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

Annual Report 2026

For the year ended 30 June 2026

New Zealand Government
Te Kāwanatanga o Aotearoa

Presented to the House of Representatives pursuant to Section 38 of the Health Research Council Act 1990 and Section 150(3) of the Crown Entities Act 2004

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Foreword

From our Chair

This Annual Report provides an overview of the Health Research Council of New Zealand's operations and performance during a year of substantial change that included the decision to disestablish the HRC as part of the Government's science, innovation and technology reforms.

The science system reforms are designed to maximise the value and impact of public investment in science and research and support economic growth and prosperity. A key part of the future science system is new entity Research Funding New Zealand (RFNZ), which will progressively assume responsibility for investment decisions across most publicly funded research domains, including health research.

The expected transition of the HRC's research investment activities and supporting functions is being phased to support continuity and minimise disruption. Progress this year included the appointment of an HRC Council member to the RFNZ Board, the establishment of a Transition Steering Group comprising representatives of the HRC, the Ministry of Health and the Ministry of Business, Innovation and Employment (MBIE), and publication of the Government's Science Investment Plan 2026-2036.

During 2025/26, the HRC began preparations for the transfer of functions and adjusted our investment and operational activities in response to budget reductions, as funding was reprioritised within the science sector. We are committed to working with RFNZ, MBIE and the health research sector to align with the future direction signalled in the Science Investment Plan, ensuring health research and health researchers are well positioned in the new system.

The HRC plays a strategic and stewardship role that bridges the health sector and science, innovation and technology system. Our aspiration is that all New Zealanders benefit from our world-leading, high-impact, high-value health research.

To achieve this, we invest in studies across the continuum of health research, from foundational biomedical research to prevention, screening and diagnostics, to the development and testing of new technologies and treatments, and improvements in disease management and healthcare delivery.

We strive to ensure health research delivers excellent value for public investment, makes a significant impact in priority areas, and generates value by keeping our population healthy and contributing to economic prosperity.

In 2025/26, more than 70% of our investment budget supported 292 active Projects and Programmes, and 10 active AI in Healthcare Projects with strong potential for innovation, technology and commercial benefit. Research outputs reported this year also demonstrate the impact of HRC investments, with 51 commercial collaborations, 11 patents awarded or pending, and 41 innovative technologies tested or implemented.

We invested $14.8 million in 71 clinical trials to support the timely translation of research findings into improved healthcare, including new drugs, tools or medical devices and new uses for existing drugs and treatments. Three clinical trials supported this year have a defined pathway to commercialisation.

The excellence and impact of HRC-funded research is evident in the outputs reported by research teams in 2025/26 which included more than 1,000 peer reviewed publications, many in the worlds' most prestigious scientific journals. The case studies selected for this Annual Report showcase some of the innovation, health gains, and commercial value that is generated for New Zealand through public investment in health research.
I thank the research community for their ongoing commitment to improving health outcomes and the health system for New Zealanders, through the conduct and communication of their excellent research.

For the majority of the period this Annual Report covers, the HRC was led by Lynne Bjarnesen and Stacey Pene who acted as co-Chief Executives. On behalf of Council, I thank them for their leadership and acknowledge the wider HRC staff for their ongoing commitment to the organisation's important work.

Finally, I welcome new Chief Executive, Professor Hannah Buckley who joined the HRC in July. Hannah's capability and experience mean she is well placed to champion health research and sustain organisational performance within a complex and changing research environment.



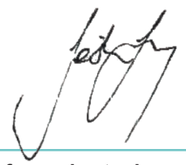


Professor Lester Levy, CNZM Chair

Statement of Responsibility

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 Performance and the judgements used therein.
- 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.
- We are responsible for any end-of-year performance information provided by the Health Research Council of New Zealand under section 19A of the Public Finance Act 1989, whether or not that information is included in the HRC's Annual Report.
- We are of the opinion that these financial statements and Statement of Performance fairly reflect the financial position and operations of this Crown entity for the year ended 30 June 2026.



Professor Lester Levy,
CNZM Chair

23 October 2026



Professor Jeroen Douwes
Deputy Chair

23 October 2026

From our Chief Executive

This Annual Report, my first as Chief Executive, demonstrates significant progress towards achieving our strategic goals and addressing government priorities within the evolving operating context of the science, innovation and technology sector reforms. In 2025/26, the Health Research Council invested in research to improve health outcomes, support the development of clinician researchers, and capitalise on the benefits of innovation and emerging technologies. Alongside this, the HRC has worked proactively with the Ministry of Health, MBIE and Research Funding New Zealand to support a successful transition to a new science funding system.

The HRC has a strong track record over more than thirty years of delivering excellent research that directly benefits the health and wellbeing of New Zealanders, informs policy and evidence-based decision making, builds researcher capability in health, and generates innovation and economic benefits.

The 2025/26 year saw the achievement of major milestones in the most significant change to New Zealand's research funding system in recent decades. These included the establishment of new entity Research Funding New Zealand (RFNZ), the decision to disestablish the HRC and transfer our various functions to RFNZ, MBIE or the Ministry of Health, and publication of the government's Science Investment Plan 2026-2036.

It was a privilege to join the HRC in July, and to be leading the organisation through this period of change. We are committed to continuing our strong focus on ensuring that HRC-funded research meets the needs of the health system and the New Zealanders it serves, maintaining the trust of the research community, and supporting a successful transition to the new system.

Ensuring health research and researchers are well positioned in the future state is at the heart of a successful transition. Since joining the HRC, I have met with stakeholders from across the health research sector. Their insights, alongside the experience and expertise of the HRC team are invaluable.

My academic field is ecology, but I have quickly come to appreciate the unique characteristics of health research, and the expert leadership the HRC provides in this area.

Our investment strategy has a clear focus on the outcomes that will be delivered for the New Zealand health system and the patients it serves. The case studies featured in this report showcase examples of our contribution to a safe, effective, evidence-informed, and innovative health system. In this work, we are supported by strong partnerships with the Ministry of Health, Health New Zealand, and research organisations throughout the country.

In 2025/26, we invested more than $115 million in health research. This included supporting 95 health delivery research contracts across a range of different grant types, to a combined value of $16.9 million. In addition, $14.8 million was invested in 71 clinical trials to support the timely translation of research findings into improved healthcare.

Workforce capability and capacity is critical to ensure New Zealand has the health research expertise needed, now and in the future, and to support translation and uptake of evidence and innovation within the health sector. The HRC has provided long-term support for the development of a growing workforce of clinician researchers who actively engage in conducting research in parallel to their frontline health delivery roles.

In 2025/26, the HRC provided opportunities for 1,244 named investigators with clinical training, of which 987 are currently practicing clinicians, to lead or contribute to HRC-funded research. This included 1,145 roles held by medical professionals, 164 by nurses, and 402 by allied health professionals.

The HRC has a specific responsibility for oversight of health ethics in New Zealand, including advising on clinical trials and studies involving gene technology. This work is critical to keeping the health research system ethical and safe and maintaining the trust of all those who generously participate in research.

This annual report emphasises the dedication and talent of all those who have given their valuable time, skills and expertise to the assessment and conduct of health research, during a period of considerable change. I want to acknowledge and thank all those involved: health researchers, support and technical staff, peer reviewers, assessing committee members, the HRC's statutory and standing committees, our Council and the HRC team. I am proud to introduce the achievements outlined in the following pages.



Professor Hannah Buckley
Chief Executive

Who we are

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

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

This year, we have invested more than $115 million in research across all health disciplines, including biomedical, clinical, public health, and health delivery domains.

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

Our major activity is investing in health research that:

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

Key facts about the HRC

Crown agent

- Established through the Health Research Council Act 1990.

Accountable to:

- The Minister of Health (responsible Minister under the HRC Act).
- The Minister of Science, Innovation and Technology (funding).

Aspiration:

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

Principal statutory functions under the HRC Act 1990:

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

Our strategic intentions from our Statement of Intent:

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

1 Our Impact Investment Report (https://www.hrc.govt.nz/resources/investment-impact-report) is published every three years and demonstrates the effectiveness of the HRC's investment in health research by highlighting a diverse range of research impacts in health outcomes and wider economic, environmental, and broader social benefits.

What we do

The HRC plays a strategic role that bridges the health sector and the science, innovation and technology system. We provide leadership and expertise in a highly specialised field and have established a strong, connected, and stable environment for health research in New Zealand.

Guided by the goals of Government, the HRC invests in the research skills and evidence required to address priority health issues and to prepare our country for current and future health challenges.

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

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

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

We support research from early activation and seeding stages through to Project and Programme stage, ensuring the most innovative ideas and solutions can make a real-world difference. We also initiate targeted research in areas of specifically identified high health need, where we see evidence gaps and opportunities, or where a rapid research response is needed.

Building a skilled workforce able to understand and meet the health needs of our population is pivotal to building the evidence and solutions needed to improve health outcomes for all New Zealanders. We do this by providing research opportunities for emerging researchers and our future research leaders, including opportunities for Māori and Pacific health researchers. We support the enhanced development of clinician researchers, to help bridge the gap between research findings and clinical practice and support a learning health system.

Our ethics and regulatory committees are a key national resource and integral to ensuring New Zealand's health research is ethical and safe. We advise the Minister of Health on the safe uptake of new health technologies and the conduct of clinical trials.[4]

The HRC manages a fair and robust funding process involving peer review and expert committees. From the design and scope of funding rounds through to our assessment criteria, we ensure New Zealand's finite health research dollars fund proposals with a clear line of sight to improving health outcomes, addressing government priorities, and having the greatest likely impact.

As a Crown entity, and part of the wider public service, we strive to deliver the best value for public investment through innovative and efficient service delivery.

The science system reforms

The 2025/26 year saw the achievement of major milestones in the Government's science system reforms, the most significant reset of our science, innovation and technology system in more than 30 years.[5]

As part of this work, an in-principle decision was made by Cabinet to disestablish the HRC, with our various functions to transfer to Research Funding New Zealand, the Ministry of Business, Innovation and Employment (MBIE), and the Ministry of Health. These changes require legislative change and will be phased over time, with full transition of health research funding responsibilities expected to be completed in 2028.

In 2025/26, we worked with MBIE and the Ministry of Health to proactively prepare for the future disestablishment of the HRC, pending legislation, and the transition of health research investment decision-making to Research Funding New Zealand, and of other key functions to MBIE, and the Ministry of Health.

The HRC is committed to playing our part to support a smooth transition and ensure health research and health researchers are well positioned to contribute to the goals of the science sector reforms. These goals being to maximise the value and impact of public investment in science and research and support New Zealand's economic growth and prosperity.

2 For information on health system targets and priorities see: https://www.healthnz.govt.nz/about-us/what-we-do/planning-and-performance/health-targets
https://www.health.govt.nz/publications/government-policy-statement-on-health-2024-2027
https://www.health.govt.nz/publications/new-zealand-health-research-strategy-2017-2027
3 https://www.mbie.govt.nz/business-and-employment/economic-growth/going-for-growth; https://www.mbie.govt.nz/dmsdocument/32023-science-investment-plan-2026-2036
4 Our approach is aligned with the code of expectations for health entities' engagement with consumers and whānau
https://www.hqsc.govt.nz/resources/resource-library/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau
5 https://www.mbie.govt.nz/science-and-technology/science-and-innovation/refocusing-the-science-innovation-and-technology-system

The year at a glance

The HRC supported 710 active research contracts, investing $115.3M during the financial year to 30 June 2026.

These contracts are at various stages of their funding terms, ranging from a few months through to seven years. The figures below represent payments across all our active contracts during the year ending 30 June 2026.

$68.4M

Research, evidence and solutions - major Programme and Project grants that deliver innovation and impact

250 Contracts

- 32 Programmes
- 181 Projects - general
- 21 Projects - Māori
- 16 Projects - Pacific

$20.9M

Engaging the health sector in research

155 Contracts

- 73 Clinical Career Development Awards
- 38 Health Delivery Career Development Awards
- 42 Health Delivery Projects
- 2 Health Delivery Activation Grants

$9.2M

Investing in the people and skills New Zealand needs now and for the future

131 Contracts

- 5 Ethics Career Development Awards
- 49 Māori Career Development Awards
- 38 Pacific Career Development Awards
- 39 General Career Development Awards



$8.4M

Targeted research needs and opportunities

43 Contracts

- 10 Artificial Inteligence in Healthcare
- 4 Domestic partnership grants
- 4 International partnership grants
- 3 Negotiated funding agreements
- 22 Ngā Kanohi Kitea

$8.4M

Seeding innovative, impactful and transformative research

131 Contracts

- 74 Emerging Researcher First Grants
- 56 Explorer Grants
- 1 Feasibility Study

Research supported by the HRC in 2025/26 by portfolio

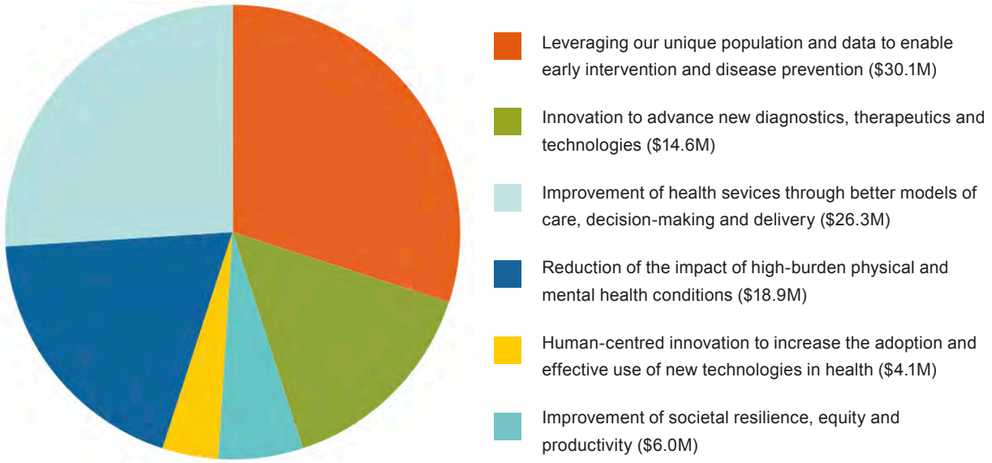


Our 2025/26 investments span the full spectrum of health research disciplines and are well aligned with the opportunities described in the recently published Science Investment Plan 2026-2036.[6]

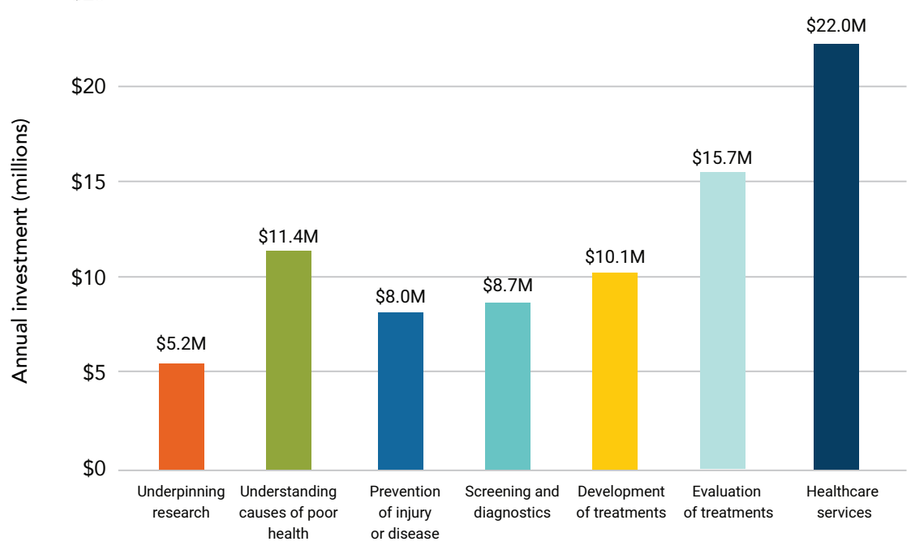
6 https://www.mbie.govt.nz/dmsdocument/32023-science-investment-plan-2026-2036

Research supported by the HRC in 2025/26 by science system priority

The Science Investment Plan identifies six opportunities for its Healthy People and a Thriving Society pillar that are research investment priorities for the 2026-2036 period. The infographic below shows how the HRC's current investments map against these priorities.[7]



Research context of Project and Programme grants



Our major investments are in multi-year Project and Programme grants led by experienced researchers. In 2025/26, these grants supported studies across the health research continuum, from foundational biomedical research to prevention, screening and diagnostics, to the development and testing of new technologies and treatments, and improvements in disease management and healthcare delivery.

