Annual Report

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

Report of the

Health Research Council of New Zealand

for the year ended
30 June 2012

Presented to the House of Representatives
Pursuant to Section 38 of the Health Research Council Act 1990

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Statement of Purpose

Mission
Benefiting New Zealand through health research

Functions
The functions of the Council, as set out in the Health Research Council Act (1990) and subsequent amendments are:

a) To advise the Minister on national health research policy.

b) To administer funds granted to the Council for the purpose of implementing national health research policy.

c) To negotiate, once every three years, the bulk funding allocations that may be made to the Council by the Government for the funding of health research.

d) To foster the recruitment, education, training, and retention of those engaged in health research in New Zealand.

e) To initiate and support health research.

f) To encourage initiatives into health research by soliciting research proposals and applications, particularly in areas considered by the Council to have a high priority.

g) To consult, for the purpose of establishing priorities in relation to health research, with:

   (i) the Minister of Health;
   (ii) the Ministry of Health;
   (iii) District Health Boards;
   (iv) other persons who fund or produce research, whether in the public sector or the private sector, and
   (v) persons who have knowledge of health issues from the consumer perspective.

h) To promote and disseminate the results of health research in ways that will be most effective in encouraging their contribution to health science, health policy, and health care delivery.

i) To advertise actively for applications for grants to support proposals or personal awards in relation to health research.

j) To appoint the members of the Biomedical Research Committee, the Public Health Research Committee, the Māori Health Committee and the Ethics Committee.

k) To ensure the development and application of appropriate assessment standards by committees or subcommittees that assess health research proposals.

l) To administer any additional funds that may be made available to the Council from either public or private sources for the support of health research.

In the performance of its functions under the Act, the Council is required to give effect to the general policy of the Government in relation to health research. The HRC's relationships with the Minister of Health and Minister of Science and Innovation are addressed in a memorandum of understanding between the two Ministers dated 30 August 2001.

Chief Executive's Summary

The HRC is a Crown Agent responsible for managing the majority of the Government's investment in health research.

In the 2011/12 year:

- HRC was governed by a 10 member Council, appointed by the Minister of Health.
- HRC's revenue was $85.51M, being $83.30M from Vote Science and Innovation, $0.29M from Vote Health, and $1.92M from other sources. The income does not include the contribution from partners with whom the HRC developed co-funding joint ventures.
- HRC invested $91.376M to support health research delivering health gains for New Zealand. That sum included $4.69M for organisational costs, $80.31M supporting research costs (including research host staff and overheads), $6.086M on research workforce development and $0.29M on health research ethics support.
- HRC managed 552 individual contracts for health research (414) or health research workforce development (138). Of these, 91 and 38, respectively, were awarded during the year.
- At June 2012, the HRC had $188.06M of commitments over the next three years to existing contracts.
- A diversity of research was supported; 28% was classified as experimental development, 48% as applied research and 24% as targeted basic research.
- The five largest areas of expenditure were cancer and related disorders, child health, cardiovascular system and disorders, infectious diseases and public health.
- HRC investment supported a health research workforce of 751 full-time equivalents. As many researchers are only part-time on any individual research contract, this translates to 2,721 positions.
- More than 30 separate research organisations received research funding. Universities received 88.8% of the funding, with The University of Auckland and the University of Otago by far the largest research providers. District Health Boards received 2.1%, private NZ-based businesses and organisations received 8.5%, and Crown Research Institutes received 0.6%.
- 530 peer reviewed publications and 10 new patents arose from HRC-supported research during the year. 688 products, processes or services were introduced or implemented.

Dr Robin Olds
Chief Executive

What the HRC Seeks to Achieve

The Health Research Council of New Zealand (HRC) is a Crown Entity with the primary responsibility for the administration of the Government's investment in health research.

HRC's mission is to benefit New Zealand through health research. To do this HRC delivers a range of outputs; contracts for health research and health research career development, development and support of co-funding partnerships, contributions to policy, ethical and regulatory frameworks, as well as communication and dissemination activities.

The majority of funding, for operational costs and for investment in health research, is provided by Vote Science and Innovation, with additional contributions arising from agencies and organisations who are involved in the HRC's Partnership Programme.

Through its research investments the HRC contributes to the development of knowledge in health science which can be used by a range of end-users to inform development and implementation of policy and practice linked to health outcomes.

Scope of HRC's Functions and Operations

HRC uses a variety of approaches to support both high quality research and targeted career development to build research capacity and capability, and deliver research findings relevant to health care delivery and policy development. The framework for the HRC's work is provided by the Health Research Council Act (1990) (see Page 4).

Operating Environment

The HRC was established as a Crown Entity in 1990, to administer part of the Government's investment in health research. In 2005, the HRC became a Crown Agent - required to give effect to the general policy of the Government in relation to health research. Although the Minister of Health is the responsible Minister for the HRC, we receive much of our funding for research-related activities from Vote Science and Innovation, with a smaller component from Vote Health. The relationship between the Minister of Health and Minister of Science and Innovation is covered by a Memorandum of Understanding.

While HRC is the Government's principal funding agency for health research, significant public funds are also invested in health research through the Marsden Fund, the Ministry of Science and Innovation, and the Tertiary Education Commission.

Addressing Government Priorities

The overarching outcome that HRC seeks to achieve is improved health and quality of life for all New Zealanders. Our efforts to meet this outcome ultimately contribute to New Zealand's two health and disability system outcomes:

- New Zealanders living longer, healthier and more independent lives.
- New Zealand's economic growth is supported.

In brief, HRC supports research that makes a difference to the health, wellbeing and productivity of New Zealanders. Health research creates new knowledge, solutions and innovations, and improves the quality and cost-effectiveness of the healthcare system. By keeping New Zealanders healthy and productive, we support economic growth. The HRC also supports innovative research that results in new products and processes with commercial value. This is achieved by investing in a balanced combination of basic and applied research that ensures impact is achieved over the short and longer terms.

The Government has recognised the importance of health research in their priority framework for investment in Science and Innovation (S&I). The HRC works with the S&I sector to deliver research within the priority framework. Additionally, HRC continues to work to simplify the processes for researchers seeking funding to limit transaction costs and ensure value for money in the health research investment.

In the 2011/12 Letter of Expectations from the Minister of Health, particular emphasis was placed on HRC working collaboratively with both the Ministry of Health (MoH) and Ministry of Science and Innovation (MSI) to maximise the benefits from New Zealand's investment in health research. The Letter of Expectation also notes HRC's role in providing research opportunities for frontline clinicians and contributing to the Government's strategic priority of economic benefit through improving the health, wellbeing and productivity of New Zealanders.

Work initiated in 2008/2009 is reflected in changes to HRC's major investment process, the annual funding round. In 2010/11 the final elements of the restructuring were introduced. The changes better target the health research investment, simplify the funding process, increase transparency in decision making and reduce transaction costs for research providers.

Managing Organisational Health and Capability

The HRC has a ten-member Board appointed by the Minister of Health (*see* page 48) with a range of expertise defined by the HRC Act 1990. Members of the Board chair three of the HRC's four Statutory Committees (the Biomedical Research Committee, Māori Health Committee, Public Health Research Committee and Ethics Committee) and three of the Standing Committees.

The HRC has five Standing Committees: the Pacific Health Research Committee, the Grant Approval Committee, the Risk Management Committee, the Standing Committee on Therapeutic Trials (SCOTT) and the Gene Technology Advisory Committee (GTAC).

The HRC's committees provide advice and recommendations on HRC policies and procedures and provide oversight of the peer-review processes used to assess research proposals and applications for career development awards.

HRC Secretariat

A strength of the HRC continues to be its highly skilled Secretariat staff, many of whom have post-graduate qualifications and research experience. This provides credibility with research providers and helps HRC shape, in a practical way, its investment processes and policy development. The organisation is committed to enhancing and making best use of the skills and strengths available, engaging Secretariat staff in achieving organisational goals. The HRC will continue to use a transparent and impartial employment process to guarantee that there is no barrier to employing the best people for the job, and offer flexible working practices to attract and retain a quality workforce.

The HRC is focused on acting with high standards of integrity, ensuring all outcomes are perceived as being fair, impartial, responsible and trustworthy. We employ a comprehensive induction process, and organisational policies and procedures in order that all staff meet and deliver on the State Services Commission Standards of Integrity and Conduct.

The Secretariat works closely with both the Board and the HRC's statutory and standing committees. Relationships between the Secretariat, MoH, MSI and other funding agents are important. The Chief Executive and members of the management team participate in regular and productive meetings with MoH and MSI at which matters germane to the health research environment are discussed.

Accountability to our Ministries

No surprises from the Council

In addition to the specific reporting and accountability requirements, the Council, to the extent practicable, ensures that the Minister is adequately warned in advance about any issue affecting the Council that is likely to attract external attention or represent potential risk to the Government.

Annual reports

HRC provides the following documents as part of our monitoring, reporting and accountability agreements:

- Annual Report – as per the Crown Entities Act 2004 requirements.
- Statement of Intent – as per the Crown Entities Act 2004 requirements.
- Investment Impact Report – provided to MSI and MoH, the purpose of which is to demonstrate the effectiveness of the investment made by the Council, and to provide advice on the future effectiveness of these investments.
- A scorecard provided to MSI, for the purpose of monitoring the performance of Vote S&I's investment in research.

Six-monthly reports

- Exceptions-based, 6-monthly reports against the Statement of Intent and Output Agreements with the Ministry of Science and Innovation.
- Exceptions-based, quarterly reports against the Statement of Intent and Output Agreements with the Ministry of Health.

Scope of HRC's Functions and Intended Operations

The framework for the HRC's work is provided by the Health Research Council Act 1990. HRC undertakes two broad functions mandated by the Act.

1. Invest in high quality health research that will benefit New Zealand.

The HRC issues contracts for research proposals that are aligned with Council priorities that are published annually. The Universities of Auckland and Otago are the two major health research providers because of their scale and research strengths, but there is an increasing number of other organisations capable of delivering health research which have been supported by HRC. These include other universities, Crown Research Institutes, District Health Boards, health research institutes and a range of other public and private research providers. In 2011/12 more than 30 different organisations received HRC funding, ensuring that funding is directed to those best placed to conduct research in specific areas and apply research findings.

The HRC determines priorities for research investment to ensure that our funding has maximum impact. Priorities are determined in conjunction with a wide range of stakeholders and with regard to national and international trends. In 2010 a major adjustment of funding processes was undertaken to align our processes with our priorities.

The HRC uses a rigorous process of peer review to ensure that funding is transparent and fair, and guarantee that contracted research is of high quality. A best-practice model is utilised that involves international peer-reviewers and expert committees comprising experienced New Zealand and Australian researchers. Scrupulous attention is paid to avoiding conflicts of interest during the process. All research receiving funding demonstrates a combination of high scientific merit and a high likelihood of making a significant contribution towards our Outcome

Framework. Details of the HRC investment strategy and assessment processes are publicly available (www.hrc.govt.nz), and funding decisions are ultimately made by the HRC Board.

To ensure contracted research meets its objectives, funded researchers are required to report at least annually and progress towards outcomes is reviewed.

2. Support the recruitment, retention and training of the health research workforce.

Workforce support is provided through a variety of mechanisms. Salaries of researchers are paid as part of health research contracts, and there are specific schemes aimed to engage and support frontline clinicians and promising emerging researchers. The HRC also provides targeted scholarships and fellowships in areas where there is a demonstrable gap in capacity of the workforce, with the purpose of ensuring that New Zealand's health research sector is sustainable and can address the needs of our unique population.

The HRC's Outcome Framework

The following schematic shows the HRC's Outcome Framework, and provides the structure for reporting our medium-term information and annual performance. The HRC has identified five outcomes it seeks to contribute to or influence in the medium-term. Intermediate impacts and outputs have been identified, and there is a clear depiction of the cause-and-effect relationship between the various levels. The five outcomes are: new knowledge, solutions and innovations for health are created; the healthcare system is improved through research evidence and innovation; the best clinicians and health researchers are attracted, supported and retained in New Zealand; health research in New Zealand is ethical and safe; and the relevance, responsiveness and robustness of health research is increased.

The HRC's Outcome Framework

HRC Vision: Improved health and quality of life for all

HRC Mission: Benefiting New Zealand through health research

Outcomes

1. New knowledge, solutions and innovations for health are created
2. The healthcare system is improved through research evidence and innovation
3. The best clinicians and health researchers are attracted, supported and retained in New Zealand
4. Health research in New Zealand is ethical and safe
5. The relevance, responsiveness and robustness of health research is increased

Intermediate Impacts

- High-impact, original research is conducted and translated across the research pipeline
- Expertise is harnessed to create local solutions to global health challenges
- New Zealand research contributes to international advances
- Innovative health technologies and therapies develop
- A strong research focus on keeping New Zealanders healthy and productive supports our economic growth and sustainability

- More clinicians are engaged in health research
- Research is easily accessed, understood and applied by end-users
- Research increasingly guides policy and informs decisions
- Overseas research is adapted for New Zealand conditions
- New Zealanders have access to new treatments, technologies and improved services that meet their needs
- The cost-effectiveness and sustainability of New Zealand's health system is improved through research

- Sustainable career pathways enhance the skills of researchers and clinicians
- New Zealand has the research capacity to address the needs of our unique population
- Research opportunities for frontline clinicians are increased
- Promising emerging researchers gain valuable research experience

- Research continues to respect the rights of participants
- The ethical framework for reviewing new technologies and trials is sound
- New Zealand has a high-quality and consistent system of ethical review
- New Zealand has access to well-informed and independent ethical advice

- The health research environment is transparent, fair and ensures quality research through rigorous assessment
- New Zealand's investment in health research represents best value
- Strong leadership identifies enduring priorities and provides clear direction
- Strategic partnerships engage end-users, leverage benefit, and improve research uptake
- Equity of health outcomes is improved
- New Zealand has the ability to respond to urgent or emerging issues

Outputs

1. Health research contracts
2. Career development contracts
3. Co-funding relationships
4. Contribution to policy, regulatory and ethical frameworks

Inputs

Vote Science and Innovation and Vote Health

Our Operating Intentions

Outcome 1: New Knowledge, Solutions and Innovations for Health are Created

Why is this important?

This outcome is about gaining the knowledge needed to keep people well, combat disease and create new tools to help us do this. Medical science has brought about such a knowledge revolution that it is easy to forget how complex the human body is, and how much of how it functions in health and disease is still poorly understood. We urgently need this knowledge to generate new approaches and treatment strategies. We need to know how our evolving environment, technologies and lifestyle impact on our physical and mental wellbeing and develop effective prevention strategies. We need to harness unprecedented technological advances that can revolutionise the way that healthcare is delivered. If we are successful in meeting this outcome, we will ultimately contribute to the economy through the creation of new medical technologies and a healthier, more productive population.

What have we done to support progress towards achieving this outcome?

We have supported high-impact, original research that can be translated across the research pipeline
Our contestable funding processes are designed to identify and support the best people with the brightest ideas. To ensure that each step of discovery is followed by another – moving the level of activity from basic science to the clinic - we have increased the involvement of clinicians and end-users. We have supported multi-disciplinary teams, required our researchers to develop effective dissemination strategies and activities, and encouraged collaboration.

… we have contributed to national and international research advances …
We have encouraged and supported international collaborations, such as the partnership between the HRC and the Agency for Science, Technology and Research (A*STAR) in Singapore to advance research on cardiovascular disease and cancer. Our emerging researchers have benefitted from links with large overseas consortia, which bring together prestigious scientists from diverse disciplines to focus on major health issues.

… supported researchers that develop innovative health technologies and therapies …
HRC-funded research has resulted in the development of a diverse range of technological advances that benefit New Zealanders both through improved diagnosis, management and treatment of disease, and through their potential economic impact. Health technology is an enormous market worldwide and New Zealand scientists can make a significant contribution with the right support. One of the ways that the HRC provides such support is through recognising the importance of providing funds for top researchers to explore pathways to discovery, gaining knowledge about how the human body functions in health and disease and identifying potential candidates for drug development, animal models of disease or diagnostic markers along the way.

… and harnessed expertise to create local solutions to global health challenges while maintaining a strong research focus on keeping New Zealanders healthy and productive.
Tackling many of our greatest health issues successfully often means working closely with communities that do not engage early or frequently with health services and this requires expertise that can only be developed in New Zealand. We have a dedicated investment stream, Health and Wellbeing in New Zealand, which focuses on keeping people well and understanding the human body in health and disease. We have another that focuses purely on indigenous health issues and building the capacity to undertake indigenous health research.

How have we measured our success?

One of the most important actions that we have taken to support this Outcome is to ensure that we are funding the very best health research, and the people that will take their novel findings into the global arena. Consequently, our performance measures here relate to assessing the quality of the research that we fund, in comparison to other agencies in New Zealand and overseas. One way to do this is to conduct a bibliometric survey of international health research literature, looking at peer-reviewed publications in indexed journals[1]. Around the world, publications rates and citations are the benchmark on which academic performance in most fields of research is judged. We have set targets that will challenge us but are achievable without increased funding.

Note: We did not set incremental targets because no new significant funding was available within the period covered. As costs continue to rise, absolute levels of investment have decreased and as such, maintaining the current level of research outcomes effectively means improved performance.

Baseline years identify the time when we first introduced and measured a particular performance indicator and therefore do vary.

Are we on track to achieve this outcome?

The targets we set for 2011/12 have largely been met. This gives us confidence that we are on track to achieve our medium term indicators and our higher-level outcome of creating new knowledge, solutions and innovations for health. Meeting our targets in relation to this outcome shows that we are funding research and researchers whose work is being recognised in the global arena and is contributing to medical and technological advances on a global scale. The degree of research quality, innovation (with respect to patent activity), and international linkages keeps us at the forefront of medical advances, provides us with new knowledge which better enables us to combat disease and keep New Zealanders well, and creates new medical technologies and products, all of which supports and encourages a healthy and productive population, and a strong sustainable economy.

[1] Those indexed by the Institute for Scientific Information (Thomson ISI) which maintains databases on the impact of all the journals which they have indexed and the number of times each publication within them has been cited in other indexed journals.

Key Impacts, Performance Indicators and Targets

Annual Performance Indicator	Baseline	Target 2011/12	Actual 2011/12	Medium-Term Indicator, 2016
Intellectual property is generated from high-impact, original research as it is translated across the research pipeline The HRC's investment in innovative, biomedical research regularly leads to the creation of spin-off companies to commercialise new technology and treatments. Whilst this is not the primary goal of investment, it is an important outcome and an indication that the HRC is accurately identifying high-quality, original research. The creation of spin-off companies also demonstrates success in taking fundamental research to the next level, through increased involvement of clinicians and end-users. The generation of products and patents is the first step in the commercialisation process.				
Number of new products	3 in 2008/09	3	13	Number of new spin-off companies Target = 1 by 2016
Number of patents	17 in 2008/09	17	24	
The global recession has impacted negatively on biotechnology companies and this has increased the failure rate for start-up companies. In this environment, the target of one new company based on HRC-funded innovations is a reasonable goal. Our annual indicator levels are relatively high. As we have been able to surpass our target for 2011/12, this is a good indicator that we are on track to achieve our medium-term indicator – the establishment of one new spin-off company on the basis of research initially funded by HRC.				
New Zealand research contributes to international advances New Zealand researchers disseminate their research findings to the international research community through peer-reviewed journal articles. These performance indicators are underpinned by the standards set in Output 1 for ensuring that our peer-review process is excellent and we identify the top proposals.				
Number of peer-reviewed journal articles published by contract holders per annum	450 in 2008/09	475	530	Citation rate for HRC-funded research publications Target = exceed the world average for citations by 2016
If funding allows, we will conduct a full bibliometric survey of HRC-funded research publications in 2016. Peer-reviewed publications are a recognised marker of research excellence and the annual publication rate for HRC-researchers is excellent. We seek to maintain this rate, despite fiscal restrictions.				

Annual Performance Indicator	Baseline	Target 2011/12	Actual 2011/12	Medium-Term Indicator, 2016
Expertise is harnessed to create local solutions By collaborating with overseas researchers and disseminating research findings to the international research community, our researchers gain expertise, access resources and contribute to the global health research effort.				
Number of international collaborations established or continued by HRC-funded researchers	100 in 2008/09	100	136	HRC develops co-funding relationships with international agencies Target = 1 by 2016
Number of invited or keynote presentations at national or international conferences reported by contract holders per annum	312 in 2008/09	300	182	
International recognition of our researchers helps us to meet the goal of leveraging overseas funding and fostering collaborations that provides our researchers with access to greater opportunities, expertise and facilities. The target of one new co-funding relationship is modest but as we have exceeded the target set for 2011/12, our indicators suggest this is achievable within current resource restrictions.				

Outcome 2: The Healthcare System is Improved through Research Evidence and Innovation

Why is this important?

Health research has a critical role in ensuring that our healthcare services are informed and of the highest quality. We know that the quality of healthcare and healthcare delivery is largely determined by the extent to which they are underpinned by research evidence. We also know that providing clinicians with the opportunity to engage in research has a positive impact on their practice, and that being a research-active country means that New Zealanders have early access to world-wide medical advances (new treatments, technologies and innovations). Health research also has a key part to play in improving the efficiency, cost-effectiveness and sustainability of our healthcare system – a role that is becoming increasingly important in light of our ageing population and the escalation of chronic conditions, such as diabetes, obesity, cardiovascular disease and cancer.

What have we done to support progress towards achieving this outcome?

We have prioritised research that improves health care quality, informs decision making, and increases the cost-effectiveness and sustainability of our health care system …

New Zealand Health Delivery is one of the four areas that HRC has identified to target our investment. This research investment stream supports high-quality research that provides innovative and workable solutions to New Zealand's health and disability challenges within a three to five year timeframe.

… provided more training opportunities for frontline clinicians …

The HRC has actively sought to engage clinicians in research, introducing in 2005 our highly successful Clinical Research Training Fellowships which enable clinical practitioners (including nurses, physiotherapists, psychologists etc.) to undertake an independent three year research project and gain an advanced research qualification. The HRC has also worked to identify an effective way of supporting clinicians to undertake a combination of research and clinical work. In 2012 we launched Clinical Practitioner Research Fellowships which have the additional aim of developing clinical research champions and leaders within core practice settings, such as DHBs.

… supported the development of innovations and technologies that advance health delivery and bring economic benefits for New Zealand …

HRC-funded research has resulted in innovations and technological advances, which have benefited New Zealanders through improved diagnosis, management, treatment and prevention of disease but also through their potential impact on the New Zealand economy. We continue to support top researchers and the best research ideas to gain knowledge critical for technological advances. Support for health technologies is a focus of the New Zealand Health Delivery research investment stream.

… provided opportunities for international advances to be adapted to New Zealand conditions …

New Zealand has a unique and diverse population and our geographic and demographic characteristics present us with challenges that mean we cannot rely solely on health research conducted in other countries to meet our needs. This is particularly true with respect to health services and the delivery of healthcare. The HRC supports research that adapts important overseas research findings to maximise the utility and benefits for New Zealand populations and conditions.

