



Health Research
Council of
New Zealand

Te Kaunihera Rangahau Hauora o Aotearoa

Statement of Intent

1 July 2017 – 30 June 2021



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Foreword

The Health Research Council of New Zealand (HRC) was created 27 years ago to widen the health research focus of the then Medical Research Council beyond biomedical discoveries. The first significant shift in the operating model over all that time is happening now. Since the 2015 publication by Government of the Strategic Refresh¹ of the HRC, we have been moving in a disciplined way to address the clear recommendations of that report.

One recommendation was the development of a National Health Research Strategy (NZHRS) and the HRC has worked to support the Ministry of Business, Innovation and Employment and the Ministry of Health in jointly producing this document over the past year.

The key change to the way we operate is a much greater focus on realising benefits and increasing impact of our research investments. We have never been better placed to do this. There are unparalleled opportunities for the HRC to engage with the health sector to ensure greater benefit, realisation and impact from research.

The HRC has responsibility for co-ordinating the many excellent organisations that invest in or promote health research to ensure that our joint efforts are clearly targeted towards the issues that matter most to the New Zealand population.


We will be working hard to increase the impact of what we fund, extending our interests beyond the investment process, and making the judicious decisions that must be made to realise the benefits of health research for our country. In facilitating the best possible research, we will be looking to measure the impact of our research investments, both in our

own communities and in relation to our global position.


We will also co-ordinate a cross-government approach to issues that have their genesis outside the province of health, our major focus being on inequity to reduce socio-economic impacts on both health and wellbeing.

This is a time of unprecedented co-ordination and alignment in the New Zealand science sector and the HRC is working very closely with our key government ministries and other funding agencies. Our common goal is to have a strong and stable research ecosystem that provides opportunities to keep our best minds focused on delivering improved health for our people and also to retain and attract the best talent to contribute to our ongoing efforts.

Working together we can deliver a healthier future for all New Zealanders and we are totally committed to that goal. As we pursue it, we will need to have both a long-term view and endurance.


Dr Lester Levy, CNZM
Chair
20/6/2017




Professor Andy
Mercer
Deputy Chair
20/6/2017



¹ Strategic Refresh of the Health Research Council: Report to the Minister of Health and the Minister of Science and Innovation, 2015

Introduction

This Statement of Intent has been prepared to meet the requirements of the Crown Entities Act 2004, and the Crown Entities Amendment Act 2013. It sets out the strategic intentions of the Health Research Council of New Zealand (HRC) over the next four years, the Government's expectations relating to our performance, and our operating environment. It also outlines our outcome framework and the measures we will use to determine whether we have been successful in achieving our strategic intentions.

About the HRC

What we do

The Health Research Council of New Zealand (HRC) is a **Crown agent** (since 2005) and the government's principal funder of health research. We are answerable to the Hon Jonathan Coleman - **Minister of Health, our ownership minister**, and the Hon Paul Goldsmith - **Minister of Science and Innovation, responsible for most of our funding**.

As a Crown agent, **we are required to give effect to the general policy of the Government in relation to health research when performing our role**.

The HRC's relationships with the Minister of Health and Minister of Science and Innovation are addressed in a memorandum of understanding between the two Ministers, dated 30 August 2001, and updated in 2016.

We were created by the Health Research Council Act as a Crown Entity in 1990, which set out some clear functions for the HRC. Put simply, **our key functions** are:

1. To advise the Minister of Health on **national health research policy and commission research to implement it**;
2. To **negotiate funding** for health research from the government every three years;

3. To **foster the national health research workforce**, recruiting, training and retaining researchers;
4. To **both support** researchers with good ideas **and initiate research** in areas considered high priority;
5. To **consult widely when setting the priorities for health research**, including with our Ministers, the District Health Boards (DHBs), stakeholders and consumers, and
6. To ensure that our committees **use appropriate assessment standards**.

Appendix 1 provides the exact wording of our full functions under the Act. See p3 for an overview of all our activities - the 'HRC at a glance'.

The HRC has been operating for 27 years. We had our genesis in the Medical Research Council of New Zealand, which was established in 1951, and so **we have over 60 years of institutional knowledge to draw on and build upon**. We have built rigorous, robust, and equitable investment processes over this time. These ensure our taxpayers' dollars are spent on the research and the people that will make a real difference to New Zealand. We regularly review and update our processes when we have evidence to guide improvements.

At any one time, **we manage in the region of 300 research contracts and 100 targeted on career development**.

These contracts are mostly with universities, but also with non-government organisations, Māori and Pacific research organisations and communities, and private research institutes.

The HRC at a glance



Investing approx. \$92M per annum in health research, using stringent peer-review processes that maximise the value from the taxpayers' investment



Using the HRC's **Partnership Programme** to join with agencies nationally & internationally & maximise \$, utility & reach of health research



Targeting research towards the needs of our most **vulnerable populations**, & developing specialist capacity in **Māori, Pacific, children & youth, & older adults** research



Continuously developing & refining **health research strategy for New Zealand**



Maintaining systems that contribute to an ethical & safe research environment (**HRC Ethics Committee, Standing Committee on Therapeutic Trials**)



Attracting & retaining the best researchers & clinicians in New Zealand through our major programme of **career development awards**



Māori investment processes, systems & committees to support our portfolio of indigenous research, career development & capacity building



Advising Government on health research priorities & new health technologies (**Gene Technology Advisory Committee**)



Gathering **accurate data** on our investment, gaps, emerging issues, workforce & risks, & running an **evaluation programme**, including a triennial bibliometric survey of NZ health research publications



Communicating the latest on health research in NZ to stakeholders & developing research **IT systems** for applicants to streamline processes & facilitate **data-sharing**

Our aspiration: New Zealand is a leader in high-impact, high-value health research

We also have a role in maintaining a safe and ethical health research environment in New Zealand, and advising the government on adoption of new technologies and procedures.

How we go about it

Most of our funding for operational costs and investments is provided by Vote Business, Science and Innovation. Additional contributions are made by Vote Health and stakeholders involved in the HRC's Partnership Programme.²

Our funding allocations are divided into four Outputs:



Supporting NZ research:
Output 1 – Health Research Contracts



Building Research Careers:
Output 2 – Career Development



Partnering with stakeholders:
Output 3 – Co-funding Relationships

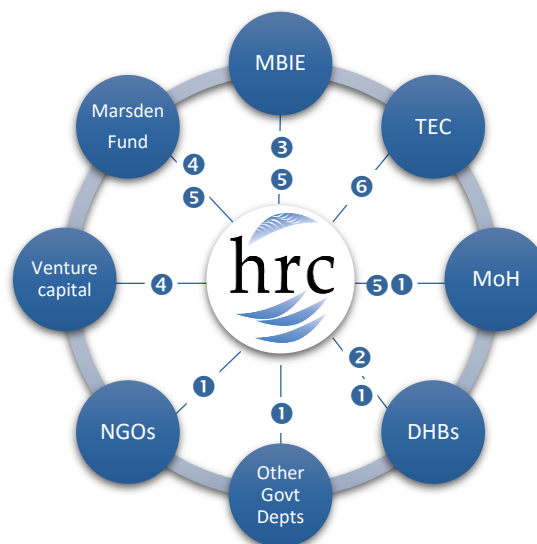


Keeping NZ health research ethical & safe:
Output 4 – Policy, regulatory & Ethical Frameworks & Relationships

Our environment and drivers

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

Figure 1: The health research funding community in New Zealand, showing how the HRC links to and co-ordinates with other agencies.



- ① HRC Partnership Programme
- ② Research Partnerships for NZ Health Delivery
- ③ National Science Challenges
- ④ Co-funding
- ⑤ Strategic alignment
- ⑥ University-based health research

MBIE – Ministry of Business Innovation & Employment; TEC – Tertiary Education Commission; MoH – Ministry of Health; DHBs – District Health Boards, NGOs – non-government organisations

The relationship between the HRC and other agencies is shown in Figure 1. We are committed to working collaboratively wherever possible, to maximise the resources available for health research and capacity building.

Our strategy is firmly rooted in the New Zealand Health Research Strategy and other Government priorities, the knowledge needs of our stakeholders, and emerging threats and opportunities.

² In 2015/16, we received \$483.4M from MBIE, \$285K from the Ministry of Health and we held \$16.4M of funds for investment in

research contributed by stakeholders through the Partnership Programme – with the major investor being the Ministry of Health.

Addressing Government priorities

The overarching outcome that the HRC seeks to achieve is for New Zealand to be a leader in high-impact, high-value health research. Our efforts to meet this outcome ultimately contribute to New Zealand's two health and disability system outcomes:

- New Zealanders living longer, healthier and more independent lives, and
- the health system is cost-effective and supports a productive economy.

One of our key guiding documents is the **New Zealand Health Strategy** (see Appendix 2 for the ways in which we deliver to the five Strategic Themes).

