

E11

**Report of the
Health Research Council
of New Zealand
for the year ended
30 June 2008**

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

E11

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CONTENTS

Statement of Purpose.....	4
Foreword by the Chair.....	5
Chief Executive’s Report	7
Governance and Accountability Statement.....	15
Outcome Statement	19
Capability to achieve the Outcomes	24
Statement of Responsibility	27
Audit Report.....	28
Financial Statements.....	32
Organisational Information	70
New Research Contracts.....	74
New Career Development Awards.....	87
Research Contracts Completed During the Year or In Progress	90
Career Development Awards Completed During the Year or In Progress	107

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Statement of Purpose

Mission

Benefiting New Zealand through health research

Functions

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

- a) to advise the Minister on national health research policy;
- b) to administer funds granted to the Council for the purpose of implementing national health research policy;
- c) to negotiate, once every three years, the bulk funding allocations that may be made to the Council by the Government for the funding of health research;
- d) to foster the recruitment, education, training, and retention of those engaged in health research in New Zealand;
- e) to initiate and support health research;
- f) to encourage initiatives into health research by soliciting research proposals and applications, particularly in areas considered by the Council to have a high priority;
- g) to consult, for the purpose of establishing priorities in relation to health research, with
 - (i) the Minister of Health;
 - (ii) the Ministry of Health;
 - (iii) District Health Boards;
 - (iv) other persons who fund or produce research, whether in the public sector or the private sector, and
 - (v) persons who have knowledge of health issues from the consumer perspective.
- h) to promote and disseminate the results of health research in ways that will be most effective in encouraging their contribution to health science, health policy, and health care delivery;
- i) to advertise actively for applications for grants to support proposals or personal awards in relation to health research;
- j) to appoint the members of the Biomedical Research Committee, the Public Health Research Committee, the Maori Health Committee and the Ethics Committee;
- k) to ensure the development and application of appropriate assessment standards by committees or subcommittees that assess health research proposals, and
- l) to administer any additional funds that may be made available to the Council from either public or private sources for the support of health research.

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

Foreword by the Chair

2007/08 was a year of challenge and opportunity for the Health Research Council of New Zealand (HRC). It was also a year of significant achievements. Accordingly, on behalf of the Council I am pleased to present this report.

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

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

In that regard, it needs to be made clear that health research in New Zealand comprises a world-class research community, which continues to make significant contributions to the better understanding of health and illness and the development of health policy and guidelines for practice and health services.

The ongoing achievements of researchers funded by the HRC are outstanding and clearly demonstrate that New Zealand continues to receive an excellent return on its investment in health research. These achievements are based not only on the dedication and quality of the researchers, but the international peer-review process used by the HRC to assess the merit of the applications that it receives. This process, which is rigorous and demanding, relies on the commitment and expertise of the referees and the HRC's assessing committees to sustain the high standards of excellence required by applicants to succeed. The intense competition for research funds is a distinctive feature of the health research funding environment in which the HRC operates.

In this year's Budget it was pleasing to receive an increase of \$4 Million, with \$3 Million for the contestable funding round and \$1 Million for the partnership programme with particular reference to obesity research. Nevertheless there will still be a significant quantum of high quality research that goes unfunded. Consequently, opportunities are lost.

The environment for investing in research is also constrained by the increasing cost of research as a result of inflationary pressures. These constraints do impact adversely on maintaining both the capability and capacity of New Zealand's health research work force. This state of affairs is of particular concern to the Council which has now completed a new strategic plan for the next quinquennium. In doing so, the Council is cognisant of the lead times and resourcing challenges involved in taking the steps necessary to properly implement this plan. These things said, the Health Research Council is committed to responding constructively to these challenges and continuing to work collaboratively with key stakeholders whose support will be a vital factor in succeeding with the new strategic plan and the vision that informs it.

The HRC is also endeavouring to continue to build on the success of the Partnership Programme; that is why the \$1 Million increase for obesity research announced in the Budget is so important. At the same time, we are continuing to consolidate exciting partnership initiatives that target areas such as children, youth, Maori and Pacific peoples and people with disabilities into sustainable, cross-sectoral health research programmes. The Partnership Programme also gains both credibility and momentum through joint funding arrangements with a number of Ministries, as well as other Crown agencies to support research that provides evidence for policies in areas such as environmental health, occupational health and safety and mental health.

The HRC's collaboration with the District Health Boards (DHB's) through the administration of the investment of funding dedicated to research prioritised by the DHBs that aims to produce service delivery of benefit to patients is continuing. This research and the translation of findings from it remains a priority for both the DHB's and the HRC, as is sustaining this particular avenue of investment.

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

Despite the challenging environment in which the HRC operates, there is then a strong record of achievement evident in this report. In this regard, I would like to acknowledge the unfailing support and dedication of my colleagues and the Board, the Chief Executive, Dr Robin Olds, and the Secretariat of the HRC.

The way ahead is demanding. Nevertheless, the Council is clear about the strategic direction to be pursued. In doing so, it will build on what has already been achieved and continue seeking the additional resources required to make possible the research outputs that contribute to improving health outcomes and reducing inequalities in the health and well being of New Zealanders.



Professor Graeme Fraser, CNZM
Chair, Health Research Council of New Zealand

Chief Executive's Report

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

The majority of HRC funding, for operational costs and for investment in health research, is provided by Vote RS&T, with additional contributions arising from agencies and organisations who are involved in the HRC's Partnership Programme and District Health Board Research Fund.

Through its research investments the HRC contributes to the development of knowledge which can be used by a range of end-users to inform development and implementation of policy and practice linked to health outcomes. Where appropriate, the outputs of HRC research also contributes to economic outcomes.

In the 2007/08 year, a significant piece of work for the HRC was the development of its Strategic Plan 2008-2013. The goals of the new plan, and their associated performance measures, are reflected in the 08/09 Statement of Intent. This annual report, therefore, represents the last addressing the old plan, Vision 2008.

The outputs and outcomes from HRC's investment contribute to the nine outcomes described in the Outcome Statement (page 19). These outcomes link to the HRC's mission: "To improve human health by promoting and funding health research" (HRC Act 1990) and to its vision that: 'no opportunity for excellent health research is missed'.

The progress that the HRC has made to meet the objectives set out in the 2007/08 Statement of Intent are described in this report with a specific focus on the strategies identified for each of the nine outcomes. The strategies are described in the Outcome Statement (page 19). Progress towards achievement of the Outcomes is described below.

Outcome 1: New Zealand's potential to conduct excellent and relevant health research is maximised.

During the year the HRC invested in 60 new health research proposals, in addition to continuing to support contracts that had been initiated up to three years previously. Proposals were selected for funding on the basis of their scientific merit and how closely they aligned to stated health research priorities, using peer review and contestable funding processes. The investment for the year totalled \$62.90M. Investments were in biomedical, clinical, health services research, public health research, Maori and Pacific health research in nine Research Portfolios. Competition for funding contracts remains high as it has for previous years, with demand far outstripping available resources. Details of the specific new contracts are on pages 71 to 83, with the previous contracts listed on pages 87 to 93.

The HRC's outputs from its research investment are reviewed annually and contribute to the RS&T Scorecard and are summarised in a report to the Ministry of Health; "The HRC and the New Zealand Health Strategy: Providing Evidence to meet Health Goals".

Over the past eight years the HRC has been increasing its investment in six-year Programme contracts. As of 30 June 2008 expenditure on Programmes was \$28.95M (51.2% of Output Class 2 Contestable Funding Round expenditure). Investment through this type of contract is consistent with Vote RS&T policy to create a more stable funding environment, and has been well received by the research community. *It is expected that 50% of HRC's research expenditure in the annual contestable round will be on programmes by the end of the 2007-2008 year.*

Outcome 2: *New Zealand has invested in establishment of a world-class health research workforce*

Several achievements during the year are worthy of note. These included:

- i) Continued growth of training opportunities for clinical research. The HRC invests in Clinical Research Training Fellowships (CRTFs), which support recipients to complete a PhD in areas of clinical relevance. The awards are highly sought after and it was possible to fund a further six high quality applicants, bringing the total CRTFs awarded since the programme was established to 24.
- ii) Continued uptake of early career support, provided through the prestigious Sir Charles Hercus Health Research Fellowship. Two new Fellowships were awarded to promising early career (advanced post-doctoral) researchers.
- iii) Establishing and maintaining the growth of the Maori health research workforce. Consistent investment over a period of years is seeing significant gains in this area, with real demand for the series of awards offered by HRC, from Masters through to PhD and post-doctoral support. The HRC now provides up to \$125,000 research working expenses for Maori and Pacific health research post-doctoral fellowships.
- iv) Career development awards for disability research. The programme was initiated after recognition of the low capacity and capability of the disability research sector. Uptake of awards offered by HRC has been slow, but experience with other career development awards indicates that momentum takes time to develop.
- iv) Further provision of training opportunities for Pacific health research, with uptake of awards for Masters and PhD training, as well as post-doctoral support.

Outcome 3: *New Zealand has created opportunities to bridge the gaps in careers for the health research workforce*

HRC has implemented and maintains a coherent set of career development awards, focussing primarily on areas of high need, such as Maori and Pacific health research, and supports PhD and post-doctoral level researchers through research funding contracts. Additionally, a specific type of contract, the Emerging Researcher First Grant scheme has proven popular, and pleasingly HRC was able to award 10 new contracts during the year in question, up from the six awarded in the previous year. It was not possible, however, to implement all of the strategies identified in HRC's strategic plan, Vision 2008.

Outcome 4: *Improved health and well-being for New Zealanders through translation of the Outputs of health research into health services*

HRC made significant progress towards this outcome during the year.

- i) Momentum continues to build for research capability and research outputs relevant to District Health Boards. Through the District Health Board Research Fund (DHBRF), which is managed by HRC, five priority areas identified by the 21 DHBs are reflected either as active research contracts, or are at the Requests for Proposals stage. The priority areas are:
 - a) chronic care;
 - b) cancer;
 - c) access to services;
 - d) diabetes, and
 - e) mental health.
- ii) Through the HRC's Partnership Programme, active Joint Ventures with the Ministry of Health include:

a) Evaluation of Primary Health Care Strategy	\$2.40M over 6 years
b) Immunisation Research Joint Venture	\$2.40M over 6 years
c) Pacific Health Research Programme	\$0.80M over 3 years
d) Primary Prevention of Cancer	\$5.70M over 3 years
e) Maori Health Joint Venture	\$2.04M

The HRC also manages two contracts on behalf of the Ministry of Health: providing workforce awards for Pacific (\$0.70M over 2 years) and Pacific Mental Health (\$0.58M over 2 years) trainees;

- iii) Translational research is prioritised by HRC in its funding decision-making processes, and
- iv) Priority areas for both the NZ Health Strategy and the Disability Strategy are incorporated into the HRC Research Portfolio strategies and have significant impact on the assessment and therefore the selection of proposals for funding.

Outcome 5: Taking advantage of New Zealand's unique opportunities and challenges

The HRC completed "Nga Pou Rangahau Hauora Kia Whakapiki Ake Te Hauora Maori (The Health Research Strategy to Improve Maori Health and Well-being 2004-2008) in 2004 and is now implementing strategies to achieve the eleven goals in the Strategic Plan. Of particular importance in the current year was investment in:

- i) research responsive to Maori health needs (Goal 1);
- ii) the conduct of quality Maori health research (Goal 2);
- iii) Maori health research workforce development (Goal 4);
- iv) Rangatiratanga/partnership with tangata whenua (Goal 7), and
- v) collaborations with other indigenous peoples (Goal 10).

The Strategic Plan for Pacific Health Research 2006-2010 was launched by Hon Pete Hodgson, Minister of Health, in February 2006. The plan is inspired by a vision of optimal health for Pacific peoples and a mission to find Pacific health and disability solutions through research. HRC has progressed each of the six goals of the Plan, with particular highlights being:

- the award of several research contracts of direct relevance to Pacific health issues, including the first Pacific-lead research project for several years;
- the continued growth of the number of recipients of awards supporting capacity and capability development, and
- successful engagement with Pacific communities about health research through "Roadshows" run by the Pacific health research team of the HRC.

Outcome 6: Cross-sectorial research partnerships supporting evidence based public policy and practice

Through the Partnership Programme the HRC managed 22 joint ventures with 12 partners this year. Significant initiatives included the following:

- i) project management of the pilot for a new longitudinal cohort study for the Ministry of Social Development;
- ii) a programme of jointly funded occupational health and safety research in partnership with the Accident Compensation Corporation (ACC) and the Department of Labour, and

- iii) a community-based approach to alcohol problems amongst New Zealand's Pacific peoples jointly funded through a partnership with the Alcohol Advisory Council (ALAC) and ACC.

The HRC has also worked with FRST to ensure that activities of potential relevance to both agencies are managed in an appropriate manner.

Outcome 7: An enhanced international research profile through strengthened networks and increased global connections

The HRC has a number of important international networks and collaborative initiatives which add value to health research outputs in New Zealand. These include:

- i) an excellent working relationship with the NHMRC (Australia) to strengthen Trans-Tasman health research initiatives (e.g. Australia-NZ Clinical Trials Register) and to benchmark HRC performance (e.g. bibliometric analysis of publications);
- ii) together with the Canadian Institutes of Health Research and the NHMRC (Australia), the HRC has established the International Collaboration in Indigenous Health Research Programme, and
- iii) through the International Investment Opportunities Fund:
 - HRC supports new research collaborations with international partners (Objective 1), with three new contracts being awarded during the year in question. All the collaborations supported must be able to produce gains for New Zealand and/or leverage overseas funds to support a longer term research project
 - (Objective 2) the HRC is in the process of establishing a Trans-Tasman Clinical Trials Collaboration, and the first contracts let through this initiative will be reported in next year's Annual Report. Similarly, HRC has been working on developing a research partnership with A*STAR in Singapore; significant new funding (\$1M) has been made available for this, although was not allocated during the 07/08 year. This new funding allocated to the initiative is in addition to money that has been redirected from a proposal to establish collaboration with the Science and Technology Commission of the Shanghai Municipality. The latter relationship proved difficult to develop, and with the approval of MoRST the Singapore relationship has been progressed instead.

Outcome 8: The capture for New Zealand of the economic benefits arising from health research

HRC funded research has led to the development of intellectual property which has been protected and developed by host institutions through the HRC's intellectual property agreements. The HRC has been particularly interested in intellectual property which has the potential to contribute to both health and economic outcomes.

Outcome 9: New Zealand has the infrastructure needed to support high quality health research

World-class biomedical research requires access to state of the art technology. The HRC has worked with the research community (e.g. through International Investment Opportunities Fund (Objective 1) to support them to gain access to these key technologies.

Funding Round

The HRC's main contestable funding round was conducted between November 2007 and June 2008. A robust and clearly defined policy managed real or perceived conflict of interest for those involved at the various levels of the funding decision process. Funding decisions were informed both by scientific merit, judged through a peer review process, and fit with health research priorities. Criteria for the scientific assessment were:

- health significance;
- scientific merit;
- design and methods, and
- expertise and track record of the research team.

These criteria were used by the national and international referees who reviewed research proposals and by one of the HRC's eight Science Assessing Committees for those proposals which progressed to full review. The HRC's peer review process meets international best practice standards. Following ranking of proposals based on their scientific merit by the HRC's Research Committees, fit to health research priority was reviewed by the HRC's Grant Approval Committee (a sub-committee of the HRC's Board made up of the Chairs of the Research Policy Advisory Committee, Biomedical Research Committee, Public Health Research Committee, Maori Health Committee and Pacific Health Research Committee) and their recommendations on proposals to be funded were submitted to the Board for approval. The Grant Approval Committee considered health research priority based on:

- relevance to HRC research portfolio priorities;
- relevance to HRC's priority populations;
- contribution to workforce recruitment and/or retention, and
- relevance to priorities of the NZ Health Strategy, NZ Disability Strategy, He Korowai Oranga, The Maori Health Strategy and MoRST's Strategy, Vision Mātauranga.

Successful research providers negotiated the details of their contracts from May 2008 for initiation after 1 July 2008.

Funding Round Outcome

The 2007-2008 Funding Round was competitive with a very high standard of research proposals submitted for consideration. The 2008 budget provided a welcome funding injection of \$3M per annum for the next four years. However, significantly more research was judged as worthy of funding than could be supported through the available funds. A reality of the health research environment is that costs of research are rising significantly, driven in part by the increases in academic staff salaries made possible through increased Government funding to the tertiary sector. Analysis of the costs of projects funded by HRC shows that there has been an average increase of 33% over the last four years, with a 48% increase over the same period for biomedical and clinical research projects.

Of the \$66.9M allocated for expenditure over the next three years, a total of \$35.5M went to biomedical and clinical research contracts, \$28.0M to public health research and \$3.4M to Maori health research contracts. The University of Auckland and the University of Otago received new contracts worth \$24.7M and \$23.3M, respectively. Other institutions received a total of \$18.9M.

Details of the successful new contracts awarded in each of the categories are set out on pages 71 to 83. Some of the key points are summarized in the following sections.

Emerging Researcher First Grant Contracts (maximum value \$150,000)

Emerging Researcher First Grants were introduced in the 2005 funding round to cultivate researchers ready to pursue an independent stream of investigation. Ten (biomedical, Maori health) from 31 proposals were funded. A total of \$1.4M was awarded.

Project Contracts (no maximum value)

A total of 217 project applications, including projects within programmes, were reviewed, paralleling the numbers of the past several years and indicating that there is no lessening of demand for research funding. Forty six projects worth \$46.7M were able to be funded, compared to 42 in 2007. The overall success rate for all project proposals was 21.2%, a marginal increase from last year (19%). Taking a five year perspective, the funding environment for research providers is significantly tougher now; in 2005 81 projects were funded, with a success rate of 34.5%, and in 2006 73 projects were funded, representing a success rate of 30%.

Programme Contracts (no maximum value, contracts 3 yr plus 3 yr extension)

Programmes provide significant and prolonged support to the top-performing health research groups. Four Programme extensions were received and four were approved for three more years. These were in the areas of health inequalities, cardiovascular disease, disorders of the brain and health risk interventions.

A total of 16 new Programme applications were received. Individual projects making up the proposed Programme were assessed through the peer review process. The Programme Assessing Committee then evaluated the coherence and the vision of the overall Programme. Five new Programmes were funded, to study cancer therapy, control of glucose metabolism, genetics of common conditions, prediction and protection in heart disease and occupational health.

A total of \$29.3M was allocated to either new or extended Programmes.

The outputs and outcomes of the research contracts funded, in previous years, were detailed in annual research reports from research providers. These reports were reviewed by the relevant HRC Research Committee and used to inform reporting to both MoRST and MoH.

Evaluation of the research proposals and outputs of funded research were also be used by the HRC's Research Policy Advisory Committee in making its recommendations to the Board on changes to the Investment Strategy for the next year.

Dissemination of HRC Activities

In addition to this Report which includes the HRC's audited accounts, the HRC prepares "The HRC and the New Zealand Health Strategy: Providing Evidence to meet Health Goals" report for the Minister of Health. It also publishes a Newsletter (quarterly), Panui (quarterly) and an electronic Newsletter (fortnightly). It will also publish Performance Highlights 2007/08.

Liley Medal

In 2004 the HRC established the Sir William Liley Medal to recognise outstanding achievement of a New Zealand health research scientist. This prestigious medal recognises the outstanding contribution of Sir William Liley (1929 - 1983) to health and medical sciences in New Zealand. In 2007, the winner of the Liley medal was Professor Innes Asher, University of Auckland.

Council and its Committees

The Council is a Management Board with the ten members appointed by the Minister of Health. During the year it met on 9 occasions (10 days).

The Chairs of three Statutory Committees (Biomedical Research [Professor Tony Reeve], Maori Health [Acting Chair, Dr Clive Asplin], and Public Health Research [Professor Alistair Woodward]) are members of the Board. The Chair of the Pacific Health Research Committee [Ms Esther Cowley-Malcolm] and Research Policy Advisory Committee [Professor Richie Poulton], two standing Committees of the Board are also members of the Board.

Professor Jane Harding and Ms Aroha Hudson completed their six year terms and were replaced by Associate Professor Susan Stott and Ms Kath Fox in December 2007.

Each of these Committees met 3-4 times during the year to conduct the business of the Committee. Principal activities included oversight of contestable funding round processes, selection of scholars and fellows for HRC career development awards and provision of advice on relevant HRC policies and practices. The oversight of the HRC's peer review of research proposals is important to ensure that the processes used meet international best practice standards. HRC has a strict policy to manage conflict of interest during the peer review process. The Research Policy Advisory Committee which has research provider and end-user stakeholder representation within its membership, provided the Board with advice on development and implementation of the HRC's research policy framework.

A sub-committee of the Board (Grant Approval Committee) consisting of the Chairs of the five above mentioned committees met to finalise the recommendations for new research contracts from the 2007/08 Funding Round.

The HRC Ethics Committee (Acting Chair: Dr Neil Pickering) is a statutory committee supported by the HRC's contract for research support services and policy advice with the Ministry of Health. The Committee met on four occasions. The Committee reviewed annual reports of all accredited regional and institutional ethics committees, reaccredited the seven Health and Disability Ethics Committees (HDEC) and four institutional ethics committees (accreditation review occurring every three years) and provided comments on ethics guidelines for health research. At the request of a researcher, the Committee also provided a second opinion on a research proposal that had been declined ethical approval by an HDEC.

The HRC's Data Safety Monitoring Board (Chair Professor Tom Fleming) provides objective, independent monitoring of clinical trials in New Zealand, particularly large scale trials in the setting of life-threatening diseases or where vulnerable groups are involved. The committee provided oversight on six clinical trials during the year.

The HRC's Standing Committee on Therapeutic Trials (SCOTT) reviewed 119 applications to conduct a clinical trial under section 31 of the Medicines Act (1981). The HRC's Genetic Technology Advisory Committee released "Guidelines for Preparation of Applications Involving Clinical Trials of Xenotransplantation in New Zealand" and "Process and Guidelines for Application for Approval of Proposals Involving Administration of Gene Products to Human Subjects in New Zealand". The Committee also reviewed a new application to conduct a clinical trial of an investigational gene therapy and responded to information requests from the Ministry of Health regarding the Committee's assessment of a xenotransplantation application.

Secretariat

The HRC has a staff of 35. The Secretariat provides support to the Board and to the HRC's Statutory and Standing Committees. The staff is also responsible for the conduct of the day to day activities of the HRC. In addition, the HRC supports an additional 5 FTEs on income from contracts with the Ministry of Health, and other ministries and organisations involved in the HRC Partnership Programme.

A handwritten signature in black ink, appearing to read "Robin Olds". The signature is written in a cursive, flowing style.

