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

# Statement of Performance Expectations 2026/27

New Zealand Government
Te Kāwanatanga o Aotearoa

Presented to the House of Representatives pursuant to section 149L of the Crown Entities Act 2004

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# Foreword from our Chairs

In 2026/27, the Health Research Council of New Zealand will continue to invest in research that will improve health outcomes, support the development of clinician researchers, capitalise on the benefits of technology, and seed innovations with the potential to drive economic growth and prosperity. We will invest in high-quality research that aligns with the system-wide Science Investment Plan, delivers on our strategic intentions, and represents excellent value for public funds.

The aspiration of the Health Research Council (HRC) is that all New Zealanders benefit from our world-leading, high-impact, high-value health research. Our investment fuels the innovation pipeline through sustained funding of the best people and projects across the health research continuum, alongside targeted funding of research that generates evidence of how innovation and technology can lift and strengthen health system performance.

As the principal government funder of health research in New Zealand, the HRC plays a vital strategic and stewardship role that bridges the health system and the science, innovation and technology sector. In 2026/27, our strategic planning takes place in the context of the most significant reform of the science, innovation and technology system in recent decades. Our investments this year will align with the Science Investment Plan 2026-2036, and with the Healthy People and a Thriving Society Pillar Investment Plan, once available. We are committed to the work being done through the reforms to set a clear direction, lift economic growth and position New Zealand for the future.

We continue to work with the Ministry of Health, Health New Zealand, and the Ministry of Business, Innovation and Employment (MBIE), with a shared focus and vision to strengthen the delivery of quality, timely and effective health services, fuel the commercialisation pathway, and build stronger connections between researchers, innovators, and end users to maximise health outcomes and economic impact.

Alongside this, we will work with MBIE and the Ministry of Health to proactively prepare for the transition of health research investment decision-making to Research Funding New Zealand and of other functions to MBIE, the Ministry of Health and Medsafe.

Throughout these changes, we will continue to strive to deliver the best value for public investment. Our programme of continuous improvement ensures our funding opportunities and the processes that support them are fit for purpose, agile and responsive to government priorities and new opportunities, and accessible and efficient.

Finally, we acknowledge the talent, commitment, and value of the New Zealand health research community. Their skills, expertise, and transformative ideas contribute to new models of care and treatments, public health interventions, innovation and efficiencies, improvements in healthcare delivery, and commercial collaborations. Through the conduct and communication of their excellent research, they improve health outcomes and the health system and contribute to the wider economy.

We also thank our dedicated HRC staff, whose ongoing commitment ensures we can deliver on our objectives in a timely, efficient and effective manner, and the HRC assessors and committee members for their critical contributions. Together, their efforts enable us to fund the impactful and innovative research that New Zealand needs most.



**Professor Lester Levy, CNZM**
**Chair**



**Professor Jeroen Douwes**
**Deputy Chair**



# Introduction

This Statement of Performance Expectations sets out the four Outputs that the Health Research Council will deliver in the 2026/27 financial year, with funding from Vote Business, Science and Innovation of $118.68 million and Vote Health of $0.285 million.

## About us

The Health Research Council of New Zealand (HRC) is the principal government funder of health research in New Zealand. We invest in excellence and innovation, funding the best ideas, targeting our biggest health priorities, investing in the research skills and expertise New Zealand needs, and seeding innovations with the potential to drive economic growth and prosperity.

This year we will invest a budget of around $114 million in high-impact, high-value health research across all health disciplines, including biomedical, clinical, public health, and health delivery domains.

All HRC-funded research has a direct line of sight to improving health outcomes or the delivery of health services for New Zealanders. We have a strong track record in funding research that leads to disease prevention, treatment and cures, better models of care, improved efficiencies, and commercial applications.[1]

As a Crown agent, and part of the wider public service, we strive to deliver the best value for public investment through innovative and efficient service delivery, and add value to the nation's health sector, science, innovation and technology system and the wider economy.

Our major activity is investing in excellent health research that:

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

## Key facts about the HRC

**Crown Agent**
(Established by the Health Research Council Act 1990)

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

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

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

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

[1] Our Impact Investment Report (https://www.hrc.govt.nz/resources/investment-impact-report) is published every three years and demonstrates the effectiveness of the HRC's investment in health.

New Zealand's investment in health research must contribute to achieving the goals of the health system,[2] and the science, innovation, and technology system,[3] including:

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

We balance our investment portfolio so that we can deliver knowledge and solutions with immediate impact, while also seeding the ideas and supporting the exploration that will generate the health gains, innovations, and economic benefits of the future.

Through 2026/27, our investments will be informed by the Letter of Expectations from our joint Ministers, the Government's Science Investment Plan 2026-2036,[4] Research Funding New Zealand's Pillar Investment Plans (once published), and Vision Mātauranga.[5]

For a full description of the functions and operations of the HRC, please refer to our website,[6] which provides information on all aspects of the HRC business and operations, plus a wide range of resources on health research policy and funding in New Zealand.

## The science system reforms

The Health Research Council's strategic planning for 2026/27 takes place in the context of the most significant reset of our science, innovation and technology system in more than 30 years.[7]

Informed by recommendations from the Science System Advisory Group, the Government has established a Prime Minister's Science, Innovation and Technology Advisory Council to provide strategic direction and oversight. A new independent board, Research Funding New Zealand (Research Funding NZ) will consolidate funding decision-makers across the science, innovation and technology system, guided by the system-wide Science Investment Plan.

An in-principle decision has been made by Cabinet to disestablish the HRC, with our various functions to transfer to Research Funding NZ, the Ministry of Business, Innovation and Employment (MBIE), and the Ministry of Health. This transition of functions requires legislative change and will be phased over time, with full transition of health research funding responsibilities expected to be completed in 2028, subject to the legislative process.

In 2026/27, the HRC's systems and priorities will align with the Science Investment Plan 2026-2036,[8] and once published, with the Healthy People and a Thriving Society Pillar Investment Plan. Alongside this, the HRC is initiating longer-term work related to the expected redeployment of functions and disestablishment.

We recognise the HRC's operating context, including our investment budget, may change within the 2026/27 year. We will deliver the Outputs outlined in this document to the best of our ability within the available funding envelope. An overview of health research funding in the context of the new science system is provided on the following page.

[2] For information on health system targets and priorities see: https://www.tewhatuora.govt.nz/corporate-information/planning-and-performance/health-targets; https://www.health.govt.nz/publications/government-policy-statement-on-health-2024-2027; https://www.health.govt.nz/publications/new-zealand-health-research-strategy-2017-2027
[3] https://www.mbie.govt.nz/business-and-employment/economic-growth/going-for-growth; https://www.mbie.govt.nz/dmsdocument/32023-science-investment-plan-2026-2036
[4] https://www.mbie.govt.nz/dmsdocument/32023-science-investment-plan-2026-2036
[5] https://www.mbie.govt.nz/science-and-technology/science-and-innovation/agencies-policies-and-budget-initiatives/vision-matauranga-policy
[6] https://www.hrc.govt.nz/
[7] https://www.mbie.govt.nz/science-and-technology/science-and-innovation/refocusing-the-science-innovation-and-technology-system
[8] https://www.mbie.govt.nz/dmsdocument/32023-science-investment-plan-2026-2036



## The science, innovation and technology system future state

The science, innovation and technology system future state has a strategic focus on driving economic growth and delivering for New Zealand.[9]

The Prime Minister's Science, Innovation and Technology Advisory Council has recommended system-wide priorities to the Government.[10]

A single funding decision-maker called Research Funding New Zealand will make most science funding decisions, informed by these priorities. They will invest in research conducted by a range of organisations, including universities, public research organisations, and businesses.

A new outcomes-focused funding framework is being built around four pillars: Primary Industries and Bioeconomy; Technology for Prosperity; Environmental Sustainability and Resilience; and Healthy People and a Thriving Society.

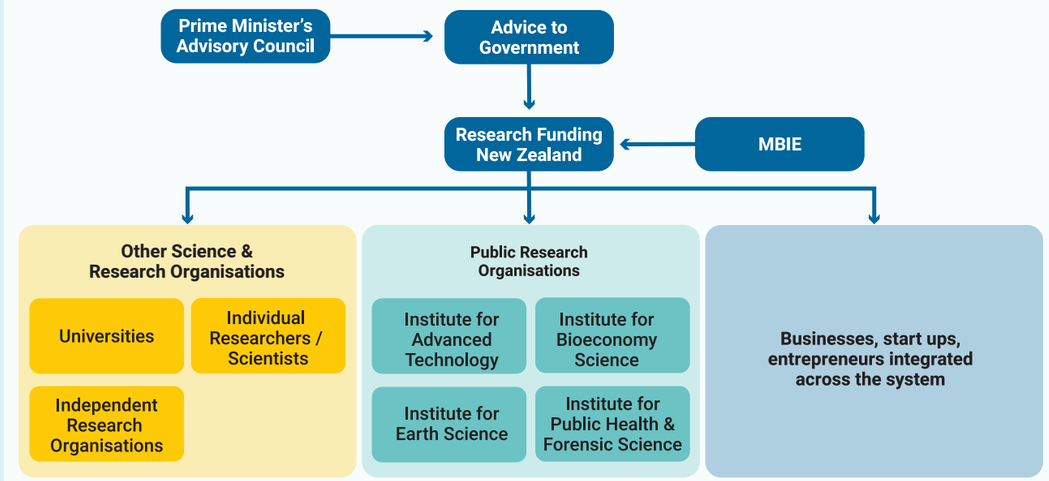
System-level strategic priorities are defined through the Science Investment Plan with Pillar Investment Plans providing individual strategies for each pillar.

Subject to the legislative process and ongoing system design, in the future state, the majority of the HRC's current research investment activities will be part of the Healthy People and a Thriving Society pillar,[11] which aims to enhance health and social outcomes through research, technology and innovation.

The HRC is committed to supporting the work being done as part of the science system reforms to set a clear direction, lift economic growth and position New Zealand for the future.

Throughout the expected transition we will continue to invest in health research, guided by our annual Letter of Expectations, the requirements of the HRC Act, the system-level priorities set out in the Science Investment Plan 2026-2036,[12] and the Healthy People and a Thriving Society Pillar Investment Plan (once published).

We are focused on continuing to deliver on the government's expectations and maintaining our legislative functions throughout the reform process while ensuring our assets, operational systems, national and international relationships, and specialist organisational knowledge are effectively transferred to the future system.




[9] https://www.mbie.govt.nz/science-and-technology/science-and-innovation/refocusing-the-science-innovation-and-technology-system
[10] https://www.mbie.govt.nz/dmsdocument/31887-report-to-the-prime-minister-prioritisation-in-new-zealands-science-innovation-and-technology-system
[11] https://www.mbie.govt.nz/dmsdocument/31887-report-to-the-prime-minister-prioritisation-in-new-zealands-science-innovation-and-technology-system
[12] https://www.mbie.govt.nz/dmsdocument/32023-science-investment-plan-2026-2036

## About this document

This Statement of Performance Expectations (SPE) sets out our operating intentions for the financial year (1 July 2026 to 30 June 2027), key performance indicators (KPIs) and targets, and financial forecasts. It complements the HRC's Statement of Intent 2024 – 2028, which sets out our strategic direction and desired outcomes over the medium term.[13]

The intentions outlined in this SPE also align with the future direction of the science, innovation and technology system signalled by government.

The HRC's Statement of Intent and performance framework are based on three investment areas and five cross-cutting 'strategic intentions'. These will be delivered across four outputs that guide priority actions and help us to meet our aspiration that all New Zealanders benefit from our world-leading, high-impact, high-value health research.

The schematic below shows our investment areas and strategic intentions and how they relate to the funding outputs that we report against in this SPE. Please see 'How the Health Research Council reports on strategy and performance – the documents' (page 55) for an overview of our accountability reporting.




[13] https://www.hrc.govt.nz/sites/default/files/2024-11/Statement_Intent_2024_WEB.pdf



## Our strategic directions

The aspiration of our Council is that all New Zealanders benefit from our world-leading, high-impact, high-value health research.

The Health Research Council's investment approach is designed to fund research that improves health outcomes for New Zealanders, strengthens the performance of the health sector and science, innovation and technology systems, supports pathways to commercialisation, and delivers value for public benefit.

Five strategic intentions guide our work:

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

In 2026/27, we will lead and work collaboratively with the health sector and wider science, innovation and technology system to achieve Government and Council's strategic goals (see page 13 – how we will address our Ministers' expectations).

Our work ensures our investments:

- are aligned with the future direction and priorities of the science, innovation and technology system and contribute to the Healthy People and a Thriving Society pillar[14]
- support the Government priorities outlined in our Letter of Expectation[15]
- meet the requirements of the HRC Act[16]
- have a clear line of sight to improving timely access to high-quality services
- deliver outcomes that empower New Zealanders to live healthier, more fulfilling and productive lives, and
- harness the benefits of technology and innovation to contribute to economic growth and prosperity.

In the year ahead, we will work with the Ministry of Business, Innovation and Employment (MBIE) and the Ministry of Health to proactively prepare for the transition of health research investment decision-making to Research Funding New Zealand, and our other key statutory and regulatory functions to MBIE, the Ministry of Health and Medsafe.