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

The Government has recognised the importance of health research in the National Statement of Science Investments (NSSI). The HRC works with the science and innovation sector to deliver research within the priority framework (see Appendix 3 for how the HRC delivers to the goals of the NSSI).

Additionally, we continue to work to simplify the processes for researchers seeking funding - to limit transaction costs and ensure value for money in the health research investment. Our efforts to attract and retain the best health researchers in New Zealand also directly deliver to the NSSI, through increasing the

number of excellent scientists. **Increasing the impact, responsiveness and uptake of the excellent research we fund is a key part of what we do, and impact and excellence are the two pillars on which the NSSI is built.**³

Addressing our Ministers' Expectations

In the 2017/18 Letter of Expectations from the Minister of Health and the Minister of Science and Innovation, the emphasis was placed on implementing the recommendations of the HRC Strategic Refresh, with the following specific priorities set:

- strengthening the HRC's strategic leadership role in the health research sector; funding excellent research with the potential for high impact; and fostering a strong and diverse research workforce;
- promoting and implementing the finalised New Zealand Health Research Strategy across the sector. This includes collaborating with the Ministry of Health (MoH) and MBIE on implementing the actions in the strategy and leading those actions for which the HRC is responsible. Also, developing the first three-yearly research investment plan;
- working with MBIE and MoH to enhance the contribution of health research to the vision and objectives of the New Zealand Health Strategy and the NSSI, and
- continuing to initiate and develop collaborations that leverage international science and innovation that will benefit New Zealand.

The HRC was also asked to take a team approach across the health research and innovation sector, working constructively with the MoH and MBIE to improve efficiency and effectiveness.

³ This is not to be confused with the HRC's foundations of 'excellence' and 'innovation' (see schematic, p10). We have intentionally

focused on innovation as our foundation & built our entire performance framework around impact.

As a public service organisation, we are also asked to constantly look for ways to improve how business is done and deliver value for taxpayers' investment.

All Boards are expected to look for service improvements, and take opportunities to work with other entities to maximise system-wide efficiency and effectiveness. We work hard to maximise opportunities to partner with our stakeholders and leverage maximum benefit from the research investment.

The development of the New Zealand Health Research Strategy has been an invaluable process, allowing the HRC, MBIE and MoH to work closely together to determine what the key issues are for New Zealand and decide on the actions that each agency can take to address them. The key tenets of the NSSI and the NZHS have been incorporated throughout the draft document, and this will serve as a roadmap for our strategic activities over the next ten years.

Addressing the Recommendations of the Government's Strategic Refresh of the HRC

In early 2015, MoH and MBIE undertook a Strategic Refresh of the HRC. The resulting report, published in early 2016, provided us with some clear recommendations. Addressing them has been a strategic priority in the last year and will continue to focus our activities into 2017/18 and beyond.

This has provided us with an excellent opportunity to look at what we do and how we fit within the health sector and science system, with a view to recognising what we are doing well and what we can do better. We have found the process very valuable and the input we received, along with that from the consultation process for the New Zealand Health Research Strategy, will shape work going forward. Subsequently, we received a large increase in our budget for allocation. This will see investment substantially increased to \$120M per

annum by 2020, an increase of 50 per cent on 2015/16 levels.

Managing organisational health and capability

The HRC has a ten-member Board appointed by the Minister of Health with a range of expertise defined by the HRC Act 1990. **Members of the Board Chair three of the HRC's four statutory committees (the Biomedical, Public Health and Māori Health Research Committees).**

We also have five standing committees:

- the Pacific Health Research Committee;
- the Grant Approval Committee;
- the Risk Management Committee;
- the Standing Committee on Therapeutic Trials (SCOTT), and
- the Gene Technology Advisory Committee (GTAC).

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

The HRC team

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

The HRC is focused on acting in accordance with our core values: integrity, transparency, commitment and courage. We ensure all those involved in making decisions are impartial, responsible and trustworthy. We employ a comprehensive induction process, and organisational policies and procedures in order that all staff meet and deliver on the State Services Commission Standards of Integrity and Conduct. **The HRC has a Conflicts of Interest Register for staff, in addition to the one that has always been kept for members of the HRC Board.**

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

Accountability to our Ministries

No surprises from the HRC

In addition to the specific reporting and accountability requirements, the Board ensures (to the extent practicable) that the Ministers are given adequate warning about any issue that is likely to attract external attention to the HRC or represent potential risk to the Government.

Reports

Annual reports

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

- An **Annual Report** – as per the Crown Entities Act 2004 requirements.
- The **Statement of Intent** – as per the Crown Entities Act 2004 requirements.
- The **Statement of Performance Expectations** – containing the annual forecast of performance and financial

information as per the 2013 amendments to the Crown Entities Act 2004.

- A **Data Information Report** provided to MBIE, for the purpose of monitoring the performance of Vote Business, Science and Innovation's investment in research.

Six-monthly and quarterly financial reports

- Exceptions-based, 6-monthly reports against the Statement of Performance Expectations and Output Agreements with MoH and MBIE.
- Quarterly financial reports against the Statement of Performance Expectations and Output Agreements submitted to MoH and MBIE.

Other reports

- **Investment Impact Report** – provided to MBIE and MoH every three years, the purpose of which is to demonstrate the effectiveness of the investment made by the Council, and to provide advice on the future effectiveness of these investments.

Responsible management of our finances and reserves

As at June 2016, the HRC has undertaken to provide successful applicants grant funding in future years totaling some \$241M (30 June 2015 \$175M) - subject only to parliamentary appropriated funds being made available, applicants successfully meeting the grant criteria, and ongoing contractual requirements once the grant has been awarded. The funding of these undertakings will come from existing funding streams and the recently announced increase in funding for the HRC of \$97M over the next four years.

We are currently working with researchers and their institutions to ensure that they use HRC funding in a timely manner. This is one of the key challenges in managing our reserves. The HRC has built up reserves (public equity) in its balance sheet totaling

\$14.1M at 30 June 2016 (\$12.5M at 30 June 2015). This has occurred for two main reasons.

1. Research is unpredictable in its execution and outcome. This results in **changes in planned research schedules**.
2. The HRC has ring-fenced funding for partnerships with other organisations. However, **expenditure has not been as rapid as expected**.

In addition, the HRC Board and Management have developed a strategy which will see reserves reduce to around \$3.0M by June 2020. This will be done by:

- a redirection of reserves from the Partnership Programme into the HRC's Annual Funding Round;
- short-term increases in the numbers of approved applications through the HRC's Annual Funding Round;
- the implementation of a new research contract that will enable better reporting on impact and research progress to the HRC, and
- education of the research community about the importance of timely execution of contracts and good communication.

Our operating intentions

The HRC's key decision drivers

The schematic overleaf shows the HRC's key decision drivers, and the elements

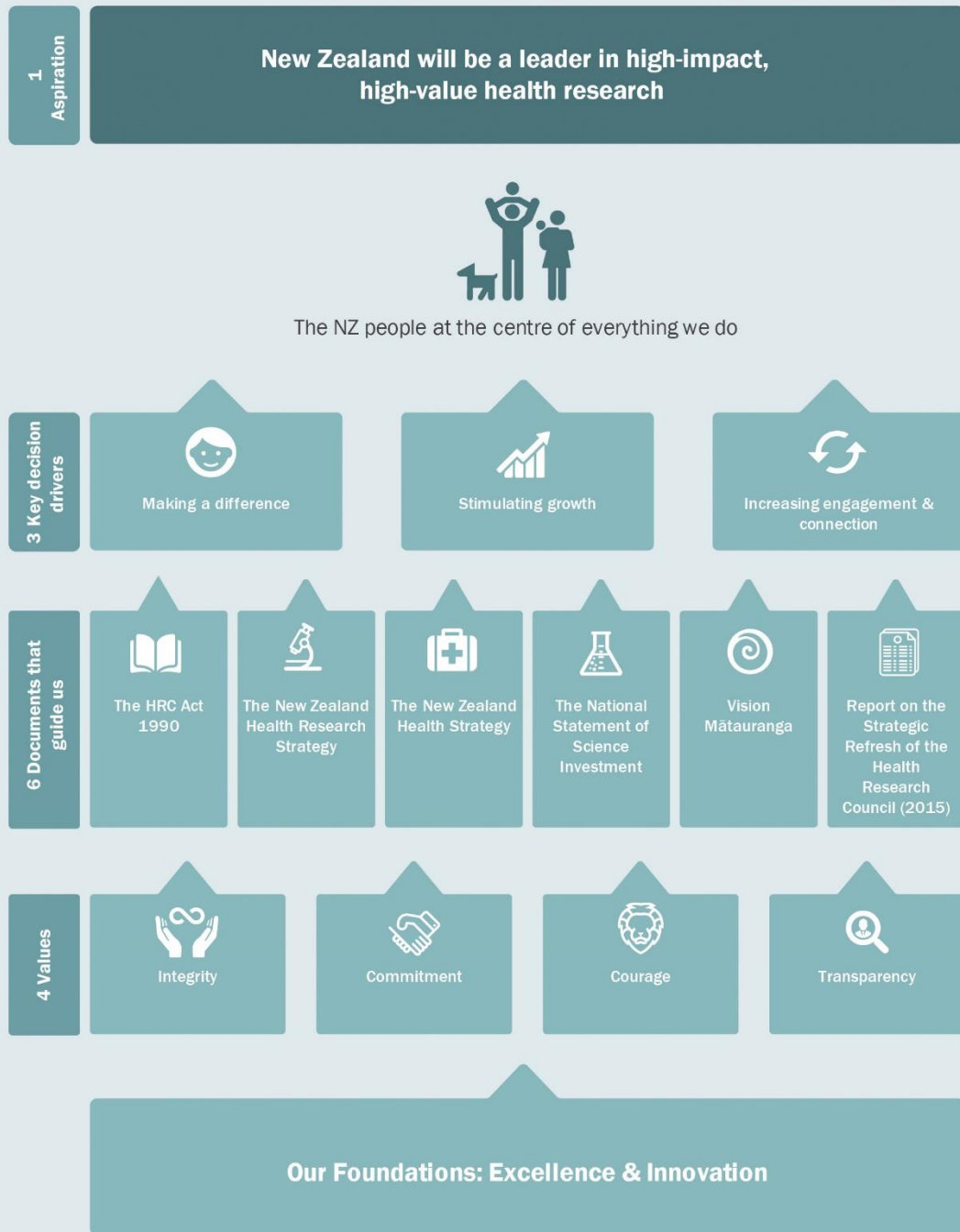
that formed them. **We have grouped our activities under three major drivers of our decision-making over the next three years:**

