
**Report of the
Health Research Council
of New Zealand
for the year ended
30 June 2003**

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

CONTENTS

Directory	3
Statement of Purpose	4
Foreword by the Chair	5
Chief Executive's Report.....	7
Outcome Statement.....	15
Governance and Accountability Statement	19
Statement of Responsibility	22
Report of the Auditor-General.....	23
Performance Information.....	25
Statement of Accounting Policies.....	25
Statement of Objectives and Service Performance	27
Statement of Financial Performance	36
Statement of Movements in Equity	36
Statement of Financial Position	37
Statement of Cash Flows	38
Statement of Commitments and Contingencies	39
Notes to the Financial Statements	40
Statement of Resources.....	45
Organisational Information.....	46
Management Structures	46
Membership of Council and Statutory Committees.....	46
New Research Contracts.....	48
New Career Development Awards.....	58
Research Contracts Completed During the Year or In Progress	60
Career Development Awards Completed During the Year or In Progress	75

Directory

Secretariat Office

110 Stanley Street
AUCKLAND

Postal Address

PO Box 5541 Wellesley Street
AUCKLAND
Telephone: 09 379 8227
Fax: 09 377 9988

Auditor

Audit New Zealand
AUCKLAND
On behalf of the Controller and Auditor General

Bankers

Bank of New Zealand
Town Hall Branch
AUCKLAND

Solicitors

Simpson Grierson
AUCKLAND

Statement of Purpose

Mission

To improve human health by promoting and funding health research.

Goals

The Government has identified four high-level goals which sit beneath the Government's strategic priorities and which set the longer-term directions for future investment in Research, Science and Technology. These are:

- the Innovation Goal;
- the Economic Goal;
- the Environmental Goal, and
- the Social Goal.

The Council's investments will primarily contribute to increasing knowledge of the social, biological, environmental, cultural, economic and physical determinants of well-being in order to build a society in which all New Zealanders enjoy health and independence and have a sense of belonging, identity and partnership. They will also contribute significantly to the 'Innovation' and 'Economic' Goals.

Foreword by the Chair

2002/03 was a year of challenge and opportunity for the Health Research Council of New Zealand. It was also a year of significant achievement. Accordingly, the Council is pleased to present a positive report for the year.

Success is not one dimensional, nor is it the result of a single factor. For the HRC this means working collaboratively with key health-related agencies, other investors in health research and outstanding researchers – a unified effort that results in effective investment in high-quality health research.

During the year, the HRC has continued to invest in a broad portfolio of research, which seeks to improve health and well-being and to reduce disparities in the health status of New Zealanders.

The health research sector in New Zealand is characterised by a world-class research community, which contributes to the better understanding of health and illness and the development of health policy and guidelines for practice and health services.

The achievements of researchers funded by the HRC are outstanding and clearly demonstrate that New Zealand continues to receive an excellent return on its investment in a well organised and effectively managed portfolio of health research. These achievements are based not only on the dedication and quality of the researchers, but also the international peer-review process used by the HRC to assess the merit of the applications that it receives. The intense competition for research funds is an important feature of the health research funding environment.

Unfortunately, offsetting the achievements of our researchers is the growing inability of the HRC to fund the high quality research proposals that it receives. Indeed, the success rate has now dropped below 20%. This means that a significant quantum of high-quality research goes unfunded. Consequently, opportunities are lost. This also means that we are falling well behind the rates of successful investment in health research achieved in relevant jurisdictions such as the United Kingdom, Australia and Canada.

The constrained funding that confronts the Council is compounded by the ongoing cost of implementing full-cost-funding of research. In 2003/04, this entailed an 18% increase in the cost of funding successful research proposals. This cost increased further in 2004/05. Because the full-cost funding policy is part of an earlier agreement between the HRC, the Government and the universities, it must be implemented. The funding constraints have impacted adversely on the research workforce and the viability of some research groups dependent on HRC funding to support trained research staff. This unsatisfactory state of affairs is of particular concern to the Council. The HRC is committed to addressing these issues and to ensuring that its investment in research continues to contribute to health outcomes for New Zealanders.

Despite these funding difficulties, the HRC is continuing to invest in a comprehensive career-development programme for health researchers. This programme is a key factor in sustaining a highly skilled health research workforce in New Zealand. The increase in the number of Maori and Pacific Peoples gaining a doctoral degree in health-related research is of particular note.

The HRC is also continuing to build on the success of the Partnership Programme by supporting new ventures that target children and youth, Maori, Pacific peoples and people with disability. At the same time, it is consolidating existing partnerships into sustainable cross-sectoral health research programmes. The Partnership Programme involves jointly collaborating with the Ministry of Health and other Crown and local government agencies to fund research that provides an evidence base for policy in areas such as diabetes, environmental health, occupational health and safety and mental health.

The HRC continues to have a strong commitment to maintaining an efficient and effective ethical and regulatory framework for research, which ensures the safety of all participants in research. This is particularly important as we respond to a wide range of new technologies emerging from research done both in New Zealand and overseas. The hard work and professionalism of both the Council's Ethical Committees and the institution-based Committees with which the HRC collaborates is very much appreciated.

Despite the challenging environment in which the HRC operates, a strong record of achievement across all portfolios of research investment is evident in this report. These achievements would not be possible without the commitment and hard work of the Secretariat, the HRC's Statutory and Standing Committees and the large number of individuals who participate as referees and assessors in the peer-review process so vital to the investment in very high-quality health research. The way ahead is demanding. Nevertheless, the Council is clear about the strategic direction to be pursued. In doing so it will build on what has already been achieved and seek the additional funding required to increase research outputs that contribute to improving health outcomes and the reducing inequalities in the health of New Zealanders.

Graeme Fraser

Chair, Health Research Council of New Zealand

Chief Executive's Report

The HRC has developed and implemented a research policy and investment framework which ensures that the Council contributes to both the Government's New Zealand Health Strategy and to the goals for Vote Research, Science and Technology.

In this report the highlights of the investment framework are presented using the Output Classes and Outcome Statement described in the HRC's Statement of Intent.

Research Contract Management (HRC Output Class 1)

The HRC is one of the three Purchase Agents with the responsibility for administration of the Government's overall investment in research, science and technology. The Ministry of Research, Science and Technology has set out ten Operating Principles which guide the HRC in the conduct of its various policy, investment and evaluation processes.

The principles are:

- focusing on results that benefit New Zealand;
- collaborating with other agencies;
- meeting current and future capability needs;
- purchasing balanced portfolios;
- running robust and transparent processes;
- meeting quality standards;
- involving users and providers in strategy development;
- funding the full costs of research, science and technology;
- contributing to Maori advancement and development;
- increasing global connectivity, and
- evaluating and reporting progress.

The principles have been used by the HRC's Secretariat (Chief Executive, management team and support staff) in the development of the policies and processes initiated by the HRC's Board and its statutory and standing committees. Within the Secretariat there are two major groups: the Research Policy Group (Group Manager, Dr Patricia Anderson) which provides advice on future investment strategies, conducts evaluations and manages the Partnership Programme and the Research Contract Group (Manager, Dr Andre George) which manages the implementation of the HRC's Investment Strategy and the annual contestable funding round. Manager for Maori health research (Ms Louisa Wall) and Pacific health research (Ms Karlo Mila-Schaaf) contribute to both the Policy and Contract groups as appropriate.

The HRC has a well qualified staff, many with significant experience in health research, research policy and project management. The balance of expertise within the Secretariat reflects the diversity of the health research sector and the HRC's activities in policy development, contract management, evaluation, regulatory affairs, ethics, Maori, Pacific and communication.

The HRC invests in research and a number of associated activities that seek to improve health outcomes and to reduce inequalities in health. While the outputs and outcomes of the HRC investments contribute primarily to the Governments' Social Goal for research (which includes health), science and technology they also make a significant contribution to both the Knowledge and Economic Goals. The HRC's Progress and Achievements Report to the Minister of Research, Science and Technology describes many of the achievements arising from HRC's investments.

The HRC has identified seven specific outcomes relevant to the Government's Knowledge, Economic and Social Goals. These are linked to each of the HRC Output Classes.

Public Good Health Research (HRC Output Class 2)

The HRC invests the majority of the funds it receives from Government into research contracts that contribute to one of the following Investment Strategies.

Investment Strategy 1: “Enhancing the HRC’s role within the health sector”

The HRC has established a number of joint ventures with the Ministry of Health to conduct research that will contribute to the development of evidence-based policy and services. The joint ventures sit within the HRC’s Partnership Programme and incorporate the Programme’s under-pinning principles of partnership, responsiveness to Maori, quality assurance, expertise, policy, adding value, independence and a focus on outcomes. The Programme is designed to be flexible to meet the needs of a diverse range of partners. Key projects include:

- **Evaluation of the 2001 Health Reforms**
This major research project involves the HRC and the Ministry of Health with the Treasury and the State Services Commission as partners. The first stage of the evaluation has been completed and an interim report published.
- **National Diabetes Research Strategy**
The HRC and Ministry of Health have issued a Request for Proposals seeking proposals which will engage academic researchers, DHB’s and communities in a programme directed at reducing the prevalence of type 2 diabetes. It is expected that the research project will commence in late 2003 and run for 3 years.
- **Evaluation of the Primary Health Care Strategy**
Together with the Ministry of Health and ACC the HRC has released a Request for Proposals for the conduct of an evaluation of the Government’s new Primary Health Care Strategy. The research is expected to commence in late 2003 and run for 3 years.
- **Maori Health Joint Venture**
The HRC together with ACC and the Ministry of Health (Te Kete Hauora) have identified a research provider who will undertake a research project that will examine the effectiveness of health, disability and ACC services from the perspective of Maori consumers. The research will include exploring the extent to which health and disability services effectively reach and reflect Maori consumers and their needs. The research is expected to take 24 months.
- **Immunisation Research Strategy**
The HRC has established a partnership with the Ministry of Health, Public Health Directorate, through which the two agencies seek to purchase a portfolio of collaborative research that addresses both the short and long-term needs of the immunisation sector. An RFP will be released in August 2003.
- **Nursing Turnover Research**
The HRC and the Ministry of Health, have released an RFP for a national Study of the cost of nursing turnover, and the impact of turnover on patient safety and nurse outcomes. The research is expected to commence in August 2003 and run for 24 months.

During the year the HRC managed two mental health programmes (a) the Mental Health Research and Development Strategy and (b) the Mental Health Workforce Development Programme.

a. Mental Health Research and Development Strategy

The aim of the strategy is to assist in the recovery of people who experience mental illness and/or alcohol and other drug problems by undertaking relevant research activities and translating these into policy and practice. First established in 1997/98, the strategy is funded by the Ministry of Health, supported by the Mental Health Commission and administered by the Health Research Council. The HRC contributes funds to the MHRDS research projects (e.g. National Mental Health Epidemiology Research Study) where appropriate.

The current priority areas for the strategy are:

- mental health epidemiology;
- assessment measures for mental health outcomes including Hua Oranga, and
- mental health classification and outcomes study.

Research usually has a national focus and publications to date have included:

- ‘evaluation of Early Intervention for Psychosis Services in New Zealand: what works?’;
- ‘evaluation of Mental Health/Primary Care Shared Services in NZ’, and
- various reports about the New Zealand Mental Health Classification and Outcomes Study.

Current projects include:

- A national mental health epidemiology study that is expected to have a significant impact on the planning, purchasing and delivery of mental health services in New Zealand. The survey will collect data from 12,000 households with oversampling of Maori and Pacific peoples.
- The Mental Health Standard Measures of Assessment and Recovery (MH_SMART) project is developing a national set of outcomes measures for use in the mental health sector (starting with the planned use of the Health of the Nation Outcome Scale).
- The establishment of a validation framework for Hua Oranga (a Maori measure of mental health outcome).
- Research on models of Pacific Mental Health Service Delivery in New Zealand.
- Research on a measurement system for routine clinical use in alcohol and other drug treatment services.
- A report about a process for developing self-assessed consumer measure.
- A report about the use and acceptability child and youth outcome measures in mental health services.

There is more information about the strategy on www.mhrds.govt.nz.

b. The Mental Health Workforce Development Programme

From February 2003, the Mental Health Workforce Development Programmes (MHWDP) have been funded by the Ministry of Health, supported by the Mental Health Commission, and administered by the HRC. The programme provides and/or contracts for national and regional activities and projects for mental health workforce development.

MHWDP aims to continue to develop the mental health workforce throughout New Zealand under the following key directions:

- retention and recruitment;
- research and evaluation;
- organisational development;
- training and development, and
- infrastructural development.

A Steering Committee (including Ministry and DHB CEOs representatives) provides strategic direction. The national Mental Health Workforce Development Committee (with membership from DHBs, NGOs, Mental Health Commission and people representing consumer, family, Maori, Pacific peoples, and clinician interests) is responsible for the implementation and co-ordination of the projects.

Projects to be developed include:

- development of a national recruitment plan for mental health;
- review of post-entry clinical training;
- development and delivery of a Mental Health Specific Management and Leadership Programme for the Mental Health Sector;
- development of a national resource group for the mental health sector;
- development of a consumer peer-support programme for older adults;
- in conjunction with the MH-SMART initiative, development of an education package about outcome measurement;
- development of a training programme and competencies for consumer advisors working in mental health;
- development and delivery of a training programme for mental health professionals working with families;

- evaluation of existing Ministry of Health funded programmes (Intermediate Level training and Administration of **CSW** Grants);
- implementation of standards for tele-psychiatry in Mental Health, and
- development of regional workforce development projects for Auckland/Northern, Midland, Central and Southern regions.

The MHWD's fortnightly newsletter is distributed to the mental health sector. There is more information about the programme on www.mhwd.govt.nz.

The HRC has identified a future need to develop sustainable programmes of research in priority health areas such as diabetes. Such an approach has worked well for mental health. The HRC has also continued to explore new areas (e.g. cancer control) for the development of research partnerships with the Ministry of Health.

As noted below (*see* Strategy 2) the HRC has also funded a number of research proposals through the contestable funding round which will have outputs relevant to the health sector. These include:

Associate Professor Bruce Arroll and colleagues
Department of General Practice, University of Auckland

Randomised controlled trial of two methods of delayed prescriptions for antibiotics for the common cold

Professor Sally Casswell and colleagues
Centre for Social & Health Outcomes Research Evaluation, Massey University
Alcogenic environments: effects of alcohol access on youth alcohol-related harm

Mr Andrew Jull and colleagues
Clinical Trials Research Unit, Auckland UniServices Ltd
Honey as adjuvant leg ulcer therapy trial

Dr Ngaire Kerse and colleagues
Department of General Practice, University of Auckland
Falls, function and quality of life: An intervention in residential care

Dr Deborah McLeod and colleagues
Department of General Practice, University of Otago
Pathways to care and outcome for elective surgery: a prospective cohort

Dr Mary E Seddon and colleagues
Department of Social & Community Health, University of Auckland
Coronary artery bypass graft surgery: evaluation of the validity of the prioritisation score and the impact of waiting

Dr Susan Wells and colleagues
Department of Community Health, University of Auckland
Primary care management of cardiovascular disease risk: validating risk prediction & assessing risk burden

Investment Strategy 2: "Investing in strategic research to contribute to Social, Economic and Knowledge Goals"

The majority of HRC funds (\$33.2M in 2002/03) are expended on research contracts within this strategy.

Research to be supported was identified through a contestable funding round conducted from November 2002 to May 2003. The HRC has a research policy framework and allocates funding through nine Research Portfolios. Details of the funding available in each portfolio and to particular types of research contracts are set out in the HRC's Investment Strategy. The HRC also publishes Research Portfolio Strategies which are used by research providers in preparing their applications to the HRC. The HRC's assessment process based on international best-practice peer review, examines both the scientific quality of proposals and their relevance to the HRC's policy framework.

In the 2002 funding round, the HRC received a total of 207 proposals; for projects (160), strategic development grants (30) and programmes (17). Of these, 56% were deemed fundable after an assessment process which involved international peer review. The HRC awarded 51 contracts made up of projects (37), strategic development grants (7) and programmes (7). In addition there was one programme extension. New contracts will start from 1 July 2003. The total value of the new contracts was \$43.5M, for expenditure over a period of up to 3 years.

The HRC noted that the average cost of a project research contract had increased to \$0.76M from \$0.56M the previous year. This was primarily the result of increased costs associated with the implementation of the Ministry of Research, Science and Technology's Full Cost Funding Principles, which included a review of the 'overhead' rate used by host institutions.

The Assessing Committees and HRC Research Committees noted the high quality of research proposals submitted for funding and raised their concerns about the significant number of excellent proposals that would not be funded.

During the year, the HRC received and reviewed an annual Research Report from every contract. Contract reports are reviewed by HRC's Research Committees. On completion of research contracts, the HRC's communications staff work with research providers to ensure appropriate and timely dissemination of results.

Investment Strategy 3: "Establishing Partnerships to add value to the HRC's Investments"

The HRC has established Joint Research Portfolios (JRPs) in three areas:

- Environmental Health;
- Occupational Health and Safety, and
- Social and Economic Determinants of Health.

In each of these programme areas the HRC is working with one or more Government ministries and agencies to fund research that seeks to address the evidence and policy needs of the partners. For example, in environmental health, the HRC has the Ministry of Transport and Ministry for the Environment as partners with additional in-kind support from the Ministry of Health, Environment Canterbury and the Auckland Regional Council. The research programme "Health and Air Pollution in New Zealand" (HAPINZ) is being conducted by a consortium led by NIWA, which includes the University of Otago, the University of Canterbury and the Australian National University. The research outputs will assist Government agencies and local authorities to develop policies and processes to minimise the health impacts of poor air quality in New Zealand.

Within the Social and Economic Determinants of Health JRP, the Housing and Health Research Programme (led by Associate Professor Philippa Howden-Chapman of the University of Otago) has created great interest, both as a result of the large number of partners involved and the links with communities.

Partnerships have also been established with Department of Labour, Accident Compensation Corporation, Ministry of Justice and Ministry of Social Development to further research in the JRP areas.

During the year, the HRC decided to bring the joint ventures with the Ministry of Health and the JRPs together under the umbrella of the Partnership Programme. This reflects the HRC's wish to engage as wide a range of partners as possible in each venture and to successfully invest in research that crosses the boundaries between sectors. In doing this, it adds value to the investment made by the individual partners.

The Partnership Programme has enabled the HRC to use its expertise in research management to assist ministries and agencies in which research is not a core activity.

The HRC also has a JRP with FRST to support research in Maori Knowledge and Development (*see* Output Class 4).

Human Resource Development for Health Research (HRC Output Class 3)

The HRC makes a major contribution to the training of Maori for careers in health research. In 2002/03, \$2.06M was expended on a programme of masters, PhD and Post-doctoral scholarships and fellowships. New awards were made to 17 emerging researchers. As these scholars and fellows seek to establish their careers in health research the challenge for the HRC is to ensure that there are appropriate funding opportunities available.

Capacity building for Pacific is also a priority for the HRC and \$0.27M was expended on research training awards for Masters and PhD scholars. New awards were made to 5 emerging researchers.