... and actively involved end-users, health managers and decision makers in health research.

When stakeholders, such as health service managers, providers and policy makers are involved in the research process, the findings are more likely to be understood, taken up and applied. The HRC's Research Partnerships for New Zealand Health Delivery is an initiative that requires researchers to work in collaboration with health delivery decision makers, and for these decision makers to be involved throughout the research process. In addition, the health delivery organisation to which the decision maker belongs is also required to make a minimum contribution (financial or in-kind) towards the research costs. This approach has maximised the value obtained from the research, through ensuring buy-in across the parties involved, thereby increasing the potential for success.

How have we measured our success?

We have measured improvement in the healthcare system through indicators of the uptake of research evidence to inform national policies and clinical guidelines. An evidence-based culture in the health and disability sector benefits patients through improved service, consistency across practice, and access to the best quality, empirically-supported treatments.

Are we on track to achieve this outcome?

The targets we set for 2011/12 have all been met which gives us confidence that we are on track to achieve our medium term indicators, and our outcome of improving the healthcare system through research evidence and innovation. Meeting our targets in relation to this outcome shows that we are funding research that is guiding decision making and contributing directly to the development of policy and best practice. Our indicators also demonstrate that we have made great progress in involving and supporting clinicians in undertaking health research, already exceeding our target for 2016. This has a direct and positive influence on the uptake of evidence-based practice, improving both the quality and the effectiveness of healthcare practice in New Zealand.

Key Impacts, Performance Indicators and Targets

Annual Performance Indicator	Baseline	Target 2011/12	Actual 2011/12	Medium-Term Indicator, 2016
Research is easily accessed, understood, and applied by end-users Healthcare for New Zealanders improves as research evidence guides decision-making and sector policy.				
Number of final reports detailing policy contributions	25 in 2008/09	25	27	Number of new government or health sector policies or services underpinned by HRC research Target = 10 by 2016
Number of technical reports arising from Partnership Programme contracts	5 in 2008/09	5	5	
At the present time, we do not have the resources to measure the overall impact of the policy contributions that our researchers make. However, we consider the provision of sound evidence to underpin policies and services as a valuable outcome in itself and a strong indicator that we are delivering to our goal of evidence-based policy and services.				
More clinicians are engaged in health research and New Zealander's have access to new treatments, technologies and improved services that meet their needs We will enhance engagement between end-users, research providers and funders through Research Partnerships for New Zealand Health Delivery and New Zealand Health Delivery from Output 1, p34).				
Proportion of New Zealand Health Delivery contracts that demonstrate dissemination of research results to health sector stakeholders at the conclusion of the contract	100% 2009/10	100%	100%	Number of new clinical guidelines Target = 3 by 2016
Proportion of the HRC workforce that is clinically-trained	15% in 2009/10	17.5%	29.7%	
Our New Zealand Health Delivery contracts are intended to impact on policy and practice and we expect that all contracts successfully completed have disseminated findings.				

Outcome 3: The Best Clinicians and Health Researchers are Attracted, Supported and Retained in New Zealand

Why is this important?

A strong health research sector depends on a highly-skilled, experienced workforce which can deliver quality research and drive innovation. By targeting support to frontline clinicians and the most promising emerging researchers in priority health areas, we ensure that the research workforce has the capacity to meet the needs of our unique population.

What have we done to support progress towards achieving this outcome?

We have increased research training opportunities for frontline clinicians ...

By supporting health professionals to receive research training we contribute to clinical research capacity, bridge the gap between clinicians and basic scientists, and enable translation of research findings. Frontline clinicians are often best placed to identify research questions and apply evidence-based clinical practice. We have increased the support available for our Clinical Research Training Fellows to ensure that their research training is of the highest quality, and introduced a new fellowship that allows established clinical practitioners to undertake a research programme in conjunction with their clinical duties.

... supported promising emerging researchers to gain valuable research experience ...

Our career development awards are an important part of our intention to foster the health research workforce in New Zealand. The Sir Charles Hercus Postdoctoral Fellowship is our most prestigious award. By retaining these promising researchers in New Zealand we ensure that they can both be mentored by the individuals that they will ultimately replace, and can contribute to the training and supervision of the PhD students that form the foundation of our future research workforce.

... ensured that researchers have the capacity to address the needs of our unique population ...

We are addressing key capacity and capability gaps through targeted support for emerging researchers. The HRC contributes to improving health equity by investing in promising Māori and Pacific health researchers who are best placed to identify and resolve health issues in their communities. We are also building the research capacity of iwi, hapu, and Māori community organisations to address community-identified needs through Ngā Kanohi Kitea research grants. Grant holders utilise the advice of an independent expert or university research group to build their research capacity.

...and provided a range of career development awards for sustainable career pathways.

It is crucial to provide a sustainable career pathway for emerging researchers in New Zealand's competitive research environment. We provide a succession of career development awards for the most promising young researchers in order to retain them in the health research sector and ensure that they will be highly qualified and experienced independent researchers in the future.

How have we measured our success?

Our measures in this section relate primarily to the retention of career development award recipients in the health research sector. The number of awardees gaining a research qualification is an indicator of the calibre of HRC award recipients, and that we are successfully building research capacity to address Māori and Pacific health issues. Retention of emerging researchers in the health research sector (recipients of the Sir Charles Hercus Fellowship) demonstrates that the HRC is sustaining the research workforce and selecting individuals with the skills and expertise to successfully gain funding in a very competitive field.

Are we on track to achieve this outcome?

The targets we set for 2011/12 have been met which gives us confidence that we are on track to achieve our medium term indicators, and our overarching outcome of attracting, supporting and retaining, the best clinicians and health researchers in New Zealand. Meeting our targets in relation to this outcome shows that we are successfully developing critical capacity and capability needed to improve health outcomes for our populations with the greatest burden of disease and least favourable health outcomes – Māori and Pacific peoples. We are also successfully identifying and supporting the next generation of research leaders, a targeted measure we hope will ensure our medium-term outcome of keeping our best and brightest engaged in health research over the long-term by providing critical support at a vulnerable time in the career path of emerging researchers.

Key Impacts, Performance Indicators and Targets

Annual Performance Indicator	Baseline	Target 2011/12	Actual 2011/12	Medium-Term Indicator, 2016
New Zealand has the research capacity to address the needs of our unique population Our activities under Output 2 to support the best candidates for our career development awards and ensure the provision of a career pathway through our award structure, help us to meet this medium-term target.				
Percentage of career development awardees successfully gaining research qualifications	85% in 2008/09	85%	90%	Number of Māori or Pacific graduates awarded an academic position in health research Target = 1 by 2016
Māori and Pacific postgraduates are greatly in demand and many leave the research sector to pursue careers in the government sector. We recognise the importance of their skills in this sector, but seek to retain some graduates in research. The relatively low target reflects the number of graduates and the pressures of the job market. There are approximately 5-6 Māori and 2-3 Pacific awardees for a Masters or PhD scholarship a year. Of these, 70-80% go on to secure further HRC funding, but the number that obtain academic positions is small, especially for Pacific health research. There are few dedicated academic positions in tertiary institutions for Māori or Pacific academics.				
Promising emerging researchers gain valuable research experience and sustainable career pathways enhance the skills of researchers and clinicians By supporting outstanding emerging researchers who wish to establish an independent research career, we will contribute to the creation of new knowledge and also support a sustainable research workforce.				
Proportion of Sir Charles Hercus Postdoctoral Fellowship recipients that contribute to improved understanding of a disease, or develop new methodologies or techniques during their fellowship	100% 2002/03	100%	100%	Proportion of previous Sir Charles Hercus Postdoctoral Fellowship recipients that are retained in health research Target = 100% by 2016

Outcome 4: Health Research in New Zealand is Ethical and Safe

It is vital that an expert body provides oversight of health research activities in this country and maintains the standards of local ethics committees so that studies that could be harmful to participants, or cruel to laboratory animals, are never approved. We need the capacity to monitor large-scale clinical trials and stop them early if there is some chance that patient outcomes are worsening as a result of the treatment given. New technologies have the potential to bring great benefits but may also have downstream consequences that must be managed, are unacceptable or have simply not been foreseen. The HRC utilises the knowledge and experience of the country's top clinicians and scientists to weigh risks and advise the Ministry of Health on the safety and efficacy of these issues.

What have we done to support progress towards achieving this outcome?

We ensure that research continues to respect the rights of participants ...

We promote the rights of study participants, through publishing guidelines for ethical research involving human participants, and specific guidelines for research involving children, Māori and Pacific Island populations. We have also developed guidelines for researchers on the ethics of storing human tissue for future research and on research in human genetics.

... maintained a sound ethical framework for approving new technologies ...

We have advised the Minister of Health, as and when needed, on the safety and merit of research involving gene technologies and provided independent data monitoring of large-scale clinical trials, to safeguard participants.

...provided a high-quality and consistent system of ethical review ...

The HRC ensures that appropriate expertise is engaged to deliver high-quality advice and review in relation to ethics of health research, safety and monitoring of clinical trials and trials involving gene technology. The HRC trains and accredits health research ethics committees and through this activity strives to ensure a high standard is maintained for local and regional review across the country.

... and offered well-informed and independent ethical advice.

The HRC provides expert second opinion where decisions on ethics approval have been disputed by applicants. We retain the expertise of respected individuals to ensure that high-quality, independent advice is always available to New Zealand researchers, funders and policy-makers. We act as a hub for information on research ethics, providing links to national and international ethics information and advice on making applications for ethics approval.

How have we measured our success?

We know that we have been successful if the HRC is seen as an authority on ethical issues, and if the decisions made by New Zealand's ethics system are of high-quality and well accepted by the research community. Our performance indicators reflect the quality of ethics advice.

Are we on track to achieve this outcome?

The number of external requests received for ethical advice was one less than the target of 2 we set for 2011/12. However, we are confident that we are still on track to achieve our medium-term indicator of receiving less than three ethical appeals by 2016. If this is accomplished it means that the quality of ethical review is such that we will achieve our overarching outcome of ensuring that health research in New Zealand is ethical and safe.

Key Impacts, Performance Indicators and Targets

Annual Performance Indicator	Baseline	Target 2011/12	Actual 2011/12	Medium-Term Indicator, 2016
New Zealand has access to well-informed and independent ethical advice We contribute to ensuring that national ethics committees make high-quality decisions and support researchers to operate in a health research environment with integrity.				
Number of external requests for ethical advice	2 in 2008/09	2	1	Number of appeals received by HRC Ethics Committee Target = < 3 by 2016
External requests for ethical advice mean that ethics committees are using the HRC as a resource and basing their decisions on sound, independent advice. This should translate to fewer appeals to the HRC by researchers about the decisions that these ethics committees make. (The HRC handles all second opinions). The HRC is responsible for accrediting ethics committees across the country and, if this function is performed well, the number of appeals received by the HRC Ethics Committee should remain low. Consequently, we hope to increase the number of requests for advice in the hope of reducing the number of appeals against decisions made by regional ethics committees, in the medium term.				

Outcome 5: The Relevance, Responsiveness and Robustness of Health Research is increased

Why is this important?

It is important that New Zealand derives health, social and economic gains from our investment in health research. The HRC strives to maximise the benefit and to add further value by:

- focusing the research effort in areas of specific priority, strength and opportunity;
- developing mechanisms and running processes that ensure the relevance, responsiveness and quality of the research we fund;
- partnering with our stakeholders to deliver the evidence needed for policy and practice and to leverage benefit;
- working to improve the relevance, impact, translation and uptake of health research, and
- being effective, efficient and accountable in what we do.

What have we done to support progress towards achieving this outcome?

We have simplified our processes and signalled enduring priorities and opportunities for investment …

To this end, we restructured our investment processes in 2010 to make them simpler, to improve transparency, and to clearly communicate our priorities and those of our stakeholders to research providers. We have four research investment streams and issue annual investment signals for each stream that clearly signal the priorities for investment for a minimum three-to five-year timeframe.

… continued to implement a system of rigorous peer-review to identify the best ideas with the greatest potential to make a difference …

HRC runs fair, transparent and robust peer-review processes that meet international standards for best practice. Health research funding in New Zealand is highly competitive and our processes, which utilise both national and international review, ensure that we fund research that is of high quality and supports researchers who have the capability to deliver.

… encouraged researchers to focus on improving health outcomes and health equity …

Research that contributes directly to improved health outcomes and improved health equity for those with the greatest need is prioritised across all four of the HRC's research investment streams. Additionally, the introduction in 2009 of an assessment criterion which scores the likelihood of research to make an impact ensures the research we fund is focused on and likely to attain, health outcomes that matter to New Zealanders.

… responded to urgent or emerging issues …

HRC has developed flexible processes that allow for the immediate commissioning of research to meet urgent health sector and Government needs.

… facilitated and promoted the uptake of research findings …

HRC is currently working to increase the availability of health research findings by promoting data sharing and by developing an online searchable research findings database. We will publish research results so that our stakeholders can directly access the key findings of the research we support. We will continue dissemination of research highlights that occurs through our regular email updates, print publications and website communications.

… increased engagement of end-users in research …

HRC have directly partnered with end-users to commission research that they need. When stakeholders, such as health service managers, providers and policy makers are involved in the research process, the findings are more likely to be understood, taken up and applied. In addition, we leverage greater funding for applied, end-user driven research, and maximise in-kind support from other agencies, so that, larger, more meaningful projects can be undertaken. This pooling of resources supports a more significant piece of research than each partner could support alone.

… utilised a two-stage application process to reduce transaction costs …

In 2009, HRC introduced a two-stage application process to reduce the amount of time researchers spend in making an application. Researchers submit a short proposal at the first stage, and only the best are invited to submit a full proposal. Approximately half of the applicants at the second stage will receive funding.

… reviewed the progress of all research contracts on an annual basis …

All HRC-funded researchers are required to provide written reports on an annual basis, which we review to assess the extent to which the research is making progress towards and contributing to the milestones and outcomes identified.

… and continued to be effective and efficient as a Crown Entity.

The HRC has had no increase in our operating budget for the past eight years but continues to deliver the same level of service and accountability. It is important that as much of the public's investment as possible goes directly to support the research New Zealand needs to improve our health, quality of life, productivity and economic status.

How have we measured our success?

The performance indicators identified for this outcome relate to the relevance and responsiveness of our investment. Indicators on the robustness of our research investment processes are provided under Outcome 1 (p11) and Output 1 (p34). The performance indicators identified for the other outcomes are dependent on the HRC performing well. We aim to provide the best possible environment for New Zealand health researchers to ensure that they can conduct high-quality, ethical and responsive research, and generate the outcomes that will benefit all New Zealanders.

Success for this outcome is important in the short-term; we are not striving for medium-term outcomes, but continually work to ensure that the research environment is transparent and fair, that we fund high-quality research, and provide strong leadership in the sector.

Are we on track to achieve this outcome?

One of the three targets we set for this outcome in 2011/12 has been met. Of all the HRC's outcomes, this is the one most likely to be influenced by the economic downturn. The two indicators where we did not reach our intermediate target involve our co-funding partnerships with other Government and non-Government agencies. The number of co-funding partnerships is less than the target identified and therefore, so is the dollar value the HRC has been able to leverage over the past year. Given the economic climate it is perhaps not surprising that fewer agencies have funds available to invest in research. Given that no immediate economic up-turn is forecast, we will likely need to revise our targets in relation to this outcome for the next financial year. The HRC has however continued to create value by reducing transaction costs for researchers, increasing engagement of end-users and front-line clinicians in research, improving the uptake of research, and working efficiently and effectively as Crown Agent within an operating budget that has not increased for eight years.

Key Impacts, Performance Indicators and Targets

Annual Performance Indicator	Baseline	Target 2011/12	Actual 2011/12	Medium-Term Indicator, 2016
Strategic partnerships engage end-users, leverage benefit, and improve research uptake Performance indicators on uptake of research are provided under Outcome 2, p17.				
Number of active research partnerships with end-users and providers	40 in 2006/07	54	43	Number of new co-funding partnerships with international agencies Target = 1 by 2016
Dollar value of co-funding leveraged through the Partnership Programme	$5.00 in 2006/07	$1.76	$1.50	
Maximum benefit can be leveraged from establishing co-funding relationships with large overseas research agencies which have access to significant funds. These agencies will be more likely to partner with the HRC if we are perceived to have formed mutually beneficial national co-funding relationships and invested in high-quality research. The target dollar value of co-funding leveraged has been set at a lower level because this figure has been declining since the last baseline was set. This may be due to the economic downturn and increasing pressure on other agencies to reduce expenditure.				
Equity of health outcomes is improved Through our investment framework in Output 1 and through the hosting of a hui (Output 5) we will strengthen and co-ordinate Māori health research and encourage dissemination of findings and the development of collaborations. We will also assess our progress towards ensuring that research addresses equity by measuring the number of current research projects that respond to the priorities and needs identified in Vision Mātauranga (Output 1, p 38), and the number of Māori students who have been awarded successive Career Development Awards (Output 2, p 38).				
Attendance at Hui Whakapiripiri	205 in 2008/09	225	241	New Māori health research organisation established and applying for HRC funding Target = 1 by 2016
Participation in our hui has increased in recent years and we anticipate that attendance figures will continue to gradually increase. Past experience has shown that if we can provide the opportunities for Māori researchers to network and share their ideas, new research collaborations and organisations will be established. This is a desirable outcome because Māori research organisations are generally community-based and have the networks and expertise required to deliver high-impact research findings that will be broadly disseminated to, and trusted by, Māori. This is key to the uptake and utilisation of research.				

What the HRC Delivered in 2011/12

It is important that New Zealand derives health, social and economic gains from our investment in health research. In the last financial year the HRC has worked to maximise the benefit of the Government's investment in health research.

All successful applicants were selected for funding on the basis of their scientific merit, how well they addressed Research Investment Stream goals and priorities, and their potential to deliver important outcomes and achieve impact. The introduction in 2009 of an assessment criterion which assesses the likelihood of research to make an impact ensures the research we fund is focused on delivering improved health outcomes for New Zealanders.

All applications were assessed using peer review and contestable funding processes. Health research spanning the biomedical, clinical, health services, public health, Māori and Pacific health research spectrum were supported. The HRC's investment in a balanced combination of targeted basic and applied research further ensures that impact is achieved over the short and longer terms.

Health Research Contracts and Researchers Supported

As of 30 June 2012, the HRC supported 50 new research contracts through the annual funding round, in five contract types: Projects (26 contracts, $28M); Programmes (2 contracts, $9.68M); Programme Extensions (6 contracts, $27.46M); Feasibility Studies (5 contracts, $.719M); and Emerging Researcher First Grants (11 contracts, $1.5M); to a value of approximately $67.36M.

Programmes provide five to six years of support to the top-performing health research groups. The two new Programmes to be supported by the HRC over the next 5 years will explore ways of reducing and preventing perinatal brain injury and the development of cerebral palsy in infants, and generate promising new therapies for the regulation of fertility with the aim of designing new therapies to help infertile couples conceive, and to develop safer, more effective, contraceptives.

Aside from young researchers being supported as part of research teams with Project or Programme funding, and through the Emerging Researcher First Grant scheme, HRC offers a range of targeted career development awards. These are in the areas of Māori and Pacific health research and clinical research - areas that the HRC has identified as important to develop capacity with respect to achieving priority health outcomes. The awards mostly support Masters or PhD students, with a small number of post-doctoral researchers. In 2011/12, a total of 30 new awards were made to a value of $6.086M, with the HRC providing career development opportunities for 133 researchers when all current contracts are included.

In addition to these career development contracts, in 2011/12 the HRC supported an additional 414 health research contracts. The forward commitment value of all contracts is approximately $188.06M. Our research contracts span over 30 different research providers and organisations and support a workforce of over 2,721 positions. As many health researchers receive only part-time salary support on grants, and many are associated with grants but receive no salary support, this equates to approximately 751 full-time roles.

In 2011/12 the HRC selected, negotiated and managed all our health research contracts for less than 5 per cent of the Crown Funds allocated.

Impacts and Outcomes

As an indicator of the short term impacts of the health research investment, it was pleasing to note that there were a total of 616 publications arising from HRC funded research in the last financial year, 530 of which were in peer-reviewed journals.

While peer-reviewed journal articles are an essential tool for researchers to advance the body of knowledge, it is also important for research findings to be disseminated to the public and to health practitioners so that the health and wellbeing of New Zealanders can be improved. For 2011/12, HRC funded researchers also reported engaging in a total of 477 dissemination activities, ranging from presentations and workshops/hui, through to media articles, events and technical reports.

During this period our researchers were also involved in 249 collaborations (136 international and 113 national). This is an extremely encouraging indicator as this level of international collaboration is critical in ensuring effective knowledge transfer and uptake and in increasing New Zealand's access to world-wide medical advances. It is also a mark of the quality of New Zealand's health research and researchers.

A further 688 tangible outcomes with respect to products or services produced, were attributed to HRC funding in the last financial year. This includes the development of resources, policy advice, software and professional contributions made to the health and science and innovation sectors.

The HRC also supports innovative research that results in new diagnostics, treatments, technologies and services with commercial value. In 2011/12, 10 new patents were awarded; 8 patents are pending; and 6 Patent Co-operation Treaty (PCT) agreements have been filed as a direct outcome of HRC support.

Improving the Quality, Efficiency and Cost-Effectiveness of Health Delivery

Health research has a critical role to play in ensuring that our healthcare services are informed and of the highest quality, and in improving the cost-effectiveness and sustainability of that care. The HRC created the *NZ Health Delivery* Research Investment Stream (RIS) in order to attract, grow and support research that will provide innovative and workable solutions to New Zealand's health care challenges within a three-to-five year timeframe. Applicants must demonstrate the pathway to uptake of the new knowledge or innovations they have created, and must have the networks in place to achieve this from the outset.

These research projects have a very high proportion of clinically trained researchers, involve people based at a District Health Board or healthcare organization, and include researchers who have not held an HRC contract previously (suggesting that this RIS is opening up new research opportunities for those in the health sector). Importantly, these research projects also demonstrate genuine and sustained engagement with end-users.

The HRC is currently supporting 19 contracts to value of approximately $14.613M.

Research Partnerships for New Zealand Health Delivery

When stakeholders, such as health service managers, providers and policy makers are involved in the research process, the findings are more likely to be understood, taken up and applied. In 2010, the HRC launched our Research Partnerships for New Zealand Health Delivery initiative, which requires researchers to work in collaboration with health delivery decision makers, and for these decision makers to be involved throughout the research process. In addition, the health delivery organisation to which the decision maker belongs is also required to make a minimum contribution (financial or in-kind) towards the research costs.

The HRC is currently supporting 9 contracts through this initiative to the value of approximately $1.675M.

Engaging Clinicians in Research

Growing clinical research capacity is a key strategic priority for the HRC as we know this has a positive impact on the quality of health care delivery, knowledge transfer and uptake, and retention of the clinical workforce in New Zealand.