7 This infographic excludes $15.3 million investment in Career Development Awards to support workforce capability.

We invested in research to advance health service delivery through better models of care, technology, and decision-making.

The HRC invests in excellent research and researchers whose work makes a tangible difference to health delivery policy, practice, and systems. Across our active contracts, 258 supported research with the potential to lead to improved outcomes for patients and stronger health system performance in the short- to medium-term (total annual investment $62.5 million).

In 2025/26, HRC-funded research supported a collaborative, learning health system staffed by skilled clinician researchers.

Research opportunities for clinicians in 2025/26

1,244 unique named investigators on HRC contracts with clinical training

- **685** researchers with training in medicine
- **149** researchers with training in nursing
- **14** researchers with training in dentistry
- **409** researchers with training in allied healthcare



987 unique named investigators are currently practicing clinicians

71[8] clinical trials and 58 clinical studies

61 Clinical Training Research Fellowships and 11 Clinical Practioner Research Fellowships

We invested in research that is likely to lead to new or improved medical products and processes, more effective clinical protocols and techniques, and the use of technology to improve health delivery.

Advances for the delivery of healthcare

40	18	19	24	26
innovations in delivery of healthcare	contributions to new or improved clinical guidelines	refinements to the use of drugs or biologics	contracts developing or refining innovative medical procedures	contracts developing or refining new medical equipment

8 The 71 clinical trials and 58 clinical studies in the infographic include 71 multi-year Project and Programme grants, 42 career development awards, 1 Independent Research Organisation grant, 12 Emerging Researcher First Grants and 3 Explorer Grants contributing to clinical research.

CASE STUDIES

AI-guided treatment of critically ill patients

A major clinical trial involving 50 hospital intensive care units (ICUs) throughout New Zealand and Australia is testing if artificial intelligence (AI) can help doctors save more patients' lives who are on life support.

Clinical researcher Professor Paul Young, Deputy Director of the Medical Research Institute of New Zealand and Co-Clinical Leader of the ICU at Wellington Hospital, received a $5 million HRC Programme Grant in June 2026 to lead this new trial that will recruit more than 24,000 patients.[9]

The 'REVOLUTION trial' will be the first major clinical trial worldwide to evaluate whether AI-guided treatment using machine learning improves survival in the ICU. If so, it could set an international benchmark for the safe, transparent, and rigorous application of AI-derived models in clinical decision-making.

Professor Young and his team will use machine learning to evaluate the best targets for delivering oxygen to patients on life support in ICUs.

About twenty million people require life support around the world each year, and oxygen is the most widely used ICU therapy.

Professor Young says they will first refine and optimise their machine learning model using data from their recently completed HRC-funded Mega-ROX trial – the world's largest ICU trial involving 40,003 patients from 137 ICUs in 14 countries.

The model will use these data, together with personal data submitted by clinicians when patients are admitted to the ICU, to estimate the individual benefit – or harm – of higher versus lower oxygen levels for patients on life support.

From there, they will compare the personalised delivery of oxygen treatments to patients when doctors use machine learning to help them decide what level of oxygen each patient receives, versus the standard approach when doctors decide the oxygen level without AI.

"We aim to use machine learning to transform critical care from a 'one-size-fits-all' model to a personalised care model," says Professor Young.

"It is easy to imagine a scenario where a treatment benefits a population 'on average' but where only a small group of patients benefit greatly, and most are in fact harmed. Machine learning could provide the information clinicians need to ensure they give the treatment only to those patients who will benefit and not to those who will be harmed."

Professor Young says the potential global public health benefits of using AI to optimise a common therapy like oxygen for patients who need life support in the ICU are profound.

"By implementing our findings, hundreds of thousands of lives could be saved each year in ICUs around the world, even if our trial confirms only a modest reduction in deaths."

Nationwide rollout of new diabetes technologies

University of Otago Professor Ben Wheeler, Professor Martin de Bock and team's collective research and collaborations with industry with the help of HRC funding have directly driven the nationwide adoption of automated insulin delivery and continuous glucose monitoring for New Zealanders living with type 1 diabetes.

This landmark achievement, which was confirmed in October 2024 when Pharmac announced full funding of these technologies for all New Zealanders with type 1 diabetes, was underpinned by the team's research and leadership in partnership with Diabetes New Zealand and the diabetes community.

The team's clinical trials and contribution to international guidelines have helped make automated insulin delivery the gold standard globally for treating type 1 diabetes. Professor de Bock says in Canterbury and the West Coast, paediatric insulin pump use has increased from 18% to 95% in 6 years due to the development and commitment of a highly skilled workforce and improved technology access.

"We are very lucky in New Zealand with the mindset of the stakeholders, health professionals and researchers. Everyone had a common goal: how fast and how hard can we go to get this technology to all New Zealanders who need it? We ran clinical trials of the highest standard in half the time it would normally take in some international centres."

Professor Wheeler says that in many New Zealand clinics, more than 90 percent of children with type 1 diabetes are now using automated insulin delivery pumps, vastly improving their quality of life and long-term health outcomes.

The team has ongoing work trying to achieve this same goal for all New Zealanders living with type 1 diabetes regardless of age or region as part of two HRC Health Delivery Project Grants. They also have work underway to test these technologies in adult patients with type 2 diabetes.

9 Funding from the HRC will support the New Zealand component of the trial, while the NHMRC will fund the Australian component

Our investment fostered innovation and technological advances in healthcare.

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

Economic outputs

292
Projects and Programmes active

189
focused on an innovative product, process or service

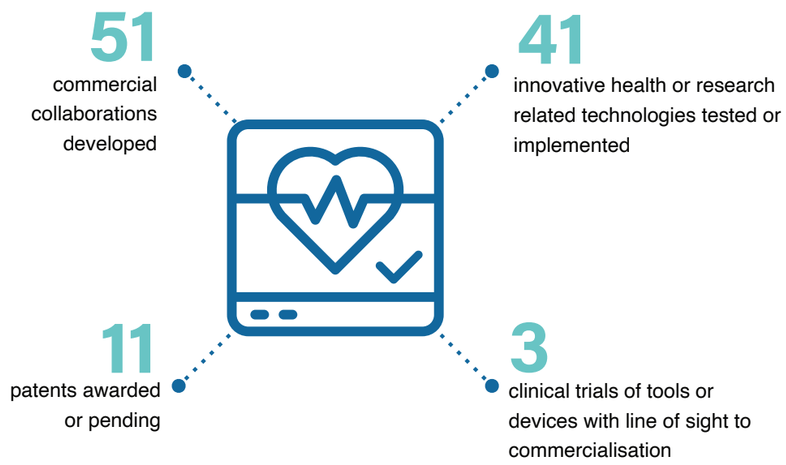
51
likely to produce commercial value

110
using or developing new technologies

37
utilising precision health technology

In 2025/26, we invested in 292 active Projects and Programmes ($82.1 million) and 10 AI in Healthcare Projects ($1.9 million) with strong potential for innovation, technology and commercial benefit.

Economic and technology benefits



The outputs in the infographic above are economic and technological advances that were reported in 2025/26.

CASE STUDY

Implantable device set to transform management of hydrocephalus

Hydrocephalus or ‘water on the brain’ is a neurological condition that is fatal unless a tube (shunt) is surgically implanted to drain excess cerebrospinal fluid from the brain. Patients and their caregivers live in constant fear that the shunt will block, and frequent visits to the emergency department are common.

Seventy percent of these emergency department presentations are false alarms, leading to undue hospital admissions, expensive MRI or radioactive CT scans, personal costs, and stress.

Professor Simon Malpas of the Auckland Bioengineering Institute and Faculty of Medical and Health Science at the University of Auckland and a team of engineers, physiologists, and clinicians have previously received HRC funding for early prototyping, performance testing, and animal testing for an implantable sensor to enable remote measurement of brain pressure. The HRC recently funded the first in-human clinical trial, which began in New Zealand in 2024 with 20 patients with hydrocephalus.

The team have developed a world-first microcomputer to measure pressure within the brain. The device is the size of a few grains of rice, weighing 0.3 grams, and is injected deep into the brain at the time of the shunt surgery (using the same drilled hole). To power the implant and receive the measured pressure data, a wand is held over the head near the sensor. The readings are then easily viewed in an app and can be securely sent to hospitals to allow remote and non-invasive monitoring of patients, whether required regularly or when symptomatic.

The technology has led to a new company, Kitea Health, created in 2022 to develop remote physiological monitoring through implantable devices.

Kitea Health was awarded Breakthrough Device Designation by the FDA in late 2024. This will accelerate the development and regulatory process.

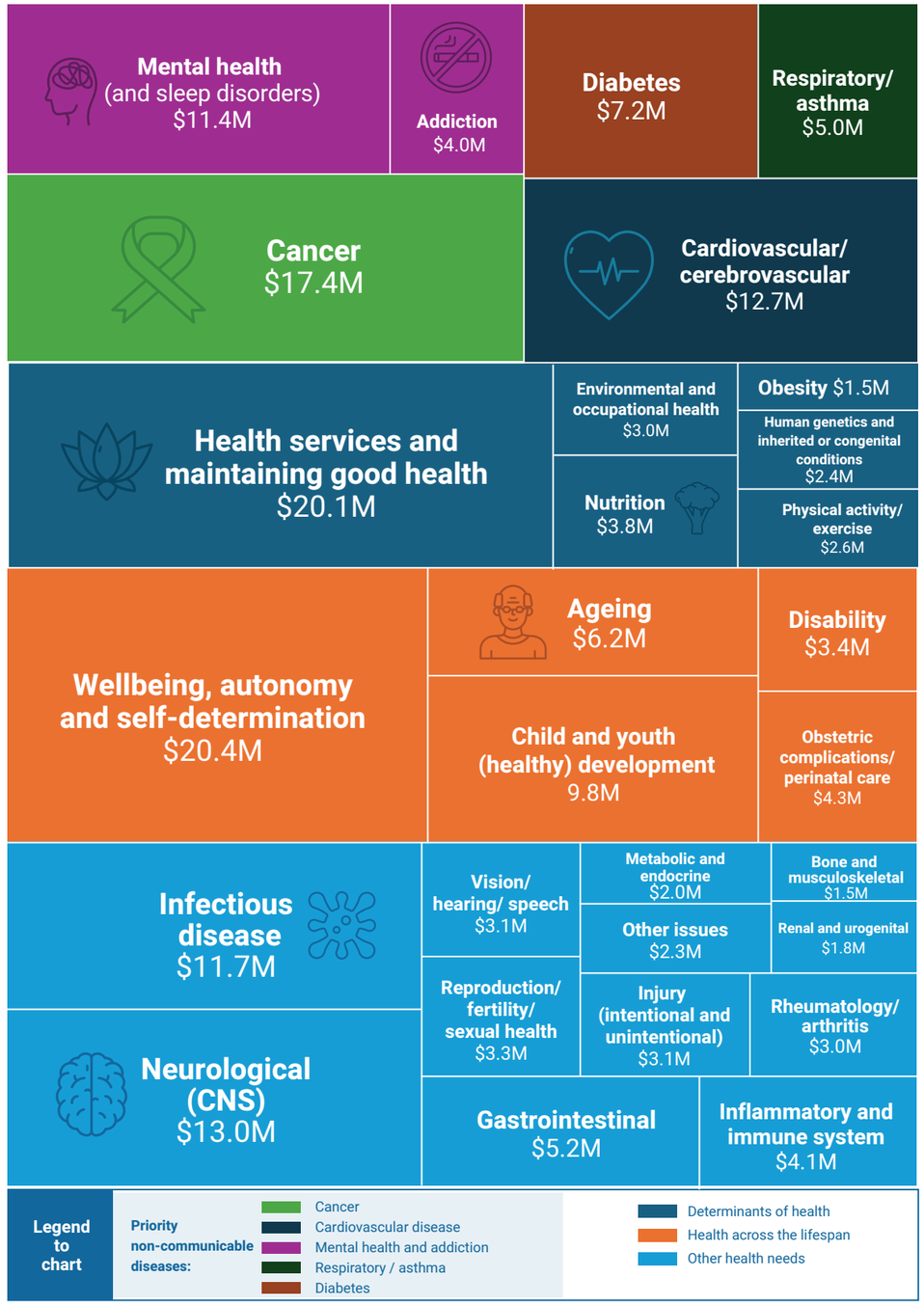


The device is New Zealand’s first implantable medical technology and has been hailed by neurosurgeons as a “gamechanger”. It has potential to revolutionise hydrocephalus treatment by allowing patients to monitor their brain pressure at home, thus reducing hospital costs (by an estimated 40%) and providing much needed reassurance for hydrocephalus patients and their whānau.

It is expected to improve global management of hydrocephalus and bring timely, cost-effective care and economic benefits to New Zealand.

