
**Report of the
Health Research Council
of New Zealand
for the year ended
30 June 2010**

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

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Directory

Secretariat Office

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Auditor

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

Bankers

Bank of New Zealand
Broadway Branch
AUCKLAND

Solicitors

Martelli McKegg Wells and Cormack
AUCKLAND
and
Simpson Grierson
AUCKLAND

Statement of Purpose

Mission

Benefiting New Zealand through health research

Functions

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

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

Chief Executive's Summary

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

In the 2009/10 year:

- the HRC's income was \$83.87M, being \$82.24M from Vote RS&T, \$0.29M from Vote Health, and \$1.35M from other sources. The income does not include the contribution from partners with whom the HRC developed co-funding joint ventures.
- HRC invested \$83.44M supporting health research to deliver health and social gains for New Zealand. That sum included \$4.2M for organisational costs (6.6% less than in 2008/09), \$74.25M supporting research costs (including staff and research host overheads), \$4.65M on research workforce development and \$0.34M on health research ethics support.
- HRC managed 416 individual contracts for health research (286) or health research workforce development (130). Of these, 129 and 33, respectively, were awarded during the year.
- At June 2010, the HRC had \$195.11M of commitments over the next three years to existing contracts.
- A diversity of research was supported; approximately 55.3% was classified as applied research, 18.4% as experimental development and 26.2% as targeted basic research.
- The five largest areas of expenditure were behaviour and health, infectious diseases, cardiovascular system and diseases, cancer and related disorders, and preventive medicine.
- HRC investment supported a health research workforce of 574 full time equivalents (as at February 2010). As many researchers are supported only part-time or do not seek salary support, on any individual research contract, more than 2,200 positions were supported.
- More than 30 separate research organisations received research funding. Universities received 81.6% of the funding, with The University of Auckland and the University of Otago by far the largest research providers. Private NZ-based firms received 7.7%, and not-for-profit organisations received 5.8%. Crown Research Institutes received 1.3%.
- HRC implemented improved funding application processes including a two stage bid process to reduce applicant transaction costs, and an enhanced electronic bid management system.
- HRC was governed by a 10 member Council, appointed by the Minister of Health. There were significant changes in governance, with the appointment of five new Council members, including the Chair, Robert Stewart, and Deputy Chair, Professor Richard Beasley.
- 560 peer reviewed publications and nine new patents arose from HRC-supported research during the year.



Dr Robin Olds
Chief Executive

What the HRC Seeks to Achieve

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

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

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.

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

Scope of HRC's Functions and Operations

HRC uses a variety of approaches to support both high quality research and targeted career development to build research capacity and capability, and deliver research findings relevant to health care delivery and policy development. The framework for the HRC's work is provided by the Health Research Council Act (1990) (see Page 1).

Operating Environment

The HRC replaced the Medical Research Council of New Zealand, which was established as a statutory agency in 1951. In 2005 the HRC became a Crown Agent required to give effect to the general policy of the Government in relation to health research. Although the Minister of Health is the responsible Minister for the HRC, it receives much of its funding for research-related activities from Vote Research, Science and Technology, with a smaller component from Vote Health. The relationship between the Minister of Health and Minister of Research, Science and Technology is covered by a Memorandum of Understanding.

While HRC is the government's principal funding agency for health research, significant public funds also are invested in health research through the Marsden Fund, the Foundation for Research, Science and Technology and the Tertiary Education Commission (through Centres of Research Excellence and Performance Based Research Funding).

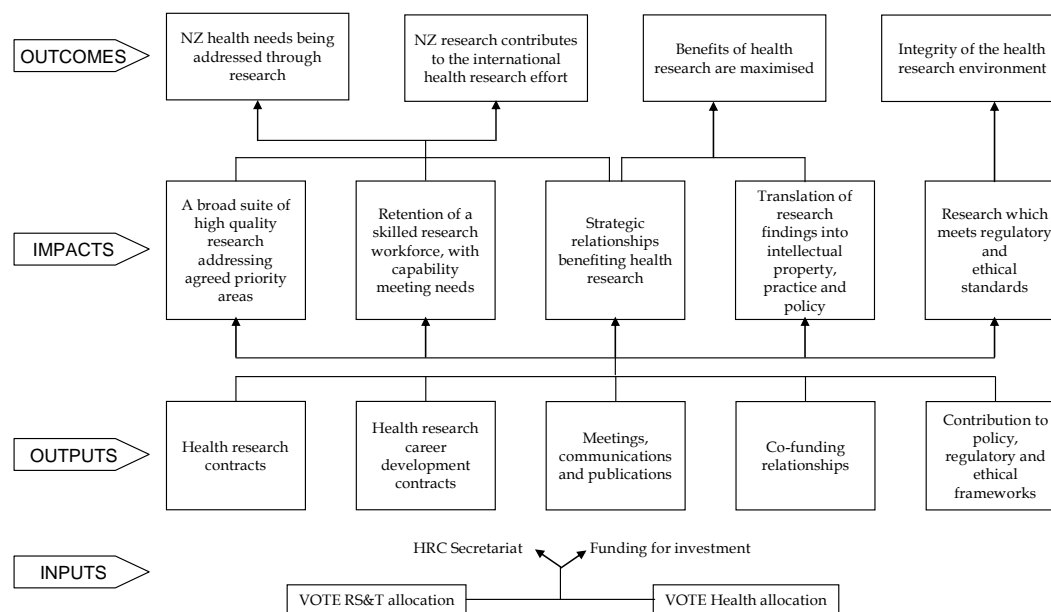
The HRC recognises the strategic priorities of MoRST and the role of other funding and investment agencies in the RS&T sector, as it works to address the particular needs of the health sector.

In the 2009/10 Letter of Expectation from the Minister of Health particular emphasis was placed on providing research opportunities for frontline clinicians, as a contributor to fostering clinical leadership and improving job satisfaction. The Letter of Expectation also emphasised collaboration with MoH, MoRST, other research funders and DHBs.

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, to create value for New Zealand through improved health outcomes and economic gain.

HRC's Outcomes Framework

HRC's strategic plan identifies four high level goals that will contribute benefit to New Zealand through the health research investment. The following diagram shows the link between the outputs HRC delivers and those goals.



How We Operate

The basic principles underlying all HRC's funding decisions are:

- all funding opportunities are widely publicised and open to all bidders;
- assessment criteria for all funding opportunities are transparent;
- peer review is used to assess quality of all bids;
- all conflicts of interest that arise in the assessment process are managed according to clear guidelines;
- all funding decisions are made by Council, based on recommendations from assessing committees;
- when a bid is successful, a contract is formed with the research host organisation, who is then responsible for delivery under the contract;
- the full cost of research, including organisation overheads, is paid by the HRC, and
- performance on all contracts is monitored by the HRC.

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. Research proposals were selected for funding based on a combination of assessment of scientific merit and relevance/priority to health.

All funding decisions were approved by the HRC Board.

In 2009/10, significant changes in process for our major funding opportunity, the annual contestable round, included the introduction of a two stage application process that lessens the transaction costs for applicants, and enhancements to HRC's electronic grant proposal submission processes.

Researchers reported spending significantly less time writing the stage one application. They were notified of the assessment outcome in less than two months after bid submission. The HRC, however, received an increased number of proposals, creating more work for us, on top of the significant work we had to undertake to adapt our on-line proposal management system. The increased number of proposals received at the first stage meant that overall only 10% of Project bids were awarded funding.

The HRC is also developing new high-level research priorities, through a consultative process. Presaging changes in 2010/11, one such priority investment stream (NZ Health Delivery) was introduced in 2009/10 (for contracts beginning 1 July 2010) to support research that can deliver outcomes in the health sector within a five year timeframe.

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.

Investing for results

The HRC was funded from five Vote RS&T output expenses and one Vote Health Output expense. Funding was invested by the HRC in a range of activities which result in outputs contributing to one or more of the HRC's four goals.

The links between HRC's goals and the Vote Output Expenses are summarised below.

Goal 1: *Invest in research that meets NZ health needs and research that has international impact*

HRC will support highest quality research, to produce the best outcomes. Robust processes based on competition and peer review will elicit research that addresses New Zealand's health priorities. Research will also aim to reduce health inequalities and meet the information needs of those engaged in health service delivery and policy development.

Links to Outputs

- Output 1 - Research Contract Management
- Output 2 - Health Research
- Output 3 - Career Development Awards
- Output 4 - Māori Health Research
- Output 5 - International Investment Opportunities

Goal 2: *Maximise the benefits of health research*

There is a need to improve the engagement with the public of New Zealand, who will benefit from high quality health research. Equally, uptake of new and existing health research findings into the practice and policy environments is vital. Translation of research findings and the spread of innovations are the vital links between new knowledge created through research and improved health.

Links to Outputs

- Output 1 - Research Contract Management
- Output 2 - Health Research
- Output 4 - Māori Health Research

Goal 3: *Champion the integrity of the health research environment*

All health research needs to incorporate consideration of ethical dimensions, the cultural context and regulatory frameworks. These components should be seen as research enablers rather than barriers. HRC will work with other partners, including research providers and communities, to ensure high quality processes that engender trust by all.

Links to Outputs

- Output 1 - Research Contract Management
- Output 6 - Research Support Activities

Goal 4: *Enhance the value of the organisation*

Transparency, efficiency and effectiveness are key values for the HRC. The organisation will build from its strong foundations to ensure it meets the challenges of the new strategic plan and provide sector leadership, while maintaining a strong, supportive and inclusive environment for staff.

Links to Outputs

- Output 1 - Research Contract Management
- Output 5 - International Investment Opportunities
- Output 6 - Research Support Activities

During 2009/10, the HRC had a Secretariat staff of 29 FTEs and managed 416 individual contracts covering health research projects (286) or health research career development (130). As of 30 June 2010, the HRC had \$171.9M of commitments over the next three years to existing health research contracts.

The work of the HRC was supported by more than 150 individuals who served on one or more of HRC committees, ranging from statutory research committees to proposal assessing committees. In addition, expert reviews of research proposals were freely provided by a large number of referees, from both NZ and overseas.

Managing Organisational Health and Capability

Governance and Committees

The HRC has a ten-member Board appointed by the Minister of Health (see page 52). Five members are, or have been, actively engaged in health research and five members have skills and experience in areas such as community affairs, health administration, law, management and knowledge of health issues from a consumer perspective. There was significant membership change, with five new members beginning on Council in September 2009, including a new Chair and Deputy Chair.

The Council has four statutory committees, the Biomedical Research Committee, the Māori Health Committee, the Public Health Research Committee (each chaired by a Council member) and the Ethics Committee.

In addition there are six Standing Committees; the Pacific Island Health Research Committee, the Grant Approval Committee, the Risk Management Committee, the Data Monitoring Core Committee, the Standing Committee on Therapeutic Trials, and the Gene Technology Advisory Committee; the latter two provide advice and review 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.

HRC Secretariat

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

Each group is led by a member of the Management Team, which is made up of:

Dr Robin Olds	Chief Executive
Ms Rachel Brown	Group Manager, Māori Health Research
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 Sharon McCook	Group Manager, Partnership Programme
Ms Megan Willmott	Acting Group Manager, Policy, Evaluation and Business Development
Ms Kristine Scherp	Group Manager, Communications

Organisational Capability

The Health Research Council of New Zealand has continued to work toward the principle of being an Employer of Choice. Staff turnover was much lower than usual over the past year with only one permanent staff member leaving the organisation. The organisation employs 33 staff members including seven who work part-time. 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. A review of the performance review system two years ago has led to a focus of enabling staff to reach the goals and objectives identified for them. The revised process which is a collaborative one, adds value for both the individual and the HRC.

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. For the fourth year, a team were encouraged and supported to take part in Round the Bays.

Building the skills

All staff members attended or were encouraged to explore development opportunities throughout the year to enable them to build on their skills, enhance qualifications and strengthen organisational knowledge. Three staff members achieved Masters degrees during the year with support from the HRC.

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.

An intranet allows staff 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. Project coordinators have continued a cross team communication group developed in order to enhance cooperation and communication within teams.

Trusted State Service

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.

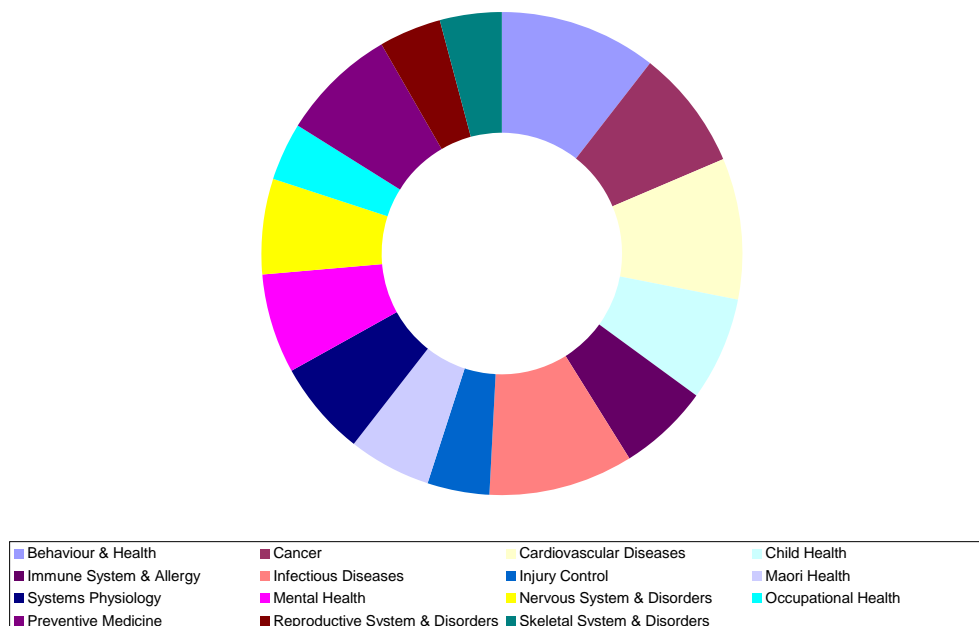
What the HRC Delivered

How HRC performed against the targets set in its Statement of Intent is reported under the Statement of Service Performance. The following narration captures some of the key outputs and impacts from 2009/10. It is important to remember the context of HRC's investment in health research; most is medium term investment, with impacts not expected for several years. Impacts reported for 2009/10 will mostly be the result of investments made 5-10 years ago.

During the year the HRC invested in 129 new health research proposals. In addition to the new research contracts, 187 contracts awarded up to three years previously were also supported. 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. Investments were in biomedical, clinical, health services research, public health research, Māori and Pacific health research.

As an indicator of the short term impacts of this health research investment, it was pleasing to note that there were 560 peer reviewed publications arising from HRC funding during the year, and 9 new patents were awarded. A workforce snapshot (as at February 2010) indicated there were a total of 574 full time equivalent positions supported through HRC funding. As many health researchers receive only part-time salary support on grants, and many are associated with grants but receive no salary support, there were in excess of 2,200 "positions" associated with HRC funded research.

The range of research supported is broad, with the top 15 areas illustrated in the figure.



Annual Contestable Funding Round

The annual contestable funding round was competitive with a very high standard of research proposals submitted for consideration. A total of \$81.88M of new contracts were offered. However, significantly more research was judged as worthy of funding than could be supported through the available funds. A total of 67 proposals were supported through five contract types; Project, Programme and Programme Extension, Feasibility Study and Emerging Researcher First Grant.

Emerging Researcher First Grants support early career researchers ready to pursue an independent stream of investigation. Ten proposals were funded. A total of \$1.47M was awarded.

A total of 403 project applications were reviewed at the first stage and 83 were invited to submit full applications. Forty two projects worth \$42.4M were funded (2009 46, 2008 46). The overall success rate for all project proposals was 10%.

Programmes provide five to six years of support to the top-performing health research groups. Five new Programmes were supported for five years each. Each Programme is lead by a group of experienced and successful researchers, and the research has been assessed as being of the highest standard. Areas covered by the new Programmes include burden of disease and cost-effectiveness of interventions, markers and therapeutic targets in cognitive decline in aging and Alzheimer's disease, vaccine-based therapy for cancer, reducing stroke burden in NZ, and the effect of vitamin D on cardiovascular and respiratory disease. Final three year extensions were provided to three existing Programmes, in the areas of improving nutrition and physical activity, injury prevention and developing therapies for human pathogenic viruses. A total of \$36.37M was allocated to either new or extended Programmes.

The HRC has sustained its investment in the longer term programme research contracts at over 50% 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.

The University of Auckland and the University of Otago remain the largest health research providers, and received new contracts worth \$23.90M and \$33.35M, respectively (2009: \$41.16M and \$30.34M). Other institutions shared about 30% of new funding, the most significant being AUT (9.5%), Malaghan Institute of Medical Research (8.4%), Massey University (4.7%), and Medical Research Institute of NZ (2.8%).

Research career development

Aside from young researchers being supported as part of research teams with Project or Programme funding, and through the Emerging Researcher First Grant scheme, HRC offers a limited range of career development awards. These are in the areas of Māori and Pacific health research, clinical research, and disability research, areas that the HRC has identified as having limited capacity. The awards mostly support Masters or PhD students, with a small number of post-doctoral researchers, and in 2009/10 a total of 33 new awards were made (2008 31).

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 2009 the Liley Medal was awarded to Professor Allan Herbison, University of Otago, Dunedin.

A sample of research outcomes

The primary objective of research by Professor Stephen Chambers (University of Otago), funded in 2006 was to identify volatile organic compounds that may be used as the basis of a breath test for important respiratory infections. They demonstrated in the breath of patients with lung disease, who were colonised/infected with *Aspergillus fumigatus*, but not in the breath of normal subjects, or those undergoing chemotherapy. This is the first demonstration that a volatile marker from a microorganism can be used as the basis for a diagnostic test. The team also identified another compound reliably produced by *Ps aeruginosa* but not other respiratory pathogens, indicating potential for a breath test for cystic fibrosis.