In 2006, the HRC established the Clinical Research Training Fellowship after capacity in the sector was identified as a barrier to research. The Fellowship supports clinicians to undertake research training and obtain postgraduate qualifications. An evaluation of the Clinical Research Training Fellowship in 2010 found that the Fellowship was successfully increasing research capacity and contributing to the translation of research into clinical practice. In 2011/12 the HRC supported 7 new Clinical Research Training Fellowships to a value of $1.2M, alongside 19 existing fellowships totalling $4.32M.

The 2011/12 financial year the HRC has continued to make great progress with respect to the involvement of clinicians in health research. Half of the individuals named on new contracts in 2011 were clinically trained. Of these, 56 percent were practising, based at a DHB, in primary care or in private practice. This provides a high degree of end-user engagement in research and a stronger likelihood of knowledge transfer, as those generating the knowledge are also involved in applying it.

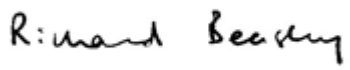
Statement of Responsibility

For the year ended 30 June 2012

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 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 2012.

Chair
Mr Robert Stewart, ONZM
Date: 31 October 2012



Deputy Chair
Professor Richard Beasley, CNZM
Date: 31 October 2012

AUDIT NEW ZEALAND
Mana Arotake Aotearoa

Independent Auditor's Report

To the readers of
Health Research Council of New Zealand's
financial statements and non-financial performance information
for the year ended 30June 2012

The Auditor-General is the auditor of Health Research Council of New Zealand (the Council). The Auditor-General has appointed me, David Walker, using the staff and resources of Audit New Zealand, to carry out the audit of the financial statements and non-financial performance information of the Council on her behalf.

We have audited:

- the financial statements of the Council on pages 43 to 61, that comprise the statement of financial position as at 30 June 2012, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date and notes to the financial statements that include accounting policies and other explanatory information; and
- the non-financial performance information of the Council that comprises the statement of objectives and service performance on pages 33 to 42.

Opinion

In our opinion:

- the financial statements of the Council on pages 43 to 61:
  - comply with generally accepted accounting practice in New Zealand; and
  - fairly reflect the Council's:
    - financial position as at 30 June 2012; and
    - financial performance and cash flows for the year ended on that date; and
- the non-financial performance information of the Council on pages 33 to 42:
  - complies with generally accepted accounting practice in New Zealand; and
  - fairly reflects the Council's service performance and outcomes for the year ended 30 June 2012, including for each class of outputs:
    - its service performance compared with forecasts in the statement of forecast service performance at the start of the financial year; and
    - its actual revenue and output expenses compared with the forecasts in the statement of forecast service performance at the start of the financial year.

Our audit was completed on 31 October 2012. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities, and we explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements and non-financial performance information are free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements and non-financial performance information. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements and non-financial performance information. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements and non-financial performance information, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Council's financial statements and non-financial performance information that fairly reflect the matters to which they relate. We consider internal control 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 Council's internal control.

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Council;
- the appropriateness of the reported non-financial performance information within the Council's framework for reporting performance;
- the adequacy of all disclosures in the financial statements and non-financial performance information; and
- the overall presentation of the financial statements and non-financial performance information.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements and non-financial performance information. We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Council

The Council is responsible for preparing financial statements and non-financial performance information that:

- comply with generally accepted accounting practice in New Zealand;
- fairly reflect the Council's financial position, financial performance and cash flows; and
- fairly reflect its service performance and outcomes.

The Council is also responsible for such internal control as is determined necessary to enable the preparation of financial statements and non-financial performance information that are free from material misstatement, whether due to fraud or error.

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

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the financial statements and non-financial performance information and reporting that opinion to you based on our audit. Our responsibility arises from section 15 of the Public Audit Act 2001 and the Crown Entities Act 2004.

Independence

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the New Zealand Institute of Chartered Accountants.

Other than the audit, we have no relationship with or interests in the Council.

David Walker
Audit New Zealand
On behalf of the Auditor-General
Auckland, New Zealand
Dated: 31 October 2012

Important Disclaimer by the Auditor-General on Audited Financial Statements on this Web Site

Please note that the maintenance and integrity of the financial statements in parliamentary papers on this web site is the responsibility of the Office of the Clerk of the House of Representatives.

I, as Auditor-General, and my appointed auditors, accept no responsibility for any changes that may have occurred or may occur to financial statements audited by us in regard to the presentation of those financial statements on this web site.

Our audit reports refer only to those financial statements named within a particular audit report. They do not provide an opinion on any other information that may have been hyperlinked to/from those audited financial statements.

If readers of this web site are concerned about the inherent risks arising from electronic data communication, they should refer to the published hard copies of the audited financial statements to confirm the information.

Legislation in New Zealand governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Statement of Objectives and Service Performance

For the year ended 30 June 2012

Introduction

The period under review is the twentieth full financial year of operation of the Health Research Council of New Zealand.

The HRC receives funding from the Government through Vote Science and Innovation to support Outputs 1 to 3 and Vote Health for the funds for Output 4.

Output 1: Health Research Contracts

Cost 2011/12	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Revenue from Crown	74,661	72,720	72,615
Health Research Contracts	80,306	78,110	79,185
Deficit funded from reserves	$5,645	$5,390	$6,570

Scope of the Output

The HRC invests in health research contracts through contestable funding rounds and co-funding partnerships. This output covers research contracted through annual funding rounds.

Annual Funding Round

The annual funding round is our major opportunity to support investigator-initiated[2] research proposals. Ensuring that research proposal assessment and contracting is equitable, free from conflict of interest and identifies the best ideas is a major part of the work of the HRC. The process of assessment, leading to funding decisions, takes about six months in total and involves approximately 240 expert committee members and a further 450-500 specialist reviewers.

The HRC supports four different types of contract through the annual funding round: Projects (up to 3-years duration, $1.2 million maximum), Programmes (5-years duration, $5 million maximum), Feasibility Studies (1-year duration, $150,000 maximum) and Emerging Researcher First Grants (3-years duration, $150,000 maximum). All new contracts were selected using our international best practice method of peer review and are subject to monitoring to ensure delivery of contracted outcomes. In 2011/12, HRC offered 26 new Projects, 2 new Programmes, 6 programme extensions 5 new Feasibility Studies and 11 new Emerging Researcher First Grants, in addition to the research contracts still active from previous years.

Historically, a one-stage application process was used, with applicants spending considerable time preparing detailed research proposals. Greater than 80% of proposals, however, did not receive funding. In order to help reduce the transaction costs for researchers, the HRC moved to a two-stage process in 2009 that requires researchers to submit a brief Expression of Interest (EoI) before investing time and effort in developing a full application. The EoIs are assessed by committees of experts and only if the EoI is accepted do they then go on to prepare a full application. The number of EoIs invited to full application is regulated such that the success rate at full application will be about 50%. This approach considerably reduces transaction costs for research organisations and most applicants. Furthermore, the HRC has fewer full applications to process and review, reducing the pressure on expert peer-reviewers.

[2]Investigator-initiated research means that the applicant has developed the proposal independently, and not in response to a specific request from the HRC. They must align their work with the HRC's Investment Signals, but can put forward their best and brightest ideas.

Another major change to this output has been the introduction of Research Investment Streams. These represent newly defined broad priority areas for HRC's research investment, and reflect our drive to deliver greater value for money by ensuring that investment is directed to areas of greatest research need and opportunity. The four Research Investment Streams, and the indicative proportion of new investment, are:

- *New Zealand Health Delivery* (approximately 20%)
  Research will impact on the health system and service delivery in the short term, to contribute to services being delivered more effectively.

- *Improving Outcomes for Acute and Chronic Conditions in NZ* (approximately 35-40%)
  Research supported in this stream will contribute to the understanding, prevention, diagnosis and management of non-communicable conditions.

- *Rangahau Hauora Māori* (approximately 10%)
  The stream will support Māori health research improving Māori health outcomes, and quality of life.

- *Health and Wellbeing in NZ* (approximately 30-35%)
  Research funded through this stream will contribute to health and wellbeing throughout the life course. The stream recognises that enhancing health and wellbeing is the best long-term strategy to reduce demand on the health system.

Ngā Kanohi Kitea

HRC supports iwi, hapu and Māori community groups to address community-identified health needs through a specific funding opportunity. Funding will be derived from the Vision Mātauranga Capability Fund. An important component of the scheme will be the development of capacity to engage in research.

Alignment with HRC's Outcome Framework

Health research contracted through this output delivers to the following outcomes:

Outcome 1: New knowledge, solutions and innovations for health are created.
Outcome 2: The healthcare system is improved through research evidence.

Performance Indicators

The key performance indicators for this output relate to the quality of HRC-funded research. High-quality research that responds to health sector needs and is balanced across medium and longer-term goals is needed to underpin health benefits and innovation, and ensure the relevance of health research to New Zealand.

Output 1: Health Research Contracts

Outcome	Impact	Performance Indicator	Baseline	Target 2011/12	Actual 2011/12
New knowledge, solutions and innovations for health are created	High-impact research is conducted and translated	Number of research contracts meeting translational research criteria per annum	8 in 2008/09	10	15
The healthcare system is improved through research evidence and innovation	Cost-effectiveness and sustainability of health system	Number of New Zealand Health Delivery contracts that have implications for clinical cost-effectiveness	New action, baseline and target to be established 2012		40%
The best clinicians and researchers are attracted, supported and retained	Research opportunities for frontline clinicians strengthen healthcare practice and health services	Increased support for experienced clinicians to sustain a programme of research	New award in 2011/12 Baseline and target to be established 2012		Guidelines and criteria for funding new award established Contracts 2012/13
The relevance, responsive-ness and robustness of health research is improved	Equity of outcomes is improved	Number of current research contracts that respond to the priorities and needs identified in Vision Mātauranga[3]	36 in 2008/09	50	58
	Investment represents best value	Ensure at least 50% of research investment is in longer term Programme contracts	50% 1999/00	50%	55%
	The health research funding environment is transparent and ensures quality research	Number of applications processed/approved	487/68 in 2010 Round	Maintain number approved	464/53 2012 Round

[3]See HRC website to view Vision Matāuranga Strategy (www.hrc.govt.nz).

Outcome	Impact	Performance Indicator	Baseline	Target 2011/12	Actual 2011/12
		Number of appeals for reconsideration of an HRC funding decision received by the Board	0 in 2010	0	0
		Proportion of contracts monitored for research progress and contractual compliance through reporting mechanisms	100% 1991	100%	100%
		Investment in health research represents best value ($ contract management budget/$ investment funds)	5.5% in 2008	Maintain or decrease	4.1%
	Investment represents best value	Development of a searchable, on-line database of key research findings from HRC contracts	New action Baseline and target to be established 2012		Due for completion in early 2013

Performance Indicator Progress Summary

The targets identified and the actual results achieved for 2011/12 show how the HRC continues to deliver high quality, robust and transparent processes for making investment decisions that have resulted in no appeals and 100 percent compliance with respect to the management and monitoring of research contracts. In addition, the HRC has delivered these quality services very cost-effectively, having reduced the cost of providing these services from 5.5 percent in 2008 to 4.1 percent for this financial year. Although fewer research contracts were able to be supported in 2011/12 than in previous years, we have been able to sustain our commitment to longer-term Programme contracts which support our most experienced teams working in high health need areas, providing much needed stability and continuity for the health research community. It is very pleasing to see that our performance indicators show that we have also been successful in generating increases across a number of key variables that the HRC has identified as important if we are to improve health outcomes for New Zealanders. Increased support for health research that is translational, involves frontline clinicians, addresses health equity and is focused on finding cost-effective solutions, moves us closer to keeping New Zealanders healthy and productive and supporting our economic growth and sustainability.

Output 2: Career Development Contracts

Cost 2011/12	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Revenue from Crown	6,198	5,930	6,048
Cost of Output	6,086	6,840	5,472
Surplus (Deficit)	$112	$(910)	$576

Scope of the Output

The HRC offered a programme of career development awards, each aimed at addressing a gap in the health research workforce and building vital capacity. In the period ending July 2012, there were 133 active career development contracts, some of which had been initiated up to four years previously.

30 awards were offered in the areas of Māori, Pacific and clinical health research, and disability research, to support a mixture of Masters, PhD and post-doctoral researchers. Three prestigious Sir Charles Hercus Health Research Fellowships were offered. These Fellowships aim to build future capability to conduct world-class research in New Zealand. These advanced post-doctoral fellowships support an outstanding emerging researcher (4-8 years post PhD) who wishes to establish a career in health research in New Zealand – this includes those returning to New Zealand from overseas. All career development awards are chosen on the basis of expert review of the proposed research and the potential and record of the applicant.

Alignment with HRC's Outcome Framework

Career development contracts awarded through this output deliver to the following outcomes:

Outcome 1: New knowledge, solutions and innovations for health are created.
Outcome 2: The healthcare system is improved through research evidence.
Outcome 3: The best clinicians and health researchers are attracted, supported and retained in New Zealand.

Performance Indicators

The progress of all career development awardees is monitored through review of annual reports and periodic outcome evaluations. Satisfactory progress reflects several factors including an effective recipient selection process, good recipient performance and an appropriately supportive training environment.

Outcome	Impact	Performance Indicator	Baseline	Target 2011/12	Actual 2011/12
The best clinicians and researchers are attracted, supported and retained in New Zealand	Research opportunities for frontline clinicians are increased	Increased investment in clinical research training and career development	$1.27M in 2010/11	Increase to $1.40M	$1.70M
	Research capacity to address the needs of our unique population	Number of Māori students who have been awarded successive Career Development Awards	New measure Baseline and target to be established 2012		22%
	Promising emerging researchers gain valuable experience	Number of masters and doctoral theses produced annually	100 in 2009/10 Revised baseline in 2011/12 = 36	–	36

Performance Indicator Progress Summary

The targets identified and the actual results achieved for 2011/12 show how the HRC has successfully increased investment in research training opportunities for clinicians over and above the identified target. This reflects the HRC's commitment to growing the clinical health research workforce and our belief in the value generated by clinicians being involved in research. Other key areas of focus for the HRC are supporting emerging researchers to gain valuable research experience (of which Masters and Doctoral theses submitted are a surrogate measure as they represent completion of an independent health research project), and growing the capacity and capability best able to address the poor health outcomes of Māori. HRC has created a career development structure to support Maori health researchers with the aim of enabling and encouraging career progression from Masters through to Postdoctoral level. This new measure will allow us to judge how successful our career development award structure is at progressing and retaining this vital capacity.

Output 3: Co-Funding Relationships

Cost 2011/12	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Revenue from Crown	4,369	4,040	6,036
Cost of Output	4,470	4,070	4,810
Surplus (Deficit)	$(101)	$(30)	$1,226

Scope of the Output

Through research co-funding relationships, the HRC can maximise the investment in health research. By using Vote S&I funding to leverage additional investment from other agencies (both public and private sector), not only can more significant pieces of research be funded than the individual agencies alone could support, but there is increased coordination of research across agencies. Additionally, co-funding is a useful tool to promote the "ownership" of health research outcomes by other agencies, thereby increasing the likelihood that there will be transfer of research knowledge and translation into tangible change in policy or practice. The HRC invests in co-funding relationships through the Partnership Programme and the International Relationships Fund.

In 2011/12 HRC and partners supported research in areas as diverse as tobacco control, oral health, breast and prostate cancer, primary care, health literacy and cardiovascular disease and cancer (collaboratively with A*STAR in Singapore).

The Partnership Programme

The HRC established the Partnership Programme in 2000 to deliver research that more effectively meets the knowledge needs of policy-makers, planners and those involved in healthcare delivery. In addition, the HRC has used this model as a means of leveraging funding, making it possible to commission larger, more significant pieces of research than each funding partner alone could afford to support. Through the programme, the HRC partners directly with stakeholders to commission research that is needed for the purposes of planning or policy. Since the inception of the programme, the HRC has entered into funding agreements with a wide range of partners – both Government and non-Government agencies. Use of the HRC's expertise and processes for commissioning research is a prerequisite in all funding agreements. We also commission health research on behalf of other funders who wish to take advantage of these processes, but do not require co-funding from the HRC.

International Relationships Fund

Funding for the international relationships component of this Output has been scaled back by MSI. In 2011/12 the International Relationships Fund provides funds to cover completion of existing research contracts, and to support costs associated with engaging with the Human Frontiers Science Programme – an international funding opportunity offering grants and fellowships for world-leading life sciences research and researchers.

The HRC hopes to find a means to continue to support international research collaborations that leverage gains for New Zealand, as and when these opportunities arise, within existing resources.

Alignment with HRC's Outcome Framework

Health research contracts awarded through this output deliver to the following outcomes:

Outcome 1: New knowledge, solutions and innovations for health are created.
Outcome 2: The healthcare system is improved through research evidence.
Outcome 5: The relevance, responsiveness and robustness of health research is improved.

Performance Indicators

The performance indicators relate to our ability to develop strategic partnerships with other agencies in the health research sector, and the benefit leveraged from these partnerships.

Outcome	Impact	Performance Indicator	Baseline	Target 2011/12	Actual 2011/12
The relevance, responsive-ness and robustness of health research is improved	Strategic partnerships engage and leverage benefit	Number of funding agreements involved in co-funding research with HRC Partnership Programme funding agreements	17 in 2009/10	15	10
		Dollar value of investment leveraged from funding partners for every dollar of HRC investment	$1.76 in 2009/10	$1.5	$0.59
Of all of the HRC's initiatives, the Partnership Programme is most likely to be affected by financial constraints resulting from an economic downturn, as partners have less investment for research; consequently, standards of performance for 2011/12 are set lower than the 2010 baseline.					

Performance Indicator Progress Summary

The targets identified and the actual results achieved for 2011/12 reflect the difficulty that Government and non-government organisations alike are experiencing in finding the opportunity and the resources to commission and fund research in the current economic climate. The performance indicators show that the HRC has experienced a slight drop in the number of strategic partnerships we have entered into in the last financial year, with a corresponding drop in the dollar value the HRC is able to leverage from these partnerships to grow investment in health research. This does not however detract from the success our Research Partnerships generate in meeting the health research evidence needs of the public sector by seeding evidence-based policy and practice, and growing the pool of available funds to support health research that is highly relevant, responsive and timely.

Output 4: Contribution to Policy, Regulatory and Ethical Frameworks

Cost 2011/12	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Revenue from Crown	285	285	285
Cost of Output	290	400	400
Deficit funded from other income	$5	$115	$115

Scope of the Output

Under this output, the HRC undertakes regulatory activities and safety monitoring, and provides strategic advice on health research issues. These activities are provided primarily through the work of several HRC committees, which are listed below with their key functions.

- ***HRC Ethics Committee***: Provides independent ethical advice on health research of national importance or great complexity, accredits all health and disability and institutional ethics committees in New Zealand, provides second opinions on disputed decisions for research involving human participants and on the ethics of introducing innovative practices, and produces guidelines on ethical research conduct. The Ethics Committee also administers the Data Monitoring Core Committee.

- ***Data Monitoring Core Committee (DMCC)***: Provides objective, independent monitoring of clinical trials in New Zealand. Primarily, large-scale clinical trials initiated by New Zealand researchers relating to life-threatening diseases, or diseases which cause irreversible morbidity or where there are special concerns regarding patient safety, where the study investigators are inexperienced, or where study integrity could be enhanced by the independence of the DMCC.

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

- ***Standing Committee on Therapeutic Trials (SCOTT)***: When requested by the HRC Board, SCOTT will assess whether or not the proposed clinical trial of a medicine will provide clinically and scientifically useful information, particularly in relation to the safety and efficacy of the agent.

Part of the HRC's contribution to an ethical health research environment is ensuring that health research in New Zealand is conducted in a way that is culturally appropriate and responsive to the needs of our diverse population. To this end, the HRC provides guidelines on the conduct of Māori health research and Pacific health research and requires that applicants formally address responsiveness to Māori in research proposals.

Alignment with HRC Outcomes Framework

Outcome 4: Health research in New Zealand is ethical and safe.

Performance Indicators

The performance indicators relate to the HRC's regular communication of ethics issues to the research community, and our capacity to provide advice and assistance when new medical therapies and clinical trials require ethical review.

Outcome	Impact	Performance Indicator	Baseline	Target 2011/12	Actual 2011/12
Health research in New Zealand is ethical and safe	Access to well-informed, independent ethical advice	Number of 'Ethics Notes' published to inform researchers of issues on ethics in health research	2 in 2009/10	2	1
	Sound ethical framework for new technologies and trials	Convene Ethics Committee, DMCC, SCOTT and GTAC as required	Convened and provide timely advice as needed		HRC Ethics Committee (convened 5 times) DMCC (convened 6 times) SCOTT (convened once)
	High-quality, consistent system of ethical review	Number of researchers from non-HRC funded clinical trials requesting monitoring by the DMCC	1 in 2008/09	2	0

Performance Indicator Progress Summary

The targets identified and the actual results achieved for 2011/12 show how the HRC Ethics Committee continues to perform its important role of approving and monitoring Health and Disability Ethics Committees (HDECs) and providing an appeals process, 'as and when needed'. In addition, the HRC continues to provide resources for the research community which supports the conduct of ethical research, and has provided valuable expertise in monitoring the conduct and safety of clinical trials. Unlike our other performance indicators, those relating to the HRC's policy, regulatory and ethics function show that we are performing our role well when there is little demand for independent ethical advice, because it demonstrates that the Health and Disability Ethics Committees (HDECs) accredited and monitored by the HRC, are performing well.

Financial Statements

Health Research Council of New Zealand

Statement of Accounting Policies

For the year ended 30 June 2012

Reporting Entity
The Health Research Council of New Zealand ("the HRC") is a Crown entity as defined by the Crown Entities Act 2004 and is domiciled in New Zealand. As such, the HRC's ultimate parent is the New Zealand Crown.

The HRC's primary objective is to benefit New Zealand through health research, as opposed to that of making a financial return.

Accordingly, the HRC has designated itself as a public benefit entity for the purposes of New Zealand Equivalents to International Financial Reporting Standards ("NZ IFRS").

The financial statements for the HRC are for the year ended 30 June 2012 and were approved by the Board on 31 October 2012.

Basis of preparation
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 New Zealand generally accepted accounting practice ("NZ GAAP").

The financial statements comply with NZ IFRSs, and other applicable Financial Reporting Standards, as appropriate for public benefit entities.

Measurement base
The financial statements have been prepared on a historical cost basis.

Functional and presentation currency
The financial statements are presented in New Zealand dollars and all values are rounded to the nearest thousand dollars ($000). The functional currency of the HRC is New Zealand dollars.