The Sir Charles Hercus Health Research Fellowship was established by the HRC last year and the first Fellowships were awarded to three outstanding researchers:

Dr Mark Hampton, University of Otago
Cell thiols and the regulation of apoptosis

Dr Joanne Kirman, Malaghan Institute of Medical Research
Characterisation of immune cell subsets that mediate protection to pulmonary tuberculosis

Dr Deborah Young, University of Auckland
Ademo-associated viral vectors: Versatile tools for disease modeling and therapeutics

The Hercus Fellowship, valued at \$0.50M over four years, provides an advanced postdoctoral training opportunity similar to that previously provided by the Wellcome Trust Senior Research Fellowship.

Although the HRC no longer supports training awards in biomedical, clinical and public health research, a number of emerging researchers are supported through HRC research contracts awarded to their supervisors at academic host institutions throughout New Zealand. The HRC, together with the academic institutions, has an interest in ensuring that outstanding graduates are recruited into health research and that employment opportunities ensure that they are retained in New Zealand. However, graduates are encouraged, where appropriate, to seek a period of advanced research training overseas.

The HRC, through the evaluation conducted by the Research Policy Advisory Committee, has identified a number of areas (other than for Maori and Pacific peoples), in which there is a need to build research capacity and capability. Clinical research and disability research are examples of two such areas.

Maori Knowledge and Development Research (HRC Output Class 4)

The HRC invested the funds received in this Output Class through two investment strategies. The first was through the HRC's Rangahau Hauora Maori Research Portfolio, which supports Maori Development research, and the second was co-managed together with FRST as a Joint Research Portfolio.

Under the Rangahau Hauora Maori portfolio, funds were invested into a six-year research programme entitled 'Te Pumanawa Hauora', directed by Professor Mason Durie of Massey University, and into a number of research projects and strategic development contracts. The latter contracts provide support for emerging researchers and thus play an important role in capacity building for Maori. Where Maori health research projects and programmes are relevant to other HRC portfolios, they are also supported from funds from Output Class 2. This expands the HRC's overall investment in Maori development research beyond that set out in the HRC's Investment Strategy. In 2002/03, \$0.80M of Output Class 2 funds supported Maori development research. In addition to investment in Maori development research, the HRC also invested \$1.60M in new Maori advancement research contracts with funds from Output Class 2. The HRC's total investment in new contracts supporting Maori health research was \$3.90M for expenditure over 3 years.

Within the Joint Research Portfolio with FRST the HRC will manage the investment in the new contracts that will contribute to health outcomes.

The HRC's investments in career development for Maori are described under HRC Output Class 3 "Human Resource Development for Health Research".

Provision of Policy Advice (HRC Output Class 5)

The activities in this Output Class are supported by a contract with the Ministry of Health. The principal activities are those associated with the HRC meeting its statutory responsibility for the ethics of health research and advice on health research policy. The HRC Ethics Committee works closely with the Regional Ethics Committees and the ethics committees associated with the tertiary education institutions that host HRC research. The HRC provides second opinions and advice to researchers and to ethics committees and provides comments and advice on relevant proposed legislation, guidelines and discussion documents. The HRC Ethics Committee is developing its relationship with the three other key ethics committees: the Bioethics Council (Ministry for the Environment), National Ethics Advisory Committee (Ministry of Health) and National Ethics Committee on Assisted Human Reproduction (Ministry of Health).

The HRC prepared a report for the Ministry of Health entitled 'Putting Excellence into Practice', which reviewed the evidence for the benefits that can be achieved through investment in health research.

The HRC's Research Policy Advisory Committee has representatives of the Ministry of Health as members and this enhances the linkage between the HRC and one of its principal stakeholders.

The HRC also has two other Committees which provide advice to the Director General of Health under the provisions of the Medicines Act (1980). During the year, the Standing Committee on Therapeutic Trials (SCOTT) reviewed 75 clinical trials involving therapeutic substances to ensure that they met an appropriate standard for safety and study design.

While the HRC's Gene Technology Advisory Committee (GTAC) did not review any trial applications during the year it has been engaged in the NHMRC's consultation processes and the development of guidelines for xenotransplantation in Australia. GTAC has also conducted a "watching brief" on relevant new technologies which, while not currently being conducted in New Zealand, are areas in which future regulatory oversight will be required.

The Maori Health Committee conducted a review of the achievements arising from the HRC's Strategic Plan for Maori Health Research 1998-2002 and initiated the development of a new Strategic Plan "Nga Pou Rangahau Hauora Kia Whakapiki Ake Te Hauora Maori 2004-2008" which will be completed in late 2003.

In the general area of biotechnology, the HRC has worked with MoRST and provided advice on regulatory issues associated with the development of new therapeutic substances by New Zealand based companies.

During the year, the HRC published four reports for Government. These were:

- "New Zealand Health Research: Putting Excellence into Practice – the role of health research in supporting the development of the health sector and improving health outcomes" for the Ministry of Health (June 2002);
- "The Case for a Specialised Health Research Purchase Agency" (October 2002);
- "Progress and Achievements Report" – to the Minister of Research, Science and Technology (October 2002), and
- "Partnerships for Evidence-Based Policy and Practice" (March 2003).

Council and its Committees

The Council has the designation of a Management Board. The Council met on ten occasions during the year and held a further meeting by teleconference. During the year, a number of new appointments were made by the Minister of Health. These included the appointment of Professor Graeme Fraser (Chair), Dr John Hay, Ms Judy Keall, Professor Michael Powell, and Professor Alistair Woodward. Professor Warren Tate and Associate Professor Chris Cunningham were appointed for a second three-year term.

Under the provisions of the HRC Act (1990), Professor Woodward was appointed Chair of the Public Health Research Committee and Professor Fraser and Dr Hay were appointed to the HRC Ethics Committee. Professor Powell was appointed Chair of the Research Policy Advisory Committee.

A subcommittee of the Board (the Grant Approval Committee), consisting of the Chairs of the statutory Biomedical Research Committee, Maori Health Committee and Public Health Research Committee together with the chairs of the Pacific Islands Health Research Committee and Research Policy Advisory Committee (RPAC) met to finalise the funding recommendations from the 2002 contestable funding round.

The statutory research committees each met on three or four occasions during the year, with the oversight of the policies and processes associated with the contestable funding round being their principal responsibility. RPAC was responsible for the review of the strategies for the Injury and Rehabilitation, Non-Communicable Diseases and Rangahau Hauora Maori Research Portfolios. RPAC provided advice to the Board on priorities for future investment, building on input from the Expert Panels for the Maori, Pacific Peoples, Children and Youth, Older Adults and People with Disability priority population groups.

Recommendations as to the quality and relevance of research proposals submitted to the HRC for funding result from the involvement of referees (over 1200 individuals from New Zealand and overseas) and discipline-based assessing committees (involving more than 80 leading research scientists from Australia and New Zealand). These individuals, together with the members of the HRC's statutory committees ensure that the HRC has a peer-review process that meets international best practice standards. This is important in the very competitive funding environment that exists in New Zealand.

The Pacific Islands Health Research Committee has conducted a number of important activities during the year. Work on the Pacific Guidelines for Health Research has commenced with an expectation that they will be launched at the 2003 Fono to be held in December. The Committee was also involved in the promotion and the review of proposals for the International Collaborative Research Grants Scheme with the NHMRC (Australia) and The Wellcome Trust (UK). Final recommendations and approval of successful research programmes are to be made in August 2003. The HRC has also worked with the Pacific Health Research Council (based at the Fiji School of Medicine) and WHO to further the development of health research in Pacific countries.

The HRC is grateful to all the individuals who work tirelessly on behalf of the Council to assist in the development of policy and processes, review of proposals and provision of advice. Without their assistance the HRC could not achieve the high standards of performance that it sets for itself.

The HRC works closely with the institutions that host its research and they, together with their research staff, deliver research outputs that are of a high standard and that make a significant contribution to the New Zealand Health Strategy and to the Government's goals for research, science and technology.

Dr Bruce A Scoggins
Chief Executive

Outcome Statement

The HRC has contributed to a number of specific Outcomes relevant to the Government's Knowledge, Economic and Social Goals for their investment in research, science and technology. Each Outcome has been pursued in a culturally sensitive way, taking into account the Treaty of Waitangi. These Outcomes are also directly linked to the HRC's five Output Classes.

Outcome 1 - "Outcome Focused Investment"

"Purchasing high quality research relevant to the health needs of New Zealand"

The principal activity of the HRC is the investment of public funds in health research that is of the highest quality and is directed to achieve the goals of Government for research, science and technology and for health.

To facilitate the investment process, the HRC has established nine Research Portfolios:

- Biological Systems and Technologies;
- Communicable Diseases;
- Determinants of Health;
- Health and Independence of Population Groups;
- Health Sector Management and Services;
- Injury and Rehabilitation;
- Mental Health and Neurological Disorders;
- Non-communicable Diseases, and
- Rangahau Hauora Maori.

The HRC's Research Policy Advisory Committee, has developed a research strategy for each portfolio, in consultation with research providers and end-users'. These strategies also included a cross-portfolio analysis relevant to five priority population groups: Maori; Pacific; children and youth, older adults and people with disability. In addition to the review of scientific merit and health significance conducted as part of the peer review process, the HRC may also consider other criteria in making its final decisions as to what research is to be supported. These criteria include:

- availability of funds for investment within a Research Portfolio (total funding within a portfolio is published in the HRC's Investment Strategy);
- relevance of research to the goals and priorities of the New Zealand Health Strategy;
- whether the research contributes to Maori development and/or advancement;
- contribution of research to recruitment and retention of the trained health research workforce, and
- contributions to the balance of investments (existing and new) within the HRC's Research Portfolios.

The processes used by the HRC in the assessment of biomedical, public health and Maori health research proposals are described in the HRC's Investment Strategy and in the HRC's Assessing Committee Handbook.

It is anticipated that the use of these criteria will ensure that research contributes to the Government's goals relevant to the health needs of the New Zealand population.

Outcome 2 - "Responsiveness to Maori"

"Contributing to development and advancement of Maori"

The HRC addresses the dual goals of Maori development and advancement as a priority within its investment strategy to address health outcomes for Maori and the disparities in the health status of the New Zealand population. Maori development is addressed through the investments in the HRC's Research Portfolio "Rangahau Hauora Maori" (Output Classes 2 and 4) and Maori advancement through investments in the other Research Portfolios in HRC Output Class 2, "Public Good Health Research".

Together with the Foundation for Research, Science and Technology, the HRC also contributes to Maori knowledge and development through investments in a jointly managed contestable funding pool within Output Class 4, "Maori Knowledge and Development."

The HRC has recognised the need to build research capacity in this area and there is significant investment in training awards through Output Class 3, “Human Resource Development for Health Research”.

During the forthcoming year the HRC initiated an update of its Strategic Plan for Maori health research and this together with the research strategy for the ‘Rangahau Hauroa Maori’ portfolio sets the agenda for the HRC’s responsiveness to Maori.

The HRC has implemented a Joint Venture with Ministry of Health to conduct a joint research project evaluating delivery of health services by Maori providers.

Outcome 3 - “Productive Partnerships”

“Working with others to add value to the HRC investments”

The HRC has identified the development and implementation of partnerships and collaborations with other organisations and agencies as a key strategy to add value to the HRC’s investments.

The success of these partnerships depends on the ability of the HRC to develop joint funding relationships with the relevant stakeholders. To achieve this outcome, the HRC works with the Ministry of Health to ensure an evidence/knowledge base underpins the Government’s strategy for the health and disability sector. Areas identified for collaboration include mental health, diabetes, Pacific health, health services research and immunisation. The HRC has initiated discussions to develop research initiatives in cancer control, tobacco, problem gambling and primary care.

The HRC has developed a major new venture with the Ministry of Health to develop Pacific workforce capacity for the health sector.

The HRC has initiated three Joint Research Portfolios (JRPs) in Environmental Health, Occupational Health and Safety, and Socio-Economic Determinants of Health with the following projects:

- Ambient Air Quality Management;
- Slips, Trips and Falls;
- Burden of Occupational Disease;
- Needs of Pacific Peoples when they are Victims of a Crime;
- Housing and Health, and
- Recurrent Child Maltreatment.

Each JRP has a research strategy developed in conjunction with the funding partners and other key stakeholders. The HRC is developing additional research projects within the existing JRPs and seeks to establish new JRPs when funds become available.

The HRC has continued to explore the development of the joint activities, identified in 2001/02, with the National Health and Medical Research Council (NHMRC Australia) which it is hoped will result in joint research programmes and the establishment of an ANZAC Travel Exchange programme.

Together with the Wellcome Trust (UK) and National Health and Medical Research Council (Australia) the HRC has administered a new International Collaborative Research Programme. This new initiative planned in 2002/03, and to be funded from July 2003, will focus on health issues relevant to Pacific peoples in New Zealand and in the South West Pacific.

The HRC, the Canadian Institutes of Health and NHMRC (Australia) have signed a five-year Collaborative Agreement to foster research into the health of indigenous peoples in the three countries. The HRC’s Maori Health Committee will be responsible for the development of the schedule of activities to be conducted under this agreement.

Outcome 4 - “Outstanding People”

“Ensuring a high quality research workforce is trained and supported”

Following changes made in 2001/02 to the funding available for HRC research training awards the Council in the forthcoming year has supported career development in scholarships and fellowships in the following areas:

- Maori graduates (Masters, PhD and postdoctoral);
- Pacific graduates (Masters, PhD and postdoctoral), and
- Sir Charles Hercus Health Research Fellowship (advanced postdoctoral).

The HRC has recognised the need to ensure that outstanding, emerging health researchers are able to return to New Zealand to establish their careers. The Hercus Fellowship has contributed to this.

In areas, such as Maori and Pacific health, in which research capacity is being built the HRC has recognised the need to have first awards such as Masters scholarships together with PhD Scholarships and postdoctoral fellowships.

To ensure that research capacity continues to be developed in key areas within biomedical, clinical and public health disciplines, the HRC has worked with academic institutions who provide the majority of support for research training awards.

The HRC has managed for the Ministry of Health funds for Pacific workforce development including mental health.

Outcome 5 - “Transfer of Knowledge”

“Encouraging dissemination and uptake of knowledge to meet social and economic goals”

If the Government’s investment in research is to impact on health outcomes and reduce disparities in health, dissemination and uptake of the research knowledge by end-users is essential. The end-users for HRC research investment are many and varied and the Council has facilitated research uptake both within the health sector and, where applicable, with other researchers or with those in the private sector.

The Council has encouraged research providers to seek effective dissemination of their research results through peer-reviewed publications technical reports, policy documents and presentations to “communities of interest.” The HRC has recognised that dissemination of research results to Maori and Pacific communities requires culturally appropriate methods, which are likely to be different from those used for other audiences.

To facilitate protection and development of intellectual property derived from HRC investments, Memoranda of Understanding with research provider institutions ensures that any benefits arising from HRC’s investment contribute to future public good health research in New Zealand.

Outcome 6 - “Safe and Responsible Research”

“Operating within an ethical and regulatory framework”

The Council has a statutory responsibility to approve ethics committees that consider the ethical implications of proposals that seek HRC funding. The HRC also advises ethics committees established by other bodies on the membership of those committees, the procedures to be adopted and the standards to be observed. The HRC has continued to work with the Ministry of Health and tertiary sector institutions to ensure that New Zealand conducts ethical review of health research to the highest standards of international best practice. Of particular interest is the ethics and regulation of new health technologies. The HRC has worked with the new National Advisory Ethics Committee and the Bioethics Council established by the Government to address relevant ethical issues. Of particular importance is the development and implementation of processes which ensure that research involving Maori is conducted in a safe and responsible manner. The Council has contributed to national and international debates and discussions on issues such as the use of genetic technologies and xenotransplantation. The HRC ensured that all of its research providers meet the required regulatory requirements including those associated with the Royal Commission into Genetic Modification. The Ethics Committee, Standing Committee on Therapeutic Trials and Gene Technology Advisory Committee provide valuable assistance to the Council. Clinical trials are being monitored, as appropriate, by a Data Safety Monitoring Board established by the Council.

Outcome 7 - “Professional Management”

“Displaying leadership, responsibility and accountability as a Government purchase agency”

The responsibility for the successful implementation and management of the HRC’s investment strategy and policy advice functions rests with the Council (Management Board), its statutory and standing committees and Secretariat.

The Government, through the Ministry of Research, Science and Technology has identified new Operating Principles (which replace the Stewardship Expectations used in 2001/02) for Purchase Agents. The Operating Principles are:

- focusing on results that benefit New Zealand;
- collaborating with other agencies;
- meeting current and future capability needs;
- purchasing balanced portfolios;
- running robust and transparent processes;
- meeting quality standards;
- involving users and providers in strategy development;
- funding the full costs of research, science and technology;
- contributing to Maori advancement and development;
- increasing global connectivity, and
- evaluating and reporting progress.

The HRC incorporates these Operating Principles into activities when and where appropriate.

The Secretariat provides support to both Council and their committees. The Secretariat has two major groups: The Research Policy Group is responsible for providing advice to Council on its future investment strategies and the Research Contracts group manages the implementation of the investment strategy. Both groups work together to evaluate the outputs and outcomes derived from the Council’s research contracts.

Governance and Accountability Statement

Role of the Council

The Minister of Health appoints a governing Council. The Council's governance responsibilities include:

Communicating with the Minister and other stakeholders to ensure their views are reflected in the HRC's planning.

Delegate responsibility for achievement of specific objectives to the Chief Executive.

Monitor organisational performance towards achieving objectives.

Accounting to the Minister on plans and progress against them.

Maintaining effective systems of internal control.

The functions of the Council are set out in the Health Research Council Act 1990.

(1) *The functions of the Council shall be:*

- (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 3 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; and*
 - (ii) *The Ministry of Health; and*
 - (iii) *Other persons who fund or produce research, whether in the public sector or the private sector; and*
 - (iv) *Persons who have a 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 Maori 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.*

(2) *In the performance of its functions under this Act, the Council shall have regard to the general policy of the Government in relation to health research."*

Structure of HRC

The Council has appointed a single employee, the Chief Executive, to manage all HRC operations. All other employees of the HRC have been appointed by the Chief Executive. The Council directs the Chief Executive by delegating responsibility and authority for the achievement of objectives and through setting policy.

Council Committees

In terms of the Health Research Council Act the Council has set up four statutory committees. The function of these committees is specified in the Act. The Maori Health Research Committee has also been given the functions of a Research Committee. The statutory committees are:

- Biomedical Research Committee;
- Public Health Research Committee;
- Maori Health Committee, and
- Ethics Committee.

Council has also set up a number of standing committees to provide a more detailed level of focus on particular issues. The standing committees are:

- Pacific Islands Health Research Committee;
- Research Advisory Committee;
- Grant Approval Committee;
- Gene Technology Advisory Committee;
- Programme Approval Committee, and
- Standing Committee on Therapeutic Trials.