They then discovered 4 possible volatile markers of pulmonary tuberculosis, and demonstrated in a small pilot study that one of these (methyl nicotinate) was detectable in the breath of patients with tuberculosis. Such a test could improve the diagnosis of tuberculosis, improve access to treatment and reduce spread.

In 2008, Ian Reid's team at The University of Auckland reported in the *British Medical Journal* that myocardial infarctions were more common in postmenopausal women randomised to calcium supplementation for the prevention of osteoporosis. In order to further test this highly controversial finding, the researchers conducted a meta-analysis in 2009 of the cardiovascular outcomes from other trials of calcium intervention, using almost 50,000 patient years of data. All of the studies showed a 20 - 30% increase in the risk of heart attack. For every 1,000 people who are treated with calcium for five years, 37 more adverse events and only 26 fewer fracture events could be expected. The finding that a reduction in bone loss for patients with osteoporosis comes at a high cost in heart health may have dramatic consequences for the use of calcium supplements.

Despite the fact that methotrexate is the most commonly used drug for treating rheumatoid arthritis, understanding of pharmacokinetics and mechanisms of action remain poorly understood. Associate Professor Lisa Stamp's team at the University of Otago have contributed a significant amount of knowledge to the field of rheumatology through their Project 'Pharmacokinetics and pharmacogenetics of methotrexate in rheumatoid arthritis.' Their results confirm that the current clinical approach of rapid dose escalation is the best course of action for controlling the disease and preventing permanent joint damage. However, they identified various factors that can affect treatment, including age, kidney function, smoking, and use of non-steroidal anti-inflammatories. This project may lead to improved tests and approaches for tailoring the drug treatment of each patient with rheumatoid arthritis, resulting in better and safer treatment of this common and debilitating illness.

Statement of Responsibility

For the year ended 30 June 2010

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

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

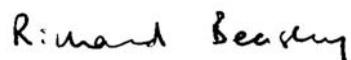
We are of the opinion that these financial statements and statement of service performance fairly reflect the financial position and operations of this Crown Entity for the year ended 30 June 2010.



Chair

Mr Robert Stewart, ONZM

Date: 28 October 2010



Deputy Chair

Professor Richard Beasley, CNZM

Date: 28 October 2010

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 2010**

The Auditor-General is the auditor of the Health Research Council of New Zealand (the Council). The Auditor-General has appointed me, David Walker, using the staff and resources of Audit New Zealand, to carry out the audit on her behalf. The audit covers the financial statements and statement of service performance included in the annual report of the Council for the year ended 30 June 2010.

Unqualified opinion

In our opinion:

- The financial statements of the Council on pages 33 to 52
 - comply with generally accepted accounting practice in New Zealand; and
 - fairly reflect:
 - the Council's financial position as at 30 June 2010; 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 16 to 32
 - 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 28 October 2010, 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 2010 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 New Zealand Institute of Chartered Accountants.

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



David Walker
Audit New Zealand
On behalf of the Auditor-General
Auckland, New Zealand
Dated: 28 October 2010

Matters relating to the electronic presentation of the audited financial statements and statement of service performance

This audit report relates to the financial statements and statement of service performance of the Health Research Council of New Zealand (HRC) for the year ended 30 June 2010 included on the HRC's website. The HRC's Council is responsible for the maintenance and integrity of the HRC's website. We have not been engaged to report on the integrity of the HRC's website. We accept no responsibility for any changes that may have occurred to the financial statements and statement of service performance since they were initially presented on the website.

The audit report refers only to the financial statements and statement of service performance named above. It does not provide an opinion on any other information which may have been hyperlinked to or from the financial statements and statement of service performance. 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 statement of service performance and related audit report dated 28 October 2010 to confirm the information included in the audited financial statements and statement of service performance presented on this website.

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

Statement of Objectives and Service Performance

For the year ended 30 June 2010

INTRODUCTION

The period under review is the eighteenth 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 5 and Vote Health for the funds for Output 6.

Output 1: RESEARCH CONTRACT MANAGEMENT

The Research Contract Management output represents the cost of managing contracts with a range of science, research and technology providers, and monitoring the delivery of these contracts to ensure the effective operation of the research, science and technology system.

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.

Where possible, the HRC will share information on evaluation of research outputs, development and timing of investment strategies, resource allocation processes and contract management with the Foundation for Research Science and Technology and Royal Society of New Zealand (Marsden Fund).

Links to Goals

- Goal 1: Invest in research that meets NZ health needs and research that has international impact.
- Goal 2: Maximise the benefits of health research.
- Goal 3: Champion the integrity of the research environment.
- Goal 4: Enhance the value of the organization.

Performance Measures

Impact and Strategy ¹	Actions	Indicators and Targets quantity, quality, timeliness	Actual
Goal 1: Appropriate funding processes.	Review current funding processes and identify NZ health research priorities in consultation with health providers, research providers and Ministries.	Modified funding processes and targeted investment in priority areas implemented by 2010.	New definitions for Project and Programme contracts were implemented. Two-stage application process for Projects fully implemented. The two-stage Programme application process was trialled but is now returned to the previous one-stage process. Four Research Investment Streams for Projects and Programmes now replace previous policy framework.
		Health research priorities for Pacific peoples identified and outlined by June 2010.	Complete (were identified by PIHRC and added into Investment Signals).
	Streamline current funding processes to reduce the burden on applicants and peer-reviewers, and increase efficiency of HRC processes.	A 50% decrease in applications requiring peer-review from a baseline of 235 prior to introduction of new funding process.	The two-stage application process for Projects resulted in an overall increase to 406 Expressions of Interest. 82 full Project applications were subsequently received and assessed. Figures for Programmes were 20 Expressions of Interest, 8 full applications.
	Maintain contestable processes and facilitate peer-review.	More than 3 external reviewer reports per application, as per current target.	In the annual contestable round, 96% of full Project applications were assessed by 3 or more external referees.

¹ Indicates which Goal and attendant strategy in the Strategic Plan 2008-2013 the measures are assessing.

Impact and Strategy ²	Actions	Indicators and Targets quantity, quality, timeliness	Actual
Goal 2: Effectively communicate and promote uptake of research findings.	Enhance engagement between end-users, research providers and funders.	Add at least one new funding partnership.	Six new funds were established in the period.
		Maintain the current six regular publication titles. ³	Achieved.
Goal 3: Encourage responsiveness to unique needs of different groups.	Work with research providers to define responsiveness requirements and communicate expectations to researchers.	Responsiveness requirements agreed and outlined in application forms and guidelines by June 2010.	Application forms and guidelines for the 2011 contestable round were published by August 2010.
	Update HRC Pacific Health Research Guidelines.	Guidelines updated and published by June 2010.	Complete.
Goal 4: Engender confidence in the organisation.	Ensure transparency of funding round processes.	Maintain current target of at least 7 roadshows conducted annually to inform research providers of HRC funding opportunities and processes.	Roadshow presentations were conducted in August 2010 at 8 sites in 5 cities and attracted more than 450 participants.
	Ensure effectiveness and efficiency of the organisation.	Investment efficiency ⁴ better than 5.5% achieved in 2008.	Achieved 5.3%
Goal 4: Grow responsiveness and relevance.	Introduce a future scanning and strategic advisory committee.	Develop Terms of Reference and convene committee in 2009.	Terms of reference developed and committee convened and met during year.

² Indicates which Goal and attendant strategy in the Strategic Plan 2008-2013 the measures are assessing.

³ HRC News, Panui, HRC Pacific News, Ethics Notes, Performance Highlights, HRC Update.

⁴ Investment efficiency: \$ contract management budget (Output 1)/\$ investment funds.

	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(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>\$4,199</u>	<u>\$4,700</u>	<u>\$4,494</u>

Output 2: HEALTH RESEARCH

Contestable Funding Round

HRC administers an Annual Contestable Funding Round for investigator-initiated proposals for health research. The annual contestable round process will undergo change in the 2009/10 year, as a result of a review carried out in 2008/09. The majority (83%) of HRC annual expenditure is allocated to the funding round. The Investment Strategy which identifies the funds available for specific types of research activity, and processes used to assess research proposals is published annually and is available on the HRC website (www.hrc.govt.nz).

Partnership Programme

The HRC has developed the Partnerships for Evidence-Informed Policy and Practice Programme (the Partnership Programme) to more effectively meet the knowledge needs of policy-makers, planners and those involved in health care delivery. Partners include the MoH and the wider health sector, including other government and non-government agencies.

The Partnership Programme comprises three types of initiatives: Joint Ventures, where the initiative is focused primarily on the MoH and HRC as key partners; Joint Research Portfolios where there is broader stakeholder involvement in cross-sectoral health issues, and managed funds when HRC assists funders to place and manage funds they have available for investment in health research. 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.

The District Health Board (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.

Targeted Research for Health

Targeted Research for Health is a small, strategic fund addressing gaps identified in the HRC's investment. This provides the HRC with flexibility to actively address critical gaps in knowledge, 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.

The priority areas will be reviewed in 2009/10.

Funds for this activity 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.

In addition, the HRC together with the Canadian Institute of Health Research and the National Health and Medical Research Council in Australia, has established an International Collaborative Indigenous Health Research Programme. The HRC will fund the New Zealand portion of the programme.

Links to Goals

Goal 1: Invest in research that meets NZ health needs and research that has international impact.

Goal 2: Maximise the benefits of health research.

Performance Measures

Impact and Strategy	Actions	Indicators and Targets quantity, quality, timeliness	Actual
Goal 1: Address key health research priorities.	Target investment into health research priority areas, to be introduced in 2009/10.	More than half of the HRC's investment in investigator-initiated research addresses the HRC's top 5 priorities for research.	Subsequent to extensive consultation new investment streams were developed during 2009/10. These streams come into place for 2010/11.
Goal 1: Support best people and best ideas.	Target investment towards excellent research and researchers.	More than 90% of final research reports assessed as satisfactory, commendable or outstanding by external peer-review, from a baseline of 93%.	Actual 96.3%
		Maintain the number of national and international collaborations identified, from a baseline of 185.	Actual 193.
		Recognition of excellence of HRC funded researchers, maintained at current level (34 awards and prizes/annum).	Actual 38.
Goal 1: Build and maintain capacity and capability.	Provide greater support to emerging researchers.	Increase to ten the number of emerging researcher supported, from a baseline of seven.	Achieved. 10 new emerging researcher contracts offered during 2009/10.
	Retain existing health research capacity.	Number of FTEs supported on HRC contracts at or above current baseline (320 FTEs).	533 A more complete measuring system was introduced during 2009/10.

Impact and Strategy	Actions	Indicators and Targets quantity, quality, timeliness	Actual
	Support early career health researchers.	Number of post-doctoral students supported on HRC contracts maintained, to be benchmarked in 2009/10.	Benchmark 180 post-doctoral students.
Goal 2: Promote uptake of research findings.	Develop investment signals and assessment criteria that encourage translational research.	Increased number of research contracts meeting translational research criteria (<i>from a baseline of 8</i>).	Achieved 12.
		Increased proportion of clinicians involved on research contracts (<i>from a baseline of 10% of FTEs</i>).	Achieved 12.5%
	Develop investment signals that encourage researchers to engage with end-users from the outset of the research.	Increased number of research contracts demonstrating engagement with end-users (<i>from a baseline of 10</i>).	Achieved 24.
	Target investment in health care delivery research.	Increased investment in health delivery research (<i>from a baseline of \$4.3M/annum</i>).	Achieved \$5.3M invested in Research for NZ Health Delivery.

	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$70,954</u>	<u>\$70,950</u>	<u>\$62,950</u>
Cost of Output			
Contestable Funding Round	57,978	59,320	54,784
Partnership Programme	4,108	4,750	1,822
Targeted Research for Health	<u>7,124</u>	<u>7,210</u>	<u>5,748</u>
	<u>\$69,210</u>	<u>\$71,280</u>	<u>\$62,354</u>
Research Contract Management Attributed	<u>\$2,880</u>		<u>\$2,920</u>

Output 3: CAREER DEVELOPMENT AWARDS**Description**

This Output provides support for research training awards for those 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 Fellowships (advanced postdoctoral);
- Clinical Research Training Fellowships;
- Māori Health Research Training Awards (Masters, PhD and postdoctoral);
- Pacific Health Research Training Awards (Masters, PhD and postdoctoral);
- Disability Research Training Awards (Masters and PhD);
- Foxley Fellowship, and
- Summer Studentships.

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

Other career development opportunities are managed through Output 2, as noted above.

Links to Goals

Goal 1: Invest in research that meets NZ health needs and research that has international impact.

Performance Measures

Impact and Strategy	Actions	Indicators and Targets quantity, quality, timeliness	Actual
Goal 1: Build and maintain capacity and capability.	Support for targeted career development pathways.	Annual workforce analysis identifies the rate at which targeted career development awards are filling identified workforce gaps.	Benchmarks established 69 Māori 26 Pacific 21 clinicians undertaking PhD 16 undertaking disability Masters or PhD.
		More than 85% of career development awardees successfully gain research qualifications, as per current rate.	Actual 95%
Goal 1: Support best people and best ideas.	Through the Sir Charles Hercus Fellowship, invest in top young research talent and bridge the emerging-to-mid-career gap.	100% of Hercus fellows continue to be active health researchers after completion, as per current rate.	Achieved.

	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$5,040</u>	<u>\$5,090</u>	<u>\$5,090</u>
Cost of Output			
	<u>\$4,648</u>	<u>\$5,740</u>	<u>\$4,802</u>
Research contract management attributed	<u>\$230</u>	-	<u>\$340</u>

Output 4: MAORI HEALTH RESEARCH**Description**

This Output comprises health research conducted to develop research capacity and capability across the themes of the Vision Mātauranga framework, with particular focus on the Hauora theme. All research funded by this output aligns with the HRC's Rangahau Hauora Māori Research 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 Māori development and the track record of the research team.

The investment in the Māori Health Research Output is only a proportion of the HRC's overall investment in research addressing health outcomes for Māori. The overall investment also includes biomedical, clinical and public health research across a range of research portfolios (Output 2, Health Research) and research training awards (Output 3).

The HRC maps all health research recommended for funding through the annual funding round to the MoH's Māori Health Strategy: He Korowai Oranga. A list of priorities for health research of relevance to Māori has been developed from the Strategy and approved by the HRC's Māori 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 Māori, 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 2), engaging a diverse range of stakeholders in a growing portfolio of Māori development research funded to inform policy development.

Links to Goals

Goal 1: Invest in research that meets NZ health needs and research that has international impact.

Goal 2: Maximise the benefits of health research.

Performance Measures

Impact and Strategy	Actions	Indicators and Targets quantity, quality, timeliness	Actual
Goal 1: Build and maintain capacity and capability.	Support Māori health research career development pathways.	Maintain the proportion of career development awardees successfully gain research qualifications above 80% (current baseline).	100% of contracts concluded during the 2009/10 year.
Goal 1: Recognise the specific needs of Māori.	Fund research that addresses the priorities and needs identified in the HRC's Māori Health Research Strategy; He Korowai Oranga; and Vision Mātauranga.	Grown number of funded research projects which respond to the needs and priorities identified in these strategies from a baseline of 21.	Actual 28 projects.
Goal 2: Promote health research.	Engage with Māori health researchers and stakeholders through annual hui.	Convene Hui Whakapiripiri.	The Hui was convened in July 2010.
	Undertake research application writing workshops.	Number of attendees at writing workshops, to be benchmarked in 2009/10.	The 2009/10 benchmark figure is 148 registered and 23 walk in attendees.
		Proportion of workshop participants subsequently applying to the HRC for research funding, to be benchmarked in 2009/10.	The 2009/10 benchmark figure is 25%
Goal 2: Effectively communicate research findings.	Update and maintain the Māori health research database.	Increased number of website hits annually, to be benchmarked in 2009/10.	The 2009/10 benchmark figure is 52,290 hits with 8,724 being unique visits.
	Publish Māori health research newsletter to communicate research findings with stakeholders.	Panui newsletter published quarterly.	Achieved.

	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$1,982</u>	<u>\$1,980</u>	<u>\$1,982</u>
Cost of Output	<u>\$2,710</u>	<u>\$2,710</u>	<u>\$1,700</u>
Research contract management attributed	<u>\$320</u>		<u>\$190</u>

Output 5: 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 will allocate 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 will support applicants to engage in research activities that will produce gains for New Zealand and/or the leveraging of overseas funds to support a 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.

Objective 2: Developing international funding partnerships

The HRC will invest funds in Objective 2 in relation to two international relationships, both of which involve leveraging at least matching funds from international partners:

- 1 the Trans-Tasman Clinical Trials Collaboration, and
- 2 the A*STAR initiative. \$1.8M of NZ funds will be available for research collaboration with A*STAR in Singapore. Investment will be focussed on research into metabolic disease and cancer.

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 Goals

Goal 1: Invest in health research that meets NZ needs and research that has international impact.

Performance Measures

Impact and Strategy	Actions	Indicators and Targets quantity, quality, timeliness	Actual
Goal 1: Build and maintain capacity and capability.	Facilitate access to international expertise, infrastructure, resources and co-funding.	Number of ongoing research collaborations generated maintained, to be benchmarked in 2009/10.	Benchmark NA HRC is not funded to support this Output in 2010/11.
		100% of completed contracts identify benefit to NZ, e.g. up-skilling, access to resources unavailable in NZ etc, to be benchmarked in 2009/10.	Achieved. Benchmark NA no longer funded.
Goal 4: Promote international research collaborations.	Forge links with international research organisations to create research opportunities in areas of mutual interest and priority.	Dollar value of funding leveraged through international funding partnerships, to be benchmarked.	Benchmark NA no longer funded.

	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
Revenue			
Ministry of Research, Science and Technology	<u>\$1,067</u>	<u>\$1,070</u>	<u>\$1,066</u>
Cost of Output			
	<u>\$2,333</u>	<u>\$2,660</u>	<u>\$1,206</u>
Research contract management attributed	<u>\$190</u>	-	<u>\$190</u>

Output 6: RESEARCH SUPPORT ACTIVITIES**Description**

Under this Output, the HRC undertakes regulatory activities and safety monitoring, and provides strategic advice on health research issues.