Standards, amendments and interpretations that are not yet effective and have not been early adopted
The following standards and amendments to existing standards have been issued that are relevant to the HRC, but the Council has not adopted them early:

- NZ IFRS 9 Financial Instruments will eventually replace NZ IAS 39 Financial Instruments: Recognition and Measurement. NZ IAS 39 is being replaced through the following 3 main phases: Phase 1 Classification and Measurement, Phase 2 Impairment Methodology, and Phase 3 Hedge Accounting. Phase 1 has been completed and has been published in the new financial instruments standard NZ IFRS 9. NZ IRFS 9 uses a single approach to determine whether a financial asset is measured at amortised cost or fair value, replacing the many different rules in NZ IAS 39. The approach in NZ IFRS 9 is based on how an entity manages its financial assets (its business model) and the contractual cash flow characteristics of the financial assets. The financial liability requirements are the same as those of NZ IAS 39, except for when an entity elects to designate a financial liability at fair value through the surplus/ deficit. The new standard is required to be adopted for the year ended 30 June 2016. However, as a new Accounting Standards Framework will apply before this date, there is no certainty when an equivalent standard to NZ IFRS 9 will be applied by public benefit entities.

The Minister of Commerce has approved a new Accounting Standards framework (incorporating a Tier Strategy) developed by the External Reporting Board (XRB). Under this Accounting Standards Framework, the HRC is classified as a Tier 1 reporting entity and it will be required to apply full Public Benefit Entity Accounting Standards (PAS). These standards are being developed by the XRB based on current international Public Sector Accounting Standards. The effective date for the new standards for public sector entities is expected to be for reporting periods beginning on or after 1 July 2014. This means the Council expects to transition to the new standard in preparing its 30 June 2015 financial statements. As the PAS are still under development the HRC is unable to assess the implications of the new Accounting Standards Framework at this time.

Due to the change in Accounting Standards Framework for public benefit entities, it is expected that all new NZ IFRS and amendments to existing NZ IFRS will not be applicable to public benefit entities. Therefore, the XRB has effectively frozen the financial reporting requirements for public benefit entities up until the new Accounting Standard Framework is effective. Accordingly, no disclosure has been made about new or amended NZ IFRS that exclude public benefit entities from their scope.

Changes in Accounting Policies
There have been no changes in accounting policies during the year.

Significant Accounting Policies

Revenue
Revenue is measured at the fair value of consideration received or receivable.

Revenue from the Crown is recognised as revenue when earned and is reported in the financial period to which it relates.

Interest income is recognised when it is due and is reported in the financial period to which it relates.

Provision of services
Revenue derived through the provision of services to third parties is recognised as it is earned and is reported in the financial period to which it relates.

Vested assets
Where a physical asset is gifted to or acquired by the HRC for nil or nominal cost, the fair value of the asset received is recognised as income. Such assets are recognised as income when control over the asset is obtained.

Leases
Operating leases
Leases that do not transfer substantially all the risks and rewards incidental to ownership of an asset to the HRC are classified as operating leases. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the term of the lease.

Lease incentives received are recognised in the surplus or deficit over the lease term as an integral part of the total lease expense.

Cash and cash equivalents
Cash and cash equivalents include cash on hand, deposits held at call with banks both domestic and international, other short-term, highly liquid investments, with original maturities of four months or less and bank overdrafts.

Debtors and other receivables
Debtors and other receivables are initially measured at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment.

Impairment of a receivable is established when there is objective evidence that the HRC will not be able to collect amounts due to the original terms of the receivable. Significant financial difficulties of the debtor, probability that the debtor will enter into bankruptcy, and default in payments between the assets carrying amount and the present value of estimated future cash flows, discounted using the original effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account, and the amount of the loss is recognised in the surplus or deficit. When the receivable is uncollectible, it is written off against the allowance account for receivables. Overdue receivables that have been renegotiated are reclassified as current (that is not past due).

Non-derivative financial instruments
Non-derivative financial instruments comprise of loans and receivables and financial liabilities. Loans and receivables are measured at amortised cost without regard to the Council's intention to hold them to maturity. Financial liabilities are measured at amortised cost.

A financial instrument is recognised if the Council becomes a party to the contractual provisions of the instrument. Financial assets are de-recognised if the Council's contractual rights to the cash flows from the financial assets expire or if the Council transfers the financial asset to another party without retaining control or substantially all risks and rewards of the asset.

Property, plant and equipment
Property, plant and equipment asset classes consist of leasehold improvements, furniture and office equipment.

Property, plant and equipment are shown at cost, less any accumulated depreciation and impairment losses.

Additions
The cost of an item of property, plant and equipment is recognised as an asset only when it is probable that future economic benefits or service potential associated with the item will flow to the HRC and the cost of the item can be measured reliably.

Disposals
Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset. Gains and losses on disposals are included in the surplus or deficit.

Subsequent costs
Costs incurred subsequent to initial acquisition are capitalised only when it is probable that future economic benefits or service potential associated with the item will flow to the HRC and the cost of the item can be measured reliably.

The costs of day-to-day servicing of property, plant and equipment are recognised in the surplus or deficit as they are incurred.

Depreciation
Depreciation on Property Plant and Equipment is based on a straight line basis at rates calculated to allocate the cost of the assets over their estimated useful lives. The useful lives adopted are:

Office and computer equipment	3 to 5 years
Leasehold improvements	5 years

Impairment
Property, plant and equipment that ha a finite useful life is 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 amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

Value in use is depreciated replacement cost for an asset where the future economic benefits or service potential of the asset are not primarily dependent on the asset's ability to generate net cash inflows and where the HRC would, if deprived of the asset, replace its remaining future economic benefits or service potential.

If an asset's carrying amount exceeds its recoverable amount, the asset is impaired and the carrying amount is written down to the recoverable amount and is recognised in the surplus or deficit. Any reversal of impairment losses are also recognised in the surplus or deficit.

Creditors and other payables
Creditors and other payables are initially measured at fair value and subsequently measured at amortised cost using the effective interest method.

Employee entitlements
Short-term employee entitlements
Employee entitlements that the HRC expects to be settled within 12 months of balance date are measured at undiscounted nominal values 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, retiring and long service leave entitlements expected to be settled within 12 months.

Superannuation schemes
Defined contribution schemes
Obligations for contributions to Superannuation Schemes are accounted for as defined contribution superannuation schemes and are recognised as an expense in the surplus or deficit as incurred.

Good and Service Tax (GST)
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 then it is recognised as part of the related asset or expense.

The net amount of GST recoverable from, or payable to, the Inland Revenue Department (IRD) is included as part of receivables or payables in the statement of financial position.

The net GST paid to, or received from the IRD, including GST relating to investing and financing activities is classified as a net operating cash flow in the statement of cash flows. Commitments and contingencies are disclosed exclusive of GST.

Income Tax
The HRC is a public authority and consequently is exempt from the payment of income tax. Accordingly, no charge for income tax has been provided for.

Budget figures
The budget figures are derived from the Statement of Intent as approved by the Council 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 HRC for the preparation of the financial statements.

Cost allocation
The HRC has determined the cost of outputs using the cost allocation system outlined below.

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/usage information. Depreciation is charged on the basis of asset utilisation. Personnel costs are charged on the basis of time incurred. Property and other premises costs, such as maintenance, are charged on the basis of floor area occupied for the production of each output. Other indirect costs are assigned to outputs based on the proportion of direct staff costs for each output.

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 or assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities.

Critical judgements in applying the HRC's accounting policies
Management has exercised the following critical judgments in applying the HRC's accounting policies for the period ended 30 June 2012.

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.

Classification as a finance lease means the asset is recognised in the statement of financial position as property, plant and equipment, whereas for an operating lease no such asset is recognised.

Accounting Policy for Cost of Services
Expenditure is recognised in the period in which it is incurred.

Accounting Policy for Capital Charges
The Capital Charge is recognised as an expense in the financial year which the capital charge relates to.

Health Research Council of New Zealand

Statement of Comprehensive Income

For the year ended 30 June 2012

	Note	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Revenue				
Revenue from the Crown	1	83,583	82,305	83,823
Interest		468	250	447
Other	2	1,462	420	977
Total Revenue		$85,513	$82,975	$85,247
Cost of outputs	3 –4	91,152	89,420	90,130
surplus or deficit		($5,639)	($6,445)	($4,883)
Other comprehensive income			-	
Total comprehensive income		($5,639)	($6,445)	($4,883)

Statement of Movements in Equity

For the year ended 30 June 2012

		Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Equity at start of year		15,150	12,760	19,958
surplus or deficit		(5,639)	(6,445)	(4,883)
Interest net of charges on Foxley Reserve fund		(6)	-	75
		(5,645)	(6,445)	(4,808)
Total Equity at end of year	9	$9,505	$6,315	$15,150
Represented by				
Public Equity		7,870	6,315	13,509
Foxley Reserve Fund		1,635	-	1,641
Total Equity at 30 June	9	$9,505	$6,315	$15,150

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

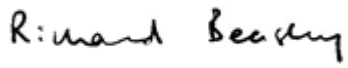
Health Research Council of New Zealand

Statement of Financial Position

As at 30 June 2012

	Note	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Current Assets				
Cash and Cash Equivalents	5	31,000	29,005	32,072
Accounts receivable	6	242	760	6,851
		31,242	29,765	38,923
Current Liabilities				
Accounts payable	7	21,800	23,560	23,835
Working Capital		9,442	6,205	15,088
Non-Current Assets				
Property Plant and Equipment	8	63	110	62
Net Assets		$9,505	$6,315	$15,150
Equity	9	$9,505	$6,315	$15,150

Chair
Mr Robert Stewart, ONZM
Date: 31 October 2012



Deputy Chair
Professor Richard Beasley, CNZM
Date: 31 October 2012

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

Health Research Council of New Zealand

Statement of Cash Flows

For the year ended 30 June 2012

	Note	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Cash flows from operating activities				
Cash was provided from				
Receipts from Crown		90,018	88,305	88,834
Interest		408	250	461
Other revenue		1,462	420	977
		91,888	88,975	90,272
Cash was applied to				
Payments to suppliers		87,058	-	87,284*
Payments to employees		2,665	-	2,684
GST		(29)	-	19
		89,694	89,370	89,987
Net cash flows from operating activities	10	2,194	($395)	285
Cash flows from investing activities				
Cash was provided from				
Funds held on behalf of other agencies		4,975	-	3,533*
Cash was applied to				
Fund paid on behalf of other agencies		(8,202)	-	(6,887)*
Property Plant and Equipment purchased		(33)	(70)	(26)
Net cash flows from (applied to) investing activities		(3,260)	(70)	(3,380)
Cash flows from financing activities				
Cash was provided from				
Net interest on reserve fund		(6)	-	75
Net cash flows from financing activities		(6)	-	75
Net increase (decrease) in cash held		(1,072)	(465)	(3,020)
Cash and Cash Equivalents at beginning of year		32,072	29,470	35,092
Cash and Cash Equivalents at end of year	5	$31,000	$29,005	$32,072

The GST component of operating activities reflects the net GST paid and received with the Inland Revenue Department. The GST component has been presented on a net basis, as the gross amounts do not provide meaningful information for financial statement purposes.

*Prior year figure have been re-categorised to disclose movements in funds held on behalf of other agencies so as to align with current year's presentation.

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

Health Research Council of New Zealand

Notes to the Financial Statements

For the year ended 30 June 2012

Note 1 Revenue from the Crown	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Ministry of Research Science and Technology and Ministry of Science and Innovation	83,298	82,020	83,538
Ministry of Health	285	285	285
	$83,583	$82,305	$83,823

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 MSI and MoH. Apart from these general restrictions, there are no unfulfilled conditions or contingencies attached to government funding (2011 nil).

Note 2 Other Income	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Bequests and Donations received	536	20	-
Other (Management fees)	926	400	977*
	$1,462	$420	$977

Note 3 Cost of Producing Outputs	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Health Research Contracts	80,306	78,110	79,448*
Career Development Contracts	6,086	6,840	5,472
Co-funding Relationships	4,470	4,070	4,810
Contribution to policy, regulatory and ethical framework	290	400	400
	$91,152	$89,420	$90,130

*Prior year figures have been re-categorised to include SCOTT fees on a gross rather than net basis so as to align with the current year's presentation.
The HRC administers the Standing Committee for Therapeutic Trials (SCOTT) on behalf of the Ministry of Health. The net cost of this service is spread across all Outputs.

Note 4 Other Expenditure Disclosures	Actual 2012 $(000)	Budget 2012 $(000)	Actual 2011 $(000)
Meetings and Committee Costs	702	750	641
Council Costs (including fees)	187	250	206
Salaries	2401	2516	2436
Defined contribution plan –employer contributions	262	294	267
Property costs	297	330	297
Remuneration of Auditors			
Audit fee for financial statement audit	43	50	41
Depreciation	32	50	36
Capital Charge	606	-	-

Employee Remuneration	Actual 2012 $(000)	Actual 2011 $(000)
Employees receiving over $100,000		
100,000 to 109,999	1	
110,000 to 119,999	1	1
120,000 to 129,999	1	
130,000 to 139,999		3
140,000 to 149,999	2	
150,000 to 159,999		1
160,000 to 169,999	1	
280,000 to 289,999		1
290,000 to 299,999	1	

Councillors' Fees	Appointed	Retired	Actual 2012 $(000)	Actual 2011 $(000)
Mr R Stewart, ONZM	Sept 09		24	24
Professor R Beasley, CNZM	Sept 09		15	15
Ms K Fox	Jan 08	Dec 10	-	6
Dr M Harwood	Sept 09		11	10
Ms E Ludemann	Sept 09		12	12
Professor R Poulton	Sept 05	August 11	3	15
Dr C Powell	Sept 09		12	11
Professor A Reeve	July 06		15	15
Professor Anne Richardson	August 11		10	
Professor L Tuhiwai Smith	Aug 08		15	15
Ms S Snively	Dec 10		12	7
Associate Professor S Stott	Jan 08		12	12
			$141	$142

Fees Paid to Committee Members	**Actual 2012** $(000)	**Actual 2011** $(000)
Professor Wickliffe Abraham	1.14	
Dr Lynley Anderson	0.4	0.2
Ms Annabel Ahururi-Driscoll	1.80	
Associate Professor Toni Ashton	0.70	1.00
Ms Mere Balzer		0.80
Dr Arindam Basu	0.80	
Ms Laura Bennet	0.60	1.00
Dr Pamela Bennet		3.20
Professor Michael Berridge	1.27	1.20
Mr Russell Blakelock	0.74	
Dr Mark Bolland	1.00	
Emeritus Professor Ruth Bonita		0.20
Dr Olaf Bork	1.00	
Dr Amohia Boulton	5.69	2.64
Dr Virginia Braun		1.00
Dr Marilyn Brewin	1.40	4.10
Mr Geoff Bridgman	0.80	1.60
Associate Professor Stephen Buetow	3.06	3.06
Professor Winston Byblow	1.45	
Associate Professor Vicky Cameron	2.90	1.70
Professor Richard Cannon	2.10	
Professor Jennifer Carryer	0.60	
Professor Kerry Chamberlain		2.41

Fees Paid to Committee Members	**Actual 2012**	**Actual 2011**
	$(000)	$(000)
Dr Kuinileti Chang-Wai		0.26
Dr Melanie Cheung	1.80	
Associate Professor Love Chile	0.49	
Associate Professor Lai-Ming Ching		0.55
Dr Terryann Clark		0.20
Professor Martin Connolly	2.10	1.00
Associate Professor Bronwen Connor	1.90	
Dr Jennie Connor	2.20	0.80
Dr Kirsten Coppell		1.00
Ms Donna Cormack	1.00	2.50
Associate Professor Brett Cowan	0.80	
Professor Brian Cox		0.55
Dr Suzanne Crengle	0.80	
Associate Professor Philip Crosier	0.30	1.17
Dr Marie Crowe	1.00	
Professor Timothy Cundy	1.00	1.10
Dr Elana Curtis	2.80	
Associate Professor Wayne Cutfield	0.40	2.96
Associate Professor John Dalrymple-Alford	1.00	
Dr Tim Dare	1.21	1.35
Associate Professor Catherine Day		0.80
Ms Nikki Denholm	0.25	
Professor Elaine Dennisson	1.00	
Dr Sarah Derrett		1.00
Dr Kevin Dew	0.80	1.45
Dr Ofa Dewes	0.60	
Dr Nigel Dickson	1.00	1.00
Professor Paul Donaldson	1.20	
Associate Professor Susan Dovey	1.00	1.10
Professor Sir Mason Durie		0.14
Dr Hinemoa Elder	0.80	
Dr Lis Ellison-Loschman		2.61
Professor Ian Evans	1.20	1.20
Associate Professor John Evans		1.80
Ms Lorraine Evening	1.00	
Professor Peggy Fairbairn-Dunlop		0.81
Dr Monique Faleafa	0.70	0.10
Professor David Fergusson	1.00	
Dr Ridvan Firestone	0.60	0.60
Dr Penny Fitzharris	1.10	1.35
Professor John Fraser	1.00	
Dr Barbara Galland		0.80
Mr Nicholas Garrett	2.40	2.00
Dr Heather Gifford	0.90	1.00
Dr Jean Gilmour	0.90	2.10
Professor Paul Glue	3.25	2.10
Professor Merryn Gott	1.10	
Dr Rebecca Grainger	1.00	

Fees Paid to Committee Members	Actual 2012	Actual 2011
	$(000)	$(000)
Dr Florence Green	2.01	0.30
Associate Professor Parry Guilford	1.00	
Mr Beau Haereroa	1.90	0.20
Dr Graeme Hammond-Tooke		1.10
Mr Jonas Hapuku	1.80	2.00
Ms Riripeti Haretuku	1.80	2.00
Dr William Harrison	1.00	
Dr Simon Hatcher		1.00
Dr Seton Henderson	2.10	
Professor Allan Herbison	1.94	3.16
Associate Professor Peter Herbison	1.00	0.33
Professor John Highton		1.90
Dr Maureen Holdaway	0.10	
Professor Gary Hook	0.18	0.50
Dr Julia Horsfield		1.20
Dr John Huakau	0.60	0.60
Mr Maui Hudson		0.40
Dr Tristram Ingham	2.30	1.80
Dr Gary Jackson	0.10	0.10
Dr Michael Jameson		0.80
Dr Chrystal Jaye		1.10
Ms Bernadette Jones	1.00	
Professor Richard Jones	1.00	
Professor Jari Kaipio	1.00	
Dr Tai Kake	0.90	
Associate Professor Timothy Kenealy	0.90	
Associate Professor Martin Kennedy	0.60	0.67
Associate Professor Ngaire Kerse	0.60	1.10
Dr Te Kani Kingi	2.75	2.30
Dr Ray Kirk	1.00	2.90
Professor Jane Koziol-Mclain	1.00	1.00
Dr Tahu Kukutai	1.10	
Dr George Laking	1.20	
Dr Peter Larsen	1.00	2.10
Professor Ross Lawrenson		2.24
Professor Graham Le Gros	2.21	0.60
Dr Ieta Lima	0.90	1.40
Professor Anthony MacKnight	1.62	1.71
Dr Alexandra Macmillan		0.50
Dr Ralph Maddison		1.00
Ms Charrissa Makowharemahihi	0.15	
Associate Professor Derelie Mangin		1.00
Associate Professor Patrick Manning	2.96	1.00
Dr John McCall	0.90	0.80
Dr Kahu McClintock	5.87	4.15
Associate Professor Alexander McLellan		1.00
Professor Neil McNaughton		2.10
Professor Kathryn McPherson	2.83	1.55

Fees Paid to Committee Members	**Actual 2012**	**Actual 2011**
	$(000)	$(000)
Professor Graham Mellsop	0.60	0.40
Professor Andrew Mercer	3.56	2.89
Mr Jeremy Mihaka-Dyer	2.15	3.05
Professor Edwin Mitchell	1.00	
Dr Tess Moeke-Maxwell	1.80	
Associate Professor Helen Moewaka-Barnes	2.80	
Associate Professor Andrew Moore		0.40
Dr Susan Morton	1.00	1.00
Associate Professor Cliona Ni Mhurchu		0.60
Dr Vili Nosa	0.60	0.60
Dr Melody Oliver	0.80	
Dr Brandon Orr-Walker	2.10	1.00
Professor Janis Paterson	0.90	1.00
Professor Charlotte Paul		0.70
Dr Lana Perese		1.60
Dr Kyle Perrin		2.10
Dr John Peter	0.35	
Mr Neil Pickering		0.20
Dr Leonie Pihama	1.40	1.47
Professor John Potter	1.40	
Dr Susan Pullon		1.10
Professor Ian Reid	1.71	
Dr Paul Reynolds	2.70	2.40
Mrs Elizabeth Robinson	1.00	2.10
Mr Adrian Rurawhe		0.90
Dr Bruce Russell	1.00	
Dr Khyla Russell	2.40	2.00
Dr Stuart Ryan		2.10
Dr Etuate Saafi	0.60	0.80
Professor Philip Schluter	1.00	2.10
Professor Grant Schofield		0.80
Dr Katherine Scott	1.90	2.10
Dr Nina Scott	1.93	2.90
Professor Robert Scragg	1.00	1.45
Dr Brett Shand		1.00
Professor John Shaw		0.10
Ms Rhonda Shaw	1.00	
Dr Nicolette Sheridan	0.87	0.39
Associate Professor Bruce Smaill	0.40	3.16
Dr Barry Smith	4.80	2.80
Dr Cheryl Smith	0.10	0.33
Dr Faafetai Sopoaga		0.20
Dr Steven Soule		1.10
Mr Andrew Sporle	0.20	0.60
Dr James Stanley	0.90	1.10
Associate Professor Ralph Stewart	1.00	3.60
Dr Cathy Stinear		1.20
Professor Patrick Sullivan		1.20

Fees Paid to Committee Members	**Actual 2012**	**Actual 2011**
	$(000)	$(000)
Dr Mele Taumoepeau	0.60	0.60
Professor David Thomas	0.10	2.45
Associate Professor Mark Thomas	1.00	2.10
Dr John Thompson	2.10	
Dr Sarah-Jane Tiakiwai	1.80	0.90
Dr Lynette Tippett	0.90	
Dr Mike Tweed	0.60	
Dr Yvonne Underhill-Sem	0.50	
Mr Stephen Vander Hoorn		0.40
Associate Professor Karen Waldie		1.00
Mr John Waldon		1.00
Professor Robert Walker	2.50	
Associate Professor Mark Weatherall	3.40	1.80
Associate Professor Elizabeth Wells		0.80
Dr Robyn Whittaker	1.20	
Professor Richard Wilkins		0.55
Associate Professor Denise Wilson	2.00	2.20
Professor William Wilson		1.88
Professor Christine Winterbourn		1.00
Associate Professor Karen Witten	3.11	1.44
Professor Alistair Woodward	0.25	0.20
Associate Professor Lianne Woodward	1.10	
	$185.10	$179.98

Note 5 Cash and Cash Equivalents	Actual 2012	Actual 2011
	$(000)	$(000)
Cash at Bank	1,926	196
Cash Equivalents – Short Term Deposits		
Term deposits	10,623	10,232
Term deposits held on behalf of other agencies*	16,816	20,003
Term deposits Foxley Estate fund	1,635	1,641
	29,074	31,876
Total Cash and Cash Equivalents	$31,000	$32,072

The carrying value of short term deposits with maturity dates of four months or less approximates their fair value.

The effective interest rates on deposited funds ranged from 3.20% pa to 4.50% pa.