Council Membership

Members are appointed by the Minister of Health. In terms of the Act there are ten members, five of whom are involved in health research. Once appointed all members are required to act in the best interests of the HRC. Members acknowledge that the board must stand unified behind its decisions; individual members have no separate governing role in the HRC.

Connection with Stakeholders

The Council acknowledges its responsibility to keep in touch with stakeholders and, in particular, to remain cognisant of the responsible Ministers expectations.

Division of Responsibility between the Council and Management

A key to the efficient running of the HRC is that there is a clear division between the roles of the Council and management. The Council concentrates on setting policy and strategy, and then monitors progress towards meeting objectives. Management is concerned with implementing policy and strategy. The Council clearly demarcates these roles by ensuring that the delegation of responsibility and authority to the Chief Executive is concise and complete.

Accountability

The Council holds monthly meetings to monitor progress towards its strategic objectives and to ensure that the affairs of the HRC are being conducted in accordance with Council's policies.

Conflicts of Interest

The Council maintains an interests register and ensures Council members are aware of their obligations to declare interests.

Internal Control

While many of the Councils functions have been delegated, the overall responsibility for maintaining effective systems of internal control ultimately rests with the Council. Internal controls include the policies, systems and procedures established to provide assurance that specific objectives of the Council will be achieved. The Council and Management have acknowledged their responsibility by signing the Statement of Responsibility on page 22 of this report.

Legislative Compliance

The Council acknowledges its responsibility to ensure the organisation complies with all legislation. The Council has delegated responsibility to the Chief Executive for the development and operation of a programme to systematically identify compliance issues and ensure that all staff are aware of legislative requirements that are particularly relevant to them.

Ethics

The Council is committed to ensuring that all of its activities are conducted in a manner, which meets the highest ethical standards.

Statement of Responsibility

For the year ended 30 June 2003

In terms of Section 42 of the Public Finance Act 1989, we hereby certify that:

1. We have been responsible for the preparation of these financial statements and the judgements used therein; and
2. 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; and
3. We are of the opinion that these financial statements fairly reflect the financial position and operations of this Crown Entity for the year ended 30 June 2003.

Council Chair
Professor Graeme Fraser
Date: 22 October 2003

Chief Executive
Dr Bruce A Scoggins
Date: 22 October 2003

Report of the Auditor-General

TO THE READERS OF THE FINANCIAL STATEMENTS OF Health Research Council of New Zealand FOR THE YEAR ENDED 30 June 2003

We have audited the financial statements on pages 25 to 44. The financial statements provide information about the past financial and service performance of Health Research Council of New Zealand and its financial position as at 30 June 2003. This information is stated in accordance with the accounting policies set out on pages 25 to 26.

Responsibilities of the Council

The Public Finance Act 1989 and the Health Research Council Act 1990 require the Council to prepare financial statements in accordance with generally accepted accounting practice in New Zealand that fairly reflect the financial position of Health Research Council of New Zealand as at 30 June 2003, the results of its operations and cash flows and service performance achievements for the year ended on that date.

Auditor's responsibilities

Section 15 of the Public Audit Act 2001 and Section 43(1) of the Public Finance Act 1989 require the Auditor-General to audit the financial statements presented by the Council. It is the responsibility of the Auditor-General to express an independent opinion on the financial statements and report that opinion to you.

The Auditor-General has appointed J R Smaill, of Audit New Zealand, to undertake the audit.

Basis of opinion

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial statements. It also includes assessing:

- the significant estimates and judgements made by the Council in the preparation of the financial statements, and
- whether the accounting policies are appropriate to Health Research Council of New Zealand's circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with the Auditing Standards published by the Auditor-General, which incorporate the Auditing Standards issued by the Institute of Chartered Accountants of New Zealand. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatements, whether caused by fraud or error. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the financial statements.

Other than in our capacity as auditor acting on behalf of the Auditor-General, we have no relationship with or interests in Health Research Council of New Zealand.

Unqualified opinion

We have obtained all the information and explanations we have required.

In our opinion the financial statements of Health Research Council of New Zealand on pages 25 to 44:

- comply with generally accepted accounting practice in New Zealand, and
- fairly reflect:
 - Health Research Council of New Zealand's financial position as at 30 June 2003;
 - the results of its operations and cash flows for the year ended on that date, and

- its service performance achievements in relation to the performance targets and other measures adopted for the year ended on that date.

Our audit was completed on 20 October 2003 and our unqualified opinion is expressed as at that date.

J R Smaill
Audit New Zealand
On behalf of the Auditor-General
Auckland, New Zealand

Performance Information

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Accounting Policies

For the year ended 30 June 2003

Reporting Entity

These financial statements have been prepared in accordance with Section 38 of the Health Research Council Act 1990 and Section 41 of the Public Finance Act 1989 and are in a format consistent with generally accepted accounting practices.

Accounting policies

The following are the particular accounting policies, which have a material effect on the measurement of results and financial position.

Measurement system

The measurement base used is historic cost.

The cost of producing outputs is recognised on the basis that grant costs will be recognised in the period in which expenditure is expected.

These financial statements have been prepared on the basis that funding from Vote Research, Science and Technology and Vote Health will continue at current levels into the foreseeable future.

Budget figures

The budget figures are those approved by the Council at the beginning of the financial year.

The budget figures have been prepared in accordance with generally accepted accounting practice and are consistent with the accounting policies adopted by the Council for the preparation of financial statements.

Revenue

All revenue is recognised when it is due and is reported in the financial period to which it relates.

Accounts receivable

Accounts receivable are stated at expected realisable value.

Deposits

Investments are stated at the lower of cost or net realisable value. Any decreases are recognised in the statement of financial performance.

Financial instruments

The Health Research Council is party to financial instruments as part of its normal operation. These financial instruments include bank accounts, short-term deposits, debtors and creditors. All financial instruments are recognised in the Statement of Financial Position and all revenue and expenses in relation to financial instruments are recognised in the Statement of Financial Performance.

Accounts payable

Payments due on research grants are recognised as follows:

For those contracts where the grant is paid in predetermined instalments any instalments due but not yet paid are recognised.

For those contracts where the institution is required to make a claim for funding, any claims received but not yet paid are recognised. These types of contracts are being phased out.

Fixed Assets

All assets are stated at cost less accumulated depreciation.

Depreciation

Depreciation on fixed assets 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	3 years
Motor vehicle	5 years

Goods and Services Tax

All items in the financial statements are exclusive of GST, with the exception of accounts receivable and accounts payable which are stated with GST included. Where GST is irrecoverable as an input tax, it is recognised as part of the related asset or expense.

Taxation

In terms of the Health Research Council Act 1990 the income of the HRC is exempt from income tax.

Operating leases

Leases where the lessor effectively retains substantially all the risks and benefits of ownership of the leased items are classified as operating leases. Payments under these leases are recognised as expenses in the periods in which they are incurred.

Statement of cash flows

Cash means cash balances on hand, held in bank accounts, demand deposits and other highly liquid investments in which HRC invests as part of its day-to-day cash management.

Operating activities include cash received from all income sources of the HRC and records the cash payments made for the supply of goods and services.

Investing activities are those activities relating to the acquisition and disposal of non-current assets.

Financing activities comprise the change in equity and debt capital of the HRC.

Cost of Services

The cost of services as reported in the Statement of Objectives and Service Performance, report the net costs of services for the outputs of the Health Research Council. And are represented by the costs of providing the service less all the revenue that can be allocated to these activities.

Cost Shares

Funds are received from other agencies for investment in specific health research activities. Such funds are held on behalf of the agencies until appropriate research contracts are established with providers. The funds held are off set against the costs paid to the providers in respect of these contracts.

Cost allocation policy

Direct cost are charged directly to significant activities. All indirect costs are charged against Output "Research Contract Management" as this is specific to the Output Agreement.

Employee Entitlements

Provision is made in respect of HRC's liability for annual, long service and retirement leave. Annual leave and other entitlements that are expected to be settled within 12 months of reporting date, are measured at nominal values on an actual entitlement basis at current rates of pay.

Entitlements that are payable beyond 12 months, such as long service leave and retirement leave, have been calculated on an actuarial basis based on the present value of expected future entitlements.

Changes in Accounting Policies

There have been no changes in accounting policies. Policies have been applied on a basis consistent with those used in previous years.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Objectives and Service Performance

For the year ended 30 June 2003

Introduction

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

The Council's mission is "to improve human health by promoting and funding health research." Based on this mission and the functions of Council set down in the Health Research Council Act 1990, the Statement of Intent identifies five output classes. The Statement of Objectives and Service Performance for the current 12 month period describes the activity in each output class.

A: SIGNIFICANT ACTIVITIES

Output: Research Contract Management

Description

The principal activities in this Output are the conduct of contestable processes to allocate funding to new high quality research contracts and to manage the performance of existing contractual commitments in Outputs 2 "Public Good Health Research"; Output 3 "Human Resource Development for Health Research"; Output 4 "Maori Knowledge and Development". These activities, briefly described below, are managed by the HRC's Secretariat and the HRC's Statutory and Standing Committees.

Promotion of Health Research Programmes, Schemes and Outcomes

The HRC will ensure that the nature, purpose and outcomes of the programmes and schemes for which the HRC allocates funding meet the satisfaction of stakeholders. All HRC funding schemes will be promoted with adequate notice to prospective research providers. The HRC will publicise the details of all successful new contracts and distribute media releases of successful outcomes of previous HRC investments.

Best Research Assessment Practice

The HRC will use international best practice methods in our assessment of research proposals.

"Peer review" is the cornerstone of the HRC's assessment process and will be used to establish scientific and technical merit, relevance of proposals, responsiveness to Maori and the likelihood of research success. All proposals will receive fair consideration and applicants will receive adequate feedback on the outcome of funding decisions. The HRC will ensure procedures are in place to avoid duplication in funding of the same research by different agencies. It will also ensure that research providers deliver on their contracted research objectives.

Operating Principles

The HRC will ensure that it meets the Government's Operating Principles for Research, Science and Technology Purchase agents.

The HRC has in place an organisational structure (Board, Statutory and Standing Committees and a Secretariat) that will enable the Council to incorporate the principles into its activities. The HRC will continue to work with the other Research, Science and Technology purchase agents, research providers, users of research and other stakeholders to facilitate the implementation of the Operating Principles.

Financial Management and Financial Performance

The HRC will operate on a financially sound and accountable basis as specified in our Output Agreement with Government.

This will be done through management of expenditure and risk within agreed limits and maintenance of equity at, or above, the level agreed between the HRC and Government. Financial systems will reflect best practice in New Zealand. The HRC will provide accurate and timely financial performance information to Government and maintain credible three-year forecasts for activities with significant expenditure.

Outcome Links

- Productive partnerships;
- Professional Management, and
- Safe Responsible Research.

Performance Measures (Quantity, quality and timeliness)**Quantity**

Number of contracts as specified for Outputs 2, 3 and 4.

Achieved: Refer to specific Output.

Quality

Contracts meet the criteria set for each output.

Achieved: All contracts meet the criteria set for each output.

The contracts are based on a contestable selection process and/or negotiation with providers and users that focus outputs on government's goals.

Achieved: The process used to select contracts is widely available. It is published on the HRC web site and distributed to all interested parties.

Provision of reports to the Minister, including a Progress and Achievement Report and two half year reports that summarise delivery against agreed specification, identifying any significant variations, any corrective actions required or taken, and any potential risks to delivery according to the agreed quantity, quality and cost.

Achieved: Reports were sent in accordance with Output Agreement. Feedback from the Ministers confirms satisfaction.

Contract payments are made at the agreed sum to the correct providers and no payments are made in excess to the agreed sums.

Achieved: On all contracts

Where appropriate, contracts require research providers to obtain ethical approvals, and satisfy government regulatory requirements before the research can be undertaken.

Achieved: Ethics requirements are reviewed for all contracts. Those requiring approval cannot start until approvals are in place.

Timeliness

Delivery of outputs in accordance with timelines specified.

Achieved: Refer to Outputs 2,3,4

Cost of Output

	Actual 2003 \$(000)	Budget 2003 \$(000)	Actual 2002 \$(000)
Total	<u>\$2,824</u>	<u>\$2,845</u>	<u>\$2,599</u>

Output: Public Good Health Research**Description**

This class of Output comprises the advancement of fundamental, strategic and applied knowledge in the health sciences by the funding of biomedical research; research into the causes, consequences, diagnosis and treatment of human illness; research into factors which influence the health of a population, including research into health systems and health services; and research into environmental, socio-economic, cultural and behavioural factors that determine health status. The HRC expenditure in this Output Class is managed in eight Research Portfolios (excludes Rangahau Hauora Maori funded from Output Class 4).

Research supported by the HRC is primarily investigator-initiated but where appropriate the HRC used Request for Proposals to obtain proposals which address specific themes. This latter strategy was used for research contracts to be jointly supported by the Ministry of Health, other Government departments and agencies such as the Foundation for Research, Science and Technology.

Fundable research proposals are selected on a contestable basis using peer review to assess scientific merit and health significance. Where appropriate, proposals should also demonstrate responsiveness to Maori. Guidelines on the requirements to demonstrate responsiveness to Maori are set out in the HRC's Investment Strategy.

It should be noted that on 1 July 2002 the HRC initiated the new contracts awarded from the 2001/02 funding round. During 2002/03 the HRC reviewed proposals which if recommended for support will be funded from 1 July 2003.

Level of Performance in Producing the Output

The majority of the HRC annual expenditure occurs in this Output Class.

	2003	2002
	%	%
% of total expenditure	81.8	81.9

During 2002/03 the HRC will invest in:

Continuing contracts (those initiated prior to 1 July 2002) 127 contracts \$27.05M

Actual to 30 June 2003: 112 contracts, \$21.13M

New contracts (those initiated between 1 July 2002 and 30 June 2003) 57 contracts \$8.12M

Actual to 30 June 2003: 55 contracts, \$11.89M

All research contracts have been mapped to one or more of the HRC's eight research portfolios. Projected expenditure for 2002/03 in each portfolio (\$M) is as follows:

Description	Actual 2003	Budget 2003	Actual 2002
Biological Systems and Technologies	4,333	4,650	5,156
Communicable Diseases	1,914	1,690	2,160
Determinants of Health	2,627	3,970	3,293
Health and Independence of Population Grps	4,392	2,600	2,683
Health Sector Management and Services	1,585	1,660	1,947
Injury and Rehabilitation	2,493	2,100	1,633
Mental Health and Neurological Disorders	5,347	5,290	4,509
Non-communicable Diseases	<u>10,477</u>	<u>13,210</u>	<u>10,607</u>
	<u>\$33,168</u>	<u>\$35,170</u>	<u>\$31,988</u>

During the year expenditure on contracts for research contributing to Maori development (Rangahau Hauora Maori) was funded from Output Class 4 but in addition these contracts received \$0.80M from Output Class 2.

Pending the outcome of the Ministry of Research, Science and Technology's review of the full cost funding arrangements for health research, the HRC was not required to pay any contribution to academic salaries and their associated overheads on any HRC research contracts.

The HRC published an Investment Strategy in July 2002 which identified the funding to be allocated to each of the HRC's research portfolios and to each of the different types of the HRC's research contracts:

Programmes: These provide support allocated on a contestable basis to research groups with an outstanding track record of achievement in health research. Contracts are for an initial period of three years renewable for a further three years. The HRC will expend \$11.08M on programme contracts in 2002/03.

Actual \$10.73M

Projects: These provide support from one to five years duration to contracts identified as of high scientific and technical merit and relevance. The HRC will expend \$23.90M on project contracts in 2002/03.

Actual \$22.06M

Strategic Development: These provide support, to a maximum value of \$0.100M, to feasibility studies in clinical and public health research, research into Maori and Pacific health and research for those receiving research training awards (e.g. Postdoctoral Fellowship). The HRC will expend no more than 5% of the funds expended on project contracts to strategic development contracts.

Actual \$0.37M 1.1%

Outcome Links

- Outcome Focused Investment
- Transfer of Knowledge
- Responsiveness to Maori.

Allocation of Funds

The funding to be recommended for new contracts during 2002/03 will be for contracts to be initiated on 1 July 2003. The total value of these new contracts is projected to be no less than \$40.00M

Actual: \$43.47M, (2002 \$32.28M)

The majority of the HRC annual expenditure occurs in this Output Class.

81.8%, (2002 81.9%)

Performance Measures (Quantity, quality and timeliness)

Quantity

Health Research Council of New Zealand awards. 200-250 active contracts.

Actual: 167 (2002 202) active contracts.

Quality

Contracts which contribute to one or more of the following objectives:

- developing novel treatment strategies;
- benefiting Maori as part of the Maori advancement goal;
- informing health care delivery and/or policy;
- promoting new alliances and partnerships across the health sector;
- developing new skills and techniques;
- an understanding of diseases of particular importance to the New Zealand population;
- generating a variety of peer-reviewed outputs;
- developing new technologies, information and products; and
- public health and health prevention strategies.

Achieved through the following:

Progress reports provided evidence of the extent to which contracts contribute to objectives.

Contribution was measured through a mix of qualitative and quantitative measures and indicators.

Feedback from the Minister on the annual progress and achievement report confirms satisfaction.

Timeliness

Delivery of outputs in accordance with timelines specified in contracts between the Council and providers. 95% of contracts.

Actual 100%

Cost of Output

The annual cost of supplying the output relates to research contracts that have been committed up to five years prior to the current year.

	Actual 2003 \$(000)	Budget 2003 \$(000)	Actual 2002 \$(000)
Total	<u>\$33,168</u>	<u>\$35,170</u>	<u>31,988</u>

Output: Human Resource Development for Health Research

Description

This Output Class provides support for research training awards for graduates seeking to establish a career in health research.

Following the changes to the funding of the HRC introduced in 2001/02 the HRC's training award programmes supports three types of scholarships and fellowships. These are:

- Maori health research training awards (Masters, PhD and post-doctoral);
- Pacific health research training awards (Masters, PhD and post-doctoral), and
- Sir Charles Hercus Health Research Fellowship (advanced post-doctoral).

Details of the specific awards to be offered were published in July in the HRC's Investment Strategy. The HRC selects individuals, through a contestable process, on the basis of academic merit, research experience, planned research training and any other relevant skills.

The assessment process established by HRC's Research Committees and the Pacific Health Research Committee ensures the quality of the applicant and the health research they propose to study. Relevance to HRC Research Portfolio Strategies and the need to build human resource capacity in areas such as Maori health and Pacific health are taken into consideration.

Although the responsibility for support of research training awards in biomedical, clinical and public health research has been transferred to the University of Auckland and the University of Otago the HRC will retain the responsibility for provision of advice on overall health research workforce development. It will do this in consultation with the tertiary education sector institutions and other key stakeholders.

All awards funded will be to applicants of the highest quality. The applications for assessment of awards under this Output are subject to a pre-published timetable. The assessment process that has been established by the HRC's Research Committees ensures the quality of the applicants and the health research they propose to study. Relevance to portfolio areas for health research and the need to build human resource capacity in specific areas e.g. Maori health, Pacific health and clinical research, are also considered. After assessment, funding recommendations are subject to final approval by the Council. All award recipients are required to report on their progress every 12 months and at the conclusion of their award.