Of particular note, during the 2009/10 year the HRC will:

- 1 implement a process, approved by MoH, by which its Ethics Committee can respond to appeals by investigators relating to decisions by Health and Disability Ethics Committees.

Links to Goals

Goal 3: Champion the integrity of the research environment.

Goal 4: Enhance the value of the organisation.

Performance Measures

Impact and Strategy	Actions	Indicators and Targets quantity, quality, timeliness	Actual
Goal 3: Promote quality of ethical consideration.	Accredit ethics committees that meet HRC accreditation guidelines and facilitate communication on ethical issues.	3 editions of 'Ethics Notes' published annually (new target).	Achieved.
	Provide for review of contested decisions on health research by ethics committees.	Appeals process operationalised 2009/10.	The draft appeals process and terms of reference gained Ministerial Approval.
Goal 3: Facilitate compliance with regulatory requirements.	Convene Data Safety Monitoring Board; Gene Technology Advisory Committee; and Standing Committee on Therapeutic Trials.	Committees are convened and provide timely advice as needed.	The committee (now the Data Monitoring Core Committee) met regularly and provided advice in a timely manner.
Goal 4: Engender confidence in the organisation.	Demonstrate health research sector leadership.	Advice provided to Ministries as requested and within specified timeframes.	Advice provided by the Ethics Team and the HRC Ethics Committee as required.

	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
Revenue			
Ministry of Health	<u>\$280</u>	<u>\$290</u>	<u>\$300</u>
Cost of Output	<u>\$340</u>	<u>\$390</u>	<u>\$300</u>

Financial Statements

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Accounting Policies

For the year ended 30 June 2010

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 2010 and were approved by the Board on 28 October 2010.

Basis of preparation

Statement of compliance

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

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

Measurement base

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

Functional and presentation currency

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

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 four months or less and bank overdrafts.

Debtors and other receivables

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

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

Non-derivative financial instruments

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

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

Property, plant and equipment

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

Property, plant and equipment are shown at cost 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 re-valued 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 re-valued amount, the total impairment loss is recognised in the statement of financial performance.

The reversal of an impairment loss on a re-valued 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.

Superannuation schemes

Defined contribution schemes

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

Critical judgements in applying the HRC's accounting policies

Management has exercised the following critical judgments in applying the HRC's accounting policies for the period ended 30 June 2010.

Leases classification

Determining whether a lease agreement is a finance or an operating lease requires judgement as to whether the agreement transfers substantially all the risks and rewards of ownership to the HRC.

Judgement is required on various aspects that include, but are not limited to, the fair value of the leased asset, the economic life of the leased asset, whether or not to include renewal options in the lease term and determining an appropriate discount rate to calculate the present value of the minimum lease payments.

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

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Comprehensive Income

For the year ended 30 June 2010

	Note	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
Revenue				
Revenue from the Crown	1	82,523	82,570	74,582
Interest		505	260	735
Other	2	<u>844</u>	<u>690</u>	<u>856</u>
Total Revenue		<u>\$83,872</u>	<u>\$83,520</u>	<u>\$76,173</u>
Cost of outputs (net)	3 -4	<u>83,440</u>	<u>87,480</u>	<u>74,856</u>
Net Surplus (Deficit) for the year		<u>\$432</u>	<u>(\$3,960)</u>	<u>\$1,317</u>
Other comprehensive income		-	-	-
Total comprehensive income		<u>\$432</u>	<u>(\$3,960)</u>	<u>\$1,317</u>

Explanations of significant variances against budget are detailed in Note 19

Statement of Movements in Equity

For the year ended 30 June 2010

		Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
Equity at start of year		<u>19,457</u>	<u>15,590</u>	<u>18,131</u>
Net surplus (deficit) for the year		432	(3,960)	1,317
Interest net of charges on Foxley Reserve fund		<u>69</u>	<u>-</u>	<u>9</u>
Total recognised revenue and expenses for the year		<u>501</u>	<u>(3,960)</u>	<u>1,326</u>
Total Equity at 30 June	9	<u>\$19,958</u>	<u>\$11,630</u>	<u>\$19,457</u>
Represented by				
Public Equity		18,392	11,630	17,960
Foxley Reserve Fund		<u>1,566</u>	<u>-</u>	<u>1,497</u>
Total Equity at 30 June	9	<u>\$19,958</u>	<u>\$11,630</u>	<u>\$19,457</u>

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

HEALTH RESEARCH COUNCIL OF NEW ZEALAND

Statement of Financial Position

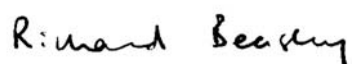
As at 30 June 2010

	Note	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
Current Assets				
Cash and Cash Equivalents	5	35,092	16,910	34,298
Accounts receivable	6	<u>11,762</u>	<u>14,480</u>	<u>12,618</u>
		46,854	31,390	46,916
Current Liabilities				
Accounts payable	7	<u>26,968</u>	<u>19,850</u>	<u>27,541</u>
Working Capital				
		19,886	11,540	19,375
Non-Current Assets				
Property Plant and Equipment	8	<u>72</u>	<u>90</u>	<u>82</u>
Net Assets				
		<u>\$19,958</u>	<u>\$11,630</u>	<u>\$19,457</u>
Equity				
	9	<u>\$19,958</u>	<u>\$11,630</u>	<u>\$19,457</u>


Chair

Mr Robert Stewart ONZM

Date: 28 October 2010


Deputy Chair

Professor Richard Beasley CNZM

Date: 28 October 2010

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 2010

		Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
Cash flows from operating activities	Note			
<i>Cash was provided from</i>				
Receipts from Crown		83,210	80,570	74,582
Interest		540	260	816
Other revenue		<u>844</u>	<u>690</u>	<u>902</u>
		<u>84,594</u>	<u>81,520</u>	<u>76,300</u>
<i>Cash was applied to</i>				
Payments to suppliers		81,131	-	69,345
Payments to employees		2,727	-	2,716
GST		<u>(30)</u>	<u>-</u>	<u>2</u>
		<u>83,828</u>	<u>87,210</u>	<u>72,063</u>
<i>Net cash flows from operating activities</i>	10	<u>766</u>	<u>(\$5,690)</u>	<u>4,237</u>
Cash flows from investing activities				
<i>Cash was provided from</i>				
Property Plant and Equipment sold		-	-	3
<i>Cash was applied to</i>				
Property Plant and Equipment purchased		<u>41</u>	<u>50</u>	<u>59</u>
<i>Net cash flows from (applied to) investing activities</i>		<u>(41)</u>	<u>(50)</u>	<u>(56)</u>
Cash flows from financing activities				
<i>Cash was provided from</i>				
Net interest on reserve fund		<u>69</u>	-	<u>9</u>
<i>Net cash flows from financing activities</i>		<u>69</u>	-	<u>9</u>
<i>Net increase (decrease) in cash held</i>		794	(5,740)	4,190
Add opening Cash Brought Forward		<u>34,298</u>	<u>22,650</u>	<u>30,108</u>
<i>Ending Cash Carried Forward</i>		<u>\$35,092</u>	<u>\$16,910</u>	<u>\$34,298</u>
<i>Represented by</i>				
Bank Current Account		331	100	606
Term deposits		<u>34,761</u>	<u>16,810</u>	<u>33,692</u>
Cash and Cash Equivalents at end of year	5	<u>\$35,092</u>	<u>\$16,910</u>	<u>\$34,298</u>

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

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 2010

Note 1	Revenue from the Crown	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
	Ministry of Research Science and Technology	82,238	82,280	74,282
	Ministry of Health	<u>285</u>	<u>290</u>	<u>300</u>
		<u>\$82,523</u>	<u>\$82,570</u>	<u>\$74,582</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 (2009 nil).

Note 2	Other Income	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
	Bequests and Donations received	197	50	11
	Other (Management fees)	<u>647</u>	<u>640</u>	<u>845</u>
		<u>\$844</u>	<u>\$690</u>	<u>\$856</u>

Note 3	Cost of Producing Outputs	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
	Research Contract Management for Health Research	4,199	4,700	4,494
	Health Research	69,210	71,280	62,354
	Career Development Awards	4,648	5,740	4,802
	Māori Health Research	2,710	2,710	1,700
	International Investment Opportunities	2,333	2,660	1,206
	Research Support Activities	<u>340</u>	<u>390</u>	<u>300</u>
		<u>\$83,440</u>	<u>\$87,480</u>	<u>\$74,856</u>

Note 4	Other Expenditure Disclosures	Actual 2010 \$(000)	Budget 2010 \$(000)	Actual 2009 \$(000)
	Meetings and Committee Costs	734	795	665
	Council Costs (including fees)	199	250	202
	Salaries and employee benefits	2,789	2,764	2,776
	Property costs	300	320	296
	Remuneration of Auditors			
	Audit fee for financial statement audit	40	35	38
	Audit fees for NZ IFRS transition	-	-	2
	Depreciation	50	50	63

Employee Remuneration	Actual 2010 \$(000)	Actual 2009 \$(000)
Employees receiving over \$100,000		
100,000 - 109,999	-	1
110,000 - 119,999	1	2
120,000 - 129,999	1	1
130,000 - 139,999	2	2
150,000 - 159,999	1	1
270,000 - 279,999	1	1

Councillors' Fees	Appointed	Retired	Actual 2010 \$(000)	Actual 2009 \$(000)
Mr R Stewart ONZM	Sept 09		18	-
Professor G Fraser (Chair)	Dec 02	Sept 09	6	24
Dr C Aspin	July 06	Nov 08	-	6
Professor R Beasley	Sept 09		10	-
Ms E Cowley-Malcolm	July 06	Sept 09	4	15
Ms K Fox	Jan 08		12	12
Dr M Harwood	Sept 09		9	-
Dr J Hay	Mar 03	Sept 09	4	15
Mrs J Keall	Mar 03	Sept 09	3	12
Ms E Ludemann	Sept 09		9	-
Professor R Poulton	Sept 05		15	15
Dr C Powell	Sept 09		9	-
Professor A Reeve	July 06		15	15
Professor L Tuhiwai Smith	Aug 08		15	6
Associate Professor S Stott	Jan 08		12	12
Professor A Woodward	Mar 03	July 09	<u>1</u>	<u>14</u>
			<u>\$142</u>	<u>\$146</u>

Fees Paid to Committee Members	Actual 2010 \$(000)	Actual 2009 \$(000)
Member		
Professor Wickliffe Abraham		1.10
Dr Frances Agnew		0.70
Ms Annabel Ahururi-Driscoll	1.80	
Associate Professor Shanthi Ameratunga		1.10
Associate Professor Neil Anderson		1.10
Associate Professor Vickery Arcus		1.10
Associate Professor Toni Ashton	1.20	
Associate Professor Margaret Baird	2.10	
Ms Mere Balzer	1.15	0.80
Associate Professor Pauline Barnett		0.55
Mr Don Beaven	0.70	0.70
Ms Laura Bennet		1.10
Professor Michael Berridge	1.20	
Associate Professor Peter Black	0.80	
Professor Tony Blakely		0.20
Professor Philip Bones		1.10
Dr Amohia Boulton	6.26	2.70
Dr Bob Boyd		0.41
Dr Marilyn Brewin	0.60	3.59

Fees Paid to Committee Members	Actual 2010	Actual 2009
Member	\$(000)	\$(000)
Dr Paul Brown	1.00	
Associate Professor Stephen Buetow	2.85	1.90
Dr Christopher Bullen	1.00	1.10
Dr Catherine Byrn	1.90	1.10
Associate Professor Vicky Cameron	2.70	
Professor John Campbell	1.10	
Professor Mark Cannell	1.90	
Professor Kerry Chamberlain	1.00	
Ms Mow Chan		
Dr Kuinileti Chang-Wai	0.20	
Dr Jennie Connor	1.40	1.10
Dr Kirsten Coppel	2.10	
Ms Donna Cormack	0.30	1.00
Professor Jillian Cornish	0.20	
Professor Brian Cox	0.55	
Professor Peter Crampton		0.55
Dr Suzanne Crengle	1.50	
Professor Kathryn Crosier		0.84
Associate Professor Philip Crosier	3.43	2.10
Dr Jacqueline Cumming		0.20
Professor Timothy Cundy	2.10	
Associate Professor Wayne Cutfield	2.89	1.90
Dr Tim Dare	2.08	1.41
Ms Lisa Davis	0.25	
Associate Professor Catherine Day	2.10	
Dr Kevin Dew	3.12	2.50
Dr Nigel Dickson	1.00	
Associate Professor Susan Dovey	1.20	1.10
Professor Tony Dowell	0.10	
Professor Michael Draganow	1.10	
Professor Mason Durie	0.61	0.41
Professor Richard Edwards	0.10	
Dr Ellison-Loschman	2.10	0.40
Associate Professor John Evans	1.20	1.10
Professor Ian Evans	1.20	1.10
Ms Metjua Faasisila		0.70
Professor Peggy Fairbairn-Dunlop	1.01	
Dr Monique Faleafa	0.10	1.60
Professor Richard Faull	0.88	0.81
Professor Valery Feign	0.20	
Dr Penny Fitzharris	2.45	
Dr Valerie Fletcher	1.10	
Professor John Fraser	1.40	
Mr Nicholas Garrett	2.10	0.90
Dr Heather Gifford	2.30	
Associate Professor Wayne Gillett		0.10
Dr Jean Gilmour	1.00	
Professor Paul Glue	2.10	
Dr Florence Green	2.11	1.90
Mr Andrew Grey	2.45	
Associate Professor Parry Guilford	0.20	
Professor Alistair Gunn	1.60	2.20

Fees Paid to Committee Members	Actual 2010 \$(000)	Actual 2009 \$(000)
Member		
Ms Riripeti Haretuku	1.80	
Dr Matire Harwood	0.40	0.80
Mr Pereri Hathaway	0.20	
Associate Professor Peter Herbison	1.00	1.65
Professor Allan Herbison	3.16	2.10
Dr Sarah Hook		1.10
Professor Gary Hook	0.20	
Professor Philippa Howden Chapman		1.10
Mr Maui Hudson	0.60	0.40
Ms Te Miringa Huriwai		0.90
Dr Tristram Ingham	1.55	
Dr Gary Jackson	1.31	
Dr Rhys Jones		0.90
Dr Sally Keeling		1.10
Associate Professor Martin Kennedy	1.00	1.34
Associate Professor Ngaire Kerse	1.00	1.10
Dr Natalie Khin-Carter		0.10
Ms Te Kani King		2.56
Dr Te Kingi	3.79	
Associate Professor Ian Kirk	2.10	
Dr Ray Kirk	1.80	
Professor Jane Koziol-Mclain	1.00	
Associate Professor Ian Lamont		1.10
Dr Peter Larsen	0.80	1.10
Professor Ross Lawrenson	0.27	
Dr Beverly Lawton		3.05
Dr Ian LeGrice	1.10	
Professor Graham Le-Gros	0.47	1.90
Dr Ieta Lima	1.70	2.40
Mr David Lui		0.87
Professor Anthony MacKnight	2.44	
Dr Ralph Maddison	1.00	
Associate Professor Patrick Manning	1.45	1.10
Ms Elizabeth Marshall		0.45
Dr John McCall	1.00	0.50
Mrs Kahu McClintock	3.59	1.40
Dr Melanie McConnell		1.10
Dr Sally McCormick	1.00	
Dr Peter McGeorge	1.00	
Mrs Makuini McKerchar		0.60
Professor Neil McNaughton	1.00	1.10
Professor Kathryn McPherson	3.96	2.80
Professor Graham Mellsop	0.20	
Professor Andrew Mercer	2.39	0.80
Dr Anthony Merriman	1.20	
Mr Jeremy Mihaka Dyer	1.55	
Dr Brian Monk		1.10
Dr Johanna Montgomery		1.10
Ms Kate Moodabe	0.10	0.20
Associate Professor Andrew Moore	1.00	
Dr Ian Morison		0.27
Mr Tupara Morrison		1.40

Fees Paid to Committee Members	Actual 2010	Actual 2009
Member	\$(000)	\$(000)
Dr Susan Morton	1.10	
Dr Vili Nosa		0.20
Mr Malakia Ofanoa		0.70
Professor Janis Paterson	1.10	1.10
Professor Charlotte Paul		1.10
Ms Liane Penney		0.35
Professor Keith Petrie		0.40
Professor Keith Petrie	0.85	
Mr Neil Pickering	0.80	0.60
Dr Leonie Pihama	1.63	0.60
Ms Suzanne Pitama	0.20	1.50
Mr Malcolm Pollock	0.20	
Associate Professor Cristin Print		1.10
Dr Susan Pullon	1.00	
Dr Mihi Ratima	1.60	
Professor Ian Reid	1.00	
Ms Erina Rewi	0.85	
Dr Paul Reynolds	3.12	2.00
Professor Stephen Robertson		0.10
Dr Paul Robertson		0.90
Associate Professor Bridget Robinson	1.71	
Professor Anthony Rodgers		0.50
Mr Adrian Rurawhe	0.20	
Dr Khyla Russell	0.50	
Dr Stuart Ryan	2.10	
Dr Etuate Saafi	2.80	1.70
Professor Susan Schenk	1.00	
Professor Philip Schluter	1.00	
Professor Grant Schofield		
Dr Bruce Scoggins		0.58
Dr Nina Scott	2.20	
Professor Russell Scott	0.55	
Dr Brett Shand	1.00	
Professor Norman Sharpe	2.07	0.55
Dr Katrina Sharples	0.68	
Professor John Shaw	0.10	
Professor Peter Shepherd	1.00	1.50
Ms Jane Sherard		0.40
Dr Nicolette Sheridan	0.20	
Mr Philip Siataga		0.70
Mr Robert Siebers		1.10
Dr Katherine Silvester	1.00	
Associate Professor Bruce Smail	2.42	1.90
Ms Kristen Smiler	1.00	
Dr Barry Smith	1.70	
Dr Mark Smith	1.10	
Dr Steven Soule	1.00	1.10
Dr Margaret Southwick	1.30	1.50
Mr Andrew Sporle	1.10	
Associate Professor Stephen Stannard	0.80	
Associate Professor Ralph Stewart	2.35	0.50
Dr Cathy Stinear	1.20	1.10

Fees Paid to Committee Members	Actual 2010	Actual 2009
Member	\$(000)	\$(000)
Professor Patrick Sullivan	1.20	0.88
Professor John Tagg		0.20
Ms Ausaga Tanuvasa		1.10
Professor Robin Taylor	0.20	
Professor David Thomas	1.00	
Dr John Thompson	1.10	
Dr Lynette Tippett	0.55	
Associate Professor Richard Troughton	1.70	
Professor Ian Tucker		2.02
Ms Megan Tunks	2.10	1.65
Mrs Hope Tupara	2.10	
Mr Hoorn Vander	0.80	
Mr John Waldon	2.10	1.10
Associate Professor Mark Weatherall	1.80	1.10
Associate Professor Mark Webster	0.55	1.10
Associate Professor Elizabeth Wells		1.10
Dr Kristin Wickens	1.00	
Dr Margaret Wilsher	2.10	
Associate Professor Denise Wilson	1.60	
Professor William Wilson	1.00	
Professor Christine Winterbourn	1.20	
Associate Professor Karen Witten	2.71	1.70
Associate Professor Lianne Woodward	0.55	0.55
Professor Alistair Woodward	1.80	
Dr Emma Wyeth		0.90
Mr Chris Wynne		0.55
Dr Deborah Young	0.55	0.14
Dr Sarah Young		<u>1.10</u>
	<u>\$202.46</u>	<u>\$122.73</u>

Note 5 Cash and Cash Equivalents	Actual 2010	Actual 2009
	\$(000)	\$(000)
Cash at Bank	<u>331</u>	<u>606</u>
Cash Equivalents - Short Term Deposits		
Westpac Trust term deposits	9,785	8,450
Westpac Trust term deposits held on behalf of other agencies*	23,410	23,745
Westpac Trust term deposits Foxley Estate fund	<u>1,566</u>	<u>1,497</u>
	<u>34,761</u>	<u>33,692</u>
Total Cash and Cash Equivalents	<u>\$35,092</u>	<u>\$34,298</u>

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

The effective interest rates on deposited funds ranged from 2.50% pa to 4.80% pa.