Alongside this, we will work closely with the Ministry of Health and Health New Zealand to support a learning health system, foster the training and retention of health researchers, and contribute to a more efficient, effective, and safer health system.

In line with our responsibilities as a Crown agent, we will continue to focus on continuous improvement, efficiency gains and sustainability through our system design programme of work.

This work helps to ensure the HRC remains fit-for-purpose in the context of the changing science, innovation and technology landscape, that our processes are sustainable, and we deliver high-impact, high-value research within our funding envelope.

[14] https://www.mbie.govt.nz/science-and-technology/science-and-innovation/refocusing-the-science-innovation-and-technology-system
[15] https://www.health.govt.nz/about-us/new-zealands-health-system/health-system-roles-and-organisations/health-crown-entities/letters-of-expectations-for-health-statutory-entities
[16] https://www.legislation.govt.nz/act/public/1990/68/en/latest/#DLM213017

## Our performance framework

**OUR CONTRIBUTION**

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

**OUR ASPIRATION**

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

**OUR INVESTMENT AREAS**



**Research skills and expertise**



**Research, evidence and solutions**



**Research needs and opportunities**

**OUR STRATEGIC INTENTIONS**

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

**OUR DESIRED OUTCOMES**

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



## What we will deliver in 2026/27: an overview

In 2026/27, we have budgeted to invest $114.1 million to address the priorities identified by our Ministers, improve health outcomes, contribute to the performance of the health system and science, innovation and technology sector, and bring health and economic benefits for all New Zealanders.[17]

Our Research Investment Plan 2026/27,[18] signals areas of focus and significance to the research community. Any new opportunities will be announced on the HRC website and through our e-newsletter, Update.[19]

In 2026/27, we will invest our funds through the following Outputs, funded primarily through the Health Research Fund from the Vote Business, Science and Innovation appropriation:

- Output 1: Invest in research skills and expertise.
- Output 2: Invest in research, evidence, and solutions.
- Output 3: Target research needs and opportunities.
- Output 4: Keep the health research system ethical and safe.

These outputs, which align with the HRC's performance framework (see page 12), are described in detail on pages 17-37.

## How the HRC will address our Ministers' expectations

The Letter of Expectations from our Ministers outlines key priorities for the upcoming year. It provides a focus for the HRC's contribution to the health system and the science, innovation and technology sector and guidance for how we meet our strategic objectives in an effective, efficient, and fiscally responsible manner. We will continue our work with the Ministry of Health, Health New Zealand and MBIE to deliver maximum benefit and the best public value for New Zealand.

All HRC-funded health research has the potential to meet the priorities set for us by the Minister of Health and the Minister of Science, Innovation and Technology, and contribute to the Healthy People and a Thriving Society pillar. In 2025/26, the HRC updated the application and assessment guidelines and processes for investigator-led opportunities (see Output 2, pages 23-25). This provided clarity on the purpose, scope and priority areas for funding.

In 2026/27, we have refreshed our priorities to align with the new Letter of Expectations. We provide detailed guidance to researchers in our Research Investment Plan 2026/27. Throughout the year, we will provide further information to the health research sector as needed to ensure our investment priority areas are well understood.

## Delivering public value

### Investing in research that maximises benefit for healthcare delivery and improves our health system

The HRC has a dedicated research funding stream focused on supporting excellent research and researchers whose work will make a tangible difference to health delivery policy, practice, and systems within 3-5 years from commencement of the research contract.
In 2025/26, we implemented changes to our Health Delivery Research Project funding investment signal with input from Health New Zealand, the Ministry of Health, and the Health Workforce Directorate. The changes strengthened alignment between our investment decisions and the strategic priorities of the health system, directly addressing known issues, avoiding duplication with international research, and contributing to the achievement of health targets.

In 2026/27, we will build on this work and continue to invest in Health Delivery Project Grants (see Output 2, page 23).

### New treatments and models of care

In 2026/27, we will continue to invest in excellent, impactful and innovative health research that supports new treatments and models of care with the potential to lead to improved outcomes for patients and contribute to stronger health system performance.

Output 2 (page 23) details the actions we will undertake to meet our Ministers' expectation that we continue to invest in research that improves health outcomes, enables timely access to high-quality and efficient services, and supports achievement of the health targets and the mental health targets. Alignment with these focus areas will inform Council's investment decisions.

We provide health researchers with clear information on HRC investment priorities in the guidelines for each funding round opportunity, on our website and funding portal, via sector webinars and newsletters, and in our strategy, reporting and accountability documents.

[17] In the previous financial year, an agreed amount was transferred from the Health Research Fund to MBIE's Strategic Science Investment Fund (SSIF) from which this financial year, the HRC will make payment of the HRC's Independent Research Organisation (IRO) Capability Fund contracts.
[18] https://www.hrc.govt.nz/resources/hrc-research-investment-plan
[19] https://www.hrc.govt.nz/news-and-events/newsletters

### Ethics and regulatory committees

The HRC has an Ethics Committee and three regulatory committees: the Gene Technology Advisory Committee (GTAC); the Standing Committee on Therapeutic Trials (SCOTT); and the Data Monitoring Core Committee (DMCC).

In 2026/27, we will continue to identify and implement improvements to our ethics and regulatory committee processes taking into consideration the expected future transition of functions of the Ethics Committee to the Ministry of Health, and GTAC and SCOTT to Medsafe, subject to the legislative process.

## Facilitating research investment opportunities

The HRC prioritises investing in research with a clearly defined pathway to commercialisation.

In 2025/26, our application guidelines and assessment processes were updated to ensure our funding investments are aligned with HRC priority areas and reflect our Ministers' expectations that New Zealand invest in health research that has the potential to drive economic transformation.

In 2026/27, we will continue to identify, support and foster HRC-funded research with potential for commercial application, informed by the Science Investment Plan and, when available, the Health People and a Thriving Society Pillar Investment Plan.

We track the alignment of our major funding round (Programme Grants and Project Grants, see Output 2 - scope of the Output, page 23) with this priority, and capture researcher-reported commercial benefits that result from HRC-funded research through progress and end of contract reporting and 2- and 5-year post-contract surveys.

## Fostering innovation

Fundamental to the HRC's impact is how our investment fuels the innovation pipeline through sustained funding of the best people and research across the research continuum, alongside funding priority areas which directly inform how innovation and technology can lift and strengthen performance of the health system.

The HRC has a growing portfolio of investment in research that uses Artificial Intelligence (AI) technology to improve efficiency and effectiveness of healthcare models and practices. In 2025/26, we launched an AI in Healthcare Request for Proposals (RFP) as a mechanism to increase our funding of research that uses this technology.

Through Output 2: Investing in research, evidence and solutions (see page 23), we track the number of new or upgraded therapies, tools, devices, or technologies reported from HRC-funded research to capture the benefits of our investments.

In 2026/27, we will continue to look for opportunities to invest in research focused on the use of innovations and technologies to improve healthcare models and practices, increasing quality and efficiency.

## Importance of clinical research and strengthening engagement with clinicians

Clinical researchers are a critical enabler for strengthening the health system's capacity to deliver safe, effective and appropriate services, for supporting the application of evidence, enquiry and innovation within the health sector, and contributing to a culture of continuous learning within the health system.

Skilled clinician researchers also form a vital part of our clinical trials infrastructure, enabling New Zealand to participate in high-quality, internationally recognised clinical research and trials.

The HRC prioritises opportunities to invest in research that enhances the development of clinician researchers.

In addition, through Output 1: Invest in research skills and expertise (see page 17) we offer dedicated career development opportunities for health sector professionals.

In response to reductions in our funding envelope, we will fund a smaller number of career development awards in 2026/27. We have consolidated this area of investment to offer a targeted range of opportunities that provide impact and value. Development of health researchers and health research teams is also supported through Output 2 (page 23).

## Focus on clinical trials

The HRC supports New Zealand's clinical trials ecosystem through investing in clinical trials research, investing in the development of research-qualified clinicians, and funding the Australian New Zealand Clinical Trials Registry (ANZCTR),[20] a critical piece of infrastructure for clinical trial investigators, industry, healthcare providers, funders, trial participants, and the New Zealand public.

[20] https://www.anzctr.org.au/



To better support clinician-led trials the HRC convenes specialist Clinical Trials Assessment Committees (CTACs) that provide timely expert evaluation of funding applications in this important area. This ensures the quality and safety of clinical trials undertaken in New Zealand, including the New Zealand component of international clinical trials.

In 2026/27, the HRC will seek to invest in high-quality, internationally recognised clinical trials through our 2027 Projects and Programmes and 2027 Health Delivery funding rounds, with a particular focus on cancer and blood cancers. We will look for opportunities to invest in clinical trials that improve patient access to trials across New Zealand and generate high-quality evidence that can be translated into improved health outcomes.

We will continue to work with the Ministry of Health and Health New Zealand on opportunities to support development of the national clinical trials network, including supporting a focus on improved timeliness of the related ethics and regulatory processes. We will also liaise with Te Aho o te Kahu | Cancer Control Agency, and with the ANZCTR (and other international partners as appropriate) to identify gaps in the New Zealand clinical trials ecosystem and inform research investment priorities.

## Preparation for the science system reforms

In 2026/27, the HRC will continue to work with MBIE and the Ministry of Health to proactively prepare for the transition of health research investment decision-making to Research Funding New Zealand and of other functions to MBIE, the Ministry of Health and Medsafe.

We will ensure that our systems and priorities align with the Science Investment Plan, and once published, with the Healthy People and the Thriving Society Pillar Investment Plan (see also pages 8, 9 and 11).

We will continue to support the work being done to set a clear direction, lift economic growth and position New Zealand for the future.

# Statement of Performance Expectations

We describe in detail the four outputs that the HRC will deliver in 2026/27, and our performance measures and targets that link to our performance framework.

The links between the HRC's outputs and our funding streams are shown in the table below.

| HRC Output | Funding Sources | Vote Output Expenses |
|---|---|---|
| 1. Investing in research skills and expertise | • Vote Business, Science & Innovation<br>• Interest | • Business, Science & Innovation: Health Research Fund |
| 2. Investing in research, evidence and solutions | • Vote Business, Science & Innovation<br>• Interest | • Business, Science & Innovation: Health Research Fund |
| 3. Targeting research needs and opportunities | • Vote Business, Science & Innovation<br>• Interest | • Business, Science & Innovation: Health Research Fund<br>• Business, Science & Innovation: He Ara Whakahihiko Capability Fund<br>• Business, Science & Innovation: Strategic Science Investment Fund |
| 4. Keep the health research system ethical and safe | • Vote Health | • Health |



## Output 1

# Investing in research skills and expertise

We develop the health research skills and expertise New Zealand needs, now and for the future. We do this by supporting excellent researchers across a range of disciplines, with dedicated initiatives to sustain and retain capacity in areas critical to improving health outcomes for all New Zealanders.

| 2026/27 | $000's |
|---|---|
| Prospective revenue: refer to Financial Statements: | 7,298 |
| Prospective cost: refer to Financial Statements: | 14,492 |
| Deficit funded from reserves: | (7,194) |

## Scope of the Output

This Output covers career development awards funded through Vote Business, Science and Innovation: Health Research Fund. A core function of the HRC and statutory responsibility under the HRC Act 1990, is that we foster the recruitment, education, training, and retention of New Zealand's health research workforce. We balance our total investment between career development for the research workforce, and the science itself. Our remit includes building research skills and expertise in academia, in healthcare settings, and within communities, and our career development opportunities available through Output 1 reflect this.

Our career development awards are designed to address the specific skills and expertise gaps in the health research workforce that are most needed. We provide opportunities from early career development through to supporting emerging leaders, including:

- our most promising emerging researchers and leaders
- frontline clinicians and health sector professionals, and
- those who engage with, and respond to, communities with highest health need.

In 2026/27 we expect to offer approximately 18-29 career development awards, across 10 different grant types. We have consolidated, simplified and streamlined our offering in 2026/27 to provide a range of opportunities that provide impact and value and are sustainable within our reduced operational and research budgets. Although we will offer a smaller number of career development opportunities in 2026/27, we will continue to strategically invest through Output 2 in research that meets the objective of that Output while supporting the development of researchers at different stages of their careers.

Note that the numbers indicated for each grant type are an indicative guide only; the actual number awarded will depend on the number and quality of applications received for each grant type in 2026/27 and any changes to HRC's investment budget resulting from the science system reforms or other budget decisions.

### Supporting future research leaders

Sir Charles Hercus Health Research Fellowship

We expect to offer approximately 3-5 of our prestigious Sir Charles Hercus Health Research Fellowships in the coming year.

These advanced fellowships support researchers (6-10 years post PhD) with outstanding potential to lead and undertake world-class research in New Zealand that has the potential to contribute to the nation's health and economic goals.

## Building a diverse health research workforce

- Foxley Fellowship
- Clinical Research Training Fellowship

We will offer Clinical Research Training Fellowships that provide health professionals with a current clinical role (such as medical and dental graduates, nurses, allied health professionals and other frontline clinicians) with the opportunity to gain a research qualification or to further their engagement in research. We expect to offer approximately 3-5 of these fellowships in 2026/27.