Following the agreement in 2001/02 between the University of Auckland and University of Otago and the Government, the HRC transferred the responsibility for the support of \$1.15M per annum of existing and new awards to the tertiary sector institutions. The HRC retained the responsibility for the support of all Maori and Pacific training awards. The projected cost in 2002/03 for these awards is \$2.30M. The training awards for Maori and Pacific will include support for those seeking to complete masters, doctoral and postdoctoral programmes.

The HRC is also working with the Ministry of Health to implement strategies to build the capacity of Pacific health research workforce.

The HRC will retain its leadership role in providing advice to Government on health research workforce development. This will involve working with tertiary sector institutions to ensure the HRC investments are aligned with other institutions and in particular with the University of Auckland and the University of Otago.

Allocation of Funds

The funding to be allocated on new award contracts in 2002/03 was linked to applications received on 1 September 2002 with contracts to commence on 1 January 2003. The total funding available for allocation was \$1.90M.

Actual: \$2.76M, (2002 1.49M)

Outcome Links

This output contributes to the following outcomes:

- Outstanding People, and
- Responsiveness to Maori.

Performance Measures (Quantity, quality and timeliness)

The services provided under this Output were supplied in accordance with the following broad performance criteria.

Quantity

Health Research Council of New Zealand awards. 80-100 active awards.

Actual: 93, (2002 78) active awards.

Quality

Operation of the scheme is procedurally fair and well managed.

Achieved by: transparent application and assessment processes.

Progress reports provide evidence of the extent to which contracts contribute to objectives and feedback from Minister confirms satisfaction.

Timeliness

Delivery of outputs in accordance with timelines specified in contracts between the Council and providers. 95% of contracts.

Actual 97%, (2002 97%)

Cost of Output

The annual cost of supplying this output relates to personal awards that have been committed up to three years prior to the current year.

	Actual 2003 \$(000)	Budget 2003 \$(000)	Actual 2002 \$(000)
Total	<u>2,006</u>	<u>\$2,300</u>	<u>\$2,230</u>

Output: Maori Knowledge And Development Research

Description

This class of Output comprises health research conducted to further Maori development and equates to the investment through the HRC's Rangahau Hauora Maori portfolio.

The Council, through a contestable pool, selects contracts to be supported on the basis of scientific merit, relevance to health and relevance to Maori development.

In addition to the research contracts supported by this Output Class, the HRC also contributes to Maori development through investments funded from Output Class 2. Research contributing to Maori advancement is also funded from Output Class 2. Total HRC investment in Maori health research is the sum of contracts supporting Maori development and Maori advancement.

The HRC together with the Foundation for Research Science and Technology (FRST) also managed a joint research portfolio using funds allocated for this purpose.

During 2002/03 the HRC planned to expend:

Continuing research contracts (those initiated prior to 1 July 2002)

\$1.25M. 15 contracts (includes Joint HRC/FRST contracts)

Actual: \$1.55M over 18 contracts, (2002 \$0.82M over 16 contracts)

New and extended research contracts (those initiated on 1 July 2002)
 \$1.13M. 12 contracts (includes Joint HRC/FRST contracts)
Actual: \$0.73M over 14 contracts, (2002 \$1.18M over 19 contracts)

The HRC published in its Investment Strategy the funding to be available for allocation in this Output Class in 2002/03 through the portfolio 'Rangahau Hauora Maori' and the funding to be made available through a Request for Proposals process for the joint HRC/FRST portfolio.

Allocation of Funds

The funding allocated to new contracts in 2002/03 was for contracts to be initiated on 1 July 2003. The total value of these contracts is projected to be no less than \$2.00M.
Actual: \$3.91M, (2002 \$2.24M)

Outcome Links

- Responsiveness to Maori, and
- Outcome Focused Investment.

Performance Measures (Quantity, quality and timeliness)

The services provided under this Output were supplied in accordance with the following broad performance criteria.

Quantity

Health Research Council of New Zealand contracts. 25-30 active contracts.
Actual: 32, (2002 35) active contracts.

Quality

Contracts which contribute to:

Building the Maori knowledge base and Maori research human capital; fostering collaboration among indigenous researchers, and fostering cross-discipline approaches and co-operation.

Achieved through the following:

Progress reports provided evidence of the extent to which contracts contributed to objectives.

Contribution was measured through a mix of qualitative and quantitative measures and indicators.

Feedback from the Minister on the annual progress and achievement report confirms satisfaction.

In conjunction with the Foundation for Research, Science and Technology co-ordinated purchase of new contracts funded from this output.

Achieved: 4 new contracts offered, 2 to be administered by the Health Research Council and 2 by the Foundation for Research, Science and Technology.

Timeliness

Delivery of outputs in accordance with timelines specified in contracts between the Council and providers. Target 95%

Actual 100%

Cost of Output

The annual cost of supplying these Outputs relates to research contracts that have been committed up to five years prior to the current year.

	Actual	Budget	Actual
	2003	2003	2002
	\$(000)	\$(000)	\$(000)
Total	<u>\$2,304</u>	<u>\$1,900</u>	<u>\$2,014</u>

B: OTHER ACTIVITIES

Output: Policy Advice

Description

This class of Output comprises the development of health research strategies relevant to the health sector, provision of policy advice to the Minister and state agencies, the obligations under the Health Research Council Act 1990 in health research ethics, statutory obligations outside the Health Research Council Act 1990 and the co-ordination of the funder and providers of health research.

Policy advice will be provided, on research issues relevant to the health sector and the Government's Health Strategy, to the Minister of Health and other relevant crown agencies. The HRC will update its strategic plan and priorities for Maori health research themes.

Achieved: Policy advice was given as requested and as required in the Ministry of Health/ Health Research Council purchase agreement.

The HRC will work with the Ministry of Health to jointly implement research strategies for the health sector. There will be particular emphasis on research related to mental health, diabetes, Maori health, Pacific health, health services research and immunisation. In addition to the above areas the HRC will initiate discussions with the Ministry on cancer control, primary care services, tobacco and problem gambling to identify research opportunities. The funding of research projects within each of these strategies (Joint Ventures) is subject to specific contracts between the Ministry and the HRC.

Achieved by: Regional Focus Groups were held for Biological Systems and Technologies, Communicable Diseases and Health and Independence of Population Groups. Proceedings were provided. Policy advice was provided when requested and a detailed analysis of the impact of health research on public health, retention of the health workforce and the New Zealand economy. Research contracts were categorized against the 13 priority health areas.

The HRC will, where appropriate, provide comment and advice on proposed legislation, guidelines, codes and discussion documents.

Achieved: Advice was developed for policy relating to research undertaken or supported by government bodies. Advice was developed for policy relating to the requirement for disclosure of interests particularly pecuniary interest, by researchers.

Guidelines on conduct of research involving Maori will be revised and similar guidelines for research involving Pacific peoples will be developed.

Achieved: Guidelines were reviewed and updated.

The HRC Ethics Committee will meet four times during the year.

Actual: The Ethics Committee met four times during the year.

It will approve and monitor the performance of Health and Disability Ethics Committees, and those within tertiary education sector institutions.

Actual: The Committee reviewed 18 annual reports, 8 applications for reaccreditation and 1 application for accreditation. All research applications approved for funding were reviewed.

The committee will work with the Ministry of Health, the new National Ethics Committee and the to be established Bioethics Council on relevant policy issues.

Achieved: Policy advice provided as required.

The Genetic Technology Advisory Committee, a standing committee of the Council, will provide advice to the Director-General of Health on the safety and scientific validity of proposed clinical studies involving human genetic material.

Achieved: A meeting was held in October 2002.

The national Data Safety Monitoring Board will review public good clinical trials identified as requiring independent monitoring.

Achieved: A meeting was held in November 2002 to review a public good clinical trial

The Standing Committee on Therapeutic Trials will continue to provide advice to the Director-General of Health on the safety and scientific validity of clinical trials.

Achieved: The committee was reimbursed for 61 reports.

Representatives of the HRC will meet with other funders and purchasers of health research to co-ordinate strategies and, where appropriate, jointly fund research contracts.

Achieved: Representatives of Council met on a formal and regular basis with Ministry of Research Science and Technology, The Foundation for Research Science and Technology, The Royal Society and other funders and purchasers of Health Research.

Allocation of Funds

The funding allocated to this Output Class for policy advice is managed on a Crown Funding Agreement between the HRC and Ministry of Health. Specific research strategies (e.g. Mental Health Research and Development Strategy) are supported by individual contracts. These contracts provide support for specific research activities and, where appropriate, support for administrative costs.

Outcome Links

This Output contributes to the following outcome:

- Safe Responsible Research.
- Professional Management.

Level of Performance in Producing Output

Quantity

Provision of advice related to ethics of health research and research policy relevant to the New Zealand Health Strategy as set out in the HRC's Crown Funding Agreement with the Minister of Health.

Achieved: Advice was developed for policy relating to research undertaken or supported by government bodies. Advice was developed for policy relating to the requirement for disclosure of interests particularly pecuniary interest, by researchers.

Quality

Provision of written reports to the Minister including two half year reports that summarise delivery against agreed specification, identifying any significant variations, any corrective actions required or taken, and any potential risks to delivery according to the agreed quantity, quality and cost.

Achieved: Reports were prepared and sent in accordance with the Output Agreement.

Timeliness

Delivery of outputs in accordance with timelines specified in the Output Agreement.

Achieved: Outputs were delivered in accordance with timelines specified in the Output Agreement.

Cost of Output

	Actual	Budget	Actual
	2003	2003	2002
	\$(000)	\$(000)	\$(000)
Total	<u>\$222</u>	<u>\$222</u>	<u>\$222</u>

HEALTH RESEARCH COUNCIL OF NEW ZEALAND**Statement of Financial Performance**

For the year ended 30 June 2003

		Actual 2003 \$(000)	Budget 2003 \$(000)	Actual 2002 \$(000)
	Not e			
Revenue				
Government Grant	1	40,145	40,030	39,878
Participating tertiary education institutions entry fee	2	780	780	1,151
Interest		414	150	230
Other	3	<u>289</u>	<u>120</u>	<u>149</u>
Total Revenue		<u>41,628</u>	<u>41,080</u>	<u>41,408</u>
Cost of outputs (net)	4 - 5	<u>40,524</u>	<u>42,920</u>	<u>39,053</u>
Net Surplus(Deficit) for year		<u>\$1,104</u>	<u>\$(1,840)</u>	<u>\$2,355</u>

Statement of Movements in Equity

For the year ended 30 June 2003

	Actual 2003 \$000	Budget 2003 \$000	Actual 2002 \$000
Public equity at start of period	<u>7,402</u>	<u>5,180</u>	<u>5,013</u>
Net surplus (deficit) for the year end	1,104	(1,840)	2,355
Interest net of charges on Foxley Reserve fund	<u>10</u>		<u>34</u>
Total recognised revenue and expenses for the period	<u>1,114</u>		<u>2,389</u>
Public equity at end of period	<u>8,516</u>	<u>\$3,340</u>	<u>\$7,402</u>
Represented by			
Public equity	7,383	3,340	6,279
Foxley Reserve Fund	<u>1,133</u>	<u>-</u>	<u>1,123</u>
Public equity at end of period	<u>8,516</u>	<u>\$3,340</u>	<u>\$7,402</u>

The accompanying notes form part of these financial statements.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND**Statement of Financial Position**

As at 30 June 2003

		Actual 2003 \$(000)	Budget 2003 \$(000)	Actual 2002 \$(000)
	Note			
Current Assets				
Bank		133		64
Short term deposits	6	16,086	3,090	11,653
Accounts receivable	7	1,387	340	407
Advances	8	<u>300</u>	<u>-</u>	<u>300</u>
		17,906	3,430	12,424
Current Liabilities				
Accounts payable	9	<u>9,684</u>	<u>580</u>	<u>5,272</u>
Working Capital		8,222	2,850	7,152
Non Current Assets				
Fixed Assets	10	294	490	250
Net Assets		<u>8,516</u>	<u>\$3,340</u>	<u>\$7,402</u>
Public equity		<u>8,516</u>	<u>\$3,340</u>	<u>\$7,402</u>

Council Chair
Professor Graeme Fraser

Date: 22 October 2003

Chief Executive
Dr Bruce A Scoggins

Date: 22 October 2003

The accompanying notes form part of these financial statements.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND**Statement of Cash Flows**

For the year ended 30 June 2003

	Actual 2003 \$(000)	Budget 2003 \$(000)	Actual 2002 \$(000)
Note			
Cash flows from operating activities			
<i>Cash was provided from</i>			
Government grants and other support	39,551	40,180	40,092
Tertiary Education Institutions	780	780	1,151
Interest	<u>412</u>	<u>120</u>	<u>211</u>
	<u>40,743</u>	<u>41,080</u>	<u>41,454</u>
<i>Cash was applied to</i>			
Supply of outputs	36,005	42,900	36,556
GST	<u>78</u>	<u>-</u>	<u>(71)</u>
	<u>36,083</u>	<u>42,900</u>	<u>36,485</u>
<i>Net cash flows from operating activities</i>			
12	<u>4,660</u>	<u>(1,820)</u>	<u>4,969</u>
Cash flows from investing activities			
<i>Cash was provided from</i>			
Advances recovered	-	300	
Term investments matured	<u>107,480</u>	<u>1,780</u>	<u>53,743</u>
	<u>107,480</u>	<u>2,080</u>	<u>53,743</u>
<i>Cash was applied to</i>			
Fixed assets purchased	167	260	203
Term investments purchased	<u>111,904</u>	<u>-</u>	<u>58,491</u>
	<u>112,071</u>	<u>260</u>	<u>58,694</u>
<i>Net cash flows applied to investing activities</i>	<u>(4,591)</u>	<u>1,820</u>	<u>(4,951)</u>
<i>Net increase (decrease) in cash held</i>	69	0	18
Add opening Cash Brought Forward	<u>64</u>	<u>-</u>	<u>46</u>
<i>Ending Cash Carried Forward</i>	<u>\$133</u>	<u>-</u>	<u>\$64</u>
<i>Represented by</i>			
Bank Current Account	<u>\$133</u>	<u>\$ -</u>	<u>\$64</u>

The accompanying notes form part of these financial statements.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND**Statement of Commitments and Contingencies**

As at 30 June 2003

	2003/04	2004/05	2005/06 & beyond	Total
	\$(000)	\$(000)	\$(000)	\$(000)
Commitments				
<i>Research Commitments</i>				
<i>Output Classes</i>				
Public Good Health Research	37,844	24,502	14,517	76,863
Human Resource Development	2,208	1,063	837	4,108
Maori Knowledge and Development Research	<u>3,437</u>	<u>1,918</u>	<u>1,035</u>	<u>6,390</u>
Total research commitments				<u>\$87,361</u>
Total research commitments at 30 June 2002				<u>\$75,090</u>
The committed support is contingent on continued Government funding.				
<i>Lease Commitments</i>	\$152	\$152	\$532	\$836
Total lease commitments at 30 June 2002				\$83

The lease is subject to rent review and renewal in January 2006.

Contingencies

As at 30 June 2003 the Council has no contingent liabilities.

(Contingent liabilities 30 June 2002 Nil)

The accompanying notes form part of these financial statements.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

For the year ended 30 June 2003

Note 1	Government Grant	Actual 2003 \$(000)	Budget 2003 \$(000)	Actual 2002 \$(000)
---------------	-------------------------	---------------------------	---------------------------	---------------------------

Grant received

Ministry of Research Science and Technology

Ministry of Health

39,756	39,808	39,823
<u>389</u>	<u>222</u>	<u>55</u>
<u>\$40,145</u>	<u>\$40,030</u>	<u>\$39,878</u>

Note 2 Participating tertiary education institutions entry fee

The full cost transition agreement between the Ministry of Research, Science & Technology, tertiary education institutions, and the Health Research Council expired on 30th June 2001. A new agreement between tertiary sector institutions and the Minister of Research, Science & Technology has had a significant impact on the HRC's financial performance. HRC income has been reduced by \$5.14M as a result of the abolition of the tertiary sector institutions entry fee (\$9.10M) and an increase in Vote Research, Science and Technology income (\$4.45M). The reduction in income to the HRC has however, been offset by reductions in HRC expenditure. During the period from July 2001 to June 2003 HRC was not required to contribute to academic staff salaries and their associated overheads (approximately \$1.85M pa). Tertiary sector institutions also took over responsibility for 1.15M of the annual costs of research training awards and the costs of research support services (\$1.40M), that had previously formed part of the Council's activity. As part of the research training awards transfer institutions reimbursed HRC for award commitments in place at July 2001. In the current year this reimbursement was \$0.78M, (\$1.15M).

The overall level of research activity to be supported by the HRC in 2002/2003 was similar to that projected prior to the agreement between the tertiary sector institutions and the Government.

Note 3 Other Income

Bequests and Donations received

Other

-	50	54
<u>289</u>	<u>70</u>	<u>95</u>
<u>\$289</u>	<u>\$120</u>	<u>\$149</u>

Note 4 Cost of Producing Outputs

	Gross Cost	Less Cost Contribution	Net Cost 2003	Net Cost 2002
Contract Management for				
Public Good Health Research	2,824		2,824	2,599
Public Good Health Research	36,857	3,689	33,168	31,988
Human Resource	2,407	401	2,006	2,230
Development				
Maori Knowledge and				
Development Research	2,304	-	2,304	2,014
Policy Advice	<u>222</u>	<u>-</u>	<u>222</u>	<u>222</u>
	<u>\$44,614</u>	<u>\$4,090</u>	<u>\$40,524</u>	<u>\$39,053</u>

Cost contributions represent contracted sharing arrangements with other agencies (refer accounting policies).

Note 5	Other Expenditure Disclosures	Actual 2003 \$000	Budget 2003 \$000	Actual 2002 \$000
	Meetings and Committee Costs	468	514	520
	Council Costs (including fees)	132	155	158
	Salaries	1482	1,160	1,158
	Rental Expenses	216	190	190
	Audit Fees	20	20	20
	Depreciation		85	
	Office and Computer Equipment	109		99
	Leasehold Improvements	7		16
	Motor Vehicle	7		6

One employee received remuneration in the range of \$180,000 to \$190,000 during the financial year. (2001/02 One employee received remuneration in the range of \$145,000 to \$155,000 during the financial year)

Councillors' Fees			2003 \$(000)	2002 \$(000)
	Appointed	Retired		
Professor G Fraser (Chair)	Dec 01		11	
Ms J Holden (passed Chair)	Sept 99	Dec 01	9	20
Associate Professor J Carter	Oct 99		7	7
Dr C Cunningham	June 99		8	10
Professor J Harding	Feb 02		7	3
Dr T Harris	April 96	Mar 03	5	7
Dr J Hay	Mar 03		2	
Mrs J Keall	Mar 03		2	
Mr T Maoate	Oct 99		10	10
Ms M Milne	Sept 01		10	8
Professor M Powell	Mar 03		2	
Professor W Tate	Oct 99		10	10
Mrs S Wilkinson	Oct 96	Mar 03	8	10
Professor A Woodward	Mar 03		<u>3</u>	<u>---</u>
			<u>\$94</u>	<u>\$85</u>

Note 6	Short Term Deposits	2003 \$(000)	2002 \$(000)
	WestpacTrust term deposits	6,858	6,896
	WestpacTrust term deposits on behalf other agencies	*8,095	*3,634
	WestpacTrust term deposits Foxley Estate fund	<u>1,133</u>	<u>1,123</u>
		<u>\$16,086</u>	<u>\$11,653</u>

The effective interest rates on deposited funds ranged from 5.31% pa to 6.01% pa

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

Note 7	Accounts Receivable	2003 \$(000)	2002 \$(000)
	Cost Contributions	1,343	374
	Sundry Debtors	<u>44</u>	<u>33</u>
		<u>\$1,387</u>	<u>\$407</u>

Cost Contributions are received from other agencies for investment in specific health research activities. Such funds are held on behalf of the agencies until appropriate research contracts are established with providers. The funds held are off set against the costs paid to the providers in respect of these contracts.