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

Note 6	Accounts Receivable	Actual 2010	Actual 2009
		\$(000)	\$(000)
	Owing by Crown (MoRST) (Trade)	11,591	12,133
	Owing by Funding Partners (Trade)	150	277
	Sundry Debtors	<u>21</u>	<u>208</u>
		<u>\$11,762</u>	<u>\$12,618</u>

The carrying value of receivables approximates their fair value.
As at 30 June 2010 and 2009, there were no overdue receivables to be assessed for impairment.

Note 7	Accounts Payable	Actual 2010	Actual 2009
		\$(000)	\$(000)
	Supplies (Trade)	2,795	2,834
	Accruals		
	Employee entitlements	232	170
	Other	304	228
	Funds held on behalf of other agencies	23,560	24,023
	GST	<u>77</u>	<u>286</u>
		<u>\$26,968</u>	<u>\$27,541</u>

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

Note 8 Property Plant and Equipment

	Office and Computer Equipment	Leasehold Improvements	Total
Cost	\$(000)	\$(000)	\$(000)
Balance at 1 July 2008	446	105	551
Additions	59	-	59
Disposals	(23)	-	(23)
Less scrapped/off register	<u>-</u>	<u>-</u>	<u>-</u>
Balance 30 June 2009	<u>\$482</u>	<u>\$105</u>	<u>\$587</u>
Balance 1 July 2009	482	105	587
Additions	41	-	41
Disposals	-	-	-
Less scrapped/off register	<u>(180)</u>	<u>-</u>	<u>(180)</u>
Balance at 30 June 2010	<u>\$343</u>	<u>\$105</u>	<u>\$448</u>
Accumulated Depreciation			
Balance 1 July 2008	367	96	463
charge this year (net)	54	9	63
Written back/ off register	<u>(21)</u>	<u>-</u>	<u>(21)</u>
Balance at 30 June 2009	<u>\$400</u>	<u>\$105</u>	<u>\$505</u>
Balance 1 July 2009	401	105	506
charge this year (net)	50	-	50
Written back/ off register	<u>(180)</u>	<u>-</u>	<u>(180)</u>
Balance at 30 June 2010	<u>\$271</u>	<u>\$105</u>	<u>\$376</u>
Carrying Value			
At 30 June 2009	<u>\$82</u>	=	<u>\$82</u>
At 30 June 2010	<u>\$72</u>	=	<u>\$72</u>

Note 9 Equity	Actual 2010 \$(000)	Actual 2009 \$(000)
General Funds		
Balance at 1 July	17,960	16,643
Net surplus/ (deficit) for the year	<u>432</u>	<u>1,317</u>
Balance at 30 June	<u>\$18,392</u>	<u>\$17,960</u>
Foxley Reserve Fund		
Balance at 1 July	1,497	1,488
Interest net of charges on Foxley Reserve fund	<u>69</u>	<u>9</u>
Balance at 30 June	<u>1,566</u>	<u>1,497</u>
Total Equity at 30 June	<u>\$19,958</u>	<u>\$19,457</u>

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

	Actual 2010 \$(000)	Actual 2009 \$(000)
Net surplus/ (deficit) for year	432	1,317
<i>Add non-cash items</i>		
Depreciation (see note 3)	50	63
<i>Add (deduct) movements in working capital items</i>		
Accounts receivable decrease	857	162
Accounts payable decrease	<u>(573)</u>	<u>2,695</u>
Net cash inflows (outflows) from operating activities	<u>\$766</u>	<u>\$4,237</u>

Note 11 Bequests

Bequest funds represent funds subject to specific direction

	Opening Balance 2009 \$(000)	Net Interest \$(000)	Closing Balance 2010 \$(000)
J D Prickett Trust Fund	397	18	415
Income to be applied to a Scholarship			
G M Marryatt Memorial Fund	84	4	88
Income to be applied to research into children's diseases	-	-	-
	<u>\$481</u>	<u>\$22</u>	<u>\$503</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 and Operating Leases

<i>Research Commitments</i>	2010/11	2011/12	2012/13	Total
<i>Output Classes</i>	\$(000)	\$(000)	\$(000)	\$(000)
Health Research	76,342	58,676	41,923	176,941
Human Resource Development	5,049	3,457	2,560	11,066
Māori Health Research	2,349	1,377	352	4,078
International Investment				
Opportunities Fund	<u>2,255</u>	<u>689</u>	<u>77</u>	<u>3,021</u>
Total research commitments	<u>\$85,995</u>	<u>\$64,199</u>	<u>\$44,912</u>	<u>\$195,106</u>

<i>Research Commitments</i>	2009/10	2010/11	2011/12	Total
<i>Output Classes</i>	\$(000)	\$(000)	\$(000)	\$(000)
Health Research				
Human Resource Development	70,751	51,626	29,069	151,446
Māori Health Research	4,563	2,823	1,777	9,163
International Investment	4,655	1,953	1,708	8,316
Opportunities Fund				
	<u>1,781</u>	<u>1,209</u>	<u>-</u>	<u>2,990</u>
Total research commitments	<u>\$81,750</u>	<u>\$57,611</u>	<u>\$32,554</u>	<u>\$171,915</u>

The committed support is contingent on continued Government funding.

	2010	2009
	\$(000)	\$(000)
<i>Operating Leases as Lessee</i>		
Not later than one year	210	210
Later than one year and not later than five years	<u>105</u>	<u>315</u>
	<u>\$315</u>	<u>\$525</u>

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

Note 13 Contingencies

As at 30 June 2010 the HRC has no contingent liabilities. (2009 \$nil)

As at 30 June 2010 the HRC has no contingent assets. (2009 \$nil)

Note 14 Financial Instruments Risk**Market risk**

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

Fair value interest rate risk

Fair value interest rate risk is the risk that the value of a financial instrument will fluctuate due to changes in market interest rates. The HRC's exposure to fair value interest rate risk is limited to its short term deposits (part of note 5 cash and cash equivalents) which are held at fixed rates of interest.

Cash flow interest rate risk

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

The HRC currently has no variable interest rate investments.

Currency risk

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

Credit risk

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

The HRC's maximum credit exposure for each class of financial instrument is represented by the total carrying amount of cash and cash equivalents (note 5) and debtors (note 6). There is no collateral held as security or other credit enhancement in respect of these amounts. None of these financial instruments are past due or impaired.

Although all short term deposits (note 5) are held by Westpac the HRC has no significant concentrations of credit risk, as it has a small number of credit customers and only invests funds with registered banks with specified Standard and Poor's credit ratings. As disclosed in Accounts Receivable (note 6) there is a significant sum owed to HRC by the Crown. This debt is considered to be low risk.

Liquidity risk

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

Note 15 Categories of financial assets and liabilities

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

	2010 \$(000)	2009 \$(000)
<i>Loans and Receivables</i>		
Cash and cash equivalents	35,092	34,298
Debtors and other receivables	<u>11,762</u>	<u>12,618</u>
Total loans and receivables	<u>\$46,854</u>	<u>\$46,916</u>
<i>Financial Liabilities measured at amortised cost</i>		
Creditors and other payables	<u>26,968</u>	<u>27,541</u>
Total financial assets and liabilities	<u>\$19,886</u>	<u>\$19,375</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 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 2009/10 are as follows:

Name	Institution
Professor Richard Beasley	Medical Research Institute of New Zealand
Ms Esther Cowley-Malcolm	Victoria University of Wellington
Dr Matire Harwood	Independent researcher
Professor Richie Poulton	University of Otago
Professor Anthony Reeve	University of Otago
Professor Linda Smith	Waikato University
Associate Professor Susan Stott	University of Auckland
Professor Alistair 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

	2010	2009
	\$(000)	\$(000)
Salaries and Board fees	<u>\$1,243</u>	<u>\$1,317</u>
No other benefits were paid		

Key management personnel include all board members, the Chief Executive, and the remaining 7 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 2010.

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 Surplus for the year is \$4.39M ahead of budget. The primary variations come from revenue \$0.35M, Output classes 1 Research Contract Management \$0.54M, 2 Health Research \$2.07 and 3 Career Development Awards \$1.09M.

Revenue: Interest earned, Bequests and other income were significantly ahead of budget due to:

Cash holdings being higher than expected-as reflected in the variations in Output Classes 2 and 3.

An unexpected bequest was received.

Other income was budgeted based on known contracts. Several new fee earning contracts were negotiated during the year.

Output 1: The saving does not relate to any one item rather is an accumulation of savings over the whole of the Output. The cost achieved is below budget but also below 2009 costs.

Output 2: The saving is due to contract slippage. The variation is the equivalent of less than 2 weeks costs.

Output 3: The saving is due to under demand in prior years. Current demand allowed very significant contracts value to be offered in the current. The full effect on costs for this output will impact in 2010/11.

Statement of Public Equity variation \$8.32M above budget. The variance is due to the deficit variance explained above and because the actual opening equity exceeded the expected opening equity balance.

HEALTH RESEARCH COUNCIL OF NEW ZEALAND
Statement of Resources

As at 30 June 2010

Operating Resources

Computer system
 Two photocopying machines
 Furniture and fittings

Accommodation

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

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

Staff Resources

	FTE's 2010	FTE's 2009
Secretariat		
Chief Executive	1	1
Senior Managers	7	7
Manager Human Resources and Board Secretary	1	1
Manager Pacific Health Research	1	1
Support staff	<u>19</u>	<u>19</u>
	<u>29</u>	<u>29</u>
Research Staff		
Senior research staff	1	2
Other research staff	<u>4</u>	<u>4</u>
	<u>5</u>	<u>6</u>

Note: An FTE is a full time equivalent employee.

Organisational Information

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 2010

Council

Mr Robert Stewart ONZM (Chair)	Christchurch
Professor Richard Beasley (Deputy Chair)	Director, Medical Research Institute of New Zealand, Wellington
Ms Kath Fox	Richmond New Zealand, Christchurch
Dr Matire Harwood	Auckland
Ms Elspeth Ludemann	Oamaru
Professor Richie Poulton	Multidisciplinary Health and Development Unit, University of Otago, Dunedin
Dr Conway Powell	Consultant, Dunedin
Professor Anthony Reeve	Department of Biochemistry, School of Medical Sciences, University of Otago, Dunedin
Professor Linda Tuhiwai Smith	Pro-Vice Chancellor Māori, Waikato University, Hamilton
Associate Professor Susan Stott	Department of Surgery, Faculty of Medical and Health Sciences, The University of Auckland, Auckland

Biomedical Research Committee

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

Public Health Research Committee

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

Māori Health Committee

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

Ethics Committee

Dr Tim Dare (Chair)	Department of Philosophy and Law, The University of Auckland, Auckland
Dr Lynley Anderson	Bioethics Centre, Medical and Surgical Sciences, Dunedin School of Medicine, University of Otago, Dunedin
Professor Richard Beasley	Director, Medical Research Institute of New Zealand, Wellington
Mr Maui Hudson	Strategy and Research Department, Institute of Environmental Science & Research Ltd, Porirua
Dr Barry Smith	Lakes District Health Board, Rotorua
Associate Professor Susan Stott	Department of Surgery, Faculty of Medical and Health Sciences, The University of Auckland, Auckland

New Research Contracts

Contracts are listed alphabetically by first named investigator.

Professor Wickliffe Abraham

Cognitive decline during aging and Alzheimer's: Biomarkers & therapeutic targets

HRC ref: 10/170
 Term: 60 months
 Location: Department of Psychology, University of Otago, DUNEDIN
 Value of contract: \$4,479,233

Professor Shanthi Ameratunga

Determinants of life-threatening injuries among young and middle-aged adults

HRC ref: 10/631
 Term: 36 months
 Location: School of Population Health, The University of Auckland, AUCKLAND
 Value of contract: \$789,352

Dr Andrew Bahn

Translational control of urate transporters via microRNAs

HRC ref: 10/384
 Term: 36 months
 Location: Department of Physiology, University of Otago, DUNEDIN
 Value of contract: \$149,884

Ms Mere Balzer

Māori Intergenerational Communication about Parenting and Non-Physical Discipline

HRC ref: 10/707
 Term: 3 months
 Location: Te Runanga o Kirikiriroa Charitable Trust, HAMILTON
 Value of contract: \$10,000

Ms Mere Balzer

An Exploration of Rangatahi Māori Rites of Passage

HRC ref: 10/708
 Term: 3 months
 Location: Te Runanga o Kirikiriroa Charitable Trust, HAMILTON
 Value of contract: \$10,000

Ms Mere Balzer

Strengthening the capability of Māori communities to support whānau aspirations for Whānau Ora

HRC ref: 10/868
 Term: 18 months
 Location: Te Runanga o Kirikiriroa Charitable Trust, HAMILTON
 Value of contract: \$177,984

Dr Lesley Batten

EGFR testing for Māori patients with non-small-cell lung cancer

HRC ref: 10/675
 Term: 12 months
 Location: Research Centre for Māori Health and Development, Massey University, PALMERSTON NORTH
 Value of contract: \$143,868

Professor Richard Beasley

Pharmacotherapy for the different phenotypes of airways disease

HRC ref: 10/174
 Term: 36 months
 Location: Medical Research Institute of New Zealand, WELLINGTON
 Value of contract: \$1,200,000

Professor Richard Beasley

A randomised placebo-controlled trial of paracetamol use in influenza

HRC ref: 10/306
 Term: 18 months
 Location: Medical Research Institute of New Zealand, WELLINGTON
 Value of contract: \$747,053

Professor Richard Beasley

RCT of regular paracetamol in mild to moderate asthma

HRC ref: 10/568
 Term: 24 months
 Location: Medical Research Institute of New Zealand, WELLINGTON
 Value of contract: \$342,220

Dr Dorothy Begg

Preventing injury and reducing subsequent disability outcomes

HRC ref: 10/052
 Term: 36 months
 Location: Injury Prevention Research Unit, University of Otago, DUNEDIN
 Value of contract: \$4,353,633

Dr Jackie Benschop

Leptospirosis in New Zealand: diagnostics, strain typing and transmission

HRC ref: 10/662
 Term: 36 months
 Location: Institute of Veterinary, Animal and Biomedical Sciences, Massey University, PALMERSTON NORTH
 Value of contract: \$148,000

Professor Tony Blakely

Burden of Disease Epidemiology, Equity and Cost-Effectiveness Programme (BODE3)

HRC ref: 10/248
 Term: 60 months
 Location: Department of Public Health, University of Otago, WELLINGTON
 Value of contract: \$4,996,275

Dr Joseph Boden

Alcohol and antisocial behaviour: Findings in two birth cohorts

HRC ref: 10/291
 Term: 36 months
 Location: Department of Psychological Medicine, University of Otago, Christchurch, CHRISTCHURCH
 Value of contract: \$868,766

Professor Antony Braithwaite

Can isoforms of the p53 tumour suppressor cause cancer?

HRC ref: 10/279
 Term: 36 months
 Location: Department of Pathology, University of Otago, DUNEDIN
 Value of contract: \$1,158,492

Dr Rachel Brown

Nuts for LIFE (Lipids, Inflammation, Endothelial)

HRC ref: 10/501
 Term: 24 months
 Location: Department of Human Nutrition, University of Otago, DUNEDIN
 Value of contract: \$140,992

Dr Colin Brown

Kisspeptin-oxytocin regulation of pregnancy: implications for preterm delivery

HRC ref: 10/562
 Term: 36 months
 Location: Department of Physiology, University of Otago, DUNEDIN
 Value of contract: \$709,665

Dr Christopher Bullen

Electronic cigarettes for smoking cessation: a randomised controlled trial

HRC ref: 10/243
 Term: 36 months
 Location: Clinical Trials Research Unit, The University of Auckland, AUCKLAND
 Value of contract: \$1,199,154

Professor Richard Cannon

Targeting melanoma initiation and progression: developing ABCB5 inhibitors

HRC ref: 09/671
 Term: 12 months
 Location: Department of Oral Sciences, School of Dentistry, DUNEDIN
 Value of contract: \$333,622

Professor Stephen Chambers

Evaluation of a novel breath test for tuberculosis

HRC ref: 10/663
 Term: 18 months
 Location: Department of Pathology, University of Otago, CHRISTCHURCH
 Value of contract: \$593,993

Associate Professor Chris Charles

Sympathoinhibitory hormone Urocortin 2: Beneficial effects in cardiac injury?