Dr Robin Olds
Chief Executive

Governance and Accountability Statement

The HRC is accountable to both the Minister of Health and the Minister of RS&T, an arrangement addressed through a Memorandum of Understanding, between the two Ministers. As a result of this arrangement the HRC, as a Crown Agent, has had to develop policies and practices, which enable it to be responsive to the strategic priorities of both Vote Health and Vote Research, Science and Technology.

To facilitate the HRC's response to Vote Health priorities it has developed a research policy framework, which utilises the health sector's five priority populations (Maori, Pacific peoples, people with disability, older adults and children and youth). It also assesses the relevance of fundable research proposals to the NZ Health Strategy, NZ Disability Strategy, and He Korowai Oranga and Vision Mātauranga. Through its Targeted Research for Health output the HRC invests in a number of key areas (e.g. Healthy Eating: Healthy Action), identified by the MoH, as research priorities. The HRC's Partnership Programme has created a number of opportunities for the HRC to establish joint ventures with the MoH and with other stakeholders (e.g. ACC). These joint ventures, many of which have an across government approach, contribute to building evidence-informed policy and practice in key areas, e.g. air quality, housing and health. The HRC works with departments and Ministries across government to develop the themes for these initiatives.

The Minister of Health has issued HRC with a letter of expectation for 2007-08. The letter sets down for HRC specific areas and focus beyond HRC's statutory and wider responsibilities. These areas include relationships and information flows, prioritisation processes, the effectiveness and efficiency review and organisational capability.

The health sector's research needs continue to evolve and the HRC works with staff, within the various directorates of the Ministry, to identify future research opportunities of importance.

The HRC is also accountable to the Minister of RS&T for the funding received from Vote RS&T. The HRC is one of three Funding and Investment Agents responsible for the implementation of the Government's strategy for the science sector. Together with MoRST and the MoH, the HRC contributes to the future directions of New Zealand's investment in health research.

Recent decisions by Government have identified the key role for science in creating increased value for New Zealand. Eight actions have been identified and these are as follows:

- accelerate the commercialisation of research;
- build a more effective, stable funding environment;
- outline a long-term strategy for RS&T in New Zealand;
- ensure longer-term sustainable RS&T investment;
- provide support for essential RS&T infrastructure;
- provide support for high performers;
- engage New Zealanders with RS&T, and
- provide skills for the future.

The implementation of the policies and processes linked to these activities will impact on the HRC and create opportunities to enhance the contribution of research to health outcomes, and to the economy.

Also important for the HRC is the role played in improving health outcomes for Maori. The HRC is working closely with MoRST to implement Vision Mātauranga and with Te Kete Hauora at the MoH.

Health research is a high performing sector of the science system and it is recognised outside New Zealand as being of a world-class standard. This has enabled the HRC to form international partnerships and to be invited to joint consortia such as the Human Frontier Science Program.

While the operating environment for the HRC is complex and dynamic it provides opportunities which the HRC seeks to capture through investment in high quality research and outstanding people, who will create value for New Zealand through improved health outcomes and the capture of economic benefits.

Governance and Committees

The HRC has a ten-member Board appointed by the Minister of Health (see p68). Five members are, or have been, actively engaged in health research and five have skills and experience in areas relevant to the activities of the HRC. Members of the Board chair each of the HRC's four Statutory Committees (the Biomedical Research Committee, Maori Health Committee, Public Health Research Committee and Ethics Committee). Members of the Board also serve on the Pacific Health Research Committee, Research Policy Advisory Committee, Grant Approval Committee and on the Risk Management Committee. The principal activities of these committees are described in the section on Information on the Organisation.

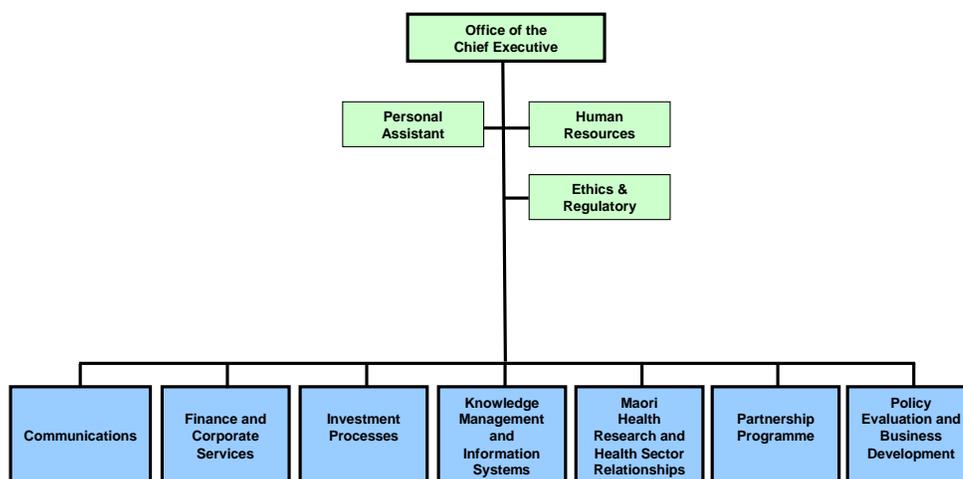
The HRC has two other Standing Committees: the Standing Committee on Therapeutic Trials (SCOTT) and the Gene Technology Advisory Committee (GTAC) which provides advice and reviews applications requiring clinical trials approval under the Medicines Act (1981).

The HRC's committees provide advice and recommendations on HRC policies and procedures and play a major role in the peer-review processes used to assess research proposals and applications for career development awards submitted to the HRC for funding.

HRC's Organisational Structure

The HRC Secretariat is made up of seven groups with specific roles and responsibilities.

Each group is led by a member of the Executive Management team. The groups are as follows:



To achieve the objectives the HRC has a team of 35 highly professional and talented people. Because of size, these people often have diverse roles. Members of the Secretariat have developed functional working relationships with staff in other government departments and agencies, research provider institutions and the other RS&T funding and investments agents. Attracting and retaining staff through being seen as an employer of choice is a focus for the HRC. We participate in the JRA Best Places to Work survey and outcomes from that survey are discussed with staff to find ways to enhance our culture. Staff development opportunities are proactively encouraged. The HRC is proud of its flexible approach to individual circumstances especially with regard to staff returning from parental leave and the use of glide time to obtain lifestyle balance.

The HRC is not anticipating any key human resource areas of change for the coming year. Initiatives to maintain staff satisfaction will continue through the following:

- completing the development of a Human Resources Policy which encompasses the overall goals recognised in being a Good Employer and identifies parameters consistent with the need for organisational efficiency and effectiveness;
- continuing to use workplace profiling statistics to ensure workplace diversity;
- using a Staff Knowledge Bank to utilise expertise and skills;
- encouraging a culture of constant learning to develop staff to their maximum potential, and
- continuing to support Maori language training initiatives for staff.

The HRC is committed to the six Development Goals for the State Services: Employer of Choice; Excellent State Servants; Networked State Services; Coordinated State Agencies; Accessible State Services, and Trusted State Services.

The HRC will repeat its Stakeholders Survey in 2008. This survey was undertaken in 2005 and provided an opportunity for the many agencies, organisations and individuals who engage with the HRC to provide feedback on our wide range of activities. The 2005 survey identified a number of positive aspects of our performance which included “professional and enthusiastic staff who are committed to their work”.

Developments for our electronic interface with stakeholders through our website and reporting databases will continue in the coming year.

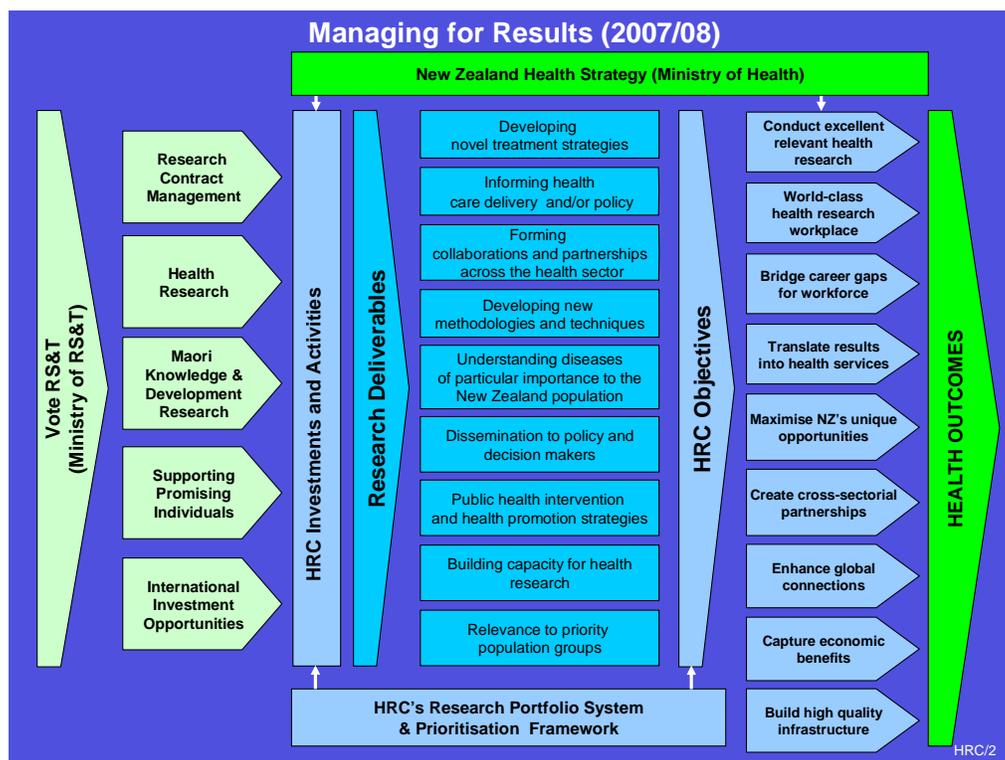
HRC will also adopt agreed recommendations that may come from the effectiveness and efficiency review that will be completed on behalf of the Minister of Research, Science and Technology.

Manual and electronic document management will continue to be reviewed to ensure the HRC meets the requirements that are being introduced under the Public Records Act 2005. Currently a specific electronic document record management system is not used. Funding for an electronic system would need to be secured before that project could start.

HRC's Contribution to Government Goals

The HRC will make a significant contribution to the Government's health objectives by supporting the knowledge base required to achieve the goals of the New Zealand Health Strategy, the New Zealand Disability Strategy and He Korawai Oranga, the Maori Health Strategy.

Managing for Results (2007/08)



The HRC is funded from five Vote RS&T output expenses. Vote RS&T funding is invested by the HRC in a range of activities which result in research deliverables which contribute to one or more of the HRC's nine objectives. The translation of these objectives into improved health and well being of the population is the final step. In delivering these objectives HRC's investment will contribute to two of the Government's outcomes for Vote Health:

- Better Health For All
"The best possible improvement in New Zealanders health status and quality of life over time within the resources available", and
- Reduced Inequalities
"An improvement in the health status of those currently disadvantaged, particularly Maori, Pacific peoples and people with low socio-economic status".

The HRC's investment decisions are made on the basis of Vote RS&T policy, the New Zealand Health Strategy and the HRC Research Portfolio System and Prioritisation Framework. The following section of the Statement of Intent describes the investments strategies and activities for each of the nine objectives.

Outcome Statement

The HRC has identified nine Objectives which its investment, strategies and activities will contribute to. The Objectives are similar to the strategic goals described in Vision 2008. For each objective the HRC has identified the key strategies to be implemented to achieve the objective, relevant performance measures and links to one or more of the HRC's Outputs.

Objective 1: New Zealand's potential to conduct excellent and relevant health research is maximised

Opportunities exist to exploit our excellence in health research through investments which will contribute to evidence-based improvements in health outcomes and New Zealand's future as a knowledge-led society.

To achieve this objective our strategies over the next three years will include:

- i) manage investment in all nine HRC Research Portfolios to ensure that HRC funds the maximum quantum of excellent, relevant health research;
- ii) manage investment in research programmes¹ towards a target of 50% of HRC's overall investment consistent with an appropriate balance between project and programme investment;
- iii) working with MoRST and the other RS&T funding and investment agents to ensure that, where relevant, investment in health research is managed through the HRC;
- iv) ensuring HRC uses peer-review processes which meet international best practice standards to identify excellent and relevant research;
- v) ensuring that those areas in which New Zealand has a competitive edge are developed, and
- vi) investment in strategic research in which New Zealand has a unique competitive knowledge (e.g. animal models² for human disease).

In 2007/08, the HRC focused on maximising the opportunities to invest, through the HRC's contestable funding round, in high quality relevant health research across the HRC's nine Research Portfolios.

Links to Outputs

- Output 2 - Contestable Funding Round

Objective 2: New Zealand has invested in establishment of a world-class health research workforce

Successful outcomes in health research depend on the quality and achievements of the workforce. Recruitment of our best and brightest and their integration into research careers is essential if we are to remain globally competitive and to deliver the expected outcomes.

¹ Programmes are large (equivalent to minimum of three project contracts) longer term contracts (six years vs three years).

² In order to better understand and treat certain diseases, researchers may first conduct studies on animals with the disease, this is called an 'animal model' for the disease.

To achieve this objective over the next three years our strategies will include:

- i) building support for Clinical Research Training Fellowships;
- ii) further development of research training and career development opportunities for Maori;
- iii) further development of research training and career development opportunities for Pacific peoples;
- iv) linking of research funding to postdoctoral fellowship support, and
- v) further development of career development awards in disability research.

In 2007/08, the HRC focused on strategies i) - v) above.

Links to Outputs

- Output 4 - Targeted Research for Health, and
- Output 5 - Career Development Awards.

Objective 3: New Zealand has created opportunities to bridge the gaps in the careers for the health research workforce

Global competitiveness of New Zealand health research will be enhanced through the recruitment and repatriation of outstanding emerging researchers and those in mid-career who will bring expertise and experience to both build on our strengths and to meet gaps in our capacity and capability.

To achieve this Objective over the next three years our strategies include:

- i) expansion of the number of Sir Charles Hercus Health Research Fellows, to provide salary support for outstanding research fellows;
- ii) development of partnerships with other agencies and organisations to attract health research scientists to New Zealand;
- iii) increasing opportunities in HRC's research programme contracts to support outstanding emerging researchers, and
- iv) identification of gaps in current national capacity and capability needed to conduct health research.

In 2007/08 the HRC focused on the implementation of initiatives (e.g. clinical research, disability research and Pacific research) established to address gaps in our capacity and capability (iv).

Where opportunities arise, HRC seeks to establish partnerships with other agencies and organisations to attract health research scientists to New Zealand (ii).

Links to Outputs

- Output 1 - Research Contract Management;
- Output 3 - Partnership Programme, and
- Output 7 - International Investment Opportunities.

Objective 4: Improved health and well-being for New Zealanders through translation of the outputs of health research into health services

Investment in research which translates knowledge into policy and practice throughout the health sector will contribute to building a high-quality, evidence-based healthcare system in New Zealand.

To achieve this outcome over the next three years our strategies include:

- i) working with District Health Boards and other health sector agencies to build research capability and research outputs;
- ii) establishment of joint ventures with the MoH and other partners to build an evidence-base for health services;
- iii) development of a translational research programme to enhance transfer of strategic and applied research knowledge to health services;
- iv) ensuring that the priorities of the New Zealand Health and Disability Strategies are considered in HRC's investment processes, and
- v) ensuring the Ministry's relevant strategic decisions are reflected in requests for contracted research.

In 2007/08, the HRC focused on strategies i) to iv).

Links to Outputs

- Output 2 - Contestable Funding Round, and
- Output 3 - Partnership Programme.

Objective 5: Taking advantage of New Zealand's unique opportunities and challenges

The diversity and uniqueness of our population creates opportunities and challenges for health research to address health outcomes and inequalities in health for Maori, Pacific peoples and other high-needs populations in New Zealand.

To achieve this Objective our strategies over the next three years will include:

- i) investment in research that will contribute to improving the health of Maori, whanau, hapu and iwi;
- ii) investment in health research which will inform improved health outcomes for Pacific peoples in New Zealand and the region, and
- iii) investment in health research which addresses the needs and diversity of other populations (e.g. Asians) in New Zealand.

In 2007/08, the HRC focused on strategies i) and ii).

Links to Outputs

- Output 2 - Contestable Funding Round, and
- Output 6 - Maori Health Research.

Objective 6: Cross-sectorial research partnerships supporting evidence-based public policy and practice

Opportunities exist for the HRC to invest in cross-sectorial research initiatives, both within and outside the government sector, to create knowledge of benefit to New Zealand.

To achieve this Objective our strategies over the next three years will include:

- i) continuing to develop the HRC's Partnership Programme to deliver an evidence-base for policies and service development across the government sector;
- ii) working with FRST to develop appropriate investment strategies for research which overlaps mutual areas of interest, and

- iii) ensuring that sector convergence opportunities arising from life sciences research are captured where health outcomes can be achieved.

In 2007/08, the HRC focused on strategy i).

Links to Outputs

- Output 1 - Research Contract Management, and
- Output 3 - Partnership Programme.

Objective 7: An enhanced international research profile through strengthened networks and increased global connections

Opportunities exist for key stakeholders in the health and research, science and technology sectors to expand international networks and collaborations to enhance New Zealand's reputation as a small, but world-class participant in health research.

To achieve this Objective our strategies over the next three years will include:

- i) development and implementation of strategic partnerships with NHMRC and other Australian agencies to strengthen trans-Tasman health research initiatives;
- ii) enhancement of New Zealand's health research capability through participation in bilateral and international networks, e.g. Human Frontier Science Program;
- iii) implementation of the International Collaboration in Indigenous Health Research Programme (ICIHRP) with the National Health and Medical Research Council (NHMRC, Australia), the Canadian Institutes of Health Research (CIHR) and the National Institutes of Health (USA);
- iv) increased participation of New Zealand research in international clinical trials and epidemiological studies, and
- v) establishment of international funding partnerships to enhance research collaborations of benefit to New Zealand.

In 2007/08, the HRC focused on strategies i) - v).

Links to Outputs

- Output 3 - Partnership Programme, and
- Output 7 - International Investment Opportunities.

Objective 8: The capture for New Zealand of the economic benefits arising from health research

Investment in world-class health research has the potential to contribute to economic goals and to play a major role in the development of a knowledge-based economy in New Zealand through development and production of innovative products and solutions for health.

To achieve this Objective our strategies over the next three years will include:

- i) investment in research which has the potential to bring health and economic benefits for New Zealand;
- ii) working with research providers to ensure timely protection and development of intellectual property arising from HRC investments;
- iii) contributing to the development of a regulatory and ethical framework for conduct of biotechnologies relevant to health, and
- iv) active participation in the implementation of the New Zealand Biotechnology Strategy.

In 2007/08, the HRC focused on strategies i) to iv) with emphasis on strategies i), ii) and iii).

Links to Outputs

- Output 1 - Research Contract Management;
- Output 2 - Contestable Funding Round, and
- Output 8 - Research Support Activities.

Objective 9: New Zealand has the infrastructure needed to support high quality health research

To maintain a globally competitive health research sector in New Zealand provision of access to world-class equipment and technology platforms through partnerships and collaboration will be essential.

To achieve this Objective our strategies over the next three years will include:

- i) ensuring that the infrastructure needs of the health research sector are identified and drawn to the attention of MoRST, and
- ii) development of national and international partnerships to facilitate access of New Zealand health research scientists to new technology platforms.

In 2007/08, the HRC focused on strategies i) and ii).

Links to Outputs

- Output 1 - Research Contract Management, and
- Output 3 - Partnership Programme.

Capability to achieve the Outcomes

The HRC Secretariat organisational structure is stable.

Priorities within the Secretariat were:

- The continuing development of an integrated Knowledge Management and Information System necessary to address needs for data analysis, evaluation and a relevant and timely reporting to stakeholders.
- The continuing emphasis on relationships with health sector stakeholders.
- The continuing evaluation of Outputs and Objectives for HRC's investments in health research and the communication of these results to stakeholders.

The HRC has well qualified staff and ongoing staff development is encouraged and supported by the HRC.

The Secretariat works closely with both the Board and the HRC's statutory and standing committees. The important relationship between the HRC, the MoH and MoRST is addressed through a co-ordination committee involving a senior manager from each organisation.

Selecting research for investment: HRC's Peer-Review Assessment Process

Open contestability and international best practice peer review are the two underpinning principles of the HRC's assessment process used to identify research to be funded by the HRC.

The HRC solicits research proposals by two methods:

- an annual funding round for investigator-initiated research, and
- requests for proposals for research on specific topics.

The annual funding round is managed by the HRC's Investment Processes Group. Proposals receive a scientific review by national and international referees prior to consideration by an Assessing Committee of peers. Criteria for review are:

- i) health significance;
- ii) scientific merit;
- iii) design and methods, and
- iv) expertise and track record of the research team.

Proposals identified as fundable are ranked on scientific merit prior to their review for relevance. Criteria for assessment of relevance are:

- i) relevance to HRC research portfolio priorities;
- ii) relevance to HRC priority populations (Maori, Pacific peoples, children and youth, older adults and people with disability);
- iii) contribution to development and retention of the HRC health research workforce, and
- iv) relevance to priorities of the New Zealand Health Strategy, the New Zealand Disability Strategy, He Korowai Oranga, the Maori Health Strategy and Vision Mātauranga.

The HRC's Research Portfolios are listed under Outputs 2 and 6. The Research Portfolio system was established in 1999. A research strategy is available on the HRC website for each portfolio and includes the research priorities which were developed and extensively reviewed through a nationwide consultation process. All portfolio priorities are aligned with the

thirteen priority population health areas outlined in the New Zealand Health Strategy. The HRC has developed criteria to determine the relevance of proposals to the most pressing research needs of the HRC's five priority population groups (Maori, Pacific peoples, children and youth, older adults, and people with disability). These criteria were developed by researchers and stakeholders and were subject to a nationwide consultation process.

The recommendations for funding are finalised by the Grant Approval Committee (a sub-committee of the HRC Board, which includes the Chairs of the three statutory Research Committees, the Pacific Health Research Committee and the Research Policy Advisory Committee).

In making its recommendations for funding, the Grant Approval Committee takes into account the following:

- i) scientific merit, health relevance and ranking;
- ii) funds available for allocation in the Output (projected for 3-year duration of contracts);
- iii) prior decisions on funds to be allocated to a specific type of contract;
- iv) any other relevant information, e.g. availability of co-funding, and
- v) funds available in the portfolio to which the research maps.

A Requests for Proposals (RFP) process is used by the HRC's Partnership Programme. For each joint venture the HRC establishes a steering committee to prepare the RFP, to oversee the peer-review process and to monitor progress of the research.

On most occasions, a two-stage process is used with the Expression of Interest (Stage 1) assessing fit of the proposed research to the requirements of the RFP. The peer-review process for full proposals (Stage 2) is similar to that used in the annual funding round. Criteria are similar with additional RFP specific criteria added as required.

The HRC benchmarks its peer-review processes with those used by other international health research funding agencies (e.g. NHMRC in Australia) to ensure its processes meet international best practice standards.