We will also offer a Foxley Fellowship to enable an individual with experience within the health sector to undertake a research sabbatical within an academic institution, enhancing links between HRC-funded academic research and healthcare delivery or the health policy environment.

These clinical fellowships are complemented by our Health Delivery Research Career Development Awards (below).

Together, these opportunities are a critical tool for strengthening the translation and uptake of research by embedding research in the places that healthcare is delivered and developing clinician researchers who can deliver timely, safe and effective services. This supports the application of evidence, enquiry and innovation within the health sector, contributing to a culture of continuous learning.

- Health Delivery Research Career Development Award

In 2026/27, we will continue to offer our Health Delivery Research Career Development Awards. They involve a funded placement within a health delivery research team or health sector setting and are positioned as an alternative pathway into health research.

We expect to offer approximately 2-4 of these awards in the coming year.

These awards attract more people with relevant skills to engage with health delivery research. We have established relationships with the Ministry of Health and Health New Zealand to ensure career development opportunities and processes support building the health research skills and expertise needed within the health system, now and in the future.

- Māori Health Research Masters Scholarships
- Māori Health Research PhD Scholarship
- Māori Health Research Postdoctoral Fellowships

We provide opportunities across the career development pipeline from establishing careers through to supporting emerging leaders, including master's and PhD scholarships, and postdoctoral fellowships. We expect to offer approximately 5-7 of these career development awards in 2026/27.

- Pacific Health Research Masters Scholarships
- Pacific Health Research PhD Scholarship
- Pacific Health Research Postdoctoral Scholarship

We provide opportunities across the career development pipeline from new researchers through to supporting emerging leaders. Opportunities include master's and PhD scholarships, and postdoctoral fellowships. We expect to offer approximately 5-7 of these career development awards in 2026/27.

## Our investment processes

All career development awards are contestable, and awardees will be chosen by expert review of the proposed research and the potential of the applicant.

All contracts are monitored to ensure that they deliver on contracted objectives including reporting requirements.



## Research medals

Alongside our suite of career development awards that build and sustain New Zealand's health research workforce, the HRC also recognises researchers and teams for achieving impact, innovation and excellence. Our annual research medals incentivise high-quality, high-impact research and have seen New Zealand's outstanding scientists recognised for their contributions to health.

In 2025, the HRC established two new awards: the Catalyst in the Community and Te Ata Hāpara awards, to sit alongside our Liley, Beavan and Te Tohu Rapuora medals. Our five medals and awards celebrate the full spectrum of research careers.

### Liley Medal

The Liley Medal recognises a research team or individual for a specific piece of outstanding work that has produced a significant breakthrough and a lead contribution in health research that is internationally recognised. The medal honours the outstanding contributions made by the late Sir William Liley while at the National Women's Hospital in Auckland.

### Beaven Medal

The Beaven Medal recognises an individual or research team for excellence in translational health research, that has had high impact on clinical practice and patient health. The medal commemorates the work of the late Professor Sir Donald Ward Beaven and his interest in translating research into clinical settings, as part of the pathway to positive health outcomes.

### Te Tohu Rapuora Medal

Te Tohu Rapuora Medal recognises an individual, research team or community group, whose work has demonstrated leadership, excellence, and contribution to advancing Māori health and/or knowledge. It may be awarded for a specific piece of research, an accumulated body of research, or a life-time contribution that has advanced Māori health. The recipient(s) will have worked in partnership with iwi or hapū, community, or other Māori health stakeholders in making their contribution to Māori health.

### Catalyst in the Community Award

The Catalyst in the Community award recognises an individual or research team whose recent research has supported local, transformative, and cross-disciplinary research in health for any specific community in New Zealand, in partnership with that community, over a 5-year period.

### Te Ata Hāpara Award

Te Ata Hāpara is an individual award to recognise an emerging Māori researcher who has a promising research trajectory and is responding to the needs of, and working in partnership with, Māori stakeholders and communities to advance Māori health through research.

Further information about all these medals, including how to apply and previous recipients, is available on the HRC website.[21]

[21] https://www.hrc.govt.nz/making-difference/celebrating-excellence

## Our performance indicators for Output 1 and how they fit our Statement of Intent

The priority actions of the HRC's Statement of Intent that Output 1 delivers to:



**RESEARCH SKILLS AND EXPERTISE**

**OUR PRIORITY ACTIONS**

Invest in research skills and expertise

**OUR STRATEGIC INTENTIONS**

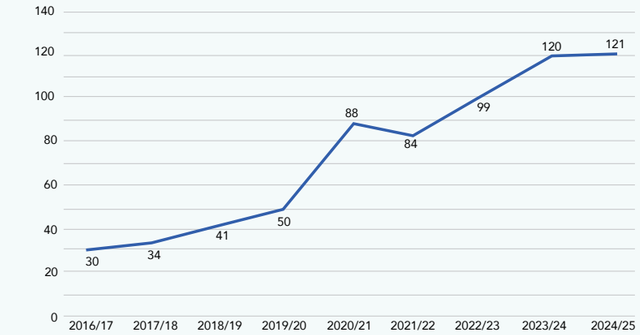
| Drive research impact, innovation and excellence | Focus on health need and improving health outcomes | Invest in the people and capability New Zealand needs now and for the future | Add value through connection and collaboration | Support the safe and ethical conduct of research |
|---|---|---|---|---|
| We will recognise people and teams for achieving excellence, innovation and impact. | We will develop a workforce that can engage with and, respond to, communities with highest health needs. | We will provide research development and leadership opportunities for health researchers. | We will work collaboratively to support health research workforce development and retention. | We will provide project opportunities for early career health ethicists to support the safe and ethical conduct of health research. |



## Output 1: Investing in research skills and expertise

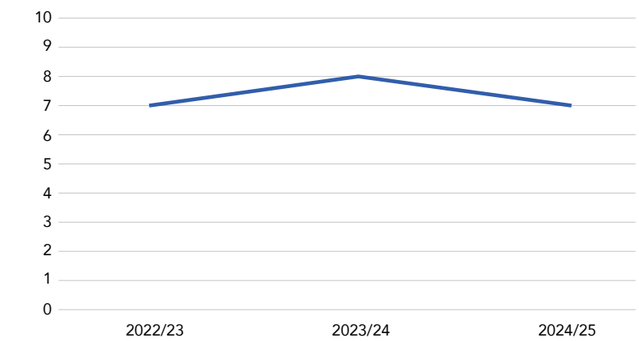
The HRC's investment in career development is crucial to the health research ecosystem. We have chosen key performance indicators (KPIs) that reflect how we support workforce capacity, particularly in healthcare settings.

| Key performance indicators (KPIs) for Output 1 | Baseline | 2024/25 Actual | 2026/27 Target |
|---|---|---|---|
| **Number of active current career development contracts awarded to practising clinicians** | 41 in 2018/19 | 121 | >90 |



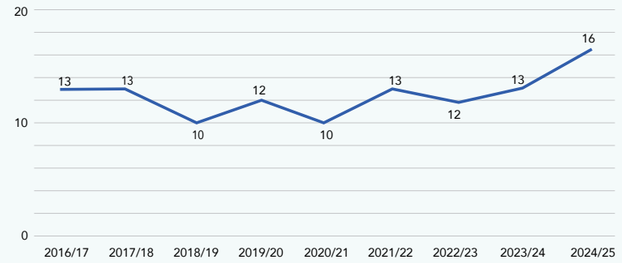

**Why this KPI?** The HRC provides targeted career development opportunities so practising clinicians can engage in and undertake research. Our career development opportunities are critical enablers for strengthening the health system's capacity to deliver safe, effective and appropriate services, supporting the application of evidence, enquiry and innovation within the health sector, and contributing to a culture of continuous learning. This measure counts all active contracts; note that since 2020, the average number of new career development awards allocated per year to practicing clinicians has been 29.

| | | | |
|---|---|---|---|
| **Number of mid-career Post-Doctoral Fellowships awarded** | 7 in 2022/23 | 7 | 3-6 |




**Why this KPI?** As part of our mandate to advance leadership across the spectrum of health research, we offer mid-career fellowships for those with 6-10 years postdoctoral experience to attract and retain future health research leaders and build our capacity to conduct world-leading research in New Zealand. The Sir Charles Hercus Health Research Fellowships are prestigious grants of up to $600,000 over four years. We have reduced our target for this KPI to reflect changes to our budget and consolidate our investment in larger, longer-term grants (Projects and Programmes) that support multiple named investigators and have more direct health and economic impacts.

| Key performance indicators (KPIs) for Output 1 | Baseline | 2024/25 Actual | 2026/27 Target |
|---|---|---|---|
| **Number of Māori Health Research Scholarships awarded (including, Masters, PhD and postdoctoral awards)** | 10 in 2018/19 | 16 | >4 |




**Why this KPI?** The HRC has established a career development programme to grow and maintain capacity and capability for Māori health research. A health research workforce that is representative of the people it serves will generate new knowledge and strengthen the health system's capacity to deliver effective and appropriate services for and with Māori and advance Māori health. We have reduced our target for this KPI to reflect changes to our budget and to consolidate our investment in larger, longer-term grants (Projects and Programmes) that support multiple named investigators and have more direct health and economic impacts.

| | | | |
|---|---|---|---|
| **Undertake a stakeholder survey for assessing committee members** | Baseline to be reported in Annual Report 2025 | Results reported in Annual Report 2025 | Results to be reported in Annual Report 2027 |

**Why this KPI?** The members who populate HRC's assessing committees have a broad range of experience and expertise and are well placed to provide valuable feedback on the strengths and weaknesses of our current assessment processes. In 2024/25, we developed and piloted a survey for assessing committee members and captured levels of satisfaction with HRC processes (reported in our Annual Report 2025). We made minor changes to the wording of our 2025/26 survey on the basis of this pilot. In 2026/27 we will continue to undertake the survey to track progress, as well as capture suggestions for refinements to assessment processes that can inform our work programme for continuous improvement.



## Output 2

# Investing in research, evidence and solutions

We invest in the best ideas and innovations proposed by researchers, focused on improving health outcomes for all New Zealanders.

| 2026/27 | $000's |
|---|---|
| Prospective revenue: refer to Financial Statements: | 99,702 |
| Prospective cost: refer to Financial Statements: | 99,883 |
| Deficit funded from reserves: | (181) |

## Scope of the Output

This Output covers research contracted through funding rounds for ideas and innovations proposed by researchers (investigator-initiated research). Research funded through this Output leads to improved health outcomes and/or timely access to high-quality services for all New Zealanders and fuels innovations with a clear pathway to commercialisation. These contracts are funded from the Vote Business, Science and Innovation: Health Research Fund.

A core function of the HRC and a statutory responsibility under the HRC Act 1990 is that we initiate and support health research. Most of our investment is directed at excellent, impactful and innovative health research that has a clear line of sight to improved health or health system outcomes.

Generating health innovations that will grow the economy is an important aspect of how the HRC makes a difference through publicly funded research. Research funded through this Output supports the early stages of the health innovation pipeline and has the potential to produce economic outcomes through commercialisation, delivering real-world outcomes for New Zealanders.

The HRC invests in the full pipeline of health research, fuelling discoveries with both shorter-term and longer-term health gains and across all health issues and disciplines from biomedical, clinical, health services, public health, Māori health and Pacific health research. The HRC seeks to fund research that effectively responds to health need, contributes to the HRC's priority areas, and adds value to the wider health, science and innovation sectors.

The research grants in this Output also support health research capability through the development of health researchers of all career stages who are part of high-performing New Zealand research teams. This complements our career development awards (Output 1).

The HRC will continue to invest in building the knowledge and skills needed to reduce health disparities, and improve health outcomes for populations with high health needs, including Māori and Pacific. All HRC rounds and investment streams are open to Māori and Pacific researchers who meet the eligibility criteria of the specific funding round.

Note that the numbers indicated for each grant type below are an indicative guide only; the actual number awarded will depend on the number and quality of applications received for each grant type in 2026/27 and any changes to the HRC's investment budget resulting from science system reforms or other budget decisions.

### Programme grants

| |
|---|
| Duration: up to 5 years |
| Value: $5M max |

Programme grants support high-performing teams to undertake a programme of health research in an area of importance and priority that will tangibly contribute to improved health outcomes for New Zealanders or make a significant breakthrough within a field of research. Our Programme grants are offered across the full spectrum of health research, with the disciplines supported in a given year dependent on the number and quality of applications received. We expect to offer approximately 2-4 Programmes in the coming year.

### Projects grants

| |
|---|
| Duration: up to 3 years |
| Value: $1.2M max or up to $1.44M for randomised control trials |

Our Project Grants support research that has the potential to improve the health of all New Zealanders across the full spectrum of health research disciplines, including biomedical, clinical, health services, public health, Māori health and Pacific health research.

Early and mid-career researchers who have not previously been a lead researcher on a Project can apply either as a sole lead researcher or as a co-lead researcher alongside a more experienced researcher. This is part of our focus on building the health research workforce of the future and to provide more stable and sustainable career development opportunities.

We expect to offer approximately 40 Projects Grants in the coming year.