Note 8 Advances

University of Otago	<u>\$300</u>	<u>\$300</u>
	2003	2002
	\$(000)	\$(000)

Note 9 Accounts Payable

Host Institutions	1,069	1,156
Other	194	170
Accruals		
Employee entitlements	127	111
Other	16	58
Funds held on behalf of other agencies	8095	3,634
GST	<u>183</u>	<u>143</u>
	<u>\$9,684</u>	<u>\$5,272</u>

Note 10 Fixed Assets

	Cost	Accumulated Depreciation	Book Value 2003
	\$(000)	\$(000)	\$(000)
Office and computer equipment	611	411	200
Leasehold improvements	99	7	92
Motor vehicle	<u>32</u>	<u>30</u>	<u>2</u>
	<u>\$742</u>	<u>\$448</u>	<u>\$294</u>

	Cost	Accumulated Depreciation	Book Value 2002
	\$(000)	\$(000)	\$(000)
Office and computer equipment	555	314	241
Leasehold improvements	98	98	-
Motor vehicle	<u>32</u>	<u>23</u>	<u>9</u>
	<u>\$685</u>	<u>\$435</u>	<u>\$250</u>

Note 11 Bequests

Bequest funds represent funds subject to specific direction

	Opening Balance 2002	Net Interest	Closing Balance 2003
	\$(000)	\$(000)	\$(000)
J D Prickett Trust Fund	247	15	262
Income to be applied to a Scholarship			
G M Marryatt Memorial Fund	53	3	56
Income to be applied to research into children's diseases			
	<u>\$300</u>	<u>\$18</u>	<u>\$318</u>

These bequest funds are held in separate interest bearing bank deposits.

Specific bequest funds represent funds donated and bequeathed for particular purposes, or funds that Council have resolved shall be reserved and the income on the funds applied to specific purposes. The use of these funds must comply with specific conditions stipulated by the donor, including consultation with trustees. These funds are not under the unfettered control of the Health Research Council and they are not disclosed in the Statement of Financial Position.

Note 12 Reconciliation of Operating Surplus to Cash Flows from Operating Activities

	2003	2002
	\$(000)	\$(000)
Net surplus (deficit) for year	1,104	2,355
<i>Add non-cash items</i>		
Depreciation	123	121
<i>Add (deduct) movements in working capital items</i>		
Accounts receivable (increase) decrease	(980)	(6)
Accounts payable increase (decrease)	<u>4,413</u>	<u>2,499</u>
Net cash inflows (outflows) from operating activities	<u>\$4,660</u>	<u>\$4,969</u>

Note 13 Financial Instruments*Credit Risk*

Credit risk is the risk that a third party will default on its obligations to the Health Research Council, causing the Health Research Council to incur a loss. In the normal course of business the Health Research Council incurs credit risk from accounts receivable and bank balances.

The Health Research Council does not require any collateral or security to support financial instruments with financial institutions the Health Research Council deals with, as these have high credit ratings. For its other financial instruments the Health Research Council does not have significant concentration of credit risk.

Fair Value

The fair value of all financial instruments is equivalent to the carrying amount disclosed in the Statement of Financial Position.

Currency Risk

Currency risk is the risk that debtors and creditors due in foreign currency will fluctuate due to changes in foreign exchange rates. The Health Research Council has no exposure to currency risk.

Interest Risk

Interest rate risk is the risk that the value of investments will fluctuate due to changes in market interest rates. The Health Research Council has no significant exposure to interest rate risk in its financial instruments.

Note 14 Related party information

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

The Council has entered into a number of transactions with government departments and other 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. Five Council members are active researchers at institutions with whom the Council contracts.

These Councillors are:

Name	Employer
Dr C Cunningham	Massey University
Professor J Harding	University of Auckland
Mr T Maoate	University of Otago
Professor M Powell	University of Auckland
Professor W Tate	University of Otago
Professor A Woodward	University of Otago

All significant research contracts are between the institution "hosting" the contract and the HRC.

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 5.

Note 15 Post Balance Date Events

There have been no post balance date events which could impact the financial statements for the year ended 30 June 2003.

Note 16 Major Budget Variations

Costs of services were significantly below budget (\$2.40M). The variance arose from funding reserved for Joint Research Proposals (\$2.12M) and contracts that started later than had been expected (\$0.28M). The Joint Research dollars have been committed into research contracts. This variation is also evidenced in the *Level of Performance in Producing Output "Public Good Health Research"* as a total dollar variation and a timing/ mix variation between contracts taken up prior to July 2002 and those starting after July 2002.

Public Equity is \$5.20M above budget. The reason for this variance is the higher than expected opening equity and the lower than expected Cost of Services (as above).

HEALTH RESEARCH COUNCIL OF NEW ZEALAND**Statement of Resources**

As at 30 June 2003

Operating Resources

Computer system

Two photocopying machines

Furniture and fittings

One motor vehicle

Accommodation

The Secretariat occupies the 3rd floor of 110 Stanley Street, Auckland.

The lease expires on 31 December 2008.

The annual rental cost is \$151,900.

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

Staff Resources

	Secretariat FTE's	Research Staff FTE's
Chief Executive	1	
Senior Managers	5	
Communications Officer	1	
Support staff	17.7	
Senior research staff		2
Other research staff		4
	<u>24.7</u>	<u>6</u>

Note: An FTE is a full time equivalent employee.

Organisational Information

Management Structures

There were no significant changes in senior management staff of the Health Research Council Secretariat.

Secretariat: Senior Management

Dr Bruce A Scoggins	Chief Executive
Dr Patricia Anderson	Group Manager, Research Policy
Mr Lex Davidson	Financial Controller
Dr Andre George	Manager, Research Contracts
Ms Jean Gibbons	Manager, Administration
Ms Louisa Wall	Manager Maori Health

Good Employer Requirements

The Council offices provide an excellent work environment, which has been designed to meet the requirements of the Secretariat's administrative agenda.

Equal Employment Opportunities

An EEO plan has been adopted and every effort is made to ensure that EEO principles are implemented. In relation to recruitment there is an impartial selection of the most appropriately qualified individual. At 30 June 2003 women make up 82% of the Secretariat staff and 50% of the senior management.

Individual Employee Development

The Council encourages members of the Secretariat staff to further their career development by enrolment and participation in courses at academic institutions.

Membership of Council and Statutory Committees

As at 30 June 2003

Council

Chair

Professor Graeme Fraser	Massey University Palmerston North
Dr Chris Cunningham	Te Pumanawa Hauora, Massey University, Wellington
Professor Jane Harding	Liggins Institute, University of Auckland, Auckland
Dr John Hay	Institute of Environmental Science & Research Ltd, Porirua, Wellington
Mrs Judy Keall	Levin
Mr Teariki Maoate	Department of Paediatric Surgery Christchurch Hospital, Christchurch
Ms Moe Milne	Kaiwhakahaere, Moerewa
Professor Michael Powell	Business School, University of Auckland, Auckland
Professor Warren Tate	Department of Biochemistry, University of Otago, Dunedin
Professor Alistair Woodward	Department of Public Health University of Otago, Wellington

Biomedical Research Committee*Chair*

Professor Warren Tate

Department of Biochemistry
University of Otago, DunedinAssociate Professor Peter Black
Professor John FraserDepartment of Medicine, University of Auckland, Auckland
Department of Molecular Medicine
University of Auckland, AucklandDr Martin Kennedy
Professor Tony MacKnight
Dr Diana Martin
Professor Mark RichardsDepartment of Pathology University of Otago, Christchurch
Department of Physiology, University of Otago, Dunedin
ESR Communicable Disease Centre Wellington, Wellington
Department of Cardioendocrinology
University of Otago, Christchurch**Public Health Research Committee***Chair*Professor Alistair Woodward
(Chair)

Department of Public Health, University of Otago, Wellington

Dr Toni Ashton
Dr Sue CrengleDepartment of Community Health, University of Auckland, Auckland
Department of Maori & Pacific Health, University of Auckland,
Auckland

Professor Peter Davis

Department of Public Health and General Medicine, University of
Otago, Christchurch

Dr Nigel Dickson

Department of Preventive and Social Medicine, University of Otago,
DunedinAssociate Professor Robin
Kearns

Department of Geography, University of Auckland, Auckland

Dr Martin Tobias

Principal Technical Specialist – Ministry of Health - Wellington

Maori Health Committee*Chair*

Ms Moe Milne (Chair)

Kaiwhakahaere – Manager, Maori Issues Moerewa

Dr Marewa Glover

Department of Applied Behavioural Science, University of Auckland,
Auckland

Mr Te Herekiele Herewini

NZ Aids Foundation Auckland

Dr David Jansen

Middlemore Hospital - Auckland

Ms Cynthia Kiro

Centre for Social & Health Outcomes Research & Evaluation, Massey
University, Albany

Dr Jonathan Koea

Department of Surgery, Auckland Hospital, Auckland

Ms Mary McCulloch

Ministry of Health, Wellington

Ms Nicola Poa

Department of Psychological Medicine, University of Otago,
Christchurch**Ethics Committee***Chair*

Ms Marge Scott

Kristen School, Albany, Auckland

Dr Robin Briant

Department of Community Health

University of Auckland, Auckland

Associate Professor John Carter

Director, Wellington Cancer Centre
Wellington

Professor Donald Evans

Bioethics Centre, University of Otago, Dunedin

Dr John Hay

Institute of Environmental Science & Research Ltd, Porirua, Wellington

Dr Nick Jones

Public Health Protection, Auckland Healthcare, Auckland

Associate Professor Kelvin Lynn

Christchurch Hospital, Christchurch

Dr Maurice Ormsby

Waiheke Island, Auckland

Ms Atareta Poananga

Lawyer, Gisborne

Associate Professor Richard
Robson

Department of Medicine, Christchurch Hospital, Christchurch

Professor Sylvia Rumball

College of Sciences, Massey University, Palmerston North

Mrs Mere Tunks

Wai Tech, Alternative Education Unit, Henderson, Auckland

New Research Contracts

Projects are grouped into specific areas of research. There is, however, considerable overlap and any one contract may be relevant to more than one area of research.

BIOMEDICAL RESEARCH

Professor Edward Baker, Dr Clyde Smith, Dr J Shaun Lott, Dr Vickery Arcus

A structural genomics approach to TB biology

HRC Ref:	03/123
Term:	3 years
Location	School of Biological Sciences Faculty of Science University of Auckland
Value of contract	\$1,154,197

Professor Garth Cooper, Professor Joerg Kistler, Associate Professor Rod Dunbar, Dr Kerry M Loomes, Dr Shaoping Zhang, Dr Bridget Leonard, Dr Anthony RJ Phillips, Dr Sally D Poppitt, Professor Sir John Scott, Dr Aimin Xu, Dr Etuate Saafi

Targeting Type-2 Diabetes

HRC Ref:	03/190
Term:	3 years
Location	Department of Medicine Faculty of Medical & Health Sciences University of Auckland
Value of contract	\$3,092,744

Associate Professor Wayne S Cutfield, Associate Professor Bernard H Breier, Dr Paul L Hofman, Dr Mark Vickers, Dr Mark Harris

Evaluation of growth hormone and insulin resistance in children and adults born prematurely

HRC Ref:	03/135
Term:	2 years
Location	Department of Paediatrics Faculty of Medical and Health Sciences University of Auckland
Value of contract	\$258,693

Professor Brian Darlow, Professor William Tarnow-Mordi

International neonatal immunotherapy study (INIS): a RCT of intravenous immunoglobulin

HRC Ref:	03/113
Term:	5 years
Location	Department of Paediatrics Christchurch School of Medicine University of Otago
Value of contract	\$529,534

Dr Mark Donaldson, Professor Charles McGhee, Associate Professor Helen Danesh-Meyer

Transpupillary thermotherapy for diabetic maculopathy

HRC Ref:	03/139
Term:	1 year
Location	Department of Ophthalmology Faculty of Medical and Health Sciences University of Auckland
Value of contract	\$104,501

Dr Paul Donaldson, Professor Joerg Kistler

Blocking cation channels in the lens: A novel strategy to delay the onset of cataract

HRC Ref: 03/137
 Term: 3 years
 Location: Department of Physiology Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$934,030

Dr Mark Hampton

Cell thiols and the regulation of apoptosis (linked to Hercus Fellowship)

HRC Ref: 03/462
 Term: 1 year
 Location: Department of Pathology Christchurch School of Medicine University of Otago
 Value of contract: \$100,000

Dr Anne-Louise Heath, Dr Winsome Parnell, Dr Elaine Ferguson, Professor Rosalind Gibson, Professor Rosalind Gibson

Optimising iron absorption in toddlers - putting the theory into practice

HRC Ref: 03/247
 Term: 1 year
 Location: Department of Human Nutrition University of Otago
 Value of contract: \$157,770

Professor Peter Joyce, Associate Professor Christopher Frampton, Dr Suzanne Luty, Dr Marie Crowe, Ms Janet Carter, Dr Stephanie Moor, Dr Jane O'Malley

A randomised clinical trial of interpersonal social rhythms psychotherapy in young people with bipolar disorder

HRC Ref: 03/096B
 Term: 3 years
 Location: Department of Psychological Medicine Christchurch School of Medicine and Health Sciences University of Otago
 Value of contract: \$925,091

Professor Peter Joyce, Dr Martin Kennedy, Associate Professor Christopher Frampton, Dr Geraldine R Rogers, Dr Richard Porter, Associate Professor Roger Mulder, Dr Caroline Bell

The molecular genetics and pharmacogenetics of depression

HRC Ref: 03/096C
 Term: 3 years
 Location: Department of Psychological Medicine Christchurch School of Medicine and Health Sciences University of Otago
 Value of contract: \$1,146,489

Dr Joanna Kirman

Characterisation of immune cell subsets that mediate protection to pulmonary tuberculosis (linked to Hercus Fellowship)

HRC Ref: 03/461
 Term: 1 year
 Location: Malaghan Institute of Medical Research Wellington South
 Value of contract: \$100,000

Professor Jim Mann, Ms Lorraine Brooking, Dr Rachael Taylor, Dr Kirsten McAuley, Ms Sheila Williams, Mrs Rebecca Cooke

Diets of varying macronutrient composition in insulin resistance

HRC Ref: 03/277E
 Term: 3 years
 Location: Department of Human Nutrition University of Otago
 Value of contract: \$563,532

Associate Professor Anthony Poole, Dr Mark Walton

Development of mesenchymal stem cell therapies in a cartilage repair model

HRC Ref: 03/261
 Term: 3 years
 Location: Department of Medical and Surgical Sciences Dunedin
 School of Medicine University of Otago
 Value of contract: \$1,381,308

Associate Professor Andrew Pullan, Professor Peter J Hunter, Dr Ian Le Grice, Associate Professor Bruce H Smaill

Imaging and analysis of cardiac electrical events

HRC Ref: 03/267C
 Term: 3 years
 Location: Department of Engineering Science University of Auckland
 Value of contract: \$1,041,941

Professor Anthony Reeve

Genetics and epigenetics of cancer

HRC Ref: 03/265
 Term: 3 years
 Location: Department of Biochemistry University of Otago
 Value of contract: \$3,065,659

Professor Ian Reid, Associate Professor Tim Cundy, Dr Andrew Grey, Associate Professor Jillian Cornish

Studies in bone and calcium metabolism

HRC Ref: 03/191
 Term: 3 years
 Location: Department of Medicine Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$3,087,961

Dr Franca Ronchese, Professor Graham Le Gros, Dr David Ritchie, Dr Joanna Kirman

Regulation of immunity and immune-mediated diseases

HRC Ref: 03/235
 Term: 3 years
 Location: Malaghan Institute of Medical Research
 Wellington South
 Value of contract: \$1,604,860

Dr Christopher Sissons, Dr Euan Pearce, Ms Lisa Wong, Dr J St John Wakefield, Ms Vera Keefe, Dr Martin Lee, Associate Professor Peter Molan

New strategies for dental caries prevention

HRC Ref: 03/218
 Term: 3 years
 Location: Department of Pathology & Molecular Medicine
 Wellington School of Medicine University of Otago
 Value of contract: \$1,229,516

Dr Gail Tripp, Dr Brent Alsop

Reward dysfunction: A putative model for ADHD

HRC Ref: 03/269E
 Term: 3 years
 Location: Department of Psychology University of Otago
 Value of contract: \$702,419

Dr Margret Vissers, Professor Christine Winterbourn, Dr Mark Hampton

Myeloperoxidase-derived oxidants and apoptosis

HRC Ref: 03/106
 Term: 3 years
 Location: Department of Pathology Christchurch School of Medicine
 University of Otago
 Value of contract: \$836,469

Dr Srdjan Vlajkovic, Associate Professor Peter R Thorne, Associate Professor

Gary D Housley, Associate Professor Simon Robson

NTPDases: A role in regulation of hearing?

HRC Ref: 03/177
 Term: 2 years
 Location: Department of Audiology Faculty of Medical and Health
 Sciences Physiology University of Auckland
 Value of contract: \$538,780

Professor Robert Walker, Dr Jennifer Bedford, Associate Professor John Leader,

Dr Fiona McDonald, Professor Peter Joyce, Dr Blair Bermingham

Renal effects of lithium therapy in bipolar disorders

HRC Ref: 03/239
 Term: 3 years
 Location: Department of Medical and Surgical Sciences Dunedin
 School of Medicine University of Otago
 Value of contract: \$894,135

Dr Lianne Woodward, Dr Peter Anderson, Associate Professor Terrie E Inder, Dr

Nicola C Austin, Ms Tia Neha, Dr Susan Foster-Cohen

Neurodevelopmental outcomes of VLBW infants at age 4 years: Role of neuroanatomical and socio-environmental factors.