*Funds are held on behalf of the other agencies pending the release of those funds to research projects that will be approved jointly by HRC and the partner.

Note 6 Accounts Receivable	Actual 2012	Actual 2011
	$(000)	$(000)
Owing by Crown (MSI) (Trade)	-	6,452
Owing by Funding Partners (Trade)	43	288
Sundry Debtors	199	111
	$242	$6,851

The carrying value of receivables approximates their fair value.
As at 30 June 2012 and 2011, all receivables have been assessed for impairment, there is no impairment.

Note 7 Accounts Payable	Actual 2012 $(000)	Actual 2011 $(000)
Supplies (Trade)	4,387	3,080
Accruals		
Employee entitlements	249	250
Other	69	71
Funds held on behalf of other agencies	16,859	20,291
GST	236	143
	$21,800	$23,835

Creditors, payables and funds held on behalf of other agencies are normally settled on 30-day terms, or are required to be paid on demand, therefore the carrying value of creditors and other payables approximates their fair value.

Note 8 Property Plant and Equipment

	Office and Computer Equipment	Leasehold Improvements	Total
Cost	$(000)	$(000)	$(000)
Balance at 1 July 2010	344	105	449
Additions	19	6	25
Disposals	-	-	-
Less scrapped/off register	-	-	-
Balance 30 June 2011	$363	$111	$474
Balance 1 July 2011	363	111	474
Additions	33	-	33
Disposals	-	-	-
Less scrapped/off register	(47)	-	(47)
Balance at 30 June 2012	$349	$111	$460
Accumulated Depreciation			
Balance 1 July 2010	271	105	376
Depreciation charged	36	-	36
Written back/ off register	-	-	-
Balance at 30 June 2011	$307	$105	$412
Balance 1 July 2011	307	105	412
charge this year	31	1	32
Written back/ off register	(47)	-	(47)
Balance at 30 June 2012	$291	$106	$397
Carrying Value			
At 30 June 2011	$56	6	$62
At 30 June 2012	$58	$5	$63

Note 9 Equity	Actual 2012 $(000)	Actual 2011 $(000)
General Funds		
Balance at 1 July	13,509	18,392
Net surplus/(deficit) for the year	(5,639)	(4,883)
Balance at 30 June	$7,870	$13,509
Foxley Reserve Fund		
Balance at 1 July	1,641	1,566
Interest net of charges on Foxley Reserve fund	(6)	(75)
Balance at 30 June	1,635	1,641
Total Equity at 30 June	$9,505	$15,150

Note 10 Reconciliation of Operating Deficit to Cash Flows from Operating Activities

	Actual 2012 $(000)	Actual 2011 $(000)
Surplus/ (deficit) for year	(5,639)	(4,883)
Add non-cash items		
Depreciation (see note 4)	32	36
Add (deduct) movements in working capital items		
Accounts receivable decrease	6,404	4996*
Accounts payable increase	1,397	136*
Net cash inflows from operating activities	$2,194	$285

*Prior year figure have been re-categorised to exclude Funds held for other agencies as these movements do not relate to the operating deficit or to cash flows from operating activities.

Note 11 Bequests

Bequest funds represent funds subject to specific direction

	Opening Balance 2011 $(000)	Net Interest $(000)	Transfer to Revenue $(000)	Closing Balance 2012 $(000)
J D Prickett Trust Fund				
Income to be applied to a scholarship	434	8	(442)	0
G M Marryatt Memorial Fund				
Income to be applied to research into children's diseases	92	2	(94)	0
	$526	$10	$536	0

These bequest funds were held in separate interest bearing bank deposits. In the current year, the bequests have been recognised in the Statement of Comprehensive Income (Note 2).

Note 12 Commitments and Operating Leases

Research Commitments	2012/13	2013/14	2014/15 and beyond	Total
Output Classes	$(000)	$(000)	$(000)	$(000)
Health Research Contracts	73,681	52,521	46,557	172,759
Career Development Contracts	5,827	4,058	2,689	12,574
Co Funding Relationships	2,373	353	-	2,726
Total research commitments	$81,881	$56,932	$49,246	$188,059

Research Commitments	2011/12	2012/13	2013/14 and beyond	Total
Output Classes	$(000)	$(000)	$(000)	$(000)
Health Research Contracts	82,034	51,926	48,588	182,548
Career Development Contracts	5,915	4,083	3,159	13,157
Co Funding Relationships	1,837	710	40	2,587
Total research commitments	$89,786	$56,719	$51,787	$198,292

The committed support is contingent on continued Government funding. In the event that Government funding is not continued HRC has the ability to cancel contracts.

Operating Leases as Lessee	2012 $(000)	2011 $(000)
Not later than one year	-	105
Later than one year and not later than five years	-	-
	$	$105

At 30 June HRC were in negotiation with their landlord for a new lease. When negotiations are completed the total commitment will be aprroximately$1.77M over 9 years

No restrictions are placed on HRC by any of its leasing arrangements.

Note 13 Contingencies

As at 30 June 2012 the HRC has no contingent liabilities. (2011 $nil)

As at 30 June 2012 the HRC has no contingent assets. (2011 $nil)

Note 14 Financial Instruments Risk

Market risk
The interest rates on the HRC's cash and cash equivalents are disclosed in note 5.

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 (part of note 5 cash and cash equivalents) which are held at fixed rates of interest.

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. HRC is exposed to cash flow interest rate risk when investments mature and are reissued.

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. HRC is not exposed to currency risk.

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 (note 5) and debtors (note 6). 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 specified Standard and Poor's credit ratings. As disclosed in Accounts Receivable (note 6) there is a significant sum owed to HRC by the Crown. This debt is considered to be low risk.

Liquidity risk
Liquidity risk is the risk that the HRC will encounter difficulty raising liquid funds to meet commitments as they fall due. Prudent liquidity risk management implies maintaining sufficient cash and cash equivalents and the availability of funding. HRC's annual income from the Crown (note 1) is known at the start for each financial year. Commitments are controlled and limited to this known level of income and available reserves.

Note 15 Categories of financial assets and liabilities

The carrying amounts of financial assets and liabilities in each of the NZ IAS 39 categories are as follows:

	2012 $(000)	2011 $(000)
Loans and Receivables		
Cash and cash equivalents	31,000	32,072
Debtors and other receivables	,242	6,851
Total loans and receivables	$31,242	$38,923
Financial Liabilities measured at amortised cost		
Creditors and other payables	21,800	23,835
Total financial assets and liabilities	$9,442	$15,088

Note 16 Related party information and key management personnel

The Health Research Council is a crown entity. The Government influences the roles of the Health Research Council as well as being its major source of revenue.

The Council has entered into a number of transactions with government departments and Crown agencies on an arm's-length basis. These transactions are not considered to be related party transactions.

As part of its normal business activity the Health Research Council contracts with Universities and other institutions.

Council members who were active researchers at institutions with whom the Council contracted in 2011/12 are as follows:

Council Member	Related Parties	2012 $(000)	2011 $(000)
Professor Richard Beasley	Medical Research Institute of New Zealand	1,698	1,658
	University of Otago	30,006	29,961
	University of Canterbury	225	318
	Victoria University of Wellington	912	564
Dr Matire Harwood	Auckland District Health Board	922	-
	Auckland University of Technology	4,131	3,705
	Medical Research Institute of New Zealand	1,698	1,658
	The University of Auckland	31,831	30,330
Professor Richie Poulton	University of Otago	30,006	29,961
Professor Anthony Reeve	University of Otago	30,006	29,961
Professor Ann Richardson	University of Canterbury	225	317
Associate Professor Susan Stott	Auckland District Health Board	922	-
	The University of Auckland	31,831	30,330
Professor Linda Tuhiwai Smith	University of Waikato	432	366

Council members do not participate in the assessment or funding decisions relating to research applications in which they may have an interest. Payments made to the above Council members, in their role as Councillors are included in Note 4.

Key Management personnel compensation

	2012 $(000)	2011 $(000)
Salaries and Board fees	1,250	1,137
Defined contribution planes employer contribution	143	134
	$1,393	$1,271

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

Note 17 Post Balance Date Events

There have been no post balance date events that could impact the financial statements for the year ended 30 June 2012.

Note 18 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 19 Explanation of major variances against budget

There are no major variances to budget. Revenue and Cost of Outputs were within 3% of budget.

Health Research Council of New Zealand

Statement of Resources

As at 30 June 2012

Operating Resources
Computer system
Two photocopying machines
Furniture and fittings

Accommodation
The Secretariat occupies the 3rd floor of 110 Stanley Street, Auckland.
The lease expires on 31 December 2011. Rights of renewal can take the lease to December 2014.
The annual rental cost is $0.27M including standing charges.

The Research Staff occupy space at the University of Otago in Wellington and Dunedin.

Staff Resources

	FTEs 2012	FTEs 2011
Secretariat		
Chief Executive	1.0	1.0
Senior Managers	5.8	6.8
Manager Human Resources and Board Secretary	0.9	0.9
Manager Pacific Health Research	0.8	0.8
Support staff	18.3	17.1
	26.8	26.6
Research staff		
Senior research staff	-	1
Other research staff	2	3
	2	4

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

Organisational Information

Good Employer Requirements

Organisational Capability
The Health Research Council of New Zealand has continued to work toward the principle of being an Employer of Choice. Employee numbers at the Health Research Council have stayed relatively steady over the last few years although the FTE has decreased. The average length of service is 7 years. The organisation employs 32 staff members including thirteen who work part-time and members returning from parental leave throughout the year have enjoyed flexible arrangements to aid their return. The Secretariat represents a range of nationalities, with representation including Māori and Pacific people and employees across a wide age range, with the emphasis always placed on recruitment of the best person to do the job regardless of gender, nationality, disability or age. The leadership has continued to ensure an impartial and transparent employment process to guarantee that there is no barrier to employing the best people for the job and offering flexible working practices to attract and retain a quality workforce.

The HRC has a comprehensive induction process which provides operational and support information and new employees are individually talked through the organisation's policies and procedures, which are reviewed and updated on a regular basis. Through taking part in national salary surveys, the HRC benchmarks its salaries against a range of public and private organisations to ensure it remains competitive in the marketplace to be able to attract high quality personnel and ensuring fairness to all employees.

Employer of Choice
The HRC is a member of the Equal Employment Opportunities Trust and aims to treat all employees properly and fairly. The culture of the organisation is inclusive and encouraging to staff to perform at their optimum and a number of policies such as harassment and bullying prevention and an active health and safety committee ensure a safe and healthy environment. The organisation continues to offer a flexible approach to personal circumstance through flexible hours; glide time; an Employee Assistance programme and staff also have the opportunity in special circumstances to request to work from home. Ergonomic work station assessments are provided to all new staff following induction and free flu inoculations are available to all staff at the beginning of winter.

Building the skills
All staff members are encouraged to explore development opportunities throughout the year to enable them to build on their skills, enhance qualifications and strengthen organisational knowledge.

The Performance review system enables staff to reach the goals and objectives identified for them whilst identifying opportunities for their development within the organization. In the last 12 months all employees have received training on the HRC recordkeeping policies and procedures which have been updated and implemented across the organization.

Employees are proactively encouraged to develop their skills and knowledge through attending in-house and external training courses and attending conferences in their field of expertise. A positive, equitable approach to staff development is achieved through producing an annual plan of relevant activity for each staff member and developing a culture of constant learning.

An intranet allows employees easy access to information and policies and procedures. A weekly staff newsletter continues to inform and entertain staff as well as providing a useful cross-team communication tool. Employees are encouraged to initiate both development and social opportunities in team building. In the last year, staff took part in a team building activity day which resulted in building 4 bicycles for children with cancer and formed cross communication teams which enabled a number of projects to be completed such as a redesign of the organisation web-site and a refit of the communal staff area. In the last 12 months employees have taken part in a range of activities to celebrate both Māori language week and Pacific cultural awareness activities.

Permission to Act Disclosure - Crown Entities Act 2004 section 68(6)

Interest/Specified class of interest to which permission relates	Who gave permission to act and date	Permission to act	Conditions
Employment at the institution in the same department of a First Named Investigator *submitting an application for funding*	G Fraser, Chair, HRC Board 14 June 2006	Remain in the room but not participate in the discussion	As long as minimum interest and not in an administrative role
Employment at the institution which is *the subject of an application for funding*	G Fraser, Chair, HRC Board 14 June 2006	Take part in discussion relating to the matter	Comment on fact only
Employment at the institution which is *the subject of an application for funding* whose involvement is deemed to be helpful	G Fraser, Chair, HRC Board 14 June 2006	Remain in the room and participate in the discussion but not in the decision	Particular situation noted in the minutes

None of the permissions were amended or revoked.

Membership of Council and Statutory Committees

As at 30 June 2011

Council

Mr Robert Stewart, ONZM (Chair)	Director, Christchurch
Professor Richard Beasley, CNZM (Deputy Chair)	Director, Medical Research Institute of New Zealand, Wellington
Dr Matire Harwood	Clinical Director for Tamaki Healthcare, Auckland
Ms Elspeth Ludemann	Partner, Oamaru
Professor Richie Poulton	Director, Multidisciplinary Health and Development Unit, University of Otago, Dunedin
Dr Conway Powell	Consultant, Dunedin
Professor Anthony Reeve	Head of the Cancer Genetics Laboratory, Department of Biochemistry, School of Medical Sciences, University of Otago, Dunedin
Professor Linda Tuhiwai Smith	Pro-Vice Chancellor Māori, Waikato University, Hamilton
Ms Suzanne Snively	Economic and business entrepreneurialism strategist, Wellington
Associate Professor Susan Stott	Department of Surgery, Faculty of Medical and Health Sciences, The University of Auckland, Auckland

Biomedical Research Committee

Professor Anthony Reeve (Chair)	Department of Biochemistry, University of Otago, Dunedin
Associate Professor Philip Crosier	Department of Molecular Medicine and Pathology, The University of Auckland, Auckland
Associate Professor Wayne Cutfield	Liggins Institute, The University of Auckland, Auckland
Professor Allan Herbison	Department of Physiology, University of Otago, Dunedin
Professor Graham Le Gros	Director, Malaghan Institute of Medical Research, Wellington
Associate Professor Mark McKeage	Department of Pharmacology and Clinical Pharmacology, Faculty of Medicine and Health Science, The University of Auckland, Auckland
Professor Andrew Mercer	Department of Microbiology and Immunology, Otago School of Medical Sciences, Dunedin
Associate Professor Bruce Smaill	Bioengineering Institute and Engineering Science, The University of Auckland, Auckland

Public Health Research Committee

Professor Richie Poulton (Chair)	Multidisciplinary Health and Development Research Unit, Dunedin School of Medicine, University of Otago, Dunedin
Associate Professor Stephen Buetow	Department of General Practice, The University of Auckland, Auckland
Associate Professor Kevin Dew	School of Social and Cultural Studies, Victoria University
Dr Lis Ellison-Loschmann	Centre for Public Health Research, Massey University, Wellington
Dr Terri Green	Department of Management, Canterbury University
Professor Kathryn McPherson	Division of Rehabilitation and Occupation Studies, Auckland University of Technology
Dr Ann Richardson	Canterbury District Health Board, Christchurch
Associate Professor Karen Witten	Centre for Social and Health Outcomes Research and Evaluation, Massey University

Māori Health Committee

Professor Linda Tuhiwai Smith (Chair)	Pro-Vice Chancellor Māori, Waikato University, Hamilton
Ms Mere Balzer	Te Runanga o Kirikiriroa Charitable Trust, Hamilton
Dr Amohia Boulton	Te Pumanawa Hauora, Research Centre for Māori Health and Development, Massey University, Palmerston North
Dr Matire Harwood	Medical Research Institute of New Zealand, Wellington
Ms Kahu McClintock	Te Rau Matatini, Wellington
Dr Leonie Pihama	Māori and Indigenous Analysis Ltd, Auckland
Dr Paul Reynolds	Independent Māori Institute for Environment and Health: Te Atawhai o te Ao, Whanganui

Ethics Committee

Dr Tim Dare (Chair)	Department of Philosophy and Law, The University of Auckland, Auckland
Dr Lynley Anderson	Bioethics Centre, Medical and Surgical Sciences, Dunedin School of Medicine, University of Otago, Dunedin
Professor Richard Beasley	Director, Medical Research Institute of New Zealand, Wellington
Professor Graham Mellsop	Professor of Psychiatry, Waikato Clinical School, Peter Rothwell Academic Centre, Hamilton
Dr Barry Smith	Lakes District Health Board, Rotorua
Associate Professor Susan Stott	Department of Surgery, Faculty of Medical and Health Sciences, The University of Auckland, Auckland
Associate Professor Huia Tomlins Jahnke	Māori Education, Te Uru Maraurau, School of Māori and Multicultural Education, Massey University, Palmerston North

New Research Contracts

Contracts are listed alphabetically by first named investigator.

Dr James Bartley
Vitamin D supplementation in bronchiectasis
HRC ref: 12/699
Term: 12 months
Location: Department of Otolaryngology, Middlemore Hospital, AUCKLAND
Value of contract: $149,725

Professor Richard Beasley
RCT of asthma risk with paracetamol use in infancy- a feasability study
HRC ref: 12/681
Term: 12 months
Location: Medical Research Institute of New Zealand, WELLINGTON
Value of contract: $149,000

Associate Professor Frank Bloomfield
Perinatal Care and Its Long-Term Consequences
HRC ref: 12/1095
Term: 36 months
Location: Liggins Institute, The University of Auckland, AUCKLAND
Value of contract: $3,622,591

Dr Mark Bolland
Zoledronic acid and fracture prevention in early postmenopausal women
HRC ref: 12/147
Term: 48 months
Location: Bone and Joint Research Group, Department of Medicine, The University of Auckland, AUCKLAND
Value of contract: $1,159,603

Mr Mikael Boulic
Improving health and well being in low decile classrooms with a low cost solar ventilation system
HRC ref: 12/664
Term: 36 months
Location: Institute of Technology and Engineering, Massey University, PALMERSTON NORTH
Value of contract: $149,974

Dr Melanie Bussey
Towards a greater understanding of mechanical dysfunction in the pelvis
HRC ref: 12/616
Term: 36 months
Location: School of Physical Education, University of Otago, DUNEDIN
Value of contract: $149,877

Ms Te Moana Campbell-Knowles
Whanau Ora - whanau centred engagement and provision
HRC ref: 12/428
Term: 18 months
Location: Te Kupenga Maatauranga o Taranaki Trust, HAWERA
Value of contract: $199,852

Ms Te Moana Campbell-Knowles
A whanau ora framework for health service delivery for Ngati Ruanui
HRC ref: 12/843
Term: 3 months
Location: Te Kupenga Maatauranga o Taranaki Trust, HAWERA
Value of contract: $5,000

Professor Sally Casswell
Alcohol Policy Interventions in New Zealand (APINZ)
HRC ref: 12/448
Term: 36 months
Location: SHORE and Whariki Research Centre, Massey University, AUCKLAND
Value of contract: $1,197,019

Dr Melanie Cheung
Cellular and Cultural Studies of Human Neurodegenerative Diseases
HRC ref: 12/123
Term: 6 months
Location: PVC Māori Office, University of Waikato, HAMILTON
Value of contract: $3,500

Dr Alys Clark
Computing abnormalities in chest-xray
HRC ref: 12/668
Term: 36 months
Location: Auckland Bioengineering Institute, The University of Auckland, AUCKLAND
Value of contract: $96,000

Dr Tamlin Conner
The genetics of wellbeing in daily life
HRC ref: 12/709
Term: 36 months
Location: Department of Psychology, University of Otago, DUNEDIN
Value of contract: $149,976

Professor Chris Cunningham
Best Health for Māori: Te Hoe Nuku Roa - Housing, Hazards and Health
HRC ref: 12/499
Term: 36 months
Location: Research Centre for Māori Health and Development, Centre for Public Health Research, Massey University, WELLINGTON
Value of contract: $786,851

Dr Stuart Dalziel
RCT of levetiracetam vs. phenytoin for status epilepticus in children
HRC ref: 12/525
Term: 36 months
Location: Children's Emergency Department, Starship Children's Hospital, AUCKLAND
Value of contract: $1,198,985

Professor Brian Darlow
New Zealand very low birthweight young adults: mapping the road ahead
HRC ref: 12/129
Term: 36 months
Location: Department of Paediatrics, University of Otago, CHRISTCHURCH
Value of contract: $1,150,400

Professor Jeroen Douwes
Unpasteurised milk: protective for allergies and asthma?
HRC ref: 12/297
Term: 36 months
Location: Centre for Public Health Research, Massey University, WELLINGTON
Value of contract: $1,199,899

Dr Tepora Emery
A postvention Strategy: Life Review/Story-telling as a culturally appropriate healing process for survivors of suicide
HRC ref: 12/125
Term: 5 months
Location: Mataara Ltd10 Kuirau Street, ROTORUA
Value of contract: $10,000

Professor John Fraser
Microbial virulence and pathogenesis
HRC ref: 12/1111
Term: 36 months
Location: Department of Molecular Medicine and Pathology, Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
Value of contract: $4,935,490

Dr Heather Gifford
Māori nurses and smoking- exploring the context and opportunity for change
HRC ref: 12/253
Term: 24 months
Location: Whakauae Research Services, WANGANUI
Value of contract: $594,505

Professor Alistair Gunn
Pathogenesis, detection and treatment of perinatal brain injury
HRC ref: 12/613
Term: 60 months
Location: Department of Physiology, Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
Value of contract: $4,835,194

Mr Bill Halkyard
Mauri Ora Kaitaia: An innovative approach to getting people to quit
HRC ref: 12/834
Term: 12 months
Location: Te Hauora O Te Hiku O Te Ika, KAITAIA
Value of contract: $9,000

Dr Dione Healey
Comparing ENGAGE and Triple P: treatment programmes for hyperactive preschoolers
HRC ref: 12/653
Term: 36 months
Location: Department of Psychology, University of Otago, DUNEDIN
Value of contract: $150,000

Ms Wendy Henwood
Tangonge: Tangata ora, Whenua ora
HRC ref: 12/110
Term: 6 months
Location: Te Roopu Taiao O Utakura, RAWENE
Value of contract: $10,000

Professor Peter Herbison
Advanced meta-analysis
HRC ref: 12/256
Term: 36 months
Location: Department of Preventive and Social Medicine, Dunedin School of Medicine, University of Otago, DUNEDIN
Value of contract: $970,247

Professor Allan Herbison
Neural Control of Fertility
HRC ref: 12/670
Term: 60 months
Location: Department of Physiology, Otago School of Medical Sciences, University of Otago, DUNEDIN
Value of contract: $4,844,983

Mrs Patricia Hook
The impact of mirimiri waewae (foot massage) for Māori living with Type 2 Diabetes in Te Tau Ihu
HRC ref: 12/086
Term: 6 months
Location: Te Rapuora Health Services, BLENHEIM
Value of contract: $8,900

Professor Philippa Howden-Chapman
He Kainga Oranga/Community Housing and Health Intervention Research Programme
HRC ref: 12/1071
Term: 36 months
Location: He Kainga Oranga/Housing and Health Research Programme, Department of Public Health, University of Otago, WELLINGTON
Value of contract: $3,749,138