We supported research into high-burden health and mental health conditions

We invested in a wide range of studies into high-burden health conditions and determinants of disease that contribute to extending productive lifespans and reducing demand on health services.[10]



10 Infographic: Research supported by the Health Research Council for year ending 30 June 2026, by primary or secondary relevance to health issues (in millions). Our contracts span a range of health issues and priorities, including the five priority non-communicable diseases identified in the Government Policy Statement on Health 2024-2027 (cancer, cardiovascular disease, mental health and addiction, diabetes and respiratory disease/asthma). Researchers assign the primary and secondary health issue for all our major grant types and for many of the smaller ones as well. If a grant has two health issues assigned, the relevant investment is counted for both health issue categories, so the total value presented in this infographic is greater than our total investment for the year. There were 644 active contracts with an assigned health issue.

CASE STUDIES

Discovery improves the potency and safety of cancer-killing immunotherapy treatment.

CAR T cell therapy reprogrammes a patient's own immune cells (T cells) to directly identify and attack cancer cells and is normally given to patients who have hard-to-treat and/or resistant cancer.[11] While it is currently FDA-approved for treating some blood cancers, including multiple myeloma, solid cancer tumours have proven much harder to treat.

Through work funded by a Health Research Council (HRC) Project Grant, a team of University of Otago researchers led by Professor Alexander McLellan discovered a new combination of cell types that improve CAR T cell therapy and additionally developed a switch that turns on CAR T cells only when they encounter cancer, improving the safety and efficacy of the treatment – including treatment of solid cancer tumours.

The team discovered that a subset of cells called natural killer cells, which they knew helped T-cells from their previous work, could also help CAR T cells. The team developed a method to expand natural killer cells that are normally discarded during CAR T cell manufacturing.

Professor McLellan says natural killer cells are safe and don't cause graft-versus-host disease even when they're come from an unrelated donor, a feature that gives them great potential to be combined with T cells.

"We believe our combination therapy could improve the relapse rate with CAR T cell treatment and expand its use to solid cancers because it re-energises the CAR T cells and makes them work harder. Every cancer we've treated so far – leukaemia, lymphoma, multiple myeloma and breast cancer – has responded significantly better to this combination therapy," says Professor McLellan.

One of the ways the combination therapy works is through the development of an inducible promoter system, which is like an accelerator pedal that can be put from idle to full throttle.

"This system allows us to genetically control the CAR T cells and put them into 'idle mode' when not in contact with cancer cells. This means the CAR T cells don't wear themselves out and reprogramme into unhelpful tired cells."

Professor McLellan says the next step towards clinical trials application is to get their unique products licensed for public use in New Zealand.

Trial to test innovative music and movement programme for dementia prevention



A music and movement programme developed by jazz drummer Ronnie Gardiner for treating people with neurological conditions like stroke and Parkinson's disease will be tested for the first time in New Zealand with patients with mild cognitive impairment to see if it could also prevent dementia and keep older people independent for longer.

Professor Ngaire Kerse, MNZM, received a 2026 HRC Project Grant to test the Ronnie Gardiner Method (RGM) in New Zealand patients diagnosed with mild cognitive impairment, which is where they are still living independently in the community but have some memory problems. Up to 190 patients will be recruited from Auckland, Christchurch and Dunedin through the dementia prevention research clinics at the Universities of Auckland and Otago, and directly from the community.

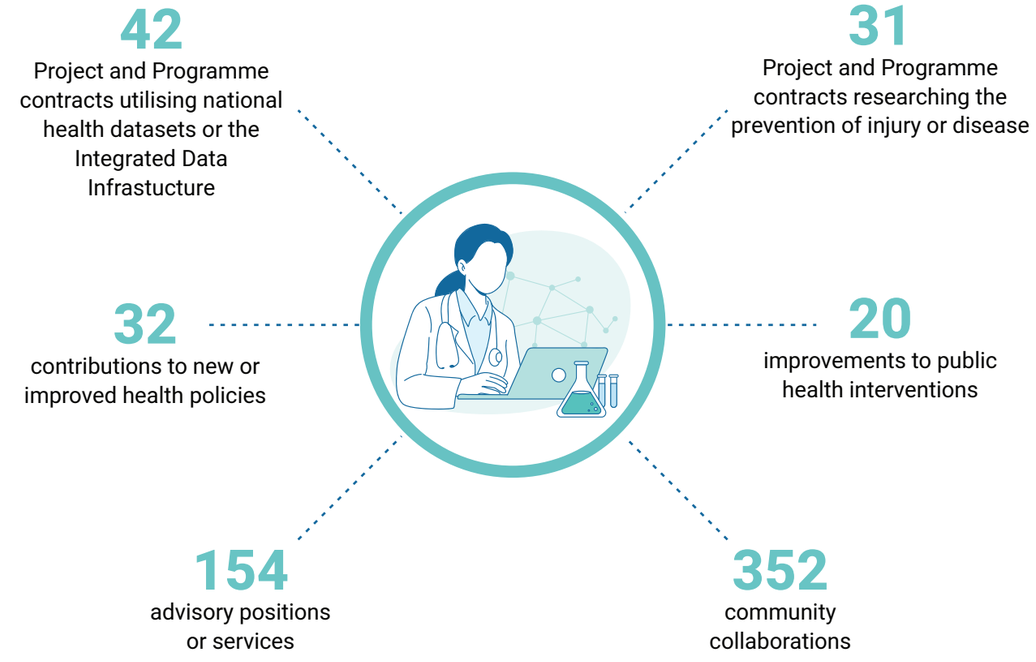
The RGM is used in the Netherlands by up to 400 trained practitioners every day in both healthy older people as a cognitive stimulus, and in people with neurological difficulties. It uses all the senses and involves significant cross brain activity, including systematically moving to a music beat while learning a different language with nonsensical words like 'ting', 'bar', 'chick' and 'boom'. The RGM was introduced to New Zealand about 10 years ago and there are now enough practitioners using it to enable a trial.

Patients will be randomised to either the RGM or an existing falls prevention programme. Professor Kerse, a falls prevention specialist, says patients with cognitive problems have a greater risk of falling – and patients with dementia at least a six times greater risk – so the research team want to ensure that if the RGM is shown to improve cognition, it doesn't also increase the risk of falls.

"Dementia affects all parts of the brain – frontal, central and motor and sensory cortex, and the vision system. This programme actively exercises all those areas. We're asking patients to concentrate, anticipate, plan, inhibit – all these things go together to be working memory and executive function, which is what you need for living independently," she says.

11 CAR T cell therapy stands for Chimeric Antigen Receptor T cell therapy.

We invested in studies that draw on NZ's unique population and data to improve health outcomes through effective interventions and disease prevention.



We supported research that leverages New Zealand's unique population, cultural knowledge, and longitudinal data assets to deliver health and social impacts. This included investing in studies that draw on a broad range of patient experiences and needs, including research into areas and populations with high health need, to improve health outcomes.

He Ara Whakahihiko Capability Fund

In 2025/26, the HRC awarded $2.0 million from MBIE's He Ara Whakahihiko Capability Fund to four biomedical and clinical studies with potential to strengthen Māori health research capability, create clear pathways to impact, and deliver health and economic outcomes. This new investment builds on our existing portfolio of Māori-led research and research into solutions to health issues that impact Māori (see also Output 1, page 47 and Output 3, page 55).

CASE STUDIES

Addressing major gaps in knowledge to improve the health of young Pacific peoples in New Zealand

Pacific peoples in New Zealand generally report high levels of life satisfaction, family wellbeing, and strong social connections. However, young Pacific adults experience greater psychological distress than the general population and are at greater risk of developing obesity, type-2 diabetes and heart disease. They are also more likely to experience educational and economic disparities.

A five-year HRC Programme,[12] led by Professor El-Shadan Tautolo, Director of the Auckland University of Technology's Pacific Health Research Centre, has been investigating the factors and mechanisms that affect the health and wellbeing of young Pacific adults. The programme builds on the highly successful Pacific Islands Families birth cohort study of 1,398 Pacific infants born in South Auckland in 2000, and results from the Growing Up in New Zealand longitudinal study and New Zealand Health Survey.

Professor Tautolo says the focus is on finding the pathways that support thriving, resilient, outcomes as these young Pacific adults and their families negotiate critical lifecourse transitions.

"This research will fill a significant gap in our knowledge of young Pacific people's wellbeing in New Zealand. It will provide robust evidence-based recommendations to equip Pacific communities with the tools to improve their own outcomes and help government and community groups drive effective policies and programmes that make services and health promotion activities more accessible, acceptable, and effective for young Pacific peoples."

Christchurch longitudinal study provides unique insights into addiction and mental health



In 2025/26, the HRC continued its investment into one of the longest-running birth cohort studies in the Southern Hemisphere – the Christchurch Health and Development Study. This study follows the lives of 1,265 people born in Christchurch in 1977 and has made major contributions across a range of fields in the biomedical and social sciences and provided strong evidence for changes in public policy, particularly alcohol and drug policy.

University of Otago Professor Joe Boden, who has worked on the study for more than 20 years, says their results have consistently shown that harmful alcohol use develops over many years and is strongly influenced by family, social and development factors rather than an isolated behaviour. Their substance use work has produced important research on cannabis use and identified predictors of methamphetamine use, a priority issue for New Zealand mental and addictions services.

"Our findings have direct relevance to prevention because they show that methamphetamine use is embedded in broader developmental pathways involving temperament, family risk, peer context, and behavioural dysregulation," says Professor Boden.

Mental health is one of the study's strengths, with research showing that interventions such as positive relationships and strong social support can reduce the effects of childhood adversity. The research team also linked in with the Dunedin Study to show that mental health disorders are much more common across the lifecourse than often thought.

"Our combined data shows that if you survive until age 60, your chances of having a mental health disorder at some point in your lifetime is about 90 percent," says Professor Boden.

As the study participants enter midlife, recent studies have examined menopause, body weight, cardiovascular risk, oral health, environmental influences on health, and factors contributing to healthy ageing.

12 The 'Lifecourse Trajectories for Young Pasifika in Aotearoa' HRC Programme began in October 2024.

HPV self-testing uptake key to prevention of cervical cancer

Screening for high-risk human papillomavirus (HPV) with appropriate subsequent treatment in combination with a programme of vaccination against HPV could prevent nearly all cervical cancers.

In New Zealand, the National Cervical Screening Programme (NCSP) has been successful at reducing cervical cancer cases and deaths; however, the health outcome improvements are not shared equally across the population and around 55 people are still dying of this preventable cancer every year.

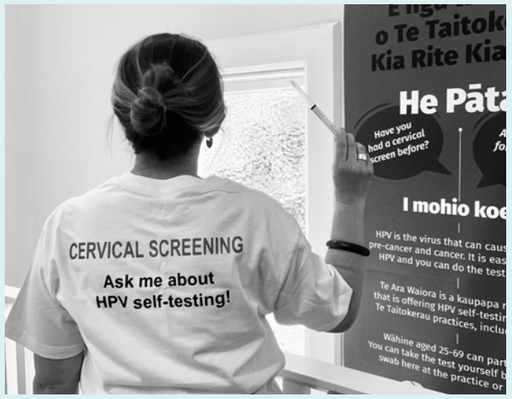
Research funded by the HRC from teams led by Professor Bev Lawton ONZM (Ngāti Porou), Victoria University of Wellington and Professor John Potter (Massey University) have been instrumental in the National Screening Unit's plans to introduce HPV testing into the National Cervical Screening Programme. HPV testing as a screen is more effective than cytology (the traditional Pap smear exam) at preventing cervical cancer and women can do it themselves.

Self-testing to obtain a sample for HPV is also as effective as sampling by a doctor or nurse and has been shown internationally to improve cervical screening participation, but the acceptability and uptake for women in New Zealand who did not participate in the national screening programme was unknown.

Professor Lawton led a community-based randomised control trial in partnership with primary care and Māori communities that compared usual care with an HPV self-testing programme for Māori women in rural or small urban environments. Women were opportunistically offered screening through community outreach at clinics, community centres, or home, by a trusted kaiāwhina, nurse, or doctor.

In a different study, Professor Potter and team conducted a community-based randomised controlled trial to investigate whether self-sampling increases screening participation among un- or under-screened Māori, Pacific, and Asian women in Auckland.

Professor Lawton found a nearly three times increase of uptake of screening in un- or under-screened Māori women who were offered HPV self-testing compared to the control group, while Professor Potter's work showed



that self-sampling was greatly preferred over a standard Pap smear (a healthcare provider collected sample); these non-European women were least served by the screening programme then in place.

Professors Lawton and Potter say this research has directly addressed barriers to access for communities of women with high health needs.

In May 2026, the findings of Professor Lawton and her team's second randomised controlled trial, funded by the HRC and the Ministry of Health, to test if universal HPV self-testing for cervical screening increased screening coverage compared with usual care (cytology using a speculum) were published in the Lancet Obstetrics, Gynaecology, & Women's Health.[13] The results show that switching to a universal offer of HPV self-testing increases screen uptake for all eligible people, not just those who are under-screened, a finding that will have global impact.

The evidence generated from these trials directly informed the major change to the National Cervical Screening Programme seen in September 2023 with the introduction of HPV as the primary test and the new option of self-swabbing.

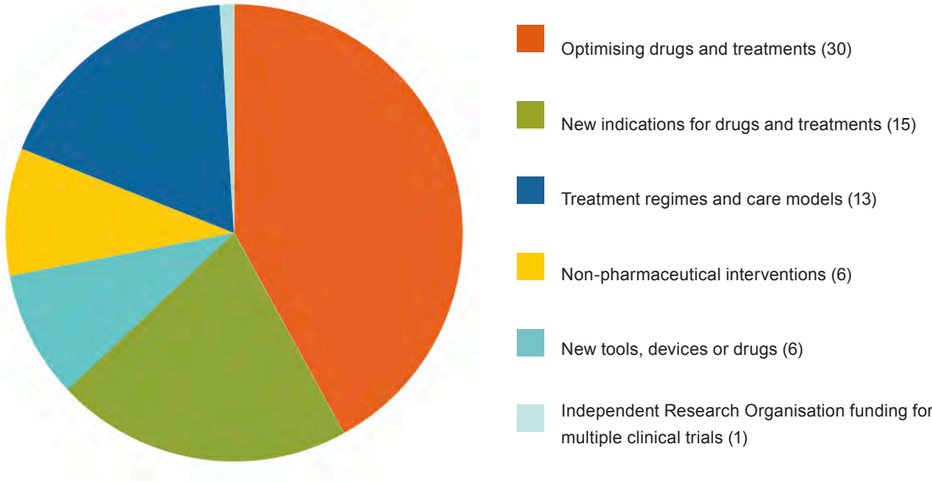
Between September 2023 and September 2025, 794,000 people had their HPV screening check, with approximately 82% using self-tests.[14] The introduction of HPV self-testing has seen the number of HPV tests returned increase from approximately 30,000 per month before launch of self-testing to 50,000 per month after launch. Since September 2023, overall HPV screening coverage has increased by 11%, with relative increases of 19% for Māori and 34% for Pasifika.[15]

13 Lawton B, Gibson M, Slater T et all. Primary cervical screening using a universal offer of human papillomavirus self-testing versus usual care in Aotearoa New Zealand: a cluster-randomised, non-inferiority trial. The Lancet Obstetrics, Gynaecology, & Women's Health, 2026; 2, e425-e434
14 Health New Zealand
15 Health New Zealand and National Kaitiaki Group

Our investments in clinical trials supported the timely translation of research findings into improved healthcare across New Zealand.