HRC Ref: 03/196
 Term: 3 years
 Location: Department of Education University of Canterbury
 Christchurch
 Value of contract: \$286,567

Dr Alistair A Young, Professor Peter J Hunter, Associate Professor Bruce H

Smaill, Dr Brett Cowan, Dr Poul Nielsen, Dr Bernard Y Choong, Dr Ian LeGrice

MRI based biophysical analysis of cardiac function

HRC Ref: 03/267A
 Term: 3 years
 Location: Division of Anatomy with Radiology Faculty of Medical &
 Health Sciences University of Auckland
 Value of contract: \$1,086,870

Dr Deborah Young, Professor Matthew During, Professor Janusz Lipski

Environmental stimulation: Driving novel therapies for Alzheimer's disease

HRC Ref: 03/180
 Term: 3 years
 Location: Department of Molecular Medicine and Pathology Faculty
 of Medical and Health Sciences University of Auckland
 Value of contract: \$1,222,842

Dr Deborah Young

Adeno-associated viral vectors: Versatile tools for disease modelling and therapeutics (linked to Hercus Fellowship)

HRC Ref: 03/463
 Term: 4 years
 Location: Department of Molecular Medicine and Pathology Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$100,000

Dr Robert P Young, Professor Ian Town, Associate Professor Peter Black, Associate Professor Robert Scragg, Dr Michael Epton

Genetics of chronic obstructive pulmonary disease

HRC Ref: 03/182
 Term: 2 years
 Location: Department of Medicine Faculty of Medical & Health Sciences University of Auckland
 Value of contract: \$424,703

MAORI HEALTH

Ms Maryanne Baker

Rangimarietanga ki tua o te arai (A peaceful transition to "Beyond the veil")

HRC Ref: 03/131
 Term: 1 year
 Location: Department of General Practice and Primary Health Care Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$37,000

Ms Hannah Donaldson

Ethnicity data collection in a New Zealand hospital

HRC Ref: 03/312
 Term: 1 month
 Location: Te Ropu Rangahau Hauora a Eru Pomare Wellington School of Medicine & Health Sciences University of Otago
 Value of contract: \$4,946

Professor Mason Durie, Professor Neil Pearce, Mr John Waldon, Dr Stephanie Palmer, Mrs Lynne Pere, Dr Maureen Holdaway, Associate Professor Chris Cunningham, Dr Te Kani Kingi, Ms Amohia Boulton, Ms Heather Gifford, Ms Sharon Taite, Ms Janice Wenn

Te Pumanawa Hauora

HRC Ref: 03/282
 Term: 3 years
 Location: Department of Maori Studies Massey University
 Value of contract: \$1,647,001

Professor Peter Ellis, Ms Lisa Cherrington, Mr Tai Riki Kake, Associate Professor Richard Siegert

Cognition and psychopathology in Maori diagnosed with schizophrenia

HRC Ref: 03/221
 Term: 18 months
 Location: Department of Psychological Medicine Wellington School of Medicine University of Otago
 Value of contract: \$60,809

Dr Marewa Glover, Mr John Waldon, Ms Harangi Biddle

Te Whangai Uu - Te Reo o te Aratika

HRC Ref: 03/145
 Term: 18 months
 Location: Department of Applied Behavioural Science Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$100,000

Mr Te Herekiele Herewini

Kia u ki te Ai Haumarū - Understanding safe sex choices made by takataapui tane, tane ai tane and whakawahine and how to positively influence these choices

HRC Ref: 03/495
 Term: 1 month
 Location: New Zealand Aids Foundation Auckland
 Value of contract: \$5,000

Dr Rhys Jones, Dr Sue Crengle, Mrs Kitty Bennett, Dr Clive Aspin, Dr David Jansen, Dr Tania Riddell

Hauora o nga tane Maori: Health and Maori men (Phase I)

HRC Ref: 03/150
 Term: 2 years
 Location: Department of Maori and Pacific Health Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$623,348

Ms Vera Keefe, Ms Bridget Robson, Mr Gordon Purdie, Dr Papaarangi Reid, Mr Clint Ormsby, Mr Ngahiwi Tomoana

Mauri Tangata: Long term effects of involuntary job loss on mortality and morbidity

HRC Ref: 03/227
 Term: 30 months
 Location: Te Ropu Rangahau Hauora a Eru Pomare Wellington School of Medicine & Health Sciences University of Otago
 Value of contract: \$583,407

Associate Professor Jonathan Koea, Mr Andrew Sporle, Dr John Huakau

Gallbladder cancer and cholelithiasis in Maori - development of a prospective study

HRC Ref: 03/496
 Term: 1 year
 Location: Department of Surgery Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$5,000

Ms Keri Lawson Te-Aho

The feasibility of decentralised health care planning for Maori youth suicide prevention.

HRC Ref: 03/451
 Term: 1 year
 Location: Te Pumanawa Hauora ki Manawatu Massey University
 Value of contract: \$65,000

Professor Colin Mantell, Ms Donna Richards, Ms Hinengaru Rauwhero, Associate Professor Jane McKendrick, Dr Pamela Bennett, Ms Denise Takinui

Kimihia nga mea kua ngaro

HRC Ref: 03/205
 Term: 1 year
 Location: Department of Maori and Pacific Health Faculty of Medicine and Health Sciences University of Auckland
 Value of contract: \$100,000

Professor Iain Martin, Professor Neil Pearce, Professor Lynnette Ferguson, Associate Professor Jonathan Koea, Mr Andrew Sporle, Dr Vanessa Blair

Upper gastrointestinal cancer in the Maori population - development of a prospective epidemiological study

HRC Ref: 03/497
 Term: 1 year
 Location: Department of Surgery Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$5,000

Dr Stephanie Palmer, Professor Mason Durie, Associate Professor Chris Cunningham

Homai te waiora ki ahau - a construct for the measurement of psychological wellbeing among Maori

HRC Ref: 03/296
 Term: 2 years
 Location: Te Pumanawa Hauora School of Maori Studies Wellington School of Medicine & Health Sciences University of Otago
 Value of contract: \$95,809

Ms Liane Penney, Dr Tim McCreanor, Ms Helen Moewaka Barnes, Professor Sally Casswell

Maori utilisation & experience of IHD management in general practice & Maori providers

HRC Ref: 03/298
 Term: 30 months
 Location: Centre for Social & Health Outcomes Research & Evaluation Massey University
 Value of contract: \$334,000

Mr John Waldon, Dr David Tipene-Leach, Associate Professor Chris Cunningham, Dr Christopher Moyes, Mrs Lyn Davis, Dr Graeme Lear

Comparative efficacy of hepatitis B vaccine for children born to hepatitis B carrier mothers

HRC Ref: 03/285
 Term: 2 years
 Location: Te Pumanawa Hauora ki Manawatu Te Tari Maori, Massey University
 Value of contract: \$265,173

PUBLIC HEALTH

Associate Professor Bruce Arroll, Dr Sue Crengle, Dr Timothy Kenealy, Dr Ngaire Kerse

Randomised controlled trial of two methods of delayed prescriptions for antibiotics for the common cold

HRC Ref: 03/120
 Term: 16 months
 Location: Department of General Practice Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$135,515

Dr Annette Beautrais

Analysis of study of impact of suicide on close family members

HRC Ref: 03/093
 Term: 2 years
 Location: Canterbury Suicide Project Christchurch School of Medicine University of Otago
 Value of contract \$55,822

Dr Annette Beautrais

Putting up the barriers: evaluation of the Grafton Bridge "experiment"

HRC Ref: 03/099
 Term: 3 years
 Location: Canterbury Suicide Project Christchurch School of Medicine University of Otago
 Value of contract \$40,304

Professor Sally Casswell, Ms Lanuola Asiasiga, Ms Wendy Henwood, Dr Megan Pledger, Taisia Huckle

Alcogenic environments: effects of alcohol access on youth alcohol-related harm

HRC Ref: 03/291
 Term: 2 years
 Location: Centre for Social & Health Outcomes Research & Evaluation Massey University
 Value of contract \$622,519

Dr Jennie Connor, Professor John Langley, Professor Rodney T Jackson, Dr Anthony Rodgers

Feasibility study for a randomised controlled trial of daytime running lights on cars

HRC Ref: 03/091
 Term: 1 year
 Location: Department of Community Health School of Population Health, University of Auckland
 Value of contract \$92,645

Associate Professor Ken R Daniels, Dr Victoria Grace

Genetic histories and gamete donation: forming families and informing children/offspring

HRC Ref: 03/194
 Term: 21 months
 Location: Department of Social Work University Of Canterbury
 Value of contract \$313,353

Dr Kevin Dew, Dr Deborah McLeod, Ms Jacqueline M Cumming, Professor Anthony Dowell, Dr Andrew D McCormick, Ms Maria Stubbe

Exploring clinician decision making when rationing is explicit

HRC Ref: 03/212
 Term: 2 years
 Location: Department of Public Health Wellington School of Medicine University of Otago
 Value of contract \$209,953

Professor Philippa Gander, Dr Alister Neill, Mrs Ridvan Firestone

Improving access to treatment for obstructive sleep apnoea among professional taxi drivers

HRC Ref: 03/230
 Term: 2 years
 Location: Sleep/Wake Research Centre Massey University
 Value of contract \$86,343

Mr Andrew Jull, Dr Anthony Rodgers, Dr Natalie Walker, Associate Professor Peter Molan

Honey as adjuvant leg ulcer therapy (HALT) trial

HRC Ref: 03/087
 Term: 30 months
 Location: Clinical Trials Research Unit University of Auckland
 Value of contract: \$714,556

Dr Ngaire Kerse, Associate Professor Bruce Arroll, Ms Elizabeth Robinson, Ms Elizabeth Mitchelson, Ms Nancy Latham, Dr Maree Todd, Associate Professor Tim Wilkinson, Mr Mathew Parsons, Dr Paul Brown, Ms Kathy Peri, Mr John Parsons

Falls, function and quality of life: An intervention in residential care

HRC Ref: 03/153
 Term: 3 years
 Location: Department of General Practice Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$1,520,008

Dr Deborah McLeod, Professor Andre van Rij, Dr Isobel Martin, Dr Antony Raymont, Ms Jacqueline M Cumming, Professor Anthony Dowell, Dr Kevin Dew, Dr Lou Gallagher, Sonya White

Pathways to care and outcome for elective surgery: a prospective cohort study

HRC Ref: 03/223
 Term: 3 years
 Location: Department of General Practice Wellington School of Medicine University of Otago
 Value of contract: \$1,050,307

Dr Shyamala Nada-Raja, Dr Keren Skegg, Professor John Langley, Associate Professor Rob McGee

Protective factors for self harm, including Gambling add-on study.

HRC Ref: 03/257
 Term: 3 years
 Location: Injury Prevention Research Unit Dunedin School of Medicine University of Otago
 Value of contract: \$548,030

Associate Professor Richie Poulton, Professor Malcolm Sears, Associate Professor Charlotte Paul, Dr Nigel Dickson, Dr Joanne Baxter, Associate Professor W. Murray Thomson

Development of risk for chronic diseases: A longitudinal multidisciplinary study

HRC Ref: 03/271
 Term: 3 years
 Location: Department of Preventive & Social Medicine Dunedin School of Medicine University of Otago
 Value of contract: \$3,536,601

Dr Mary E Seddon, Dr Terri Green, Professor Rodney T Jackson, Joanna B Broad, Dr Sue Crengle, Dr Ralph Stewart, Professor Harvey White, Dr Elana Curtis, Ms Jacqueline M Cumming, Dr Patrick Graham, Dr Dale Bramley

Coronary artery bypass graft surgery - evaluation of the validity of the prioritisation score and the impact of waiting

HRC Ref: 03/173
 Term: 3 years
 Location: Department of Community Health Faculty of Medical and Health Sciences University of Auckland
 Value of contract: \$1,436,403

Dr Susan Wells, Professor Rodney T Jackson, Joanna B Broard, Dr Sue Cringle,
Dr Timothy Kenealy, Dr Diana North, Dr Andrew Kerr, Dr Richard Milne, Dr
Dale Bramley, Dr Tania Riddell

**Primary care management of CVD risk: validating risk prediction &
assessing risk burden**

HRC Ref: 03/183

Term: 3 years

Location: Department of Community Health Faculty of Medical and
Health Sciences University of Auckland

Value of contract: \$1,200,000

New Career Development Awards

HOHUA TUTENGAEHE FELLOWSHIP	
Dr Te Kani Kingi	03/019
Progressing Hua Oranga - Maori Mental Health Outcomes	3 years
MAORI HEALTH MASTERS SCHOLARSHIP	
Elizabeth Albert	03/027
Maori women's perspectives of the Gisborne cervical cancer smear inquiry.	1 year
Ms Moragh Loose	03/480
Young Carers: Children's experience as longterm caregivers to adult family/whanau members	1 year
Mrs Maureec Ngawaka-Nathan	03/481
Developing an understanding of Hopo amongst Waikato Maniapoto Maori	2 years
Ms Kirsten Smiler	03/483
Ngati Turi; An investigation into the lives of selected deaf Maori	1 year
PACIFIC HEALTH RESEARCH MASTERS SCHOLARSHIP	
Mr Joshua Bradley	03/466
Pathogenesis of Type 1 diabetes	1 year
Ms Marie Inder	03/337
Structure-function analysis of a novel viral-encoded vascular endothelial growth factor	1 year
MAORI HEALTH PHD SCHOLARSHIP	
Ms Terryann Clark	03/478
Enhancing the capacity of indigenous young: Minimising participation in violence related behaviours	3 years
Ms Maea Hohepa	03/479
NZ Adolescent physical activity: Prevalence, determinants and whanau intervention	3 years
Ms Te Hereripine Sarah-Jane Paine	03/020
Is there a biological or genetic basis for sleep disorders: Implications for Maori	3 years
Ms Sharon Taite	03/484
Oranga Kaumatua	3 years
Mr John Waldon	03/485
Te Ahuatanga O Te Waiora Tamariki - A picture of child health	1 year
Ms Janice Wenn	03/486
Kaupapa Hauora and quality services - an exploratory study of a changing concept	26 months
Miss Emma Wyeth	03/021
Genetics of diabetes and gout in New Zealand Maori	3 years
PACIFIC HEALTH RESEARCH PHD SCHOLARSHIP	
Ms Evangelene Daniela	03/468
3,4- methylenedioxymethamphetamine (MDMA) - a drug with abuse properties ?	3 years

Mrs Ridvan Firestone	03/029
Developing protocols for sleep apnoea diagnosis and treatment for professional drivers	3 years
Ms Mele Taumoepeau	03/469
The intersection of language and theory of mind - PhD	3 years
RANGAHAU HAUORA AWARD	
Ruruhira Rameka	03/487
Arakanihi ki te oranga	1 year
SIR CHARLES HERCUS HEALTH RESEARCH FELLOWSHIP	
Dr Mark Hampton	03/024
Cell thiols and the regulation of apoptosis	4 years
Dr Joanna Kirman	03/023
Characterisation of immune cell subsets that mediate protection to pulmonary tuberculosis	4 years
Dr Deborah Young	03/063
Adeno-associated viral vectors: Versatile tools for disease modelling and therapeutics	4 years

Research Contracts Completed During the Year or In Progress

This list includes all research contracts that received funds during the financial year.

Professor Wickliffe Abraham, Miss B J Logan Cellular mechanisms of learning and memory in the brain	99/275
Professor Wickliffe Abraham, Professor Warren Tate Mechanisms of nervous system dysfunction early in Alzheimer's disease	02/261
Dr Shanthi Ameratunga, Dr Robyn S Dixon, Dr Julie Park, Ms Nicola Taylor, Dr Sue Crengle, Ms Elizabeth Robinson, Dr Teuila Percival, Dr Sally Abel Health and social outcomes of unintentional trauma for children and their whanau/families	00/458
Dr Shanthi Ameratunga, Professor Robyn Norton, Dr Rodney T Jackson, Dr Jennie Connor Health related outcomes following injury involved car crashes	99/016
Professor Craig Anderson, Dr Ngaire Kerse, Associate Professor Valery Feigin, Associate Professor Neil Anderson Determinants of stroke impact on individuals, families and the community	01/415
Associate Professor Robert F Anderson, Professor William Denny Radical-mediated DNA damage by tirapazamine analogues	00/462
Dr Mike Ang, Ms Traceyanne Herewini Maori patients with first episode psychosis and whanau experiences of psychiatric services	02/429
Professor Innes Asher, Professor Neil Pearce, Professor Edwin Mitchell, Dr Alistair Stewart, Professor Richard Beasley International study of asthma and allergies in childhood (ISAAC) Phase three co-ordination	00/468
Professor Innes Asher, Professor Neil Pearce, Dr Philip Pattemore, Dr Richard Mackay International study of asthma and allergies in childhood (ISAAC) phase three fieldwork in New Zealand	01/248
Professor Philip Bagshaw, Dr Randall Allardyce A national, multi-centre, prospective, randomised, clinical study comparing laparoscopic and open surgical treatments of colon cancer in New Zealand adults	97/154
Professor Edward Baker, Professor John Fraser, Associate Professor Peter Metcalf, Dr Clyde Smith Structural biology of proteins of biomedical importance	02/143
Dr Joanne Baxter, Professor David Fergusson, Mr L John Horwood, Associate Professor John Broughton Maori health in the Christchurch health and development study	01/335
Dr Annette Beautrais A ten year follow-up study of serious attempted suicide	02/118
Dr Annette Beautrais The acute and longer term impact of suicide on close family members	99/115

Dr Dorothy Begg, Associate Professor Anne-Marie Feyer Occupational and Environmental Health Centre	00/535
Dr Dorothy Begg, Professor John Langley A cohort of novice drivers in New Zealand: A pilot study	00/327
Professor Richard Bellamy, Professor Stephen C Harrison, Dr Judith O'Brien, Dr Brian McClain Rotavirus structure and viral replicative events	99/090
Dr Derrick Bennett, Dr Elisabeth Wells, Ms Sheila Williams Correcting for measurement error in epidemiological studies	02/435
Associate Professor Nigel Birch, Dr Walter Young, Dr Eva Mezey Axon regeneration through regulation of extracellular proteolysis	01/280
Associate Professor Peter Black, Associate Professor Phillippa J Poole, Dr Robert P Young Randomised, controlled trial of N-acetyl cysteine in exacerbations of COPD	01/206
Associate Professor Peter Black, Professor Edwin Mitchell, Dr Phillipa Clark, Dr Jan P Sinclair Essential fatty acids and the development of allergic disease	99/508
Dr Tony Blakely, Professor Alistair Woodward, Mrs Clare Salmond, Dr Cynthia A Kiro New Zealand census-mortality study	00/307
Ms Belinda Borell, Ms Helen Moewaka Barnes, Professor Sally Casswell Identity and Positive Youth Development	02/171
Ms Amohia Boulton, Associate Professor Chris Cunningham, Ms Jacqueline M Cumming A model for understanding "Cultural" performance standards in Maori mental health	02/310
Professor Antony Braithwaite, Associate Professor Ian McLennan, Dr Gail Williams, Dr Sara Edwards The role of apoptosis in tumour suppression by p53	00/328
Professor Antony Braithwaite, Associate Professor Han-Seung Yoon Development of a tumour specific adenoviral based cancer therapy	00/377
Associate Professor Neil Broom, Mr Anthony E Hardy, Mr Rene Flachsmann Biomechanical vulnerability of the joint tissues w.r. to maturity and degree of degeneration	02/145R
Associate Professor John Broughton Oranga niho: A kaupapa Maori review of Maori dental health service provision	02/264
Dr Stephen A Buetow, Professor Edwin Mitchell, Dr Vivienne Adair, Dr Barry Gribben Why don't some children with asthma go to the doctor?	00/212
Associate Professor John Bushnell, Dr Marjan Kljakovic, Mrs Clare Salmond, Professor Peter Ellis, Dr Deborah McLeod, Professor Anthony Dowell Common mental disorders in primary care	99/065