HRC ref: 10/137
 Term: 36 months
 Location: Department of Medicine, University of Otago, CHRISTCHURCH
 Value of contract: \$1,057,693

Ms Amber Clarke

Te Mana o te Whānau

HRC ref: 10/704
 Term: 3 months
 Location: KAIAPOI
 Value of contract: \$10,000

Ms Amber Clarke

Te Mana o te Whānau

HRC ref: 10/865
 Term: 15 months
 Location: KAIAPOI
 Value of contract: \$150,702

Dr Andrew Clarkson

Sonic Hedgehog Facilitates Post-Stroke Axonal Sprouting and Function Recovery

HRC ref: 10/478
 Term: 36 months
 Location: Department of Anatomy & Structural Biology, University of Otago,
 DUNEDIN
 Value of contract: \$880,407

Professor Martin Connolly

Aged Residential Care Healthcare Utilization Study (ARCHUS)

HRC ref: 10/373
 Term: 36 months
 Location: Department of Geriatric Medicine, North Shore Hospital,
 AUCKLAND
 Value of contract: \$1,121,406

Dr Janet Crawford

Premature loss of oocytes leads to ovarian disorder and carcinomas

HRC ref: 10/218
 Term: 36 months
 Location: School of Biological Sciences, Victoria University of Wellington,
 WELLINGTON
 Value of contract: \$148,000

Dr Sue Crengle

Health literacy and cardiovascular disease

HRC ref: 09/640
 Term: 1 months
 Location: School of Population Health, The University of Auckland,
 AUCKLAND
 Value of contract: \$15,000

Dr Sue Crengle

Health literacy and cardiovascular disease

HRC ref: 09/640b
 Term: 36 months
 Location: School of Population Health, The University of Auckland,
 AUCKLAND
 Value of contract: \$1,460,884

Professor Wayne Cutfield

Have metabolic genes been altered in children born of low birth weight?

HRC ref: 10/026
 Term: 24 months
 Location: Liggins Institute, The University of Auckland, AUCKLAND
 Value of contract: \$310,873

Associate Professor Catherine Day

Uncovering how inhibitor of apoptosis proteins regulate cell survival

HRC ref: 10/168
 Term: 36 months
 Location: Department of Biochemistry, University of Otago, DUNEDIN
 Value of contract: \$991,989

Associate Professor Robert Doughty

Outcome in patients with heart failure with a preserved left ventricular ejection fraction; the PEOPLE Study

HRC ref: 10/027
 Term: 24 months
 Location: Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND
 Value of contract: \$251,553

Dr Scott Duncan

Healthy Homework: A physical activity and nutrition intervention for children

HRC ref: 10/207
 Term: 36 months
 Location: Centre for Physical Activity & Nutrition Research, Auckland University of Technology, AUCKLAND
 Value of contract: \$1,187,411

Dr Tepora Emery

Kia Maatau Kia Maarama Ka Ora: Māori & Wellness Mindsets, Mediums and Models

HRC ref: 10/698
 Term: 3 months
 Location: ROTORUA
 Value of contract: \$10,000

Professor Valery Feigin

ARCOS IV: measuring and reducing the stroke burden in New Zealand

HRC ref: 10/458
 Term: 60 months
 Location: Ntnl Res Ctr for Stroke, App Neurosci & Neurorehabilitation, Auckland University of Technology, AUCKLAND
 Value of contract: \$4,942,311

Lily George

What Roles Do Whānau Play in the Health and Wellbeing of Ngapuhi Taane in Prison?

HRC ref: 10/705
 Term: 3 months
 Location: Māori Strategic and Development Unit, Massey University, AUCKLAND
 Value of contract: \$10,000

Ngaroma Grant

Rheumatic Fever: Exploring Issues of Prevention, Treatment and Care

HRC ref: 10/701
 Term: 3 months
 Location: Korowai Aroha Trust, ROTORUA
 Value of contract: \$10,000

Professor Alistair Gunn

Developing a treatment to prevent Cerebral Palsy

HRC ref: 09/665
 Term: 24 months
 Location: Department of Physiology, The University of Auckland,
 AUCKLAND
 Value of contract: \$369,552

Professor Jane Harding

Neonatal Hypoglycaemia: How do we know how low is too low?

HRC ref: 10/399
 Term: 36 months
 Location: Faculty of Medical and Health Sciences, The University of Auckland,
 AUCKLAND
 Value of contract: \$1,061,608

Dr Ricci Harris

Racism as a health determinant: implications for Māori health and inequalities

HRC ref: 10/416
 Term: 36 months
 Location: Te Ropu Rangahau Hauora a Eru Pomare, University of Otago,
 WELLINGTON
 Value of contract: \$600,032

Ms Wendy Henwood

Water Quality in the Utakura River

HRC ref: 10/697
 Term: 3 months
 Location: Te Roopu Taiao O Utakura, RAWENE
 Value of contract: \$10,000

Ms Wendy Henwood

"Working for the River will lift the Health of the People"

HRC ref: 10/854
 Term: 18 months
 Location: RAWENE
 Value of contract: \$240,139

Dr Ian Hermans

Vaccine-based immunotherapy of cancer

HRC ref: 10/667
 Term: 60 months
 Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH
 Value of contract: \$4,508,185

Mr Ruakere Hond

Māori Identity-based Community Development as a Sustainable Approach to Māori Health Promotion

HRC ref: 10/860
 Term: 18 months
 Location: NGAMOTU
 Value of contract: \$250,000

Beverly Hughes

Bringing Together to Maturanga Māori, Western Science, Medicine and People

HRC ref: 10/712
 Term: 3 months
 Location: WHAKATANE
 Value of contract: \$10,000

Beverly Hughes

Bringing Together Maturanga Māori, Western Science, Medicine and People to Heal the Kopeopeo Canal

HRC ref: 10/852
 Term: 18 months
 Location: WHAKATANE
 Value of contract: \$250,000

Dr Tristram Ingham

Whiti Te Ra: Bronchiolitis Disparities among Māori and Pacific Children

HRC ref: 10/443
 Term: 36 months
 Location: Department of Medicine, University of Otago, WELLINGTON
 Value of contract: \$1,146,720

Dr Pamela Jackson

RV3 Rotavirus Vaccine: A Phase II clinical trial for a human neonatal rotavirus vaccine for the global community.

HRC ref: 09/623
 Term: 24 months
 Location: Department of Women's & Children's Health, Dunedin School of Medicine, DUNEDIN
 Value of contract: \$459,000

Associate Professor John Broughton

Reducing disease burden and health inequalities arising from chronic dental disease among Indigenous children: an early childhood caries intervention

HRC ref: 09/644b
 Term: 6 months
 Location: Ngai Tahu Māori Health Research Unit, University of Otago, DUNEDIN
 Value of contract: \$2,347,828

Dr Stuart Jones

Obstructive Sleep Apnoea in Pregnancy Hypertension

HRC ref: 10/669
 Term: 36 months
 Location: Counties Manukau District Health Board, Middlemore Hospital, AUCKLAND
 Value of contract: \$1,474,66

Dr Rhys Jones

How can medical education reduce disparities in chronic disease care and improve outcomes of Indigenous populations

HRC ref: 09/643
 Term: 2 months
 Location: Te Kupenga Hauora Māori, School of Population Health, The University of Auckland, AUCKLAND
 Value of contract: \$15,000

Dr Rhys Jones

How can medical education reduce disparities in chronic disease care and improve outcomes of Indigenous populations

HRC ref: 09/643b
 Term: 60 months
 Location: Te Kupenga Hauora Māori, School of Population Health, The University of Auckland, AUCKLAND
 Value of contract: \$1,968,706

Dr Peter Jones

Implementing performance improvement in NZ EDs: the six hour time target policy

HRC ref: 10/588
 Term: 36 months
 Location: Department of Emergency Medicine, Auckland Hospital, AUCKLAND
 Value of contract: \$1,138,171

Dr Tai Kake

Mental health and substance abuse disorders among Rangatahi Māori offenders

HRC ref: 10/637
 Term: 12 months
 Location: Health Services Research Centre, Victoria University of Wellington, WELLINGTON
 Value of contract: \$149,999

Professor Ngaire Kerse

Life and Living in Advanced age: a Cohort study in New Zealand, (LILACS NZ): Waves 2 and 3

HRC ref: 10/559
 Term: 36 months
 Location: School of Population Health, The University of Auckland, AUCKLAND
 Value of contract: \$1,200,000

Ms Bry Kopu

Tupu Ake: Developing a Kaupapa Māori Definition of Resiliency for Rangatahi in Taranaki

HRC ref: 10/696
 Term: 3 months
 Location: NEW PLYMOUTH
 Value of contract: \$10,000

Ms Bry Kopu

Tupu Ake: Developing a Kaupapa Māori Definition of Resiliency for Rangatahi in Taranaki

HRC ref: 10/858
 Term: 18 months
 Location: NEW PLYMOUTH
 Value of contract: \$251,276

Dr Beverley Lawton

Addressing barriers to care for young pregnant Māori women and their infants

HRC ref: 10/358
 Term: 36 months
 Location: Primary Health Care and General Practice, University of Otago, WELLINGTON
 Value of contract: \$1,199,936

Professor Graham Le Gros

Novel vaccine approaches for protecting against helminth parasites.

HRC ref: 10/464
 Term: 36 months
 Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH
 Value of contract: \$1,199,319

Professor Diana Lennon

Can We Reduce Māori and Pacific School Children's Hospitalisations to Pakeha Rates?

HRC ref: 10/633
 Term: 12 months
 Location: School of Population Health, The University of Auckland, AUCKLAND
 Value of contract: \$149,883

Dr Ralph Maddison

Efficacy of an m-health exercise-based cardiac rehabilitation programme

HRC ref: 10/446
 Term: 36 months
 Location: School of Population Health, The University of Auckland, AUCKLAND
 Value of contract: \$1,158,387

Associate Professor Simon Malpas

Development of wireless power for an implantable heart pump

HRC ref: 10/433
 Term: 36 months
 Location: Faculty of Medical & Health Sciences, The University of Auckland, AUCKLAND
 Value of contract: \$1,183,070

Ms Georgina Martin

Kaumatuatanga; wellbeing outcomes in Te Rarawa Nga Aratika mo oo Taatau Kaumatuatanga

HRC ref: 10/693
 Term: 3 months
 Location: Te Runanga O Te Rarawa Inc, KAITAIA
 Value of contract: \$10,000

Dr Dawn Martin-Hill

The contribution of traditional medicine to the management of chronic disease in Indigenous peoples

HRC ref: 09/645
 Term: 6 months
 Location: Institute of Environmental Health & Forensic Sciences, WELLINGTON
 Value of contract: \$15,000

Dr David McLean

Cancer in meat workers: identifying the causal exposures

HRC ref: 10/584
 Term: 36 months
 Location: Centre for Public Health Research, Massey University, WELLINGTON
 Value of contract: \$1,199,183

Professor Kathryn McPherson

Portable airway support in stable Chronic Obstructive Pulmonary Disease

HRC ref: 10/473
 Term: 12 months
 Location: Health and Rehabilitation Research Institute, Auckland University of Technology, AUCKLAND
 Value of contract: \$146,726

Professor Kathryn McPherson

Experiences of recovery and adaptation after disabling traumatic brain injury

HRC ref: 10/471
 Term: 36 months
 Location: Health and Rehabilitation Research Institute, Auckland University of Technology, AUCKLAND
 Value of contract: \$733,196

Professor Andrew Mercer

Human pathogenic viruses: drug targets and therapeutic potential

HRC ref: 10/050
 Term: 36 months
 Location: Department of Microbiology & Immunology, University of Otago, DUNEDIN
 Value of contract: \$4,978,146

Dr Patricia Metcalf

Predictors of CVD morbidity and mortality in New Zealand adults

HRC ref: 10/514
 Term: 24 months
 Location: Section of Epidemiology and Biostatistics, The University of Auckland, AUCKLAND
 Value of contract: \$500,914

Professor Edwin Mitchell

Sudden unexpected death in infancy (SUDI) case-control feasibility study

HRC ref: 10/260
 Term: 12 months
 Location: Department of Paediatrics, The University of Auckland, AUCKLAND
 Value of contract: \$144,000

Professor Edwin Mitchell

Children of SCOPE: The influence of fetal and maternal adiposity on obesity at 5

HRC ref: 10/161
 Term: 36 months
 Location: Department of Paediatrics, The University of Auckland, AUCKLAND
 Value of contract: \$1,059,101

Dr Rinki Murphy

Genetics of type 2 diabetes, obesity and personalised obesity surgery

HRC ref: 10/548
 Term: 36 months
 Location: Faculty of Medicine and Health Sciences, The University of Auckland, AUCKLAND
 Value of contract: \$146,000

Dr Peter Nagy

Roles of hydrogen sulfide in inflammation

HRC ref: 10/257
 Term: 18 months
 Location: Department of Pathology, University of Otago, CHRISTCHURCH
 Value of contract: \$150,000

Dr Wayne Ngata

Pikimaunga - Pikioranga: Positive Participation for Active Iwi

HRC ref: 10/700
 Term: 3 months
 Location: GISBORNE
 Value of contract: \$3,400

Dr Cliona Ni Mhurchu

Population interventions to improve nutrition and physical activity

HRC ref: 10/077
 Term: 36 months
 Location: Clinical Trials Research Unit, The University of Auckland, AUCKLAND
 Value of contract: \$3,780,162

Professor Neil Pearce

Neurotoxic effects of occupational solvent exposure

HRC ref: 10/590
 Term: 36 months
 Location: Centre for Public Health Research, Massey University, WELLINGTON
 Value of contract: \$1,199,985

Miss Pia Pohatu

Te Huanui Waiora - Māori Community Tools for Improving Social Wellbeing

HRC ref: 10/714
 Term: 3 months
 Location: RUATORIA
 Value of contract: \$10,000

Miss Jodie Porter

Ngaitai Child Health Status and Educational Achievement: Components of Toiora

HRC ref: 10/702
 Term: 3 months
 Location: OPOTIKI
 Value of contract: \$9,956

Miss Jodie Porter

Toiora: Conceptualisation and Measurement for Iwi and Māori Communities

HRC ref: 10/853
 Term: 18 months
 Location: OPOTIKI
 Value of contract: \$250,000

Professor Andrew Pullan

New Clinical Tools for Diagnosing Gastric Dysfunction

HRC ref: 10/157
 Term: 36 months
 Location: Department of Engineering Science, The University of Auckland,
 AUCKLAND
 Value of contract: \$1,114,289

Professor Franca Ronchese

Cytotoxic T lymphocyte-mediated immunotherapy of allergic airway inflammation

HRC ref: 10/616
 Term: 36 months
 Location: Malaghan Institute of Medical Research, WELLINGTON SOUTH
 Value of contract: \$1,186,241

Dr Lynette Sadleir

Defining the Genetic Determinants For Epilepsy

HRC ref: 10/402
 Term: 36 months
 Location: Department of Paediatrics, University of Otago, WELLINGTON
 Value of contract: \$1,158,831

Dr Diana Sarfati

C3 study: Effect of comorbidity on care and cancer survival inequalities

HRC ref: 10/404
 Term: 36 months
 Location: Department of Public Health, University of Otago, WELLINGTON
 Value of contract: \$1,171,238

Dr Peter Saxton

Estimating unrecognised HIV infection in a community sample of homosexual men

HRC ref: 10/418
 Term: 12 months
 Location: Preventive and Social Medicine, University of Otago, DUNEDIN
 Value of contract: \$150,000

Professor Philip Schluter

Pacific Islands Families Study: Hearing Status of 11 year olds (PIF: HS)

HRC ref: 10/589
 Term: 24 months
 Location: School of Public Health and Psychosocial Studies, Auckland
 University of Technology, AUCKLAND
 Value of contract: \$732,717

Associate Professor Robert Scragg

Effect of vitamin D on cardiovascular and respiratory disease event rates

HRC ref: 10/400
 Term: 60 months
 Location: School of Population Health, The University of Auckland,
 AUCKLAND
 Value of contract: \$4,944,757

Dr Jonathan Shemmell

Fire together, wire together: sensory synchronisation to enhance stroke recovery

HRC ref: 10/270
 Term: 32 months
 Location: School of Physical Education, University of Otago, DUNEDIN
 Value of contract: \$142,917

Professor Peter Shepherd

Understanding the relative roles of PIKfyve and PI 3-kinase isoforms in the regulation of metabolism

HRC ref: 10/023
 Term: 12 months
 Location: Department of Molecular Medicine & Pathology, The University of Auckland, AUCKLAND
 Value of contract: \$218,394

Professor Peter Shepherd

The metabolic effect of antipsychotic medication

HRC ref: 10/585
 Term: 24 months
 Location: Department of Molecular Medicine & Pathology, The University of Auckland, AUCKLAND
 Value of contract: \$820,149

Dr Tania Slatter

The role of p53 isoforms for increased cancer susceptibility

HRC ref: 10/442
 Term: 36 months
 Location: Pathology Department, Dunedin School of Medicine, University of Otago, DUNEDIN
 Value of contract: \$150,000

Associate Professor Lisa Stamp

Effect of vitamin C on serum urate in patients with gout

HRC ref: 10/177
 Term: 12 months
 Location: Department of Medicine, University of Otago, Christchurch, CHRISTCHURCH
 Value of contract: \$149,780

Ms Sylvia Tapuke

Nga Wai o Rongo

HRC ref: 10/713
 Term: 3 months
 Location: ROTORUA
 Value of contract: \$10,000

Professor Warren Tate

Drug discovery targeting a novel step in HIV-1 biology, and overriding gene mutations

HRC ref: 09/666
 Term: 24 months
 Location: Department of Biochemistry, University of Otago, DUNEDIN
 Value of contract: \$396,538

Professor Barry Taylor

Safer Sleeping Environments: Evaluating new options for NZ babies

HRC ref: 10/477
 Term: 36 months
 Location: Department of Paediatrics & Child Health, University of Otago,
 DUNEDIN
 Value of contract: \$1,199,740

Dr Martin Than

Can an 'Accelerated pathway' Reduce Admissions For Chest Pain In New Zealand?