Mr Maui Hudson
Building BRIDGES for culturally ethical biobanking and genomic research
HRC ref: 12/470
Term: 36 months
Location: Te Kotahi Research Institute, University of Waikato, HAMILTON
Value of contract: $1,141,547

Dr Matloob Husain
The role of multisubstrate deacetylase HDAC6 in influenza A virus replication
HRC ref: 12/614
Term: 36 months
Location: Department of Microbiology and Immunology, University of Otago, DUNEDIN
Value of contract: $149,999

Mr Grant Huwyler
Te Kete Tuatea Iwi pathways to understanding need and measuring success
HRC ref: 12/431
Term: 18 months
Location: Te Runanga o Ngati Apa, MARTON
Value of contract: $200,350

Mr Grant Huwyler
Te Kete Tuatea - Iwi pathways to understanding need and measuring success
HRC ref: 12/841
Term: 3 months
Location: Te Runanga o Ngati Apa, MARTON
Value of contract: $10,000

Associate Professor Brian Hyland
Restoring thalamocortical activity to treat Parkinson's disease symptoms
HRC ref: 12/182
Term: 42 months
Location: Department of Physiology, Otago School of Medical Sciences, University of Otago, DUNEDIN
Value of contract: $1,166,489

Professor Anthony Kettle
Oxidative Stress in Health and Disease
HRC ref: 12/1081
Term: 36 months
Location: Department of Pathology, University of Otago, CHRISTCHURCH
Value of contract: $4,242,985

Mr Jonathan Kilgour
He Whakaoranga Kia Puta Kia Ora
HRC ref: 12/432
Term: 18 months
Location: Waikato-Tainui College for Research and Development, NGARUAWAHIA
Value of contract: $217,860

Dr Kypros Kypri
Effects of lowering the minimum alcohol purchasing age on traffic crash injury and assault rates
HRC ref: 12/492
Term: 24 months
Location: Injury Prevention Research Unit, University of Otago, DUNEDIN
Value of contract: $263,907

Dr Beverley Lawton
Diabetes -The impact of maternal care disparities on Māori mothers and infants
HRC ref: 12/221
Term: 36 months
Location: Primary Health Care and General Practice, University of Otago, WELLINGTON
Value of contract: $1,192,364

Associate Professor Ralph Maddison
Feasibility of an exercise programme to reduce smoking during pregnancy among Māori
HRC ref: 12/683
Term: 12 months
Location: National Institute for Health Innovation, The University of Auckland, AUCKLAND
Value of contract: $149,984

Dr Phillipa Malpas
Medical practices that hasten death: ethical implications for decision-making
HRC ref: 12/657
Term: 36 months
Location: Department of Psychological Medicine, Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
Value of contract: $109,407

Dr Colin McArthur
Randomised trial of hydrocortisone in critically ill patients with septic shock
HRC ref: 12/306
Term: 48 months
Location: Department of Critical Care Medicine, Auckland District Health Board, AUCKLAND
Value of contract: $773,854

Dr Colin McArthur
Standard issue transfusion versus fresher red blood cell use in intensive care
HRC ref: 12/575
Term: 36 months
Location: Department of Critical Care Medicine, Auckland District Health Board, AUCKLAND
Value of contract: $775,723

Professor Lesley McCowan
Multi-centre case control stillbirth study
HRC ref: 12/372
Term: 51 months
Location: Department of Obstetrics and Gynaecology, National Women's Hospital, AUCKLAND
Value of contract: $544,777

Dr Shay McGuinness
Permissive Hypercapnia, Alveolar Recruitment and Limited Airway Pressure in ARDS
HRC ref: 12/305
Term: 36 months
Location: Cardiothoracic and Vascular Intensive care Unit, Auckland City Hospital, AUCKLAND
Value of contract: $320,960

Associate Professor Mark McKeage
Contribution of OCTN1 to toxicity from oxaliplatin-based cancer therapy
HRC ref: 12/254
Term: 36 months
Location: Department of Pharmacology and Clinical Pharmacology, Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
Value of contract: $1,180,897

Dr Clarie McLintock
A National Population-based Study of Rheumatic Heart Disease in Pregnancy
HRC ref: 12/698
Term: 30 months
Location: National Women's Hospital, AUCKLAND
Value of contract: $148,910

Dr Patricia Metcalf
Determining the health-related impact of dysglycaemia in a local population
HRC ref: 12/223
Term: 24 months
Location: Section of Epidemiology and Biostatistics, School of Population Health, The University of Auckland, AUCKLAND
Value of contract: $385,629

Dr Vili Nosa
Pacific Mens Health and Well Being: The case of Niue and the Cook Islands
HRC ref: 12/629
Term: 36 months
Location: Pacific Health Section, School of Population Health, The University of Auckland, AUCKLAND
Value of contract: $150,000

Professor Richie Poulton
The Dunedin Multidisciplinary Study of Aging and Risk for Chronic Disease
HRC ref: 12/1086
Term: 36 months
Location: Multidisciplinary Health and Development Research Unit, Dunedin School of Medicine, DUNEDIN
Value of contract: $5,665,540

Dr Frederik Pruijn
Molecular and hypoxia biomarkers of sensitivity to new nitroCBI anticancer drugs
HRC ref: 12/529
Term: 36 months
Location: Auckland Cancer Society Research Centre, The University of Auckland, AUCKLAND
Value of contract: $1,193,430

Professor Ian Reid
Mechanisms and Management of Musculoskeletal Disease
HRC ref: 12/1110
Term: 36 months
Location: Department of Medicine, Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
Value of contract: $5,241,424

Ms Marnie Reinfelds
Optimal antenatal care for Māori women
HRC ref: 12/427
Term: 18 months
Location: Te Kupenga Maatauranga o Taranaki Trust, NEW PLYMOUTH
Value of contract: $200,000

Ms Marnie Reinfelds
Optimal antenatal care for Māori woman from a lifecourse and whanau ora perspective
HRC ref: 12/838
Term: 3 months
Location: Karangaora Inc Taranaki, NEW PLYMOUTH
Value of contract: $5,000

Associate Professor Gordon Rewcastle
Targeted cancer drugs; a new class of selective inhibitors of PI3 kinase
HRC ref: 12/220
Term: 36 months
Location: Auckland Cancer Society Research Centre, The University of Auckland, AUCKLAND
Value of contract: $1,199,179

Professor Stephen Robertson
Defining the genetic predisposition to biliary atresia
HRC ref: 12/197
Term: 36 months
Location: Department of Womens and Children's Health, Dunedin School of Medicine, DUNEDIN
Value of contract: $1,199,327

Professor Keith Rome
Footwear for patients with gout: a feasibility study
HRC ref: 12/622
Term: 12 months
Location: School of Podiatry, Auckland University of Technology, AUCKLAND
Value of contract: $121,778

Professor Franca Ronchese
Role of innate cytokines in allergic dendritic cell programming
HRC ref: 12/348
Term: 36 months
Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH
Value of contract: $1,197,659

Professor Grant Schofield
Built Environment and Physical Activity in New Zealand Youth
HRC ref: 12/329
Term: 36 months
Location: Centre for Physical Activity and Nutrition, Auckland University of Technology, AUCKLAND
Value of contract: $1,198,919

Associate Professor Timothy Short
The Influence of Anaesthetic Depth on Patient Outcome after Major Surgery
HRC ref: 12/308
Term: 48 months
Location: Department of Adult and Trauma Anaesthesia, Auckland City Hospital, AUCKLAND
Value of contract: $1,199,005

Dr Nicola Smith
An RCT of indwelling pleural cathers in malignant pleural effusion
HRC ref: 12/611
Term: 36 months
Location: Department of Medicine, Medical Research Institute of New Zealand, WELLINGTON
Value of contract: $104,106

Dr Christian Soeller
The relationship of nano-structure and function of myocytes in heart failure
HRC ref: 12/240
Term: 36 months
Location: Department of Physiology, Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
Value of contract: $1,090,883

Ms Monica Stockdale
Te Rito o te Whanau Rangahau
HRC ref: 12/837
Term: 6 months
Location: Manager of Te Rangihaeata Oranga, Hawkes Bay Problem Gambling Services, HASTINGS
Value of contract: $10,000

Associate Professor Rachael Taylor
Prevention of Overweight in Infancy (POI): follow-up to 5 years
HRC ref: 12/281
Term: 36 months
Location: Department of Human Nutrition, University of Otago, DUNEDIN
Value of contract: $1,198,082

Professor Barry Taylor
Prevention of Overweight in Infancy (POI): the emergence of self-regulation
HRC ref: 12/310
Term: 36 months
Location: Department of Paediatrics and Child Health, Dunedin School of Medicine, DUNEDIN
Value of contract: $901,013

Dr Martin Than
Can a new 'Australasian Risk Score' reduce Chest Pain admissions in New Zealand
HRC ref: 12/249
Term: 22 months
Location: Emergency Department, Christchurch Hospital, CHRISTCHURCH
Value of contract: $730,040

Professor John Windsor
Redefining the basics: Goal directed fluid therapy in acute pancreatitis
HRC ref: 12/641
Term: 12 months
Location: Department of Surgery, Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
Value of contract: $148,852

New Partnership Contracts

Professor Michael Ardagh, ONZM
Earthquake database establishment and analysis
HRC ref: 12/745
Term: 18 months
Location: Emergency Department, Christchurch Hospital, CHRISTCHURCH
Value of contract: $119,575

Professor Madhav Bhatia
Singapore Networking Grant
HRC ref: 12/418
Term: 6 months
Location: Department of Pathology, University of Otago, CHRISTCHURCH
Value of contract: $9,110

Associate Professor Christopher Bullen
Adding IMPACT via a DHB partnership
HRC ref: 12/889
Term: 12 months
Location: National Institute for Health Innovation, School of Population Health, The University of Auckland, AUCKLAND
Value of contract: $199,998

Professor Martin Connolly
Aged Residential Care Healthcare Implementation Project (ARCHIP)
HRC ref: 12/884
Term: 18 months
Location: Department of Geriatric Medicine, AUCKLAND
Value of contract: $200,000

Associate Professor Jacqueline Cumming
Community-based Primary Healthcare Networking Grants for collaboration with Canadian Researchers
HRC ref: 12/116
Term: 18 months
Location: Health Services Research Centre, Victoria University of Wellington, WELLINGTON
Value of contract: $3,810

Dr Ofa Dewes
2012 Pacific Resarch Networking Grant
HRC ref: 12/938
Term: 3 months
Location: Pacific Health Section, School of Population Health, The University of Auckland, AUCKLAND
Value of contract: $5,000

Associate Professor Susan Dovey
Community-based Primary Healthcare Networking Grants for collaboration with Canadian Researchers
HRC ref: 12/115
Term: 3 months
Location: Department of General Practice and Rural Health, Dunedin School of Medicine, DUNEDIN
Value of contract: $5,000

Dr Ausaga Fa'asalele Tanuvasa
2012 Pacific Resarch Networking Grant
HRC ref: 12/936
Term: 3 months
Location: Health Services Research Centre, Victoria University, WELLINGTON
Value of contract: $5,000

Dr Ridvan Firestone
Diabetes and Obesity Sandpit Networking Grant
HRC ref: 12/386
Term: 12 months
Location: Centre for Public Health Research, Massey University Wellington Campus, WELLINGTON
Value of contract: $11,067

Dr Ridvan Firestone
2012 Pacific Research Networking Grant
HRC ref: 12/939
Term: 3 months
Location: Centre for Public Health Research, Massey University Wellington Campus, WELLINGTON
Value of contract: $5,000

Dr Heather Gifford
Community-based Primary Healthcare Networking Grants for collaboration with Canadian Researchers
HRC ref: 12/112
Term: 10 months
Location: Whakauae Research Services, WANGANUI
Value of contract: $10,000

Dr Simon Hatcher
Community-based Primary Healthcare Networking Grants for collaboration with Canadian Researchers
HRC ref: 12/114
Term: 3 months
Location: Department of Psychological Medicine, Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
Value of contract: $4,500

Dr Julia Horsfield
Singapore Networking Grant
HRC ref: 12/419
Term: 3 months
Location: Department of Pathology, Dunedin School of Medical Sciences, University of Otago, DUNEDIN
Value of contract: $9,800

Dr Cameron Lacey
Psychological Stress and Genetic Associations with Stress Cardiomyopathy
HRC ref: 12/737
Term: 12 months
Location: Māori Indigenous Health Institute, University of Otago, Christchurch, CHRISTCHURCH
Value of contract: $104,918

Professor Ross Lawrenson
Community-based Primary Healthcare Networking Grants for collaboration with Canadian Researchers
HRC ref: 12/111
Term: 3 months
Location: Waikato Clinical School, The University of Auckland, HAMILTON
Value of contract: $7,450

Professor Jim Mann
Singapore Networking Grant
HRC ref: 12/422
Term: 6 months
Location: Department of Human Nutrition, University of Otago, DUNEDIN
Value of contract: $8,348

Dr David McBride
Occupational health of front line workers in Christchurch
HRC ref: 12/739
Term: 18 months
Location: Department of Preventive and Social Medicine, Dunedin School of Medicine, University of Otago, DUNEDIN
Value of contract: $120,000

Professor Kathryn McPherson
Community-based Primary Healthcare Networking Grants for collaboration with Canadian Researchers
HRC ref: 12/113
Term: 3 months
Location: Health and Rehabilitation Research Institute, Auckland University of Technology, AUCKLAND
Value of contract: $9,240

Associate Professor Tony Merriman
Diabetes and Obesity Sandpit Networking Grant
HRC ref: 12/387
Term: 12 months
Location: Department of Biochemistry, Otago School of Medical Sciences, University of Otago, DUNEDIN
Value of contract: $11,000

Associate Professor Sally Merry
E-monitoring and e-therapy for youth depression in primary care
HRC ref: 12/926
Term: 18 months
Location: Department of Psychological Medicine, Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
Value of contract: $199,500

Dr Rinki Murphy
Diabetes and Obesity Sandpit Networking Grant
HRC ref: 12/388
Term: 12 months
Location: Department of Medicine, Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
Value of contract: $5,600

Dr Malakai Ofanoa
2012 Pacific Resarch Networking Grant
HRC ref: 12/937
Term: 3 months
Location: School of Population Health, The University of Auckland, AUCKLAND
Value of contract: $5,000

Dr Kathryn Peri
Impact of Christchurch Earthquakes on Health of Older People
HRC ref: 12/747
Term: 18 months
Location: School of Nursing, The University of Auckland, AUCKLAND
Value of contract: $105,700

Dr Stephen Tallon
Singapore Networking Grant
HRC ref: 12/420
Term: 6 months
Location: Industrial Research Limited, LOWER HUTT
Value of contract: $8,915

Ms Louise Thornley
Building Community Resilience: Learning from the Canterbury Earthquake Response
HRC ref: 12/730
Term: 18 months
Location: Quigley and Watts, WELLINGTON
Value of contract: $120,000

Dr Nikki Turner
Translating best practice research to reduce equity gaps in immunisation
HRC ref: 12/722
Term: 24 months
Location: Department of General Practice and Primary Health Care, School of Population Health, The University of Auckland, AUCKLAND
Value of contract: $444,809

Dr Robyn Whittaker
A randomised controlled trial of JK's "The Journal" for depressed out-patients
HRC ref: 12/888
Term: 18 months
Location: National Institute for Health Innovation, School of Population Health, The University of Auckland, AUCKLAND
Value of contract: $199,500

New Career Development Awards

Clinical Research Training Fellows

Dr Paul Chin
Determining drug clearance for clinically applicable dosing individualisation
HRC ref: 12/875
Term: 24 months

Dr Amanda D'Souza
Healthy public policy for children in NZ: overcoming the obstacles
HRC ref: 12/867
Term: 48 months

Dr Hye-won Han
Pharmacological determinants of oxaliplatin neurotoxicity in cancer patients
HRC ref: 12/788
Term: 36 months

Dr Daniel Lemanu
The Role of Community-Based Prehabilitation in Bariatric Surgery
HRC ref: 12/789
Term: 26 months

Dr Janine Pilcher
High concentration oxygen and hypercapnia in respiratory disease
HRC ref: 12/879
Term: 36 months

Dr Rakesh Premkumar
Delineating the pro-inflammatory state of obesity on severe acute illness
HRC ref: 12/794
Term: 24 months

Dr Deborah Williamson
Molecular analysis of Staphylococcus aureus skin and soft tissue infections
HRC ref: 12/863
Term: 36 months

Dr Nichola Wilson
What are 'real world' outcomes after surgery for children with cerebral palsy?
HRC ref: 12/786
Term: 36 months

Erihapeti Rehu-Murchie Fellowship

Dr Geoffrey Kira
Improving sleep quality and duration to prevent obesity in Māori and Pacific adolescents
HRC ref: 12/612
Term: 22 months

Mr Ronald Ngata
Exploring the Practical Application of Matakite Understandings in Health Provisi
HRC ref: 12/005
Term: 36 months

Ms Kirsten Smiler
Ka puawai nga Kohungahunga Turi: The early development of Māori deaf tamariki
HRC ref: 12/828
Term: 36 months

Māori Health Postdoctoral Fellowship

Ms Glenis Mark
Huarahi rongoa ki a ngai tatou: Māori views on rongoa Māori and primary health
HRC ref: 12/024
Term: 36 months

Dr Isaac Warbrick
The best Exercise for Māori men
HRC ref: 12/829
Term: 36 months

Māori Health Rangahau Hauora

Mrs Josephine Church
A Kaupapa Māori approach to Cardiac Risk Reduction
HRC ref: 12/389
Term: 6 months

Miss Jaqueline Lumsden
Best outcomes for Māori with cancer
HRC ref: 12/399
Term: 12 months

Māori Health Summer Studentship

Miss Zarah Allport
Māori housing-related potentially avoidable hospitalisations in Waitemata DHB
HRC ref: 12/405
Term: 3 months

Mr Andrew Davis
Geographical access to medicines in Te Tairawhiti
HRC ref: 12/037
Term: 3 months

Ms Kelly Gray
The use of rongoa in contemporary physiotherapy practise: An exploratory study
HRC ref: 12/400
Term: 3 months

Miss Patricia (Patti) Grogan
Indigenous women, problem gambling and the care of their children: A literature review
HRC ref: 12/401
Term: 3 months

Miss Rhiannon Jones
Racism and its link with body size
HRC ref: 12/397
Term: 3 months

Mr Pita King
Māori conceptions of health in intimate relationships: An exploration of health and intimacy
HRC ref: 12/425
Term: 3 months

Mr Stephen York
Trends in Diabetes Related Lower-Extremity Amputations in Te Tai Tokerau: 2000-2010
HRC ref: 12/398
Term: 3 months

Māori Master Scholarship

Mrs Isabel Edwards
Optimising Māori Women's Breastfeeding
HRC ref: 12/017
Term: 24 months

Māori PhD Scholarship

Ms Maria Baker
A Māori Centred Grounded Theory study of Māori with Mental Illness
HRC ref: 12/039
Term: 48 months

Mr Andre McLachlan
Collaboration with and for rural Māori with addiction and related problems
HRC ref: 12/822
Term: 36 months

Miss Jodi Porter
Ngaitai wellbeing indicators: measuring iwi health outcomes
HRC ref: 12/026
Term: 36 months

Pacific Development Grant

Professor Sitaleki Finau
Suicide and Attempted Suicide amongst young Tongans in New Zealand
HRC ref: 12/714
Term: 5 months

Dr Ridvan Firestone
Life-course study of obesity and metablic disease risk factors in young Pacific adults
HRC ref: 12/712
Term: 6 months

Dr Vili Nosa
Alcohol use amongst Niuean adolescent in New Zealand and Niue
HRC ref: 12/094
Term: 12 months

Dr Malakai Ofanoa
Urgent Actions to Reduce Burden on Pacific People in New Zealand
HRC ref: 12/711
Term: 6 months

Dr Etuate Saafi
A preliminary screening of selected Pacific medicinal plants for anti-diabetic bioactivity
HRC ref: 12/713
Term: 6 months

Pacific Health Masters

Ms Rochelle Newport
Going Local: Impact of sustainable development policies on health in Rarotonga
HRC ref: 12/007
Term: 12 months

Ms Jacqueline Schmidt-Busby
Diabetes: impact on work, income and finances in Samoan families
HRC ref: 12/033
Term: 12 months

Pacific Health PhD

Miss Alana McCambridge
Improving upper-limb impairment after stroke with novel brain stimulation
HRC ref: 12/004
Term: 36 months

Pacific Health Postdoc Fellowship

Dr Zabeen Lateef
Multifunctional roles of a norovirus protein
HRC ref: 12/057
Term: 36 months

Sir Charles Hercus Fellowship

Associate Professor David Baddeley
The nanostructure and organisation of cellular signalling domains
HRC ref: 12/868
Term: 48 months

Associate Professor Ralph Maddison
Preventing cardiovascular disease in New Zealand: An mHealth approach
HRC ref: 12/805
Term: 48 months

Dr Logan Walker
Genetic variation and breast cancer development
HRC ref: 12/799
Term: 48 months

Research Contracts Completed During the Year or in Progress

Professor Wickliffe Abraham
Cognitive decline during aging and Alzheimer's: Biomarkers and therapeutic targets
HRC ref: 10/170

Dr Istvan Abraham
ANGELS as a potential treatment for Alzheimer's disease
HRC ref: 11/488

Dr Monica Acosta
Studying eye diseases of Māori, Pacific and the elderly using animal models
HRC ref: 09/157

Professor Shanthi Ameratunga
Determinants of life-threatening injuries among young and middle-aged adults
HRC ref: 10/631

Professor Shanthi Ameratunga
M-health Delivery for Reducing Alcohol in the Trauma Environment (MoDeRATE)Trial
HRC ref: 11/626

Associate Professor Robert Anderson
Prodrug release of kinase inhibitors in cancer therapy
HRC ref: 09/124

Associate Professor Robert Anderson
Potent Reactive Radicals as Hypoxia-Selective Cytotoxins for Cancer Treatment
HRC ref: 11/323

Dr Andrew Bahn
Translational control of urate transporters via microRNAs
HRC ref: 10/384

Ms Mere Balzer
Strengthening the capability of Māori communities to support whanau aspirations for Whanau Ora
HRC ref: 10/868

Ms Mere Balzer
Intergenerational Communication as a Strengths-Based Strategy for Whanau Ora
HRC ref: 11/819

Dr Augusto Barbosa
The outcomes of Lactobacillus and Trichomonas vaginalis interaction
HRC ref: 11/314

Dr Pauline Barnett
Christchurch Disability and Rehabilitation Research Collaboration TEAM
HRC ref: 06/603

Dr Lesley Batten
EGFR testing for Māori patients with non-small-cell lung cancer
HRC ref: 10/675

Professor Richard Beasley
The Real Life Use of Symbicort "Smart" Regime in Adult Asthma
HRC ref: 09/108B