Dr Catherine Byrnes Multicentre trial of bronchoalveolar lavage directed therapy in cystic fibrosis	00/196
Professor John Campbell, Associate Professor Robert Jacobs, Dr Clare Robertson, Mr Gordon Sanderson, Dr Ngaire Kerse, Professor Steven La Grow, Dr Dianne Sharp, Mrs Leigh Hale Interventions to prevent falls and injury in elderly people with impaired vision	02/265
Professor Mark B Cannell, Dr Christian Soeller Modulation of the time course of calcium release in heart	99/018
Professor Sally Casswell, Dr Krishna Bhatta Recreational drug use and possible influences on use	00/461
Professor Sally Casswell, Dr Tim McCreanor, Professor Margaret Wetherell, Ms Helen Moewaka Barnes Contemporary alcohol marketing: Production and interpretation of meaning in youth cultures	02/175
Professor Sally Casswell National Alcohol Survey	01/018
Professor Stephen Chambers, Dr Michael Lever, Professor Justin Roake, Dr Peter George, Associate Professor Richard Robson, Dr David McGregor Betaines & dimethylglycine- role in treatment of elevated homocysteine in renal failure	01/362
Associate Professor Lai-Ming Ching, Dr Phillip Kestell, Professor Peter J Browett Improving thalidomide-based therapies for cancer	02/202
Associate Professor David L Christie Antidepressant drug action and the regulation of noradrenalin uptake	00/466
Associate Professor Carolyn Coggan Injury Prevention Research Centre.	98/470
Dr Jennie Connor Epidemiology and prevention of injuries	99/209
Professor Garth Cooper, Dr Aimin Xu, Dr Yu Wang Proteomics of insulin action and insulin resistance	00/214
Ms Nicole Coupe, Professor Mason Durie, Professor Colin Mantell, Associate Professor Carolyn Coggan Case control study of potential modifiable risk factors for Maori attempted suicide	00/215
Dr Peter Crampton, Associate Professor Robin Kearns, Associate Professor Philippa Howden-Chapman, Dr Sue Crengle, Professor Anthony Dowell, Dr Margaret Southwick, Mr Tom Love, Dr Roshan Perera, Dr Beverly Sibthorpe Performance indicators for primary care	02/252
Dr Peter Crampton, Associate Professor Robin Kearns, Dr Sue Crengle, Professor Anthony Dowell, Dr Margaret Southwick, Dr Kevin Dew, Mr Tom Love, Dr Roshan Perera, Dr Beverly Sibthorpe Measurement of community participation in primary health organisations	02/253

- Professor Julian Crane, Professor Edwin Mitchell, Mr Gordon Purdie, 02/244R
Professor Gerald Tannock, Associate Professor Peter Black, Dr Penny
Fitzharris, Dr Matire Harwood, Dr Kristin Wickens
**A trial of the effect of probiotics on the development of atopy and eczema
in children**
- Professor Julian Crane, Dr Thorsten V Stanley, Dr Penny Fitzharris, Dr 02/245
Kristin Wickens, Ms Juliette Lane
**The use of probiotic bacteria in the treatment of atopic eczema in
children**
- Associate Professor Philip Crosier, Professor Kathryn E Crosier, Dr Alison 99/105
Brownlie, Dr Paul Mead
**A genetic screen to identify genes involved in haematopoiesis and
angiogenesis**
- Associate Professor Philip Crosier, Professor Kathryn E Crosier 02/437
Australia - New Zealand Zebrafish Workshop
- Ms Jacqueline M Cumming, Dr Toni Ashton, Associate Professor Chris 01/361
Cunningham, Dr Cynthia A Kiro, Ms Pamela Scott, Dr Pauline Barnett
**Assessing governance, purchasing and accountability in the NZ health
care sector**
- Ms Jacqueline M Cumming, Dr Antony Raymont, Mr Nick Mays, Associate 04/041
Professor Margaret Horsburgh, Dr Barry Gribben, Ms Carol Boustead
Evaluation of the Implementation of the Primary Health Care Strategy
- Associate Professor Chris Cunningham 99/498
Te Pumanawa Hauora - Massey University
- Associate Professor Chris Cunningham, Professor Mason Durie, Dr Te Kani 00/397
Kingi, Ms Sharon Taite
**System barriers and supports for Maori providers of mental health
services**
- Professor Brian Darlow, Mr L John Horwood, Dr Nicola C Austin 00/331
**Follow-up of all admissions to a regional neonatal intensive care unit
compared with controls**
- Professor Peter Davis, Dr Tony Blakely, Dr Patrick Graham, Mr Andrew 00/218
Sporle
Social variation in New Zealand health expectancy trends, 1981-1996
- Professor Peter Davis, Associate Professor Mary Finlayson, Dr Suzanne 00/333
Gower, Dr Patrick Graham
**Hospital restructuring: Patient outcomes and nursing workforce
implications**
- Professor Peter Davis, Dr Sue Crengle, Dr Peter Crampton, Dr Philip Hider 00/334
National primary medical care survey
- Associate Professor John Dawson, Professor Sarah Romans, Dr Anita Gibbs 00/336
The uses of compulsory community treatment orders
- Dr Kevin Dew, Ms Vera Keefe, Mr Tim Rochford, Ms Keitha Small 02/237
Nga Morehu: Negotiating cultures
- Dr Mavis Duncanson, Professor Alistair Woodward, Professor John Langley, 02/254
Associate Professor Philippa Howden-Chapman, Dr Papaarangi Reid
Effective interventions to reduce risk of fire-related injury

Professor Mason Durie, Mr John Waldon, Ms Harangi Biddle, Dr Taiarahia Black, Dr Gus Habermann Te Ahuatanga o Te Waiora Tamariki - A picture of child health	02/307
Professor Matthew During, Dr Qi Chen, Dr Kai-luk Choi, Dr Ruain Xu A non-invasive gene transfer approach to diabetes mellitus	00/219
Professor Matthew During Characterisation of LPD vectors for gene therapy of Parkinson's Disease	98/008
Professor Matthew During Nature vs. nurture: Environmental influences on neurogenesis and apoptosis in the mammalian brain	98/009
Professor Matthew During, Dr Deborah Young, Ms Helen Fitzsimons Gene therapy of epilepsy	99/070
Associate Professor Marie Dziadek, Professor Peter Smith The role of STIM transmembrane signalling proteins in regulation of invasive cell behaviour	02/179
Dr Paul Edgar, Ms Nicola Poa The role of antipsychotic medication in the prevalence of type 2 diabetes mellitus in New Zealand Maori	02/428
Ms Riri Ellis Assessing social marketing as a tool to improve Maori public health gains	01/348
Ms Pania Ellison, Dr Papaarangi Reid, Ms Ruth Quirk To tatou hokakatanga: Maori action and intervention in sexual and reproductive health	02/257
Ms Lis Ellison-Loschmann, Professor Neil Pearce, Ms Irihapeti Ramsden Asthma in Maori adolescents	01/389
Dr Janet Fanslow, Ms Marilyn Brewin, Associate Professor Carolyn Coggan, Ms Elizabeth Robinson Assessing violence against women in New Zealand	02/207
Professor Richard Faull, Professor Michael Dragunow Neurodegenerative diseases of the brain	00/521
Mr John Fenaughty, Dr Nicola Gavey, Dr Virginia Braun Rape and non-consensual sex: Health issues for gay and bisexual identified men	02/218
Professor David Fergusson, Dr Elisabeth Wells, Mr L John Horwood, Dr Annette Beutrais Christchurch Health and Development Study/Early Start	01/461
Professor David Fergusson Completion and synthesis of longitudinal studies in child health and mental health.	97/05
Professor David Fergusson, Mr L John Horwood Process and outcome evaluation of early start.	97/189

- Dr Hilda Firth, Professor Tord Kjellstrom, Professor Neil Pearce, Mr Peter Herbison, Associate Professor Anne-Marie Feyer, Dr Peter Crampton, Associate Professor Chris Cunningham, Dr Dorothy Broom, Ms Rebecca Lilley 02/267
Work-related determinants of health, safety and well-being of New Zealanders
- Professor John Fraser, Professor Edward Baker, Dr Thomas Proft, Dr Diana Martin 00/443
Streptococcal superantigens as mediators of disease
- Dr Gregory Funk, Associate Professor Gary D Housley, Professor Janusz Lipski 01/272
Modulation of central respiratory networks by ATP
- Dr Barbara Galland, Dr Gail Tripp, Professor Barry Taylor, Dr David Reith 02/268
Sleep pathology in children with ADHD
- Professor Philippa Gander, Dr Papaarangi Reid, Dr Ricci Harris 00/272
Insomnia: Prevalence, risk factors and consequences
- Professor Philippa Gander, Professor Alistair Woodward, Dr Alexander Garden 02/249
Doctors' hours of work: Improving patient safety and practitioner health
- Dr Marewa Glover 01/265
Attitudes of pregnant Maori women and their healthcare providers to smoking cessation.
- Ms Sonja Goldsack, Professor Peter Ellis, Dr Sunny Collings, Dr Kathryn McPherson 00/263
Recovery in New Zealand - development of a consumer-driven approach
- Dr Ailsa Goulding, Dr Patrick Manning, Dr Rachael Taylor, Mrs Ianthe Jones 00/339
Prospective studies of bone density and adiposity in boys and girls with forearm fractures
- Associate Professor Cameron Grant, Dr Colin Tukuitonga, Dr Sue Crengle, Associate Professor Robert Scragg, Dr Alison Leversha, Dr Clare Wall, Professor D J Coster 00/421
Risk factors for the development of and hospitalisation for pneumonia in children in Auckland
- Associate Professor Cameron Grant, Dr Colin Tukuitonga, Dr Sue Crengle, Associate Professor Robert Scragg, Dr Clare Wall 99/075
Iron and vitamin A & D status of Auckland infants
- Dr Andrew Grey 00/183
Mitogenic signal transduction in bone cells
- Dr Bernard Guerin, Ms Linda Nikora, Ms Laurie E Morrison 00/253
Parents' safety rules and children's compliance - Parental style and rule abstractness
- Dr Pauline B Guerin, Ms Linda Nikora, Ms Denise M Kingi 00/254
The influence of an active lifestyle component in smoking cessation for Maori women

Dr Parry Guilford, Ms Maybelle McLeod, Professor Iain Martin The initiation, progression, and chemoprevention of hereditary diffuse gastric cancer	02/271
Dr Alistair Gunn, Associate Professor Christopher E Williams, Dr Laura Bennet The pathogenesis and treatment of preterm brain injury	02/200
Dr Alistair Gunn, Dr Jennifer A Westgate, Dr Laura Bennet Chronic hypoxia and ECG prediction of fetal compromise during brief repeated asphyxia	01/270
Ms Yvette Gутtenbeil, Dr Tin Htay, Dr Jennifer Hand, Mr Sione Tu'itahi Gambling issue of Tongan in Auckland	02/153
Professor Jane Harding, Associate Professor Bernard H Breier, Dr Mark Oliver, Professor Stewart Gilmour, Dr Frank Bloomfield, Dr Mark Vickers Fetal growth and its consequences	02/193
Ms Riripeti Haretuku, Dr Tim McCreanor, Ms Eileen M Clarke Experiences of Maori SIDS parents, caregivers and whanau	01/268
Associate Professor John Highton, Professor Terence Doyle, Dr Paul Hessian Prediction of progression in arthritis by estimation of MRP8/14 in plasma	99/555
Ms Tania Hodges, Dr Sue Crengle, Dr David Jansen, Dr Peter Jansen Maori Consumer Use and Experience of Health and Disability and ACC services	04/040
Dr Ekramul Hoque, Ms Lorna Dyal, Dr Virginia Hope Childcare giardia infection: prevalence and risk estimation	02/447
Miss Carla Houkamau An exploration of the relationship between culture and health for Maori women	02/155
Associate Professor Gary D Housley, Associate Professor Peter R Thorne ATP-gated ion channels - reactive modulators of cochlear function	00/225
Associate Professor Gary D Housley, Associate Professor Peter R Thorne, Professor Mark B Cannell, Dr Christian Soeller The role of calcium in the maintenance of hearing	99/024
Associate Professor Philippa Howden-Chapman, Professor Julian Crane, Associate Professor Chris Cunningham, Dr Michael Baker Housing and health research programme	01/365
Dr Michael Hubbard, Dr Rod Sayer, Mr John Mangum Calbindin phosphorylation in dental enamel cells and brain	02/278
Dr Gregory Jones, Professor Andre van Rij, Dr Sally McCormick, Dr Ming Zhang Elastic tissue degeneration in the pathogenesis of vascular disease	00/354
Professor Peter Joyce Mental Health Clinical Research	99/276

Professor Michael Kalloniatis, Associate Professor Seong-Seng Tan Cellular diversity of developing mouse retina and cortex revealed by multispectral analysis	02/226
Ms Vera Keefe, Mr Ngahiwi Tomoana Kimioranga: He kakano	02/256
Ms Vera Keefe Rules, risk-taking activities, injury and illness in the work-place	02/392
Ms Vera Keefe The health effects of involuntary job loss in New Zealand - a factory closure study	02/393
Dr Jacqueline Keenan, Dr Mark Hampton, Associate Professor Stuart Thompson, Dr Anthony Moran Helicobacter pylori infection, host iron deficiency and the risk of disease	02/123
Dr Timothy Kenealy Do computer prompts and feedback in GP consultations improve outcomes for diabetic patients	99/228
Dr Martin Kennedy, Professor Peter Joyce Molecular genetics of depression and personality	00/363
Dr Martin Kennedy, Dr Paul Edgar, Dr Geraldine R Rogers, Dr Vicky Cameron Identifying molecular determinants of antidepressant drug response	01/363
Dr Peter King, Ms Catherine Love, Mr Charles Waldegrave A network analysis of pathways to accessing mental health services and their patterns of use	00/436
Dr Cynthia A Kiro, Dr Ian Hassall, Mr Roger Barton, Mrs Pat Tauroa Te Hauora O Nga Tamariki O Whaingaroa	00/229
Associate Professor Robert Knight, Ms Jane Freeman Neuropsychological assessment of dysexecutive syndrome following traumatic brain injury	00/338
Dr Ana Koloto Pacific model(s) of nursing practice	04/047
Associate Professor Geoffrey Krissansen, Dr Euphemia Leung, Dr Jagat Kanwar, Dr Carol Taylor Novel cell adhesion molecule antagonists as potential anti-inflammatory agents	00/232
Associate Professor Geoffrey Krissansen, Dr Klaus Lehnert, Dr Jagat Kanwar, Dr Randal Berg Anti-angiogenic and anti-metastatic ECM proteins and CAM-mediated cancer therapy	99/025
Dr John Lainchbury, Professor Mark Richards, Professor M Gary Nicholls, Dr Richard Troughton Hormone-guided titration of anti-heart failure pharmacotherapy	00/199
Professor John Langley, Dr David J Chalmers, Ms Jean Simpson, Dr Dorothy Begg Injury prevention research	01/338

Professor John Langley, Associate Professor Anne-Marie Feyer Work-related fatal injury deaths due to motor vehicle traffic crashes 1985-1998	00/386
Professor John Langley, Professor William Gillespie, Associate Professor Jean-Claude Theis Systematic review to inform research and service delivery in musculo-skeletal injuries	00/399
Professor Graham Le Gros, Dr John H Miller, Dr Sarah Hook, Dr Charles R Mackay Mycobacteria induced inhibition of atopic airway disease	01/397
Professor Graham Le Gros, Dr Franca Ronchese, Dr William Paul Basic biology of Th2 immune responses in protective immunity and allergic diseases	02/246
Dr Alison Leversha, Mr Alistair Stewart, Professor Edwin Mitchell, Dr George Aho Case control study of risk factors for cellulitis among children	00/237
Professor Anthony Macknight, Dr Charles McLaughlin Mechanism of formation of the aqueous humor	00/358
Dr Simon Malpas, Dr Carolyn Barrett Does angiotensin II play a role in the long term regulation of sympathetic nerve activity?	02/151
Professor Jim Mann, Dr Kirsten McAuley, Ms Eleanor Murphy, Ms Sheila Williams Lifestyle intervention to improve insulin resistance	01/319
Professor Colin Mantell Tomaiaora Research Centre	01/460
Professor Colin Mantell Why are Maori over represented in Psychiatric Hospitals?	02/069
Professor Colin Mantell, Associate Professor Jane McKendrick, Dr Pamela Bennett Re Hauora Maori: He aha korero? Maori Mental Health: What are the figures saying?	04/025
Dr Dannette Marie, Darryl Forsyth Maori and non-Maori perceptions of abnormal behaviours and mental states	00/279
Dr David Markie Identifying new genes in the mitotic spindle checkpoint	01/334
Ms Hine Martin, Dr Fiona Cram Health service utilisation of Maori women, obesity as a barrier	99/389
Dr Marion Maw, Dr Michael Denton, Dr Peter Dearden Genes responsible for retinal disorders: Identification and characterisation	02/280
Dr Colin McArthur, Professor Robyn Norton, Professor Stephen MacMahon, Associate Professor Rinaldo Bellomo SAFE (Saline versus Albumin Fluid Evaluation)	01/386

Dr Tim McCreanor, Dr Peter Watson, Mr Shane Edwards, Ms Helen Moewaka Barnes, Dr Melani Anae, Ms Victoria Jensen Designing community development for youth in Counties/Manukau	02/174
Ms Kim McGregor, Ms Marilyn Brewin, Associate Professor Carolyn Coggan Improving public health responses for survivors of child sexual abuse	02/205
Mr David J McLean, Professor Alistair Woodward, Professor Neil Pearce Mortality and cancer incidence in meat workers	00/281
Associate Professor Ian McLennan, Dr Kyoko Koishi The adult neuron in neurodegenerative disorders	01/379
Dr Deborah McLeod, Ms Bridget Robson, Dr Peter Crampton, Mr Tom Love Disparities in utilisation of general practice: A study using routinely collected data	00/280
Ms Anne McNicholas, Miss Maria Turley, Dr Kathryn Leslie, Ms Jane MacDonald Prevalence of urogenital chlamydia infection in female university students	01/302
Dr Andrew Mercer Developing a recombinant virus vaccine for Taenia ovis	95/104
Dr Andrew Mercer, Dr David Tisdall, Dr Stephen Fleming Strategies for survival: pathogenic and immunogenic determinants of orf virus	99/165
Dr Tony Merriman Chromosome 18 and susceptibility to autoimmune disease	01/215
Dr Sally Merry, Professor Chris Wild, Ms Nellie McPherson, Dr Heather McDowell The assessment of the effectiveness of a school based depression prevention programme	99/039
Dr Patricia Metcalf, Ms Lorna Dyll, Dr Rodney T Jackson, Dr Sitaleki 'Ata'ata Finau Monitoring cardiovascular risk factors in Auckland	01/249
Professor Murray Mitchell, Dr Jeffrey Keelan Molecular mechanisms and strategies for the prevention of preterm birth	99/277
Ms Helen Moewaka Barnes, Dr Krishna Bhatta, Professor Sally Casswell Maori and Alcohol Survey 2000	00/424
Ms Helen Moewaka Barnes, Professor Sally Casswell Maori quantitative research methodologies and methods	02/183
Dr Brian Monk, Associate Professor David Harding, Dr Richard Cannon, Dr Kyoko Niimi Development of surface-active antifungals: optimisation, mode of action and animal trials	00/320
Dr Christine Morris, Dr Michael Sullivan, Dr Christopher Atkinson, Associate Professor Bridget Robinson Diagnostic and prognostic stratification of breast cancer by genetic profiling	00/456