HRC ref: 10/439
 Term: 27 months
 Location: Emergency Department, Christchurch Public Hospital,
 CHRISTCHURCH
 Value of contract: \$899,710

Dr Adrian Trenholme

Intervention study of children at high risk of chronic lung disease

HRC ref: 10/510
 Term: 36 months
 Location: Department of Paediatrics, Middlemore Hospital, AUCKLAND
 Value of contract: \$1,198,758

Professor Robert Walker

Dialysis Outcomes In Those Aged 65 Years and Over

HRC ref: 10/354
 Term: 36 months
 Location: Department of Medical & Surgical Sciences, University of Otago,
 DUNEDIN
 Value of contract: \$772,060

Dr Natalie Walker

Cytisine - a promising low cost intervention for smoking cessation

HRC ref: 10/455
 Term: 30 months
 Location: Clinical Trials Research Unit, The University of Auckland,
 AUCKLAND
 Value of contract: \$1,180,705

Mrs Alexandra Watene

Rongoatia - Preparing the Remedy

HRC ref: 10/709
 Term: 3 months
 Location: WHAKATANE
 Value of contract: \$9,905

Professor William Wilson

Exploiting hypoxia and DNA repair defects in triple negative breast cancer

HRC ref: 10/459
 Term: 36 months
 Location: Faculty of Medical and Health Sciences, The University of Auckland,
 AUCKLAND
 Value of contract: \$1,184,058

Associate Professor Karen Witten

Children's mobility and physical activity in higher density urban neighbourhoods

HRC ref: 10/497

Term: 36 months

Location: Centre for Social & Health Outcomes Research & Evaluation, Massey University, AUCKLAND

Value of contract: \$1,186,406

Dr Deborah Young

Self-regulating gene therapy for Parkinson's disease

HRC ref: 10/149

Term: 36 months

Location: Faculty of Medical and Health Sciences, The University of Auckland, AUCKLAND

Value of contract: \$1,166,710

New Partnership Contracts

Professor Richard Beasley

Does seasonal influenza vaccination protect against pandemic influenza?

HRC ref: 10/755
 Term: 3 months
 Location: Medical Research Institute of New Zealand, WELLINGTON
 Value of contract: \$83,300

Dr Anita Bell

Can an integrated heart failure service improve diagnosis and management of heart failure?

HRC ref: 09/651
 Term: 15 months
 Location: Waikato DHB, HAMILTON
 Value of contract: \$118,304

Associate Professor Barry Borman

Indicators for surveillance of occupational disease

HRC ref: 10/030
 Term: 24 months
 Location: Centre for Public Health Research, Massey University, WELLINGTON
 Value of contract: \$249,817

Associate Professor Jacqueline Cumming

Assessing the cost-effectiveness of public health interventions to prevent obesity

HRC ref: 10/032
 Term: 12 months
 Location: Health Services Research Centre, Victoria University of Wellington, WELLINGTON
 Value of contract: \$248,138

Professor Jeroen Douwes

Workplace interventions to reduce wood dust exposures in joinery and furniture workers

HRC ref: 10/034
 Term: 30 months
 Location: Centre for Public Health Research, Massey University, WELLINGTON
 Value of contract: \$392,499

Dr Paul Drury

Reducing length of stay and improving quality of care for inpatients with diabetes

HRC ref: 09/657
 Term: 12 months
 Location: Auckland District Health Board, AUCKLAND
 Value of contract: \$148,110

Professor Sir Mason Durie

Whakaoranga Whānau: Whānau Resilience

HRC ref: 09/628
 Term: 24 months
 Location: Office of the Assistant Vice Chancellor (Māori), Massey University, PALMERSTON NORTH
 Value of contract: \$313,000

Dr Susan Farruggia

Mentoring and Young People: A Systematic Review

HRC ref: 09/680
 Term: 6 months
 Location: Faculty of Education, The University of Auckland, AUCKLAND
 Value of contract: \$45,000

Associate Professor Christa Fouche

The impact of youth work for young people

HRC ref: 09/679
 Term: 6 months
 Location: School of Counselling, Human Services and Social Work, The University of Auckland, AUCKLAND
 Value of contract: \$45,000

Dr Ruth Hughes

Screening for type 2 diabetes in early pregnancy

HRC ref: 09/646
 Term: 12 months
 Location: General Medicine and Obstetric Medicine, Canterbury DHB, CHRISTCHURCH
 Value of contract: \$84,220

Associate Professor David Johnston

Dynamics of an effective risk communication campaign for Influenza A (H1N1)

HRC ref: 10/844
 Term: 3 months
 Location: Director, Joint Centre for Disaster Research, GNS Science, LOWER HUTT
 Value of contract: \$125,838

Dr Tom Love

Models Of Primary Care For Responding To Pandemic Influenza

HRC ref: 10/760
 Term: 12 months
 Location: Dept of Primary Health Care & General Practice, University of Otago, WELLINGTON
 Value of contract: \$249,800

Dr Helen Lunt

Health benefits of high intensity exercise for populations at risk of diabetes and CVD

HRC ref: 09/650
 Term: 15 months
 Location: Department of Medicine, University of Otago, Christchurch, CHRISTCHURCH
 Value of contract: \$161,699

Dr Colin McArthur

Australia and New Zealand influenza intensive care patient registry

HRC ref: 10/742
 Term: 12 months
 Location: Department of Critical Care Medicine, Auckland District Health Board, AUCKLAND
 Value of contract: \$59,500

Ms Helen McLauchlan

Identifying Aspiration and Reducing Pneumonia in Stroke Patients using Cough Reflex Testing

HRC ref: 09/658
 Term: 12 months
 Location: Counties Manukau District Health Board, Middlemore Hospital, AUCKLAND
 Value of contract: \$91,500

Professor Kathryn McPherson

The Staying Well Project for Disabled People (JV542)

HRC ref: 10/108
 Term: 24 months
 Location: Health and Rehabilitation Research Institute, Auckland University of Technology, AUCKLAND
 Value of contract: \$239,327

Dr Helen Moewaka Barnes

Māori Priorities for Life Stage Research: Hapu Ora

HRC ref: 10/766
 Term: 12 months
 Location: Whariki Research Group, Massey University, AUCKLAND
 Value of contract: \$270,000

Ms Tania Rauna

Resilient Whānau: Wellbeing through innovation and traditional practice (JV545)

HRC ref: 10/022
 Term: 18 months
 Location: GISBORNE
 Value of contract: \$249,952

Professor Mick [Michael] Roberts

Early estimation of epidemic parameters

HRC ref: 10/754
 Term: 12 months
 Location: Institute of Information and Mathematical Sciences, Massey University, Albany Campus, NORTH SHORE CITY
 Value of contract: \$96,059

Mrs Madeleine Sands

Evaluation of the MEND obesity management program in children with disability

HRC ref: 09/655
 Term: 12 months
 Location: Community Child Health and Disability Service, Auckland District Health Board, AUCKLAND
 Value of contract: \$78,435

Professor Grant Schofield

Brief Interventions in Primary Care and Workplace Settings

HRC ref: 10/033
 Term: 36 months
 Location: Division of Sport & Recreation, Auckland University of Technology, AUCKLAND
 Value of contract: \$929,536

Dr Brett Shand

Is measurement of skin autofluorescence an effective method for both screening and monitoring of diabetes?

HRC ref: 09/662
 Term: 12 months
 Location: Lipid and Diabetes Research Group, Christchurch Hospital, CHRISTCHURCH
 Value of contract: \$108,232

Dr Michael Tatley

Product Vigilance - Developing an Integrated System

HRC ref: 10/031
 Term: 36 months
 Location: New Zealand Pharmacovigilance Centre, University of Otago Medical School, DUNEDIN
 Value of contract: \$1,000,000

Ms Carolyn Watts

Health Promotion and Social Marketing for Young People

HRC ref: 09/613
 Term: 4 months
 Location: Quigley and Watts Ltd, WELLINGTON
 Value of contract: \$5,000

Ms Carolyn Watts

Systematic Review: What Works in Social Marketing for Youth?

HRC ref: 09/681
 Term: 6 months
 Location: Quigley and Watts Ltd, WELLINGTON
 Value of contract: \$44,885

Mrs Haromi Williams

Mauri Ora - Growing healthy tamariki, whānau and hapu in Tuhoe communities

HRC ref: 10/021
 Term: 18 months
 Location: BAY OF ISLANDS
 Value of contract: \$247,743

New Career Development Awards

CLINICAL RESEARCH TRAINING FELLOW

Dr Peter Ferguson

Novel magnetic nanoparticles as contrast agents for magnetic resonance imaging

HRC ref: 10/067

Term: 16 months

Mr Martin Hunn

Improving immunotherapy for high grade glioma

HRC ref: 10/902

Term: 24 months

Dr Rachael McLean

Sodium in New Zealand, intake, consumer perceptions, and implications for chronic disease

HRC ref: 10/901

Term: 36 months

Dr Paul Sexton

Airways disease, obesity, and the metabolic syndrome

HRC ref: 10/059

Term: 36 months

Dr Caroline Shaw

Quantifying the health effects of climate change mitigation policies in NZ

HRC ref: 10/079

Term: 48 months

Dr Moira Smith

Attitudes of children and adults to the food environment in organised sport

HRC ref: 10/076

Term: 36 months

DISABILITY RESEARCH PLACEMENT AWARDS

Pauline Boland

Resiliency and multiple sclerosis - individuals and carers - a qualitative investigation

HRC ref: 10/044

Term: 12 months

Mrs Joanna Fadyl

Engagement with paid work after neurological injury in urban Aotearoa/NZ

HRC ref: 10/068

Term: 36 months

Ms Claire Freeman

Experiences of intimacy in acute spinal cord rehabilitation

HRC ref: 10/043

Term: 24 months

Mr Colin Gladstone

Self-determination and disabled students in the transition from school to adulthood

HRC ref: 10/910

Term: 24 months

ERIHAPETI REHU-MURCHIE FELLOWSHIPS

Ms Kahu McClintock

Tomo mai, Responsive Child and Adolescent Mental Health Service (CAMHS) for Māori RangatahiHRC ref: 10/064
Term: 36 months

Dr Tess Moeke-Maxwell

Kia Ngawari: Investigating Palliative Care of Māori and their whānauHRC ref: 10/123
Term: 36 months

ERU POMARE FELLOWSHIP

Miss Melanie Cheung

Tangata-centred Huntingtons disease research: Partnership between Indigenous community and biomedical scienceHRC ref: 10/111
Term: 36 months

FOXLEY FELLOWSHIP

Ms Frances Graham

Assessing climate change, health & adapting service demand: effects of extreme heat, Chch, NZHRC ref: 10/842
Term: 9 months

GIRDLER'S FELLOWSHIP

Dr Megan Dowie

A novel approach to neurodegenerative disordersHRC ref: 10/841
Term: 24 months

HOHUA TUTENGAEHE FELLOWSHIP

Dr William Edwards

Health research and services: Localising the interface between Mātauranga Māori and ScienceHRC ref: 10/121
Term: 48 months

MAORI HEALTH MASTERS SCHOLARSHIPS

Mr Wiremu Mato

Maa te Haakinakina ka whakaora ai ano taatou to taatou ake MaaoritangaHRC ref: 10/110
Term: 12 months

Marnie Reinfelds

Do whānau Māori in Taranaki support community based breastfeeding initiatives?HRC ref: 10/132
Term: 12 months

MAORI PhD SCHOLARSHIPS

Mr Luke Adsett

Trends of Facial fractures in New ZealandHRC ref: 10/734
Term: 36 months

Mr Trevor Clark

What Has Sport Got to do With Health?

HRC ref: 10/736
Term: 36 months

Reena Kainamu

Whānau ora: Māori motherhood, cultural identity and mental wellbeing

HRC ref: 10/119
Term: 36 months

Mr Thomas Lintern

Investigation into Soft Tissue Damage of Infants During Shaking Associated with Child Abuse

HRC ref: 10/738
Term: 36 months

Ms Marie McCarthy

Health Social Marketing: Māori as a Target Market

HRC ref: 10/762
Term: 36 months

Ms Pikihuia Pomare

He Kaakano ahau i ruia mai i Rangiaatea: engaging Māori in Child and Adolescent Mental Health Services

HRC ref: 10/130
Term: 36 months

Mrs Kiri Tamihere-Waititi

A Process Evaluation of a Wraparound Service

HRC ref: 10/733
Term: 24 months

Ms Margaret Williams

Prescribed Physical Activity for people with Type 2 Diabetes: kanohi-ki-te-kanohi Support

HRC ref: 10/735
Term: 30 months

PACIFIC HEALTH MASTERS SCHOLARSHIP

Mrs Amio Ikihele

An exploration into the perceptions of sexual health amongst NZ-born Niuean adolescent females living in Auckland

HRC ref: 10/062
Term: 11 months

PACIFIC HEALTH PhD SCHOLARSHIPS

Mrs Neti Herman

Development, implementation and Evaluation of a Health Promotion Model to promote the health of young people in the Cook Islands, using a combined school, community empowerment & partnership approach

HRC ref: 10/097
Term: 36 months

Ms Margaret Maiava

Making Incredible Years Parenting Program Accessible to Pasifika

HRC ref: 10/098
Term: 38 months

Ms Carmel L M F Peteru

E Mapu I Fagalele: Landscapes of Wellbeing for Samoan Elderly Living in New Zealand

HRC ref: 10/063

Term: 12 months

Mr John Sluyter

Lifestyle and body composition in adolescents

HRC ref: 10/061

Term: 36 months

PACIFIC HEALTH POSTDOCTORAL FELLOWSHIPS

Ms Karlo Mila-Schaaf

Developing a Pacific mental health intervention: What is therapeutic?

HRC ref: 10/080

Term: 36 months

Ms Aliitasi Tavila

Exploring Pacific leaders' in-depth thinking to develop a Pacific health strategy

HRC ref: 10/089

Term: 36 months

Ms Tasileta Teevale

Factors enabling and disabling weight loss in Pacific children in a family-led obesity weight-management programme

HRC ref: 10/058

Term: 36 months

RANGAHAU HAUORA AWARD

Mr Stephen Kenny

Porirua Harbour and the relationship to tangata whenua - Working towards a healthy built environment

HRC ref: 10/104

Term: 13 months

SIR CHARLES HERCUS FELLOWSHIPS

Dr Andrew Clarkson

Tuning post-stroke cortical excitability: implications for learning and memory

HRC ref: 10/907

Term: 48 months

Dr Scott Graham

Are CB2 receptors a potential therapeutic target for neuroinflammatory diseases in humans?

HRC ref: 10/051

Term: 48 months

Dr Julie Lim

Antioxidant strategies to prevent eye disease: is the lens a glutathione reservoir?

HRC ref: 10/055

Term: 48 months

Research Contracts Completed During the Year or In Progress

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

Dr Haxby Abbott

Decreasing pain, disability, waiting lists and costs of osteoarthritis

HRC Ref: 07/200

Ms Gillian Abel

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

HRC Ref: 05/147

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 Monica Acosta

Studying eye diseases of Māori, Pacific and the elderly using animal models

HRC Ref: 09/157

Ms Annabel Ahuriri-Driscoll

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

HRC Ref: 08/211

Associate Professor Robert Anderson

Free Radical Studies and Disease

HRC Ref: 07/243

Associate Professor Robert Anderson

Prodrug release of kinase inhibitors in cancer therapy

HRC Ref: 09/124

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

Dr Clive Aspin

Monitoring sexually transmitted infections among Māori in the Bay of Plenty

HRC Ref: 08/377

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

Ms Mere Balzer

Whānau Māori & mental health: Snapshots of strengths, resilience, & recovery

HRC Ref: 09/459

Dr Suzanne Barker-Collo

Reducing post-stroke attention deficits: Extending a randomised controlled trial

HRC Ref: 07/070C

Mr Roger Barton

Improving Health of Māori Through a Community Led Approach to Whānau Nutrition

HRC Ref: 09/024

Professor Richard Beasley

Bronchodilator efficacy of inhaled magnesium in acute severe asthma and COPD

HRC Ref: 07/297

Professor Richard Beasley

The Real Life Use of Symbicort "Smart" Regime in Adult Asthma

HRC Ref: 09/108B

Professor Evan Begg

Free drug metabolic clearance in older adults

HRC Ref: 08/322

Dr Pamela Bennett

Roots of Resilience: Transformation of Identity and Community in Indigenous Mental Health

HRC Ref: 06/039

Associate Professor David Bilkey

Hippocampal processing of context in schizophrenia

HRC Ref: 08/331

Professor Peter Black

Randomised, Controlled Trial of the Mediterranean Diet for Asthma - a feasibility study

HRC Ref: 07/237

Professor Tony Blakely

Cancer trends: Ethnic and socio-economic trends in cancer incidence and survival

HRC Ref: 06/256

Professor Tony Blakely

Health Inequalities Research Programme (HIRP)