1. **Making a difference** (new knowledge with clear pathways to impact for health and economic gain);
2. **Stimulating growth** (building a healthy research ecosystem, with the people, capacity, skills and opportunities we need for a more prosperous future), and
3. **Increasing engagement and connection** (adding value to realise our collective potential).

We have outlined our major areas of focus under each of these drivers and identified specific actions that we will take. Finally, we have selected two key performance indicators for each driver that will help us to gauge if we have been successful in what we are trying to achieve.

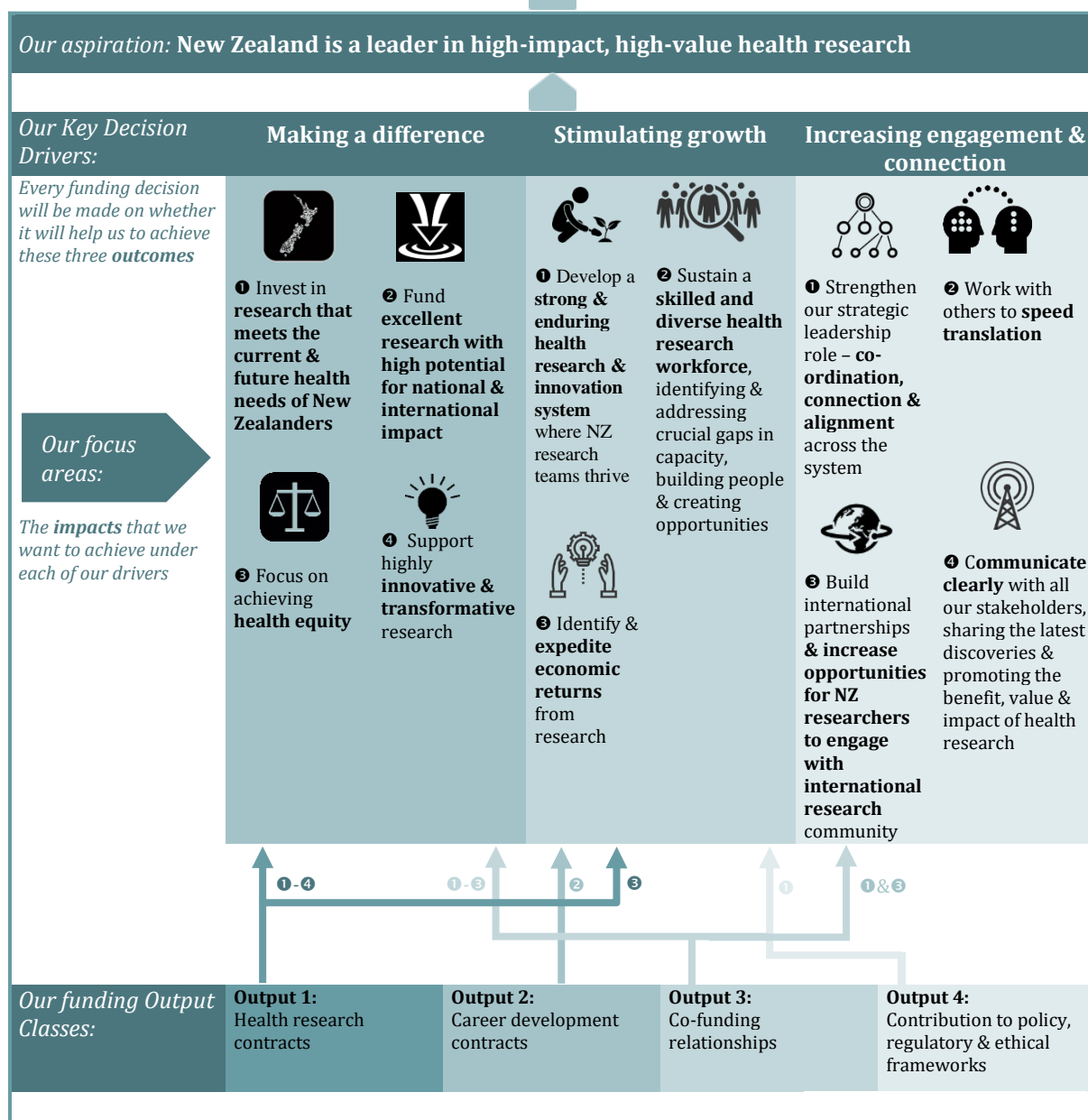
The schematics on the following pages illustrate the key elements of our performance framework and how it delivers to the Government's vision for health and innovation.

The key elements of the HRC's performance framework



Our performance framework & how it delivers to the Government's vision

Government vision:	The New Zealand Health Strategy: All New Zealanders live well, stay well, get well
	National Statement of Science Investment: A highly dynamic science system that enriches New Zealand, making a more visible, measurable contribution to our productivity and wellbeing through excellent science



Our funding inputs:	Vote Science & Innovation funding	Vote Health funding (<10%)	Co-funding investments & bequests
The documents that guide us:	The New Zealand Health Research Strategy	The New Zealand Health Strategy	The National Statement of Science Investment (Pillars: excellence & impact)
	Vision Mātauranga	Report on the Strategic Refresh of the HRC	The HRC Act 1990 & our Ministers' annual Letter of Expectations

Driver 1: Making a difference

Providing the new knowledge needed for positive health impact and economic gain



Current landscape & challenges

Health research funders around the world are moving away from the traditional model of simply funding research and taking no ownership of what happens next. Governments want more accountability for the impact of research from funders, and quantification of that impact. The HRC is no exception, and we now deliver to a refreshed agenda that sees us taking a greater leadership role in setting national research priorities, ensuring that investment is targeted to the areas of greatest national need, and then driving the results of the research that we support out to the people and organisations that need them. We welcome this broadened focus and the new challenges that it brings.

How will we shift the landscape?

If we are successful, New Zealand will have a better, more cost-effective healthcare system, underpinned by the knowledge needed to provide the highest standard of care and reduce unnecessary waste. New Zealanders will be getting a bigger bang for their research buck, knowing that every dollar is addressing the issues that matter most to them. Everyone will have a means of contributing to this more focused agenda and helping to shape the research that drives it. Our top researchers will continue to operate at the frontiers of knowledge, providing hope in diseases previously thought incurable, and directly growing our economy through their remarkable innovations.

The HRC's Plan

Our focus areas for Driver 1 & the funding outputs that fuel this driver

(see the HRC's Statement of Performance Expectations for details of our funding outputs & activities)



❶ Invest in research that meets the current & future health needs of New Zealanders



❷ Fund excellent research with high potential for national & international impact



❸ Focus on achieving health equity



❹ Support highly innovative & transformative research

Output 1. Health research contracts

Output 3. Co-funding relationships

What we need to do

We will direct our efforts through the following key areas of focus.

Focus 1. Invest in research that meets the current & future health needs of New Zealanders



We need to ensure that our investment addresses New Zealand's greatest health challenges – today and tomorrow. Integral to this is broad input on the questions that urgently need to be answered. We must listen to research experts, but also health practitioners and managers who are struggling to provide services in the absence of the evidence they need. We need to involve communities who are confronted with health and social issues that are not being adequately addressed, and consumers of services who may feel that their needs are not being met or their questions answered. We must devise ways of determining which issues cannot be resolved with existing knowledge, where we can draw on overseas expertise and where we need to do research here.