### Health delivery research project grants

| |
|---|
| Duration: up to 5 years |
| Value: $1.4M max |

Our Health Delivery Research Project Grants support research that directly impacts healthcare and health outcomes for New Zealanders and has the potential to directly inform changes to health delivery policy, practice or systems within the next 3 to 5 years. The research must be conducted in a healthcare delivery setting, with a clear connection to a healthcare need. The research team must include practicing clinicians or health policymakers.

We expect to offer approximately 5-8 Health Delivery Research Project Grants in the coming year.

### Explorer grants

| |
|---|
| Duration: up to 2 years |
| Value: $150,000 max |

Our Explorer Grants provide seed support for researchers with transformative, innovative, exploratory or unconventional research ideas that have potential to make a transformative change to how we manage health and health outcomes in New Zealand. We expect to offer approximately 10-12 Explorer Grants in the coming year.



## Our investment processes and opportunities

In 2025/26, the HRC changed expectations for both application and assessment. This ensured we could implement a robust, sustainable, more streamlined process that identifies and funds the highest quality applications with the strongest alignment to priorities and enables the HRC to address Government priorities in a timely manner. We made changes to our applicant guidelines to provide greater clarity of the purpose and scope of funding, and greater visibility and transparency of the HRC's priorities for research investment. Other changes include updated eligibility requirements and limitations to numbers of applications allowable per first named investigator and co-first named investigator.

In the 2026/27 year, the HRC will continue to strengthen how we communicate our core purpose, scope and priorities. Our goal is to provide clarity to researchers on how they can contribute to the HRC's goals and add the greatest value to the wider health system and science sector. Our communication will include holding webinars to inform the health research sector on relevant updates.

We will further refine our funding round assessment processes (based on feedback and evaluation) to ensure that we conduct the best process to achieve the best outcome, relative to the value of the grant. As demand for HRC funding has markedly increased in recent years, the HRC may need to introduce further measures to actively manage the volume of applications processed in 2026/27.

Detailed application guidelines and peer review guidelines are published for each funding round on the HRC's dedicated funding portal, HRC Gateway.[22] Potential applicants are encouraged to carefully review the updated guidelines before beginning their proposal.

This year we will continue to implement our stakeholder survey for assessing committee members. This survey was piloted in 2024/25 for assessing committee members to capture and report levels of satisfaction with HRC processes. The pilot survey provided a baseline measure to track progress going forward and also obtained suggestions for refinements to assessment processes that have informed our system design work programme for continuous improvement (as reported in the HRC's Annual Report 2025).[23]

All contracts are monitored to ensure that they deliver on contracted objectives including reporting requirements.

[22] https://gateway.hrc.govt.nz/
[23] https://www.hrc.govt.nz/sites/default/files/2025-11/HRC_Annual-Report-2025-WEB_0.pdf

## Our performance indicators for Output 2 and how they fit our Statement of Intent

The priority actions of the HRC's Statement of Intent that Output 2 delivers to:



**RESEARCH, EVIDENCE AND SOLUTIONS**

**OUR PRIORITY ACTIONS**

Invest in research, evidence and solutions

**OUR STRATEGIC INTENTIONS**

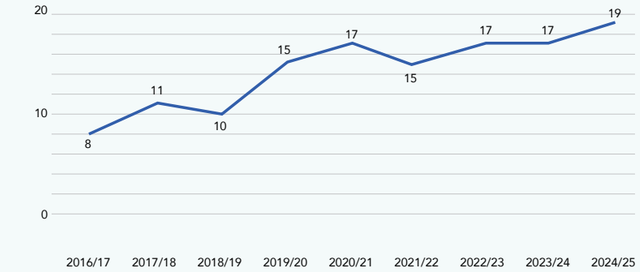
| Drive research impact, innovation and excellence | Focus on health need and improving health outcomes | Invest in the people and capability New Zealand needs now and for the future | Add value through connection and collaboration | Support the safe and ethical conduct of research |
|---|---|---|---|---|
| We will invest in excellent, innovative and impactful health research to improve health outcomes. | We will invest in research focused on areas of highest health need to improve health outcomes. | We will attract and retain the best health research talent. | We will work collaboratively to strengthen research excellence, innovation and impact. | We will undertake annual reporting and re-approval of health and disability ethics committees and accredited institutional ethics committees and ensure independent monitoring of HRC-funded clinical trials. |



## Output 2: Investing in research, evidence and solutions

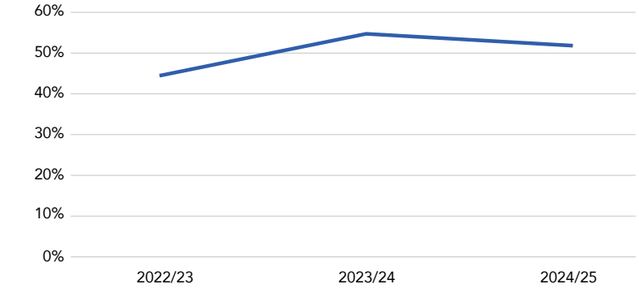
The HRC invests in ideas proposed by researchers (investigator-initiated research) that are excellent, innovative and impactful with a clear line of sight to improved health or health system outcomes for all New Zealanders. We have chosen KPIs that focus on innovative and transformative research, research that contributes to addressing five key non-communicable diseases, and research outputs that demonstrate technological advances generated from our investment. Our fourth KPI focuses on our management of contracts to ensure value is delivered for the public's investment.

| Key performance indicators (KPIs) for Output 2 | Baseline | 2024/25 Actual | 2026/27 Target |
|---|---|---|---|
| **Number of Explorer Grant contracts funded in the previous financial year that meet the HRC's definition of 'transformative' research[24]** | 10 in 2017/18 | 19 | >8 |




**Why this KPI?** We are tracking our progress against the first goal for this Output in terms of investing for excellence and innovation. Supporting transformative, and often higher risk research, increases the chances of achieving breakthroughs with significant impact and potential economic returns for New Zealand. While this funding stream is important, we reduced our minimum target for this KPI in 2025/26 to reflect our reduced budget and consolidate our investment in larger, longer-term grants (Projects and Programmes) that have more direct health and economic impacts.

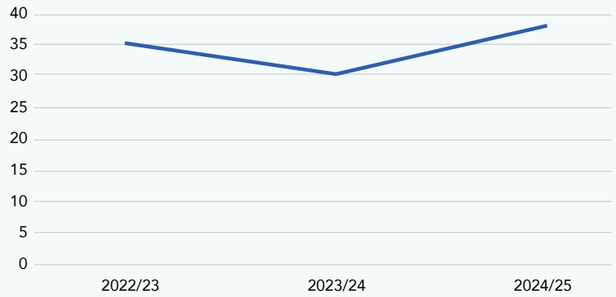
| | | | |
|---|---|---|---|
| **Percentage of Projects and Programmes funded in the previous financial year that address five key non-communicable diseases** | 45% in 2022/23 | 53% | 40-65% |




**Why this KPI?** Heart disease, respiratory diseases, diabetes, poor mental health and cancer have been identified to be major causes of morbidity and mortality in New Zealand and as such are key health issues to address.[25] The HRC provides support across the spectrum from targeted basic research to experimental development, to generate, develop, test and translate solutions to reduce the burden of ill-health from these five non-communicable diseases.

[24] Transformative research has the potential to radically change our knowledge base by disrupting understanding of existing theories or concepts, or by creating a new paradigm or pathway to a new field.
[25] These key non-communicable diseases have been identified in the Government Policy Statement on Health 2024-2027, available at: https://www.health.govt.nz/publications/government-policy-statement-on-health-2024-2027

| Key performance indicators (KPIs) for Output 2 | Baseline | 2024/25 Actual | 2026/27 Target |
|---|---|---|---|
| **Number of new or upgraded therapies, tools, devices, or technologies reported from HRC research** | 35 in 2022/23 | 38 | >28 outputs |




**Why this KPI?** The benefits of health research are many and wide-ranging, and while there is often a time lag for impacts to be realised, HRC-funded researchers can report on a variety of tangible outputs generated by their research within a shorter term. Our KPI includes research outputs to capture the level of innovation and value generated within the term of HRC contracts from new technologies, products and tools, highlighting the vital role that the HRC's investment plays in fuelling the research and development pipeline in New Zealand. The outputs for our measure can include new or improved use of drugs and biologics; patent applications pending and awarded, and technological advances to generate solutions and better tools for prevention, screening, diagnosis and clinical management.

| | | | |
|---|---|---|---|
| **Progress a contract monitoring regime scalable to risk** | Contract monitoring regime has been implemented | Implement a risk-based monitoring regime to include all active contracts and introduce a new 'traffic light' framework to improve contract management. (Achieved). | Evaluate 90% of progress reports against the 'traffic light' framework within 60 days of receipt and contact host organisation within one month in 100% of cases where a "red" rating is issued. |

**Why this KPI?** Good contract management practices are key to ensuring that the excellent research that the HRC supports will be completed on time, have the desired impact and deliver good value for the public's investment. Identifying risks and issues early, and instituting the appropriate level of monitoring, is an important part of this. We have developed and implemented a risk-based monitoring regime including development of risk profiles for all active research contracts. We report bi-annually to the Risk Management Assurance Committee on the summary of findings, with an emphasis on contracts with the highest risk. In 2026/27, we will continue to implement our improved regime to evaluate all received progress reports against the 'traffic light' rating framework to support both contract risk profiling and contract management. (We aim to issue a rating for >90% of progress reports within 60 days of receipt). We will focus on ensuring those progress reports issued with the highest rating in the framework (red) are promptly addressed by raising the issue with the host organisation and reaching agreement on action to be taken to mitigate risk as required. This will strengthen our ability to monitor achievement of contract milestones and direct action to preserve value of the HRC's investment where necessary, ultimately reducing the HRC's contract management risk profile.



| Key performance indicators (KPIs) for Output 2 | Baseline | 2024/25 Actual | 2026/27 Target |
|---|---|---|---|
| **Undertake a stakeholder survey for assessing committee members** | Baseline to be reported in Annual Report 2025 | Results reported in Annual Report 2025 | Results reported in Annual Report 2027 |

**Why this KPI?** The members who populate the HRC's assessing committees have a broad range of experience and expertise and are well placed to provide valuable feedback on the strengths and weaknesses of our current assessment processes. In 2024/25, we developed and piloted a survey for assessing committee members and captured levels of satisfaction with HRC processes (reported in our Annual Report 2025). We made minor changes to the wording of our 2025/26 survey on the basis of this pilot. In 2026/27 we will continue to undertake the survey to track progress, as well as capture suggestions for refinements to assessment processes that can inform our work programme for continuous improvement.

## Output 3
# Targeting research needs and opportunities

Where priority health issues, gaps and opportunities are identified we target investment to meet evidence needs.

| 2026/27 | $000's |
|---|---|
| Prospective revenue: refer to Financial Statements: | 12,524 |
| Prospective cost: refer to Financial Statements: | 6,830 |
| Surplus added to reserves: | 5,694 |

## Scope of the Output

Investments through this Output are funded by Vote Business Science and Innovation: Health Research Fund, the He Ara Whakahihiko Capability Fund, and the Strategic Science Investment Fund.

This output covers a range of funding mechanisms, including our:

- 2025 targeted initiative to support the Government's strategic priorities in realising the potential role and benefits of artificial intelligence (AI) in strengthening the health system
- investment of approximately $2 million from MBIE's He Ara Whakahihiko Capability Fund
- support for Independent Research Organisations (IROs).

## Targeted investment

In February 2025, the HRC released a targeted request for proposals (RFP) to invest in health research centred on the use of AI as a potentially transformative technology.

The key objectives of the RFP were to:

- fund high-quality health research that uses AI as a transformative technology in healthcare settings to support timely access to high-quality healthcare and contributes to improved health outcomes for New Zealanders
- directly address Government priorities and targets for the healthcare system as identified in the Government Policy Statement on Health 2024 – 2027
- enhance collaboration with the health system
- generate timely and actionable evidence with potential for economic benefit to the health system.

This financial year, the HRC will continue to manage the 10 research contracts that were funded in response to the RFP and support dissemination of research findings where appropriate.

## International research

Health research is situated within the context of the wider, global health and science, innovation and technology systems. International connectivity is important at the research, people, infrastructure, and policy levels. International collaboration strengthens the quality, impact and reach of HRC's investment, develops the health research workforce, and gives researchers the ability and opportunity to address complex and transboundary health research problems through coordination of global effort – as demonstrated through the COVID-19 pandemic.

The HRC's activities add value by fostering international relationships and strengthening the international position of New Zealand health research. We do this primarily by funding grants that support New Zealand researchers to participate in and/or lead international research collaborations, and contributing as an organisation to international forums, networks and partnerships, such as the Global Alliance for Chronic Diseases.

The HRC has previously administered the biomedical research portion of the New Zealand – China Strategic Research Alliance, an annual joint funding programme supported by the Catalyst Strategic Fund that aims to foster the development of research collaborations between New Zealand researchers and their China-based colleagues. MBIE will be administering the 2026 round onwards as part of the science system reforms.