Ms Laurie E Morrison, Ms Lorna Dyal	01/351
The health implications of new forms of gambling on Maori women and their whanau	
Dr Kathleen Mountjoy, Dr Philip Daniel	00/427
Regulation of melanocortin-4 receptor gene expression	
Dr Kathleen Mountjoy, Dr Jurgen Naggert	02/168
Identification of a novel obesity gene	
Dr Michael Murphy, Dr Xing-yi Zhang, Associate Professor Robin A J Smith, Professor Antony Wheatley	00/373
Preventing mitochondrial damage in human diseases with selective antioxidants	
Dr Alister Neill	00/285
The effect of nasal-CPAP on quality of life in patients with mild OSAS	
Professor Mark Oakley-Browne, Professor Mason Durie, Dr Elisabeth Wells, Mr Paul Hirini	00/242
New Zealand survey of mental health and well-being	
Professor Robin Olds, Dr Elisabeth Wells, Professor Peter Joyce	00/357
Susceptibility to bipolar affective disorder	
Professor Robin Olds	99/176
The multigenic basis of venous thrombosis	
Dr Stephanie Palmer, Professor Mason Durie, Associate Professor Chris Cunningham	02/309
Hei oranga mo nga wahine hapu i roto i te whare ora	
Dr Julie Park, Associate Professor Robin Kearns, Associate Professor Linda Bryder, Dr Heather Worth, Dr Judith Littleton, Dr Carolyn Dakin, Dr Hans Dieter-Bader	02/133
Political ecology of tuberculosis in New Zealand - past and present	
Dr Janis Paterson, Dr Colin Tukuitonga	01/392
Pacific Islands families study: First two years of life	
Professor Neil Pearce, Dr Evan Dryson, Professor Graham Le Gros, Mr David J McLean, Dr Jeroen Douwes	02/159
Causes and control of non-communicable disease	
Professor Neil Pearce, Professor Graham Le Gros, Dr Angela Zacharasiewicz, Dr Jeroen Douwes	01/370
Airway inflammation in childhood asthma: the contribution of non-allergic mechanisms	
Professor David Penny, Dr Joji Malani, Dr Roy Krishna, Dr Jan Pryor	01/350
Molecular epidemiology of hepatitis B virus in the South Pacific	
Mrs Lynne Pere, Professor Mason Durie, Associate Professor Chris Cunningham	02/332
The relationship between cultural identity and wellbeing for Maori	
Dr Lindsay Plank, Associate Professor Edward Gane, Associate Professor John McCall	00/434
Nocturnal nutritional supplementation in advanced liver disease - a randomised trial	

Dr Lindsay Plank, Associate Professor Edward Gane, Associate Professor Jonathan Koea, Associate Professor John McCall, Professor Stephen Munn Immunonutritional therapy in liver transplant patients - a randomised trial	02/191
Dr Elizabeth Plumridge, Ms Vivien Daley Contexts affecting adolescent sexual behaviour	99/183
Dr Richard Porter, Dr Cameron Lacey, Mr Ruru Hona Culturally appropriate cognitive testing for Maori	02/427
Dr Anne Potts, Dr Victoria Grace, Dr Nicola Gavey Sex for life: The sociocultural implications for prosexual pharmaceuticals for men and women	00/287
Associate Professor Richie Poulton Phase XXI of the Dunedin Multidisciplinary Health and Development study	01/456
Dr Mihi Ratima, Professor Neil Pearce, Dr Maureen Holdaway, Dr Guy Naden A type 2 diabetes control demonstration project for rural Maori	01/367
Professor Anthony Reeve Cancer genetics	00/516
Professor Anthony Reeve, Associate Professor Han-Seung Yoon, Dr Parry Guilford, Associate Professor John McCall, Professor Nikola Kasabov, Dr Mark W Thompson-Fawcett, Mr Arend Merrie Predicting colorectal cancer outcome using gene expression profiling	02/289
Professor Ian Reid, Associate Professor Jillian Cornish Studies in bone and calcium metabolism	01/455
Dr Papaarangi Reid Disparities by deprivation: Understanding the relationship	01/462
Professor Mark Richards, Dr Chris Charles, Dr Robert Doughty, Professor M Gary Nicholls, Dr Lynley Lewis, Dr John Lainchbury, Dr Miriam Rademaker, Dr Vicky Cameron, Professor Tim Yandle, Dr Barry Palmer Humoral, Ultrasonographic and Genetic prediction and protection in Heart Disease	02/152
Professor Mark Richards, Professor M Gary Nicholls, Dr Ian Crozier, Dr John Lainchbury, Dr John Elliot, Dr Richard Hillock, Dr David Smyth, Dr Mark Davis BNP infusions and ventricular remodelling in acute myocardial infarction	02/112
Dr Anthony Rodgers, Professor Craig Anderson, Associate Professor Valery Feigin, Dr Derrick Bennett Causes, prevention and treatment of vascular diseases	01/416
Dr Anthony Rodgers, Professor Stephen MacMahon, Dr Xin-Hua Zhang, Dr Derrick Bennett Collaborative overview of determinants of cardiovascular disease in the Asia Pacific region	00/417
Dr Franca Ronchese Regulation of immunity and immune - mediated diseases	00/515

Dr Franca Ronchese, Professor Graham Le Gros Regulation of the immune response by cytotoxic T lymphocytes and perforin	02/247
Mrs Clare Salmond, Dr Peter Crampton, Mr Charles Waldegrave, Dr Peter King Indicators of deprivation	00/290
Mr Ian Sheerin, Dr Terri Green, Associate Professor Douglas Sellman Economic evaluation of an alcohol and drug service and its implications for Maori clients	00/248
Dr Robert Siebers, Professor Julian Crane, Professor Ian Town, Dr Penny Fitzharris Effects of indoor microbial exposure on the development of respiratory diseases in children	02/238R
Dr Christopher Sissons, Ms Lisa Wong, Dr J St John Wakefield, Dr Martin Lee Evaluation of caries risk and treatment programs in young children by oral microbiota studies	01/292
Professor Paul Smith, Associate Professor Cynthia Darlington The contribution of inhibitory amino acids to recovery from vestibular damage	01/337
Dr Ralph Stewart, Professor Mark Richards, Dr Robert Doughty, Dr John Lainchbury, Professor Harvey White, Dr Michael Williams, Dr Andrew Kerr, Dr Ivor Gerber Natriuretic peptides in heart valve disease	02/329
Dr Christopher Strey, Professor Russell Scott, Professor Mark Richards, Professor M Gary Nicholls HMG CoA reductase inhibitor treatment for endothelial dysfunction in heart failure	01/345
Professor John Tagg, Dr Robin Simmonds, Professor Clive W Ronson Characterisation of a novel streptococcus salivarius bacteriocin	99/192
Professor Warren Tate, Dr Russell Poulter, Dr Elizabeth Poole, Dr Chris Brown Strategies for novel drugs against HIV, HBV and pathogenic fungi	01/317
Professor Barry Taylor Dissemination of Results to Maori Community for Project: Physiological stress experiences by infants during solitary sleep and bed-sharing sleep	02/396
Dr John A Taylor, Professor Richard Bellamy, Professor Eric J Gowans Role of hepatitis B virus membrane proteins in cell dysfunction and disease	00/432
Associate Professor Robin Taylor, Dr Martin Kennedy, Professor Ian Town Effect of β-adrenoceptor haplotype on bronchodilator response and tolerance to β-agonists	02/298R
Ms Jacqui Te Kani, Dr Fiona Cram, Dr Papaarangi Reid, Dr Leonie Pihama Rapuora: Health and Maori women II (phase 1)	01/410

- Professor Les Toop, Professor Stephen Chambers, Dr Derelie Richards 01/308
Optimising antibiotic use in the management of uncomplicated urinary tract infection
- Professor Ian Town, Professor Julian Crane, Dr Philip Pattemore, Dr Penny Fitzharris, Dr Robert Siebers, Dr Matire Harwood, Dr Michael Epton, Dr Kristin Wickens, Ms Robin Kelly, Ms Mary Duignan 02/108
Atopy and asthma at age 6 amongst the infant cohort study
- Professor Ian Town, Professor Julian Crane, Dr Philip Pattemore, Dr Penny Fitzharris 98/141
Infant cohort study: risk factors for the development of atopy.
- Dr Linda Tuhiwai-Smith, Dr Leonie Pihama 02/064
Historical and Contemporary Understandings and Expressions of Maori Sexuality
- Dr Colin Tukuitonga 00/523
Pacific Health Research Centre
- Mr Charles Waldegrave, Ms Kiwi Tamasese, Ms Catherine Love, Dr Peter King 01/401
The social dynamics underlying impacts of housing crowding and costs upon health
- Associate Professor Richard Warrick, Dr Philip Weinstein, Dr Simon Hales, Dr Neil de Wet, Dr Wei Ye 02/318
Hotspots II: Modelling capacity for the analysis of vector-borne disease risks in New Zealand
- Dr Peter Watson, Dr Vivienne Adair, Dr Shanthi Ameratunga, Ms Terryann Clark 00/208
A computer-assisted self-administered national adolescent health survey
- Dr Philip Weinstein, Professor Alistair Woodward, Mr Andrew Ball, Professor Keith Grimwood 00/302
Quality of drinking water and its relation to gastrointestinal disease in children
- Ms Janice Wenn, Professor Mason Durie, Associate Professor Chris Cunningham 02/304
Kaupapa Hauora and quality services - An exploratory study of a changing concept
- Dr Jinny Willis, Professor Russell Scott, Professor Brian Darlow 01/356
Epidemiology and immunogenetic features of diabetes in children and adolescents
- Professor Bill Wilson, Professor William Denny, Dr Adam V Patterson 01/276
Tumour-activated prodrugs for cancer therapy
- Professor Christine Winterbourn, Dr Margret Vissers, Dr Anthony Kettle 02/120
Oxidants, antioxidants and inflammatory diseases
- Ms Karen Witten, Associate Professor Robin Kearns, Dr Laxmi Ramasubramanian, Dr Krishna Bhatta, Ms Helen Moewaka Barnes, Professor Sally Casswell 00/423
The place of caregiving: Community environments, participation, health and well-being

Professor Alistair Woodward, Professor Neil Pearce, Dr Angus Cook Case-control study of cancers in relation to mobile telephone use	00/303
Dr Susan Wright, Dr Robert Doughty, Mr Greg D Gamble, Dr Ann Pearl Natriuretic peptides in the diagnosis of heart failure in the community: a randomised controlled trial	00/250
Professor Tim Yandle, Professor Mark Richards, Mr Tim Prickett, Professor M Gary Nicholls Identity, circulating levels and applications of aminoterminal C-Type natriuretic peptide	01/307
Dr Alistair A Young, Professor Peter J Hunter, Dr Ian Le Grice, Associate Professor Bruce H Smaill, Dr Brett Cowan, Dr Poul Nielsen Biomechanical analysis of cardiac magnetic resonance images	00/191
Dr Deborah Young, Professor Matthew During, Professor Janusz Lipski Targeted autoimmunity: a genetic vaccine for stroke and epilepsy	00/192

Career Development Awards Completed During the Year or In Progress

ERIHAPETI REHU-MURCHIE FELLOWSHIP Ms Stephanie Palmer Hei oranga mo nga wahine hapu i roto i te whare ora	02/038
ERU POMARE RESEARCH FELLOWSHIP IN MAORI HEALTH Mrs Maureen Holdaway Maori Primary Health Care and Nursing	02/375
Dr Dannette Marie Toward an explanatory theory of the over-representation of Maori men with diagnoses of schizophrenia	00/075
Ms Irihapeti Ramsden Kawa whakaruruhau/cultural safety in the international context	02/039
Ms Nicola Poa The genetic basis of diabetes in New Zealand Maori	01/182
FOXLEY FELLOWSHIP Mr Andrew Jull Project 1: Perceived health of people with leg ulcers. Project 2: Barriers to leg ulcer care	02/054
GIRDLERS' NZ HRC FELLOWSHIP Dr Gary Whitlock Determinants of vascular disease, cancer and injury: evidence from over one million participants in cohort studies.	99/666
HOHUA TUTENGAEHE RESEARCH FELLOWSHIP Ms Marewa P Glover Assessing Maori community readiness to change smoking behaviour and Kaupapa Maori health research methodology: Maori researchers' attitudes survey	00/072
MAORI HEALTH MASTERS SCHOLARSHIP Mr Matthew Butterworth Increasing exercise compliance with Maori students at the University of Waikato	02/369
Ms Mafi Funaki Nutrition education in the Tongan language to overweight Tongan adults	02/058
Ms Sarah Goldsbury Cultural competency in clinical psychology: experiences and perspectives of Maori clients	02/371
Ms Vera Keefe Kimioranga-He Kakano	02/046
Miss Natalie Keene Influences on Child Distress during an invasive medical procedure	02/367
Ms Kiri Merritt Maori rangatahi wahine in the Tauranga region: Their health, wellbeing and resilience	02/062

Ms Laura Whangapirita The patterns of rongoa rakau use amongst Maori	02/372
OVERSEAS POSTDOCTORAL FELLOWSHIP Dr Simon Hales Population health impacts of global environmental change.	00/025
POST DOCTORAL FELLOWSHIP Mr Etuate Saafi Investigation into the role of caspase in pancreatic Beta-cell function in vivo	02/045
POSTGRADUATE SCHOLARSHIPS Ms Maryanne Baker Kaupapa Maori palliative care for terminally ill kaumatua (kuia and koroheke)	01/065
Ms Lorraine Brooking Measures of obesity and diabetes risk and optional diet composition for diabetes prevention for Maori	02/402
Ms Marilyn Brewin Injury prevention and evaluation for Maori: The kumara doesn't call itself sweet	99/206
Ms Riri Ellis Marketing health services and messages to Maori	98/678
Ms Rebekah Eyles The ecology of campylobacteriosis in New Zealand	00/021
Ms Lisa Fitzgerald The relationship between social capital and adolescent health	01/114
Ms Anne Marie Gillies Sustainable management of Maori health workforce development	99/305
Mrs D Greenwood Regulation of P2X receptor gene expression	00/052
Ms Carla Houkamau The antecedents of protective and risk factors for sudden infant death in Maori families	00/073
Ms Bettina Ikenasio Obesity, non-insulin dependent diabetes mellitus and hypertension - understanding the mechanisms of adult pathophysiology commonly observed in Pacific Island populations	99/225
Miss Mei San Loh Superantigens as vaccine delivery vehicles	01/038
Miss Amanda R Lorier Modulation of respiratory networks by ATP	01/037
Ms Hine Martin Health service utilisation of Maori women, barriers facing obese and professional women	99/307

Mr Patrick McHugh Embryonic stem cell derived neurons as a model for studying antidepressant drug responses	01/128
Mr Angus J C McMorland Information processing by motorneurons	01/023
Ms Losa Moata'ane Inequalities and Health in Pacific communities: Policy implications	02/040
Ms Kara Mihaere Towards a systematic approach to the recognition, diagnosis and treatment of sleep disorders in New Zealand	01/041
Ms Laurie E Morrison The impact of gambling on the health of Maori whanau and appropriate interventions	01/120
Dr Susan M B Morton Fetal/Neonatal Origins of Adult Disease	98/392
Ms Marie Nixon Does omega-3 through eel consumption provide the answer to the current diabetes mellitus Type11 health problem for Maori?	02/368
Ms Lana Perese You bet your life! Public Health and gambling amongst a Samoan population in New Zealand	02/037
Mrs Waioira Port A study of Maori culture perspectives regarding Pre-symptomatic DNA testing in Familial Cancer	97/614
Miss Donna Richardson Genetic analysis of the transforming growth factor beta (TTGF-BJ) pathway in ovarian cancer	00/078
Mr Benjamin Sedley Children's understanding of mental illness	01/082
Ms Tamasailau Suaalii-Sauni Community governance, identity formation and the mental health of Samoan youth offenders	99/255
Ms Helen Wihongi The Treaty of Waitangi and health service delivery: a case study of the cervical screening programme	02/374
Ms Tania Wolfram Reducing violent crime perpetuated by Maori men: Using positive ways to regain equilibrium	01/187
Miss Chia-Shan Wu Melanocortin peptides: signal transduction pathways	00/068
REPATRIATION FELLOWSHIP Dr Anne-Louise Heath Use of stable isotope methodologies to study mineral metabolism in New Zealand	02/053

Dr Elizabeth C Ledgerwood A novel signal transduction pathway for tumour necrosis factor regulation of mitochondrial function	99/230
TRAINING FELLOWSHIP Miss Amohia Boulton The provision of Maori mental health programmes	00/070
Dr Elizabeth D Craig Gestational inequalities: Socioeconomic status, stress and birth outcome in Auckland	01/029
Ms Lis Ellison-Loschmann Asthma in Maori people	01/098
Dr Matire Harwood Stroke recovery for Maori: Barriers, measures and effectiveness of a specific intervention	01/044
Ms E Jean C Hay-Smith Pelvic floor muscle training in the management of female urinary incontinence	00/026
Mr Ieti Lima Examining alcohol and Pacific people's health within the socio-cultural framework of fa'asamoa	01/034
Mr Selwyn McCracken Improved construction-industry health and safety through surveillance system development.	00/031
Dr Ate Moala Effective health promotion for fanau Pasifiki and their families	01/123
Dr Lianne R Parkin Venous thromboembolism, oral contraceptives, and long-distance air travel	01/167
Mrs Lynne Pere The relationship between mental well-being and cultural identity for Maori	01/095
Mr Ian Sheerin Development of methods of economic evaluation of a mental health programme and implications for Maori	99/299
Dr Jan Sinclair Aeroallergen sensitisation in Auckland children; risk factors, and avoidance	99/253
Mr Craig Webster A systems approach to safer drug administration in anaesthesia	01/030
TRAINING FELLOWSHIP CLINICAL RESEARCH Dr Susan Wright Natriuretic peptides in the community: A randomised controlled trial	01/060