Once we have a clear idea of what is needed, we will work with our stakeholders to develop national health research priorities to guide our investment, and that of other funders in the health research arena. If we can agree on what needs to be done and unite behind a common set of priorities, we can make greater, more timely progress in meeting our knowledge and innovation needs.

We will also develop three-year investment plans to provide stable signals to the research community.

Actions for Focus 1:

- 1a) Identify research priorities to guide the health research investment of all New Zealand funders, in keeping with the directions outlined in the New Zealand Health Research Strategy

- 1b) Develop three-year Investment Plans to signal longer-term directions to the research community

Focus 2. Fund excellent research with high potential for national & international impact



This will mean ensuring that we have the right processes to identify research that is both excellent and likely to make a strong contribution. It is important that we define what we mean when we talk about 'excellent' research. We seek excellent research across the entire spectrum of innovation, from very basic to very applied and practical research – and across the full range of research disciplines biomedical, clinical, health services and public health. We know that it is performed in a wide variety of settings, including laboratories, hospitals and communities. We see excellent research as being ethical, scientifically sound, original, relevant, purposeful and impactful.

When we talk about 'impact', we mean that we want our investment to make a tangible difference, and that can mean profoundly advancing knowledge, innovating, and changing perceptions, behaviour, practice and policy. Ultimately, changing lives through better interventions, treatments and services.

Our biggest challenge will be to assess excellence and *potential* impact well, and for this we must look hard at our processes. We know that there can be no positive impact without excellence, and so this must always be the foundation of our system.

Actions for Focus 2:

- 2a) Refine our research assessment criteria to more clearly consider impact and impact pathways
- 2b) Consider makeup of assessment panels to ensure appropriate expertise to better assess impact

Focus 3. Focus on achieving health equity

A key concern for the HRC Board, and a factor highlighted by consultation for the HRC Refresh and the development of the New Zealand Health Research Strategy (NZHRS), will be addressing the health and social issues that arise from inequity. We must invest in research that will aid policy-makers to improve health outcomes for those whose needs are not currently being met due to poverty, lack of access, or services that do not meet their cultural and other needs. (See Driver 3 for details of a cross-agency approach.)

We know from studies done over a decade ago that average income alone accounts for 37 per cent of variation in mortality rates. If you then add the degree of disparity across incomes into the equation, the number rises to 46 per cent⁴. This suggests that the adverse impact is not just due to living in poverty, but the comparability of your circumstances with others in society, who may have access to goods, opportunities and services that you do not. Disparities in income and health outcomes continue to rise, and the HRC has an important role in co-ordinating efforts across government sectors, because no one sector can address the complex issues behind poverty and inequity in isolation.

Actions for Focus 3:

- 3a) Increase investment and provide new opportunities for Māori and Pacific health research and researchers
- 3b) Partner across government to address the negative health consequences of poverty and social disadvantage
- 3c) Communicate the importance of focusing research on improving equity

⁴ O'Dea D and Howden-Chapman P (2000). Income and income inequality in health. In Howden-Chapman P and Tobias M (eds), *Social inequalities in health: New Zealand 1999*, Ministry of Health, Wellington, pp65-86

⁵ The HRC's definition of transformative research is: "Research that promises

in health outcomes to the research community

Focus 4. Support highly innovative and transformative research

It is vital that we feed the innovation pipeline with novel research that challenges and shifts established knowledge and identifies new possibilities. The health services of tomorrow are built on foundations of health research that was often commenced decades before. In our drive to create impact, we must not forget to fuel the innovation pipeline with the stuff that impact is ultimately made of – discoveries. This foundation for impact extends across all disciplines and is an essential part of our investment portfolio.

We particularly want to support novel research that shifts established knowledge and identifies new frontiers for future exploration – we call this transformative research⁵. Increasingly, such work is part of multi-national endeavours that involve large collaborations of great benefit to New Zealand (addressed under Driver 3). Supporting the best ideas can often mean taking greater risks when making a funding decision. We have already established a funding mechanism for this – our Explorer Grants and we will look at other ways that enable us to 'invest outside the square'.

Infrastructure and access to high-end technology is often a key consideration when conducting research. This is a focus under Driver 2. Driver 3 addresses the need to make it easier for HRC-funded teams to join international collaborations, with the attendant advantages that they bring.

extraordinary outcomes, such as revolutionising entire disciplines; creating entirely new fields; or disrupting accepted theories and perspectives. In other words, those endeavours which have the potential to change the way we address challenges in health."

Actions for Focus 4:

- 4a) Increase investment in cutting-edge, higher risk research

How we will promote excellence and innovation in what we do

We will maintain rigorous and transparent processes to support achievement of the outcomes we're seeking.

Never-the-less, innovation involves uncertainty. We are adapting our processes so that we can increase the level of risk we will tolerate for a truly innovative idea, and finding ways of




increasing our investment, and its impact, in these areas.

How we will know we have been successful

We have chosen two of our focus areas in this driver to track our endeavours over the next four years.

The indicators we have chosen relate to ensuring we are making progress in tackling the most important health issues for New Zealanders and providing support for high-risk, transformative research that advances health knowledge in key areas.

Key performance indicators for Driver 1

Focus area	By 2021:	Key performance indicator (annual)
 Invest in research that meets the current & future health needs of New Zealanders	We will have established national health research priorities, communicated these priorities to the wider health research sector and aligned our investment signals to clearly reflect them	<p><i>Establishment of national health research priorities</i></p> <p><i>Targets</i></p> <p>Currently: No national health research priorities</p> <p>2017/18: Consult with stakeholders on national health research needs, threats, capacity and capability and draft a set of national health research priorities</p> <p>2018/19: Not measured</p> <p>2019/20: Change HRC policy and processes to reflect new priorities and widely communicate priorities to stakeholders and the wider health research sector</p> <p>2020/21: Not measured</p> <p><i>What does meeting our targets tell us?</i></p> <p>That we have appropriately responded to the recommendations in the Report on the Strategic Refresh of the Health Research Council and the related action allocated to the HRC in the New Zealand Health Research Strategy</p>
 Focus on achieving health equity	We will have formed a cross-sectoral government partnership aimed at gaining the evidence required to effectively tackle inequity and its adverse health consequences	<p><i>Number of current HRC contracts with a focus on understanding and reducing inequity in health outcomes</i></p> <p><i>Targets</i></p> <p>Currently: 52 contracts (\$53M)</p> <p>2017/18: 45-65</p> <p>2018/19: 45-65</p> <p>2019/20: 60-80</p> <p>2020/21: 60-80</p> <div data-bbox="970 1198 1305 1359">  <p><i>Predicted trend</i></p> </div> <p><i>What does meeting our targets tell us?</i></p> <p>That we are increasing the focus on inequity in our health research investments, and therefore the body of knowledge that service-providers and policy-makers can draw on to reduce the health-related consequences. We have predicted a modest increase because it will take time for the health research community to respond to the new signals, which will not begin to influence investments until the 2018/19 financial year.</p>

Driver 2: Stimulating Growth

Building a healthy research ecosystem, with the people, capacity, skills and opportunities we need for a more prosperous future



Current Landscape & challenges

The work we do stimulates growth for New Zealand in three ways. Firstly, creating a stable environment in which our researchers can flourish and health research is ethical and safe. Secondly, through providing the means to help each generation of New Zealanders be healthier, and more productive than the last. Thirdly, by reducing unnecessary costs in the health system and innovating for better results and efficiency. Finally, by generating innovations that directly grow our economy through access to global health markets.

While we currently do much to promote a stable health research environment, we must do better- and we can't do this alone. We must work with other funding agencies on issues of streamlining, duplication and continuity of funding. We are also working closely with MBIE to support the excellent work that they are doing in creating better data systems for research in this country. Ensuring that the health research environment is ethical and safe for all involved is another important part of our role.