Details of the HRC assessment processes are published annually in the HRC's Investment Strategy and in the Assessing Committee Handbook, available under 'Publications' from the HRC's website, www.hrc.govt.nz.

Ensuring Contracted Research meets its Objectives: HRC's Contract reporting

Research providers are required to report annually for contracts funded through the annual funding round and quarterly or six-monthly for contracts funded through the Partnership Programme. Reports are submitted using HRC's web-based reporting system. Reviews are conducted by HRC staff, by Research Committees and/or members of steering committees (Partnership Programme). Identified issues are taken up with the research provider.

In 2007/08 the HRC continued to evaluate the contribution of HRC funded research to health, knowledge and economic goals and the nine HRC identified objectives.

Measuring the Return on Investment: HRC's Evaluation Framework

To assist in the allocation and prioritization of funding, the HRC has developed a Research Policy Framework, which includes Research Portfolios (nine) and Priority Populations (five). Contracts are aligned to one or more portfolios and priority population groups providing a framework for evaluation of resource utilisation (funding and workforce) and associated research outputs and objectives. The long timeframe of most research contracts and the

delays in publication of results requires the HRC to measure the returns on investment over a number of years.

The HRC has been developing an evaluation framework to monitor progress and performance against goals and performance measures identified in HRC strategies, provide an evidence-base for the development of HRC policy and processes and determine the impact of research funded. This framework is currently under review and the revised framework will be published in June 2008.

The results of the HRC's evaluation work are made available to our key stakeholders and to HRC's committees and Board. The HRC publishes papers on evaluation of specific activities supported by the HRC.

The HRC's evaluation activities are resourced from Output 1 'Research Contract Management'.

Reports published on an annual or pre-arranged schedule include:

- Statement of Intent;
- Annual Report to Parliament;
- Performance Highlights;
- The HRC and the New Zealand Health Strategy: Providing Evidence to Meet Health Goals (MoH).

The reports are used within the HRC to assist in planning of HRC's activities and to formulate advice and recommendations to Government. The HRC also publishes occasional papers on the evaluation of activities conducted by the HRC.

The HRC Board also receive recommendations from the HRC's Research Policy Advisory Committee on priorities, gaps in investment, required changes to HRC's investment policies and processes.

Statement of Responsibility

For the year ended 30 June 2008

In terms of the Crown Entities Act 2004, we hereby certify that:

We have been responsible for the preparation of these financial statements and the judgements used therein; and

We have been responsible for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial reporting; and

We are of the opinion that these financial statements fairly reflect the financial position and operations of this Crown Entity for the year ended 30 June 2008.



Council Chair

Professor Graeme Fraser

Date: 30 October 2008



Deputy Council Chair

Dr John Hay

Date: 30 October 2008

Audit Report

**To the readers of the
Health Research Council of New Zealand's
Financial Statements and Statement of Service Performance
For the Year Ended 30 June 2008**

The Auditor-General is the auditor of Health Research Council of NZ (the Council). The Auditor-General has appointed me, David Walker, using the staff and resources of Audit New Zealand, to carry out the audit on his behalf. The audit covers the financial statements and statement of service performance included in the annual report of the Health Research Council of New Zealand for the year ended 30 June 2008.

Unqualified Opinion

In our opinion:

- The financial statements of the Council on pages 32 to 36 and pages 53 to 69:
 - comply with generally accepted accounting practice in New Zealand; and
 - fairly reflect:
 - the Council's financial position as at 30 June 2008; and
 - the results of its operations and cash flows for the year ended on that date.

- The statement of service performance of the Council on pages 37 to 52:
 - complies with generally accepted accounting practice in New Zealand; and
 - fairly reflects for each class of outputs:
 - its standards of delivery performance achieved, as compared with the forecast standards outlined in the statement of forecast service performance adopted at the start of the financial year; and
 - its actual revenue earned and output expenses incurred, as compared with the forecast revenues and output expenses outlined in the statement of forecast service performance adopted at the start of the financial year.

The audit was completed on 30 October 2008 and is the date at which our opinion is expressed.

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

Basis of Opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations we considered necessary in order to obtain reasonable assurance that the financial statements and statement of service performance did not have material misstatements, whether caused by fraud or error.

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

The audit involved performing procedures to test the information presented in the financial statements and statement of service performance. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Council;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement and statement of service performance disclosures are adequate.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements and statement of service performance.

We evaluated the overall adequacy of the presentation of information in the financial statements and statement of service performance. We obtained all the information and explanations we required to support our opinion above.

Responsibilities of the Council and the Auditor

The Council is responsible for preparing the financial statements and statement of service performance in accordance with generally accepted accounting practice in New Zealand. The financial statements must fairly reflect the financial position of the Council as at 30 June 2008 and the results of its operations and cash flows for the year ended on that date. The statement of service performance must fairly reflect, for each class of outputs, the Council's standards of delivery performance achieved and revenue earned and expenses incurred, as compared with the forecast standards, revenue and expenses adopted at the start of the financial year. The Council's responsibilities arise from the Crown Entities Act 2004 and the Health Research Council Act 1990.

We are responsible for expressing an independent opinion on the financial statements and statement of service performance and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001 and the Crown Entities Act 2004.

Independence

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

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

**David Walker**

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

Matters relating to the electronic presentation of the audited financial statements

This audit report relates to the financial statements of the Health Research Council for the year ended 30 June 2008 included on the Health Research Council's web site. The Council is responsible for the maintenance and integrity of the Health Research Council's web site. We have not been engaged to report on the integrity of the Health Research Council's web site. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements and related audit report dated 30 October 2008 to confirm the information included in the audited financial statements presented on this web site.

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

Financial Statements

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Accounting Policies

For the year ended 30 June 2008

Reporting Entity

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

The HRC's primary objective is to provide public services to the NZ public, as opposed to that of making a financial return.

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

The financial statements for the HRC are for the year ended 30 June 2008, and were approved by the Board on 30 October 2008.

Basis of preparation

Statement of compliance

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

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

First year of preparation under NZ IFRS

This is the first set of financial statements prepared using NZ IFRS, and comparatives for the year ended 30 June 2007 have been restated to NZ IFRS accordingly. There are no reconciliation differences to report.

The accounting policies set out below have been applied consistently to all periods presented in these financial statements and in preparing an opening NZ IFRS statement of financial position as at 1 July 2006 for the purposes of the transition to NZ IFRS.

Measurement base

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

Functional and presentation currency

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

Standards, amendments and interpretations issued that are not yet effective and have not been early adopted

Standards, amendments and interpretations issued but not yet effective that have not been early adopted, and which are relevant to the HRC include: NZ IAS 1 *Presentation of Financial Statements (revised 2007)* replaces NZ IAS 1 *Presentation of Financial Statements (issued 2004)* and is effective for reporting periods beginning on or after 1 January 2009. The revised standard requires information in financial statements to be aggregated on the basis of shared characteristics and introduces a statement of comprehensive income. The statement of comprehensive income will enable readers to analyse changes in equity resulting from non-owner changes separately from transactions with the Crown in its capacity as "owner". The revised standard gives the HRC the option of presenting items of income and expense and

components of other comprehensive income either in a single statement of comprehensive income with subtotals, or in two separate statements (a separate income statement followed by a statement of comprehensive income). The HRC intends to adopt this standard for the year ending 30 June 2010, and is yet to decide whether it will prepare a single statement of comprehensive income or a separate income statement followed by a statement of comprehensive income.

Significant Accounting Policies

Revenue

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

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

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

Provision of services

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

Vested assets

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

Leases

Operating leases

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

Lease incentives received are recognised in the statement of financial performance over the lease term as an integral part of the total lease expense.

Cash and cash equivalents

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

Debtors and other receivables

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

Non-derivative financial instruments

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

A financial instrument is recognised if the Council becomes a party to the contractual provisions of the instrument. Financial assets are de-recognised if the Council's contractual rights to the cash flows from the financial assets expire or if the Council transfers the financial

asset to another party without retaining control or substantially all risks and rewards of the asset.

Property, plant and equipment

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

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

Additions

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

Disposals

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset. Gains and losses on disposals are included in the statement of financial performance.

Subsequent costs

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

The costs of day-to-day servicing of property, plant and equipment are recognised in the statement of financial performance as they are incurred.

Depreciation

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

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

Property, plant and equipment and intangible assets 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 amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

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

If an asset's carrying amount exceeds its recoverable amount, the asset is impaired and the carrying amount is written down to the recoverable amount. For revalued assets the impairment loss is recognised against the revaluation reserve for that class of asset. Where that results in a debit balance in the revaluation reserve, the balance is recognised in the statement of financial performance.

For assets not carried at a revalued amount, the total impairment loss is recognised in the statement of financial performance.

The reversal of an impairment loss on a revalued asset is credited to the revaluation reserve. However, to the extent that an impairment loss for that class of asset was previously recognised in the statement of financial performance, a reversal of the impairment loss is also recognised in the statement of financial performance.

Creditors and other payables

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

Employee entitlements

Short-term employee entitlements

Employee entitlements that the HRC expects to be settled within 12 months of balance date are measured at undiscounted nominal values based on accrued entitlements at current rates of pay.

These include salaries and wages accrued up to balance date, annual leave earned, but not yet taken at balance date, retiring and long service leave entitlements expected to be settled within 12 months, and sick leave.

The HRC recognises a liability for sick leave to the extent that compensated absences in the coming year are expected to be greater than the sick leave entitlements earned in the coming year. The amount is calculated based on the unused sick leave entitlement that can be carried forward at balance date; to the extent the HRC anticipates it will be used by staff to cover those future absences.

Long-term employee entitlements

Entitlements that are payable beyond 12 months, such as long service leave and retirement leave 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 and contractual entitlements information; and
- the present value of the estimated future cash flows.

The discount rate is based on the weighted average of interest rates for government stock with terms to maturity similar to those of the relevant liabilities. The inflation factor is based on the expected long-term increase in remuneration for employees.

Superannuation schemes

Defined contribution schemes

Obligations for contributions to Superannuation Schemes are accounted for as defined contribution superannuation scheme and are recognised as an expense in the statement of financial performance as incurred.

Good and Service Tax (GST)

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

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

Commitments and contingencies are disclosed exclusive of GST.

Income Tax

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

Budget figures

The budget figures are derived from the statement of intent as approved by the Board at the beginning of the financial year. The budget figures have been prepared in accordance with NZ IFRS, using accounting policies that are consistent with those adopted by the HRC for the preparation of the financial statements.

Cost allocation

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

Direct costs are those costs directly attributed to an output. Indirect costs are those costs that cannot be identified in an economically feasible manner, with a specific output.

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

Critical accounting estimates and assumptions

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

Statement of Objectives and Service Performance

For the year ended 30 June 2008

INTRODUCTION

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

The HRC receives funding from the Government through Vote RS&T to support Outputs 1 to 7 and Vote Health for the funds for Output 8.

The performance measures for each Output are those in the 2007/08 Output Agreement between the Minister of Research, Science and Technology and HRC (Outputs 1-7) and in the 2007/08 Purchase Agreement between Minister of Health and HRC (Output 8).

Output 1: RESEARCH CONTRACT MANAGEMENT

Description

The Research Contract Management output represents the cost of managing contracts with a range of science, research and technology providers, monitoring the delivery of these contracts to ensure the effective operation of the research, science and technology system. The effectiveness of purchase decisions is evaluated and reported through an annual report of progress and achievements.

The output includes the cost of managing research funds which form part of the Partnership Programme. The output is funded by MoRST and from management fees associated with partnership agreements.

Relationship to RS&T Funding and Investment Agents

Efficient, effective and mutually beneficial relationships with FRST and RSNZ (Marsden Fund) are important to the HRC. Where possible, the HRC will share information on evaluation of research outputs, development and timing of investment strategies, resource allocation processes and contract management.

Vision Matauranga

MoRST has created a new policy framework, 'Vision Matauranga, to provide strategic direction for Maori relevant research investment funded through Vote RS&T.

HRC worked closely with MoRST on the implementation of the Vision Matauranga framework, with particular emphasis on investment in research aligned with the Hauora/Oranga research theme.

Treaty of Waitangi

Where appropriate (e.g. involvement of Maori as study participants), the HRC ensures that research providers address responsiveness to Maori issues in their research proposals.

The HRC has developed and implemented policies and processes to ensure that the HRC, its committees and secretariat meet the principles of the Treaty of Waitangi.

Evaluation of Research Outputs

The HRC evaluates research outputs and objectives from its investments. The HRC works with the other Vote RS&T funding and investment agents to ensure it uses best-practice indicators for these evaluations. The HRC is liaising with WHO in Geneva and health research agencies in Australia (NHMRC), Canada (CIHR), UK (Medical Research Council, MRC) and USA (National Institutes of Health, NIH) to benchmark the research performance of the New Zealand health and medical sciences sector.

Links to Objectives

- Objective 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Objective 2 New Zealand has invested in establishment of a world-class health research workforce.
- Objective 3 New Zealand has created opportunities to bridge the gaps in the careers for the health research workforce.
- Objective 4 Improved health and well-being for New Zealander's through translation of the outputs of health research into health services.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.
- Objective 6 Cross-sectoral research partnerships supporting evidence-based public policy and practice.
- Objective 7 An enhanced international research profile through strengthened networks and increased global connections.
- Objective 8 The capture for New Zealand of the economic benefits arising from health research.
- Objective 9 New Zealand has the infrastructure needed to support high quality health research.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2007/08 Performance Standards	Outcome
<p>Achievement reports from research providers are produced in accordance with timelines and content guidelines specified in contracts between the funding and investment agent and providers.</p> <p>Number of contracts monitored on the achievement of their performance objectives.</p>	<p>All achievement reports are collected from providers, with 95% of reports being collected with specified content by 31 August 2007.</p> <p>All achievement reports are collected from providers, with 95% being in accordance with specified contractual timelines and contain the specified content.</p>	<p>Achieved: Annual and final reports for each contract. 95% of reports had been received and reviewed.</p>
<p>Contracts are awarded in accordance with assessment processes outlined in annually updated documents.</p>	<p>100% of contracts awarded in accordance with processes set out in the documents identified in the relevant output agreement.</p>	<p>Achieved: all contracts were offered in accordance with published timetables and processes documents.</p>
<p>Research contract payments are made at the agreed sum to the correct providers and no payments are made in excess of the agreed sums.</p>	<p>100% of contracts.</p>	<p>Achieved: System and controls in place prevent payment in excess of contract total.</p>

Performance Measures	2007/08 Performance Standards	Outcome
Where appropriate, contracts require research providers to obtain ethical approvals, and satisfy government regulatory requirements before the research can be undertaken.	100% of contracts.	Achieved: Contracts requiring ethical approval are not started until copies of approvals are received.
Funding and investment agents deliver key accountability reports in accordance with timelines specified in their contracts with the Minister.	100% of reports.	Achieved.
Provision of advice to the Minister as required, via the Ministry as required.	Any requested advice will be delivered within 15 working days of the formal request and will be of a standard acceptable to the Minister.	Achieved.
Investment efficiency (net contract management \$/ investment funds disbursed).	Performance measure reported in the 4th quarter or 2nd six monthly reports for 2007/08.	The percentage for the year was 5.13% (4.91%).
Contracts (\$ contract management budget / number of contracts let).	Performance measure reported in the 4th quarter or 2nd six monthly reports for 2007/08.	The contract management \$ per contract let for the year were \$22,000, (\$28,000).
Processing time (Date of application/date of contracting) split between relevant output expenses (defined in the output agreement).	As specified in the Output Agreement.. No measure was specified in the MoRST Output Agreement.	Final applications were received by 1 November 2007. Funding was offered to successful applicants after the May 2008 Council meeting.

	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$3,195</u>	<u>\$3,195</u>	<u>\$3,195</u>
Gross Cost of Output	<u>\$4,510</u>	<u>\$4,800</u>	<u>\$4,206</u>

Output 2: CONTESTABLE FUNDING ROUND

Description

This class of Output comprises the advancement of fundamental, strategic and applied knowledge in the health sciences by the funding of research into the causes, consequences, diagnosis and treatment of human illness; research into factors which influence the health of a population, including research into health systems and health services; and research into environmental, socio-economic, cultural and behavioural factors that determine health status.

HRC administers an annual, Contestable Funding Round for investigator-initiated research. Expenditure is managed in nine Research Portfolios (which is funded from Output 6). Individual research contracts may be funded from one or more Research Portfolios. The majority (73%) of HRC annual expenditure is allocated to the funding round. HRC publishes an annual Investment Strategy which identifies the funds available for specific types of research activity.

Fundable research proposals are selected on a contestable basis using international best practice peer review to assess scientific merit and health significance. Determining the relevance of proposals to health priorities identified by the MoH and research priorities developed by the HRC is also a key part of the assessment process. This ensures that the research funded through the contestable funding round is both of high scientific merit and addresses the most significant health issues for the nation. Where appropriate, proposals should also contribute to health outcomes for Maori. The HRC also commissions research in areas that are not addressed through investigator-initiated proposals (see Output 3 and Output 4).

It should be noted that on 1 July 2007, HRC initiated the new contracts awarded from the 2006/07 funding round. During 2007/08, HRC reviewed proposals which, if recommended for support, will be funded from 1 July 2008.

Links to Objectives

- Objective 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Objective 4 Improved health and well-being for New Zealander's through translation of the outputs of health research into health services.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.
- Objective 8 The capture for New Zealand of the economic benefits arising from health research.
- Objective 9 New Zealand has the infrastructure needed to support high quality health research.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2007/08 Performance Standards	Outcome															
Number and total dollar value of new and active contracts.	Performance measure reported in six monthly reports for 2007/08.	<table> <thead> <tr> <th></th> <th>2007/08</th> <th>2006/07</th> </tr> </thead> <tbody> <tr> <td>Number</td> <td>247</td> <td>251</td> </tr> <tr> <td>Value</td> <td></td> <td></td> </tr> <tr> <td>--Paid</td> <td>\$54.86M</td> <td>\$54.89M</td> </tr> <tr> <td>--Committed</td> <td>\$115.57M</td> <td>\$118.97M</td> </tr> </tbody> </table>		2007/08	2006/07	Number	247	251	Value			--Paid	\$54.86M	\$54.89M	--Committed	\$115.57M	\$118.97M
	2007/08	2006/07															
Number	247	251															
Value																	
--Paid	\$54.86M	\$54.89M															
--Committed	\$115.57M	\$118.97M															
Contracts are awarded in line with the process and criteria set out for each output in the relevant output agreement.	100% of contracts.	Achieved: Final applications were received by 1 November 2007. Funding was offered to successful applicants after the May 2008 Council meeting.															
Provision of data for RS&T Scorecard supplied in accordance with timelines and content guidelines specified in the Output Agreement	Annual data supplied by Funding and Investment Agencies to MoRST, by 30 September 2008.	Achieved.															

The cost in 2007/08 of supporting research contracts in Output 2 includes contracts awarded up to three years prior to the current year.

	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$52,291</u>	<u>\$52,291</u>	<u>\$52,291</u>
Cost of Output			
	<u>\$54,862</u>	<u>\$55,000</u>	<u>\$54,887</u>
Research contract management attributed	<u>\$2,190</u>		

Output 3: PARTNERSHIP PROGRAMME

Description

In order to more effectively meet the knowledge needs of policy-makers and planners in the MoH and the wider health sector and across the government sector, the HRC has developed the Partnerships for Evidence-Informed Policy and Practice Programme (the Partnership Programme).

The Partnership Programme comprises two types of initiatives: Joint Ventures (JVs), where the initiative is focused primarily on the MoH and HRC as key partners; and Joint Research Portfolios (JRPs) where there is broader stakeholder involvement in cross-sectorial health issues. In both models, the HRC provides extensive experience in purchasing research, through processes that meet international standards of best practice. These processes ensure that the HRC commissions research that is of the highest quality and will deliver the evidence required by the MoH and other partners to inform policy and practice.

Partnerships have been established with the Maori Health, Clinical Services, Disability Services, Public Health, Sector Policy, and DHB Funding and Performance Directorates of the Ministry of Health.

Partnerships have been established in Occupational Health and Safety, Environmental Health and Socio-Economic Determinants of Health. These are three areas in which significant potential benefits to New Zealand are likely to accrue from targeting research investment. Strong cross-sectorial support for these initiatives has enabled them to grow from small beginnings to significant programmes of research.

The DHB Research Fund established in 2005/06 is administered by the HRC. It provides funding to invest in priority research identified by the DHBs. Individual contracts in this programme may involve the HRC as a partner. Other contracts will be funded by the DHBs. The research priority areas being developed for investment are Chronic Care, Cancer, Access to Services, Diabetes and Mental Health.

In addition to these research-focused initiatives, the HRC is also making a strong contribution to building capacity and capability in the health sector, through its involvement in the management of the MoH's Pacific Mental Health Workforce Awards and Pacific Public Health Workforce Awards and ACC's career development awards in injury prevention. These awards are funded through contracts between HRC and the sponsoring organisation.

The recognition of HRC as a competent administrator of research funds has resulted in a number of government ministries using the HRC to project-manage major research projects, (e.g. Ministry of Social Development's longitudinal cohort study).

The HRC is the New Zealand point of contact for the Human Frontier Science Program (HFSP) which New Zealand has been invited to join. The HFSP is an international research funding programme which supports novel and innovative research involving complex mechanisms of living organisms. The HFSP's annual subscription is administered on an individual contract between MoRST (International Linkages Programme) and HRC.

Links to Objectives

- Objective 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Objective 4 Improved health and well-being for New Zealander's through translation of the outputs of health research into health services.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.
- Objective 6 Cross-sectorial research partnerships supporting evidence-based public policy and practice.
- Objective 7 An enhanced international research profile through strengthened networks and increased global connections.
- Objective 8 The capture for New Zealand of the economic benefits arising from health research.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2007/08 Performance Standards	Outcome																																	
Number and total dollar value of new and active contracts.	Performance measure reported in six monthly reports for 2007/08.	<table> <thead> <tr> <th></th> <th>2007/08</th> <th>2006/07</th> </tr> </thead> <tbody> <tr> <td>HRC Joint funds</td> <td></td> <td></td> </tr> <tr> <td>Number</td> <td>8</td> <td>10</td> </tr> <tr> <td>Value</td> <td></td> <td></td> </tr> <tr> <td>--Paid</td> <td>\$1.99M</td> <td>\$2.12M</td> </tr> <tr> <td>--Committed</td> <td>\$1.07M</td> <td>\$1.67M</td> </tr> <tr> <td>Research Funded</td> <td></td> <td></td> </tr> <tr> <td>Number</td> <td>166</td> <td>202</td> </tr> <tr> <td>Value</td> <td></td> <td></td> </tr> <tr> <td>--Paid</td> <td>\$4.65M</td> <td>\$3.77M</td> </tr> <tr> <td>--Committed</td> <td>\$6.67M</td> <td>\$3.56M</td> </tr> </tbody> </table>		2007/08	2006/07	HRC Joint funds			Number	8	10	Value			--Paid	\$1.99M	\$2.12M	--Committed	\$1.07M	\$1.67M	Research Funded			Number	166	202	Value			--Paid	\$4.65M	\$3.77M	--Committed	\$6.67M	\$3.56M
	2007/08	2006/07																																	
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Number	166	202																																	
Value																																			
--Paid	\$4.65M	\$3.77M																																	
--Committed	\$6.67M	\$3.56M																																	
Contracts are awarded in line with the process and criteria set out for each output in the relevant output agreement.	100% of contracts.	Achieved: Contracts are offered after applicant proposals responding to RFPs have been assessed and recommended funding has been approved by Council.																																	
Provision of data for RS&T Scorecard supplied in accordance with timelines and content guidelines specified in the Output Agreement.	Annual data supplied by Funding and Investment Agencies to MoRST, by 30 September 2008.	Achieved.																																	