Professor Richard Beasley
Pharmacotherapy for the different phenotypes of airways disease
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Professor Richard Beasley
A randomised placebo-controlled trial of paracetamol use in influenza
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Professor Richard Beasley
RCT of regular paracetamol in mild to moderate asthma
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Professor Richard Beasley
Randomised placebo-controlled trial of paracetamol in febrile septic patients
HRC ref: 11/593

Dr Dorothy Begg
Preventing injury and reducing subsequent disability outcomes
HRC ref: 10/052

Professor Laura Bennet
Can pluripotent amnion epithelial cells help the injured preterm brain?
HRC ref: 11/576

Dr Jackie Benschop
Leptospirosis in New Zealand: diagnostics, strain typing and transmission
HRC ref: 10/662

Professor David Bilkey
Hippocampal processing of context in schizophrenia
HRC ref: 08/331

Professor Tony Blakely
Health Inequalities Research Programme (HIRP)
HRC ref: 08/048

Professor Tony Blakely
Burden of Disease Epidemiology, Equity and Cost-Effectiveness Programme (BODE3)
HRC ref: 10/248

Associate Professor Frank Bloomfield
Perinatal Care and its Long-Term Consequences
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Dr Joseph Boden
Alcohol and antisocial behaviour: Findings in two birth cohorts
HRC ref: 10/291

Ms Belinda Borell
Conferred privilege and structural advantage - the health implications
HRC ref: 07/076D

Dr Amohia Boulton
Reducing inequalities: Analysing the effect of government policies on Whanau Ora
HRC ref: 09/035

Dr Amohia Boulton
Supporting Traditional Rongoa Practice in Contemporary Health Care Settings
HRC ref: 11/439

Professor Antony Braithwaite
Can isoforms of the p53 tumour suppressor cause cancer?
HRC ref: 10/279

Associate Professor John Broughton
Reducing disease burden and health inequalities arising from chronic dental disease among Indigenous children: an early childhood caries intervention
HRC ref: 09/644B

Dr Rachel Brown
Nuts for LIFE (Lipids, InFlammation, Endothelial)
HRC ref: 10/501

Associate Professor Colin Brown
Kisspeptin-oxytocin regulation of pregnancy: implications for preterm delivery
HRC ref: 10/562

Associate Professor Christopher Bullen
Innovative interventions tackling major risks to health
HRC ref: 08/065

Associate Professor Christopher Bullen
Electronic cigarettes for smoking cessation: a randomised controlled trial
HRC ref: 10/243

Professor Winston Byblow
Priming to enhance rehabilitation after stroke
HRC ref: 09/164R

Dr Catherine Byrnes
Interventional Study on Bronchiectasis in Indigenous Children
HRC ref: 08/158

Dr Rebecca Campbell
Understanding the neuroendocrine abnormalities of polycystic ovarian syndrome
HRC ref: 11/404

Professor Mark Cannell
Structure and function in failing heart
HRC ref: 08/049

Professor Sally Casswell
Measuring impacts of alcohol marketing on young New Zealanders
HRC ref: 06/285

Professor Sally Casswell
The Range and Magnitude of Alcohol's Harm to Others
HRC ref: 08/268

Professor Kerry Chamberlain
Medications in everyday life: Understandings and social practices
HRC ref: 08/256

Professor Stephen Chambers
Evaluation of a novel breath test for tuberculosis
HRC ref: 10/663

Ms Lisa Chant
Stigma/Discrimination of Māori Youth with Mental Health/Solvent Use Problems
HRC ref: 11/041

Associate Professor Christopher Charles
Sympathoinhibitory hormone Urocortin 2: Beneficial effects in cardiac injury?
HRC ref: 10/137

Dr Leo Cheng
Mapping, Modelling and Manipulating Gastric Electrical Activity
HRC ref: 09/138

Dr Leo Cheng
New Clinical Tools for Diagnosing Gastric Dysfunction
HRC ref: 10/157

Ms Amber Clarke
Te Mana o te Whanau
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Dr Andrew Clarkson
Sonic Hedgehog Facilitates Post-Stroke Axonal Sprouting and Function Recovery
HRC ref: 10/478

Professor Sunny Collings
The Nature and Extent of Informal Coercion in Community Mental Health in NZ
HRC ref: 09/202R

Professor Martin Connolly
Aged Residential Care Healthcare Utilization Study (ARCHUS)
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Professor Garth Cooper
Adiponectin: Molecular analysis to underpin therapeutic applications
HRC ref: 09/100D

Associate Professor Brett Cowan
Sleep Apnea Treatment for the Modification of Cardiac and Vascular Risk
HRC ref: 09/625

Associate Professor Brian Cox
Comparative effectiveness research: one-off sigmoidoscopy or iFOBT screening
HRC ref: 11/445

Professor Julian Crane
Nicotine inhaler plus patch in smoking cessation
HRC ref: 09/199

Professor Julian Crane
Zonnic (oral nicotine) and nicotine patch in smoking cessation
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Dr Rev Sue Crengle
Health literacy and cardiovascular disease
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Dr Marie Crowe
A randomised clinical effectiveness trial of a bipolar disorder clinic
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Associate Professor Jacqueline Cumming
Improving health system performance: an economic analysis of primary care reform
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Professor Wayne Cutfield
Assessment of pituitary function following traumatic brain injury in infancy
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Professor Wayne Cutfield
Have metabolic genes been altered in children born of low birth weight?
HRC ref: 10/026

Associate Professor John Dalrymple-Alford
Rescuing memory loss after brain injury
HRC ref: 09/051

Professor Brian Darlow
What oxygen saturation level should we target in very preterm infants? - a RCT
HRC ref: 05/145

Professor Peter Davis
Improving Health Systems Performance : Enhancing Hospital Outcomes
HRC ref: 08/089C

Associate Professor Catherine Day
Uncovering how inhibitor of apoptosis proteins regulate cell survival
HRC ref: 10/168

Ms Terry Dobbs
Supporting taitamariki Māori in the development of healthy partner relationships
HRC ref: 11/828

Professor Paul Donaldson
Diabetic lens cataract: a problem with cell volume regulation
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Professor Robert Doughty
Outcome in patients with heart failure with a preserved left ventricular ejection fraction; the PEOPLE Study
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Professor Jeroen Douwes
Building Research in Occupational Health in New Zealand (BROHNZ)
HRC ref: 11/1041

Associate Professor Susan Dovey
Patient Safety In New Zealand General Practices: Records Review Study
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Professor Michael Dragunow
Neurodegeneration in the human brain - mechanisms and therapeutic targets
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Associate Professor Rod Dunbar
Antigen presentation to T cells in human lymph nodes
HRC ref: 09/105C

Dr Scott Duncan
Healthy Homework: A physical activity and nutrition intervention for children
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Dr Lis Ellison-Loschmann
Understanding the determinants of inequalities in breast cancer survival
HRC ref: 08/251R

Dr Lis Ellison-Loschmann
Stomach cancer in Māori
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Dr Lis Ellison-Loschmann
Inequalities in cervical cancer survival in New Zealand
HRC ref: 09/092A

Dr Lis Ellison-Loschmann
Māori and Cancer - the Role of Primary Care
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Dr Daniel Exeter
Immunisation Disparities and Vaccine-Preventable Diseases in New Zealand
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Professor Richard Faull
Neurogenesis and neurodegenerative disorders of the human brain
HRC ref: 08/051

Professor Valery Feigin
Traumatic brain injury burden in NZ: a population-based incidence and outcomes
HRC ref: 09/063A

Professor Valery Feigin
ARCOS IV: measuring and reducing the stroke burden in New Zealand
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Professor Valery Feigin
Extension to the traumatic brain injury burden in New Zealand study 09/063A
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Professor David Fergusson
The Christchurch Health and Development Study - Birth to 35 Years
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Dr Justin Fernandez
Can low dose fluoride therapy increase bone strength in osteoporosis?
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Professor Michael Findlay
Randomised phase II/ III study of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer
HRC ref: 09/624

Dr Elizabeth Forbes-Blom
New strategies for the treatment and prevention of food allergy
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Dr Lyndie Foster Page
A novel approach to caries management in New Zealand children
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Professor John Fraser
How does chronic obstructive pulmonary disease develop in non-smokers?
HRC ref: 08/030

Professor John Fraser
Microbial Virulence and Pathogenesis
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Professor Philippa Gander
Can Reinforcing the Circadian Clock Improve the Sleep of Alzheimers Patients?
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Professor Edward Gane
Can better surveillance prevent liver cancer and death in MÄ ori with Chronic HBV
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Professor Sir Peter Gluckman
Developmental adaptation to an obesogenic environment
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Dr Elspeth Gold
Role of activin C in prostate disease
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Dr Patrick Graham
Colorectal cancer control in New Zealand
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Associate Professor Cameron Grant
Randomised placebo controlled study of vitamin D during pregnancy and infancy
HRC ref: 09/215R

Professor David Grattan
Mechanisms of hyperprolactinemia-induced infertility
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Ms Jane Green
Young Māori parents: A research scoping report about teenage Māori parents
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Associate Professor Parry Guilford
Synthetic lethal targeting of the tumour suppressor gene CDH1 in common cancers
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Associate Professor Parry Guilford
Single cell RNA profiling for the early detection of urological cancers
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Professor Alistair Gunn
Pathogenesis, detection and treatment of perinatal brain injury
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Professor Alistair Gunn
Developing a treatment to prevent Cerebral Palsy
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Associate Professor Leigh Hale
Prevention of falls for adults with intellectual disability (PROFAID)
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Dr Richard Hall
Hunting the silent majority: unknown viruses in human gastrointestinal disease
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Mr Joe Harawira
Health status of the community located in the environs of the Whakatane Sawmill
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Professor Jane Harding
Neonatal Hypoglycaemia: How do we know how low is too low?
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Dr Ricci Harris
Racism as a health determinant: implications for Māori health and inequalities
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Dr Joanne Harvey
Analogues of Zampanolide: Design, Synthesis and Anti-Cancer Activity
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Ms Wendy Henwood
"Working for the River will lift the Health of the People"
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Professor Allan Herbison
Neuroendocrine regulation of fertility
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Professor Allan Herbison
Understanding kisspeptin neurons
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Dr Ian Hermans
Mechanisms of induction of anti-tumour immune responses by dendritic cells
HRC ref: 09/105D

Dr Ian Hermans
Vaccine-based immunotherapy of cancer
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Dr Nancy Higgins
Growing up kapo Māori: Accessing paediatric ophthalmology services
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Professor Janet Hoek
Evaluating branding and plain packaging: Implications for tobacco control
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Mr Ruakere Hond
Māori Identity-based Community Development as a Sustainable Approach to Māori Health Promotion
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Professor Philippa Howden-Chapman
He Kainga Oranga/Community Healthy Housing Intervention Research Programme
HRC ref: 09/071

Mr Maui Hudson
Nga Tohu o te Ora: Traditional Māori Wellness Outcome Measures
HRC ref: 08/182

Beverly Hughes
Bringing Together Matauranga Māori, Western Science, Medicine and People to Heal the Kopeopeo Canal
HRC ref: 10/852

Professor Peter Hunter
Cardiac structure and function: A bioengineering analysis
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Dr Tristram Ingham
Whiti Te Ra: Bronchiolitis Disparities among Māori and Pacific Children
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Dr Tristram Ingham
Whiti Te Ra: The contribution of housing conditions to bronchiolitis disparities
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Mr Leon Iusitini
Opportunities for cross country comparative studies - between indigenous Pacific populations (cook Islands, Samoan, Tongan) and the New Zealand Pacific populations
HRC ref: 11/158

Dr Pamela Jackson
RV3 Rotavirus Vaccine: A Phase II clinical trial for a human neonatal rotavirus vaccine for the global community
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Professor Rodney Jackson
Vascular Informatics using Epidemiology and the Web (VIEW)
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Dr Stephen Jamieson
Small molecule inhibitors of AKR1C3 in castration-resistant prostate cancer
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Mr Wayne Johnstone
He Ara Oranga Hei Hikoi Ngatahi i Te Taha o Nga Tane Māori (Walking the pathway of wellness with Māori men)
HRC ref: 09/037

Dr Rhys Jones
How can medical education reduce disparities in chronic disease care and improve outcomes of Indigenous populations
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Dr Peter Jones
Implementing performance improvement in NZ EDs: the six hour time target policy
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Dr Stuart Jones
Obstructive Sleep Apnoea in Pregnancy Hypertension
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Dr Rhys Jones
Marae Food Gardens: Health and Wellbeing through urban marae in Tamaki Makaurau
HRC ref: 11/623

Dr Roslyn Kemp
T cell mediated regulation of colorectal cancer immune responses
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Professor Ngaire Kerse
Maximising Health for Older People
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Professor Ngaire Kerse
Life and Living in Advanced age: a Cohort study in New Zealand, (LILACS NZ): Waves 2 and 3
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Dr Bronwyn Kivell
Investigating Novel Compounds to Prevent Addiction
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Ms Bry Kopu
Tupu Ake: Developing a Kaupapa Māori Definition of Resiliency for Rangatahi in Taranaki
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Professor Jane Koziol-McLain
Internet-based Intervention to Improve Mental Health Outcomes for Abused Women
HRC ref: 11/516

Dr Beverley Lawton
Wähine Hauora-Inequalities in uterine cancer: exploring the pre-diagnosis gap
HRC ref: 08/216

Dr Beverley Lawton
Wahine Hauora : reducing barriers to care for pregnant mums and their whanau
HRC ref: 09/192

Dr Beverley Lawton
Addressing barriers to care for young pregnant Māori women and their infants
HRC ref: 10/358

Professor Graham Le Gros
Candidate Cytokines involved in Allergic Airway disease
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Professor Graham Le Gros
Novel vaccine approaches for protecting against helminth parasites
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Professor Graham Le Gros
Cellular mechanisms underlying food allergen sensitisation
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Professor Diana Lennon
Can We Reduce Māori and Pacific School Children's Hospitalisations to Pakeha Rates?
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Dr William Levack
Pulmonary Wii-habilitation: a pilot study
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Dr Judith Littleton
Transnationalism in pacific health through the lens of TB
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Dr Denis Loiselle
Energetics of the Diabetic Heart
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Dr Anna Mackey
Improving arm function in children with hemiplegia - insights from neuroscience
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Dr Joanna MacKichan
Epithelial Cell Damage: Is it the Key to Meningococcal Disease?
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Dr Alexandra Macmillan
Health effects of intervening in the trip to work
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Associate Professor Ralph Maddison
Exercise to enhance smoking cessation outcomes
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Associate Professor Ralph Maddison
Efficacy of an m-health exercise-based cardiac rehabilitation programme
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Associate Professor Simon Malpas
Development of wireless power for an implantable heart pump
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Associate Professor Derelie Mangin
Stable primary care depression: maintenance vs gradual withdrawal of fluoxetine
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Associate Dean Patrick Manning
Does Cabergoline Prevent Weight Regain in People with Obesity?
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Dr Mark Marshall
Sodium Lowering In Dialysate (SOLID) Study
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Dr Greg Martin
Impact of substance use and mental health presentations in the Emergency Department
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Dr Megan McAuliffe
Factors influencing older listeners' comprehension of speech
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Dr David McLean
Cancer in meat workers: identifying the causal exposures
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Professor Kathryn McPherson
Goals and self regulation skills in brain injury rehabilitation: an RCT
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Professor Kathryn McPherson
Experiences of recovery and adaptation after disabling traumatic brain injury
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Professor Kathryn McPherson
Portable airway support in stable Chronic Obstructive Pulmonary Disease
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Professor Andrew Mercer
Human pathogenic viruses: drug targets and therapeutic potential
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Associate Professor Tony Merriman
Application of genetics to the pathogenesis of common chronic conditions
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Associate Professor Tony Merriman
Application of genetics to the pathogenesis of common chronic conditions
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Associate Professor Tony Merriman
Genes, environment, gout and metabolic disease in the rohe of Te Rarawa
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Dr Patricia Metcalf
Predictors of CVD morbidity and mortality in New Zealand adults
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Professor Edwin Mitchell
The effect of an inhaler with ringtones on asthma control and school attendance
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Professor Edwin Mitchell
Children of SCOPE: The influence of fetal and maternal adiposity on obesity at 5
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Professor Edwin Mitchell
Sudden unexpected death in infancy (SUDI) case-control feasibility study
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Professor Edwin Mitchell
Sudden unexpected death in infancy (SUDI) : nationwide case-control study
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Associate Professor Alok Mitra
Structure/function correlates of adiponectin
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Professor Ian Morison
The epigenome of myelodysplastic syndrome
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Professor Roger Mulder
Health Anxiety CBT vs TAU for Patients with Non-cardiac Chest Pain
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Professor David Murdoch
Effect of vitamin D supplementation on upper respiratory infections in adults
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Dr Rinki Murphy
Genetics of type 2 diabetes, obesity and personalised obesity surgery
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Associate Professor Cliona Ni Mhurchu
The effects of a school breakfast programme on school achievement and nutrition
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Associate Professor Cliona Ni Mhurchu
Population interventions to improve nutrition and physical activity
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Dr Paul Ockelford
Low dose aspirin to prevent recurrent venous thromboembolism: a multicentre trial
HRC ref: 05/080R

Dr Ronan O'Toole
Targeting essential genes in the treatment of tuberculosis
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Professor Janis Paterson
Pacific Islands Families Study: Nutrition, Body Size and Physical Activity of 9 year old children (PIF:NBS-2)
HRC ref: 08/383

Professor Janis Paterson
Pacific Islands Families Study: Hearing Status of 11 year olds (PIF: HS)
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Professor Neil Pearce
Building Research in Occupational Health in New Zealand (BROHNZ)
HRC ref: 08/041

Professor Neil Pearce
Neurotoxic effects of occupational solvent exposure
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Dr Maria Pearse
Phase 3 trial studying optimal radiotherapy timing after radical prostatectomy
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Dr Chris Pemberton
Sending A Signal? Ghrelin Peptides in Acute Cardiac Ischemia
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Associate Professor Helen Pilmore
The Beta-blocker to Lower Cardiovascular Dialysis Events Vanguard Study
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Dr Janet Pitman
Premature loss of oocytes leads to ovarian disorder and carcinomas
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Miss Jodi Porter
Toiora: Conceptualisation and Measurement for Iwi and Māori Communities
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Professor Richie Poulton
The Dunedin Multidisciplinary Study of Aging and Risk for Chronic Disease
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Dr Tim Prickett
Studies on the cardio-protective effects of CNP agonists
HRC ref: 09/305R

Dr Patricia Priest
Hand sanitiser to reduce illness absences in primary school children
HRC ref: 08/368

Professor Suzanne Purdy
SPICCATO: Stroke and Parkinson's Community Choir Engagement and Therapeutic Outcomes
HRC ref: 11/663

Associate Professor Miriam Rademaker
Implantable devices: Improved monitoring of heart failure and tachyarrhythmia
HRC ref: 09/306

Dr Annemarei Ranta
Efficacy and Safety of TIA Electronic Support Tool (FASTEST) Trial
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Professor Ian Reid
Mechanisms and Management of Musculoskeletal Disease
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Associate Professor Gordon Rewcastle
Strategies for developing PI3K p110a isoform specific anticancer drugs
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Dr Paul Reynolds
He Kokonga Whare: Māori Intergenerational Trauma and Healing
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Professor Mark Richards
Neurohumoral and genetic prediction and protection in heart disease
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Professor Mark Richards
Urocortin2 in Decompensated Heart Failure
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Professor Mark Richards
Neurohumoral and Genetic Prediction and Protection in heart disease
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Dr Evan Roberts
Stature and body mass of the New Zealand population, 1850-2008
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Ms Marara Rogers
Ko tou Manawa, Ko toku Manawa, Ka Ora: pain and suffering, a Māori view
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Dr Anna Rolleston
Hei Oranga Kei Aku Ringa - a whanau approach to health and well-being
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Professor Franca Ronchese
Role of dendritic cells in allergic sensitisation
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Professor Franca Ronchese
Defining the characteristics of effective anti-tumour T cells
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Professor Franca Ronchese
Cytotoxic T lymphocyte-mediated immunotherapy of allergic airway inflammation
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Professor Franca Ronchese
Immunotherapy of allergic disease
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Dr Katya Ruggiero
Probing illness with a novel multi-omic time-course statistical platform
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Dr Etuate Saafi
Developing a Pacific indigenous medicinal plants database for drug development
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Dr Lynette Sadleir
Defining the Genetic Determinants for Epilepsy
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Dr Diana Sarfati
C3 study: Effect of comorbidity on care and cancer survival inequalities
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Dr Peter Saxton
Estimating unrecognised HIV infection in a community sample of homosexual men
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Professor Grant Schofield
Built environments, physical activity and obesity: a national and international study
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Associate Professor Kate Scott
Double disability: mental disorders and comorbid physical conditions
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Dr Nicola Scott
Metabolic Syndrome: From Mice to Men
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Associate Professor Kate Scott
The association of mental disorders with subsequent physical condition onsets
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Professor Robert Scragg
Effect of vitamin D on cardiovascular and respiratory disease event rates
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Professor Douglas Sellman
Treatment Evaluation of Alcohol and Mood: The TEAM Study
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Dr Jonathan Shemmell
Fire together, wire together: sensory synchronisation to enhance stroke recovery
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Professor Peter Shepherd
Signalling pathways involved in the control of glucose metabolism
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Professor Peter Shepherd
The metabolic effect of antipsychotic medication
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Professor Peter Shepherd
Signalling pathways involved in the control of glucose metabolism
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Dr Vickie Shim
Finding links between knee injuries and cartilage degeneration
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Associate Professor Louise Signal
Is junk food promoted through sport?
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Dr Leigh Signal
Sleep in pregnancy and postpartum: the relationship to maternal health
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Associate Professor Louise Signal
C3 - Cancer Care Journeys and Clinical Decision Making
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Dr Tania Slatter
The role of p53 isoforms for increased cancer susceptibility
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Associate Professor Deborah Sloboda
Nature versus Nurture: Nutrition and Maternal Care Affecting Health and Disease Risk
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Ms Kirsten Smiler
Partnership: refocusing successful interventions for Māori deaf/hearing impaired children
HRC ref: 06/420

Dr Cherryl Smith
He Kakano: Traditional and Contemporary Māori Views and Experiences of Fertility, Reproduction and Assisted Reproductive Technologies
HRC ref: 11/779

Mr Mattias Soop
High vs low urine output targets in surgical patients: a clinical trial
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Mr Andrew Sporle
Whanau Ora - household level determinants of whanau wellbeing
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Associate Professor Lisa Stamp
Effect of vitamin C on serum urate in patients with gout
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Associate Professor Lisa Stamp
Safety and efficacy of high dose allopurinol in the management of gout: a randomised interventional study
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Mr Albert Stewart
Developing Collaborative Models for Health Service Delivery involving Traditional Māori healing and Western Practice in Te Tairawhiti
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Dr Cathy Stinear
TRIO: Targeted Rehabilitation, Improved Outcomes
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Professor Peter Stone
Promoting quality at birth
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Dr Martin Sullivan
A longitudinal study of the life histories of people with spinal cord injury
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Dr Judith Symonds
A Personal Digital Assistant to Augment Goal Management Training
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Professor Warren Tate
Drug discovery targeting a novel step in HIV-1 biology, and overriding gene mutations
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Dr Sebastien Taurin
Effect of raloxifene on oestrogen receptor negative breast cancer tumour growth
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Associate Professor Merryn Tawhai
Predicting pulmonary hypertension
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Associate Professor Rachael Taylor
Improving school playgrounds to enhance physical activity in children
HRC ref: 09/087A