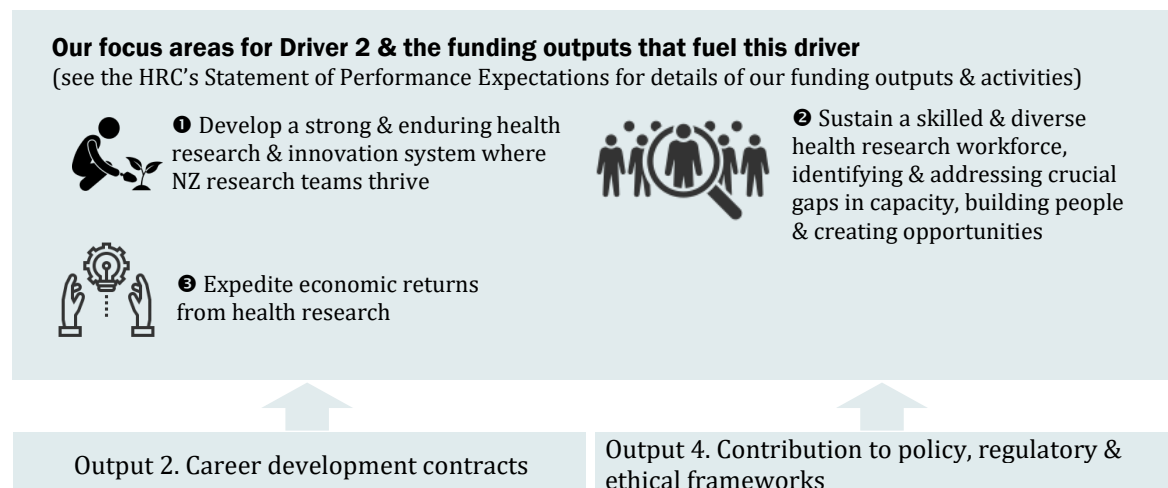
A major focus in stimulating growth is the health research workforce – as workforce is the most important factor determining our success or failure to meet our goals. Over the years, we have built up vital capacity that has put New Zealand at the forefront of research on indigenous health, health and development, devastating neurological disorders, and clinical medicine. This is a precious resource and the 'engine' we need to drive discovery. As a small country, we face challenges common to many nations of our size – attracting and retaining highly skilled individuals who are internationally mobile. Skilled, curious and dedicated people are the crucial foundation of any research enterprise. Creating the right opportunities and environment to attract and retain them is one of our most important tasks.

The HRC's critical contribution to commercialisation of research is generating the continual well-spring of exciting discoveries for other, experienced government agencies to take to the next phase. Consequently, we must ensure that connections between the agencies are strong enough that no development with commercial potential slips between us, and the pathway to innovation is clearly sign-posted for those engaged in the research.

How will we shift the landscape?

If we are successful, New Zealand will have a vibrant, co-ordinated health research system, with unnecessary duplication of effort eliminated and transactional costs greatly reduced. We will have the skills and competencies needed to tackle all current and future health challenges and find the solutions that are right for all of our people. Gaps in crucial capacity will be filled and future leaders will be ready and waiting to step forward when our current stars are ready to step back. The New Zealand economy will grow through gains from commercialisation of health innovations driven by our investment, and revenue saved from lower health costs incurred by New Zealanders who are healthier, and contributing more as a result.

The HRC's Plan



What we need to do

We will direct our efforts through the following three areas of focus.

Focus 1. Develop a strong & enduring health research & innovation system where NZ research teams thrive



Promoting a stable research environment is a task that the HRC is not approaching alone. MBIE and The Royal Society of New Zealand are working hard in this space and we are approaching issues of co-ordination and duplication together. The tertiary institutions, CRIs, and independent research organisations also have important roles to play and their input is essential.

One way that we can promote stability is to develop three-year investment plans, a recommendation from the Strategic Refresh (see Driver 1, Action 1b). This will allow researchers to see how we intend to invest and allocate our resources over a three-year period. Another way is to maximise the value of longitudinal datasets that have become a crucial national and international resource, by ensuring long-term support for on-going data collection.

We perform some unique functions that contribute to keeping the environment ethical and safe for research participants.

Our Ethics Committee accredits institutional research committees in this country and provides a second opinion on decisions when needed. They act as a resource for advice on ethical conduct of research and publish an annual newsletter. We advise the Government on the advisability and safety of research involving gene technologies through our Gene Technology Advisory Committee. We monitor large-scale clinical trials through another committee of experts (The Standing Committee on Therapeutic Trials). Trials will be terminated if safety issues are identified. Our efforts under Focus 1, and over 2500 research positions that we support every year, obviously also contribute to a stable research environment.

Over the next three years we will work closely with MoH to strengthen the clinical research environment - an action arising from the New Zealand Health Research Strategy, which the Ministry is leading. We can assist by the development of clinical research training, opportunities and networks, and international linkages (see Driver 3).

Our International Programme is pivotal in building an environment in which New Zealand researchers can thrive. We are working hard to 'hardwire' HRC researchers into the global health

research network, having signed formal collaborative agreements with China, the USA, and the EU. We are a small country with limited resources for high-end research infrastructure. Some of our most promising areas of fundamental research flourish because the teams have international connections that allow them to access such infrastructure overseas. The health research endeavour, like all research efforts, is becoming increasingly global. Working together across national boundaries allows the brightest minds to overcome local barriers, such as limited funding, infrastructure or gaps in expertise, and gain from the exchange of methods and ideas.

Actions for Focus 1:

- 1a) Increase opportunities to access expertise, high-end equipment, facilities, and technologies that are not available in New Zealand through international collaborations and partnerships (see Driver 3)
- 1b) Continue to underpin a fast, efficient, responsive, and sound regulatory system by providing high-level advice and support on ethics and regulatory issues
- 1c) Develop a new mechanism to support longitudinal studies, ensuring continuity of funding and stability for teams building major datasets that are a national and international resource

Focus 2. Sustain a skilled & diverse



**health research
workforce, identifying &
addressing crucial gaps in
capacity, building people
& creating opportunities**

Every year we collect detailed information about the people employed on HRC contracts. This includes their qualifications, career stage, training, workplace, and gender. This allows us to build an excellent picture of the people holding approximately 2,500 salaried

research positions that comprise our workforce at any given time. While we don't have detailed information on those supported by other agencies to conduct health research, we can draw strong inferences about the national health research workforce.

Our data allows us to identify gaps in research capacity and capability, and we have created Career Development Awards to address them – with targeted programmes for Māori, Pacific and clinical researchers, and specific vehicles to encourage and support individuals early in their career. However, we are aware of issues that we currently do not have measures to address. These include: the low capacity to undertake evaluation, cost-effectiveness and health economics⁶ research, scarce opportunities for mid-career researchers, and the lack of support for individuals returning to a research career after raising a family (which may contribute to an observed gender inequality in senior positions).

Actions for Focus 2:

- 2a) Improve support for our emerging researchers by providing wrap around services that enhance their skills and networks
- 2b) Offer a broad range of Career Development Awards for Māori and Pacific health researchers, and look at additional ways to build and maintain capacity, particularly innovative models for increasing capacity to deliver Pacific health research knowledge and solutions
- 2c) Work closely with MoH to support their work on strengthening the clinical research environment, through offering career development and research opportunities for clinicians
- 2d) Develop mechanisms to increase capacity where we identify critical gaps

⁶ Specialised economists who deal with issues related to efficiency, effectiveness, value and behaviour in health and healthcare.

- 2e) Boost funding opportunities for mid-career researchers

Focus 3. Identify & expedite economic returns from health research investment



We are fortunate in New Zealand to have government and tertiary agencies that are skilled at realising the commercial benefits of research for New Zealand. The HRC has concentrated on generating the discoveries that these agencies can then develop further and take to the market. Often the pathway of investment starts at the HRC, passes through funders of commercial development, both national and international, and then loops back to the HRC for clinical trials in humans - because this is one of our core areas of expertise. While this has worked well in the past, each phase of development progresses without formal communication between the funding agencies, and there is no established way for the HRC to assist with fast-tracking promising discoveries and creating a pathway for commercialisation.

If we do not create a means to ease the progress of such research, we fail to do all we can to ensure that the potential of our original investment is captured for New Zealand. However, developing the machinery to advance the commercialisation process ourselves duplicates excellent vehicles already in existence, when we could use those resources to address key issues in the translation space that no other agency is currently addressing, see Driver 3.

Actions for Focus 3:

- 3a) Review the investment framework to ensure that it is geared to take

advantage of all promising opportunities to build a healthier, more prosperous future for New Zealand

How we will ensure excellence and promote innovation in what we do

We will continue to use the most stringent processes to ensure that we are picking the best people, teams and organisations and giving them the opportunities they need for a stellar research career in this country.

We will continue to look for new, better ways to build Pacific research capacity, as our current models have not yet resulted in the success that we have produced for Māori health research.




We will conduct internal audits of our processes to ensure that we are the best that we can be and have the tools needed to meet our goals.

We will maintain our strong focus on robust and responsive investment processes to identify the brightest and most innovative ideas to power New Zealand's innovation machine.

How we will know if we have been successful

Our first KPI is designed to show that we are creating a career progression for our Māori health researchers, rather than isolated opportunities that do not connect. Our second measure is designed to track our progress in expediting economic returns from health research, because this is an area where we know we can make small changes but create a significant impact.