The cost in 2007/08 of supporting the contracts in Output 3 relates to contracts awarded up to three years prior to the current year.

	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$1,778</u>	<u>\$1,778</u>	<u>\$1,778</u>
Cost of Output			
	<u>\$1,992</u>	<u>\$2,000</u>	<u>\$2,124</u>
Research contract management attributed	<u>\$ 170</u>		

Output 4: TARGETED RESEARCH FOR HEALTH

Description

The Targeted Research for Health Output is a small, strategic fund targeted towards addressing gaps identified in the HRC's investment. This Output was created in 2005/06 to provide support for targeted ventures addressing key needs for the HRC's priority population groups (Maori, Pacific peoples, children and youth, older adults and people with disability) and national health priorities that are not currently being adequately addressed through the HRC's annual funding round and the Partnership Programme. Research areas have been identified through the HRC's policy and evaluation processes, through which some critical gaps in investment have already been identified, and alignment with national health strategies³. Research priorities in which there is already substantial annual investment through the HRC's annual funding round, or for which joint ventures are underway through the Partnership Programme, are not included in the list below.

The priority areas for the period covered by this Statement of Intent are:

- research that supports the Healthy Eating Healthy Action Strategy;
- disability research;
- Pacific health research;
- primary care research;
- rural health research;
- health and disability sector workforce research, and
- health services research.

It is important to note that the contestable annual funding round remains the major vehicle for addressing the HRC's health research priorities. More details on how the HRC sets priorities for the annual funding round are described in 'Selecting research for investment: HRC's Peer-Review Assessment Process' page24 (*see also*, Output 2 - Contestable Funding Round, page 38).

Funds in this Output may be allocated through a Request for Proposals process or through identification of high-priority research through the HRC's annual funding round. The HRC may choose to address some research priorities, either wholly or in part, through the Partnership Programme. Through supporting research in these important areas, the HRC will also seek to build research capacity and capability through encouraging the provision of training positions on research contracts.

This additional funding allows the HRC the flexibility to actively address critical gaps in knowledge when they are identified, rather than depending on investigator-initiated research through the annual funding round or the willingness of other agencies to invest in the research through the Partnership Programme.

In addition the HRC, together with the Canadian Institute of Health Research (CIHR) and the National Health and Medical Research Council (NHMRC) in Australia, has established an International Collaborative Indigenous Health Research Programme (ICIHRP).

³ The New Zealand Health Strategy, Ministry of Health, 2000; The New Zealand Disability Strategy, Ministry of Health, 2001; He Korowai Oranga: The Maori Health Strategy, Ministry of Health, 2002.

Links to Objectives

- Objective 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Objective 4 Improved health and well-being for New Zealanders through translation of the outputs of health research into health services.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2007/08 Performance Standards	Outcome																		
Number and total dollar value of new and active contracts.	Performance measure reported in six monthly reports for 2007/08.	<table> <thead> <tr> <th></th> <th>2007/08</th> <th>2006/07</th> </tr> </thead> <tbody> <tr> <td>Number</td> <td>26</td> <td>18</td> </tr> <tr> <td>Value</td> <td></td> <td></td> </tr> <tr> <td>--Paid</td> <td>\$4.90M</td> <td>\$3.85M</td> </tr> <tr> <td>--Committed</td> <td></td> <td></td> </tr> <tr> <td></td> <td>\$14.40M</td> <td>\$13.45M</td> </tr> </tbody> </table>		2007/08	2006/07	Number	26	18	Value			--Paid	\$4.90M	\$3.85M	--Committed				\$14.40M	\$13.45M
	2007/08	2006/07																		
Number	26	18																		
Value																				
--Paid	\$4.90M	\$3.85M																		
--Committed																				
	\$14.40M	\$13.45M																		
Contracts are awarded in line with the process and criteria set out for each output in the relevant output agreement.	100% of contracts.	Achieved: Final applications were received by 1 November 2007. Funding was offered to successful applicants after the May 2008 Council meeting.																		
Provision of data for RS&T Scorecard supplied in accordance with timelines and content guidelines specified in the Output Agreement	Annual data supplied by Funding and Investment Agencies to MoRST, by 30 September 2008.	Achieved.																		

The cost in 2007/08 of supporting the contracts in Output 3 relates to contracts awarded up to three years prior to the current year.

	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$4,886</u>	<u>\$4,886</u>	<u>\$4,886</u>
Cost of Output			
	<u>\$5,694</u>	<u>\$6,300</u>	<u>\$4,703</u>
Research contract management attributed	<u>\$190</u>		

Output 5: CAREER DEVELOPMENT AWARDS

Description

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

The HRC's training award programme supports the following types of scholarships and fellowships:

- Sir Charles Hercus Health Research Fellowship (advanced postdoctoral);
- Clinical Research Training Fellowship;(PhD)
- Maori Health Research Training Awards (Masters, PhD and postdoctoral);
- Pacific Health Research Training Awards (Masters, PhD and postdoctoral);
- Disability Research Training Awards (Masters and PhD);
- Girdler Fellowship (postdoctoral)
- Foxley Fellowship and
- Summer studentships.

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

As noted in Output 3 (page 40) the HRC also administers contracts on behalf of the MoH to implement strategies to build the capacity and capability of the mental health and Pacific health workforces.

Links to Objectives

Objective 2 New Zealand has invested in establishment of a world-class health research workforce.

Objective 3 New Zealand has created opportunities to bridge the gaps in the careers for the health research workforce.

Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2007/08 Performance Standards	Outcome															
All awards																	
Number and total dollar value of new and active contracts.	Performance measure reported in six monthly reports for 2007/08.	<table border="1"> <thead> <tr> <th></th> <th>2007/08</th> <th>2006/07</th> </tr> </thead> <tbody> <tr> <td>Number</td> <td>128</td> <td>98</td> </tr> <tr> <td>Value</td> <td></td> <td></td> </tr> <tr> <td>--Paid</td> <td>\$4.10M</td> <td>\$3.70M</td> </tr> <tr> <td>--Committed</td> <td>\$9.57M</td> <td>\$8.59M</td> </tr> </tbody> </table>		2007/08	2006/07	Number	128	98	Value			--Paid	\$4.10M	\$3.70M	--Committed	\$9.57M	\$8.59M
	2007/08	2006/07															
Number	128	98															
Value																	
--Paid	\$4.10M	\$3.70M															
--Committed	\$9.57M	\$8.59M															
Contracts meet the criteria set out in the relevant Ministerial Direction.	100% of contracts.	No Ministerial Direction was issued.															

Performance Measures	2007/08 Performance Standards	Outcome
Provision of data for RS&T Scorecard supplied in accordance with timelines and content guidelines specified in the Output Agreement.	Annual data supplied by Funding and Investment Agencies to MoRST, by 30 September 2008.	Achieved.

Summary Allocations and Costs

	Allocated 2007 \$(000)	Actual \$ 2007 \$(000)	Actual \$ 2006 \$(000)
Australian Research Collaborative	5	5	-
Sir Charles Hercus Fellowship	1,000	942	846
Girdlers Research Fellowship	-	35	64
Foxley Fellowship*	1	-	-
Maori Health Masters Scholarship	33	13	30
Maori Health PhD Scholarship	538	377	418
Maori Health Postdoctoral Fellowship	713	410	330
Maori Health Rangahau Hauora	-	-	10
Summer Studentship	172	158	162
Pacific Health Postdoctoral Fellow	330	301	195
Pacific Postgraduate Scholarship (PhD)	169	23	312
Pacific Islands Masters	76	61	33
Pacific Placement Programme	119	78	71
Disability Placement Programme	537	339	215
Clinical Research Training Fellowship	<u>1,326</u>	<u>1,356</u>	<u>1,013</u>
	<u>\$5,018</u>	<u>\$4,098</u>	<u>\$3,699</u>

* the Foxley Fellowship is paid from the Foxley Bequest Fund.

The cost in 2007/08 of supporting the awards in Output 5 relates to contracts awarded up to three years prior to the current year.

	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$5,090</u>	<u>\$5,090</u>	<u>\$4,196</u>
Cost of Output	\$4,098	<u>\$5,100</u>	<u>\$3,699</u>
Research contract management attributed	<u>\$330</u>		

Output 6: MAORI HEALTH RESEARCH

Description

This output comprises health research conducted to develop research capacity and capability across the themes of the Vision Maturanga framework, with particular focus on the Hauora theme. All research funded by this output aligns with the HRC's Rangahau Hauora Maori portfolio. The Council, through a contestable pool, reviews investigator-initiated contracts to be supported on the basis of scientific merit, relevance to health and relevance to Maori development and the track record of the research team.

In addition to the funds allocated through the Rangahau Hauora Maori portfolio, the HRC allocates funds from Output 2 to contracts for which there are research objectives relevant to other Research Portfolio strategies.

The investment in the Maori Health Research Output is only a small proportion of the HRC's overall investment in research addressing health outcomes for Maori. The HRC's total investment through all research outputs, is expected to be about 30% of annual research expenditure. This investment is inclusive of research which contributes to biomedical, clinical and public health activities across a range of research portfolios but excludes the HRC's investment in research training awards (see Output 5).

The HRC, together with FRST, also manages a Joint Research Portfolio using Maori Knowledge and Development Research Output Expense funds.

The HRC maps all health research recommended for funding through the annual funding round to the MoH's Maori Health Strategy: He Korowai Oranga. A list of priorities for health research of relevance to Maori has been developed from the Strategy and approved by the HRC's Maori Health Committee. These priorities cover all of the pathways identified in the strategy but particularly those under Pathway 3, through a focus on addressing health inequalities for Maori, improving the quality and effectiveness of health services and improving the quantum and quality of health information. The HRC addresses Pathway 4 of the Strategy - Working Across Sectors - through the Partnership Programme (see Output 3), engaging a diverse range of stakeholders in a growing portfolio of Maori development research funded to inform policy development.

Links to Objectives

- Objective 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Objective 4 Improved health and well-being for New Zealander's through translation of the outputs of health research into health services.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.
- Objective 6 Cross-sectorial research partnerships supporting evidence-based public policy and practice.
- Objective 7 An enhanced international research profile through strengthened networks and increased global connections.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2007/08 Performance Standards	Outcome																		
Existing Contracts																				
Number and total dollar value of existing contracts.	Performance measure reported in all quarterly or six monthly reports for 2007/08.	<table> <thead> <tr> <th></th> <th>2007/08</th> <th>2006/07</th> </tr> </thead> <tbody> <tr> <td>Number</td> <td>33</td> <td>30</td> </tr> <tr> <td>Value</td> <td></td> <td></td> </tr> <tr> <td>--Paid</td> <td>\$1,700</td> <td>\$1,700</td> </tr> <tr> <td>--Committed</td> <td></td> <td></td> </tr> <tr> <td></td> <td>\$5,260</td> <td>\$3,505</td> </tr> </tbody> </table>		2007/08	2006/07	Number	33	30	Value			--Paid	\$1,700	\$1,700	--Committed				\$5,260	\$3,505
	2007/08	2006/07																		
Number	33	30																		
Value																				
--Paid	\$1,700	\$1,700																		
--Committed																				
	\$5,260	\$3,505																		
Contracts meet the criteria set out in the relevant Output Agreement.	100% of contracts.	Achieved.																		

Performance Measures	2007/08 Performance Standards	Outcome
Provision of data for RS&T Scorecard supplied in accordance with timelines and content guidelines specified in the Output Agreement.	Annual data supplied by Funding and Investment Agencies to MoRST by 30 September 2008.	Achieved.
Vision Maturanga Contracts		
Number and total dollar value of new and active contracts reported by Vision Maturanga themes.	Performance measure reported in six monthly reports for 2007/08.	Achieved.
Contracts meet the criteria set out in the output agreement/Estimates of Appropriations.	100% of contracts.	Achieved.

The costs in 2007/08 of supporting the research contracts in Output 6 includes contracts awarded up to three years prior to the current year.

	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
Revenue			
Ministry of Research, Science and Technology (*)	<u>\$1,668</u>	<u>\$2,470</u>	<u>\$1,668</u>
Cost of Output	<u>\$1,700</u>	<u>\$2,500</u>	<u>\$1,700</u>
Research contract management attributed	<u>\$190</u>		

* Note during the year the income available to this Output was reduced by \$0.80M. The income reduction had a flow on effect to spending.

Output 7: INTERNATIONAL INVESTMENT OPPORTUNITIES

Description

The fund was first established in 2004/05. HRC is funded under this output to support the following objectives:

- 1 Building international research collaborations, and
- 2 Developing international funding partnerships.

Objective 1: Building international research collaborations

The HRC allocated funds (\$1.10M) in Objective 1 through a contestable funding pool to enable outstanding researchers (including emerging researchers) to establish collaborations with overseas researchers, with a goal of making an application for long-term funding from major international funding agencies. The fund supports applicants to engage in research activities that are expected to produce gains for New Zealand and/or the leveraging of overseas funds to support longer term research project. The purpose of the Objective is to provide support for opportunities that arise 'out-of-cycle' with the HRC's annual funding round, and so could not otherwise be funded. The Foundation for Research Science and Technology (FRST) will also hold funding rounds under Objective 1 and the HRC will work

closely with FRST to ensure that a consistent approach is taken and that closing dates for applications are synchronised, where possible.

Objective 2: Developing international funding partnerships

The HRC planned to invest funds (\$2.56M) in Objective 2 through two contestable funding opportunities which will enable New Zealand researchers to collaborate with:

- i) colleagues in Australia (through the Trans-Tasman Clinical Trials Collaboration supported in Australia by NHMRC), and
- ii) colleagues in China (supported by the Science and Technology Commission of Shanghai Municipality).

Allocation of funds for each Objective will be contestable and require the overseas research collaborator(s) to obtain matching funding. All proposals to be supported will be of high scientific and technological quality and have potential to benefit New Zealand.

Links to Objectives

- Objective 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Objective 2 New Zealand has invested in the establishment of a world-class health research workforce.
- Objective 4 Improved health and well-being for New Zealanders through translation of the Outputs of health research into health services.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.
- Objective 7 An enhanced international research profile through strengthened networks and increased global connections.
- Objective 9 New Zealand has the infrastructure needed to support high quality health research.

Performance Measures (Quantity, quality and timeliness)

Performance Measures	2006/07 Performance Standards	Outcome															
Objective One																	
Number and total dollar value of new and active contracts.	Performance measure reported in all six monthly reports for 2007/08.	<table> <tr> <td></td> <td>2007/08</td> <td>2006/07</td> </tr> <tr> <td>Number</td> <td>14</td> <td>9</td> </tr> <tr> <td>Value</td> <td></td> <td></td> </tr> <tr> <td>--Paid</td> <td>\$1.66M</td> <td>\$1.53M</td> </tr> <tr> <td>--Committed</td> <td>\$1.34M</td> <td>\$1.56M</td> </tr> </table>		2007/08	2006/07	Number	14	9	Value			--Paid	\$1.66M	\$1.53M	--Committed	\$1.34M	\$1.56M
	2007/08	2006/07															
Number	14	9															
Value																	
--Paid	\$1.66M	\$1.53M															
--Committed	\$1.34M	\$1.56M															
Contracts are awarded according to the terms of the Terms of Reference.	100%.	Achieved.															
Objective Two																	
Value of international funding leveraged.	Performance measure reported in the 2007/08 annual report.	No agreements concluded.															

Performance Measures	2006/07 Performance Standards	Outcome
Progress of funder to funder relationships and co-funded projects.	Progress reported in all six monthly or quarterly reports.	Achieved: An Australasian partnership is to be developed in 2008/09. MoRST has allowed funding to be reallocated to allow formation of a partnership with Singapore.

	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$1,066</u>	<u>\$1,066</u>	<u>\$1,066</u>
Cost of Output	<u>\$1,659</u>	<u>\$2,500</u>	<u>\$1,534</u>
Research contract management attributed	<u>\$190</u>		

Output 8: RESEARCH SUPPORT ACTIVITIES

Description

Under this Output, the HRC provides policy advice and information on health research and related issues. The output has three main components:

- ethics of health research;
- regulatory activities and safety monitoring, and
- advice on health research policy.

In collaboration with NEAC, the MoH and Nga Pae o te Maramatanga at the University of Auckland, the HRC will assist in the development of a Maori framework for ethical review.

An annual update will be provided for the report: "The HRC and the New Zealand Health Strategy: Providing Evidence to Meet Health Goals". This report includes an analysis of the HRC's research investment in relation to the priorities identified in the New Zealand Health Strategy over the previous 12 months and provides a synopsis of all New Zealand research published in the relevant areas.

The HRC will work with the MoH to provide advice on ethics and regulatory issues as they arise.

Links to Objectives

- Objective 1 New Zealand's potential to conduct excellent and relevant health research is maximised.
- Objective 4 Improved health and well-being for New Zealanders through translation of the outputs of health research into health services.
- Objective 5 Taking advantage of New Zealand's unique opportunities and challenges.

Performance Measures (quarterly reports to the MoH)

Performance Measures	2006/07 Performance Standards	Outcome
Ethics of Health Research		
Report on all activities conducted by the HRC Ethics Committee under Section 25 of the HRC Act "Functions of Ethics Committee".	A report provided to the Ministry by 30 June 2008.	Achieved.
Advice provided to the MoH and NEAC on policy and ethical matters related to health research, including emerging issues.	Advice provided in a timely manner as requested by the MoH or NEAC or as identified by the HRC. Evidence-base and strength of any recommendations clearly indicated where appropriate.	Achieved.
Discussion document on the need to establish a national framework for all research involving human subjects.	An interim draft provided to the Ministry by 30 June 2008 with the final discussion document provided to the Minister of Health by 30 June 2009.	Achieved.
Regulatory Activities and Safety Monitoring		
A report on clinical trials monitored by the Data and Safety Monitoring Board.	A report provided to the Ministry by 30 June 2008.	Achieved.
Advice on Health Research Policy		
Annual update of the report "The HRC and the NZ Health Strategy: Providing Evidence to meet Health Goals". The report will be distributed to DHBs and the MoH. The HRC will answer any queries on an as required basis.	Report by 30 June 2008.	Achieved.

	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
Revenue			
Ministry of Health	<u>\$240</u>	<u>\$240</u>	<u>\$236</u>
Cost of Output	<u>\$240</u>	<u>\$240</u>	<u>\$270</u>

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Financial Performance

For the year ended 30 June 2008

		Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
	Note			
Revenue				
Revenue from the Crown	1	70,210	71,010	69,316
Interest		671	1,100	1,702
Other	2	<u>943</u>	<u>900</u>	<u>821</u>
Total Revenue		<u>\$71,824</u>	<u>73,010</u>	<u>71,839</u>
Cost of outputs (net)	3 -4	<u>74,757</u>	<u>78,440</u>	<u>73,123</u>
Net Deficit for year		<u>(\$2,933)</u>	<u>(\$5,430)</u>	<u>(\$1,284)</u>

Statement of Movements in Equity

For the year ended 30 June 2008

		Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
Equity at start of year		21,007	17,890	22,186
Net deficit for the year		(2,933)	(5,430)	(1,284)
Interest net of charges on Foxley Reserve fund		<u>57</u>	<u>-</u>	<u>105</u>
Total recognised revenue and expenses for the year		<u>(2,876)</u>	<u>(5,430)</u>	<u>(1,179)</u>
Total Equity at 30 June	9	<u>\$18,131</u>	<u>\$12,460</u>	<u>\$21,007</u>
Represented by				
Public Equity		16,643	12,460	19,576
Foxley Reserve Fund		<u>1,488</u>	<u>-</u>	<u>1,431</u>
Total Equity at 30 June	9	<u>\$18,131</u>	<u>\$12,460</u>	<u>\$21,007</u>

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

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Financial Position

As at 30 June 2008

		Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
	Note			
Current Assets				
Cash and Cash Equivalents	5	30,108	24,900	40,372
Accounts receivable	6	<u>12,780</u>	<u>2,070</u>	<u>2,782</u>
		42,888	26,970	43,154
Current Liabilities				
Accounts payable	7	<u>24,845</u>	<u>14,850</u>	<u>22,418</u>
Working Capital				
		18,043	12,120	20,736
Non-Current Assets				
Property Plant and Equipment	8	88	340	271
Net Assets				
		<u>\$18,131</u>	<u>\$12,460</u>	<u>\$21,007</u>
Equity				
	9	<u>\$18,131</u>	<u>\$12,460</u>	<u>\$21,007</u>



Council Chair

Professor Graeme Fraser

Date: 30 October 2008



Deputy Council Chair

Dr John Hay

Date: 30 October 2008

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

HEALTH RESEARCH COUNCIL OF NEW ZEALAND
Statement of Cash Flows
For the year ended 30 June 2008

		Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
Cash flows from operating activities	Note			
<i>Cash was provided from</i>				
Receipts from Crown		57,849	71,010	69,358
Interest		761	1,100	1,644
Other revenue		<u>943</u>	<u>900</u>	<u>821</u>
		<u>59,553</u>	<u>73,010</u>	<u>71,823</u>
<i>Cash was applied to</i>				
Payments to suppliers		67,497	75,300	65,324
Payments to employees		2,842	2,800	2,511
GST		<u>(195)</u>	<u>-</u>	<u>65</u>
		<u>70,144</u>	<u>78,100</u>	<u>67,900</u>
<i>Net cash flows from operating activities</i>	10	<u>(10,591)</u>	<u>(5,090)</u>	<u>3,923</u>
Cash flows from investing activities				
<i>Cash was provided from</i>				
Net Interest on Reserve fund		57	-	105
Proceeds from repayment of advance		300	-	-
<i>Cash was applied to</i>				
Property Plant and Equipment purchased		<u>30</u>	<u>160</u>	<u>110</u>
<i>Net cash flows applied to investing activities</i>		<u>327</u>	<u>(160)</u>	<u>(5)</u>
<i>Net increase (decrease) in cash held</i>		(10,264)	(5,250)	3,918
Add opening Cash Brought Forward		<u>40,372</u>	<u>30,150</u>	<u>36,454</u>
Ending Cash Carried Forward		<u>\$30,108</u>	<u>\$24,900</u>	<u>\$40,372</u>
<i>Represented by</i>				
Bank Current Account		583	-	226
Term deposits		<u>29,525</u>	<u>24,900</u>	<u>40,146</u>
Cash and Cash Equivalents at end of year	5	<u>\$30,108</u>	<u>\$24,900</u>	<u>\$40,372</u>

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

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

For the year ended 30 June 2008

Note 1	Revenue from the Crown	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
	Ministry of Research Science and Technology	69,968	70,770	69,080
	Ministry of Health	<u>242</u>	<u>240</u>	<u>236</u>
		<u>\$70,210</u>	<u>\$71,010</u>	<u>\$69,316</u>

The HRC has been provided with funding from the Crown for the specific purposes of the HRC as set out in its Output Agreement with MoRST and MoH. Apart from these general restrictions, there are no unfulfilled conditions or contingencies attached to government funding (2007 nil).