In 2025/26, we supported 71 clinical trials to a value of $14.8 million,[16] including 52 major, multi-year Project and Programme Grants and 19 smaller grants including Explorer Grants and support for emerging clinical researchers.

HRC-funded clinical trials by category



The largest proportion (42%) of clinical trials we supported in 2025/26 studied existing drugs and treatments to determine their optimal use in healthcare settings. A further 30% focused on new drugs, tools or medical devices or new indications and uses for existing drugs. Three of our currently funded clinical trials have a defined pathway to commercialisation.

HRC-funded clinical trials are part of national and international networks and partnerships which support the timely sharing of knowledge and data, including:

- Australia and New Zealand Intensive Care Society Clinical Trials Group
- Trans-Tasman Acute Rheumatic Fever Research Network
- Interdisciplinary Maternal Perinatal Australasian Clinical Trials (IMPACT) Network
- PLatform for Adaptive Trials in Perinatal Units (PLATIPUS)
- The Paediatric Research in Emergency Departments International Collaborative (PREDICT) Network

16 As defined by researcher-assigned portfolio mapping category, describing the type of research being conducted.

CASE STUDY

Innovative therapy to prevent bone fractures in women



As New Zealand's population ages bone health will become more important as issues associated with bone disorders and diseases such as bone density loss, osteoporosis, osteoarthritis, fractures and joint replacement become more prevalent.

Associate Professor Mark Bolland and team from the University of Auckland's Bone and Joint Research Group have received successive grants from the HRC since 2012 to conduct a revolutionary 10-year trial investigating the drug zoledronate as a low-cost and effective way of preventing bone fractures in early postmenopausal women.

Their most recent grant – a 2026 HRC Project Grant – will extend the 10-year trial to see whether the benefits of a 5 or 10 yearly dose of zoledronate persist out to 20 years.

Zoledronate is an established drug that slows calcium loss from bones and can be given as an infusion. In people with osteoporosis, it has been found to increase bone density, reduce bone pain and reduce the fracture rate by 35-70%.

The 10-year randomised control trial showed that zoledronate given only once every five to 10 years can prevent bone fractures in women who have gone through menopause.

The findings were published in the prestigious New England Journal of Medicine and show that zoledronate was effective in reducing the risk of spinal fractures in early postmenopausal women by 42%, compared to when given a placebo or no treatment, and reducing the risk of all fractures by about 30%.

Since zoledronate was previously only given to people with diagnosed osteoporosis or other high-risk individuals, the results are expected to change practice. As an already available treatment, the study team said women could discuss with their doctors accessing the treatment now to prevent fractures, immediately improving health outcomes for women in New Zealand and globally.

"These results offer a new approach to osteoporosis prevention. Women who are concerned about their bone density or risk of fracture could choose to take occasional, very infrequent zoledronate and prevent fractures happening," says Dr Bolland.

There are anticipated cost-savings to the health sector through the prevention of fractures and associated health and social care costs. Currently, approximately 80,000 osteoporotic fractures occur in New Zealand annually, with direct costs of $400 million, total costs of $1.5 billion and the loss of 12,000 Quality-Adjusted Life Years. The cost of a zoledronate infusion itself is about $20 per infusion and can be administered by GPs for an administration fee ranging from free to approximately $150.

It is expected that for every $1,000 spent administering zoledronate, the country will recoup this money and save an additional $500 through reduced costs from preventing fractures.

Progress on strategic intentions

Our strategic directions

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

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

Five strategic intentions guide our work:[17]

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

In 2025/26, we worked collaboratively with the health sector and wider science, innovation and technology system to achieve the strategic goals of the Government and our Council. (see page 32).

Our work ensures our investments:

- are aligning with the future direction and priorities of the science, innovation and technology system[18]
- support the Government priorities outlined in our Letter of Expectation[19]
- meet the requirements of the HRC Act[20]
- have a clear line of sight to improving timely access to high-quality services
- deliver outcomes that empower New Zealanders to live healthier, more fulfilling and productive lives
- harness the benefits of technology and innovation to contribute to economic growth and prosperity.

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

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

This work has taken place in the context of a major reform of the science, innovation and technology system. Our goal has been to ensure the HRC remains fit-for-purpose throughout this change and continues to deliver high-impact health research for New Zealand.

An overview of the future state of the science, innovation and technology system is provided on page 29.

17 https://www.hrc.govt.nz/resources/statement-intent
18 https://www.mbie.govt.nz/science-and-technology/science-and-innovation/refocusing-the-science-innovation-and-technology-system
19 https://www.health.govt.nz/about-us/new-zealands-health-system/health-system-roles-and-organisations/health-crown-entities/letters-of-expectations-for-health-statutory-entities
20 https://www.legislation.govt.nz/act/public/1990/68/en/latest/#DLM213017

Our performance framework

The Health Research Council's performance framework from our Statement of Intent 2024-2028 sets out our contribution, our aspiration, our investment areas and strategic intentions, and the outcomes we seek for the health sector and the science, innovation and technology system.[21]

OUR CONTRIBUTION

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

OUR ASPIRATION

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

OUR INVESTMENT AREAS



Research skills and expertise



Research, evidence and solutions



Research needs and opportunities

OUR STRATEGIC INTENTIONS

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

OUR DESIRED OUTCOMES

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

21 https://www.hrc.govt.nz/resources/statement-intent

The science, innovation and technology system future state

The science, innovation and technology system future state has a strategic focus on driving economic growth and delivering for New Zealand.[22]

System-level strategic priorities have been developed, based on recommendations from the Prime Minister's Science, Innovation and Technology Advisory Council,[23] and are defined through the government's Science Investment Plan 2026-2036.[24]

An independent board called Research Funding New Zealand (RFNZ) was established in the first quarter of 2026 to make most science funding decisions, informed by these priorities.[25] They will invest in research conducted by a range of organisations, including universities, public research organisations, and businesses.

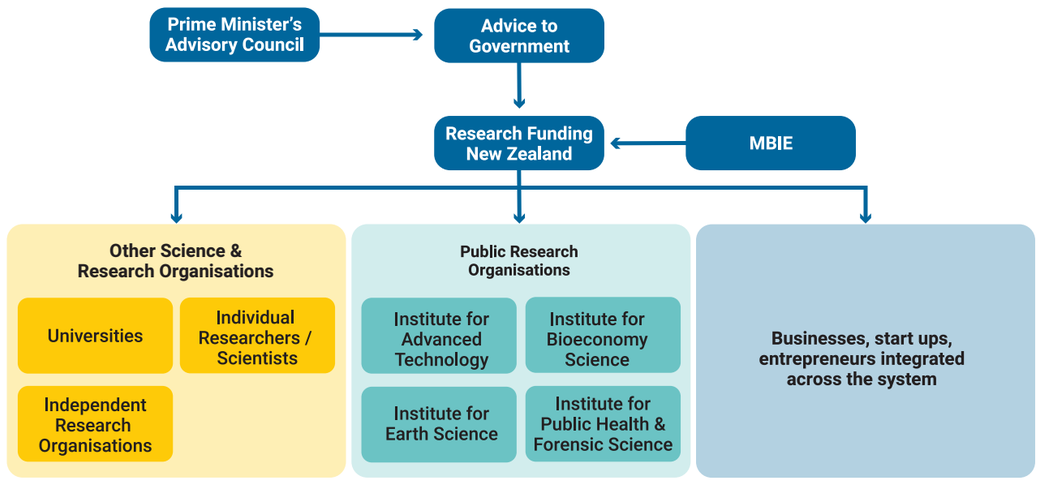
A new outcomes-focused funding framework is built around four pillars: Primary Industries and Bioeconomy; Technology for Prosperity; Environmental Sustainability and Resilience; and Healthy People and a Thriving Society. Pillar Investment Plans provide individual strategies for each pillar.

Subject to the legislative process, in the future state, the majority of the HRC's current research investment activities will be part of the Healthy People and a Thriving Society pillar,[26] which aims to enhance health and social outcomes through research, technology and innovation.

The HRC is committed to supporting the work being done as part of the science system reforms and helping ensure health research is well positioned in the future state. Throughout the expected transition the HRC will continue to invest in health research, guided by our annual Letter of Expectations, the requirements of the HRC Act, the Science Investment Plan 2026-2036, and the Healthy People and a Thriving Society Pillar Investment Plan, when available.

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

In 2025/26, an in-principle decision was made by Cabinet to disestablish the HRC, with our various functions to transfer to RFNZ, MBIE, or the Ministry of Health.



22 https://www.mbie.govt.nz/science-and-technology/science-and-innovation/refocusing-the-science-innovation-and-technology-system
23 https://www.mbie.govt.nz/dmsdocument/31887-report-to-the-prime-minister-prioritisation-in-new-zealands-science-innovation-and-technology-system
24 https://www.mbie.govt.nz/science-and-technology/science-and-innovation/agencies-policies-and-budget-initiatives/science-investment-plan-2026-2036
25 https://www.mbie.govt.nz/science-and-technology/science-and-innovation/refocusing-the-science-innovation-and-technology-system/research-funding-new-zealand
26 https://www.mbie.govt.nz/dmsdocument/31887-report-to-the-prime-minister-prioritisation-in-new-zealands-science-innovation-and-technology-system

Our progress in 2025/26

In 2025/26, the HRC made considerable progress in relation to the strategic intentions described in our Statement of Intent 2024-2028. We have continued to evolve the activities and outputs related to each strategic intention to align with the government priorities outlined in our Letter of Expectations, and the priorities of the health sector and the science, innovation and technology system.

Since January 2025, our operating context has been impacted by the science, innovation and technology system reform, which includes a decision to disestablish the HRC (see page 29). Detailed information can be found in the assessment of operations and performance section (page 31).

Strategic intention: Drive research excellence, innovation and impact

In 2025/26, we invested in high-quality, innovative health research with a direct line of sight to improving health outcomes for all New Zealanders. We built on process changes introduced in 2024/25 to better reflect the priorities of the health sector and the science, innovation and technology system in our decision-making, including how we identify and support research with commercial potential.

We continued to target investment to improve the quality of healthcare through our health delivery funding stream. We supported significant clinical trials, including the New Zealand arms of international trials. Our prestigious annual medals and awards recognised outstanding researchers and teams for their excellence, innovation and impact.

Strategic intention: Focus on health need and improving health outcomes

In 2025/26 we supported a wide range of studies on high-burden health conditions and determinants of disease that contribute to improving health outcomes and reducing demand on health services. We invested in research that addresses the government health targets and mental health targets and that leverages the potential of AI and other new technologies. We continued to fund targeted career development awards to develop a workforce with the skills needed to effectively engage with populations with high health needs, including Māori, Pacific peoples, and rural communities.

Strategic intention: Invest in the people and capability New Zealand needs, now and for the future.

The HRC provides opportunities to develop and retain a health research workforce with the critical expertise required to address current health challenges and create innovative solutions. In 2025/26 we continued to work collaboratively across the sector and to focus on identifying and developing clinician researchers to support a learning health system. This year, our career development awards were streamlined in response to budget reductions, due to funding being reprioritised within the science, innovation and technology system.

Strategic intention: Add value through connection and collaboration

The HRC works collaboratively with national and international partners to identify the priorities, needs and research opportunities that will strengthen the New Zealand health sector and science, innovation and technology system. In 2025/26, we worked with MBIE and the Ministry of Health to respond to the science sector reforms and proactively prepare for future change. We continued to invest in targeted international partnerships, including the New Zealand – China Biomedical Research Alliance and to support investigator-initiated research that includes international collaboration that benefits New Zealand.

Strategic intention: Support the safe and ethical conduct of research

In 2025/26, the HRC continued to play a pivotal role in ensuring that health research in New Zealand is conducted in an ethical and safe manner. Alongside this work, we began preparation for the expected transfer of these functions as part of the science system reforms.

Assessment of operations and performance

Implementing the Government's priorities

Our investments in 2025/26 address the priorities of our Ministers, improve health outcomes, contribute to the performance of the health system and science, innovation and technology sector, and bring health and economic benefits for all New Zealanders.

The Health Research Council receives an annual Letter of Expectations that outlines strategic priorities, performance expectations and core government goals for the upcoming financial year.

In the 2025/26 Letter of Expectations,[27] the Minister of Health asked us to use our position bridging the health sector and the science, research and technology system to prioritise:

- Delivering public value through investing in research that maximises benefit for healthcare delivery, supports new models of care and treatments, and improves the effectiveness of the health system.
- Fostering innovation in healthcare, including facilitating research partnerships internationally, and exploring opportunities to build stronger connections between researchers and innovators.
- Helping realise the potential of research and technical advancements to improve health services and strengthen the performance of the health system.
- Supporting the enhanced development of the clinician researcher workforce and contributing to a learning health system.
- Ensuring the Government's areas of focus for health delivery are strongly positioned in the HRC's work programme.
- Prioritising research with a clear pathway to commercialisation and contributing to growing the economy.

The 2025/26 year saw significant progress in the Government's science system reforms, initiated by the Minister of Science, Innovation and Technology.[28]

New independent board, Research Funding New Zealand was established to consolidate funding decision-makers across the science, innovation and technology system (see also page 29).

Throughout 2025/26, the HRC has worked proactively with the Ministry of Health and MBIE to align our investment priorities and systems with the evolving science, innovation and technology system and health sector priorities, where appropriate.

We have continued to implement and strengthen the process changes made in the previous year to ensure our investment priorities are communicated to applicants and reflected in our decision-making. In 2025/26, we have seen the ongoing impact of these changes, with HRC-funded research more focused on the government's health system and science sector priorities.

In addition, the HRC has the following targeted mechanisms through which we directly respond to Ministers' expectations. Further detail can be found in our Statement of Performance (page 45), including the HRC output classes and associated KPIs derived from our Statement of Performance Expectations 2025/26.