Key performance indicators for Driver 2

Focus area	By 2021:	Key performance indicator (annual)
 <p>Sustain a skilled and diverse health research workforce, identifying & addressing crucial gaps in capacity, building people & creating opportunities</p>	<p><i>We will have completed an in-depth survey of all recipients of an HRC Māori Health Career Development opportunity since 1990, published our findings, & used what we have learned to improve and refine our Māori health career development programme</i></p>	<p><i>Percentage of recipients of a HRC Māori Career Development Award who have made a career progression⁷ through an HRC-funded opportunity in the past five years</i></p> <p><i>Targets</i> Currently: 65% 2017/18: 50-70% 2018/19: Maintain 2019/20: Maintain 2020/21: Maintain</p> <p><i>What does meeting our targets tell us?</i> That we are providing a pathway along which our Māori researchers can travel to build a career, rather than satellite opportunities that do not lead to a career in research</p>
 <p>Identify & expedite economic returns from health research</p>	<p><i>We will have devised a system for alerting commercialisation entities to discoveries with potential, and have referred 5-10 HRC contracts through this system</i></p>	<p><i>Number of HRC contracts with commercial potential referred to secondary agencies</i></p> <p><i>Targets</i> Currently: New measure 2017/18: Not measured 2018/19: 3 2019/20: 3 2020/21: 5</p> <div data-bbox="1026 1008 1356 1167">  <p>Predicted trend</p> </div> <p><i>What does meeting our targets tell us?</i> That we are funding truly original ideas that with commercial potential through our assessment processes and managing to create a pathway to innovation for our researchers to follow</p>

⁷ A career progression is defined as moving to the next level of our Career Development Awards scheme, such as from a Masters to a PhD scholarship, or attaining research funding after completing a Career Development Award. This progression may not be linear.

Driver 3: Increasing engagement and connection

Adding value to realise our collective potential



Current landscape & challenges

We are fortunate to have many remarkable and talented health researchers in New Zealand producing extraordinary discoveries and advancing knowledge of how our bodies perform in health, stress and disease. They work in areas where vital knowledge is needed – because they want to make a difference. What has been missing up to this point, is an agency to co-ordinate activities and action an overarching plan for health research for all those who invest in such discoveries to follow. We will have such a plan in the New Zealand Health Research Strategy when it is published in mid-2017. One agency must step up and assume responsibility for co-ordinating the sector and enacting this plan, if we are to achieve the common goals without duplication, fragmentation and waste. We are ideally placed to do this.

We are committed to driving the results of the research we fund out to the people that need them. Part of that is ensuring that our health service institutions are 'research ready' and have a high degree of research literacy. We will work with the Ministry of Health to support their goal of embedding translation across the health sector. We need to engage directly with DHBs and other health providers. By working in partnership with our stakeholders we will make sure that we are addressing the issues that matter most to them, and increase the utility, uptake and impact of what we fund. We will create a direct conduit for the flow of relevant results out to our stakeholders and improve the involvement of the public and communities in every phase of the research process.

Good communication will be vital if we are to be successful. We have developed a Communications Strategy to guide our activities in this area and will be implementing this over the period of this Sol.

How will we shift the landscape?

If we are successful in our goals, the many and varied organisations delivering to New Zealand's health research needs will be working towards addressing the same priority issues. We will become a united force with a shared vision, supporting and facilitating common goals, rather than working in isolation. The flow of information between agencies will be continuous and efficient. We will have partnered across national agencies and government sectors to deliver crucial pieces of research that guide policy or provide urgent answers. Internationally, we will facilitate connections and garner valuable resources, expertise and opportunities for our best and our brightest researchers. Communities will help to achieve our research agenda, engaging in research to an extent that has never happened before. The New Zealand public will understand the value and impact of what we do and take pride in our national health research achievements.

The HRC's Plan

Our focus areas for Driver 2 & the funding outputs that fuel this driver

(see the HRC's Statement of Performance Expectations for details of our funding outputs & activities)



❶ Strengthen our strategic leadership role – co-ordination, connection & alignment across the system



❷ Work with others to speed translation



❸ Build international partnerships & increase opportunities for NZ researchers to engage with large international collaborations



❹ Communicate clearly with all our stakeholders, sharing the latest discoveries & promoting the benefit, value & impact of health research

Output 3. Co-funding relationships

Focus 1. Strengthen our strategic leadership role – co-ordination, connection & alignment across the system



There are dozens of government and non-government entities with an interest in health research in New Zealand. If we could better co-ordinate and direct the efforts of all those that are trying to make a difference, the collective power that we could harness to address New Zealand's greatest health issues would be phenomenal. Currently, efforts are fragmented and often duplicated. Having a National Health Research Strategy will help, but clear transparent and mutually agreed research priorities also need to be identified (see Driver 1, Action 1a).

The HRC must also find a way to connect all the national entities with an interest in health research so that information on what is being supported and what is needed can flow freely. We are currently working with MBIE and the Royal Society of New Zealand's Marsden Fund on aligning processes and sharing information, and there is more to be done on this.

Key to our efforts to co-ordinate and connect the health research sector will be doing everything that we can to enhance

the role of health service agencies in the research process. This means engaging directly with our DHBs, Public Health Organisations (PHOs), non-government organisations (NGOs), and other health and social service providers - including those providing services for Māori and Pacific peoples. Some iwi health providers are actively engaged in health research and we will make sure that their needs and priorities are reflected in the research agenda.

Proper engagement will mean involving health managers and practitioners in the design and conduct of research (a current focus) but also developing new ways to assist health and social service providers to implement innovations that have proven effective (a new focus for the HRC). Some of these findings will be generated in New Zealand, but many will come from robust research conducted and funded internationally, that we can adapt and adopt in this country.

Ensuring that interventions routinely include evaluation and cost-effectiveness components will mean that health service managers can be confident of the value of a given innovation when making the decision to implement it.

We also need a far greater emphasis on involving the communities that we all serve in shaping the entire research process. This extends from identifying the issues we address, through the design and conduct of projects, to disseminating what we have found.

We already have a major focus on developing research skills for health practitioners (Driver 2) and another on conducting research in partnership with health providers (Focus 3), these will be key contributors to success in this area.

We have been approaching cross-sectoral research questions through national partnerships since 2002. We now have 15 years of experience in establishing partnerships with other sectors including the environment, justice, and social services sectors. Our Partnership Programme is currently being refocused to build on what we have learned and take a more targeted approach. It will be instrumental in our efforts to address health issues arising from inequity.

We have recently partnered with MoH and the Healthier Lives National Science Challenge to invest \$6M in research on long-term conditions.

Actions for Focus 1:

- 1a) Work with others in the sector to establish what is needed and develop a mechanism for health research funders to better share information & align processes
- 1b) Partner with national stakeholders to increase the impact, utility and reach of research - including industry partners
- 1c) Re-design the Partnership Programme to align it with the New Zealand Health Research Strategy and the national health research priorities – once developed
- 1d) Launch a cross-government research initiative to address poverty and its health consequences

- 1e) Continue working closely with MoH's Senior Leadership Team and Chief Science Advisor on determining the most valuable areas for joint investment

Focus 2. Work with others to speed translation



We must ensure that the applied interventions we fund are not just translational, but transformative. We will develop our assessment processes to ensure we identify truly transformative research and enhance our ability to identify potential impact.

We need to look at existing barriers to translation and specifically address them. One barrier we are aware of, is the difficulty that DHBs have within budget constraints to do the necessary work to develop an implementation plan to introduce new interventions or changes to practice. We could ease the translation process by supporting more implementation science as a follow-on to successful intervention research and work with the MoH and the DHB sector to achieve results.

Our efforts towards increasing the economic benefits of research will be achieved through multiple pathways. Firstly, by identifying the right research questions, enabling translation and increasing impact, we create a more efficient health system and greater productivity, participation and wellbeing for our people. Secondly, we must better connect our investment in great ideas with commercial potential to that of other agencies, identifying significant advances and smoothing the pathway to development through these connections (Driver 2).

Actions for Focus 2:

- 2a) Engage research users in the research process - including consumers and communities
- 2b) Work with MoH to support their initiatives to ensure that translation is embedded across the health sector

- 2c) Develop vehicles specifically designed to promote the speedy translation of applied research into policy and practice
- 2d) Effectively progress ideas with commercial potential, by creating specific mechanisms to establish pathways to funding and uptake
- 2e) Ensure that Investment Plans reflect the importance of translational research

Focus 3. Build international partnerships & increase opportunities for NZ researchers to engage with large international collaborations



Our aim is to create a thriving international programme of research partnerships and networks that connects our researchers globally, raising the profile of New Zealand science and ensuring involvement in collaborative endeavours of value to New Zealand. These investments are made through the Catalyst Fund.

Since 2012, the HRC has had agreements in place to undertake collaborative research with the United States, the European Union and China, with a focus on non-communicable diseases. We are currently leading the 'Healthy Diet for a Healthy Life' component of the European Union Joint Programming Initiative, to develop a strategy and action plan for working with non-EU countries. We are also a member of the e-ASIA Joint Research Programme, to formulate and support joint international projects in the Asia-Pacific Region. We are now a member of the Global Alliance for Chronic Disease, which provides important opportunities for our researchers to engage with a major international initiative.

Our Chief Executive is a member of the Heads of International Research Organisations, keeping abreast of best practice and funding trends overseas, and ways that we can contribute to international efforts that will benefit New

Zealand. Our membership of the Human Frontiers Science Programme allows us to publicise international funding opportunities to New Zealand researchers.