Note 2	Other Income	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
	Bequests and Donations received	40	50	-
	Other (Management fees)	<u>903</u>	<u>850</u>	<u>821</u>
		<u>\$943</u>	<u>\$900</u>	<u>\$821</u>

Note 3	Cost of Producing Outputs	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
	Research Contract Management for Health Research	4,510	4,800	4,206
	Contestable Funding Round	54,863	55,000	54,887
	Partnership Programme	1,993	2,000	2,124
	Targeted Research for Health	5,694	6,300	4,703
	Career Development Awards	4,098	5,100	3,699
	Maori Health Research	1,700	2,500	1,700
	International Investment Opportunities	1,659	2,500	1,534
	Research Support Activities	<u>240</u>	<u>240</u>	<u>270</u>
		<u>\$74,757</u>	<u>\$78,440</u>	<u>\$73,123</u>

Note 4	Other Expenditure Disclosures	Actual 2008 \$(000)	Budget 2008 \$(000)	Actual 2007 \$(000)
	Meetings and Committee Costs	651	764	567
	Council Costs (including fees)	174	160	173
	Salaries	2,377	2,530	2,295
	Employer contributions to defined contribution plans	326	270	261
	Property costs	280	300	288
	Remuneration of Auditors			
	Audit fee for financial statement audit	26	27	26
	Audit fees for NZ IFRS transition	4	3	-
	Depreciation	90	120	116
	Property Plant and Equipment written off	122	-	-

Employee Remuneration

	Actual 2008 \$(000)	Actual 2007 \$(000)
100,000- 109,999	1	3
110,000- 119,999	4	1
120,000- 129,999	-	1
130,000- 139,999	1	-
170,000-180,000	-	2
240,000- 249,999	1	-

Councillors' Fees

	Appointed	Retired	Actual 2008 \$(000)	Actual 2007 \$(000)
Professor G Fraser (Chair)	Dec 02		20	20
Dr C Aspin	July 06		8	7
Ms E Cowley-Malcolm	July 06		10	10
Professor J Harding	Aug 01	Dec 07	4	7
Ms K Fox	Jan 08		3	-
Dr J Hay	Mar 03		9	8
Ms A Hudson	Feb 05	Dec 07	5	9
Mrs J Keall	Mar 03		7	7
Professor R Poulton	Sept 05		10	10
Professor A Reeve	July 06		8	10
Associate Professor S Stott	Jan 08		3	-
Professor A Woodward	Mar 03		<u>10</u>	<u>13</u>
			<u>\$97</u>	<u>\$101</u>

Fees Paid to Committee Members

Member	Actual 2008 \$(000)	Actual 2007 \$(000)
Professor Wickliffe Abraham	0.55	
Dr Frances Agnew		0.20
Dr Melanie Anae		0.20
Dr Brett Anderson		0.20
Professor Bruce Arroll		0.13
Associate Professor Toni Ashton	0.20	0.20
Ms Virginia Baker		1.10
Professor Ted Baker		0.68
Ms Mere Balzer	3.60	2.50
Associate Professor Pauline Barnett		0.85
Dr Joanne Baxter		0.40
Professor Richard Beasley	0.55	
Ms Sumaria Beaton		0.20
Associate Professor Peter Black	0.20	4.70
Professor Tony Blakely	1.90	1.10
Dr Amohia Boulton	0.90	
Dr Bob Boyd	0.41	
Dr Anne Bray	0.00	1.30
Dr Marilyn Brewin	4.41	2.20
Dr Cheryl Brunton		1.50
Associate Professor Stephen Buetow	1.70	
Ms Marion Carter		0.10
Professor Vinton Chadwick	1.65	
Professor Stephen Chambers		1.10

Member	Actual 2008 \$(000)	Actual 2007 \$(000)
Ms Mow Chan	0.20	
Dr Jennie Connor	1.10	
Ms Donna Cormack	0.20	0.10
Dr Suzanne Crengle	2.10	3.35
Associate Professor Philip Crosier	1.90	1.65
Professor Kathryn Crosier	0.36	0.40
Dr Jacqueline Cumming	0.70	0.60
Professor Timothy Cundy		1.10
Professor Christopher Cunningham	0.80	
Associate Professor Wayne Cutfield	1.90	1.75
Dr Tim Dare	0.80	
Ms Lisa Davis	0.10	
Dr Kevin Dew	1.70	2.10
Dr Nigel Dickson		
Dr Ian Dittmer	1.10	
Associate Professor Robyn Dixon		1.10
Associate Professor Susan Dovey	1.30	0.50
Professor Anthony Dowell		
Professor Tony Dowell	0.30	0.30
Mr Paul Drury		0.50
Associate Professor Rod Dunbar	1.30	
Professor Mason Durie	1.07	5.74
Dr Lorna Dyall	2.30	
Mr Sacha Dylan	0.90	
Dr Richard Edwards		1.10
Ms Carolyn Elley	1.10	1.10
Professor Peter Ellis		1.10
Dr Rod Ellis-Pegler	0.30	0.10
Professor Ian Evans	1.10	1.10
Associate Professor John Evans	1.10	
Dr Monique Faleafa	1.10	0.60
Professor David Fergusson		1.50
Professor Sitaleki Finau	0.80	
Professor John Fraser	0.20	2.10
Dr Heather Gifford	1.00	2.77
Dr Florence Green	1.90	
Professor Alistair Gunn	1.10	
Dr Mark Hampton		1.10
Dr Jennifer Hand	0.40	0.30
Dr Ricci Harris	0.10	
Dr Matire Harwood	1.10	
Professor Harlene Hayne	0.55	
Professor Allan Herbison	1.10	
Associate Professor Peter Herbison	1.10	
Ms Jan Hewitt	0.70	
Dr Maureen Holdaway		0.20
Professor Philippa Howden-Chapman	1.10	1.10
Professor Peter Hunter		0.55
Dr Jessica Hutchings	0.10	
Associate Professor Brian Hyland	1.10	1.10

Member	Actual 2008 \$(000)	Actual 2007 \$(000)
Ms Anna Jameson	0.10	0.10
Dr Rhys Jones	1.10	
Professor Robin Kearns		2.60
Dr Jeffrey Keelan		1.10
Dr Sally Keeling	1.10	
Associate Professor Timothy Kenealy	1.10	
Associate Professor Martin Kennedy	2.24	2.50
Dr Mere Kepa		1.10
Associate Professor Ngaire Kerse	1.80	
Professor Jules Kieser	0.40	0.40
Dr Ray Kirk		1.10
Professor Todd Kjellstrom	0.10	
Dr Ana Koloto		0.20
Dr Jeremy Krebs	1.10	
Mrs Nemu Lallu	0.90	
Professor John Langley	1.50	
Emeritus Professor Richard Laverty	1.20	0.40
Professor Ross Lawrenson	0.27	1.68
Dr Beverly Lawton		0.54
Dr Ian LeGrice	1.10	
Professor Graham Le-Gros	1.70	
Dr Ieta Lima	1.00	1.65
Professor Peter Lobie		1.10
Mr David Lui	2.34	0.20
Mr Mark Lyne		1.10
Professor Anthony MacKnight	5.50	4.95
Dr Anne MacLennan	0.70	
Dr Alexandra MacMillan		1.10
Dr Derelie Mangin	1.10	1.10
Dr Diana Martin	2.10	
Dr David McBride		0.10
Dr John McCall		0.20
Mrs Makuini McKerchar	0.40	
Professor Neil McNaughton	1.10	
Dr Hinemataj McNeill	1.10	
Professor Andrew Mercer	1.10	
Dr Anthony Merriman		1.10
Mrs Caroline Milne		0.10
Professor Edwin Mitchell		1.10
Dr Ate Moala		0.20
Ms Losa Moataane		1.10
Ms Kate Moodabe		0.60
Dr Andrew Moore		0.40
Dr Ian Morison	0.36	0.54
Mr Tupara Morrison	0.80	
Dr Vili Nosa	0.40	
Mr Malakia Ofanoa	0.20	
Dr Maurice Ormsby		1.20
Dr Stephanie Palmer		1.10
Ms Mera Penehira		0.90
Ms Liane Penney	1.10	0.10

Member	Actual 2008 \$(000)	Actual 2007 \$(000)
Dr David Perez		1.10
Mr Neil Pickering	1.82	0.90
Dr Helen Pilmore		0.10
Ms Suzanne Pitama		1.10
Associate Professor Cristin Print	1.10	
Mr Fuimaono Pulotu-Endemann	1.60	0.87
Dr Keri Ratima		0.10
Dr Harry Rea		0.25
Dr Gordon Rewcastle		1.10
Dr Paul Reynolds	3.25	1.40
Professor Mark Richards		1.50
Dr Paul Robertson		1.10
Professor Stephen Robertson	0.14	
Associate Professor Bridget Robinson	0.96	1.50
Ms Elizabeth Robinson	1.10	
Ms Bridget Robson		1.10
Professor Anthony Rodgers		0.40
Dr Allanah Ryan		1.10
Professor Susan Schenk	1.10	1.10
Professor Grant Schofield	1.10	
Dr Nina Scott	2.30	1.10
Professor Robert Scragg		1.10
Professor Norman Sharpe	0.20	
Professor John Shaw	0.20	1.10
Dr Andrew Shelling		1.10
Ms Jane Sherard	1.30	1.00
Dr Nicolette Sheridan	0.30	2.20
Mr Philip Siataga	2.10	
Mr Robert Siebers	1.10	
Dr Margaret Southwick	0.20	
Mr Andrew Sporle		1.10
Associate Professor Ralph Stewart		1.50
Dr Cathy Stinear	1.10	
Professor Patrick Sullivan	2.24	
Professor John Tagg	0.60	0.40
Ms Ausaga Tanuvasa	1.10	
Dr John Taylor	1.10	
Mr Te Thompson		0.20
Associate Professor Sarah-Jane Tiakiwai	1.10	
Professor Leslie Toop		1.10
Ms Megan Tunks	1.10	
Mr Ngarau Tupaea	0.20	1.80
Mr John Waldon	0.70	
Dr Clare Wall		0.85
Associate Professor Mark Weatherall	1.10	
Associate Professor Mark Webster	1.10	
Ms Jessie Wells	1.10	1.10
Dr Janine Wiles		1.10
Associate Professor Tim Wilkinson		1.10
Associate Professor Sheila Williams		1.10

	Actual 2008 \$(000)	Actual 2007 \$(000)
Member		
Mr Tu Williams		0.10
Dr Elizabeth Wilson	0.30	0.10
Professor Christine Winterbourn	1.20	1.50
Dr Deborah Young	0.14	
Total	<u>\$121.21</u>	<u>\$121.80</u>
Note 5 Cash and Cash Equivalents	2008	2007
	\$(000)	\$(000)
Cash at Bank	<u>583</u>	<u>226</u>
Cash Equivalents – Short Term Deposits		
Westpac Trust term deposits	6,530	21,000
Westpac Trust term deposits held on behalf of other agencies*	21,507	17,715
Westpac Trust term deposits Foxley Estate fund	<u>1,488</u>	<u>1,431</u>
	<u>29,525</u>	<u>40,146</u>
Total Cash and Cash Equivalents	<u>\$30,108</u>	<u>\$40,372</u>

The effective interest rates on deposited funds ranged from 7.95% pa to 8.99% pa.

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

	2008 \$(000)	2007 \$(000)
Note 6 Accounts Receivable		
Owing by Crown (MoRST) (Trade)	12,133	-
Owing by Funding Partners (Trade)	377	2,117
Sundry Debtors	<u>270</u>	<u>665</u>
	<u>\$12,780</u>	<u>\$2,782</u>

The carrying value of receivables approximates their fair value.

As at 30 June 2008 and 2007, there were no overdue receivables to be assessed for impairment.

	2008 \$(000)	2007 \$(000)
Note 7 Accounts Payable		
Supplies (Trade)	2,683	2,092
Accruals		
Employee entitlements	110	152
Other	134	161
Funds held on behalf of other agencies	21,812	19,832
GST	<u>105</u>	<u>181</u>
	<u>\$24,845</u>	<u>\$22,418</u>

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

Note 8 Property Plant and Equipment

	Office and Computer Equipment	Leasehold Improvements	Motor Vehicle	Total
Cost	\$(000)	\$(000)	\$(000)	\$(000)
Balance at 1 July 2006	728	105	36	869
Additions	130	-	-	130
Disposals	(2)	-	(36)	(38)
Less scrapped/ off register	<u>(20)</u>	<u>-</u>	<u>-</u>	<u>(20)</u>
Balance 30 June 2007	836	105	-	941
Balance 1 July 2007	836	105	-	941
Additions	30	-	-	30
Less scrapped/ off register	<u>(420)</u>	<u>-</u>	<u>-</u>	<u>(420)</u>
Balance at 30 June 2008	<u>446</u>	<u>105</u>	<u>-</u>	<u>551</u>
Accumulated Depreciation				
Balance 1 July 2006	516	60	19	595
charge this year (net)	98	18	-	116
Written back/ off register	<u>(21)</u>	<u>-</u>	<u>(19)</u>	<u>(40)</u>
Balance at 30 June 2007	593	78	-	671
Balance 1 July 2007	593	78	-	671
charge this year (net)	194	18	-	212
Written back/ off register	<u>(420)</u>	<u>-</u>	<u>-</u>	<u>(420)</u>
Balance at 30 June 2008	<u>367</u>	<u>96</u>	<u>-</u>	<u>463</u>
Carrying Value				
At 1 July 2006	<u>\$212</u>	<u>\$45</u>	<u>\$17</u>	<u>\$275</u>
At 30 June and 1 July 2007	<u>\$243</u>	<u>\$27</u>	<u>\$-</u>	<u>\$271</u>
At 30 June 2008	<u>\$79</u>	<u>\$9</u>	<u>\$-</u>	<u>\$88</u>

Note 9 Equity

	Actual 2008 \$(000)	Actual 2007 \$(000)
General Funds		
Balance at 1 July	19,576	20,859
Net deficit for the year	<u>(2,933)</u>	<u>(1,284)</u>
Balance at 30 June	<u>\$16,643</u>	<u>\$19,576</u>
Foxley Reserve Fund		
Balance at 1 July	1,431	1,326
Interest net of charges on Foxley Reserve fund	<u>57</u>	<u>105</u>
Balance at 30 June	<u>\$1,488</u>	<u>\$1,431</u>
Total Equity at 30 June	<u>\$18,131</u>	<u>\$21,007</u>

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

	Actual 2008	Actual 2007
	\$(000)	\$(000)
Net deficit surplus for year	(2,933)	(1,284)
<i>Add non-cash items</i>		
Depreciation	90	116
Property Plant and Equipment written off	122	-
<i>Add (deduct) movements in working capital items</i>		
Accounts receivable increase	(10,298)	(712)
Accounts payable increase	<u>2,428</u>	<u>5,803</u>
Net cash inflows (outflows) from operating activities	<u><u>\$(10,591)</u></u>	<u><u>\$3,923</u></u>

Note 11 Bequests

Bequest funds represent funds subject to specific direction.

	Opening Balance 2007	Net Interest \$(000)	Closing Balance 2008
	\$(000)	\$(000)	\$(000)
J D Prickett Trust Fund	343	30	373
Income to be applied to a Scholarship			
G M Marryatt Memorial Fund	73	6	79
Income to be applied to research into children's diseases			
	<u>\$416</u>	<u>\$36</u>	<u>\$452</u>

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

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

Note 12	Commitments			
	2008/09	2009/10	2010/11 & beyond	Total
	\$(000)	\$(000)	\$(000)	\$(000)
<i>Research Commitments</i>				
<i>Output Classes</i>				
Contestable Funding Round	55,550	38,052	23,971	117,573
Partnership Programme	822	250	-	1,072
Priorities for Health Research	7,024	4,563	2,817	14,404
Human Resource Development	4,707	2,748	1,901	9,356
Maori Health Research	2,991	2,021	248	5,260
International Investment Opportunities Fund	<u>1,009</u>	<u>329</u>	-	<u>1,338</u>
Total research commitments	<u>\$72,103</u>	<u>\$47,963</u>	<u>\$28,937</u>	<u>\$149,003</u>
	2007/08	2008/09	2009/10 & beyond	<u>Total</u>
	\$(000)	\$(000)	\$(000)	<u>\$(000)</u>
<i>Research Commitments</i>				
<i>Output Classes</i>				
Contestable Funding Round	58,256	39,314	21,400	<u>118,970</u>
Partnership Programme	1,140	526	-	<u>1,666</u>
Priorities for Health Research	6,152	4,647	2,670	<u>13,469</u>
Human Resource Development	3,830	2,891	1,870	<u>8,591</u>
Maori Health Research	2,187	1,033	285	<u>3,505</u>
International Investment Opportunities Fund	1,337	222	-	<u>1,559</u>
Total research commitments	<u>\$72,902</u>	<u>\$48,633</u>	<u>\$26,225</u>	<u>\$147,760</u>

The committed support is contingent on continued Government funding.

	2008 \$(000)	2007 \$(000)
<i>Operating Leases as Lessee</i>		
Not later than one year	130	259
Later than one year and not later than five years	<u>-</u>	<u>130</u>
	<u>\$130</u>	<u>\$389</u>

Note 13 Contingencies

As at 30 June 2008 the Council has no contingent liabilities.

(Contingent liabilities 30 June 2007 Nil)

Note 14 Financial Instruments Risk

Market risk

The interest rates on the HRC's investments are disclosed in note 5.

Fair value interest rate risk

Fair value interest rate risk is the risk that the value of a financial instrument will fluctuate due to changes in market interest rates. The HRC's exposure to fair value interest rate risk is limited to its bank deposits which are held at fixed rates of interest.

Cash flow interest rate risk

Cash flow interest rate risk is the risk that the cash flows from a financial instrument will fluctuate because of changes in market interest rates. The HRC's Investments are issued at fixed interest rates for fixed terms. HRC is exposed to cash flow interest rate risk when investments mature and are reissued.

The HRC currently has no variable interest rate investments.

Currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate due to changes in foreign exchange rates. HRC is not exposed to currency risk.

Credit risk

Credit risk is the risk that a third party will default on its obligation to the HRC, causing the HRC to incur a loss.

The HRC's maximum credit exposure for each class of financial instrument is represented by the total carrying amount of cash and cash equivalents (note 5) and debtors (note 6).

The HRC has no significant concentrations of credit risk, as it has a small number of credit customers and only invests funds with registered banks with specified Standard and Poor's credit ratings.

Liquidity risk

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

Note 15 Categories of financial assets and liabilities

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

	2008	2007
	\$(000)	\$(000)
<i>Loans and Receivables</i>		
Cash and cash equivalents	30,107	40,372
Debtors and other receivables	<u>12,780</u>	<u>2,782</u>
Total loans and receivables	<u>\$42,887</u>	<u>\$43,154</u>
<i>Financial Liabilities measured at amortised cost</i>		
Creditors and other payables	<u>24,845</u>	<u>22,418</u>
Total financial liabilities	<u>\$24,845</u>	<u>\$22,418</u>

Note 16 Related party information and key management personnel

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

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

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

Council members who were active researchers at institutions with whom the Council contracted in 2007/08 are as follows:

Name	Employer
Professor J Harding	University of Auckland
Dr Clive Aspin	University of Auckland
Associate Professor R Poulton	University of Otago
Professor A Reeve	University of Otago
Professor A Woodward	University of Auckland

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

Key Management personnel compensation

	2008	2007
	\$(000)	\$(000)
Salaries and Board fees	<u>\$1,213</u>	<u>\$1,011</u>
No other benefits were paid		

Key management personnel include all board members, the Chief Executive, and the remaining 8 members of the Leadership Team.

Note 17 Post Balance Date Events

There have been no post balance date events that could impact the financial statements for the year ended 30 June 2008.

Note 18 Capital management

The HRC's capital is its equity, which comprises accumulated funds and other reserves. Equity is represented by net assets.

The HRC is subject to the financial management and accountability provisions of the Crown Entities Act 2004, which impose restrictions in relation to borrowings, acquisition of securities, issuing guarantees and indemnities and the use of derivatives.

The HRC manages its equity as a by-product of prudently managing revenues, expenses, assets, liabilities, investments, and general financial dealings to ensure the HRC effectively achieves its objectives and purpose, whilst remaining a going concern.

Note 19 Major Budget Variations**Statement of Financial Performance**

Net Deficit for the year is \$2.49M less than budget. The primary reasons are underspending in Output classes 4 Targeted Research for Health, 5 Career Development Awards, 6 Maori Health Research and 7 International Investment Opportunities.

Output 4 difference represents funding held for “collaborative international indigenous research contracts to be let in 2008/09.

Output 5 Demand allowed very significant contracts value to be offered. While these contracts had some effect on the 2007/08 year their full effect on costs for this output will impact in 2008/09. It will not be until that year the underspend in this output starts to reduce.

Output 6 during the year the income available to this Output class was reduced by \$0.80M. This reduction had a direct flow on to the dollars available to spend in the Output.

Output 7 is made up of two objectives. Objective one relates to collaborative research contracts. This objective is running to budget. Objective two relates to international collaborative research agreement. As noted in the Statement of Service Performance, no agreements were concluded in the year.

Statement of Financial Position

Accounts receivable: are \$10.7M over budget due to agreement with MoRST to draw cash to match HRC’s needs rather than its entitlement.

Accounts Payable: Major variations are the increase in contract retentions held to \$2.525M (2007 \$1.924M) an increase of \$0.601M and the increase in funds held for other agencies. This increase is the net of collections and payment of agencies funds.

Statement of Public Equity is \$5.67M above budget. The variance is due to the deficit variance explained above and because the actual opening equity exceeded the expected opening equity balance.

Statement of changes in Cash flow receipts from the Crown were matched to need rather than entitlement. This resulted in the major variation, which was the reduction in cash receipts from the Crown.