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

The HRC has a specific research funding stream focused on supporting excellent researchers and research whose work will make a tangible difference to health delivery policy, practice, and systems for the benefit of all New Zealanders.

This financial year, the HRC invested 15% percent of our budget in the dedicated Health Delivery investment stream. This targeted investment is part of a broad portfolio of HRC-funded research directed at improving health service and the health system in the short-to-medium term.

This included investment of $1.86 million in 35 Health Delivery Career Development Awards as part of our work to develop clinical researchers and support a learning health system (see Output 1, page 47).

This work was enabled by our updated Health Delivery Research Investment Signal, which outlines the scope and intent of the HRC's investment in health delivery research for applicants and assessors.

27 https://www.health.govt.nz/system/files/2025-08/LOE-HRC-16042025-Signed-Redacted.pdf
28 https://www.mbie.govt.nz/science-and-technology/science-and-innovation/refocusing-the-science-innovation-and-technology-system

The updated investment signal includes stronger alignment with the strategic priorities of the health system; a focus on research that supports new models of care and treatments and promotes innovation and efficiencies; and a clearer line of sight to improving patient outcomes and delivering public value.

2. Fostering the innovative potential of research and technological advancements in health services

The HRC specifically directs investment to boost support for the government's strategic priorities for health research through Output 3: Targeting research needs and opportunities (see page 55).

This financial year, the HRC has fostered innovation, prioritised technological advancements in health services and facilitated international connection and collaboration. 2025/26 highlights include:

- Our portfolio of investment in AI health research continued to expand with 10 new contracts that investigate the potential of AI as a transformative technology for the health system.
- We invested $809,999 in two new studies through the New Zealand - China Biomedical Research Alliance. This initiative is funded by MBIE's Science and Innovation Catalyst Fund, to facilitate the development of international collaborations between New Zealand and China-based researchers.
- Through our investment in investigator-initiated research, we supported local researchers involved in international collaborations with the potential to benefit health outcomes in New Zealand and have global impact. 51% of Projects and Programmes awarded in 2025/26 involved at least one international collaborator.
- Over two thirds of new Projects and Programmes funded in 2025/26 were focused on utilising or developing new technologies, including artificial intelligence, genomics or other personalised medicine technology.

3. Enhanced development of the clinician researcher workforce

The HRC provides opportunities for clinician researchers across all our funding mechanisms. In the 2025/26 year, 40% of workforce positions on active contracts were held by currently practicing health professionals. This included 1,145 roles held by medical professionals, 164 by nurses, 119 by psychologists or psychotherapists, and 283 by other allied health professionals.

In addition to our targeted Health Delivery Career Development Award, we offer dedicated career development opportunities for frontline clinicians and health sector professionals through Output 1: Invest in developing excellent health researchers (see page 47).

Clinician researchers are a critical enabler for strengthening the health system's capacity to deliver safe, effective and appropriate services, for supporting the application of evidence, enquiry and innovation within the health sector, and contributing to a culture of continuous learning within the health system. Skilled clinician researchers also form a vital part of our clinical trials infrastructure, enabling New Zealand to participate in high-quality, internationally recognised clinical trials. These awards strengthen the development of research skills for practising clinicians, enabling them to obtain a research qualification and to further their engagement in research. The HRC also offers dedicated clinical training fellowships for those from populations with high health needs.

The HRC has a key performance indicator (KPI) under Output 1 that monitors the number of current career development contracts awarded to practicing clinicians and our performance over time. There have been over 100 practicing clinicians on active career development contracts reported every year since 2023.

4. Supporting the commercialisation pathway

The HRC invests in the early stages of the health innovation pipeline in ideas that may lead to the commercialisation of research by the relevant government and university technology transfer offices, who are skilled at realising the commercial benefits of health research.

In 2025/26, we supported research across all disciplines that has the potential to drive economic transformation. Applicants for our investigator-led opportunities (see Output 2, page 51) are asked to articulate the economic impact of their proposed research.

To further boost innovation, we continued to fund the HRC Explorer Grants that support transformative, innovative, exploratory or novel research ideas.

Assessment of operations

Assessment of operations in the 2025/26 financial year.

- We allocated $87.4 million to 116 new contracts across a range of funding mechanisms. These are described in more detail in the Statement of Performance (page 47, Outputs 1-3).
- We managed 710 active contracts commencing in 2025/26 or preceding years. Our active contracts are profiled on page 12.
- We awarded five medals to recognise people and teams for achieving research excellence, innovation and impact. For more detail, see page 35, Focus area 1.
- We provided advice on research ethics, monitoring and regulation through the work of several standing and statutory HRC committees. These are described in more detail in Output 4 (see page 57).
- We worked collaboratively within the health sector and the science, innovation and technology system on implementation of the science reforms (see page 29) and continued to refine our funding mechanisms through a programme of continuous improvement.
- We monitor and report on the number of applications we receive and fund. In the 2025/26 year, 942 applications were submitted across 31 grant types, including those in the table below.

Reporting against our annual and medium-term goals

As the government agency with the primary responsibility for investing public funds in health research, the HRC continually measures and monitors its performance to ensure we are delivering against the priorities of the Government and our Council.

This annual report summarises the HRC's progress towards our strategic intentions, and reports on our financial and non-financial performance for 2025/26 as required under the Public Finance Act 1989.

It summarises our major workstreams and achievements and demonstrates our progress towards the medium-term goals set out in our Statement of Intent 2024-2028 and the annual performance indicators outlined in our Statement of Performance Expectations 2025/26.

The HRC's performance framework from our Statement of Intent 2024-2028 (page 28) sets out our contribution, our aspiration, our strategic intentions and the outcomes we seek for the health system and the science, innovation and technology sector. [29] Our strategic intentions sit across each of our three investment areas to form priority goals. Our progress towards these medium-term goals is described on pages 35-44.

Our Statement of Performance Expectations 2025/26 outlines the four Outputs through which we invest in research, primarily through the Health Research Fund from the Vote Business, Science and Innovation appropriation.[30] We report on this in our Statement of Performance (page 45).

	Applications received	Contracts funded
Projects	518	46
Programmes	24	3
Explorer Grants	159	20
Career Development Awards	187	41
He Ara Whakahihiko Capability Fund	18	4
New Zealand - China Biomedical Research Alliance	36	2

29 https://www.hrc.govt.nz/resources/statement-intent
30 https://www.hrc.govt.nz/resources/statement-performance-expectations

Focus Area 1:
Investing in research skills and expertise

Below we describe the measures we have taken to invest in people who deliver excellent health research and develop the capabilities that New Zealand needs to generate health, economic and social benefits, now and for the future. We outline how we have progressed our priority actions and performance measures in order to build research capacity and capability, as set out in our Statement of Intent 2024-2028.

Our five priority actions for Focus Area 1:

01 Recognise people and teams for achieving excellence, innovation and impact

The HRC celebrates health research excellence with prestigious medals presented annually at Royal Society Te Apārangi Research Honours ceremonies.

The HRC's 2025 Te Tohu Rapuora Medal was awarded to Paora Moyle and Te Whāriki Manawāhine o Hauraki for their development of Te Whāriki's kaupapa Māori research unit, which conducts community-led research that directly addresses needs and has influenced social policy development and community projects throughout New Zealand.

The HRC's 2025 Liley Medal was awarded to Professor Logan Walker for his work integrating RNA splicing biology into practical clinical recommendations now being used by major diagnostic laboratories in New Zealand and abroad.

The HRC's 2025 Beaven Medal was jointly awarded to two teams:

- Professor Ben Wheeler, A/Professor Martin de Bock and their team for their transformative work in diabetes care leading to the nationwide adoption of automated insulin delivery and continuous glucose monitoring, and full funding by Pharmac for all type 1 diabetics.
- Professor Alice Theadom and the Brain Injury Screening Tool Development Group from Auckland University of Technology for their development of a free screening tool to help clinicians identify people aged eight years and over who are at risk of poor recovery following mild traumatic brain injury.

The inaugural recipients of our newest awards were as follows:[31]

- The Te Rūnanga o Ōtākou Taurite Tū research team was awarded the inaugural 2025 Catalyst in the Community Award for their Taurite Tū programme, a uniquely Māori approach to falls prevention. The Catalyst in the Community Award recognises an individual or team who has supported improved health outcomes through transformative, cross-disciplinary research developed in partnership with a community.
- Dr Angelique Reweti was awarded the inaugural Te Ata Hāpara Award for her growing leadership in kaupapa Māori research and indigenous health promotion. Te Ata Hāpara Award recognises an emerging Māori researcher with a promising research trajectory who has made a demonstrable contribution to advancing Māori health. The award complements our Te Tohu Rapuora Medal, which has a focus on Māori health research leadership.

02 Develop the workforce who can engage with, and respond to, communities of highest need

The HRC's career development awards provide a spectrum of opportunities from launching research careers (master's and PhD scholarships), to postdoctoral fellowships that support researchers to move into leadership roles. Our investment of $16.3 million in 242 active career development awards is funded through Output 1 (see page 47).

Our targeted support for clinician researchers included 12 Māori Clinical Research Training Fellowships and 7 Pacific Research Clinical Training Fellowships, as part of our $5.05 million investment in 73 active contracts for clinical career development awards.[32] Practicing clinicians also hold lead roles on other types of career

31 https://www.hrc.govt.nz/news-and-events/nominations-open-hrc-medals-and-new-awards
32 This includes three new Māori Clinical Research Training Fellowships approved in 2025/26.

development awards (see Output 1, page 47), and larger grant types, supporting a robust and learning health system.

We provide opportunities for Māori and Pacific health researchers to build the skills and expertise needed to meet their communities' health needs and aspirations and improve health outcomes.

In 2025/26, our investment in career development included:

- $3.3 million in 61 active contracts to support Māori health research career development[33]
- $3.2 million in 45 active contracts to support Pacific health research career development.[34]

03 Provide research leadership opportunities for early- to mid-career health researchers

Our investment supports valuable leadership and development opportunities for early- to mid-career researchers across a range of grant types, with 186 leadership roles on active investigator-initiated research grants held by a researcher within 10 years of attaining a PhD. These opportunities develop and retain an emerging workforce with the critical expertise required to address current health challenges and develop innovative solutions. The co-leadership roles that we offer for Project and Programme Grants boost these leadership opportunities and facilitate succession pathways within research teams.

In 2025/26, early- to mid-career researchers[35] held leadership roles on:

- 41% of Explorer grants
- 50% of new Projects or Programmes with co-lead positions
- 74 active Emerging Researcher First Grants (including eight in the area of health delivery).[36]

04 Work collaboratively to support health research workforce development and retention

The HRC has been working collaboratively across the sector to strengthen New Zealand's health research workforce and the development of clinician researchers. The introduction of our prioritisation tool in 2024/25 enhanced our ability to respond to opportunities to fund clinician-led research and contribute to a learning health system (see also page 33).

We continue to collect data to enable us to inform Health New Zealand and the Ministry of Health on the health research workforce supported by HRC contracts. This includes collating data on researchers with health practitioner training (including whether they are currently practising and their areas of specialty) and providing an overview of the clinical trials researcher workforce. This data helps the health sector to identify strengths and gaps in New Zealand's health research workforce and allows us to monitor our work to enhance the development of clinician researchers.

05 Provide project opportunities for early-career health ethicists

In 2025/26, we funded five ethics summer studentships, to enable students to gain work experience with a research team on a project focused on an ethical challenge facing New Zealand.

33 This includes 13 new Māori Health Career Development Awards approved in 2025/26.
34 This includes six new Pacific Health Career Development Awards approved in 2025/26.
35 An early- to mid-career researcher is defined for this purpose as a researcher who has held a PhD for 10 years or fewer.
36 Note, Emerging Researcher First Grants were not offered in 2025/26.

Progress made towards the medium-term performance measures in our Statement of Intent 2024-2028

Our target for 2028	How we will measure our progress	Baseline	How we're tracking
By 2026, launch at least one new medal to recognise people who have generated benefits from health research for New Zealand, to complement our existing suite of medals	Report on new medals developed and awarded	New activity	Achieved. We launched the Catalyst in the Community Award and Te Ata Hāpara Award in April 2025.
We will maintain or increase our support for early and mid-career researchers to 'co-lead' major grant types, to foster development and contribute to succession planning	Report annually the percentage of co-lead positions supported on new Projects or Programmes that are held by early- to mid-career researchers (who held a PhD for ≤10 years at time of application)	In 2023, 20% of funded Projects or Programmes included co-lead positions for researchers who had held a PhD for ≤10 years	In progress. In 2025/26, 18% of funded Projects or Programmes (8 of 45) included co-lead positions for researchers who had held a PhD for ≤10 years.

Focus Area 2:

Investing in research, evidence and solutions

This year we continued to make new investments in the best ideas and innovations proposed by researchers in areas of importance to New Zealand, while demonstrating the wide range of benefits that have been generated from previous investments. These include technology-based advances to improve health outcomes, evidence-based solutions to improve the efficiency and effectiveness of the healthcare in New Zealand, and knowledge generation to underpin future innovations. Below, we outline how we have progressed our priority actions and performance measures for funding excellent, innovative and impactful research, as set out in our Statement of Intent 2024-2028.

Our five priority actions for Focus Area 2:

01 Invest in excellent, innovative and impactful health research to improve health outcomes

We have continued to support a broad range of research across all disciplines to generate new knowledge and fuel discoveries with both short-term impact and longer-term health gains.

The HRC's 'impact' assessment criterion ensures that the research we fund has a clear line of sight to improved health and health system outcomes, such as improving timely access to quality healthcare.

The diverse benefits that arise from HRC-funded research are reported by researchers throughout the duration of their contracts. We have also introduced voluntary post-contract surveys so that researchers can provide updates on any impacts that arise after their contract with HRC is complete. In the 2025/26 year, 27 HRC-funded research teams took the opportunity to report on research impact at 2- or 5-years post contract. We use this information to demonstrate the value of our investment and to identify promising research findings to communicate through case studies.

Our most recent 3-yearly HRC Investment Impact Report was published in 2025,[37] and profiled a diverse range of impacts including how HRC research has led to start-up companies; created jobs and revenue; engaged clinicians in research; generated new clinical evidence, techniques, tools and processes to improve health outcomes; led to more effective prevention and health protection programmes and cost-saving within healthcare; advanced New Zealand's international standing and reputation, and much more.

To boost innovation, we have continued to fund HRC Explorer Grants to support transformative, innovative, exploratory or unconventional research ideas.