For 2026/27, in the context of the science system reforms and HRC budget reductions, we are not planning to fund new international research partnerships. We will instead focus on adding value through participation in international forums (see below) and funding investigator-led research with international collaborations that address the most pressing priorities for New Zealand and supports local workforce capability (see Output 2, Projects and Programmes). This includes funding the New Zealand component of international clinical trials.

New Zealand researchers are already well connected to the international health research effort, in part due to the facilitation and coordination role the HRC plays. In the financial year 2024/25, 50% of our larger grant opportunities included at least one international collaboration (with 13 countries represented).

The HRC contributes to several international forums to advance best practice and increase the value of health research, including the:

- Asia-Pacific DORA (Declaration on Research Assessment) funder discussion group on fair and responsible research assessment
- Ensuring Value in Research Funders' Forum for international standards, best practice and value for money
- Heads of International Research Organisations where leaders of international government and philanthropic funders of health research come together to address complex, global health research issues and opportunities
- Research-on-Research Institute where researchers, funders, publishers, and data providers work together to improve research systems and cultures.

## He Ara Whakahihiko Capability Fund

In 2026, the HRC launched He Ara Whakahihiko – Hauora, a new funding round designed to strengthen Māori health research capability, establish clear pathways to impact, and deliver both health and economic benefits. This fund forms part of MBIE's wider He Ara Whakahihiko Capability Fund and has been established to administer funding that supports the health/hauora objectives of MBIE's broader investment framework.

Through this fund, we are seeking to support high-quality biomedical and/or clinical research that will provide evidence with clear pathways to clinical application, improved Māori health outcomes, and economic benefit. Proposals must also grow Māori research capability and capacity, and foster partnerships and collaborations to enhance translation and uptake of research fundings within a clinical or healthcare setting.

The HRC invests approximately $2 million from the He Ara Whakahihiko Capability Fund on behalf of MBIE for health research that supports the hauora/oranga research theme of the Vision Mātauranga policy. In 2026/27, we expect to fund up to four research grants for a term of 24 months.

## Support for Independent Research Organisations

In 2022, as part of our focus on developing and supporting health researchers who deliver excellent health research, the HRC committed support for independent research organisations (IROs) that exist outside of the Crown Research Institute (CRIs),[26] and university sector through to 2029. This funding has been invested to build and retain critical research capability which contributes to improving health outcomes.

A total of $40.6 million was allocated, spread over a maximum period of seven years to the following organisations:

- Medical Research Institute of New Zealand (MRINZ)
- Malaghan Institute for Medical Research
- Whakauae Research for Māori Health and Development, and
- Te Atawhai o te Ao: Independent Māori Institute for Environment & Health.

In 2024, management of the HRC's research contract with the Malaghan Institute for Medical Research transferred to MBIE, with funds redirected from the Health Research Fund, as per direction from the Minister of Science, Innovation and Technology and the Minister of Health.

Since 2025/26, the HRC has administered existing IRO Capability Fund contracts from the Strategic Science Investment Fund (SSIF), and will continue to do so until such time as responsibility for administering them transitions to MBIE.

The SSIF supports strategic investment in research programmes and scientific infrastructure that have long-term beneficial impact on New Zealand's health, economy, environment and society. The HRC's contracts with the MRINZ, Whakauae Research for Māori Health and Development and Te Atawhai o te Ao: Independent Māori Institute for Environment & Health will remain under management of the HRC but are required to meet additional reporting requirements aligned with the SSIF.

All three of the IROs are due for mid-term review in 2026, with funding for years 5-7 contingent on the HRC's assessment of satisfactory contract performance and achievement. The HRC will develop and implement a mid-term review process to align with the SSIFs Programmes Performance Framework, including assessment of contract milestones and achievements to date.

[26] Note: New Zealand's seven Crown Research Institutes have been merged and refocused to form three new Public Research Organisations (PROs) and a fourth new PRO is being established to focus on advanced technology. For more information, see the MBIE website: https://www.mbie.govt.nz/science-and-technology/science-and-innovation/refocusing-the-science-innovation-and-technology-system/public-research-organisations



## Our performance indicators for Output 3 and how they fit our Statement of Intent

The priority actions of the HRC's Statement of Intent that Output 3 delivers to:



**RESEARCH NEEDS AND OPPORTUNITIES**

**OUR PRIORITY ACTIONS**

Target research needs and opportunities

**OUR STRATEGIC INTENTIONS**

| Drive research impact, innovation and excellence | Focus on health need and improving health outcomes | Invest in the people and capability New Zealand needs now and for the future | Add value through connection and collaboration | Support the safe and ethical conduct of research |
|---|---|---|---|---|
| We will target investment to improve quality of healthcare and support international opportunities to improve the lives of all New Zealanders and drive economic transformation. | We will target research investment to support the aspirations and health needs of Māori and Pacific to improve health outcomes. | We will engage health professionals in research. | We will work collaboratively to identify the priorities, needs and research opportunities to strengthen the health and science systems. | We will provide advice on research ethics, monitoring and regulation, including new medicines and technologies. |

## Output 3: Targeting research needs and opportunities

The HRC's investments through targeted funds are key to addressing priority health research gaps, needs and opportunities, both locally and globally. This year, we will focus on management of our long-term contracts with Independent Research Organisations, and investment through the He Ara Whakahihiko Capability Fund on behalf of MBIE. Our KPIs reflect this.

| Key performance indicators (KPIs) for Output 3 | Baseline | 2024/25 Actual | 2026/27 Target |
|---|---|---|---|
| **Invest in research through the He Ara Whakahihiko Capability Fund** | Not applicable | New measure | Approve four new contracts that support the fund objectives |
| **Why this KPI?** The HRC has established a funding round to invest approximately $2 million from the He Ara Whakahihiko Capability Fund on behalf of MBIE. We will support high-quality biomedical and clinical research that will provide evidence with clear pathways to clinical application, improved Māori health outcomes, and economic benefit, while strengthening Māori health research capability. In 2026/27, we expect to fund up to four research grants for a term of 24 months. | | | |
| **Conduct mid-term reviews of Independent Research Organisations (IROs)** | Not applicable | New measure | Complete mid-year reviews for three IROs by December 2026 |
| **Why this KPI?** The HRC is currently managing three contracts through IRO capability funding, providing long-term support of up to seven years for research organisations that exist outside of public research organisations and universities. These IRO grants are structured to allow for an initial investment in years 1-4, with additional investment for years 5-7 conditional on the outcome of a review in year 4. With the mid-term review due for these contracts, the HRC will develop and implement a robust process of review to ensure that the IROs are demonstrating achievement against the objectives of MBIE's Strategic Science Investment Fund (SSIF). | | | |



# Output 4
# Keep the health research system ethical and safe

Our ethics and regulatory committees are integral to ensuring New Zealand's health research is ethical and safe. We advise the Minister of Health on the safe uptake of new health technologies and conduct of clinical trials.

| 2026/27 | $000's |
|---|---|
| Prospective revenue: refer to Financial Statements: | 285 |
| Prospective cost: refer to Financial Statements: | 373 |
| Deficit funded from reserves: | (88) |

## Scope of the Output

Through the work of our ethics, monitoring and regulatory committees, the HRC plays a critical role in ensuring the health research conducted in New Zealand is safe and ethically sound. This is fundamental to a world-leading science, innovation and technology system. This output is funded through Vote Health.

The HRC has a statutory role in ethics under Section 25 of the HRC Act 1990,[27] and a regulatory function under Section 30 of the Medicines Act 1981,[28] which it fulfils by convening the Standing Committee on Therapeutic Trials (SCOTT) and the Gene Technology Advisory Committee (GTAC). Section 30 of the Medicines Act 1981 authorises the Director-General of Health to approve the use of a medicine (as defined in Section 3 of the Medicines Act 1981) for the purposes of a clinical trial on the recommendation of the HRC.

This includes regulatory activities, safety monitoring and providing advice on ethical issues affecting health research. This service is integral to the New Zealand health research ecosystem and can vary in focus from year to year. These activities are provided primarily through the work of the HRC's statutory and standing committees.

## The work of our ethics and regulatory committees

As part of the science system reforms announced in 2025/26, the HRC's ethics, monitoring and regulation activities will transfer to a new ethics system. The Government has advised the transition is due for completion by 2028. Until the HRC Act is repealed and these functions are transferred, our committees will maintain delivery of current services outlined below. The HRC will work with the Ministry of Health and Medsafe to support the transition of ethics and regulatory functions as required.

## The HRC Ethics Committee

In 2026/27 our statutory Ethics Committee (HRC EC) will continue to deliver our key functions under the HRC Act 1990:

- to review health research ethics applications of national importance or great complexity, and
- to provide independent advice on ethical issues in relation to health research, especially those emerging through the development of new areas of health research and/or ethical issues that may arise in any area of health research.

The HRC EC will also continue to:

- oversee the monitoring and approval of all health and disability (HDECs), and accredited institutional ethics committees (IECs) in New Zealand
- review applications for accreditation from independent ethics committees
- consider appeals on disputed HDEC decisions, as authorised by the Minister of Health, for research involving human participants and on the ethics of introducing innovative practices, and
- produce guidelines on ethical research conduct.

[27] https://www.legislation.govt.nz/act/public/1990/0068/latest/DLM213017.html
[28] https://www.legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html

## The Data Monitoring Core Committee (DMCC)

The DMCC provides objective, independent monitoring of HRC-funded clinical trials. This primarily concerns large-scale clinical trials initiated by New Zealand researchers where:

- they relate to life-threatening diseases, or diseases which cause irreversible morbidity
- there are special concerns regarding patient safety
- the study investigators require the DMCC's experience to support safe monitoring of their study
- the study integrity could be enhanced by the independence of the DMCC.

## The Gene Technology Advisory Committee (GTAC)

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

HRC has initiated a review into the implementation of GTAC's mandate according to Section 30 of the Medicines Act 1981. This work is now paused, pending progress of the Gene Technology Bill.[29] As part of the science system reforms, GTAC's functions will transfer to Medsafe and this is also likely to impact the committee's mandate.

## The Standing Committee on Therapeutic Trials (SCOTT)

The role of SCOTT is to assess whether a proposed clinical trial of a medicine will provide clinically and scientifically useful information, particularly in relation to the safety and efficacy of the agent and provide advice to the Ministry of Health.

This year, the HRC will continue to implement SCOTT's mandate according to Section 30 of the Medicines Act 1981. The SCOTT Terms of Reference were revised in 2024 to update processes, procedures and principles.

The updated Terms of Reference:

- establish a new, more efficient low-risk pathway for clinical trials where full SCOTT review may not be required;
- provide further information as to the role and responsibilities of SCOTT; and
- provide clarity on the review of clinical trials in New Zealand.

[29] https://www.mbie.govt.nz/science-and-technology/science-and-innovation/agencies-policies-and-budget-initiatives/gene-technology-regulation



## Our performance indicators for Output 4 and how they fit our Statement of Intent

The priority actions of the HRC's Statement of Intent that Output 4 delivers to:

**RESEARCH, EVIDENCE AND SOLUTIONS**



**OUR PRIORITY ACTIONS**

Invest in research, evidence and solutions

**OUR STRATEGIC INTENTIONS**

| | |
|---|---|
| **Strengthen the health research ecosystem** | Help ensure health research is ethical and safe. |

### Output 4: Keeping the health research system ethical and safe

These measures relate to the work of the HRC Ethics Committee which underpins all health research conducted in New Zealand. Research that is not deemed ethical and safe cannot be allowed to proceed, and so this work is key to cultivating a sound health research environment.

| Key performance indicators (KPIs) for Output 4 | Baseline | 2024/25 Actual | 2026/27 Target |
|---|---|---|---|
| **Number of *Ethics Notes* published to inform researchers of issues on ethics in health research** | 1<br>2017/18 | 1 | 1 |
| **Why this KPI?** These notes are an important tool for reaching the health research community and so we have used their publication as a metric for disseminating key information and advice. Our target for 2026/27 is one issue because we intend to publish just once a year. This is based on the volume of information available, which can be communicated more efficiently in an annual publication. | | | |

# Our team and organisation

The HRC maintains appropriate and effective systems and processes and has the capability needed to deliver on our functions as set out in the HRC Act 1990 and achieve our strategic intentions.

## Governance

The HRC is governed by a 10-member Council. The Minister of Health, in consultation with the Minister of Science, Innovation and Technology, appoints members.[30]

Membership consists of five people who are or have been actively engaged in health research and five people who have skills and experience in areas such as community affairs, health administration, law, commercial expertise, management, or knowledge of health issues from a consumer perspective.

The Council's governance responsibilities include:

- communicating with the Minister of Health and Minister of Science, Innovation and Technology and other stakeholders to ensure their views are reflected in the HRC's planning and investment decisions
- delegating responsibility for achievement of specific objectives to the chief executive
- monitoring organisational performance towards achieving objectives
- accountability to the Ministers for plans and progress
- maintaining effective systems of control.

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

As part of the current reform of the science, innovation and technology system the Government has established a new independent board, Research Funding New Zealand to consolidate science funding decision-making, and has made the in-principle decision to disestablish the HRC, pending legislative change. A current HRC Council member has been appointed to the Research Funding New Zealand Board and chairs the Healthy People and a Thriving Society pillar, one of four pillars in the new outcomes-focused funding framework. (See page 9 for information on the future state of the science, innovation and technology system.)