Actions for Focus 3:

- 3a) Continue to grow the international programme of research opportunities, working closely with MBIE to ensure that our efforts are aligned
- 3b) Develop an International Investment Strategy to guide our activities in this area

Focus 4. Communicate clearly with all our stakeholders, sharing the latest discoveries & promoting the benefit, value & impact of health research



People need to know that their tax dollars are being invested in health research that will make a real difference to their lives and those of their children. Much of what we do is designed to help our citizens with the greatest needs - children, the elderly and the disadvantaged. Our investments have led to new treatments, and sometimes a complete cure, for debilitating and potentially terminal illness. Interventions developed with HRC funds protect New Zealand babies from harm every year, and result in babies surviving without disability that would otherwise have died or suffered permanent brain-damage. We have so many great examples of ways that our research has made a real difference to share, impacts that make it clear why we exist and the value of what we do. We must tell the public about the difference we make more effectively, and we will.

Our government stakeholders need to know the impact of our investments, so they can justify their investment in us. We must get better at quantifying that impact and communicating it. This is challenging because it goes beyond simply recording research outputs, like papers published, patents and new treatments. Really identifying benefit will require evaluation

of research interventions, cost-effectiveness analyses and other measures. This will likely necessitate changes to the funding opportunities that we offer as well as our evaluation framework. We need to work closely with our research teams in achieving this. We are committed to providing better impact data and this will be a major emphasis over the next three years.

Actions for Focus 4:

- 4a) Work with wider communities to engage them in the benefits and value of research
- 4b) Introduce improved systems for determining and communicating the impact and value of what we do
 - including creating a new HRC website that focuses on our public stakeholders and communicating simply and clearly what we have achieved
- 4c) Actively disseminate locally developed research activities and knowledge into both professional (local and global) and public communities

How we will ensure excellence and promote innovation in what we do

We will back the best collaborations and partnerships, facilitating access to major national and global collaborations for our researchers so that they can gain the benefit of that expertise and experience.

We will maintain quality data for national benefit, sharing our wealth of knowledge on health research with all interested parties and stakeholders. We will canvas the views of our stakeholders to ensure that we are meeting their needs and get their input on the best possible processes to drive the messages that we need to convey to them. We will continuously review and improve our processes until we are having the impact that we need to achieve.

How we will know if we have been successful

In selecting our key performance indicators we have chosen to focus on our efforts to speed translation and ensure that our health service institutions are 'research and innovation' ready, because failure to do this is a major barrier to the translation of research – and our ultimate goal of impact.

Our second measure is designed to show that we are increasing the global connectivity of our health research workforce, a key aim for developing our workforce, benefiting from expertise and high-end technologies not available in New Zealand, and getting international recognition for our health research. This recognition in turn attracts overseas talent to our shores.

Key performance indicators for Driver 3

Focus area	By 2021:	Key performance indicator (annual)
 <p>Work with others to speed translation</p>	<p><i>We will provide details of at least five research contracts that have led to a change in practice as a result of involvement of a health practitioner in the research</i></p>	<p><i>Number of positions for practising health practitioners on current contracts</i></p> <p><i>Targets</i> Currently: 348 2017/18: 300-400 2018/19: Maintain 2019/20: Maintain 2020/21: Maintain</p> <div data-bbox="960 470 1292 631"> <p><i>Predicted trend</i></p>  </div> <p><i>What does meeting our targets tell us?</i> That we are engaging DHB and PHO staff in the research process, and that the Clinical Research Training Fellowships that we provide are translating to more health practitioners being involved in research. Our longer-term target is designed to show us whether this engagement is making an impact</p>
 <p>Build international partnerships & increase opportunities for NZ researchers to engage with large international collaborations</p>	<p><i>We will have established a joint research programme with the Ministry of Health in areas of strategic priority</i></p>	<p><i>Negotiate a long-term research funding partnership between the Ministry of Health and the HRC</i></p> <p><i>Targets</i> Currently: There are a number of fragmented initiatives by no cohesive goals for a consolidated programme of research 2017/18: Create a Steering Group for the initiative and invest in the first strategic priority area – with the Global Alliance for Chronic Disease. The first call for proposals will be for research on mental health in Māori and Pacific youth 2018/19: Work with the Steering Group to identify further areas that align with the priorities outlined as part of the on-going work to implement the New Zealand Health Research Strategy (NZHRS) 2019/20: Invest in a second priority area 2020/21: Invest in a third priority area</p> <p><i>What does meeting our targets tell us?</i> That we are meeting our obligations with regard to the NZHRS and the Strategic Refresh of the HRC, aligning and co-ordinating government investment and working together to achieve joint goals</p>

Appendix 1: The HRC's functions under the Health Research Council Act 1990

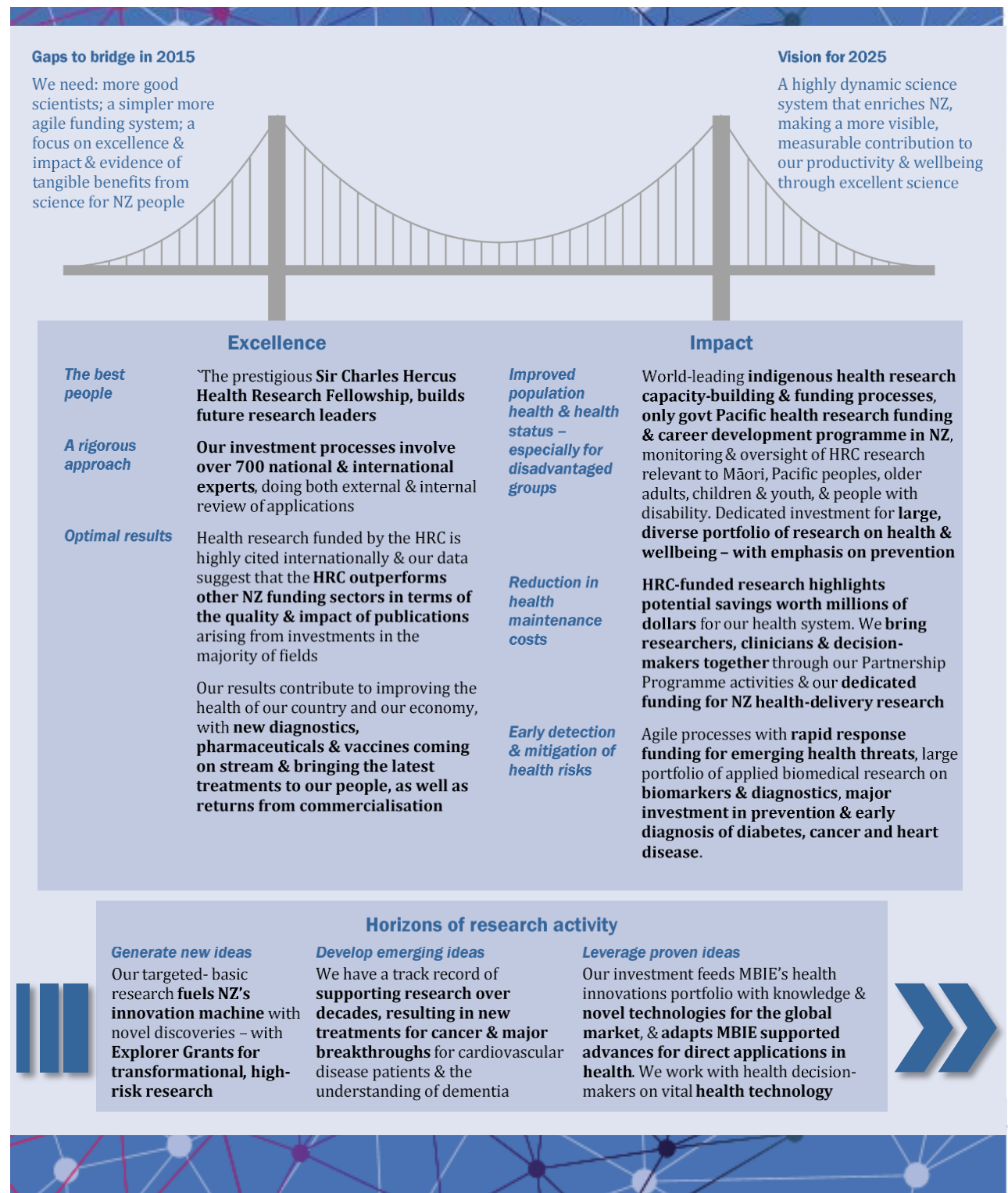
- a) To advise the Minister on national health research policy.
- b) To administer funds granted to the Council for the purpose of implementing national health research policy.
- c) To negotiate, once every three years, the bulk funding allocations that may be made to the Council by the Government for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

Appendix 2. The New Zealand Health Strategy – how we contribute to the strategic themes



Appendix 3. MBIE's National Statement of Science Investment 2015-2025 – how we build on the pillars of excellence and impact to bridge the gaps and support the vision

Showing the key components of MBIE's strategy (blue text) in realising the vision for 2025, based on the pillars of impact and excellence, and the ways in which the HRC is working to bridge the gap (black text)



Appendix 4. The HRC Board

Council membership

The Board of the Health Research Council meets between nine and 11 times per year. Membership of the Board is set out in the Health Research Council Amendment Act 1991, and comprises five persons who are or have been actively engaged in health research, and five persons who have skills and experience in areas such as community affairs, health administration, law or management, or knowledge of health issues from a consumer perspective.