Note 20 Transition to NZ IFRS

As stated in the Statement of Accounting Policies, these are the HRC’s first financial statements to be prepared in accordance with NZ IFRS.

The HRC’s transition date is 1 July 2006 and the opening NZ IFRS balance sheet has been prepared as at that date. The HRC’s NZ IFRS adoption date is 1 July 2007.

Exemptions from full retrospective application elected by the HRC

In preparing these financial statements in accordance with NZ IFRS 1, the HRC has not applied any optional exemptions to full retrospective application of NZ IFRS.

The only mandatory exception from retrospective application that applies to the HRC is the requirement for estimates under NZ IFRS at 1 July 2006 and 30 June 2007 to be consistent with estimates made for the same date under previous NZ GAAP.

Reconciliation of equity upon transition and surplus for the year ending 30 June 2007

There are no differences between the statement of financial performance and statement of financial position presented under NZ IFRS, other than changes in classification and terminology used for particular line items in the financial statements.

Statement of cash flows

On transition to NZ IFRS the statement of cash flows presents the short term deposits with maturities less than 3 months as part of cash and cash equivalents, rather than as separate item. This change has impacted on the statement of cash flows for the year ended 30 June 2007 as follows:

- The term investments matured of \$168,302,000 is no longer disclosed; and
- The term investments purchased of \$172,333,000 is no longer disclosed.

There have been no other material adjustments to the statement of cash flows for the year ended 30 June 2007, on transition to NZ IFRS. The cash flows for the year ended 30 June 2007 have been broken down to conform to the current year's presentation.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Resources

As at 30 June 2008

Operating Resources

Computer system
Two photocopying machines
Furniture and fittings

Accommodation

The Secretariat occupies the 3rd floor of 110 Stanley Street, Auckland.
The lease expires on 31 December 2008. Rights of renewal can take the lease to December 2014.

The annual rental cost is \$259,000 including standing charges.

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

Staff Resources

	Secretariat	Research Staff
	FTE's	FTE's
Chief Executive	1	
Senior Managers	7	
Manager Evaluation	1	
Manager Human Resources	1	
Manager Pacific Health Research	1	
Support staff	<u>21</u>	
	32	
Senior research staff		2
Other research staff		<u>4</u>
		6

Note: An FTE is a full time equivalent employee.

Organisational Information

Management Structures

Secretariat: Senior Management

Dr Robin Olds	Chief Executive
Dr Vernon Choy	Group Manager, Investment Processes
Mr Lex Davidson	Chief Financial Officer and Group Manager, Corporate Services
Dr Andre George	Group Manager, Knowledge Management and Information Systems
Ms Aroha Haggie	Group Manager, Maori Health Research and Health Sector Relationships
Ms Sharon McCook	Group Manager, Partnership Programme
Dr Tania Pocock	Group Manager, Policy, Evaluation and Business Development
Ms Kristine Scherp	Group Manager, Communications

Good Employer Requirements

Organisational Capability

The Health Research Council of New Zealand has continued to work toward the principle of being an Employer of Choice. Low staff turnover over the year saw only 3 staff members leave on a permanent basis and other changes were due to staff moving roles into new opportunities within the organisation or taking parental leave. The organisation employs 36 staff members including seven who work part-time. All staff members who took parental leave during the year returned to work at the end of their leave. The leadership has continued to ensure an impartial and transparent employment process to guarantee that there is no barrier to employing the best people for the job and offering flexible working practices to attract and retain a quality workforce. The HRC has a comprehensive induction process which provides operational and support information.

Employer of Choice

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

Building the skills

For the first time all members of the Secretariat were involved in a series of planning meetings to provide their input into the structure of new Strategic plan for the HRC to be launched on 1 July 2008. Their ideas and the mechanisms and actions required to achieve the plan were instrumental in providing their ownership of the plan to help move the HRC into an exciting new phase.

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

Sixteen staff members completed a 10 week Te Reo Maori course and many more attended a series of cultural activities held in celebration of Maori language week, to demonstrate their commitment to Te Reo and increase cultural awareness. An intranet was developed so staff

could gain easy access to information and policies and procedures. A weekly staff newsletter continues to inform and entertain staff as well as providing a useful cross-team communication tool.

Trusted State Service

All staff attended a presentation on the introduction of the new State Services Code of Conduct and discussions were held to understand the necessity of Fairness, Integrity, Responsibility and Trustworthiness within the State Sector. Completion of the Human Resource policy allowed staff easy access to information and an additional source of assistance across a range of HR issues.

We expect that the changes we have already implemented, coupled with future initiatives, will enable us to maintain staff satisfaction and provide Secretariat Staff with the necessary tools to provide a superior service to Stakeholders.

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

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

None of the permissions were amended or revoked.

Membership of Council and Statutory Committees

As at 30 June 2008

Council

Emeritus Professor Graeme Fraser (Chair)	Palmerston North
Dr Clive Aspin	Research Director, Serious & Continuing Illness Policy & Practice Study (SCIPPS), University of Sydney, Australia
Ms Esther Cowley-Malcolm	Ohope
Ms Kath Fox	Richmond New Zealand, Christchurch
Dr John Hay	Institute of Environmental Science & Research Ltd, Porirua, Wellington
Mrs Judy Keall	Levin
Professor Richie Poulton	Multidisciplinary Health and Development Unit, University of Otago, Dunedin
Professor Anthony Reeve	Department of Biochemistry, School of Medical Sciences, University of Otago, Dunedin
Associate Professor Susan Stott	Department of Surgery, Faculty of Medical and Health Sciences, University of Auckland, Auckland
Professor Alistair Woodward	School of Population Health, University of Auckland, Auckland

Biomedical Research Committee

Professor Anthony Reeve (Chair)	Department of Biochemistry, University of Otago, Dunedin
Associate Professor Philip Crosier	Department of Molecular Medicine and Pathology, University of Auckland, Auckland
Associate Professor Wayne Cutfield	Liggins Institute, University of Auckland, Auckland
Professor Allan Herbison	Department of Physiology, University of Otago, Dunedin
Professor Graham Le Gros	Director, Malaghan Institute of Medical Research, Wellington
Professor Andrew Mercer	Department of Microbiology & Immunology, Otago School of Medical Sciences, Dunedin
Associate Professor Bridget Robinson	Department of Medicine, University of Otago, Christchurch

Public Health Research Committee

Professor Tony Blakely	Department of Public Health, University of Otago, Wellington
Associate Professor Stephen Buetow	Department of General Practice, University of Auckland
Associate Professor Kevin Dew	School of Social and Cultural Studies, Victoria University
Dr Terri Green	Department of Management, Canterbury University
Professor Kathryn McPherson	Division of Rehabilitation & Occupation Studies, Auckland University of Technology
Professor Ann Richardson	Department of Public Health and General Practice, University of Otago, Christchurch
Associate Professor Karen Witten	Centre for Social & Health Outcomes Research & Evaluation, Massey University
Professor Alistair Woodward	School of Population Health, University of Auckland

Maori Health Committee

Dr Clive Aspin (Acting Chair)	Research Director, Serious & Continuing Illness Policy & Practice Study (SCIPPS), University of Sydney, Australia
Dr Amohia Boulton	Te Pumanawa Hauora, Research Centre for Maori Health and Development, Massey University, Palmerston North
Dr Joanne Baxter	Ngai Tahu Maori Health Research, Dunedin School of Medicine, University of Otago, Dunedin
Dr Robyn Manuel	Taupua Waiora, AUT University, Auckland
Dr Paul Reynolds	Te Atawhai o Te Ao, Wanganui

Ethics Committee

Dr Tim Dare (Chair)	Department of Philosophy and Law, University of Auckland, Auckland
Emeritus Professor Graeme Fraser	Palmerston North
Mr Maui Hudson	Strategy and Research Department, Institute of Environmental Science & Research Ltd, Porirua
Dr Neil Pickering	Bioethics Centre, University of Otago, Dunedin
Associate Professor Richard Robson	Clinical Studies Trust, Christchurch
Ms Jane Sherard	Mo Wai Te Ora Maori Health Studies, North Shore Hospital, Auckland
Associate Professor Susan Stott	Department of Surgery, Faculty of Medical and Health Sciences, University of Auckland, Auckland

New Research Contracts

Contracts are listed alphabetically by first named investigator.

Ms Annabel Ahuriri-Driscoll

Te Tomokanga: a model for facilitating bicultural health policy and programme development

HRC Ref: 08/211
 Term in Months: 18
 Location: Institute of Environmental Science & Research Ltd,
 CHRISTCHURCH
 Value of contract: \$350,000

Dr Clive Aspin

Monitoring sexually transmitted infections among Maori in the Bay of Plenty

HRC Ref: 08/377
 Term in Months: 12
 Location: Menzies Centre for Health Policy, University of Sydney, SYDNEY
 Value of contract: \$144,267

Professor Edward Baker

Structural and molecular basis of host-pathogen interactions

HRC Ref: 08/091B
 Term in Months: 36
 Location: School of Biological Sciences, University of Auckland, AUCKLAND
 Value of contract: \$1,496,780

Dr Manuhua Barcham

Health outcomes research on inter-organisational collaboration

HRC Ref: 08/033
 Term in Months: 2
 Location: Massey University, PALMERSTON NORTH
 Value of contract: \$5,000

Ms Alison Barnett

Planning, scoping and creating an intergenerational communication research programme

HRC Ref: 08/032
 Term in Months: 3
 Location: Te Runanga o Kirikiriroa Charitable Trust, HAMILTON
 Value of contract: \$5,000

Professor Evan Begg

Free drug metabolic clearance in older adults

HRC Ref: 08/322
 Term in Months: 24
 Location: Department of Medicine, University of Otago, CHRISTCHURCH
 Value of contract: \$326,366

Dr Tim Bentley

Understanding workplace stress and bullying in New Zealand workplaces

HRC Ref: 08/571
 Term in Months: 18
 Location: Management and International Business, Massey University,
 NORTH SHORE CITY
 Value of contract: \$200,000

Associate Professor David Bilkey

Hippocampal processing of context in schizophrenia

HRC Ref: 08/331
 Term in Months: 36
 Location: Department of Psychology, University of Otago, DUNEDIN
 Value of contract: \$796,117

Associate Professor Peter Black

How does chronic obstructive pulmonary disease develop in non-smokers?

HRC Ref: 08/030
 Term in Months: 24
 Location: Department of Medicine, University of Auckland, AUCKLAND
 Value of contract: \$400,000

Professor Tony Blakely

Health Inequalities Research Programme (HIRP)

HRC Ref: 08/048
 Term in Months: 36
 Location: Department of Public Health, University of Otago, WELLINGTON
 Value of contract: \$4,310,406

Associate Professor Francis Bloomfield

Long-term consequences of intrauterine treatment of the growth restricted fetus

HRC Ref: 08/088A
 Term in Months: 36
 Location: Liggins Institute, Faculty of Medical and Health Sciences, University of Auckland, AUCKLAND
 Value of contract: \$1,346,517

Professor Carl Burgess

Electronic Pharmacovigilance: A centralised database combining GP practice data

HRC Ref: 08/585
 Term in Months: 10
 Location: Department of Medicine, University of Otago, WELLINGTON SOUTH
 Value of contract: \$100,026

Dr Catherine Byrnes

Interventional Study on Bronchiectasis in Indigenous Children

HRC Ref: 08/158
 Term in Months: 30
 Location: Faculty of Medical & Health Sciences, University of Auckland, AUCKLAND
 Value of contract: \$555,895

Ms Ngaropi Cameron

Development of a Research Plan for Tu Tama Wahine o Taranaki, Inc

HRC Ref: 08/510
 Term in Months: 12
 Location: Tu Tamawahine, NEW PLYMOUTH
 Value of contract: \$10,000

Professor Mark Cannell

Structure and function in failing heart

HRC Ref: 08/049
 Term in Months: 36
 Location: Department of Physiology, University of Auckland, AUCKLAND
 Value of contract: \$4,790,732

Professor Sally Casswell

The Range and Magnitude of Alcohol's Harm to Others

HRC Ref: 08/268
 Term in Months: 24
 Location: Centre for Social & Health Outcomes Research & Evaluation, Massey University, AUCKLAND
 Value of contract: \$853,355

Professor Kerry Chamberlain

Medications in everyday life: Understandings and social practices

HRC Ref: 08/256
 Term in Months: 36
 Location: Department of Psychology, Massey University, NORTH SHORE
 Value of contract: \$949,019

Dr Sunny Collings

Ultra-brief intervention for common mental health syndromes in primary care

HRC Ref: 08/214
 Term in Months: 12
 Location: Department of Public Health, University of Otago, WELLINGTON
 Value of contract: \$148,767

Dr Adelaide Collins

Maori with disabilities and their whanau navigating complex support systems

HRC Ref: 08/203R
 Term in Months: 36
 Location: Maori Development Research Centre Ltd, HAMILTON
 Value of contract: \$100,000

Professor Jillian Cornish

Bone cell activity assessed in three-dimensional scaffold cultures

HRC Ref: 08/029
 Term in Months: 24
 Location: Department of Medicine, University of Auckland, AUCKLAND
 Value of contract: \$300,000

Professor Wayne Cutfield

Assessment of pituitary function following traumatic brain injury in infancy

HRC Ref: 08/298
 Term in Months: 24
 Location: Liggins Institute, University of Auckland, AUCKLAND
 Value of contract: \$616,770

Professor Peter Davis

Improving Health Systems Performance : Enhancing Hospital Outcomes

HRC Ref: 08/089C
 Term in Months: 36
 Location: Department of Sociology, University of Auckland, AUCKLAND
 Value of contract: \$1,727,442

Associate Professor Paul Donaldson

Targeted in situ proteomics: a new method to study lens cataract

HRC Ref: 08/027
 Term in Months: 24
 Location: Department of Physiology, University of Auckland, AUCKLAND
 Value of contract: \$310,000

Associate Professor Jeroen Douwes

Occupational dermatitis in New Zealand cleaners

HRC Ref: 08/570
 Term in Months: 36
 Location: Centre for Public Health Research, Massey University, WELLINGTON
 Value of contract: \$399,978

Professor Tony Dowell

Understanding diabetes management: tracking communication in primary care

HRC Ref: 08/218
 Term: 24
 Location: Department of Primary Health Care & General Practice, University of Otago, WELLINGTON
 Value of contract: \$1,125,165

Mr Scott Duncan

Healthy Homework: A physical activity and nutrition intervention for children

HRC Ref: 08/384
 Term: 12
 Location: Centre for Physical Activity & Nutrition Research, Auckland University of Technology, AUCKLAND
 Value of contract: \$142,681

Dr Richard Edwards

Developing strategies to reduce smoking uptake and SHS exposure of NZ children

HRC Ref: 08/003
 Term: 27
 Location: Department of Public Health, University of Otago, WELLINGTON
 Value of contract: \$599,000

Dr Lis Ellison-Loschmann

Understanding the determinants of inequalities in breast cancer survival

HRC Ref: 08/251R
 Term: 36
 Location: Centre for Public Health Research, Massey University, WELLINGTON
 Value of contract: \$1,004,153

Dr Lis Ellison-Loschmann

Stomach cancer in Maori

HRC Ref: 08/258
 Term: 60
 Location: Centre for Public Health Research, Massey University,
 WELLINGTON
 Value of contract: \$951,382

Dr Daniel Exeter

Immunisation Disparities and Vaccine-Preventable Diseases in New Zealand

HRC Ref: 08/123
 Term: 36
 Location: Epidemiology & Biostatistics Department, University of Auckland,
 Auckland
 Value of contract: \$133,004

Dr Ausaga Faasalele Tanuvasa

Exploring Samoan women's attitudes towards antenatal and midwifery care

HRC Ref: 08/215
 Term: 36
 Location: Health Services Research Centre, Victoria University, WELLINGTON
 Value of contract: \$303,331

Professor Richard Faull

Neurogenesis and neurodegenerative disorders of the human brain

HRC Ref: 08/051
 Term: 36
 Location: Division of Anatomy with Radiology, University of Auckland,
 AUCKLAND
 Value of contract: \$3,381,503

Professor John Fraser

The Role of Superantigen-Like Toxins in Staphylococcal Disease

HRC Ref: 08/091A
 Term: 36
 Location: Faculty of Medical & Health Sciences, University of Auckland,
 AUCKLAND
 Value of contract: \$1,283,262

Dr Brent Gilpin

The application of molecular epidemiology to campylobacteriosis in New Zealand

HRC Ref: 08/180R
 Term: 24
 Location: Institute of Environmental Science & Research Ltd, Christchurch
 Science Centre, CHRISTCHURCH
 Value of contract: \$895,818

Dr Felicity Goodyear-Smith

A randomised trial of an intervention to improve immunisation coverage and timeliness

HRC Ref: 08/605
 Term: 24
 Location: Department of General Practice, University of Auckland,
 AUCKLAND
 Value of contract: \$312,782

Dr Patrick Graham

Improving the analysis of product vigilance databases

HRC Ref: 08/584
 Term: 12
 Location: Department of Public Health & General Practice, University of Otago,
 CHRISTCHURCH
 Value of contract: \$99,823

Dr Mark Hampton

Peroxiredoxins in antioxidant defence and cell signalling

HRC Ref: 08/071B
 Term: 36
 Location: Department of Pathology, University of Otago, CHRISTCHURCH
 Value of contract: \$1,520,054

Dr Robert Hancox

The Dunedin Next Generation Studies

HRC Ref: 08/342
 Term: 60
 Location: Dunedin Multi-disciplinary Health and Development Unit,
 University of Otago, DUNEDIN
 Value of contract: \$1,850,398

Dr Mira Harrison-Woolrych

Electronic capture of medicines exposure data for improved product vigilance in New Zealand

HRC Ref: 08/582
 Term: 12
 Location: Department of Preventive & Social Medicine, University of Otago,
 DUNEDIN
 Value of contract: \$100,000

Dr Daniel Hikuroa

Scoping study of geothermal contaminants in the Tarawera Valley

HRC Ref: 08/037
 Term: 3
 Location: University of Auckland, AUCKLAND
 Value of contract: \$5,000

Ms Jade Hollis-Moffatt

Understanding the genetic basis of hyperuricemia in Te Tairāwhiti, New Zealand

HRC Ref: 08/344
 Term: 18
 Location: Department of Biochemistry, University of Otago, DUNEDIN
 Value of contract: \$137,707

Ms Jade Hollis-Moffatt

Genetics of gout in Te Tai Rawhiti

HRC Ref: 08/034

Term: 3

Location: Department of Biochemistry, University of Otago, DUNEDIN

Value of contract: \$4,974

Professor Philippa Howden-Chapman

Warm Homes for Elder New Zealanders: a community trial of people with COPD (WHEZ)

HRC Ref: 08/072AR

Term: 48

Location: University of Otago, DUNEDIN

Value of contract: \$1,090,715

Mr Maui Hudson

Nga Tohu o te Ora: Traditional Maori Wellness Outcome Measures

HRC Ref: 08/182

Term: 36

Location: Institute of Environmental Science & Research Ltd, WELLINGTON

Value of contract: \$699,370

Ms Louise Ihimaera

Maori Whanau participation in mental health service delivery

HRC Ref: 08/271R

Term: 24

Location: Te Pumanawa Hauora, Massey University, PALMERSTON NORTH

Value of contract: \$114,497

Dr Michael Jameson

Phase II trial of selenomethionine with chemoradiation in head and neck cancer

HRC Ref: 08/028

Term: 24

Location: Waikato DHB, HAMILTON

Value of contract: \$80,431

Dr Ian Laird

Prevention of Noise Induced Hearing Loss

HRC Ref: 08/606

Term: 24

Location: Department of Human Resource Management, Massey University,
PALMERSTON NORTH

Value of contract: \$487,131

Dr Beverley Lawton

Wāhine Hauora-Inequalities in uterine cancer: exploring the pre-diagnosis gap

HRC Ref: 08/216

Term: 33

Location: Department of General Practice, University of Otago, WELLINGTON

Value of contract: \$707,474

Dr Judith Littleton

Transnationalism in pacific health through the lens of TB

HRC Ref: 08/164
 Term: 36
 Location: Department of Anthropology, University of Auckland, AUCKLAND
 Value of contract: \$1,411,510

Dr Ian Longley

Exposure Assessment using Carboxyhaemoglobin as a biomarker for Traffic emissions (EXACT)

HRC Ref: 08/439
 Term: 12
 Location: National Institute of Water & Atmospheric Research, AUCKLAND
 Value of contract: \$147,481

Dr David McLean

Occupational asthma in New Zealand sawmill workers

HRC Ref: 08/568
 Term: 36
 Location: Centre for Public Health Research, Massey University, WELLINGTON
 Value of contract: \$400,000

Professor Kathryn McPherson

Goals and self regulation skills in brain injury rehabilitation: an RCT

HRC Ref: 08/100AR
 Term: 36
 Location: Division of Rehabilitation & Occupation Studies, Auckland University of Technology, AUCKLAND
 Value of contract: \$1,541,590

Dr Tony Merriman

Application of genetics to the pathogenesis of common chronic conditions

HRC Ref: 08/075
 Term: 36
 Location: Department of Biochemistry, University of Otago, DUNEDIN
 Value of contract: \$3,436,119

Dr Johanna Montgomery

Synaptic targets for neurodegenerative disease and brain repair

HRC Ref: 08/026
 Term: 24
 Location: Department of Physiology, University of Auckland, AUCKLAND
 Value of contract: \$399,000

Ms Kate Morgaine

Pilot intervention study to improve the oral health of rangatahi in Taranaki

HRC Ref: 08/363
 Term: 12
 Location: Oral Sciences, Discipline of Dental Public Health, University of Otago, DUNEDIN
 Value of contract: \$100,000

Ms Laurie Morrison

Nga Pou Wahine: Addressing problem gambling from a Maori women's reality

HRC Ref: 08/552

Term: 3

Location: Department of Psychology, Waikato University, HAMILTON

Value of contract: \$5,000

Dr Cliona Ni Mhurchu

Enhancing food security and physical activity for Maori, Pacific and low income whanau/families

HRC Ref: 08/002

Term: 24

Location: Clinical Trials Research Unit, University of Auckland, AUCKLAND

Value of contract: \$599,000

Dr Susannah O'Sullivan

The role of the PDGFR in bone formation

HRC Ref: 08/168

Term: 24

Location: Department of Medicine, University of Auckland, AUCKLAND

Value of contract: \$150,000

Dr Lianne R Parkin

Monitoring drug safety through linkage of existing prescription and outcome data

HRC Ref: 08/583

Term: 12

Location: Department of Preventive & Social Medicine, University of Otago, DUNEDIN

Value of contract: \$88,699

Professor Janis Paterson

Pacific Islands Families Study: Nutrition, Body Size & Physical Activity of 9 year old children (PIF:NBS-2)