Associate Professor Rachael Taylor
Screening, feedback and treatment in overweight 4-8 year old children
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Professor Barry Taylor
Safer Sleeping Environments: Evaluating new options for NZ babies
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Associate Professor Denise Taylor
Low-cost telerehabilitation to improve outcomes for people with chronic stroke
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Dr Martin Than
Can an 'Accelerated Pathway' reduce admissions for chest pain in New Zealand?
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Dr Benjamin Thompson
Promoting neural plasticity to recover visual function in amblyopia
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Professor Peter Thorne
Abnormal ion homeostasis in inner ear disease
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Dr Sandar Tin Tin
Taupo Bicycle Study: Follow-up of a cohort of cyclists
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Associate Professor Huia Tomlins Jahnke
He Whanau Ora, he Whanau Whakawhitiwhiti Korero: Exploring the Links Between Inter-Whanau Communication and Whanau Ora
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Dr Adrian Trenholme
Intervention study of children at high risk of chronic lung disease
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Dr Shieak Tzeng
Autonomic modulation of pulmonary gas exchange efficiency
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Dr Mark Vickers
Developmental programming of disease: critical windows for intervention
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Dr Silas Villas-Boas
In vivo metabolic pathway analysis of pathogenic bacteria in response to oxygen
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Associate Professor Margreet Vissers
Ascorbate-mediated regulation of HIF-1 mediated tumour growth and angiogenesis
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Dr Pamela von Hurst
Vitamin D deficiency risk and respiratory/allergy diseases in NZ 1-4 year-olds
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Dr Natalie Walker
A family tobacco control program to reduce respiratory illness in Māori infants
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Professor Robert Walker
Dialysis Outcomes In Those Aged 65 Years and Over
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Dr Natalie Walker
Cytisine - a promising low cost intervention for smoking cessation
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Dr Marie-Louise Ward
How does myocardial stretch determine the strength of the heartbeat?
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Mr Garry Watson
Applications of Rongoa Māori for the Treatment of Diabetes
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Dr Susan Wells
Cardiovascular risk prediction for New Zealanders - beyond Framingham
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Dr Janice Wenn
A Kaupapa Māori qualitative investigatory study into domestic violence within whanau of Taranaki
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Dr Robyn Whittaker
A trial of a mobile phone-based depression prevention programme for adolescents
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Dr Kristin Wickens
6 year follow-up of the effects of probiotics on development of allergic disease
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Dr Kristin Wickens
A maternal probiotic intervention for infant allergic disease prevention
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Professor William Wilson
Physiological targeting in cancer therapy
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Professor William Wilson
Exploiting hypoxia and DNA repair defects in triple negative breast cancer
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Professor William Wilson
Physiological targeting in cancer therapy
HRC ref: 11/1103

Dr Marc Wilson
Longitudinal study of development and cessation of self-harm among adolescents
HRC ref: 11/645

Professor John Windsor
Mitochondria in multiple organ dysfunction syndrome
HRC ref: 09/156

Professor John Windsor
Toxicity of mesenteric lymph in critical illness
HRC ref: 11/514

Professor Christine Winterbourn
Oxidative Stress in Health and Disease
HRC ref: 09/081

Associate Professor Karen Witten
Children's mobility and physical activity in higher density urban neighbourhoods
HRC ref: 10/497

Dr Conroy Wong
A randomised trial of tiotropium treatment for bronchiectasis
HRC ref: 11/694

Professor Lianne Woodward
Childhood exposure to family violence and later parenting risk
HRC ref: 06/458

Professor Lianne Woodward
Neurological Development of the Very Preterm Infant: A Longitudinal Study
HRC ref: 11/283

Dr Alistair Young
Cardiac MRI During Exercise: Ventricular and Vascular Function
HRC ref: 09/173

Associate Professor Deborah Young
Self-regulating gene therapy for Parkinson's disease
HRC ref: 10/149

Partnership Contracts Completed During the Year or in Progress

Ms Robyn Bailey
How do we know what we're doing works? Evaluating Kapiti Youth Support
HRC ref: 11/734

Associate Professor Barry Borman
Indicators for surveillance of occupational disease
HRC ref: 10/030

Professor Antony Braithwaite
YB-1 interacting partners in breast cancer progression
HRC ref: 10/872

Associate Professor John Broughton
Oranga niho me nga tangata whaiora
HRC ref: 11/836

Associate Professor Christopher Bullen
The grand challenge: Innovative research to halve smoking prevalence in Aotearoa New Zealand
HRC ref: 11/818

Professor Sunny Collings
Found in translation: implementing a tool for primary mental health development
HRC ref: 11/730

Professor Julian Crane
EXTENSION: Zonnic (oral nicotine) and nicotine patch in smoking cessation (JV542)
HRC ref: 09/200A

Professor Jeroen Douwes
Occupational dermatitis in New Zealand cleaners
HRC ref: 08/570

Professor Jeroen Douwes
Workplace interventions to reduce wood dust exposures in joinery and furniture workers
HRC ref: 10/034

Professor Michael Findlay
An Internal Examination of Colorectal Cancer Management in New Zealand
HRC ref: 11/764

Dr Heather Gifford
Facilitating whanau resilience through Māori primary health intervention (JV545)
HRC ref: 09/627

Professor Merryn Gott
Inappropriate admissons/treatment amongst inpatients with palliative care needs
HRC ref: 10/815

Dr Corina Grey
Adherence to preventive medications in Acute Coronary Syndrome in New Zealand
HRC ref: 11/814

Associate Professor Parry Guilford
Molecular diagnostic test for the prediction of survival and drug response in ovarian cancer
HRC ref: 10/875

Associate Professor Leigh Hale
Haua Mana Māori
HRC ref: 11/833

Associate Professor Mark Henrickson
HIV Risks and Concerns among African Communities in New Zealand
HRC ref: 11/965

Dr Maureen Holdaway
Culturally appropriate end of life care for Māori
HRC ref: 11/027

Dr Julia Horsfield
Oestrogen-dependent regulation of gene expression by cohesin in breast cancer
HRC ref: 10/873

Associate Professor Timothy Kenealy
Very High Intensity Users of Middlemore Hospital ED: rct of integrated care
HRC ref: 10/769

Dr Jacquie Kidd
Palliative care, health literacy, Māori communities, and health services
HRC ref: 11/767

Dr Jeremy Krebs
NZ Group-based Self Management Education for patients/whanau with Type 2 Diabetes
HRC ref: 09/584

Dr Jeremy Krebs
Preventing diabetes in people with acute coronary syndrome and hyperglycaemia
HRC ref: 09/586

Dr Jeremy Krebs
Integrated Secondary Specialist Service in Primary Care Team Diabetes Management
HRC ref: 10/779

Professor Ross Lawrenson
The costs and complications of screening for prostate cancer
HRC ref: 11/082

Deidre Maxwell
Assessment of barriers to the early diagnosis of lung cancer within primary care
HRC ref: 09/116

Dr David McBride
Community Health after the Mapua remediation project
HRC ref: 11/758

Dr Brian McKenna
Delivery of effective mental health services to prisons
HRC ref: 10/819

Ms Helen McLauchlan
Identifying Aspiration and Reducing Pneumonia in Stroke Patients using Cough Reflex Testing
HRC ref: 09/658

Dr David McLean
Occupational asthma in New Zealand sawmill workers
HRC ref: 08/568

Professor Kathryn McPherson
The Staying Well Project for Disabled People
HRC ref: 10/108

Associate Professor Helen Moewaka Barnes
Māori Priorities for Life Stage Research: Hapu Ora
HRC ref: 10/766

Professor Ian Morison
Epigenomics of liver tumour induction and progression: use of a zebrafish model
HRC ref: 10/886

Dr Garry Nixon
Impact of Generalist Clinician-Performed Ultrasound and Echocardiography in rural NZ
HRC ref: 10/806

Associate Professor Nicola North
Increasing the effectiveness of the 'HEHA' workforce
HRC ref: 09/607

Dr Brandon Orr-Walker
Optimal Management of Morbidly Obese Diabetes Patients undergoing Bariatric Surgery
HRC ref: 09/591

Professor Matthew Parsons
Evaluating a Supported Discharge Team; a randomised controlled trial
HRC ref: 11/720

Mrs Rangimahora Reddy
Māori health literacy and communication in palliative care: Kaumatua-led models
HRC ref: 11/774

Dr Lynne Russell
Rangatahi Sexual and Reproductive Health Research
HRC ref: 11/062

Professor Grant Schofield
Brief Interventions in Primary Care and Workplace Settings
HRC ref: 10/033

Dr Margaret Southwick
Pacific health outcomes: Trends, barriers and navigating ways forward
HRC ref: 11/790

Associate Professor Lisa Stamp
Identifying and overcoming barriers to smoking cessation in rheumatoid arthritis
HRC ref: 11/705

Dr Andrea 't Mannetje
Workplace exposure to carcinogens in New Zealand
HRC ref: 08/569

Dr Michael Tatley
Product Vigilance - Developing an Integrated System
HRC ref: 10/031

Professor Barry Taylor
Primary prevention of rapid weight gain in early childhood
HRC ref: 08/374

Dr Adrian Trenholme
The impact of pneumococcal vaccine on hospital admission in young children with pneumonia
HRC ref: 08/604

Career Development Awards Completed During the Year or in Progress

Clinical Research Training Fellows

Mrs Rosalind Case
The Impact of Traumatic Brain Injury on School Functioning in Children aged 5-11 Years
HRC ref: 11/139

Dr Mandira Chakraborty
Peripheral mitochondrial function in the management of acute pancreatitis
HRC ref: 11/151

Dr Ruth Cunningham
Health outcomes for mental health service users - exploring the case of cancer
HRC ref: 11/146

Dr Sally Eyers
Effect of regular paracetamol on asthma control in mild to moderate asthma
HRC ref: 09/076

Dr Karen Falloon
Randomised controlled trial to study the effectiveness of sleep restriction compared to sleep hygiene in the treatment of Primary Insomnia in a Primary Care setting
HRC ref: 08/057

Dr Jonathan Foo
Studies in the resolution of diabetes by gastric bypass surgery
HRC ref: 09/074

Mr Martin Hunn
Improving immunotherapy for high grade glioma
HRC ref: 10/902

Ms Silke Kuehl
The suicide and serious harm risk of "Mixed Presenters' to emergency departments
HRC ref: 11/148

Dr Rachael McLean
Sodium in New Zealand, intake, consumer perceptions, and implications for chronic disease
HRC ref: 10/901

Dr Jeffrey Ngu
Autoimmune Liver Diseases in NZ: Population-based Epidemiology, Genetics and Therapeutics
HRC ref: 11/135

Mrs Rachael Parke
Can nasal high flow therapy prevent respiratory complications following cardiac surgery?
HRC ref: 11/144

Dr Juliet Rumball-Smith
Quality of public hospital care for Māori and NZ Europeans in Christchurch, NZ
HRC ref: 07/062

Dr Paul Sexton
Airways disease, obesity, and the metabolic syndrome
HRC ref: 10/059

Dr Caroline Shaw
Quantifying the health effects of climate change mitigation policies in NZ
HRC ref: 10/079

Dr Moira Smith
Attitudes of children and adults to the food environment in organised sport
HRC ref: 10/076

Dr Simon Thornley
Cardiovascular disease risk prediction in the era of effective drug treatment
HRC ref: 11/145

Dr Alexandra Wallace
The long term effects of fetal anaemia: follow up study of recipients of the in utero transfusion
HRC ref: 09/058

Dr Deborah Wright
Prognostic modelling of colorectal cancer using multiple data sources
HRC ref: 11/137

Dr Tzu-Chieh Yu
Targeting Peritoneal Inflammation and Injury in Paediatric Acute Appendicitis
HRC ref: 11/140

Disability Research Placement Award

Ms Jennifer Dunn
Decision making process for upper limb reconstructive surgery in tetraplegia
HRC ref: 08/578

Mrs Joanna Fadyl
Engagement with paid work after neurological injury in urban Aotearoa/NZ
HRC ref: 10/068

Ms Claire Freeman
Experiences of intimacy in acute spinal cord rehabilitation
HRC ref: 10/043

Mr Colin Gladstone
Self-determination and disabled students in the transition from school to adulthood
HRC ref: 10/910

Mrs Margaret Jones
Parent's and young people's perspectives on activity and community participation after traumatic brain injury
HRC ref: 06/621

Ms Elisa Lavelle
Developing strategies to better meet the needs of partners of people with brain injury
HRC ref: 11/126

Ms Elizabeth Mayland
Disability foundations: Anxiety and injury perceptions after upper limb trauma
HRC ref: 11/127

Ms Janet McDonald
The process and experience of family carers managing nursing procedures at home
HRC ref: 11/129

Ms Nada Signal
Strength for task training (STT) to optimise function following stroke
HRC ref: 09/102

Mr Richard Smaill
The implications of having a disability and ageing
HRC ref: 06/632

Ms Kirsten Smiler
Māori deaf/hearing impaired children and their whanau
HRC ref: 06/633

Ms Esther Woodbury
The impact of public and private transport on the health, economic situation and social participation of physically disabled people in New Zealand
HRC ref: 08/528

Erihapeti Rehu-Murchie Fellowship

Dr Lily George
Nga ara hou: New pathways toward whanau ora for incarcerated Māori women
HRC ref: 11/089

Dr Geoffrey Kira
Improving sleep quality and duration to prevent obesity in Māori and Pacific adolescents
HRC ref: 09/612

Dr Kahu McClintock
Tomo mai, Responsive Child and Adolescent Mental Health Service (CAMHS) for Māori Rangatahi
HRC ref: 10/064

Dr Tess Moeke-Maxwell
Kia Ngawari: Investigating Palliative Care of Māori and their whanau
HRC ref: 10/123

Dr Laurie Morrison
Nga Pou Wahine: A kaupapa wahine intervention addressing gambling misuse
HRC ref: 11/086

Dr Hope Tupara
Rangatiratanga: An Iwi framework for decision making
HRC ref: 09/611

Eru Pomare Fellowship

Dr Melanie Cheung
Tangata-centred Huntington's disease research: Partnership between Indigenous community and biomedical science
HRC ref: 10/111

Dr Te Hereripine Sarah-Jane Paine
Moe tika, moe pai: Advancing sleep health in Aotearoa/New Zealand
HRC ref: 08/547

Dr John Waldon
He Whakaturanga mo te Hauora Tamariki ki te ao
HRC ref: 09/610

Dr Emma Wyeth
Kei ruka, kei raro: Māori health experiences and perspectives
HRC ref: 07/517

Foxley

Ms Frances Graham
Assessing climate change, health and adapting service demand: effects of extreme heat, ChCh, NZ
HRC ref: 10/842

Girdler's Fellowship

Megan Dowie
A novel approach to neurodegenerative disorders
HRC ref: 10/841

Hohua Tutengaehe Fellowship

Dr William Edwards
Health research and services: Localising the interface between Matauranga Māori and Science
HRC ref: 10/121

Ms Mera Penehira
Mauri Tangata: Re-Positioning Māori resistance and well-being in Sexual and Reproductive Health Policy and Service Provision
HRC ref: 11/079

Māori Health PostDoctoral Fellowship

Dr Lynne Russell
The significance of culture in mental health understandings
HRC ref: 08/566

Māori Health Rangahau Hauora

Ms Anne Webster
He Kura Aro Huango: Primary Schools and Māori children with Asthma - A Pilot
HRC ref: 11/097

Māori Master Scholarship

Miss Renei Ngawati
Sport as a forum for capacity building and self-determination in Indigenous communities
HRC ref: 11/101

Ms Marnie Reinfelds
Do whanau Māori in Taranaki support community based breastfeeding initiatives?
HRC ref: 10/132

Te Moana Rolleston
How do different populations define whanau ora?
HRC ref: 11/074

Māori PhD Scholarship

Mr Luke Adsett
Trends of Facial fractures in New Zealand
HRC ref: 10/734

Mr Trevor Clark
What Has Sport Got to do With Health?
HRC ref: 10/736

Miss Alayne Hall
Parenting patterns of Māori women who have experienced domestic violence trauma
HRC ref: 08/553

Mr Kimiora Henare
Targeting the tumour stroma with DMXAA for the treatment of melanoma
HRC ref: 09/558

Reena Kainamu
Whanau ora: Māori motherhood, cultural identity and mental wellbeing
HRC ref: 10/119

Mr Thomas Lintern
Investigation into Soft Tissue Damage of Infants During Shaking Associated with Child Abuse
HRC ref: 10/738

Miss Arna Mitchell
The impact of whakapapa exchange on the therapeutic alliance in therapy with Māori clients
HRC ref: 11/099

Ms Pikihuia Pomare
He Kaakano ahau i ruia mai i Rangiaatea: engaging Māori in Child and Adolescent Mental Health Services
HRC ref: 10/130

Ms Jennifer Reid
SICK TO DEATH: Māori Access to Quality Health Care in Christchurch
HRC ref: 11/066

Pania Renati
Whakapapa: An Interpretation of Indigenous Theory for the Postvention of Suicide for Whanau Māori Experiencing Whakamomori
HRC ref: 11/076

Mrs Kiri Tamihere-Waititi
A Process Evaluation of a Wraparound Service
HRC ref: 10/733

Mr Luke Weaver-Mikaere
Intrauterine infection,cytokines and AMPA receptors: A developmentally bad 'menage a trois'
HRC ref: 09/564

Ms Margaret Williams
Prescribed Physical Activity for people with Type 2 Diabetes: kanohi-ki-te-kanohi support
HRC ref: 10/735

Ms Trish Young
Developing cultural identity: what is important for young Māori offenders?
HRC ref: 09/563

Pacific Health Masters Scholarship

Mrs Amio Ikihele
An exploration into the perceptions of sexual health amongst NZ-born Niuean adolescent females living in Auckland
HRC ref: 10/062

Pacific Health PhD Scholarship

Miss Luisa Ape-Esera
Evaluation of the SAFE program for Pacific and Māori adolescent sexual offenders
HRC ref: 09/344

Ms Marianna Churchward
An investigation of the intersection between resilience and risk factors for Samoan women living in Aotearoa/New Zealand during pregnancy, childbirth and early motherhood
HRC ref: 11/175

Miss Radilaite Delaibatiki
Knowledge, attitudes and practices in family planning for Fijian women living in Fiji and NZ
HRC ref: 11/156

Mr Moses Faleolo
An ethnography of Youth Gangs in South Auckland: a Samoan perspective
HRC ref: 09/380

Mrs Neti Herman
Development, implementation and Evaluation of a Health Promotion Model to promote the health of young people in the Cook Islands, using a combined school, community empowerment and partnership approach
HRC ref: 10/097

Ms Tolotea Lanumata
Pacific perspectives on promoting children's healthy eating
HRC ref: 09/327

Ms Margaret Maiava
Making Incredible Years Parenting Program Accessible to Pasifika
HRC ref: 10/098

Ms Carmel L M F Peteru
E Mapu i Fagalele: Landscapes of Wellbeing for Samoan Elderly People Living in New Zealand
HRC ref: 11/160

Mr Faasisila Savila
Environmental Associations of Overweight and Obesity for Pacific Island Children in New Zealand
HRC ref: 11/167

Mr Byron Seiuli
Gapatia i le maliu ma le tagiaue: Examining customs that support Samoan men through bereavement
HRC ref: 11/174

Mr John Sluyter
Lifestyle and body composition in adolescents
HRC ref: 10/061

Ms Analosa Ulugia-Veukiso
An exploration of the sexual and reproductive health status and risk-taking behaviours of Samoan youth in New Zealand: and Spirituality as a protective factor
HRC ref: 09/323

Mr Sione Vaka
An exploration of the meaning of mental illness for Tongan people in New Zealand
HRC ref: 09/330

Pacific Health PostDoctoral Fellowship

Dr Karlo Mila-Schaaf
Developing a Pacific mental health intervention: What is therapeutic?
HRC ref: 10/080

Dr Alitasi Su'A Tavila
Exploring Pacific leaders' in-depth thinking to develop a Pacific health strategy
HRC ref: 10/089

Dr Gerhard Sundborn
Changing the food, built and social environments with policy to address obesity in New Zealand
HRC ref: 11/177

Dr Mele Taumoepeau
The development of social cognition in Pacific Island families
HRC ref: 08/403

Dr El-Shadan Tautolo
Development and validation of a method to assess Pacific fathering behaviour and involvment
HRC ref: 11/176

Ms Tasileta Teevale
Factors enabling and disabling weight loss in Pacific children in a family-led obesity weight-management programme
HRC ref: 10/058

Dr Jemaima Tiatia
Suicidal Behaviours and Ideation amongst Samoan people: The Journey Towards Prevention
HRC ref: 11/159

Sir Charles Hercus Fellowship

Dr Haxby Abbott
Optimising cost-effectiveness in the management of osteoarthritis
HRC ref: 11/124

Dr Carolyn Barrett
Measuring sympathetic nerve activity
HRC ref: 06/058

Dr Mark Bolland
Effect of calcium supplements on cardiovascular events and other health outcomes
HRC ref: 11/113

Dr Andrew Clarkson
Tuning post-stroke cortical excitability: implications for learning and memory
HRC ref: 10/907

Dr Anita Dunbier
Investigation of genes involved in breast cancer susceptibility and response to therapy
HRC ref: 11/121

Dr Scott Graham
Are CB2 receptors a potential therapeutic target for neuroinflammatory diseases in humans?
HRC ref: 10/051

Dr Julie Lim
Antioxidant strategies to prevent eye disease: is the lens a glutathione reservoir?
HRC ref: 10/055

Dr Ailsa McGregor
Targeting dysfunctional cholinergic transmission in a model of Huntington's Disease
HRC ref: 08/045

Dr Chris Pemberton
BNP signal peptide: a novel, specific marker of acute cardiac injury
HRC ref: 07/055

Dr Anna Pilbrow
Blood relations: finding circulating biomarkers for inherited heart disease
HRC ref: 11/118

Dr Rebecca Roberts
Genetics of susceptibility and management in inflammatory bowel disease
HRC ref: 08/068

Dr Shieak Tzeng
Influence of tobacco smoking on dynamic cerebral auto-regulation
HRC ref: 11/125

Dr Siouxsie Wiles
Experimental bacterial infections: improved models for vaccine and treatment development
HRC ref: 09/099

Dr Sarah Young
The use of virus-like particles as vaccines and therapies against cancer
HRC ref: 09/080

Dr Yiwen Zheng
Searching for answers to cognitive deficits following vestibular damage
HRC ref: 07/047

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