Dr Lester Levy, CNZM - Chair



Dr Lester Levy, CNZM, MBBCH, MBA, FNZIM, is the appointed chairman of Auckland Transport as well as the Auckland, Waitemata and Counties Manukau District Health Boards. He is the Independent Chairman of Tonkin + Taylor and Professor (Adjunct) of Leadership at the University of Auckland Business School.

Lester is a graduate of Medicine and an MBA and has extensive management and governance experience in both the public and private sectors. He has been chief executive of South Auckland Health (now Counties Manukau

District Health Board), the New Zealand Blood Service and the MercyAscot group of hospitals (of which he was a founder). His previous governance experience includes roles as Chairman of Boards of Directors in the domains of private healthcare, biotechnology and film and television production. Lester is best known for leading a number of organisational performance transformations as a Chief Executive, entrepreneur and Chairman, in both the public and private sectors.

Previously seconded to the Department of the Prime Minister and Cabinet as an advisor, Lester has been awarded the prestigious King's Fund International Fellowship from the King's Fund in London as well as being made a Fellow of the New Zealand Institute of Management. He was appointed a Companion of the New Zealand Order of Merit (CNZM) in the 2013 New Year's Honours List for services to health and education.

Professor Andrew Mercer – Deputy Chair

Professor Mercer holds the Robert and Marjorie Webster Chair in Viral Pathogenesis, and is Director of the Virus Research Unit at the University of Otago, Dunedin. He leads a programme that combines research aimed at combating viruses with research seeking to exploit viruses for beneficial purposes. In 2009 Andrew was elected a Fellow of the Royal Society of New Zealand in recognition of distinction in research and the advancement of science.





Dr Matire Harwood (Ngāpuhi)

Dr Harwood is Senior Lecturer and Director Tōmaiora at Te Kupenga Hauora Māori, FMHS University of Auckland; a GP at Papakura Marae Health Clinic; Board member of Waitemata DHB; independent researcher; and editor for the Māori Health Research Review.

Ms Elspeth Ludemann

Elspeth Ludemann is a partner in a pastoral farming business in Oamaru; a former deputy chair of Waitaki District Health Services and a former chair of SAMS (Standards and Monitoring Services), a trust supporting and advocating for people with intellectual disabilities and their families.



Dr Conway Powell



Dr Powell trained as a botanist, worked as a scientist and was research centre director in agricultural and horticultural research for many years. He has published over 60 refereed papers, mainly in international journals, and held senior positions in the Southern Regional Health Authority from 1993 to 1998. He has consulted widely on primary health care developments for the Independent Practitioners Association, Primary Health Organisations, District Health Boards and pharmacy organisations, and has been a director on the Otago Chamber of Commerce for many years. Dr Powell also owns and operates an export flower growing business in Wanaka.

Professor Jeroen Douwes

Jeroen Douwes is Professor of Public Health and Director of Massey University's Centre for Public Health Research in Wellington. He obtained both his MSc and PhD in environmental epidemiology from Wageningen University, the Netherlands. He leads a comprehensive programme of public health research with a focus on respiratory disease and environmental and occupational health. He is also Principal Investigator of the recently established Infectious Disease Research Centre at Massey University. Before joining Massey University in 2002 he was a Postdoctoral Research Fellow at Otago University, Wellington, and Utrecht University, the Netherlands. Jeroen is Associate Editor of the *International Journal of Epidemiology and Community Health*.



Ms Suzanne Snively, ONZM

Suzanne Snively is an economic and business entrepreneurialism strategist. She was previously a Partner at PricewaterhouseCoopers and is Managing Director of MoreMedia Enterprises in Wellington. A US citizen, Suzanne arrived in Wellington as a Fulbright Scholar serving on Fulbright New Zealand's Board for 17 years (Chairing for seven years). Suzanne was a Director of the Reserve Bank of New Zealand, R A Hannah & Co and Wellington City's Capital Holdings. She is currently on the Whitireia New Zealand, Wellington Institute of Technology (WelTec), Diabetes New Zealand and Health Research Council of New Zealand Boards. Suzanne's New Zealand Order of Merit is for Services to Business and she was one of the 100 people honoured by the Queen in Women's Suffrage Year in 1993. Her memberships include the Institute of Directors, the Association of Economists and Global Women.



Professor Lesley McCowan, CNZM, MBChB, FRANZCOG, MD, CMFM



Professor Lesley McCowan is head of the Academic Department of Obstetrics and Gynaecology at the University of Auckland. She is a sub-specialist in maternal-fetal medicine at National Women's Health, and her main clinical interests are in management of high risk pregnancies, especially those with fetal growth restriction and preeclampsia. She has chaired the perinatal mortality review process at National Women's for many years and was a founding member of the national Perinatal & Maternal Mortality Review Committee (PMMRC) which reviews deaths of babies and mothers nationally.

Lesley is actively involved in medical research which aims to improve the health outcomes for mothers and babies. She is the Auckland principal investigator on the international SCOPE (Screening for pregnancy endpoints) Study which aims to identify women early in their first pregnancy who will later develop preeclampsia, preterm birth or have a growth restricted baby.

Another key research interest is prevention of stillbirth. She leads an HRC and CureKids-funded New Zealand study which aims to identify modifiable risk factors for stillbirth in late pregnancy, with a particular focus on the role of maternal sleep practices. Her research focus has recently expanded to include maternal obesity and the risk of complications for mother and child.

Associate Professor Suzanne Pitama (Ngāti Kahungunu)

Associate Professor Pitama is a registered psychologist who has been involved in Māori health research for more than 18 years. She is a keen advocate for kaupapa Māori-based methodologies and has interests in child mental health, Māori access to quality health services, and indigenous curriculum development. She is Associate Dean Māori and Senior Lecturer at the University of Otago, Christchurch, as well as Director of the university's Māori Indigenous Health Institute.





Professor Parry Guilford

Professor Parry Guilford is director of the Cancer Genetics Laboratory and the Centre for Translational Cancer Research University at the University of Otago. He is a co-founder of the publicly listed biotechnology company Pacific Edge Ltd and a deputy director of the Healthier Lives National Science Challenge.

Professor Guilford's current research interests include the genetics of inherited and sporadic cancers, particularly stomach cancer. Other active research areas are the development of genomic-based diagnostic tools for early cancer detection and personalised medicine.

Glossary of Abbreviations and Terms

Bibliometrics: The study of the influence that scientific publications have in a given field. A number of measures are used that include the relative impact factors of scientific journals, the number of times an article is cited in other publications and the expected number of citations, based on the world average for a particular discipline. Comparisons are made across countries and institutional funders, but never across disciplines.

DHB: District Health Board.

HRC: The Health Research Council of New Zealand.

Impacts: These are the impacts of our activities under our various Outputs, against which we have designed performance indicators to measure our progress towards our stated Outcomes.

IOACC: Improving Outcomes for Acute and Chronic Conditions Research Investment Stream.

MBIE: Ministry of Business, Innovation and Employment.

MoH: Ministry of Health.

NZHD: New Zealand Health Delivery Research Investment Stream.

Outcomes: The benefits that our Impacts will ultimately bring for New Zealand society. These are not directly measurable and so we track our progress through surrogate measures against our Impacts.

Outputs: The principal services that we provide and the functions we fulfil, through which we will achieve our impacts.

Peer review: Assessment by experts in the field in question - literally, the scientific 'peers' of the applicant.

Peer-reviewed publications: Articles published in journals that employ a peer-review process for selection, meaning that the article is thoroughly checked and challenged by scientists in the same field (peers) before publication. There is great competition for publications space in most peer-reviewed journals and only the best research is published. Consequently, peer-reviewed publications are a good metric for research quality.

PHO: Primary Health Organisation

Public health intervention: A programme that has been designed to improve public health, and shown to be effective by sound research evidence. Examples include programmes to help people stop smoking, or those aimed at preventing youth suicide.

RHM: Rangahau Hauora Māori Research Investment Stream.

Research Investment Streams (RIS): We have four RIS that collectively reflect the full spectrum of possible health research activities in New Zealand that the HRC may support. We use these streams to signal our priorities to the research community.

RIS: Research Investment Stream(s).

RPNZHD: Research Partnerships for New Zealand Health Delivery.