In 2026, the Prime Minister's Science Prize for a transformative scientific advance was awarded to the HRC-funded Fetal Physiology and Neuroscience team at the University of Auckland.[38] The team, co-led by the late Professor Alistair Gunn and Professor Laura Bennett have received consecutive HRC Programme grants to pioneer new brain cooling treatment for newborns with brain injury. They join 12 other HRC-funded research teams that have been awarded major New Zealand science prizes since 2022 for their contributions to expanding the boundaries of scientific knowledge and improving health outcomes for all New Zealanders.[39]

02 Invest in research focused on areas of highest health need and improving health outcomes

As part of our work to ensure that research applicants understand and align their proposals with the needs and priorities of the Government and the New Zealand health system, the HRC undertakes regular updates of the application guidelines for our funding rounds. Our guidelines for the 2026 Programme and Project Grant funding round outline current priorities, enabling greater targeting of research that maximises benefit for health delivery and contributes to achievement of health sector targets.

In 2025/26, 10 new Programmes or Projects approved for funding were focused on making near-term contributions to achieving the Government's five health targets and five mental health and addiction targets.

37 https://www.hrc.govt.nz/resources/investment-impact-report
38 https://www.royalsociety.org.nz/news/prime-ministers-science-prizes-announced
39 For details see the 2025 report at https://www.hrc.govt.nz/resources/investment-impact-report

In addition, a broad portfolio of ongoing HRC-funded research is directed at generating improvements to health services and the health system in the short-to-medium term. We currently invest in 42 active Project and Programme Grants focused on improvements to primary services ($9.6 million in 2025/26), 37 on secondary or tertiary services ($9.8 million) and three in health system improvement research ($0.6 million).

While HRC funding covers a broad range of important health issues (see page 19), $52.0 million of investment in 2025/26 was directed to research that focused on one or more of the Government's five priority non-communicable diseases (addiction/mental health, cancer, cardiovascular disease, diabetes or asthma/respiratory disease) and $7.6 million to research on three priority modifiable factors (nutrition, obesity and physical activity) as either a primary or secondary health issue.[40]

03 Attract and retain the best health research talent

We have continued to support the ideas and discoveries of New Zealand's best researchers whose projects can make significant contributions to health. Our funding helps to develop a highly skilled research workforce who can use new and emerging technologies, with 61% of new Projects and Programmes funded in 2025/26 utilising or developing new technologies, including artificial intelligence, genomics or other personalised medicine technology.

HRC-funded researchers make many world-class contributions to international research collaborations, and in turn leverage additional resource generated through access to overseas knowledge, expertise, networks, research tools and equipment.

Twenty-five of the Projects and Programmes funded in 2026 (51%) involved an international named investigator or collaborator, representing 69 collaborations across 15 different countries, primarily Australia (27 collaborations), the United States (17) and the United Kingdom (5).

In 2025/26, the HRC invested in 24 active Projects and Programmes that represented the New Zealand arm of a large, multinational clinical trial, providing invaluable opportunities for clinical researchers to demonstrate global engagement and leadership and stay at the forefront of international best clinical practice.

Some of the highly skilled specialist roles across active contracts in 2025/26 include 242 workforce positions for statisticians and 82 positions for economists.

04 Work collaboratively to strengthen research excellence, innovation and impact

The HRC engages in ongoing relationship meetings and collaborative forums with the Ministry of Health and MBIE. The primary focus for 2025/26 has been supporting science sector reforms and the alignment of our investment to the Science Investment Plan 2026-2036. This plan centres New Zealand's science, innovation and technology system around four pillars of focus and investment, including the Healthy People and a Thriving Society pillar.[41]

The HRC contributes to sector-wide data initiatives, such as the New Zealand Research Information System (NZRIS), which seeks to capture the outputs and outcomes of research funding.

The HRC is committed to an ongoing programme of continuous improvement. We aim to ensure that our funding opportunities and processes are accessible, effective, efficient and responsive to priorities, while reducing applicant burden and compliance. In 2025/26, the HRC introduced a prioritisation tool to enable investment that is responsive to government priorities, and mechanisms to increase efficiency, reduce sector burden and manage demand. The results of our second annual assessing committee member survey are outlined on page 41.

In June 2026, HRC announced changes to the 2027 Project and Programme Grants funding rounds. These changes ensure we can maintain a robust, sustainable process that identifies and funds the strongest applications and provides timely outcomes to applicants. They include new Project Grant eligibility criteria, the introduction of an EOI stage for Programme Grants and the reintroduction of external peer review for both Project and Programme Grants.

40 https://www.health.govt.nz/publications/government-policy-statement-on-health-2024-2027
41 https://www.mbie.govt.nz/science-and-technology/science-and-innovation/agencies-policies-and-budget-initiatives/science-investment-plan-2026-2036

05 Undertake approval of health and disability ethics committees and independent monitoring of HRC-funded clinical trials

The HRC has a long-standing statutory role of supporting the safe and ethical conduct of research. We undertake safety monitoring and provide advice on health research issues, primarily through the work of our ethics committees (for details see Output 4, page 57).

We publish our annual Ethics Notes newsletter, to share updates with the research community.[42] This year's issue included an article on ethics changes in the new science, innovation and technology system and updates from the National Ethics Advisory Committee, the Health and Disability Ethics Committees and the HRC Data Monitoring Core Committee.

In 2024, the HRC established the Community of Practice for New Zealand Research Ethics Offices, in response to feedback that there was a need for more regular guidance on ethics committee issues. The Community of Practice provides ethics offices with a platform focused on knowledge-sharing, collaborating, and aligning research ethics review processes across the country, and currently has 43 members listed. The platform to host the forum is currently being reviewed to enhance accessibility. The HRC hosts an annual training day for members of Institutional Ethics Committees. This took place in June 2026 and attracted 26 onsite and 26 online attendees.

Progress made towards the medium-term performance measures in our Statement of Intent 2024-2028

Our target for 2028	How we will measure our progress	Baseline	How we're tracking
We will capture and increase the profile of innovative research outputs and outcomes funded through HRC grants.	Profile annually innovative outputs of HRC research, including (but not limited to) those that harness the benefits of biotechnology (using MBIE/OECD definition of innovation).[43]	HRC researchers reported 142 innovative research outputs in 2023-2024, that were new or improved products, processes or services.[44]	On track. A further 152 innovative health-related research outputs were reported in 2025/26.
At least 50% of our investment through major grant types will be in research to address our highest health needs.	Percentage of researcher-initiated Projects or Programmes that address an area of high health need or focus on areas of prevention or translation, as identified in the Government Policy Statement on Health.[45]	In 2023, 69% of researcher-initiated Projects or Programmes addressed an area of high health need as identified in the Government Policy Statement on Health.	On track. In 2025/26, 62% of researcher-initiated Projects or Programmes addressed an area of high health need as identified in the Government Policy Statement on Health.
We will refine our funding mechanisms and assessment processes to maximise potential for excellent, innovative and impactful research, based on results of stakeholder surveys and consultation and collaboration with national and international research funders.	We will report on changes to funding mechanisms and assessment processes, and key themes emerging from stakeholder surveys.	Our system design work programme is in place to identify and make continuous improvements to our funding mechanisms and processes. Our most recent refinements were made to application guidelines, to highlight HRC's priorities for investment.[46] A pilot survey for assessing committee members will commence for 2025 funding rounds, to help inform our improvements.	On track. In 2025/26, we continued to refine our processes to strengthen focus on the HRC priorities to inform decision-making. The assessing committee member survey was run for a second year. See page 41 for details.
We will establish and maintain a community of practice for members of ethics committees in New Zealand, to share knowledge and better support the safe and ethical conduct of health research.	Number of new quarterly ethics committee 'drop in sessions' or other engagements convened by HRC to build relationships and discuss issues committees are facing.	HRC convenes an annual meeting of ethics committees in New Zealand and has identified potential to increase engagement in between meetings.	On track. HRC has attended several meetings with HDECs and IECs in 2025/26, and a training session was held in June 2026. We currently have 43 active members of the HRC Community of Practice for Research Ethics Offices.

42 https://www.hrc.govt.nz/news-and-events/newsletters
43 OECD/Eurostat, Oslo Manual 2018: Guidelines for Collecting, Reporting and Using Data on Innovation, 4th Edition https://www.oecd.org/en/publications/2018/10/oslo-manual-2018_g1g9373b.html
44 Includes: new or upgraded/improved use of technologies/tools/devices, therapeutics, health care delivery, health policy/guidelines or public health interventions (excludes innovative research materials, tools or methods and contributions to clinical guidelines).
45 https://www.health.govt.nz/publications/government-policy-statement-on-health-2024-2027
46 Published at: https://gateway.hrc.govt.nz

Results of assessing committee member survey

In 2025/26, the HRC conducted our second annual survey for assessing committee members to capture and report levels of satisfaction with HRC assessment processes. The voluntary survey was sent to 462 assessing committee members across all 2025/26 funding rounds, with a response rate of 37%.

The 2025/26 survey results indicate high levels of confidence and satisfaction in the HRC's assessment processes. Respondents viewed the processes as fair, consistent, well-organised, and professionally administered, supported by clear procedures, effective staff support, and robust conflict-of-interest management. Online assessment tools were regarded as user-friendly and effective.

Comparison with the 2024/25 survey results shows small reductions in confidence and satisfaction which are likely to relate to changes to our assessment processes. In particular, the use of external peer reviewers was paused for our major 2026 funding rounds.

In 2025/26, 85% of respondents agreed or strongly agreed that the HRC's application assessment processes are fair, robust and transparent, compared with 94% for the previous year. In addition, 89% of respondents were satisfied or very satisfied with their experience of the HRC's application processes, compared with 94% previously. (The response rate in 2024/25 was comparable at 38%.)

Respondents were also invited to suggest one way that the HRC could improve our current assessment processes. Suggestions for improvement were offered by 64% of respondents, and covered many aspects of HRC assessment processes, policies and practices.

Themes from the feedback included: discussion of the pros and cons of process changes implemented for the 2026 annual funding round; suggestions for how we might strengthen discussion between assessors; the importance of managing assessor workload and providing timely information and support; the value of ensuring an appropriate mix of expertise within assessing committees and external reviewers; how we might improve the clarity and transparency of scoring approaches; and specific suggestions for improving systems and processes.

This information, alongside the assessing committee Chair reports and other inputs, provides valuable insights to inform the HRC's continuous improvement efforts, including the following workstreams.

Guidance provided to assessors

Conflict of interest processes were viewed as robust, transparent and well managed. Since the 2024/25 survey, processes for early identification of low level conflicts of interest have been strengthened. As was the case in the previous year, assessors valued the protocols used by the HRC to support fair and consistent assessment, including guidance on recognising bias. The HRC is continuing to build on these strengths as part of its ongoing improvement of assessment processes.

Continuing evolution of assessment processes

External peer review and applicant rebuttal steps have been reintroduced for the 2027 annual projects and programmes funding round, after being paused for 2026. Survey feedback shows support for this decision, with respondents suggesting committee assessment of complex or specialised research in particular would be strengthened by external peer review and/or written input from subject matter experts, alongside opportunities for applicants to respond to reviewer feedback. The ongoing evolution of our assessment processes is reflective of the developing context within which the HRC operates.

Focus Area 3:

Investing in research needs and opportunities

We invest in priority health issues and opportunities through targeted investment mechanisms, often in partnership with stakeholders and communities. Our progress towards the medium-term goals outlined in our Statement of Intent 2024-2028 is summarised below.

Our five priority actions for Focus Area 3:

01 Target investment to increase access, timeliness and quality of healthcare

In August 2025, the HRC announced the recipients of 10 Artificial Intelligence (AI) in Healthcare grants to a combined total value of $4.6 million. The grants, which range in term from 12 to 24 months, were funded in response to the HRC's RFP for health research centred on the use of AI as a potentially transformative technology to support delivery of timely access to quality healthcare.

For this targeted opportunity, applicants were required to clearly identify the health or healthcare area where AI can be leveraged safely and ethically to improve health outcomes in the New Zealand health system, directly addressing priorities identified in the Government Policy Statement on Health 2024-2027. The RFP attracted a wide range of applications, many new to the HRC.

02 Target investment in research focused on the health aspirations and needs of Māori, and the health aspirations and needs of Pacific peoples

We have continued to fund Māori health research, investing in a portfolio of 127 active contracts across multiple grant types, representing $15.5 million, or 13.4% of our total investment for 2025/26. This includes $3.3 million for 61 Māori health research career development awards, $9.4 million for 27 Project or Programme grants through our Rangahau Hauora Māori research investment stream, and $1.1 million invested through the Ngā Kinohi Kitea Capability Fund.

Our investment in Māori health research is designed to identify and support Māori-led solutions and indigenous knowledge to achieve improved health and wellbeing outcomes for Māori. Community-identified approaches to addressing health issues and improved delivery of accessible, quality healthcare will bring New Zealand closer to achieving its health targets and priorities.

The HRC has also continued to manage contracts for two Māori Independent Research Organisations: Whakauae Research for Māori Health and Development, and Te Atawhai o te Ao: Independent Māori Institute for Environment & Health. HRC administers these contracts from the Science Strategic Investment Fund, which supports strategic investment in research programmes that have long-term beneficial impact on New Zealand's health, economy, environment and society.

In 2025/26 we invested in a portfolio of 67 active contracts for Pacific health research across multiple grant types, representing $8.5 million, or 7.4% of our total investment. This includes 1 Pacific Programme, 16 Pacific Projects, and 4 Emerging Researcher First Grants, in addition to career development awards.

As a result of our efforts to develop research that can address health issues for populations with the highest health needs, 24% of the HRC's named investigator roles in 2025/26 were held by Māori, and 7% were held by Pacific people.

03 Engage health professionals in research

Through a range of research opportunities focused on the health sector and system, we have continued to bring health researchers and health professionals together, to build cross-sectoral expertise and insights and make meaningful contributions to health outcomes in priority areas. In 2025/26 we managed 95 active health delivery research contracts, representing $16.9 million, or 15% of our total investment, across several grant types.

We recognise that alongside health researchers, health professionals are a core part of the research workforce, equipped with the knowledge, skills and expertise to embed research into healthcare and support more rapid uptake of new technologies and techniques. One in five named investigator roles on HRC grants is held by an employee of Health New Zealand, representing 918 roles held by 517 individuals, and 17 Health New Zealand districts. This includes 153 first named investigators who are leading the research.

The HRC provides opportunities for clinician researchers across all of our funding mechanisms. In the 2025/26 year, 51% of workforce positions on active contracts were held by individuals who have trained as health practitioners, and 40% were held by currently practicing health professionals. This included 1,145 roles held by medical professionals, 164 by nurses, 119 by psychologists or psychotherapists, and 283 by other allied health professionals.