HRC Ref: 08/048

Mr Anton Blank

Māori Child Maltreatment: Planning a Way Forward

HRC Ref: 09/025

Associate Professor Francis Bloomfield

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

HRC Ref: 07/191

Associate Professor Francis Bloomfield

Perinatal Care and its Long-Term Consequences

HRC Ref: 09/095

Ms Belinda Borell

Conferred privilege and structural advantage - the health implications

HRC Ref: 07/076D

Dr Elizabeth Broadbent

A trial on the effects of psychological preparation for surgery on wound healing

HRC Ref: 07/259

Dr Christopher Bullen

Innovative interventions tackling major risks to health

HRC Ref: 08/065

Associate Professor Winston Byblow

Priming to enhance rehabilitation after stroke

HRC Ref: 09/164R

Dr Catherine Byrnes

Interventional Study on Bronchiectasis in Indigenous Children

HRC Ref: 08/158

Professor Mark Cannell

Structure and function in failing heart

HRC Ref: 08/049

Professor Sally Casswell

Measuring impacts of alcohol marketing on young New Zealanders

HRC Ref: 06/285

Professor Sally Casswell

The Range and Magnitude of Alcohol's Harm to Others

HRC Ref: 08/268

Professor Kerry Chamberlain

Medications in everyday life: Understandings and social practices

HRC Ref: 08/256

Professor Stephen Chambers

Breath test for aspergillus: role of 2-pentylfuran

HRC Ref: 06/274

Dr Sunny Collings

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

HRC Ref: 08/214

Dr Sunny Collings

The Nature and Extent of Informal Coercion in Community Mental Health in NZ

HRC Ref: 09/202R

Dr Lesley Collins

Eukaryotic Signature Proteins - Guides to modern eukaryotic parasites

HRC Ref: 07/168

Dr Adelaide Collins

Māori with disabilities and their whānau navigating complex support systems

HRC Ref: 08/203R

Professor Martin Connolly

Alleviating the Burden of Chronic Conditions in New Zealand (The ABC NZ Study)

HRC Ref: 06/601

Professor Garth Cooper

Adiponectin: Molecular analysis to underpin therapeutic applications

HRC Ref: 09/100D

Professor Jillian Cornish

Bone cell activity assessed in three-dimensional scaffold cultures

HRC Ref: 08/029

Associate Professor Brett Cowan

Sleep Apnea Treatment for the Modification of Cardiac and Vascular Risk

HRC Ref: 09/625

Professor Julian Crane

Nicotine inhaler plus patch in smoking cessation

HRC Ref: 09/199

Professor Julian Crane

Zonnic (oral nicotine) and nicotine patch in smoking cessation

HRC Ref: 09/200

Dr Sue Crengle

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

HRC Ref: 04/127

Associate Professor Jacqueline Cumming

Improving health through primary care reform: an economic analysis

HRC Ref: 05/360

Associate Professor Jacqueline Cumming

Improving performance in New Zealand health care: hospital outcomes

HRC Ref: 05/369

Associate Professor Jacqueline Cumming

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

HRC Ref: 06/286

Associate Professor Jacqueline Cumming

Improving health system performance: an economic analysis of primary care reform

HRC Ref: 09/101C

Professor Wayne Cutfield

Assessment of pituitary function following traumatic brain injury in infancy

HRC Ref: 08/298

Associate Professor John Dalrymple-Alford

Rescuing memory loss after brain injury

HRC Ref: 09/051

Professor Brian Darlow

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

HRC Ref: 03/113

Professor Brian Darlow

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

HRC Ref: 05/145

Associate Professor Paul Donaldson

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

HRC Ref: 08/027

Associate Professor Paul Donaldson

Diabetic lens cataract: a problem with cell volume regulation

HRC Ref: 09/175

Professor Tony Dowell

Understanding diabetes management: tracking communication in primary care

HRC Ref: 08/218

Associate Professor Rod Dunbar

Targeting vaccines to human antigen-presenting cells with synthetic glycopeptides

HRC Ref: 07/209

Associate Professor Rod Dunbar

Antigen presentation to T cells in human lymph nodes

HRC Ref: 09/105C

Dr Scott Duncan

Healthy Homework: A physical activity and nutrition intervention for children

HRC Ref: 08/384

Professor Sir Mason Durie

Te Pumanawa Hauora

HRC Ref: 07/355

Professor Michael Eccles

Therapeutics and diagnostic markers of cancer: From bench to clinic

HRC Ref: 07/284

Dr William Edwards

Oranga Kaumatua - Taranaki

HRC Ref: 07/321

Dr Lis Ellison-Loschmann

Understanding the determinants of inequalities in breast cancer survival

HRC Ref: 08/251R

Dr Lis Ellison-Loschmann

Stomach cancer in Māori

HRC Ref: 08/258

Dr Lis Ellison-Loschmann

Inequalities in cervical cancer survival in New Zealand

HRC Ref: 09/092A

Dr Lis Ellison-Loschmann

Māori and Cancer - the Role of Primary Care

HRC Ref: 09/092B

Dr Daniel Exeter

Immunisation Disparities and Vaccine-Preventable Diseases in New Zealand

HRC Ref: 08/123

Professor Richard Faull

Neurogenesis and neurodegenerative disorders of the human brain

HRC Ref: 08/051

Professor Valery Feigin

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

HRC Ref: 06/063A

Professor Valery Feigin

Traumatic brain injury burden in NZ: a population-based incidence & outcomes

HRC Ref: 09/063A

Professor David Fergusson

Longitudinal Studies of Mental Health and Psychosocial Wellbeing

HRC Ref: 07/283

Professor Michael Findlay

Randomised phase II/ III study of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer

HRC Ref: 09/624

Dr Elizabeth Forbes

New strategies for the treatment and prevention of food allergy

HRC Ref: 09/347

Dr Mhoyra Fraser

Preterm brain injury and the role of intrauterine infection in causation of white matter damage

HRC Ref: 05/249

Professor John Fraser

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

HRC Ref: 08/030

Professor John Fraser

Microbial Virulence and Pathogenesis

HRC Ref: 09/110

Dr Brent Gilpin

The application of molecular epidemiology to campylobacteriosis in New Zealand

HRC Ref: 08/180R

Professor Peter Gluckman

Developmental adaptation to an obesogenic environment

HRC Ref: 09/052

Dr Elspeth Gold

Role of activin C in prostate disease

HRC Ref: 09/259

Dr Patrick Graham
Colorectal cancer control in New Zealand
HRC Ref: 07/124

Associate Professor Cameron Grant
Randomised placebo controlled study of vitamin D during pregnancy and infancy
HRC Ref: 09/215R

Dr James Green
Improving interactions and outcomes for Māori in community pharmacy
HRC Ref: 09/557

Dr Barry Gribben
Improving Access to Services to Reduce Inequalities for Vulnerable Populations
HRC Ref: 07/546

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

Professor Alistair Gunn
Pathogenesis, detection and treatment of perinatal brain injury
HRC Ref: 09/065

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

Dr Deborah Hay
Sites of interaction between calcitonin-family peptides and their receptors
HRC Ref: 06/314

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

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

Professor Allan Herbison
Neuroendocrine regulation of fertility
HRC Ref: 09/066

Dr Ian Hermans
Phase 3 Clinical Trial for Stage 4 Melanoma using the Dendritic Cell Vaccine
HRC Ref: 06/139

Dr Ian Hermans
Mechanisms of induction of anti-tumour immune responses by dendritic cells
HRC Ref: 09/105D

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

Dr Nancy Higgins

Growing up kapo Māori: Whānau, identity, cultural well-being and health

HRC Ref: 07/211

Dr Nancy Higgins

Growing up kapo Māori: Accessing paediatric ophthalmology services

HRC Ref: 09/408

Dr Jade Hollis-Moffatt

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

HRC Ref: 08/344

Professor Gary Housley

The contribution of ATP-gated ion channels to noise-induced hearing loss

HRC Ref: 05/058B

Professor Philippa Howden-Chapman

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

HRC Ref: 08/072AR

Professor Philippa Howden-Chapman

He Kainga Oranga/ Community Healthy Housing Intervention Research Programme

HRC Ref: 09/071

Mr Maui Hudson

Nga Tohu o te Ora: Traditional Māori Wellness Outcome Measures

HRC Ref: 08/182

Professor Peter Hunter

Cardiac structure and function: a bioengineering analysis

HRC Ref: 06/067

Professor Peter Hunter

Cardiac structure and function: a bioengineering analysis

HRC Ref: 09/067

Associate Professor Brian Hyland

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

HRC Ref: 06/305R

Ms Louise Ihimaera

Māori Whānau participation in mental health service delivery

HRC Ref: 08/271R

Professor Rodney Jackson

Traffic-Related Injury in the Pacific (TRIP) Project

HRC Ref: 04/498

Dr Michael Jameson

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

HRC Ref: 08/028

Mr Wayne Johnstone

He Ara Oranga Hei Hikoi Ngatahi i Te Taha o Nga Tane Māori (Walking the pathway of wellness with Māori men)

HRC Ref: 09/037

Ms Bernadette Jones

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

HRC Ref: 07/175

Professor Peter Joyce

Mental Health Clinical Research

HRC Ref: 07/282

Associate Professor Martin Kennedy

Pharmacogenomics of antidepressant drugs

HRC Ref: 06/331

Professor Ngaire Kerse

Maximising health for older people – a multidisciplinary approach

HRC Ref: 06/068

Professor Ngaire Kerse

Maximising Health for Older People

HRC Ref: 09/068

Dr Bronwyn Kivell

Investigating Novel Compounds to Prevent Addiction

HRC Ref: 09/363

Dr Jeremy Krebs

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

HRC Ref: 06/337

Professor John Langley

Preventing injury and reducing subsequent disability outcomes

HRC Ref: 07/052

Dr Beverley Lawton

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

HRC Ref: 08/216

Dr Beverley Lawton

Wahine hauora : reducing barriers to care for pregnant mums and their whānau

HRC Ref: 09/192

Professor Graham Le Gros

Candidate Cytokines involved in Allergic Airway disease

HRC Ref: 09/082A

Dr Rebecca Lilley

Feasibility of a national study of worker's exposure to health and safety risks

HRC Ref: 09/271

Dr Judith Littleton

Transnationalism in pacific health through the lens of TB

HRC Ref: 08/164

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 Joanna MacKichan

Epithelial Cell Damage: Is it the Key to Meningococcal Disease?

HRC Ref: 09/320

Dr Ralph Maddison

Exercise to enhance smoking cessation outcomes

HRC Ref: 09/338R

Dr Erin Mahoney

The prevalence and carious potential of hypomineralised molars

HRC Ref: 07/219

Associate Professor Simon Malpas

The link between the brain and kidney in development of hypertension

HRC Ref: 05/251

Associate Professor Derelie Mangin

Stable primary care depression: maintenance vs gradual withdrawal of fluoxetine

HRC Ref: 06/351

Professor Jim Mann

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

HRC Ref: 07/280

Dr Colin McArthur

Randomised evaluation of normal vs augmented level renal replacement therapy

HRC Ref: 06/357

Dr Megan McAuliffe

Factors influencing older listeners' comprehension of speech

HRC Ref: 09/251

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 Hinematau McNeill

Health measurement and knowledge translation for improved Māori health outcomes

HRC Ref: 06/394

Professor Kathryn McPherson

Improving health interventions and support for mothers experiencing disability

HRC Ref: 07/075B

Professor Kathryn McPherson

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

HRC Ref: 08/100AR

Professor Andrew Mercer

Human pathogenic viruses: drug targets and therapeutic potential

HRC Ref: 07/050

Professor Edwin Mitchell

The effect of an inhaler with ringtones on asthma control and school attendance

HRC Ref: 09/108E

Associate Professor Alok Mitra

Structure/function correlates of adiponectin

HRC Ref: 09/100ER

Dr Helen Moewaka Barnes

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

HRC Ref: 05/322

Dr Johanna Montgomery

Synaptic targets for neurodegenerative disease and brain repair

HRC Ref: 08/026

Ms Kate Morgaine

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

HRC Ref: 08/363

Professor Ian Morison

The epigenome of myelodysplastic syndrome

HRC Ref: 09/085D

Professor David Murdoch

Effect of vitamin D supplementation on upper respiratory infections in adults

HRC Ref: 09/302

Dr Cliona Ni Mhurchu

Population Interventions to Improve Nutrition and Physical Activity

HRC Ref: 07/077

Dr Pauline Norris

Equity in Prescription Medicines Use

HRC Ref: 07/139

Dr Paul Ockelford

Low dose aspirin to prevent recurrent venous thromboembolism: a multicentre trial

HRC Ref: 05/080R

Dr Susannah O'Sullivan

The role of the PDGFR in bone formation

HRC Ref: 08/168

Dr Ronan O'Toole

Targeting essential genes in the treatment of tuberculosis

HRC Ref: 07/379

Dr Te Hereripine Sarah-Jane Paine

Developing Sleep Services that Meet the Needs of Māori: A Feasibility Study

HRC Ref: 09/218

Professor Janis Paterson

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

HRC Ref: 08/383

Dr Maria Pearse

Phase 3 trial studying optimal radiotherapy timing after radical prostatectomy

HRC Ref: 08/209R

Dr Chris Pemberton

Sending A Signal? Ghrelin Peptides in Acute Cardiac Ischemia

HRC Ref: 09/304

Dr Ngaire Phillips

Determining the contaminant health risk of kai moana, kai roto and kai awa

HRC Ref: 07/240

Associate Professor Lindsay Plank

Efficacy of beta-blockade for reducing energy expenditure in cirrhosis

HRC Ref: 08/149

Professor Richie Poulton

The Dunedin Multidisciplinary Study of Aging and Risk for Chronic Disease

HRC Ref: 09/086

Dr Tim Prickett

Studies on the cardio-protective effects of CNP agonists

HRC Ref: 09/305R

Dr Patricia Priest

Hand sanitiser to reduce illness absences in primary school children

HRC Ref: 08/368

Professor Andrew Pullan

Mapping, Modelling and Manipulating Gastric Electrical Activity

HRC Ref: 09/138

Associate Professor Miriam Rademaker

Implantable devices: Improved monitoring of heart failure and tachyarrhythmia

HRC Ref: 09/306

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

Professor Ian Reid

Mechanisms and Management of Musculoskeletal Disease

HRC Ref: 09/111

Associate Professor Gordon Rewcastle
PI3K inhibitors as targeted anticancer drugs
HRC Ref: 06/062A

Associate Professor Gordon Rewcastle
Strategies for developing PI3K p110a isoform specific anticancer drugs
HRC Ref: 09/388

Professor Mark Richards
Neurohumoral and genetic prediction and protection in heart disease
HRC Ref: 08/070

Professor Mark Richards
Urocortin2 in Decompensated Heart Failure
HRC Ref: 08/318

Dr Tania Riddell
Whānau ora cardiovascular risk assessment and management - a feasibility study
HRC Ref: 08/205

Dr Evan Roberts
Stature and body mass of the New Zealand population, 1850-2008
HRC Ref: 08/231

Dr Paul Robertson
Resilient Indigenous Health Workforce Networks: Constructing and International Framework
HRC Ref: 06/040

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

Professor Franca Ronchese
Role of dendritic cells in allergic sensitisation
HRC Ref: 09/082E

Professor Franca Ronchese
Defining the characteristics of effective anti-tumour T cells
HRC Ref: 09/105E

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

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

Dr Kate Scott

Double disability: mental disorders and comorbid physical conditions

HRC Ref: 09/190

Dr Nicola Scott

Metabolic Syndrome: From Mice to Men

HRC Ref: 09/307

Associate Professor Robert Scragg

Quantifying the association between sun exposure and vitamin D status in New Zealanders

HRC Ref: 07/275

Professor Douglas Sellman

Treatment Evaluation of Alcohol and Mood: The TEAM Study

HRC Ref: 07/138

Professor Peter Shepherd

Signalling pathways involved in the control of glucose metabolism

HRC Ref: 08/076

Professor Jeffrey Sigafoos

Communication intervention for adults with intellectual disability

HRC Ref: 09/366

Associate Professor Louise Signal

Is Junk Food Promoted through Sport?

HRC Ref: 09/189

Dr Leigh Signal

Sleep in pregnancy and postpartum: the relationship to maternal health

HRC Ref: 09/233

Associate Professor Chris Sissons

New strategies for dental caries prevention

HRC Ref: 03/218

Associate Professor Chris Sissons

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

HRC Ref: 04/259

Dr Deborah Sloboda

Nature versus Nurture: Nutrition and Maternal Care Affecting Health and Disease Risk

HRC Ref: 09/050

Ms Kirsten Smiler

Partnership: refocusing successful interventions for Māori deaf/hearing impaired children

HRC Ref: 06/420

Associate Professor Lisa Stamp

Pharmacokinetics and pharmacogenetics of methotrexate in rheumatoid arthritis

HRC Ref: 06/422

Dr Bridget Stocker

Deciphering the molecular fingerprint of allergens

HRC Ref: 08/426

Dr Martin Sullivan
A longitudinal study of the life histories of people with spinal cord injury
HRC Ref: 07/302

Dr Judith Symonds
A Personal Digital Assistant to Augment Goal Management Training
HRC Ref: 09/353R

Dr Merryn Tawhai
Predicting pulmonary hypertension
HRC Ref: 09/143

Dr John A Taylor
Restoration of antiviral T-cell activity during chronic hepatitis B infection using superantigens
HRC Ref: 05/252

Professor Robin Taylor
Predicting response to corticosteroids in COPD using exhaled nitric oxide
HRC Ref: 06/428

Associate Professor William Taylor
A feasibility study of a structured means of eliciting goals in rehabilitation
HRC Ref: 08/226R

Dr Rachael Taylor
Improving school playgrounds to enhance physical activity in children
HRC Ref: 09/087A

Dr Rachael Taylor
Screening, feedback and treatment in overweight 4-8 year old children
HRC Ref: 09/087B

Dr Benjamin Thompson
Promoting neural plasticity to recover visual function in amblyopia
HRC Ref: 09/150

Dr George Thomson
Policymaking to reduce smoking around children
HRC Ref: 07/090

Professor Peter Thorne
Abnormal ion homeostasis in inner ear disease
HRC Ref: 09/174R

Dr Mattie Timmer
Glycolipid adjuvants for anti-cancer immunotherapy
HRC Ref: 08/427

Dr Sandar Tin Tin
Taupo Bicycle Study: Follow-up of a cohort of cyclists
HRC Ref: 09/142

Associate Professor Huia Tomlins-Jahnke

He Whānau Ora, he Whānau Whakawhitiwhiti Korero: Exploring the Links Between Inter-Whānau Communication and Whānau Ora

HRC Ref: 09/043

Professor Linda Tuhiwai Smith

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

HRC Ref: 06/038A

Ms Maria Turley

The effects of a school breakfast programme on school achievement and nutrition

HRC Ref: 09/337

Dr Mark Vickers

Developmental programming of disease: critical windows for intervention

HRC Ref: 08/200

Dr Silas Villas-Boas

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

HRC Ref: 08/169

Dr Natalie Walker

A family tobacco control program to reduce respiratory illness in Māori infants

HRC Ref: 09/626

Dr Marie-Louise Ward

How does myocardial stretch determine the strength of the heartbeat?