HRC Ref: 08/383

Term: 36

Location: Faculty of Health and Environmental Studies, Auckland University of Technology, AUCKLAND

Value of contract: \$898,178

Professor Neil Pearce

Building Research in Occupational Health in New Zealand (BROHNZ)

HRC Ref: 08/041

Term: 36

Location: Centre for Public Health Research, Massey University, WELLINGTON

Value of contract: \$2,529,353

Dr Maria Pearse

Phase 3 trial studying optimal radiotherapy timing after radical prostatectomy

HRC Ref: 08/209R

Term: 60

Location: Auckland District Health Board, AUCKLAND

Value of contract: \$1,169,103

Associate Professor Lindsay Plank

Efficacy of beta-blockade for reducing energy expenditure in cirrhosis

HRC Ref: 08/149
 Term: 12
 Location: Department of Surgery, Auckland Hospital, AUCKLAND
 Value of contract: \$114,261

Dr Patricia Priest

Hand sanitiser to reduce illness absences in primary school children

HRC Ref: 08/368
 Term: 22
 Location: Department of Preventive & Social Medicine, University of Otago,
 DUNEDIN
 Value of contract: \$797,205

Professor Mark Richards

Neurohumoral and genetic prediction and protection in heart disease

HRC Ref: 08/070
 Term: 36
 Location: Department of Medicine, University of Otago, CHRISTCHURCH
 Value of contract: \$1,917,993

Professor Mark Richards

Urocortin2 in Decompensated Heart Failure

HRC Ref: 08/318
 Term: 24
 Location: Department of Medicine, Christchurch Hospital, CHRISTCHURCH
 Value of contract: \$435,081

Dr Tania Riddell

Whanau ora cardiovascular risk assessment and management - a feasibility study

HRC Ref: 08/205
 Term: 12
 Location: Section of Epidemiology and Biostatistics, University of Auckland,
 AUCKLAND
 Value of contract: \$146,002

Dr Evan Roberts

Stature and body mass of the New Zealand population, 1850-2008

HRC Ref: 08/231
 Term: 36
 Location: History Programme, Victoria University, WELLINGTON
 Value of contract: \$149,942

Professor Anthony Rodgers

Innovative interventions tackling major risks to health

HRC Ref: 08/065
 Term: 36
 Location: Clinical Trials Research Unit, University of Auckland, AUCKLAND
 Value of contract: \$3,727,431

Professor Peter Shepherd

Signalling pathways involved in the control of glucose metabolism

HRC Ref: 08/076
 Term: 36
 Location: Department of Molecular Medicine & Pathology, University of Auckland, AUCKLAND
 Value of contract: \$1,908,803

Dr Bridget Stocker

Deciphering the molecular fingerprint of allergens

HRC Ref: 08/426
 Term: 36
 Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH
 Value of contract: \$149,882

Dr William Taylor

A feasibility study of a structured means of eliciting goals in rehabilitation

HRC Ref: 08/226R
 Term: 12
 Location: Department of Medicine, University of Otago, WELLINGTON
 Value of contract: \$149,734

Professor Barry Taylor

Primary prevention of rapid weight gain in early childhood

HRC Ref: 08/374
 Term: 36
 Location: Department of Paediatrics, University of Otago, DUNEDIN
 Value of contract: \$2,179,960

Professor Murray Tilyard

Utility of primary care computer records for product vigilance

HRC Ref: 08/581
 Term: 9
 Location: Health Link South Inc., DUNEDIN
 Value of contract: \$91,009

Dr Mattie Timmer

Glycolipid adjuvants for anti-cancer immunotherapy

HRC Ref: 08/427
 Term: 30
 Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH
 Value of contract: \$149,981

Dr Andrea t'Mannetje

Workplace exposure to carcinogens in New Zealand

HRC Ref: 08/569
 Term: 36
 Location: Centre for Public Health Research, Massey University, WELLINGTON
 Value of contract: \$399,531

Dr Mark Vickers

Developmental programming of disease: critical windows for intervention

HRC Ref: 08/200
 Term: 36
 Location: Liggins Institute, University of Auckland, AUCKLAND
 Value of contract: \$943,647

Dr Silas Villas-Boas

In vivo metabolic pathway analysis of pathogenic bacteria in response to oxygen

HRC Ref: 08/169
 Term: 36
 Location: School of Biological Sciences, University of Auckland, AUCKLAND
 Value of contract: \$123,000

Mr Charles Waldegrave

The socioeconomic factors associated with food security and physical activity for Maori and Pacific people.

HRC Ref: 08/572
 Term: 19
 Location: Anglican Social Services, The Family Centre, WELLINGTON
 Value of contract: \$291,107

Dr Marie-Louise Ward

How does myocardial stretch determine the strength of the heartbeat?

HRC Ref: 08/130
 Term: 36
 Location: Department of Physiology, University of Auckland, AUCKLAND
 Value of contract: \$130,452

Dr Susan Wells

Cardiovascular risk prediction for New Zealanders - beyond Framingham

HRC Ref: 08/121
 Term: 36
 Location: Section of Epidemiology and Biostatistics, University of Auckland, AUCKLAND
 Value of contract: \$1,321,281

Dr Robyn Whittaker

A trial of a mobile phone-based depression prevention programme for adolescents

HRC Ref: 08/206R
 Term: 36
 Location: Clinical Trials Research Unit, University of Auckland, AUCKLAND
 Value of contract: \$1,741,371

Professor William Wilson

Physiological targeting in cancer therapy

HRC Ref: 08/103
 Term: 36
 Location: Auckland Cancer Society Research Centre, University of Auckland, AUCKLAND
 Value of contract: \$3,270,316

Professor Christine Winterbourn

Neutrophil Oxidants in Infection and Inflammation

HRC Ref: 08/071A

Term: 36

Location: Department of Pathology, University of Otago, CHRISTCHURCH

Value of contract: \$1,588,079

Dr Sangsun Yoon

Breaking Up the Anaerobic Pseudomonas aeruginosa Biofilm

HRC Ref: 08/379

Term: 18

Location: Department of Microbiology & Immunology, University of Otago,
DUNEDIN

Value of contract: \$149,823

New Career Development Awards

AUSTRALASIAN RESEARCH COLLABORATIVE	
Professor Michael Eccles	08/598
Polycystic Kidney Disease (PKD)	12 months
Associate Professor Martin Kennedy	
Genetics of complex disease	08/590
	12 months
CLINICAL RESEARCH TRAINING FELLOW	
Dr Mary Berry	08/060
Long term consequences of neonatal growth rates in lambs	36 months
Ms Angela Cadogan	08/097
Diagnostic Accuracy of a Clinical Examination in Determining the Source of Shoulder Pain	36 months
Dr Karen Falloon	08/057
Randomised controlled trial to study the effectiveness of sleep restriction compared to sleep hygiene in the treatment of Primary Insomnia in a Primary Care setting	36 months
Dr Jennifer Fan	08/056
Elucidating the pathophysiology of hydrops corneae in keratoconus	18 months
Dr Gregory O'Grady	08/078
A rational foundation for gastric stimulation through continuum-modelling	36 months
Dr Wai Gin (Don) Lee	08/044
RCT of beta-blockers to reduce energy expenditure and improve nutrition in cirrhosis	36 months
DISABILITY RESEARCH PLACEMENT	
Ms Jennifer Dunn	08/580
Decision making process for upper limb reconstructive surgery in tetraplegia	72 months
Mrs Marta Leete	08/524
Enhancing access and participation for people with disabilities	36 months
Professor Kathryn McPherson	08/504
Disability RPP Team Application	12 months
Mrs Jaya Pal	08/580
Exploring falls in people with intellectual disability	24
Ms Esther Woodbury	08/528
The impact of public and private transport on the health, economic situation and social participation of physically disabled people in New Zealand	36 months

ERU POMARE RESEARCH FELLOWSHIP IN MĀORI HEALTH Ms Te Hereripine Sarah-Jane Paine Moe tika, moe pai: Advancing sleep health in Aotearoa/New Zealand	08/547 36 months
FOXLEY FELLOWSHIP Dr Malcolm Stewart Tools and approaches for enhancing mental health outcomes	08/077 12 months
MĀORI HEALTH POSTDOCTORAL FELLOWSHIP Dr Lynne Pere The significance of culture in mental health understandings	08/566 48 months
MĀORI HEALTH RESEARCH MASTERS SCHOLARSHIP Dr George Gray Economic evaluation of cardiac rehabilitation in New Zealand at existing and increased attendance rates among Maori and non-Maori	08/567 12 months
Miss Diana Johnson Why are mental health services failing Maori homeless?	08/564 12 months
MĀORI HEALTH PhD SCHOLARSHIP Mr Jason Gurney Can an exercise and footwear intervention improve the symptoms of diabetic neuropathy?	08/530 36 months
Miss Alayne Hall Parenting patterns of Maori women who have experienced domestic violence trauma	08/553 36 months
Miss Phoebe Macrae Effects of neuromuscular exercise on swallowing neural controls	08/404 24 months
Mr Ronald Ngata Understanding matakite: An exploration of health-related effects of matakite experiences	08/549 36 months
Mr Christopher Rodley The nuclear architecture of cancer: Oncogenes in genomic space	08/554 36 months
Ms Julia Wilson Pathways to panic: Genetics in the pathogenesis and treatment of panic	08/550 36 months

PACIFIC HEALTH MASTERS	
Mrs Neti Herman	08/436
Promoting young people's health through school and community empowerment and partnership	12 months
Mrs Sera Tapu-Ta'ala	08/431
Acceptance or resistance? How do Pacific people with Type 2 diabetes, who need insulin for good glycaemic control come to terms with their therapy?	12 months
Dr Tokilupe Taumoepeau	08/408
The role of myostatin in cancer cachexia	12 months
Ms Analosa Ulugia-Veukiso	08/407
An investigation of spirituality and selected health risk behaviours amongst Samoan youth in NZ	12 months
PACIFIC HEALTH PhD	
Ms Amanda Dunlop	08/421
Social marketing and Pacific peoples in NZ	24 months
Miss Seini Taufa	08/405
Tongan teenage pregnancy in NZ	36 months
PACIFIC HEALTH PLACEMENT MASTERS	
Ms Falegau Silulu	08/398
Pacific Health Research Placement Programme	12 months
PACIFIC HEALTH PLACEMENT PhD	
Mr El-Shadan Tautolo	08/399
Pacific Health Research Placement Programme	36 months
PACIFIC HEALTH POSTDOC FELLOWSHIP	
Dr Mele Taumoepeau	08/403
The development of social cognition in Pacific Island families	36 months
SIR CHARLES HERCUS HEALTH RESEARCH FELLOWSHIP	
Dr Ailsa McGregor	08/045
Targeting dysfunctional cholinergic transmission in a model of Huntington's Disease	48 months
Dr Rebecca Roberts	08/068
Genetics of susceptibility and management in inflammatory bowel disease	48 months

Research Contracts Completed During the Year or In Progress

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

Mrs Gillian Abel

The impact of the PRA on the health and safety practices of sex workers

HRC Ref: 05/147

Dr Haxby Abbott

Economic analysis of physiotherapy care to reduce costs of osteoarthritis

HRC Ref: 07/199R

Dr Haxby Abbott

Decreasing pain, disability, waiting lists and costs of osteoarthritis

HRC Ref: 07/200

Professor Wickliffe Abraham

Mechanisms of secreted amyloid precursor protein regulation of synaptic plasticity

HRC Ref: 07/054B

Dr David Ackerley

The role of quinone oxidoreductases in virulence of Pseudomonas aeruginosa

HRC Ref: 06/229

Dr Philip Ainslie

Effects of physical activity on blood flow to the brain in young and old humans

HRC Ref: 06/230

Dr Fiona Alpass

A study of the health of older adults in the transition from work to retirement

HRC Ref: 05/311

Associate Professor Robert Anderson

Free Radical Studies and Disease

HRC Ref: 07/243

Associate Professor Vickery Arcus

The role of the toxin-antitoxin repertoire in pathogen survival and persistence

HRC Ref: 07/238

Professor Bruce Arroll

Trial of a NZ developed screening questionnaire compared with a standard screen

HRC Ref: 06/237R

Professor Innes Asher

ISAAC phase three analysis, publication and dissemination

HRC Ref: 04/095

Dr Thomas Backstrom

Inhibition of autoimmune diseases by superantigen-peptide conjugates

HRC Ref: 06/241

Professor Philip Bagshaw
Prospective, randomised, clinical study comparing laparoscopic & open surgery for colon cancer

HRC Ref: 04/102

Professor Edward Baker
A targeted application of structural genomics to TB biology and drug development

HRC Ref: 06/441

Dr Suzanne Barker-Collo
Reducing post-stroke attention deficits: Extending a randomised controlled trial

HRC Ref: 07/070C

Dr Suzanne Barker-Collo
Reducing post-stroke attention deficits: a randomised controlled trial

HRC Ref: 06/063C

Professor Richard Beasley
Bronchodilator efficacy of inhaled magnesium in acute severe asthma and COPD

HRC Ref: 07/297

Dr Dorothy Begg
New Zealand Drivers Study: a follow-up of newly licensed drivers

HRC Ref: 05/162

Dr Pamela Bennett
Roots of resilience: Transformation of identity and community in indigenous mental health

HRC Ref: 06/039

Dr David Bilkey
Hippocampal processing of context in a developmental model of schizophrenia

HRC Ref: 06/254

Associate Professor Peter Black
Randomised, Controlled Trial of the Mediterranean Diet for Asthma - a feasibility study

HRC Ref: 07/237

Associate Professor Tony Blakely
Cancer trends: Ethnic and socio-economic trends in cancer incidence and survival

HRC Ref: 06/256

Associate Professor Tony Blakely
Health inequalities research programme

HRC Ref: 05/048

Dr Francis Bloomfield
Periconceptual regulation of fetal growth & adult physiology: studies in twins

HRC Ref: 07/191

Ms Belinda Borell
Conferred privilege and structural advantage - the health implications

HRC Ref: 07/076D

Dr Amohia Boulton
Contracting for Whanau Ora

HRC Ref: 05/304

Professor Antony Braithwaite
Therapeutics and diagnostic markers of cancer: From bench to clinic
 HRC Ref: 07/284

Professor Antony Braithwaite
Therapeutics and diagnostic markers of cancer: From bench to clinic
 HRC Ref: 04/284

Associate Professor Anne Bray
Peer abuse in group homes for adults with intellectual disabilities
 HRC Ref: 05/085

Dr Anne Bray
Strengthening families, protecting children- when a parent has an intellectual disability
 HRC Ref: 04/110

Dr Elizabeth Broadbent
A trial on the effects of psychological preparation for surgery on wound healing
 HRC Ref: 07/259

Dr Paul Brown
Use of private and public sectors for surgical procedures
 HRC Ref: 05/226

Dr Christopher Bullen
A feasibility study of a workplace cardiovascular health promotion intervention
 HRC Ref: 06/513

Associate Professor Winston Byblow
A novel rehabilitation protocol to enhance motor recovery following stroke
 HRC Ref: 04/107R

Professor Mark Cannell
Structure and function in failing heart
 HRC Ref: 05/049

Dr Janet Carter
Psychotherapy factors related to outcome in depression
 HRC Ref: 05/144

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

Professor Stephen Chambers
Breath test for aspergillus: role of 2-pentylfuran
 HRC Ref: 06/274

Dr Chris Charles
Adrenomedullin 2: a new effector in pressure/volume homeostasis?
 HRC Ref: 05/146

Associate Professor Lai-Ming Ching
Identification of new targets for anti-vascular therapies for cancer
 HRC Ref: 05/237R

Mr Bevan Clayton-Smith

Older Maori and medication: management, regulation and facilitation

HRC Ref: 06/277

Dr Lesley Collins

Eukaryotic Signature Proteins - Guides to modern eukaryotic parasites

HRC Ref: 07/168

Dr Bronwen Connor

Human neural progenitor cell transplantation therapy and Huntington's Disease

HRC Ref: 06/583

Professor Garth Cooper

Targeting type-2 diabetes

HRC Ref: 03/190

Dr Jessica Costa

Analysis of mice lacking neuroendocrine peptide α -melanocyte stimulating hormone

HRC Ref: 06/280

Professor Julian Crane

A pilot study for a national environmental intervention in childhood asthma

HRC Ref: 06/485

Professor Julian Crane

A pilot study of inhaled nicotine delivery in smokers

HRC Ref: 05/099

Dr Sue Crengle

Secondary prevention of cardiovascular disease in general practice: The impact of ethnicity and measures of deprivation

HRC Ref: 04/127

Dr Jacqueline Cumming

Equity, variation and convergence in surgeons' clinical judgements of priority

HRC Ref: 06/286

Dr Jacqueline Cumming

Improving health through primary care reform: an economic analysis

HRC Ref: 05/360

Dr Jacqueline Cumming

Improving performance in New Zealand health care: hospital outcomes

HRC Ref: 05/369

Professor Brian Darlow

What oxygen saturation level should we target in very preterm infants? - a RCT

HRC Ref: 05/145

Professor Brian Darlow

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

HRC Ref: 03/113

Dr Peter Davidson

Biomechanical analysis of the rebound aspect of playground surfaces

HRC Ref: 04/134

Professor William Denny

Dual activation of anticancer prodrugs by hypoxia and reductase-armed adenovirus

HRC Ref: 07/079C

Dr Simon Denny

Youth2006: A national survey of the health and well-being of NZ adolescents

HRC Ref: 05/216

Dr Jeroen Douwes

Can endotoxin exposure reverse atopy and atopic disease?

HRC Ref: 04/172

Associate Professor Rod Dunbar

Targeting vaccines to human antigen-presenting cells with synthetic glycopeptides

HRC Ref: 07/209

Professor Mason Durie

Te Pumanawa Hauora

HRC Ref: 07/355

Dr Michael Eccles

Novel therapeutic targets for polycystic kidney disease

HRC Ref: 04/140

Mr William Edwards

Oranga Kaumatua - Taranaki

HRC Ref: 07/321

Dr Raina Elley

The diabetes cohort study

HRC Ref: 04/146R

Professor Pete Ellis

Cognition and psychopathology in Maori diagnosed with schizophrenia: 18 Month follow-up

HRC Ref: 06/044

Professor Zoltan Endre

Early intervention in acute renal failure

HRC Ref: 05/131

Professor Richard Faull

Neurogenesis and neurodegenerative disorders of the human brain

HRC Ref: 05/051

Associate Professor Valery Feigin

Long-term functional and neuropsychological outcomes after stroke in New Zealand

HRC Ref: 06/063A

Professor David Fergusson

Longitudinal Studies of Mental Health and Psychosocial Wellbeing

HRC Ref: 07/283

Professor David Fergusson

Longitudinal studies of mental health and psychosocial wellbeing

HRC Ref: 04/283

Dr Sunia Foliaki
Cancer in Pacific populations
 HRC Ref: 05/493R

Dr Sunia Foliaki
Cancer in the Pacific populations
 HRC Ref: 04/240

Dr Siale Foliaki
Migration and mental health of Pacific people
 HRC Ref: 06/585

Dr Jeff Foote
He wai te kai: environmental health through Maori community development
 HRC Ref: 04/271

Professor John Fraser
The role of the superantigen-like toxins (SSLs) in staphylococcal pathogenicity
 HRC Ref: 05/232

Dr Mhoyra Fraser
Preterm brain injury and the role of intrauterine infection in causation of white matter damage
 HRC Ref: 05/249

Dr Catherine Gilchrist
Ubiquitin-Proteasome pathway function and cancer
 HRC Ref: 05/231

Dr Marewa Glover
Te Whaangai UU - Te Reo o te Aratika / Whanau Infant Feeding Study
 HRC Ref: 05/139

Professor Peter Gluckman
Intergenerational macronutrient transitions and long-term consequences
 HRC Ref: 05/244

Associate Professor Cameron Grant
Nutrition for health in primary care: an early childhood intervention pilot
 HRC Ref: 06/525

Associate Professor David Grattan
Brain actions of prolactin in the postpartum period
 HRC Ref: 06/580

Associate Professor Alistair Gunn
Pathogenesis, detection and treatment of perinatal brain injury
 HRC Ref: 06/065

Dr Leigh Hale
Incidence of and risk factors for falls in adults with intellectual disability
 HRC Ref: 06/526

Ms Billie Harbidge
Strengthening Career Pathways: A Pacific Health Programme of Research
 HRC Ref: 07/501

Professor Jane Harding
Childhood Outcomes After Exposure to Repeat Doses of Antenatal Corticosteroids
 HRC Ref: 07/204

Professor Jane Harding
Fetal growth and its consequences
 HRC Ref: 02/193

Dr Jeff Harrison
Systematic CVD risk screening with and without electronic decision support in CVD management
 HRC Ref: 07/264

Dr Matire Harwood
Improving stroke recovery for Maori and their whanau
 HRC Ref: 05/054D

Professor Allan Herbison
Calcium oscillations in GnRH neurons
 HRC Ref: 07/432

Professor Allan Herbison
Neuroendocrine regulation of fertility
 HRC Ref: 06/066

Dr Ian Hermans
Increasing the potency of dendritic cell based vaccines for treatment of cancer
 HRC Ref: 06/316

Dr Ian Hermans
Improving vaccines with adjuvants that stimulate NKT cells
 HRC Ref: 05/459

Dr Paul Hessian
CD21L and clinical outcome for rheumatoid arthritis
 HRC Ref: 05/170

Dr Marilyn Hibma
Regulation of host defences in the skin by a tumour-causing virus
 HRC Ref: 06/070A

Dr Nancy Higgins
Working in intellectual disability services: Staff retention and turnover
 HRC Ref: 07/121

Dr Nancy Higgins
Growing up kapo Maori: Whanau, identity, cultural well-being and health
 HRC Ref: 07/211

Associate Professor Gary Housley
The contribution of ATP-gated ion channels to noise-induced hearing loss
 HRC Ref: 05/058B

Associate Professor Philippa Howden-Chapman
Exploring the housing needs and experiences of people with disability in New Zealand
 HRC Ref: 05/086