We invested $22.7 million in clinical research in 2025/26, including clinical trials (71 active contracts) and clinical studies (58 active contracts). Of the 52 Projects or Programmes that were clinical trials, 28 (54%) were trials in New Zealand only, highlighting the capacity for clinical trials within New Zealand and ensuring the relevance of this research to the New Zealand healthcare system.

We continued to manage a long-term negotiated contract with the Medical Research Institute of New Zealand, with funding from the Science Strategic Investment Fund, in recognition of the need for strategic investment to retain and grow capacity for clinical research programmes that have long-term beneficial impact on New Zealand's health, economy, and society.

04 Work collaboratively to identify priorities, needs and research opportunities to strengthen the health and science systems

The HRC has engaged in ongoing meetings with MBIE and the Ministry of Health regarding system-level changes associated with the science system reforms, including providing information to support the future transition of the HRC's functions.

Throughout 2025/26, we engaged with the Ministry of Health on changes to performance monitoring. In addition, the HRC worked with MBIE to align HRC's investment mechanism for the He Ara Whakahihiko Capability Fund with the purpose and scope of the fund's investment plan. In 2025/26 we administered the first He Ara Whakahihiko – Hauora funding round on behalf of MBIE (see also page 55). The HRC has also been working with MBIE to transition the Catalyst Funding for the New Zealand – China Biomedical Research Alliance. In May 2026, MBIE began administering new rounds of this fund. The HRC continues to manage existing contracts.

05 Provide advice on research ethics, monitoring and regulation, including new medicines and technologies

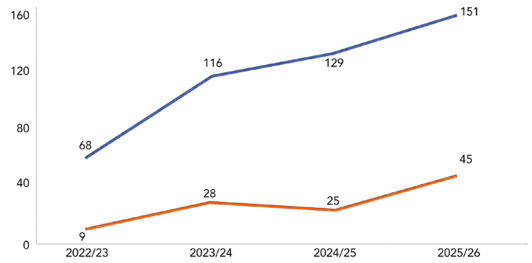
Clinical research and advances in gene technologies are priority areas to enable health and economic benefits for New Zealand. The HRC continues to make strong contributions to the regulatory framework that enables safe and ethical innovation in these areas.

Notably, the HRC's Gene Technology Advisory Committee has seen a substantial increase in demand in recent years, reflecting growing interest in this important area of health research. In the three years between 2023/24 and 2025/26, the committee assessed 17 applications, over four times more than in the previous three-year period.

The HRC is engaging with the National Ethics Advisory Committee (NEAC) and the Ministry of Health to prepare for transition of HRC's ethics responsibilities as part of the science sector reforms, including the transfer of the functions of the Gene Technology Advisory Committee and the Standing Committee on Therapeutic Trials to Medsafe. The HRC's work to update the GTAC Terms of Reference has been paused pending progress of the Gene Technology Bill.

See Output 4 (page 57) for more detail on ethics, monitoring and regulation activities that HRC committees have conducted during the past year.

Progress made towards the medium-term performance measures in our Statement of Intent 2024-2028

Our target for 2028	How we will measure our progress	Baseline	How we're tracking
By 2028, we expect to see an increase in benefits from healthcare delivery research reported per year, to reflect improvements made to our health delivery investment in 2020.	Profile research outputs reported annually that are relevant to access, timeliness and quality of health services, such as number of new or improved clinical guidelines, technologies, interventions, policies or processes.	From 2020-2022, there were 204 healthcare delivery research outputs reported across our investment, including 26 from health delivery projects.[47] (Note: this is represented as an average annual value of 68 for 2022/23 in the trend chart below).	On track. In 2025/26, there were 151 healthcare delivery research outputs reported across our investment, including 45 from health delivery projects, representing an increase from baseline.
			
At least 30% of workforce positions funded through major grant types will be held by those trained as health practitioners.	Percentage of workforce positions on active contracts for major investigator-initiated grant types (each with total value ≥$150,000) held by individuals who have trained as health practitioners.	In 2023, 45% of workforce positions on active contracts for major grant types were held by individuals trained as health practitioners.	On track. In 2025/26, 50% of workforce positions on active contracts for major grant types were held by individuals who have trained as health practitioners.
By 2027, we will strengthen our investment in health delivery research to better reflect current health sector needs and priorities, identified through collaborative work with Health New Zealand and Ministry of Health.	The objectives for HRC's investment in Health Delivery Research are currently defined in an investment signal. We will report when the investment signal has been updated and published.	New activity.	Achieved. HRC's Health Delivery Investment Signal was updated in 2025 in consultation with Health New Zealand to more strongly align with the HRC's strategic priorities and that of the health system.[48]
By 2028, we will review and update the Terms of Reference for HRC's Gene Technology Advisory Committee (GTAC).[49]	We will report when the update to existing GTAC Terms of Reference is published.	New activity.	Workstream paused. A preliminary draft of the updated GTAC Terms of Reference has been prepared; however, this work is now paused pending progress of the Gene Technology Bill.[50] As part of the science system reforms, GTAC's functions will transfer to Medsafe and this may also impact the committee's mandate.

47 Includes new or improved health delivery, health technology/tools or devices, public health interventions, health policy/guidelines or clinical guidelines.
48 The 2025 Health Delivery Investment Signal can be found at:https://gateway.hrc.govt.nz/funding/downloads/2025_Health_Delivery_Research_Investment_Signal.pdf
49 See https://www.hrc.govt.nz/resources/gene-technology-advisory-committee for current Terms of Reference (ToR).
The updated GTAC ToR will be available here once finalised.
50 https://www.mbie.govt.nz/science-and-technology/science-and-innovation/agencies-policies-and-budget-initiatives/gene-technology-regulation

Statement of Performance

What we delivered in 2025/26

In the past year, we have undertaken significant activities to meet the expectations of our Ministers and progress the strategic intentions of the HRC.

This Statement of Performance provides high-level reporting of annual activities and investment through the four HRC output classes derived from the Statement of Performance Expectations 2025/26. Notes to the performance measures can be found on page 59.

The HRC's output classes are named to reflect the strategic intent of each funding category. The outputs are closely aligned with, and contribute to, the investment areas of our performance framework (see page 28).

The HRC has determined the costs of outputs using the cost allocation system outlined in the Summary of Significant Accounting Policies, Cost Allocation (Note 1 of the Financial Statements, page 72).

The funding 'inputs' (where our money comes from) is primarily from Government Vote Business, Science and Innovation (Outputs 1-3), and Vote Health (Output 4). A small proportion is from interest received and bequests.

	HRC Output Class
1.	Invest in developing excellent health researchers
2.	Invest in health research that is excellent, innovative and impactful
3.	Invest in priority health research gaps, needs and opportunities
4.	Keeping the health research system ethical and safe

Output 1: Invest in developing excellent health researchers

The HRC has a statutory responsibility to build and maintain a skilled health research workforce to meet current and future needs. We invest in skills and capabilities – recruiting and retaining current and future health research leaders and innovators.

Scope of the output

The scope of this output covers our investments contracted through our career development awards. These funding rounds support skills and capability development for our most promising early career researchers, engage frontline clinicians in research, and address critical gaps in the workforce, including Māori and Pacific researchers, to work with communities with highest health needs and improve health outcomes.

Allocation of new contracts through this output contributes strongly to achieving our strategic intention to invest in the people and capability New Zealand needs now and for the future and our investment area of research skills and expertise (refer priority actions for Focus Area 1, page 35).

The HRC's investment activities in 2025/26

In 2025/26, the HRC managed a portfolio of 242 active career development contracts funded through Output 1 in 2025/26 or preceding years. This represents 34% of our overall number of contracts and 14% of our annual investment.

In addition, we conducted the following activities to make new investments in the skills and capability of people who deliver excellent health research in New Zealand.

Output 1: HRC's investment activities

187 applications assessed across 22 grant types

62 external experts convened across 7 assessing committees or research panels

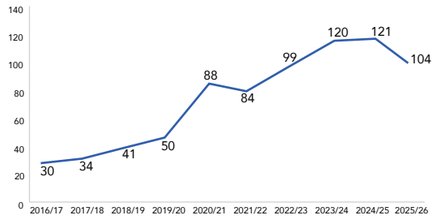
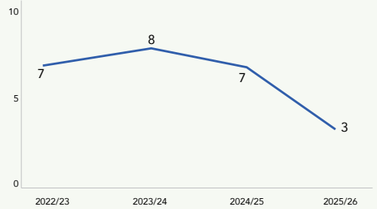
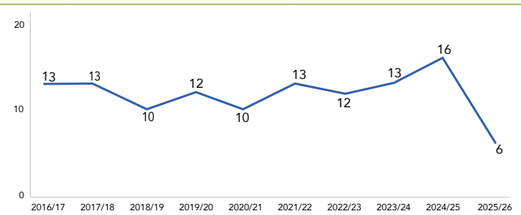
41 new contracts awarded, total value $8.9M

Output 1: Invest in developing excellent health researchers	Actual 2026[51] $000	Budget 2026 $000	Actual 2025 $000
Funding from the Crown	7,359	7,357	12,903
Interest Received	97	26	153
Other	25	22	1
Total Revenue	**7,481**	**7,405**	**13,057**
Cost of Output	16,424	16,891	16,854
Surplus (Deficit)	**(8,943)**	**(9,486)**	**(3,797)**

51 For the year ending 30 June 2026.

Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2025/26.

Key performance indicators (KPIs) for Output 1	2024/25 Actual	2025/26 Target	2025/26 Actual
Number of active current career development contracts awarded to practicing clinicians[52]	121 (Target >60) (Achieved)	>90	104 (Achieved)
			
Number of mid-career Post-doctoral Fellowships awarded[53]	7 (Target 5-12) (Achieved)	3-10	3 awarded in 2025/26 (Achieved) The variance from 2024/25 was due to HRC receiving notice in August 2025 of a 10% reduction in our annual investment budget from July 2028, which had implications for the number of research grants allocated in 2025/26, including a reduced number of career development awards.
			
Number of Māori Health Research Scholarships awarded (including Masters, PhD and postdoctoral awards)	16 (Target >8) (Achieved)	>6	6 awarded in 2025/26 (Not Achieved) The target for this KPI was set prior to notice received by HRC in August 2025 of a 10% reduction in our annual investment budget from July 2028, which had implications for the number of research grants allocated in 2025/26, including a reduced number of career development awards.
			

52 Includes Health Delivery Research Development Awards funded through this Output class.
This measure includes 15 new contracts approved in 2025/26 and 89 active contracts approved in previous financial years.

53 Includes Sir Charles Hercus Health Research Fellowships and Sir Thomas Davis Te Patu Kite Rangi Ariki Health Research Fellowships (both targeted at researchers who have held a PhD for 6-10 years).

Key performance indicators (KPIs) for Output 1	2024/25 Actual	2025/26 Target	2025/26 Actual
Implement a stakeholder survey for assessing committee members	Target: baseline survey results (of pilot survey) to be reported. (Achieved)	Survey results to be reported	Survey results reported below (Achieved)
	Survey results The 2025/26 survey invited assessing committee members for Output 1 grant types to answer two questions: **Q1:** Based on your experience, would you agree that the HRC's current application assessment processes are fair, robust and transparent?[54] • 84% agreed or strongly agreed (83% in 2024/25) **Q2:** Overall, how satisfied were you with your experience of the HRC's assessment processes? • 84% were satisfied or very satisfied (94% in 2024/25) More about the assessing committee members survey, and the themes of feedback that we received, can be found on page 41.		

Adding value and making a difference

During the last year, recipients of HRC career development awards provided information on research outputs and outcomes that demonstrates how our investment is developing excellent health researchers with the critical skills and capabilities that New Zealand needs, while realising the benefits of innovation.

Highlights of the 2,068 total research outputs reported are summarised in the infographic below.

There were 59 career development awards that submitted end of contract reports in the 2025/26 year. All 59 respondents noted the value of the awards in allowing them to develop research skills and advance their research careers. Recipients spoke to the value of these grants in developing research and clinical skills, as well as strong mentoring and professional networks, both locally and abroad. Recipients of Māori and Pacific career development awards noted that these awards allowed them to hone research skills that are responsive to New Zealand's unique populations and needs. One respondent said that their career development awards allowed them to return from Australia and develop a new research team in New Zealand. It was also repeatedly noted that these grants provided stability and allowed recipients to conduct research while continuing their clinical practice and furthering their education.

Many respondents reported that they would have been unable to complete their research training without the support of the award and identified specific clinical and research skills that they had developed and would carry forward in their careers as a result of this funding.

Output 1: Selected research outputs generated through career development awards



54 Note the minor amendment from Question 2 asked in 2024/25: Overall, how satisfied were you with your participation in the HRC's assessment processes?

Examples of the benefits reported by recipients of our career development awards.

Receiving an HRC Career Development Award was critical in allowing me to re-establish my research career in New Zealand, after a 7-year stint in Australia as a postdoctoral research fellow. It gave me the support I needed to establish and build my own research group at the Auckland Bioengineering Institute... I was able to bring my expertise and connections from Australia back to New Zealand, and now have multiple projects covering melanoma, breast cancer and prostate cancer, and have since branched out further into computational modelling of the lymphatics and lymphoedema and imaging device development.

The HRC Career Development Award... provided protected time, salary support, and academic structure to undertake a coherent programme of PhD research alongside surgical training, rather than completing disconnected projects around clinical commitments. It has provided the foundation for a sustained research programme aimed at improving surgical safety, reducing inequities, developing new technologies, and building the next generation of surgical researchers in Aotearoa New Zealand.

The award has given me the opportunity and support to conduct research on a unique and important area in expanding the role of pharmacists in mental health. The Clinical Research Training Fellowship has allowed me to step back from clinical practice and view the pharmacy profession from a distance, with the aim of designing a service that is needed and effective, but also implementable in practice for pharmacists. This research project has given me insight into the complexities and challenges of service design, where the 'ideal' service often does not align with the realities of practice, and many barriers must be considered when designing a service.

Output 2: Invest in health research that is excellent, innovative and impactful

The HRC invests in the best ideas and innovations proposed by New Zealand's researchers, designed to deliver benefits for New Zealand and make a tangible difference to health outcomes. Our investment delivers knowledge, evidence and solutions with immediate and long-term impact, and supports the innovation and advances in technology that will generate future health and economic gains.

Scope of the output

The scope of this output covers our investments contracted through funding rounds for investigator-initiated research.

The majority of our funds are awarded through annual contestable funding rounds for Projects, Programmes, Explorer Grants and Emerging Researcher First Grants. The Output includes Project and Activation Grants funded through our redesigned health delivery research investment stream.

New investment through this output contributes strongly to achieving our strategic intention to drive research excellence, innovation and impact, and our investment area of investing in research, evidence and solutions.