HRC Ref: 08/130

Professor Jim Warren

Adherence Innovations in Medication use for Health Improvement (AIM-HI)

HRC Ref: 09/136R

Mr Garry Watson

Applications of Rongoa Māori for the Treatment of Diabetes

HRC Ref: 06/045

Dr Susan Wells

Cardiovascular risk prediction for New Zealanders - beyond Framingham

HRC Ref: 08/121

Dr Janice Wenn

A Kaupapa Māori qualitative investigatory study into domestic violence within whānau of Taranaki

HRC Ref: 09/042

Dr Robyn Whittaker

Can a multimedia mobile phone programme help young people stop smoking?

HRC Ref: 06/448

Dr Robyn Whittaker

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

HRC Ref: 08/206R

Professor Jeffery Wickens

Behavioural and cellular mechanisms of hyperactivity and movement disorders

HRC Ref: 07/279

Dr Kristin Wickens

6 year follow-up of the effects of probiotics on development of allergic disease

HRC Ref: 09/108C

Dr Janine Wiles

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

HRC Ref: 07/285

Dr Nick Wilson

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

HRC Ref: 06/453

Professor John Windsor

Mitochondria in multiple organ dysfunction syndrome

HRC Ref: 09/156

Professor Christine Winterbourn

Oxidative Stress in Health and Disease

HRC Ref: 09/081

Dr Conroy Wong

Prophylactic azithromycin for bronchiectasis: a randomised, controlled trial

HRC Ref: 07/087R

Associate Professor Lianne Woodward

Childhood exposure to family violence and later parenting risk

HRC Ref: 06/458

Associate Professor Timothy Yandle

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

HRC Ref: 06/460

Associate Professor Alistair Young

Detailed myocardial function in vascular disease using displacement encoded MRI

HRC Ref: 06/463

Dr Deborah Young

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

HRC Ref: 07/212

Associate Professor Alistair Young

Cardiac MRI During Exercise: Ventricular and Vascular Function

HRC Ref: 09/173

Partnership Contracts Completed During the Year or In Progress

Professor Carl Burgess

Electronic Pharmacovigilance: A centralised database combining GP practice data

HRC Ref: 08/585

Dr Sunny Collings

Integration of Mental Health Care within a Primary Health Care Setting

HRC Ref: 09/112

Dr Adelaide Collins

Research priorities identified by Māori with disabilities and their whānau

HRC Ref: 08/600

Associate Professor Margie Comrie

Health literacy and communicating immunisation information to decision-makers

HRC Ref: 08/603

Dr Fiona Cram

Measuring Whānau - Research methods to capture whānau realities

HRC Ref: 08/601

Professor Julian Crane

Zonnic (oral nicotine) and nicotine patch in smoking cessation (JV542)

HRC Ref: 09/200A

Associate Professor P Colin Cryer

Effective occupational health interventions in agriculture: key characteristics of their development and implementation in New Zealand

HRC Ref: 06/641

Mr Ian de Terte

Resilience and the prevention of work related traumatic stress: Testing an ecological model

HRC Ref: 06/579

Professor Jeroen Douwes

Occupational dermatitis in New Zealand cleaners

HRC Ref: 08/570

Professor Richard Edwards

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

HRC Ref: 08/003

Dr Susan Farruggia

Mentoring and Young People: A Systematic Review

HRC Ref: 09/608

Associate Professor Christa Fouche

The Effectiveness of Youth Work on Young People

HRC Ref: 09/614

Dr Heather Gifford

Facilitating whānau resilience through Māori primary health intervention (JV545)

HRC Ref: 09/627

Dr Marewa Glover

What motivates Māori, Pacific, and Low SEC users of tobacco to stop smoking?

HRC Ref: 09/601

Associate Professor Felicity Goodyear-Smith

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

HRC Ref: 08/605

Dr Patrick Graham

Improving the analysis of product vigilance databases

HRC Ref: 08/584

Dr Edward Hutchins

Factors affecting effective implementation of the National Diabetes Retinal Screening Grading System and Referral Guidelines: A multi centre analysis

HRC Ref: 09/589

Dr Jeremy Krebs

NZ Group-based Self Management Education for patients/whānau with Type 2 Diabetes

HRC Ref: 09/584

Dr Ian Laird

Prevention of Noise Induced Hearing Loss

HRC Ref: 08/606

Dr Beverley Lawton

Parental attitudes to HPV vaccination: a survey of Māori and non-Māori

HRC Ref: 08/602

Associate Professor Patrick Manning

Does a virtual Specialist Diabetes Clinic improve linkages with primary care and reduce the demand on secondary care diabetes specialist services

HRC Ref: 09/600

Dr David McLean

Occupational asthma in New Zealand sawmill workers

HRC Ref: 08/568

Dr Allan Moffitt

Whole of system approach to CVD interventions in Counties Manukau

HRC Ref: 09/593

Dr Cliona Ni Mhurchu

Enhancing food security and physical activity for Māori, Pacific and low income whānau/families

HRC Ref: 08/002

Associate Professor Nicola North

Increasing the effectiveness of the 'HEHA' workforce

HRC Ref: 09/607

Dr Brandon Orr-Walker

Optimal Management of Morbidly Obese Diabetes Patients undergoing Bariatric Surgery

HRC Ref: 09/591

Mr Nicholas Reid

Barriers to noise-induced hearing loss interventions in New Zealand agriculture

HRC Ref: 06/586

Ms Bridget Robson

Oral health research priorities for Māori

HRC Ref: 09/118

Dr Wendy Stevens

Assessment of barriers to the early diagnosis of lung cancer within primary care

HRC Ref: 09/116

Professor Barry Taylor

Primary prevention of rapid weight gain in early childhood

HRC Ref: 08/374

Professor Peter Thorne

Noise Induced Hearing Loss: Epidemiology, Noise Exposure and Prevention

HRC Ref: 07/572

Dr Andrea t'Mannetje

Workplace exposure to carcinogens in New Zealand

HRC Ref: 08/569

Dr Adrian Trenholme

The impact of pneumococcal vaccine on hospital admission in young children with pneumonia

HRC Ref: 08/604

Mr Charles Waldegrave

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

HRC Ref: 08/572

Career Development Awards Completed During the Year or In Progress

CLINICAL RESEARCH TRAINING FELLOWS

Dr Katinka Bach

The role of shear stress during artificial ventilation on preterm lung injury

HRC Ref: 06/082

Dr Mary Berry

Long term consequences of neonatal growth rates in lambs

HRC Ref: 08/060

Ms Angela Cadogan

Diagnostic Accuracy of a Clinical Examination in Determining the Source of Shoulder Pain

HRC Ref: 08/097

Dr Nathaniel Chiang

Infra-inguinal bypass surgery: tissue oxygenation and wound healing

HRC Ref: 09/098

Ms Erana Cooper

A best practice package: early intervention for whānau violence

HRC Ref: 07/071

Ms Margaret Dudley

Impact of attention process training on attention in early recovery from stroke

HRC Ref: 09/090

Dr Sally Eyers

Effect of regular paracetamol on asthma control in mild to moderate asthma

HRC Ref: 09/076

Dr Karen Falloon

Randomised controlled trial to study the effectiveness of sleep restriction compared to sleep hygiene in the treatment of Primary Insomnia in a Primary Care setting

HRC Ref: 08/057

Dr Jonathan Foo

Studies in the resolution of diabetes by gastric bypass surgery

HRC Ref: 09/074

Dr Claire Heppenstall

Maintaining independence: predicting and preventing residential home care

HRC Ref: 07/059

Dr Wai Gin (Don) Lee

RCT of beta-blockers to reduce energy expenditure and improve nutrition in cirrhosis

HRC Ref: 08/044

Dr Benjamin Loveday

The role of lymphatics in severe pancreatitis: anatomy, physiology and therapy

HRC Ref: 07/069

Dr Katarzyna Mackenzie

Why are skin cancers more aggressive in renal transplant patients?

HRC Ref: 09/089

Dr Gregory O'Grady

A rational foundation for gastric stimulation through continuum-modelling

HRC Ref: 08/078

Dr Kyle Perrin

The effect of oxygen therapy on clinical outcomes in acute asthma and pneumonia

HRC Ref: 07/081

Dr Steve Ritchie

The role of staphylococcal superantigen like proteins in invasive S. aureus disease

HRC Ref: 07/067

Dr Juliet Rumball-Smith

Quality of public hospital care for Māori and NZ Europeans in Christchurch, NZ

HRC Ref: 07/062

Dr James Ussher

Experimental strategies for ex-vivo immunotherapy of chronic hepatitis B infection

HRC Ref: 07/043

Dr Alexandra Wallace

The long term effects of fetal anaemia: follow up study of recipients of the in utero transfusion

HRC Ref: 09/058

DISABILITY RESEARCH PLACEMENT AWARDS

Ms Jennifer Dunn

Decision making process for upper limb reconstructive surgery in tetraplegia

HRC Ref: 08/578

Mrs Margaret Jones

Parent's and young people's perspectives on activity and community participation after traumatic brain injury

HRC Ref: 06/621

Mrs Marta Leete

Enhancing access and participation for people with disabilities

HRC Ref: 08/524

Mrs Hilda Mulligan

Enhancing participation in recreational physical activity in individuals with disability

HRC Ref: 06/625

Mrs Jaya Pal

Exploring falls in people with intellectual disability

HRC Ref: 08/580

Dr John Parsons

Development of a standardised goal facilitation tool for use with older people within New Zealand

HRC Ref: 06/627

Mrs Marilyn Raffensperger

Counselling and clients with an intellectual disability

HRC Ref: 06/628

Ms Nada Signal

Strength for task training (STT) to optimise function following stroke

HRC Ref: 09/102

Mr Richard Smaill

The implications of having a disability and ageing

HRC Ref: 06/632

Ms Kirsten Smiler

Māori deaf/hearing impaired children and their whānau

HRC Ref: 06/633

Ms Alexandra Smith

Social marketing, health and youth with congenital physical impairment - the role of media in the promotion of health within the youth and disability sector

HRC Ref: 08/503

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

Mrs Elaine Tyrrell

Nursing contribution in elderly rehabilitation: patient and family perspectives

HRC Ref: 09/077

Dr Katrina Varian

Falls in adults with physical disabilities

HRC Ref: 06/636

Ms Laura Wilkinson-Meyers

Disability Research Placement Programme

HRC Ref: 07/522

Ms Esther Woodbury

The impact of public and private transport on the health, economic situation and social participation of physically disabled people in New Zealand

HRC Ref: 08/528

ERIHAPETI REHU-MURCHIE FELLOWSHIPS

Mr Geoff Kira

Improving sleep quality and duration to prevent obesity in Māori and Pacific adolescents

HRC Ref: 09/612

Dr Cheryl Smith

He mokopuna, he taonga: Health and wellbeing of grandparents raising mokopuna

HRC Ref: 07/518

Mrs Hope Tupara

Rangatiratanga: An Iwi framework for decision making

HRC Ref: 09/611

ERU POMARE FELLOWSHIPS

Dr Te Hereripine Sarah-Jane Paine

Moe tika, moe pai: Advancing sleep health in Aotearoa/New Zealand

HRC Ref: 08/547

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

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

GIRDLER'S FELLOWSHIP
 Miss Francesca Crowe
Fat and prostate cancer in the European prospective investigation into Cancer and nutrition
 HRC Ref: 07/064

HOHUA TUTENGAEHE FELLOWSHIP
 Dr Leonie Pihama
He kete korero: Māori health researcher and provider views on kaupapa Māori and validation frameworks
 HRC Ref: 06/587

MĀORI HEALTH POSTDOCTORAL FELLOWSHIPS
 Dr Jessica Hutchings
Hauora practice led frameworks for health related new technologies
 HRC Ref: 06/192

Dr Lynne Pere
The significance of culture in mental health understandings
 HRC Ref: 08/566

MAORI MASTERS SCHOLARSHIP
 Miss Teah Carlson
Māori households with chronic health conditions: What medications mean to them
 HRC Ref: 09/575

MAORI PhD SCHOLARSHIPS
 Miss Melanie Cheung
Molecular studies of human neurodegenerative disease
 HRC Ref: 06/150

Mr Jason Gurney
Can an exercise and footwear intervention improve the symptoms of diabetic neuropathy?
 HRC Ref: 08/530

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

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

Ms Louise Ihimaera
Development of framework to assess dual competency in mental health practice
 HRC Ref: 06/219

Ms Sharleen Irvine

Tissue Repair Scaffold

HRC Ref: 06/220

Mr Peter Maulder

The role of movement variability and muscle stiffness in lower limb injury prevention

HRC Ref: 06/200

Mr Ronald Ngata

Understanding matakite: An exploration of health-related effects of matakite experiences

HRC Ref: 08/549

Joy Panoho

A Māori-centred inquiry into health governance: Māori directors on DHBs

HRC Ref: 07/515

Ms Mera Penehira

Māori and Indigenous health initiatives: blood borne viral and sexually transmitted infections

HRC Ref: 06/203

Mr Christopher Rodley

The nuclear architecture of cancer: Oncogenes in genomic space

HRC Ref: 08/554

Mr Isaac Warbrick

Insulin resistance & Māori health - repeated measures study

HRC Ref: 06/591

Mr Luke Weaver-Mikaere

Intrauterine infection, cytokines and AMPA receptors: A developmentally bad 'menage a trois'

HRC Ref: 09/564

Ms Julia Wilson

Pathways to panic: Genetics in the pathogenesis and treatment of panic

HRC Ref: 08/550

Ms Patricia Young

Developing cultural identity: what is important for young Māori offenders?

HRC Ref: 09/563

PACIFIC HEALTH MASTERS SCHOLARSHIPS

Mrs Sera Tapu Taala

Acceptance or resistance? How do Pacific people with Type 2 diabetes, who need insulin for good glycaemic control come to terms with their therapy?

HRC Ref: 08/431

Miss Lolohea Tongi

Exploring medications across Tongan Households and kin networks

HRC Ref: 09/328

PACIFIC HEALTH PhD SCHOLARSHIPS

Miss Luisa Ape-Esera

Evaluation of the SAFE program for Pacific and Māori adolescent sexual offenders

HRC Ref: 09/344

Mrs Esther Cowley-Malcolm

A qualitative investigation of childhood aggression in Samoan children

HRC Ref: 09/324

Ms Amanda Dunlop

Social marketing and Pacific peoples in NZ

HRC Ref: 08/421

Mr Moses Faleolo

An ethnography of Youth Gangs in South Auckland: a Samoan perspective

HRC Ref: 09/380

Ms Apaula Ioane

Offending histories of New Zealand Pacific Island Youth Offenders

HRC Ref: 09/325

Ms Tolotea Lanumata

Pacific perspectives on promoting children's healthy eating

HRC Ref: 09/327

Ms Roannie Ng Shiu

The impact of life contexts on the learning journeys of Pacific students in health education programmes: An exploration of the Samoan family and community

HRC Ref: 07/414

Ms Kathleen Samu

Protecting against risk taking behaviours among Pacific youth: A Qualitative Investigation

HRC Ref: 09/331

Miss Seini Taufua

Tongan teenage pregnancy in NZ

HRC Ref: 08/405

Ms Analosa Ulugia-Veukiso

An exploration of the sexual and reproductive health status and risk-taking behaviours of Samoan youth in New Zealand: and Spirituality as a protective factor

HRC Ref: 09/323

Mr Sione Vaka

An exploration of the meaning of mental illness for Tongan people in New Zealand

HRC Ref: 09/330

PACIFIC HEALTH PLACEMENT MASTERS SCHOLARSHIP

Mr James Heimuli

Overweight and obesity in Pacific children and parental perceptions of their child's weight

HRC Ref: 09/343

PACIFIC HEALTH PLACEMENT PhD SCHOLARSHIPS

Ms Dianne Sika-Paotonu

Increasing the potency of dendritic cell-based vaccines for the treatment of Cancer

HRC Ref: 06/207

Mr El-Shadan Tautolo

Pacific Health Research Placement Programme

HRC Ref: 08/399

PACIFIC HEALTH POSTDOCTORAL FELLOWSHIPS

Dr Sunia Foliaki

Cancer in Pacific populations

HRC Ref: 07/405

Dr Mele Taumoepeau

The development of social cognition in Pacific Island families

HRC Ref: 08/403

SIR CHARLES HERCUS FELLOWSHIPS

Dr Carolyn Barrett

Measuring sympathetic nerve activity

HRC Ref: 06/058

Dr Christopher Hann

Model-based cardiac diagnosis and therapy in critical care

HRC Ref: 07/065

Dr Richard Kingston

Structural biology of enveloped RNA viruses

HRC Ref: 05/039

Dr Ailsa McGregor

Targeting dysfunctional cholinergic transmission in a model of Huntington's Disease

HRC Ref: 08/045

Dr Chris Pemberton

BNP signal peptide: a novel, specific marker of acute cardiac injury

HRC Ref: 07/055

Dr Rebecca Roberts

Genetics of susceptibility and management in inflammatory bowel disease

HRC Ref: 08/068

Dr Siouxsie Wiles

Experimental bacterial infections: improved models for vaccine and treatment development

HRC Ref: 09/099

Dr Sarah Young

The use of virus-like particles as vaccines and therapies against cancer

HRC Ref: 09/080

Dr Yiwen Zheng

Searching for answers to cognitive deficits following vestibular damage

HRC Ref: 07/047