Mr Maui Hudson

Developing an intergrative case study methodology for rongoa

HRC Ref: 07/509

Professor Peter J Hunter

Cardiac structure and function: a bioengineering analysis

HRC Ref: 06/067

Associate Professor Annette Huntington

The Nurses and Midwives E-cohort Study

HRC Ref: 07/084

Associate Professor Brian I Hyland

Neurophysiological basis of a novel drug treatment for Parkinson's disease

HRC Ref: 06/305R

Professor Rodney Jackson

Traffic-Related Injury in the Pacific (TRIP) Project

HRC Ref: 04/498

Ms Bernadette Jones

Pukapuka Hauora: Maori parents' experience managing a child with asthma

HRC Ref: 07/175

Professor Peter Joyce

Mental Health Clinical Research

HRC Ref: 07/282

Professor Peter Joyce

Mental health clinical research

HRC Ref: 04/282

Mr Andrew Jull

A pilot study of home-based progressive resistance exercises for venous ulcers

HRC Ref: 06/533

Mr Andrew Jull

Feasibility study of a novel weight control intervention for New Zealand

HRC Ref: 06/534

Professor Michael Kalloniatis

Photoreceptor degeneration in retinitis pigmentosa

HRC Ref: 05/247

Associate Professor Martin Kennedy

Pharmacogenomics of antidepressant drugs

HRC Ref: 06/331

Associate Professor Ngaire Kerse

Maximising health for older people - a multidisciplinary approach

HRC Ref: 06/068

Associate Professor Jane Koziol-McLain

Healthcare site-based partner violence screening and intervention efficacy

HRC Ref: 05/283

Dr Jeremy Krebs

Diabetes excess weight loss (DEWL) trial: High protein vs low fat diets

HRC Ref: 06/337

Dr David Lamb

Randomised androgen deprivation and radiotherapy (RADAR) trial - TROG 03.04

HRC Ref: 04/443

Professor John Langley

Preventing injury and reducing subsequent disability outcomes

HRC Ref: 07/052

Dr Elizabeth Ledgerwood

Functional analysis of ERp29, a protein-folding assistant up-regulated in cancer

HRC Ref: 05/176

Dr Andrew Macann

Chemoradiotherapy vs radiotherapy in high risk cutaneous squamous cell carcinoma

HRC Ref: 06/348

Dr Anna Mackey

Improving arm function in children with hemiplegia - insights from neuroscience

HRC Ref: 06/349

Dr Alexandra Macmillan

Health effects of intervening in the trip to work

HRC Ref: 06/350

Dr Ralph Maddison

Environmental influences on diet and physical activity in New Zealand children

HRC Ref: 06/540

Dr Erin Mahoney

The prevalence and carious potential of hypomineralised molars

HRC Ref: 07/219

Dr Simon Malpas

The link between the brain and kidney in development of hypertension

HRC Ref: 05/251

Professor Jim Mann

Lifestyle & nutritional approaches to reduce obesity, type 2 diabetes & its complications

HRC Ref: 07/280

Professor Jim Mann

Lifestyle over and above drugs in diabetes (LOADD) study

HRC Ref: 06/352

Professor Jim Mann

Ngati Porou Hauora Prevent Diabetes Project

HRC Ref: 05/179

Professor Jim Mann

Lifestyle & nutritional approaches to reduce obesity, type 2 diabetes & its complications

HRC Ref: 04/280

Dr Colin McArthur
Randomised evaluation of normal vs augmented level renal replacement therapy
 HRC Ref: 06/357

Dr Colin McArthur
Normoglycaemia in Intensive Care Evaluation (NICE) study
 HRC Ref: 05/078

Dr Kirsten McAuley
Determining optimal approaches for successful maintenance of weight loss
 HRC Ref: 06/358

Dr David McBride
International survey of musculoskeletal disorders and related disability
 HRC Ref: 07/083

Dr Sally McCormick
Regulation of HDL levels
 HRC Ref: 06/360

Dr Tim McCreanor
Media, health and wellbeing in Aotearoa
 HRC Ref: 07/076AR

Dr Janet McDonald
Young Carers
 HRC Ref: 06/624

Dr Deborah McLeod
General practice enrolment, utilisation and disease management 2001 & 2005
 HRC Ref: 05/090

Dr Harry McNaughton
Improving stroke recovery for Pacific people
 HRC Ref: 05/054A

Professor Kathryn McPherson
Improving health interventions and support for mothers experiencing disability
 HRC Ref: 07/075B

Professor Kathryn McPherson
Addressing barriers to physical activity in multiple sclerosis: an RCT
 HRC Ref: 06/069A

Professor Kathryn McPherson
Goal setting in rehabilitation: two new approaches in acquired brain injury
 HRC Ref: 05/054C

Dr Hayden McRobbie
Rapid assessment of smoking status using change in acoustic parameters of voice
 HRC Ref: 07/385

Dr Pamela Melding
Post operative cognitive decline in New Zealand: what are the risks?
 HRC Ref: 05/199R

Professor Andrew Mercer

Human pathogenic viruses: drug targets and therapeutic potential

HRC Ref: 07/050

Dr Andrew Mercer

Viral virulence and pathogenicity: Multi-component manipulation of host physiology

HRC Ref: 04/184

Professor Mervyn Merrilees

The use of proteoglycan genes to engineer a vessel wall resistant to atherosclerosis

HRC Ref: 05/234

Dr Tony Merriman

A combined whole genome association scan for common autoimmunity genes

HRC Ref: 07/082

Dr Tony Merriman

The GRIK2 gene: a link between rheumatoid arthritis and schizophrenia?

HRC Ref: 07/179

Dr Tony Merriman

Comparative mapping in human and mouse to characterise the IDDM6 autoimmune disease locus

HRC Ref: 04/180

Professor Alan Merry

Multimodal, clinical assessment of a system to reduce error during anaesthesia

HRC Ref: 07/269R

Dr Cliona Ni Mhurchu

Feasibility of traffic light labels to signpost food choices in supermarkets

HRC Ref: 07/383

Dr Cliona Ni Mhurchu

Feasibility of an intervention to decrease television watching in children

HRC Ref: 07/384

Dr Cliona Ni Mhurchu

Population Interventions to Improve Nutrition and Physical Activity

HRC Ref: 07/077

Mr Stephan Milosavljevic

Cumulative loads on the body in wool harvesting

HRC Ref: 05/186

Ms Helen Moewaka Barnes

Te Mauri o te U-Kai-Po: intergenerational experiences of environments and wellbeing

HRC Ref: 05/322

Dr Johanna Montgomery

Functional incorporation of new brain cells into existing neuronal networks

HRC Ref: 05/259

Dr Shyamala Nada-Raja

An internet-based CBT self-help for depression: a randomised controlled trial

HRC Ref: 06/378

- Dr Cliona Ni Mhurchu
Strategies to promote healthier food purchases: a supermarket intervention trial
HRC Ref: 06/379
- Dr Pauline Norris
Equity in Prescription Medicines Use
HRC Ref: 07/139
- Professor Tony Norris
New Zealanders' attitudes towards access to Electronic Health Records
HRC Ref: 07/215R
- Professor Mark Oakley-Browne
Substance Use Disorders--report for ALAC
HRC Ref: 07/025
- Dr Paul Ockelford
Low dose aspirin to prevent recurrent venous thromboembolism: a multicentre trial
HRC Ref: 05/080R
- Mrs Mihimai Otene
Nga Kairauhi Trust Marae Research Project
HRC Ref: 04/465
- Dr Ronan O'Toole
Targeting essential genes in the treatment of tuberculosis
HRC Ref: 07/379
- Mr John Parsons
Development of a standardised goal facilitation tool for use with older people within New Zealand
HRC Ref: 06/627
- Associate Professor Janis Paterson
Pacific Island Families Cohort: Traffic related air pollution and environmental exposure
HRC Ref: 06/547
- Dr Janis Paterson
Pacific Islands Families: Nutrition and body size of six year old Pacific children (PIF:NBS)
HRC Ref: 04/276
- Professor Neil Pearce
Causes and control of non-communicable disease
HRC Ref: 02/159
- Dr Chris Pemberton
BNP signal peptide: a novel, specific marker of acute cardiac injury
HRC Ref: 07/114
- Dr Chris Pemberton
C-ghrelin: A novel link between metabolic dysfunction and cardiovascular disease
HRC Ref: 05/132
- Dr Ngaire Phillips
Determining the contaminant health risk of kai moana, kai roto and kai awa
HRC Ref: 07/240

Ms Suzanne Pitama
The Maori community heart study
HRC Ref: 06/389

Ms Nicola Poa
The role of antipsychotic medication in the prevalence of type 2 diabetes in New Zealand Maori
HRC Ref: 04/141Rm

Dr Russell Poulter
Microbial models of the human L1 retrotransposon
HRC Ref: 06/584

Professor Richie Poulton
Development of risk for chronic diseases: A longitudinal multidisciplinary study
HRC Ref: 03/271

Associate Professor Cristin Print
Inferring genetic pathways in melanoma cells
HRC Ref: 06/581

Associate Professor Mihi Ratima
A diabetes-related lower limb pathology control demonstration intervention for Maori
HRC Ref: 05/286

Professor Anthony Reeve
Genetics and epigenetics of cancer
HRC Ref: 03/265

Professor Ian Reid
Studies in bone and calcium metabolism
HRC Ref: 03/191

Dr Gordon W Rewcastle
PI3K inhibitors as targeted anticancer drugs
HRC Ref: 06/062A

Dr Paul Reynolds
He kakano: Maori views and experiences of fertility, reproduction and ART
HRC Ref: 07/422R

Professor Mark Richards
Urocortins II and III: Physiology and therapeutic potential
HRC Ref: 04/135

Professor Mark Richards
Humoral, Ultrasonographic and Genetic prediction and protection in Heart Disease
HRC Ref: 02/152

Professor Ann Richardson
Colorectal cancer control in New Zealand
HRC Ref: 07/124

Dr Paul Robertson
Resilient indigenous health workforce networks: constructing and international framework
HRC Ref: 06/040

Professor Anthony Rodgersm
The polypill for primary prevention of cardiovascular disease
HRC Ref: 06/582

Professor Anthony Rodgers
Innovative interventions tackling major risks to health
HRC Ref: 05/065

Professor Franca Ronchese
Manipulating antigen presentation to control disease
HRC Ref: 07/086R

Professor Franca Ronchese
Regulation of immunity and immune-mediated diseases
HRC Ref: 03/235

Dr Bruce Russell
The acute and chronic effects of party pills containing BZP and TFMPP
HRC Ref: 06/408

Dr Lynette Sadleir
Genetics of Epilepsy
HRC Ref: 07/158

Dr Evelyn Sattlegger
Making an IMPACT on brain function
HRC Ref: 06/410

Associate Professor Grant Schofield
Built environments, physical activity and obesity: a national and international study
HRC Ref: 07/356

Dr Grant Schofield
Healthy steps: A trial of pedometer-based green prescription for older people
HRC Ref: 05/279R

Professor Russell Scott
Does ezetimibe correct vascular dysfunction?
HRC Ref: 05/336

Associate Professor Robert Scragg
Quantifying the association between sun exposure and vitamin D status in New Zealanders
HRC Ref: 07/275

Associate Professor Robert Scragg
Effect of ultraviolet B radiation and vitamin D on blood pressure and insulin sensitivity
HRC Ref: 05/396

Associate Professor Robert Scragg
Obesity Prevention in Communities (OPIC) Project
HRC Ref: 04/497

Professor Douglas Sellman
Treatment Evaluation of Alcohol and Mood: The TEAM Study
HRC Ref: 07/138

Professor Peter Shepherd

A new role for beta-catenin as a sensor for changes in glucose levels

HRC Ref: 07/080A

Professor Peter Shepherd

Is Id2 a master switch for glucose induced complications of diabetes?

HRC Ref: 05/257

Professor Peter Shepherd

Leukaemia inhibitory factor and its role in leptin receptor signalling

HRC Ref: 05/260

Dr Leigh Signal

Sleep during Pregnancy and Postpartum: the relationship with maternal health

HRC Ref: 07/374R

Dr Christopher Sissons

Dental caries and cariogenic plaques: The sucrose, fluoride and oral environment nexus

HRC Ref: 04/259

Dr Christopher Sissons

New strategies for dental caries prevention

HRC Ref: 03/218

Ms Kirsten Smiler

Maori deaf/hearing impaired children and their whanau

HRC Ref: 06/633

Dr Cheryl Smith

Health, cultural and social experiences of Maori affected by chemical related illness

HRC Ref: 06/395

Professor Linda Smith

The role of resiliency in responding to bloodborne viral and sexually transmitted infections in Indigenous communities

HRC Ref: 06/038A

Ms Hilary Stace

The lived experience of autism in New Zealand: What services and supports improve access to an ordinary life?

HRC Ref: 06/634

Dr Cathy Stinear

Identification of therapeutic targets for theta-burst magnetic brain stimulation

HRC Ref: 06/227

Associate Professor Susan Stott

Measurement of functional activity in children with cerebral palsy: a pilot study

HRC Ref: 05/267

Dr Martin Sullivan

A longitudinal study of the life histories of people with spinal cord injury

HRC Ref: 07/302

Dr Andrea t Mannetje

Dioxin exposure levels and health effects in phenoxy herbicide production workers

HRC Ref: 05/300

Professor Warren Tate

Post-transcriptional processes as drug target for HIV & Hepatitis B & C viruses

HRC Ref: 05/195

Dr John Taylor

Restoration of antiviral T-cell activity during chronic hepatitis B infection using superantigens

HRC Ref: 05/252

Associate Professor Robin Taylor

Predicting response to corticosteroids in COPD using exhaled nitric oxide

HRC Ref: 06/428

Miss Hiria Te Amo

Maori health research in the BOP - needs assessment

HRC Ref: 07/507

Dr George Thomson

Policymaking to reduce smoking around children

HRC Ref: 07/090

Professor W. Murray Thomson

Oral health among older people in Otago/Southland

HRC Ref: 06/558

Professor Peter Thorne

Noise Induced Hearing Loss: Epidemiology, Noise Exposure and Prevention

HRC Ref: 07/572

Dr Gail Tipa

Improving Maori health wellbeing through kaitiakitanga

HRC Ref: 05/082

Ms Hope Tupara

Whanau bioethical decision making - genetic disorders and Maori health

HRC Ref: 06/435

Dr Katrina Varian

Falls in adults with physical disabilities

HRC Ref: 06/636

Mr John Waldon

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

HRC Ref: 03/285

Ms Taingunguru Walker

Nga Pa Harakeke o Ngati Porou

HRC Ref: 04/454

Mr Garry Watson

Applications of Rongoa Maori for the treatment of diabetes

HRC Ref: 06/045

Ms Janice Wenn

Developing Quality Standards for Kaupapa Hauora Services: an interactive study

HRC Ref: 05/301

Dr Robyn Whittaker

Can a multimedia mobile phone programme help young people stop smoking

HRC Ref: 06/448

Professor Jeffery Wickens

Behavioural and cellular mechanisms of hyperactivity and movement disorders

HRC Ref: 07/279

Dr Jeffery Wickens

Behavioural and cellular mechanisms of hyperactivity and movement disorders

HRC Ref: 04/279

Dr Janine Wiles

Resilient Aging in Place: Improving the Lives of Older People in NZ Communities

HRC Ref: 07/285

Professor William Wilson

Pharmacokinetics and pharmacodynamics of the hypoxia-activated prodrug PR-104

HRC Ref: 07/079A

Dr Denise Wilson

Nursing and Maori patient outcomes

HRC Ref: 07/194

Dr Nicholas Wilson

Longitudinal study of smokers for tobacco control: NZ arm of multi-country study

HRC Ref: 06/453

Professor Christine Winterbourn

Oxidants, antioxidants and inflammatory diseases

HRC Ref: 02/120

Associate Professor Lianne Woodward

Childhood exposure to family violence and later parenting risk

HRC Ref: 06/458

Professor Tim Yandle

Variable structure and activity of B-type natriuretic peptides in heart disease

HRC Ref: 06/460

Dr Alistair A Young

Detailed myocardial function in vascular disease using displacement encoded MRI

HRC Ref: 06/463

Dr Alistair Young

MRI based biophysical analysis of cardiac function

HRC Ref: 03/267A

Dr Deborah Young

Driving neurogenesis as a therapeutic strategy for age-related cognitive decline

HRC Ref: 07/212

Career Development Awards Completed During the Year or In Progress

CLINICAL RESEARCH TRAINING FELLOW	
Dr Katinka Bach	06/082
The role of shear stress during artificial ventilation on preterm lung injury	
Mr Simon Bennett	06/098
Cognitive behavioural therapy for depression with Maori tangata whaiora	
Ms Erana Cooper	07/071
A best practice package: early intervention for whanau violence	
Dr Rebecca Grainger	06/024
Immune inflammation in neutrophilic disease: A study of gouty arthritis	
Dr Claire Heppenstall	07/059
Maintaining independence: predicting and preventing residential home care	
Dr John Irvine	06/051
Genes of the renin-angiotensin system: risk factors for renal impairment and heart disease	
Dr Benjamin Loveday	07/069
The role of lymphatics in severe pancreatitis: anatomy, physiology and tehrapy	
Ms Suzie Mudge	06/059
Measuring rehabilitation outcomes in adults with stroke	
Dr Suetonia Palmer	06/052
Vasoactive peptides in kidney disease	
Dr Kyle Perrin	07/081
The effect of oxygen therapy on clinical outcomes in acute asthma and pneumonia	
Dr Steve Ritchie	07/067
The role of staphylococcal superantigen like proteins in invasive S. aureus disease	
Dr Juliet Rumball-Smith	07/062
Quality of public hospital care for Maori and N.Z. Europeans in Christchurch, N.Z.	
Dr Kamran Shoshtari	07/039
Enhanced Recovery After Surgery and preoperative Steroids and their effect on postoperative recovery in major colonic surgery	
Dr James Ussher	07/043
Experimental strategies for ex-vivo immunotherapy of chronic hepatitis B infection	

Mr Steve Wannenburg The development of executive functions in children and adolescents	06/074
Dr Ian Winburn Protective effects of carbon monoxide following renal transplant ischaemic surgery	06/084
ERIHAPETI REHU-MURCHIE RESEARCH FELLOWSHIP IN MĀORI HEALTH Dr Lis Ellison-Loschmann Epidemiology and Maori health research	04/408
Dr Heather Gifford Implementing a Maori public health/iwi development model to reduce the uptake of tobacco smoking in rangatahi	03/018
Dr Cheryl Smith He mokopuna, he taonga: Health and wellbeing of grandparents raising mokopuna	07/518
ERU POMARE RESEARCH FELLOWSHIP IN MĀORI HEALTH Ms Emma Wyeth Kei ruka, kei raro: Maori health experiences and perspectives	07/517
HOHUA TUTENGAEHE RESEARCH FELLOWSHIP IN MĀORI HEALTH Dr Leonie Pihama He kete korero: Maori health researcher and provider views on kaupapa Maori and validation frameworks	06/587
FOXLEY FELLOWSHIP Ms Louise Delany Public Health Law in New Zealand	07/038
GIRDLER'S FELLOWSHIP Miss Francesca Crowe Fat and prostate cancer in the European prospective investigation into Cancer and nutrition	07/064
MĀORI HEALTH MASTERS SCHOLARSHIP Miss Phoebe Macrae Rehabilitative potential of the cortex for swallowing impairment: A study of the supplemental motor area	07/521
MĀORI HEALTH PhD SCHOLARSHIP Ms Terryann Clark Enhancing the capacity of indigenous young: Minimising participation in violence related behaviours	03/478
Miss Melanie Cheung Molecular studies of human neurodegenerative disease	06/150
Ms Louise Ihimaera Development of framework to assess dual competency in mental health practice	06/219

Ms Sharleen Irvine Autoimmunity in the keloid scar	06/220
Mr Geoff Juranovich Health-related effects of the "Project Energize" programme on primary school children	06/589
Mr Peter Maulder The role of movement variability and muscle stiffness in lower limb injury prevention	06/200
Mrs Kahu McClintock Acceptable child/adolescent Mental Health Services for New Zealand Maori	06/493
Joy Panoho A Maori-centred inquiry into health governance: Maori directors on DHBs	07/515
Ms Mera Penehira Maori and Indigenous health initiatives: blood borne viral and sexually transmitted infections	06/203
Ms Victoria Simon Workplace safety for Maori nurses	06/588
Miss Natasha Turner Preventing obesity in Maori communities	07/512
Ms Hukarere Valentine Kia ngawari ki te awatea: a psychological journey toward wairuatanga and Maori wellbeing	06/590
Mr Isaac Warbrick Insulin resistance & Maori health - repeated measures study	06/591
Ms Emma Wyeth Genetics of diabetes and gout in New Zealand Maori	03/021
Miss Karen Young Dopamine function in an animal model of ADHD	07/511
MĀORI HEALTH POST DOCTORAL FELLOWSHIP Dr Amohia Boulton Contracting for Whanau Ora	05/439
Dr Jessica Hutchings Hauora practice led frameworks for health related new technologies	06/192
PACIFIC HEALTH MASTERS Miss Luisa Ape-Esera Understanding how mental illness risk factors and mental health protective factors for Samoan populations impact on the current and future mental health workforce	07/402

Ms Catherine Poutasi	07/403
What motivates the retention of Pacific people in the New Zealand health workforce	
PACIFIC HEALTH PhD SCHOLARSHIP	
Ms Fuafiva Fa'alau	05/441
Organisation and Dynamics of Family Relations and Implications for the Wellbeing of Samoan Youth	
Ms Marie Inder	04/406
Functional analysis of a unique viral vascular endothelial growth factor	
Ms Karlo Mila-Schaaf	05/442
Health Policy & Planning for the New Zealand born Pacific population	
Ms Roannie Ng Shiu	07/414
The impact of life contexts on the learning journeys of Pacific students in health education programmes: An exploration of the Samoan family and community	
PACIFIC HEALTH RESEARCH POSTDOC FELLOWSHIP	
Ms Ridvan Firestone	06/209
Life-course epidemiology of non-communicable disease	
Dr Sunia Foliaki	07/405
Cancer in Pacific populations	
Dr Ieti Lima	05/473
Exploring the impact of drinking, smoking and gambling on older Samoans' health and wellbeing	
PACIFIC HEALTH RESEARCH PLACEMENT PhD SCHOLARSHIP	
Ms Dianne Sika-Paotonu	06/207
Increasing the potency of dendritic cell-based vaccines for the treatment of cancer	
Ms Stephanie Erick-Peleti	06/218
Changing parental smoking behaviour amongst Pacific parents to reduce uptake of smoking by Pacific children	
SIR CHARLES HERCUS HEALTH RESEARCH FELLOWSHIP	
Dr Carolyn Barrett	06/058
Measuring sympathetic nerve activity	
Dr Jeroen Douwes	04/053
Asthma causation, mechanisms and prevention	
Dr Christopher Hann	07/065
Model-based cardiac diagnosis and therapy in critical care	
Dr Ian Hermans	05/031
Improving vaccines with adjuvants that stimulate NKT cells	
Dr Richard Kingston	05/039
Structural biology of enveloped RNA viruses	

Dr Chris Pemberton BNP signal peptide: a novel, specific marker of acute cardiac injury	07/055
Dr Thomas Proft Streptococcal virulence factors	04/042
Dr Yiwen Zheng Searching for answers to cognitive deficits following vestibular damage	07/047
JSPS EXCHANGE PROGRAMME Professor Takeshi Sato International comparative study of depression and suicide prevention in primary care	07/525
JSPS POST-DOCTORAL FELLOWSHIP Dr Shoichi Suzuki Role of TLR4 signaling in hepatic stellate cells in the early phase of liver regeneration	07/524