135,674.00	Dr Cate Curtis	University of Waikato
24/570	Pīkau i te Anamata: Re-imagining postpartum care in Aotearoa	$	135,550.00	Mrs Arianna Nisa-Waller	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
24/069	Physical activity participation among Pacific peoples in Aotearoa New Zealand	$	133,000.00	Martine Matapo-Kolisko	Victoria University of Wellington, Research Trust
22/131	Combatting mate kohi (tuberculosis) on the home front	$	131,850.00	Mr Callum August	University of Otago
22/019	Hoki ki te ūkaipō-whenua & hauora: An exploration of whānau, whenua & restoration	$	131,475.60	Ms Kiri Parata	Whakauae Research Services
21/253	Exploring interrelationships between racism, time and Māori health inequities	$	131,247.00	Ms Natalie Paki Paki	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
25/608	The influence of traditional Pacific movements on youth wellbeing	$	128,443.00	Kolotita Leaupepe	Auckland University of Technology
21/012	Mana wāhine o Te Kapotai: reclaiming the strength of women towards mauri ora	$	128,299.00	Miss Renee Wikaire	Massey University

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25/523	An exploration of the mental wellbeing of Pacific young adults	$	127,893.00	Miss Sivailele Faingata'a	Auckland University of Technology
23/022	Mō ngā uri whakatipu: Women leaders paving a pathway for future generations	$	127,362.00	Ms Stacey Ruru	Whakauae Research Services
25/008	Reconceptualising physical literacy for Cook Islands Māori	$	127,000.00	Ms Katrina Sharlott	University of Otago
20/457	Revitilisation of the Samoan traditional diet	$	126,868.00	Amy Maslen-Miller	The University of Auckland
22/121	Empowering the next generation as catalysts for a better future	$	126,501.20	Miss Melenaite Tohi	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
18/586	Exploring immunisation inequities among refugee children in New Zealand	$	125,424.00	Dr Nadia Charania	Auckland University of Technology
23/117	Reducing the equity gap for Pacific peoples with diabetes	$	124,550.00	Miss Janina Galewski	University of Waikato
24/596	Mana wāhine perspectives for waka ama and hauora	$	123,600.00	Ms Kay Berryman	University of Waikato
23/152	Determinants of abdominal aortic aneurysm risk in New Zealand	$	110,104.00	Mr Andrew Kindon	University of Canterbury
23/006	Understanding the experiences and needs of Māori with eating disorders	$	95,939.00	Miss Bailey Rose	Victoria University of Wellington, Research Trust
24/573	Experiences of Māori with podiatry foot screening prior to diabetic amputations	$	91,175.00	Ms Cynthia Otene	Auckland University of Technology
22/519	Bringing our mokopuna home: Reconnecting Māori to whakapapa whānau	$	77,000.00	Ms Emma West	Te Whare Wananga O Awanuiarangi
24/543	Tāne Māori and Te Awa Tupua	$	72,019.71	Mr Tom Johnson	Whakauae Research Services
25/246	Pacific children engagement in the Christchurch Community Oral Health Service	$	46,383.00	Mr Amanaki Misa	University of Otago
22/236	Pacific knowledge and practice in relation to spiritual health	$	33,481.00	Mrs Penina Hitti	Massey University
25/649	Weight stigma in healthcare in patients in Aotearoa: Pacific patient voice	$	33,410.00	Ms Elti Sannyasi	Massey University
22/520	Knowledge, attitudes and practices of Samoans towards the COVID-19 vaccine	$	31,800.00	Dr Letava Tafuna'i	University of Otago
22/391	The effects of urinary incontinence on Māori women's health and wellbeing	$	31,600.00	Ms Elisabeth Dacker	University of Otago
25/293	Do current government policies foster Māori-led suicide intervention approaches?	$	31,600.00	Susan Taylor	Te Whare Wananga O Awanuiarangi
23/384	I-Kiribati youth perspectives in health and wellbeing	$	30,900.00	Miss Tekin Kanimako	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
24/538	Access to mental health services among Pacific young adults in New Zealand	$	30,383.00	Ms Lavinia Topeni	Auckland University of Technology

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24/549	Samoan students' mental wellbeing and belonging at Waipapa Taumata Rau	$	29,625.60	Miss Cecile Vine	The University of Auckland
25/621	What do Māori want for palliative pain management?	$	28,796.66	Mrs Kathleen Mason	The University of Auckland
24/548	A Sāmoan perspective on the generational shift of violence in the home	$	26,548.00	Ms Maria Satele	University of Otago
25/636	Kimihia te Tautoko: Supporting the mental health of Māori in sport	$	21,600.00	Mr Nehemiah Amoroa	Massey University
25/152	He Pito Mata - realising leadership potential of rangatahi Māori veterans	$	12,000.00	Dr Tepora Emery	Te Pūkenga - Toi Ohomai
25/651	He Iti Kahurangi	$	12,000.00	Ms Karen Turanga	Te Pūkenga - Toi Ohomai
25/141	Outreach primary healthcare for Māori experiencing homelessness	$	10,000.00	Mr Mau Te Rangimarie Clark	University of Otago
25/142	Ngā Māuiui Kai in kaupapa Māori services: Kaimahi and whaiora perspectives	$	10,000.00	Mr Mau Te Rangimarie Clark	University of Otago
25/616	Ko ngā pūrākau o ngā wai e rere nei: Narratives about the water	$	9,980.00	Dr Sharyn Heaton	Massey University
25/630	Culture and its impacts on indigenous health professionals clinical practise	$	7,500.00	Miss Sara Aruquipa Southerwood	University of Otago
25/634	Mandatory responses to coronial recommendations: Aotearoa's next step?	$	7,500.00	Miss Analee Toro	University of Otago
25/646	Supporting resource development for Māori living with Parkinsons	$	7,500.00	Miss Madison Silcock	University of Otago
25/648	Learning disability health resources from a Māori lens	$	7,500.00	Miss Rebekah Watson	University of Otago
25/653	He oranga reo he oranga tangata: te reo Māori use at the University of Otago	$	7,500.00	Mr Flynn Macredie	University of Otago
25/671	Developing an oral health promotion resource as an outcome of community wānanga	$	7,500.00	Mr Maika Shortland	University of Otago
25/683	Concussion and traumatic brain injury (TBI) statistics for New Zealand	$	7,500.00	Mr Braden Fowell	Mātai Medical Research Institute
25/325	Impact of disclosure risk processes on precision of Pacific official statistics	$	7,500.00	Miss Ruby Pankhurst	The University of Auckland
25/633	Healthy workplaces: Support for addiction recovery through a Pacific lens	$	7,500.00	Ms Beatrice Hessell	University of Otago
25/680	Evaluating the effectiveness of a mindfulness intervention for wāhine Māori	$	5,000.00	Dr Miriama Ketu-McKenzie	University of Otago
25/681	Hihi: An emerging Niue framework	$	5,000.00	Dr Amio Matenga Ikihele	Moana Connect
25/640	Indigenous Fijian (iTaukei) RSE workers and hazardous substance material	$	4,992.00	Dr Jekope Maiono	University of Otago

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