### Statutory and Standing Committees

The HRC also has eight statutory and standing committees that play a vital role in the assessment of research applications, providing advice on funding, and keeping health research ethical and safe.[32]

Our Biomedical Research, Public Health Research, and Māori Health Statutory Committees and the Pacific Health Research Committee play a vital role in the assessment process and advise the Council on the assignment of funds for health research within the remit of their respective committees.

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

Our ethics and regulatory committees are a key national resource and integral to ensuring New Zealand's health research is ethical and safe. We advise the Minister of Health on the safe uptake of new health technologies and conduct of clinical trials (refer to Output 4, page 35 for further information).

[30] The HRC is accountable to the Minister of Health (our ownership minister) and the Minister of Science, Innovation and Technology (our funding minister). A Memorandum of Understanding (MoU) governs the relationship and outlines the HRC's responsibilities and describes how Ministers will work in partnership to set the high-level strategic direction for health research and support the HRC via funding arrangements and appointments to the Council.

[31] https://www.legislation.govt.nz/act/public/1990/0068/latest/DLM213017.html#DLM213085

[32] **Statutory Committees:** Māori Health Committee; Biomedical Research Committee; Public Health Research Committee; Ethics Committee. **Standing Committees:** Pacific Health Research Committee; Data Monitoring Core Committee; Standing Committee on Therapeutic Trials; Gene Technology Advisory Committee.



## Our people and organisational capability

We are a team of 34 dedicated and diverse fulltime and part-time staff, with 14 ethnicities represented. Leadership takes a proactive approach to developing and maintaining the skills and capabilities needed to deliver on the functions and to individually and collectively be accountable for the HRC delivering to its strategic intentions.

As the transition to the new science system progresses, an important focus will be to maintain staff engagement, wellbeing and retention.

## Health and safety

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

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

- organising annual health and safety training updates for staff, such as hazard identification training, warden refresher training, and first-aid training
- reviewing fire drill reports and making recommendations on evacuation procedures based on lessons learned. In the past year, three fire drills were conducted with feedback provided to staff and the building manager
- reporting at every HRC Council meeting, and on a quarterly basis to the Risk Management and Assurance Committee
- providing staff with timely health and wellbeing updates including reminding them of HRC-supported access to Employee Assistance Programme (EAP) services, workspace set up services, and continued provision of first aid supplies
- ensuring grab bags in case of emergencies are available for all staff members.
- HRC staff are offered annually on-site flu and COVID-19 vaccinations with a nurse or provided with vouchers for off-site vaccination.

## Information technology systems and security

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

## Environmental sustainability

The HRC strives to demonstrate transparency in achieving our sustainability goals and being accountable to the New Zealand public.

In 2019, the HRC introduced its sustainability framework,[33] which sets out our sustainability commitments:

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

The HRC is proud to have become a Toitū net carbonzero certified organisation. Meaning we have:

- Measured our emissions in accordance with ISO 14064-1:2018.
- Committed to managing and reducing our emissions.
- Compensated for our remaining unavoidable emissions through purchasing carbon credits.
- Continue to implement our Sustainability Framework that sets out our commitments and forms the basis for our emissions reduction plan.

[33] https://hrc.govt.nz/sites/default/files/2021-12/HRC%20Sustainability%20Framework_2021.pdf

The HRC has adopted science-based reduction targets using a simplified method, which sets gross emissions reduction targets in line with a global emissions pathway that limits warming to no more than 1.5°C. This is in line with the Carbon Neutral Government Programme (CNGP)[34] and Toitū net carbonzero programme requirements. We have set the following emission reduction target:

- 2030 target: Gross emissions (all categories) to be no more than 161.24 $tCO_2$-e, or a 42% reduction compared to base year 2018/19.

### CNGP emissions reduction results for 2024/25

For the financial year 2024/25, our total emissions were 46.33 $tCO_2e$ (tonnes of carbon dioxide equivalent)[35] which is 84% lower than our baseline year (286.77 $tCO_2e$).[36]

This was an increase in overall emissions due to the introduction of staff-reported commuting from the 2024/25 financial year onwards. The first step is to capture the emissions associated with staff commuting, which will allow us to understand how they relate to working from home emissions and investigate ways to support staff to use active and public transport options. Due to having such a small overall emissions profile this has had a large impact on our overall inventory. Staff-reported commuting emissions (all forms of transport combined) is now the single highest source of emissions at 16.66$tCO_2e$.

Despite this increase, our overall emission reductions continue to be primarily driven by our reduction in air travel due to an acceptance of, and increased expectation for, meetings and committees to be conducted online. Air travel is the HRC's second largest emissions source with all forms of air travel (domestic and international) accounting for 16.47$tCO_2e$ of emissions.

As part of our ongoing efforts to ensure that our data collection, calculations, and reporting is accurate, appropriate, and based on up-to-date evidence and best practice, we continue to review and update our data collection methods and emissions factors.

[34] Launched in 2020, the CNGP aims to make organisations within the public sector carbon neutral from 2025, including the HRC.CNGP participants must measure, verify and report their emissions annually; set gross emissions reduction targets and longer-term reduction plans; introduce a plan to reduce their organisation's emission; offset remaining gross emissions from 2025 to achieve carbon neutrality.
[35] Toitū independently verifies and certifies the HRC's carbon emissions according to both location based and market based tCO2e. However, CNGP requires that the organisations report their emissions based on location based tCO2e.
[36] Our base year period covers 1 July 2018 to 30 June 2019.



# Forecast Financial Statements

In this part of the Statement of Performance Expectations, the HRC's financial performance plan for the year ending 30 June 2027 and the outlook or plan for the two years beyond are set out. These were prepared in March 2026.

The Council is responsible for the forecast financial statements presented in this Statement of Performance Expectations, including the appropriateness of the assumptions underlying the forecast and all other required disclosures.

The prospective forecast financial statements for the period 2026/27 to 2028/29 included in this Statement of Performance Expectations have been authorised by the HRC Council Members for issue on 16 April 2026.

The forecast financial statements have been prepared to comply with the requirements of Section 149G of the Crown Entities Act. They may not be appropriate for use for any other purpose. It is not intended for these forecast financial statements to be updated within the next 12 months.

The tables below provide a summary of the financial statements for the audited result for the 2024/25 year, year-end forecast for 2025/26 and plans for years 2026/27 to 2028/29.

The forecast financial statements have been prepared based on actual events, transactions and financial results up to 28 February 2026 and assumptions about future events that are reasonably expected to occur or associated with the actions that are reasonably expected to be taken, as at the date that this information was prepared.

On 14 October 2025, the then Minister of Science, Innovation and Technology Dr Shane Reti announced a new funding decision-maker - Research Funding New Zealand - a new independent board that will replace multiple decision-makers, making the system easier to navigate, more transparent, and focused on outcomes. This is part of the Government's changes to New Zealand's science, innovation and technology system. To put effect to these changes, the Health Research Council (HRC) Act 1990 is slated to be repealed through the omnibus Science, Innovation and Technology (SI&T) Bill. The intention is to disestablish the HRC as a Crown entity and transition its funding functions to Research Funding New Zealand. This legislative process involves transferring statutory roles to other agencies, including the Ministry of Health and the Ministry of Business, Innovation and Employment. The Bill is yet to be read for the first time.

The HRC is responding to information requests to support the transition but are not as yet otherwise included in the process. While the expectation is that the transition will be completed during 2028, a detailed transition plan is still under development and there is insufficient certainty regarding timing for it to be incorporated into the financial forecasts included here. Accordingly, a "business-as-usual" approach has been adopted, acknowledging that the out years will most certainly be impacted by the transition.

The forecast financial statements have been prepared based on the key assumptions for financial forecasts and the significant accounting policies summarised in the significant accounting policies outlined in this plan.

Additionally, the likely ongoing impact of geopolitical tensions and inflation on the detailed financial results achieved for the period covered is unknown, and the actual results will almost certainly vary from the forecast/plan financial results presented. Such variations may be material.

### Responsible management of our finances and reserves

The HRC has a financial goal of providing research organisations, and individual researchers, with certainty of grant funding into future years. Our ability to achieve this over the remaining years until the HRC Act is repealed is subject only to parliamentary appropriated funds being made available, applicants successfully meeting the grant criteria, and ongoing contractual requirements being met once grants have been awarded.

### Our operating environment

National and global impacts of inflation, labour shortages and geopolitical tension mean we are operating in an environment characterised by:

1. a high degree of uncertainty in respect of the future course and effects of a predicted recession in New Zealand;
2. concomitant uncertainty about the ability of our diverse research community to deliver on existing and new contracts;
3. uncertainty about the organisation-level responses of some large research providers in the short and longer term;
4. uncertainty regarding the rate of transition from HRC to Research Funding New Zealand.

### Certainty in our operating environment

However, there is also a degree of certainty in our environment. It is likely that:

1. there will continue to be a diverse science and innovation sector in New Zealand, and therefore demand for the funding we allocate;
2. the contributions of the Health Research Council, as outlined in the Ministerial letter of expectations, and this SPE, will still be desired by government;
3. the research and innovation sector will be regarded as a critical part of economic recovery, and therefore;
4. it is likely that we will continue to receive the appropriations at some level.

The Health Research Council has a critical role to play in supporting New Zealand through our investment in the research workforce, health sector and investigator-led research.



## Forecast Statement of Comprehensive Revenue and Expense

for the year ending 30 June

| | Note | Actual 2025 $000 | Forecast 2026 $000 | Budget 2027 $000 | Plan 2028 $000 | Plan 2029 $000 |
|---|---|---|---|---|---|---|
| **Revenue** | | | | | | |
| Funding from the Crown | 2 | 128,916 | 121,142 | 118,965 | 115,046 | 103,844 |
| Interest Revenue | | 1,175 | 707 | 394 | 497 | 391 |
| Other Revenue | | 416 | 552 | 420 | 420 | 420 |
| **Total Income** | | **130,507** | **122,401** | **119,779** | **115,963** | **104,655** |
| **Expenditure** | | | | | | |
| Research Grant costs | 3 | 123,565 | 121,348 | 114,068 | 103,840 | 100,100 |
| **Operational costs** | | | | | | |
| Assessment and Statutory Committee costs | | 1,124 | 1,114 | 1,288 | 1,291 | 1,293 |
| Personnel costs | | 4,831 | 4,381 | 5,145 | 5,248 | 5,356 |
| Depreciation and amortisation | | 80 | 78 | 43 | 17 | 6 |
| Fees for the audit of the financial statements | | 122 | 123 | 118 | 121 | 124 |
| Other costs | | 742 | 658 | 873 | 871 | 903 |
| **Total operational costs** | | **6,899** | **6,354** | **7,467** | **7,548** | **7,682** |
| **Total Expenditure** | | **130,464** | **127,702** | **121,535** | **111,388** | **107,782** |
| **Surplus/(Deficit)** | | **43** | **(5,301)** | **(1,756)** | **4,575** | **(3,127)** |
| Other comprehensive Revenue and Expenses | | 0 | 0 | 0 | 0 | 0 |
| **Total Comprehensive Revenue and Expense** | | **43** | **(5,301)** | **(1,756)** | **4,575** | **(3,127)** |

## Forecast Statement of Changes in Equity

for the year ending 30 June

| | Note | Actual 2025 $000 | Forecast 2026 $000 | Budget 2027 $000 | Plan 2028 $000 | Plan 2029 $000 |
|---|---|---|---|---|---|---|
| Equity at the beginning of the year | | 16,400 | 16,443 | 11,142 | 9,386 | 13,961 |
| Total comprehensive revenue and expense for the year | | 43 | (5,301) | (1,756) | 4,575 | (3,127) |
| **Equity at the end of the year** | 5 | **16,443** | **11,142** | **9,386** | **13,961** | **10,834** |
| Retained earnings | | 5,501 | 6,063 | 4,804 | 3,515 | 2,039 |
| Funds commited for Research Grants | | 8,666 | 2,999 | 2,586 | 8,401 | 6,700 |
| Joint Operation Reserve | | 773 | 539 | 413 | 419 | 427 |
| **Public Equity at the end of the year** | 5 | **14,940** | **9,601** | **7,803** | **12,335** | **9,166** |
| Foxley Estate Reserve | | 1,503 | 1,541 | 1,583 | 1,626 | 1,668 |
| **Total Equity at the end of the year** | 5 | **16,443** | **11,142** | **9,386** | **13,961** | **10,834** |

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

# Forecast Statement of Financial Position

as at 30 June

| | Note | Actual 2025 $000 | Forecast 2026 $000 | Budget 2027 $000 | Plan 2028 $000 | Plan 2029 $000 |
|---|---|---|---|---|---|---|
| **Current Assets** | | | | | | |
| Cash at Bank | | 1,854 | 1,061 | 2,731 | 2,342 | 2,196 |
| Short-term Deposits | 4 | 16,141 | 12,949 | 9,556 | 14,536 | 11,515 |
| Funds held on behalf - Other Agencies | 4 | 2,086 | 1,447 | 966 | 979 | 993 |
| Funds held on behalf - Joint Operations | 4 | 773 | 604 | 478 | 485 | 492 |
| Funds held on behalf - Foxley Estates | | 1,486 | 1,517 | 1,517 | 1,516 | 1,516 |
| Owning to HRC | | 784 | 169 | 105 | 108 | 106 |
| | | **23,124** | **17,747** | **15,353** | **19,966** | **16,818** |
| **Non-Current Assets** | | | | | | |
| Fixed Assets | | 91 | 50 | 41 | 24 | 18 |
| Intangible Assets | | 50 | 17 | 0 | 0 | 0 |
| | | **141** | **67** | **41** | **24** | **18** |
| **Total Assets** | | **23,265** | **17,814** | **15,394** | **19,990** | **16,836** |
| **Current Liabilities** | | | | | | |
| Payables | | 436 | 531 | 572 | 502 | 409 |
| Contract Retentions | | 3,173 | 3,644 | 3,644 | 3,644 | 3,644 |
| Employee Entitlements | | 1,127 | 1,050 | 826 | 904 | 956 |
| Funds held on behalf of other agencies | 4 | 868 | 1,447 | 966 | 979 | 993 |
| | | **5,604** | **6,672** | **6,008** | **6,029** | **6,002** |
| **Non-Current Liabilities** | | | | | | |
| Funds held on behalf of other agencies | 4 | 1,218 | 0 | 0 | 0 | 0 |
| | | **1,218** | **0** | **0** | **0** | **0** |
| **Total Liabilities** | | **6,822** | **6,672** | **6,008** | **6,029** | **6,002** |
| **Net Assets** | | **16,443** | **11,142** | **9,386** | **13,961** | **10,834** |
| **Equity** | | | | | | |
| Public Quity | | 14,940 | 9,601 | 7,803 | 12,335 | 9,166 |
| Foxley Reserve Fund | | 1,503 | 1,541 | 1,583 | 1,626 | 1,668 |
| **Total Equity** | 5 | **16,443** | **11,142** | **9,386** | **13,961** | **10,834** |

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



# Forecast Statement of Cash Flow

for the year ending 30 June

| | Note | Actual 2025 $000 | Forecast 2026 $000 | Budget 2027 $000 | Plan 2028 $000 | Plan 2029 $000 |
|---|---|---|---|---|---|---|
| **Cash flows from operating activities** | | | | | | |
| Cash was provided from | | | | | | |
| Receipts from the Crown | | 128,916 | 121,142 | 118,965 | 115,046 | 103,844 |
| Interest received | | 1,314 | 714 | 429 | 500 | 400 |
| Other Revenue | | 912 | 552 | 420 | 420 | 420 |
| | | **131,142** | **122,408** | **119,814** | **115,966** | **104,664** |
| Cash was applied to | | | | | | |
| Payments to suppliers | | (128,025) | (122,900) | (116,638) | (106,270) | (102,583) |
| Payments to employees | | (4,537) | (4,204) | (5,182) | (4,980) | (5,147) |
| GST | | (374) | 573 | 168 | (120) | (94) |
| | | **(132,936)** | **(126,531)** | **(121,652)** | **(111,370)** | **(107,824)** |
| **Net cash flow from operating activities** | | **(1,794)** | **(4,123)** | **(1,838)** | **4,596** | **(3,160)** |
| **Cash flows from Investing activities** | | | | | | |
| Cash was provided from | | | | | | |
| Funds held on behalf of other agencies | | 1,724 | 0 | 0 | 0 | 0 |
| Maturing Term Deposits | | 79,367 | 80,000 | 74,000 | 71,000 | 79,000 |
| Sale of Assets | | 0 | 0 | 0 | 0 | 0 |
| | | **81,091** | **80,000** | **74,000** | **71,000** | **79,000** |
| Cash was applied to | | | | | | |
| Funds paid on behalf of other agencies | | (5,842) | (670) | (485) | 15 | 14 |
| Reinvestment of Term Deposits | | (74,934) | (76,000) | (70,000) | (76,000) | (76,000) |
| Purchase of Property, Plant & Equipment | | (42) | 0 | (7) | 0 | 0 |
| | | **(80,818)** | **(76,670)** | **(70,492)** | **(75,985)** | **(75,986)** |
| **Net cash flow from investing activities** | | **273** | **3,330** | **3,508** | **(4,985)** | **3,014** |
| **Net increase (decrease) in cash held** | | **(1,521)** | **(793)** | **1,670** | **(389)** | **(146)** |
| Opening Cash at Bank | | 3,375 | 1,854 | 1,061 | 2,731 | 2,342 |
| **Closing Cash at Bank** | | **1,854** | **1,061** | **2,731** | **2,342** | **2,196** |

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

# Notes to the Financial Statements

for the year ending 30 June

## Note 1 - Statement of accounting policies

**Reporting Entity**

The Health Research Council of New Zealand (HRC) is a Crown entity as defined by the Crown Entities Act 2004 and is domiciled and operates in New Zealand. The relevant legislation governing the HRC's operations includes the Crown Entities Act 2004 and the HRC Act 1990. The HRC's ultimate parent is the New Zealand Crown.

The HRC's primary objective is to benefit New Zealand through health research. The HRC does not operate to make a financial return. The HRC has designated itself as a public benefit entity (PBE) for financial reporting purposes.

**Basis of preparation**

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

**Standards issued and effective as at 30 June 2026**

There are no standards issued and effective as at 30 June 2026, that have been identified.

**Statement of compliance**

The financial statements of the HRC have been prepared in accordance with the requirements of the Crown Entities Act 2004, which includes the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP). The financial statements have been prepared in accordance with Tier 1 PBE accounting standards. These financial statements comply with PBE accounting standards.

**Presentation currency and rounding**

The financial statements are presented in New Zealand dollars and all values are rounded to the nearest thousand dollars ($000).

**Use of estimates and judgements**

The preparation of these financial statements conforms with PBE FRS – 42. This requires management to make judgements, estimates and assumptions concerning the future. These judgements, estimates and assumptions are based on historical experience and various other factors that are believed reasonable under the circumstances. Actual financial results are likely to differ from the information presented, and the variations may be material. The assumptions that have a significant risk of causing material adjustment to the carrying amounts of the assets and liabilities within the next financial year are outlined below.

**Statement of Underlying Assumptions**

*Crown revenue*

Currently appropriated revenue is set out in note 2. These revenue appropriations have been advised by the Ministry of Business, Innovation and Employment (MBIE) and the Ministry of Health.

*Research grant expenditure*

Planning of research grant expenditure is challenging in the current environment, however the HRC has assumed a strategy which will result in public equity reserves levelling off at less than $15m. Details of planned research grant expenditure are shown in Note 3. Reference should also be made to Note 5 for information related to the planned equity level.

*Contract management costs*

These are also known as operational costs. Significant new and increased expectations have arisen since the HRC was established in 1990. Management is consistently reviewing and, where appropriate, reconfiguring staff focus and priorities to ensure that the HRC goals and objectives are achieved as effectively and efficiently as possible. In 2026/27, we do not plan to increase FTE numbers other than to fill roles that have been vacated.



**Disestablishment of the HRC and transition to Research Funding New Zealand**

MBIE has advised that they expect the transition to be fully completed in 2028. In the absence of a transition plan we are unable to reliably estimate when or which activities will transfer, and when staff will either transfer or otherwise leave the HRC. There is an expectation that operational funding will be reduced as activities are no longer required. The quantum of these financial adjustments may or may not be representative of the costs required to deliver those activities.

Significant accounting policies are included under the note to which they relate. Significant accounting policies that do not relate to a specific note are outlined below.

*a) Property Plant & Equipment and Intangible Assets*

All property, plant and equipment (PP&E), and intangible assets (IA) are stated at cost less accumulated depreciation or amortisation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition and development of the items. Where an asset is acquired in a non-exchange transaction for nil or nominal consideration, the asset is initially measured at its fair value. Subsequent expenditure is capitalised only if it is probable that the future economic benefits associated with the expenditure will flow to the HRC and the cost can be measured reliably. All other repair, maintenance, and costs of day-to day servicing are recognised in surplus or deficit as incurred. The costs of self-constructed assets are recognised as work in progress and not depreciated or amortised until the assets are operating in the manner intended, at which time they are transferred to PP&E or IA. Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset and are reported net in the surplus or deficit.

Depreciation and amortisation are recognised in surplus or deficit and are calculated to write off the cost of items of PP&E and IA less their residual values using the straight-line method over their useful lives as follows. The assets' residual values and useful lives are reviewed, and adjusted prospectively, if appropriate, at the end of each reporting period.

| | | |
|---|---|---|
| Office and computer equipment | 3 to 5 years | 20 - 33% |
| Leasehold improvements | 5 years | 20% |
| Acquired computer software | 3 years | 33% |
| Developed computer software | 5 years | 20% |

*b) Impairment of property, plant & equipment and intangible assets*

The HRC only holds non-cash-generating assets as no assets are used to generate a commercial return. PP&E and IA held at cost that have a finite useful life are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable service amount. The recoverable service amount is the higher of an asset's fair value less costs to sell and value in use. Value in use is determined using an approach based on either a depreciated replacement cost approach, restoration cost approach, or a service units' approach. The most appropriate approach used to measure value in use depends on the nature of the impairment and availability of information. If an asset's carrying amount exceeds its recoverable service amount, the asset is regarded as impaired and the carrying amount is written down to the recoverable amount. The total impairment loss is recognised in the surplus or deficit.

*c) Employee entitlements*

*Short-term employee entitlements*

Employee benefits that are due to be settled wholly before 12 months after the end of the period in which the employee renders the related service are measured based on accrued entitlements at current rates of pay. These include salaries and wages accrued up to balance date, annual leave earned but not yet taken at balance date, and sick leave.

*Long-term employee entitlements*

Employee benefits that are due to be settled wholly beyond 12 months after the end of period in which the employee renders the related service, such as long service leave and retirement gratuities, have been calculated on an actuarial

basis. The calculations are based on likely future entitlements accruing to staff, based on years of service, years to entitlement, the likelihood that staff will reach the point of entitlement, contractual entitlement information, and the present value of estimated future cash flows.

*Presentation of employee entitlements*
Sick leave, annual leave and vested long service are classified as a current liability. Non-vested long service leave and retirement gratuities expected to be settled within 12 months of balance date are classified as a current liability.

*Contributions to defined contribution schemes*
Obligations for contributions to Kiwi Saver, the New Zealand Retirement Trust Scheme and the Government Superannuation Fund are accounted for as defined contribution superannuation schemes and are recognised as an expense in the surplus or deficit as incurred.

*d) Receivables*
Short-term receivables are recorded at the amount due, less an allowance for credit losses. The HRC applies the simplified expected credit loss model of recognising lifetime expected credit losses for receivables.

*e) Payables*
Short-term payables are recorded at the amount payable.

*f) Goods and services tax*
All items in the financial statements are presented exclusive of GST, except for receivables and payables, which are presented on a GST-inclusive basis. Where GST is not recoverable as input tax, it is recognised as part of the related asset or expense.

*g) Income tax*
The HRC is a public authority and consequently is exempt from the payment of income tax. Accordingly, no provision has been made for income tax.

*h) Cost allocation*
The HRC has determined the cost of outputs using the cost allocation system outlined below. There have been no changes to the cost allocation methodology since the date of the last audited financial statements. Direct costs are those costs directly attributed to an output. Indirect costs are those costs that cannot be identified in an economically feasible manner with a specific output.

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

*i) Critical accounting estimates and assumptions*
In preparing these financial statements, the HRC has made estimates and assumptions concerning the future. These estimates and assumptions may differ from the subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. There are no estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.



*j) Critical judgements in applying accounting policies*
Management has exercised the following critical judgments in applying accounting policies:

*Leases classification*
Determining whether a lease agreement is a finance or an operating lease requires judgement as to whether the agreement transfers substantially all the risks and rewards of ownership to the HRC. Judgement is required on various aspects that include, but are not limited to, the fair value of the leased asset, the economic life of the leased asset, whether or not to include renewal options in the lease term and determining an appropriate discount rate to calculate the present value of the minimum lease payments. The HRC has determined no lease arrangements are finance leases.

*Research grant expenditure*
For the purposes of making payments, the HRC applies judgement during the year when determining whether an appropriate level of progress and quality has been achieved. It also ensures that no other change events have occurred which might affect payment.

## Note 2 – Revenue from the Crown

| | Actual 2025 $000 | Forecast 2026 $000 | Budget 2027 $000 | Plan 2028 $000 | Plan 2029 $000 |
|---|---|---|---|---|---|
| **Non-exchange revenue** | | | | | |
| Ministry of Business, Innovation and Employment (MBIE) | 128,631 | 120,857 | 118,680 | 114,761 | 103,559 |
| Ministry of Health (MoH) | 285 | 285 | 285 | 285 | 285 |
| | **128,916** | **121,142** | **118,965** | **115,046** | **103,844** |

**Accounting Policy**
The specific accounting policies for significant revenue items are explained below:

*Funding from the Crown*
The HRC is primarily funded from the Crown. This funding is restricted in its use for the purpose of the HRC meeting the objectives specified in its founding legislation and the scope of the relevant appropriations of the funder. The HRC considers there are no conditions attached to the funding, and it is recognised as revenue at the point of entitlement. The fair value of revenue from the Crown has been determined to be equivalent to the amounts due in the funding arrangements.

*Grants received*
Grants are recognised as revenue when they become receivable unless there is an obligation in substance to return the funds if the conditions of the grant are not met. If there is such an obligation the grants are initially recorded as revenue received in advance and recognised as revenue when the conditions of the grant are satisfied.

*Interest revenue*
Interest revenue is recognised using the effective interest method.

*Provision of services*
Services provided to third parties on commercial terms are exchange transactions. Revenue from these services is recognised in proportion to the stage of completion at balance date.

*Joint Operations*
The HRC recognises its share of income and expenditure by Joint Operations it is involved in as the obligations under the contract are performed. Also refer note 5.

**Restrictions attached to revenue from the Crown**
The HRC has been provided with funding from the Crown for the specific purposes of the HRC as set out in its Crown Funding Agreement with MBIE and MoH. Apart from these general restrictions, there are no unfulfilled conditions or contingencies attached to government funding.

**Planning for revenue from the Crown**
A Crown Funding Agreement for the years 1 July 2024 to 30 June 2029 outlining the revenue receivable is in effect.

The Crown Funding Agreement includes the redirection of $5.5m to MBIE for them to administer directly from 2024/25. This represents a reduction in the Government funding for the HRC from July 2024 onwards and one reason for the reduction in spend on research grants. In Budget 2024, the HRC were advised of a funding reduction of $4.91m per annum with effect from 2027/28. In Budget 2025 further reductions were announced (2026/27 $1.439m, 2027/28 $405k, 2028/29 onwards $120k) An announcement post-budget 2025, in July 2025, advised of a further reduction to HRC funding of $11.487m of health research funding and $0.59m of operational funding with effect from 1 July 2026.

With research contracts covering terms of multiple years, this becomes progressively more difficult to manage however the HRC will continue to award grants to the level that can be maintained within the appropriations to the extent known at any given time.

## Note 3 – Research grant expenditure

| | Actual 2025 $000 | Forecast 2026 $000 | Budget 2027 $000 | Plan 2028 $000 | Plan 2029 $000 |
|---|---|---|---|---|---|
| Health Research Contracts | 120,556 | 115,531 | 107,978 | 97,413 | 93,475 |
| Strategic Science Investment Fund | 0 | 4,457 | 4,457 | 4,457 | 4,457 |
| He Ara Whakahihiko Capability Fund | 2,699 | 1,008 | 957 | 1,533 | 1,890 |
| International Collaborations | 310 | 352 | 676 | 437 | 278 |
| | **123,565** | **121,348** | **114,068** | **103,840** | **100,100** |

**Accounting Policy**
*Expenditure related to grants to researchers*
Expenditure is recognised as the obligations under the contract are performed. Provision is made for any retentions and disbursements held at the end of the contract pending a final research report.

*Expenditure related to Joint Operations*
The HRC recognises its share of income and expenditure by Joint Operations it is involved in as the obligations under the contract are performed. Also refer note 5.

*Contract retentions*
Contract retentions relate to amounts withheld equivalent to one month's funding for each year of the term of the health research contract until a contractor provides a final research report. The contract funding retention is recognised as a financial liability at the end of the contract term, until the funding withheld is paid when the final research report is completed and accepted by the HRC.

*Disbursements*
Disbursements relate to amounts held for expenditure claims payable to career development applicants by the HRC upon submission of an approved claim. Disbursements payable are recognised as a liability at the end of the contract.



**Critical judgements in applying accounting policies**
For purposes of making payments, the HRC applies judgement during the year when determining whether an appropriate level of progress and quality has been achieved. It also ensures that no other change events have occurred which might affect payment.

## Note 4 – Cash, short term deposits and funds held on behalf of other agencies

**Accounting policy**
Cash and cash equivalents include cash on hand, deposits held on call with banks. The carrying value of short-term deposits which are invested with maturity dates of three months or less approximates their fair value.

*Funds held for Joint Operations*
Funds held for Joint Operations are the short-term funds set aside to meet the commitments made by the HRC to Joint Operations. These funds are interest-bearing.

*Funds held on behalf of other agencies*
Funds held on behalf of other agencies are the balance of funds held which have been contributed by the HRC and other partners to joint venture projects. These funds are interest-bearing. Where funds have been committed to research contracts, payment terms are dependent on the individual underlying contracts. Uncommitted funds are held with no payment terms. The release of those funds to research projects is approved jointly by the HRC and partners.

Short term funds held on behalf of other agencies are the contract payments to be made in the next 12 months. The balance of funds held on behalf of other agencies are treated as long term liabilities.

*Funds held on behalf of – Foxley Estate*
Funds held on behalf of the Foxley Estate are pursuant to an HRC resolution to hold the bequeathed funds to support the Foxley Fellowship from the interest earned by the fund. During 2024, the HRC received two further bequests amounting to $400k with a final instalment of $17k in 2025. The Council resolved to add these funds to the Foxley reserve.

## Note 5 - Equity

| | Actual 2025 $000 | Forecast 2026 $000 | Budget 2027 $000 | Plan 2028 $000 | Plan 2029 $000 |
|---|---|---|---|---|---|
| **Public Equity** | | | | | |
| **Retained Earnings (Research Contract Management)** | | | | | |
| Balance 1 July | 5,162 | 5,501 | 6,063 | 4,804 | 3,515 |
| Surplus/(Deficit) for the year | 339 | 562 | (1,259) | (1,290) | (1,476) |
| **Balance 30 June** | **5,501** | **6,063** | **4,804** | **3,515** | **2,039** |
| | | | | | |
| **Future Committed Research Grants** | | | | | |
| Balance 1 July | 7,683 | 8,666 | 2,999 | 2,586 | 8,402 |
| Surplus/(Deficit) for the year | (296) | (5,471) | (497) | 5,865 | (1,652) |
| Transfer of Net Income from/(to) Joint Operations Reserve | 1,362 | (234) | 126 | (7) | (7) |
| Transfer of Net Income from/(to) Foxley Reserve | (84) | 38 | (42) | (42) | (42) |
| **Balance 30 June** | **8,666** | **2,999** | **2,586** | **8,402** | **6,701** |
| | | | | | |
| **Joint Operations Reserve** | | | | | |
| Balance 1 July | 2,135 | 773 | 539 | 413 | 420 |
| Transfer (from) / to accumulated surplus / (deficit) | (1,362) | (234) | (126) | 7 | 7 |
| **Balance 30 June** | **773** | **539** | **413** | **420** | **427** |
| | | | | | |
| **Public Equity** | 14,940 | 9,601 | 7,803 | 12,336 | 9,167 |
| | | | | | |
| **Foxley Reserve** | | | | | |
| Balance 1 July | 1,419 | 1,503 | 1,541 | 1,583 | 1,625 |
| Transfer (to)/from Accumulated Surplus/(deficit) | 84 | 38 | 42 | 42 | 42 |
| **Balance 30 June** | **1,503** | **1,541** | **1,583** | **1,625** | **1,667** |
| | | | | | |
| | **16,443** | **11,142** | **9,386** | **13,961** | **10,834** |



**Accounting policy**
Equity is measured as the difference between total assets and total liabilities. Equity is disaggregated and classified into the following components.

- Accumulated surplus/(deficit)
- Future committed research grants
- Joint Operations reserve
- Foxley Estate reserve

The accumulated funds of the Health Research Council have been disaggregated to illustrate the distinction between reserves that have been contractually committed to grant payments with future payment dates versus the underspend on research contract management arising from savings that have been achieved through lower spend on travel and staffing costs. It is important to note that the former category does not represent value that remains available for granting but has already been awarded and will be paid out as milestones are met.

*Joint Operations Reserve*
**Accounting policy**
The HRC recognises its share of jointly controlled assets, liabilities, expenses, and income. The Joint Operations reserve represents the HRC's interest in assets and liabilities of jointly controlled operations at balance date.

The HRC historically entered into joint funding arrangements with various parties. The HRC generally entered into an overall agreement with another party whereby the main terms and format of the research funding agreement are agreed ("Umbrella Agreement"). The parties then agreed on the research initiatives under that Umbrella Agreement. Under these research agreements, the HRC and the other party generally agree to:

1. jointly contribute an amount (committed funds) to pursue research activities ("the research initiative"); and
2. have equal decision-making rights as to how those monies are spent.

The HRC accounts for its Joint Operations by recognising its share of the jointly controlled assets, liabilities and expenses and income as these are incurred.

*Foxley Estate Reserve Fund*
The Foxley Estate Reserve Fund relates to the assets bequeathed to the HRC in 1998. The Council resolved to hold the bequest funds as the "Foxley Estate Reserve Fund" and to support the Foxley Fellowship from the interest earned by the fund. Interest received on these assets is credited to the reserve. A further $400k was added to the reserve in 2024 following the receipt of two further unrelated bequests with a final instalment of $17k in 2025. Grants made for research sabbaticals are charged against the reserve.

## Note 6 - Capital management

The HRC's capital is its equity, which comprises accumulated funds and other reserves. Equity is represented by net assets. The HRC is subject to the financial management and accountability provisions of the Crown Entities Act 2004, which impose restrictions in relation to borrowings, acquisition of securities, issuing guarantees and indemnities and the use of derivatives. The HRC manages its equity as a by-product of prudently managing revenues, expenses, assets, liabilities, investments, and general financial dealings to ensure the HRC effectively achieves its objectives and purpose, whilst remaining a going concern.

## Note 7 – Reconciliation of operating surplus / (deficit) to net cash flow from operating activities

| | Actual 2025 $000 | Forecast 2026 $000 | Budget 2027 $000 | Plan 2028 $000 | Plan 2029 $000 |
|---|---|---|---|---|---|
| Surplus /(Deficit) for year | 43 | (5,301) | (1,756) | 4,575 | (3,127) |
| Add non-cash items | | | | | |
| Depreciation and Amortisation expense | 80 | 78 | 43 | 17 | 6 |
| Add/(deduct) movements in provisions | (2,036) | 475 | 91 | 52 | 35 |
| Add/(deduct) movements in working capital items | | | | | |
| Receivable (increase)/decrease | 348 | 118 | 57 | (8) | 1 |
| Payables increase/(decrease) | (229) | 507 | (273) | (40) | (75) |
| | **(1,794)** | **(4,123)** | **(1,838)** | **4,596** | **(3,160)** |



# How the HRC reports on strategy and performance - the documents

**Medium-term strategy and investment signals**

**Investment Plan (Y1-Y3)**

Outlines the HRC's investment vehicles, funding opportunities and strategic priorities for the next three years.
Produced with the Statement of Intent.

**Statement of Intent (SoI, Y1-Y4)**
*(Statutory document)*

Produced every three years. Outlines strategic objectives and approach to governance - sets KPIs for meeting strategic objectives. No financial information included.

*Progress Against Outcomes & Strategic Intentions*

**Annual reporting of performance**

**Statement of Performance Expectations (SPE)**
*(Statutory document)*

Annual expectations for outputs directly funded by appropriations. Sets KPIs for service performance and financial forecasts for the next year.

*Statement of Objectives & Service Performance*

**The Annual Report**
*(Statutory document)*
Annual report on performance in meeting strategic objectives and KPIs outlined in the SoI (Part 2 of the report) and presenting performance information and KPIs for annual appropriations outlined in the SPE (Part 3 of the report).

**Quarterly Report**

Updates against the Crown Funding Agreement with MBIE and the Funding Letter with the Ministry of Health.

**Impact of HRC investment**

**Investment Impact Report**

Three-yearly to underpin Budget process.

Up to date versions of these documents are available on the HRC website.

# Glossary of abbreviations and terms

- AI: Artificial Intelligence
- DMCC: Data Monitoring Core Committee
- DORA: Declaration on Research Assessment
- FNI: First Named Investigator
- GPS: Government Policy Statement on Health
- GTAC: Gene Technology Advisory Committee
- HDECs: Health and Disability Ethics Committees
- HRC: The Health Research Council of New Zealand
- HRC Act: Health Research Council Act 1990
- HRC EC: HRC Ethics Committee
- IECs: Institutional Ethics Committees
- IRO: Independent Research Organisations
- KPI: Key Performance Indicator
- MBIE: Ministry of Business, Innovation and Employment
- MRINZ: Medical Research Institute of New Zealand
- NZHRPF: New Zealand Health Research Prioritisation Framework
- NZHRS: New Zealand Health Research Strategy
- Outputs: The principal services that we provide and the functions we fulfil, which are linked to our funding
- PMSITAC: Prime Minister's Science, Innovation and Technology Advisory Council
- PRO: Public Research Organisations
- SCOTT: Standing Committee on Therapeutic Trials
- SPE: Statement of Performance Expectations
- SSAG: Science System Advisory Group
- SSIF: Strategic Science Investment Fund
- VMCF: Vision Mātauranga Capability Fund

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

New Zealand Government
Te Kāwanatanga o Aotearoa

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