(For details refer to the priority actions for Focus Area 2, page 38.)

The HRC's investment activities in 2025/26

In 2025/26, the HRC managed a portfolio of 425 active contracts that were funded through Output 2 in 2025/26 or preceding years. This represents 60% of our overall contracts, and 79% of our annual investment budget.

This year we also conducted the following activities to make new investments in the best ideas and innovations proposed by New Zealand's researchers.[55]

Output 2: The HRC's investment activities

701
applications assessed across 7 grant types

368
external experts convened across 39 assessing committees

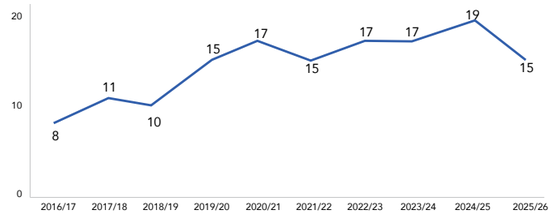
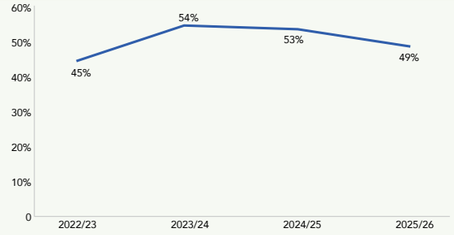
69
new contracts awarded, total value $75.7M

55 We offered seven different grant types through this output and received 701 applications (including 406 Expressions of Interest for awards that had a two-stage assessment process). There were 295 Full applications assessed.

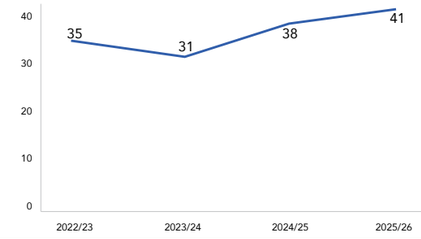
Output 2: Invest in health research that is excellent, innovative and impactful	Actual 2026[56] $000	Budget 2026 $000	Actual 2025 $000
Funding from the Crown	100,766	100,740	112,204
Interest Received	272	210	810
Other	347	300	394
Total Revenue	**101,385**	**101,250**	**113,408**
Cost of Output	96,684	112,265	112,775
Surplus (Deficit)	**4,701**	**(11,015)**	**633**

Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2025/26.

Key performance indicators (KPIs) for Output 2	2024/25 Actual	2025/26 Target	2025/26 Actual
Number of Explorer Grant contracts funded in the previous financial year that meet the HRC's definition of 'transformative' research[57,58]	19 (Target 15-25) (Achieved)	8-12	15 Exceeded target (Not Achieved) The number of contracts awarded exceeded the range. There were a high number of eligible applications and Council agreed to fund a higher number based on the importance of innovative potential.
			
Percentage of Projects and Programmes funded in the previous financial year that address five priority non-communicable diseases *Note – value on chart for 2022/23 represents the annual average for 2020-2023 inclusive	53% (Target 40-65%) (Achieved)	40-65%	49% (Achieved)
			

56 For the year ending 30 June 2026.
57 Transformative research has the potential to radically change our knowledge base by disrupting understanding of existing theories or concepts, or by creating a new paradigm or pathway to a new field.
58 This measure is included in the end-of-year reporting requirements for the Health Research Fund under the Vote Business, Science and Innovation Estimates of Appropriation for 2025/26. The target in the Estimates of Appropriation was 8-12.

Key performance indicators (KPIs) for Output 2	2024/25 Actual	2025/26 Target	2025/26 Actual
Number of new or upgraded therapies, tools, devices or technologies reported from HRC-funded research	38 (Target 28) (Achieved)	>40[59]	41 (Achieved)[60]
			
Implement a contract monitoring and management regime scalable to risk	Target: Implement a risk-based monitoring regime to include all active contracts and introduce a new 'traffic light' framework to improve contract management. (Achieved) Comparative year data is not available because the traffic light framework was fully implemented on 1 July 2025.	No target (Measure achieved in 2024/25) New measure: Evaluate 100% of received progress reports against the "traffic light" framework and contact host organisation within one month in 100% of cases where a "red" rating is issued.	Achieved 100% of received progress reports in 2025/26 were evaluated against the traffic light system. Thirteen of these were evaluated after year end, but within our internal target of 60 days within receiving the progress report. For contracts that were issued a red rating, 100% (19 of 19) of host organisations were contacted within one month.
Implement a stakeholder survey for assessing committee members	Target: baseline survey results (of pilot survey) to be reported (Achieved)	Survey results to be reported	Survey results reported below (Achieved)

Survey results

The 2025/26 survey invited assessing committee members for Output 2 grant types to answer two questions:

Q1: Based on your experience, would you agree that the HRC's current application assessment processes are fair, robust and transparent?
- 85% agreed or strongly agreed (94% in 2024/25)

Q2: Overall, how satisfied were you with your experience of the HRC's assessment processes?[61]
- 89% were satisfied or very satisfied (94% in 2024/25)

Further information on the assessing committee members survey, and the themes of feedback that we received, can be found on page 41.

59 Note that the target of >40 in the SPE 2025/26 was an error and should have read >28, in accordance with the target specified in the SPEs for 2024/25 and 2026/27.
60 An additional 10 relevant outputs were reported from research funded through Outputs 1 and 3.
61 Note the minor amendment from Question 2 asked in 2024/25: Overall, how satisfied were you with your participation in the HRC's assessment processes?

Adding value and making a difference

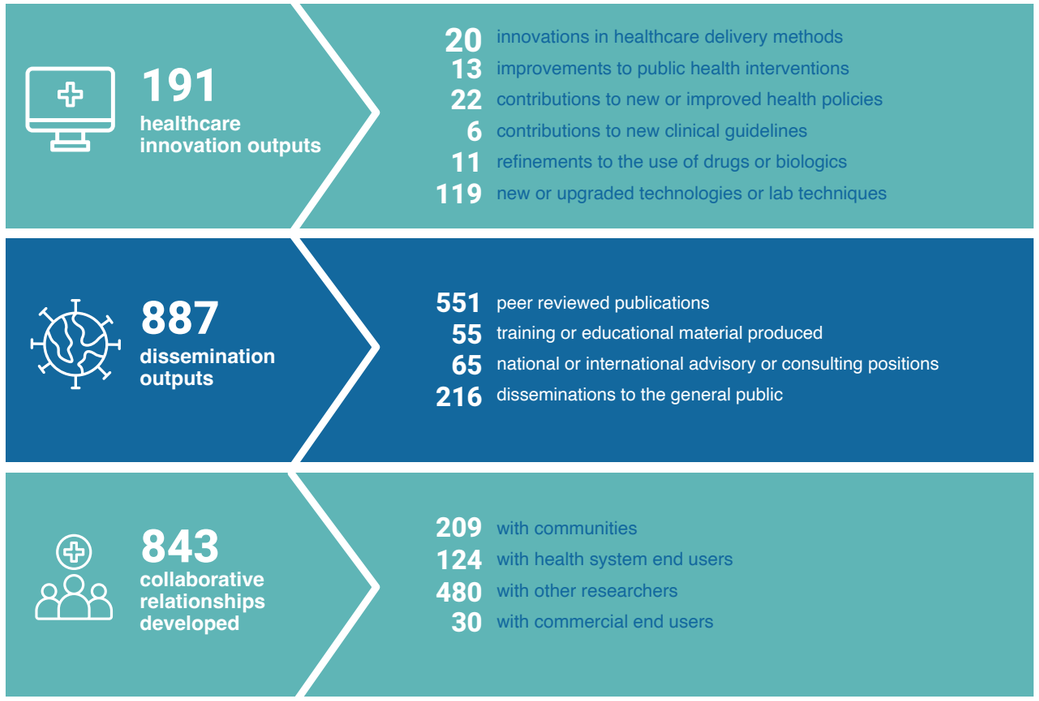
During the past year, research teams funded through this output submitted information to capture how the HRC's investment has generated value, evidence and solutions.

Overall, 3,676 research outputs were reported, across a range of output types as diverse as publications, patents, novel laboratory techniques and new public health interventions. While some of these outputs will require a longer timeframe to generate innovation, health gains and commercial value for New Zealanders, others represent more immediate benefits.

Case studies to demonstrate the wide range of benefits generated from investigator-initiated research can be found in the Foreword section of this report, on our website,[62] and in our most recent Investment Impact Report (2025).[63]

The HRC adds value for New Zealand through diligent research contract management. We continue to proactively identify any high-risk contracts and implement strategies to mitigate these risks. As part of these mitigation strategies, improvements to the contract lifecycle management were implemented. These include thorough quality checking of objectives and milestones at pre-contracting; analysis of the impact of variation requests on objectives and milestones; developing a rating framework for progress reports; and enhancing the processes around the review and rating of end of contract reporting.

Output 2: Selected outputs from investigator-initiated research



62 https://www.hrc.govt.nz
63 https://www.hrc.govt.nz/resources/investment-impact-report.

Output 3: Invest in priority health research gaps, needs and opportunities

We invest in priority health issues through investment mechanisms that respond to important health needs and address urgent and emerging priorities, critical gaps and cross-sectoral challenges. This includes HRC investment in research on emerging technologies and collaborative international research to address global health needs.

Scope of the output

The scope of this output covers our investments contracted through the following funding rounds and mechanisms:

Mission-led research

- The HRC funds mission-led research, working with research users to identify needs for knowledge or innovation for health.

International agreements and consortia

- The HRC connects with the international research effort through international agreements and consortia, and issues joint research calls in areas of mutual priority.

Rapid response research

- When needed, we commission research to meet an urgent evidence need, for example in the event of a natural disaster, public health outbreak or a global pandemic.

He Ara Whakahihiko Capability Fund – Hauora research

- In 2026, the HRC established He Ara Whakahihiko – Hauora, as part of a broader funding initiative launched by MBIE that is designed to strengthen Māori health research capability, establish clear pathways to impact, and deliver both health and economic benefits.

Support for Independent Research Organisations

- The HRC provides support for independent research organisations to build and retain critical research capability that meets the government and the HRC's research priorities, administered from the Strategic Science Investment Fund.

Funding through Output 3 contributes strongly to our investment area of research needs and opportunities (refer priority actions for Focus Area 3, page 42).

The HRC's investment activities in 2025/26

In 2025/26, the HRC managed a portfolio of 43 active contracts that were funded through Output 3 in 2025/26 or preceding years, including 10 contracts that were funded through the HRC's 2025 Artificial Intelligence (AI) in Healthcare Request for Proposals. This represents 6% of our active contracts and 7% of our annual investment. This year, the HRC ran investment rounds on behalf of MBIE: for the Hauora theme of the He Ara Whakahihiko Capability Fund, and the New Zealand – China Biomedical Research Alliance funded through the Catalyst Fund.

Output 3: The HRC's investment activities



Output 3: Invest in priority health research gaps, needs and opportunities	Actual 2026[64] $000	Budget 2026 $000	Actual 2025 $000
Funding from the Crown	12,732	12,760	3,524
Interest Received	354	41	211
Other	130	38	21
Total Revenue	**13,216**	**12,839**	**3,756**
Cost of Output	8,674	1,984	503
Surplus (Deficit)	**4,542**	**10,855**	**3,253**

Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2025/26.

Key performance indicators (KPIs) for Output 3	2024/25 Actual	2025/26 Target	2025/26 Actual
Invest through a targeted initiative in Artificial Intelligence (AI) in Healthcare	New measure	Commence funding for at least five high-quality research contracts that will potentially transform use of AI to improve healthcare for New Zealanders.	Achieved 10 relevant contracts commenced funding from August 2025.
Utilise the international research strategy to guide decision making	New measure	HRC international research strategy decision-making framework is applied to 100% of HRC Council papers that require consideration of international investment opportunities.	Not applicable The HRC Council did not consider any international investment opportunities in the last financial year in light of science sector reforms.

Adding value and making a difference

2025/26 has been a transitional year for the HRC's investment in targeted opportunities. With the announcement of the science system reforms, a number of our collaborative and partnership programmes are in their final stages or will be transferred to MBIE.

International collaborations to address key global health needs

Since 2020, the HRC has administered a collaborative research initiative with the Chinese Ministry of Science and Technology, funded by MBIE's Catalyst Fund. This initiative has been effective in strengthening links between biomedical research teams in New Zealand and China, to form productive and enduring research partnerships. Twenty research outputs were reported in 2025/26 across four high-quality biomedical research projects funded through this initiative. This fund has transitioned to MBIE as part of the science system reforms.

Harnessing emerging technology to improve national health outcomes

In 2025/26, the HRC funding commenced for 10 contracts to investigate areas where artificial intelligence can be leveraged safely and ethically to improve health outcomes in the New Zealand health system. While these contracts have yet to report research outputs, the HRC has identified an increased number of applications for researcher-initiated grants that are focused on harnessing artificial intelligence in health research, including 18% of Projects and Programmes approved for funding in 2026. This indicates an increasing awareness, capacity and capability for research that is focused on optimising AI in healthcare delivery.

64 For the year ending 30 June 2026.

Output 4: Keeping the health research system ethical and safe

The HRC plays a pivotal role in ensuring that health research in New Zealand is conducted in an ethical and safe manner. We perform this function primarily through the work of several statutory and standing HRC committees.

Scope of the Output

The HRC's committees are a key national resource, providing monitoring, regulation and advice on research ethics.

The HRC Ethics Committee:

- Responsible for approving all the Health and Disability Ethics Committees (HDECs) and Institutional Ethics Committees (IECs) in New Zealand. The committee also considers appeals on HDEC decisions, as authorised by the Minister of Health.

The Data Monitoring Core Committee:

- Provides objective, independent monitoring of HRC-funded clinical trials in New Zealand. It is primarily concerned with monitoring large-scale clinical trials investigating diseases that are life-threatening or cause irreversible morbidity.

The Gene Technology Advisory Committee:

- Assesses the scientific merit of studies to transfer genes from one species to another and makes recommendations to the Director-General of Health.

The Standing Committee on Therapeutic Trials (SCOTT):

- Assesses applications involving clinical trials for the use of a new medicine and makes recommendations to the Director-General of Health.

The HRC's activities through Output 4 contribute strongly to our strategic intention to support the safe and ethical conduct of health research in New Zealand (refer to priority action five across each of our three focus areas, pages 35-44).

Output 4: Keep the health research system ethical and safe	Actual 2026[65] $000	Budget 2026 $000	Actual 2025 $000
Funding from the Crown	285	285	285
Interest Received	1	0	1
Total Revenue	**286**	**285**	**286**
Cost of Output	313	388	332
Surplus (Deficit)	**(27)**	**(103)**	**(46)**

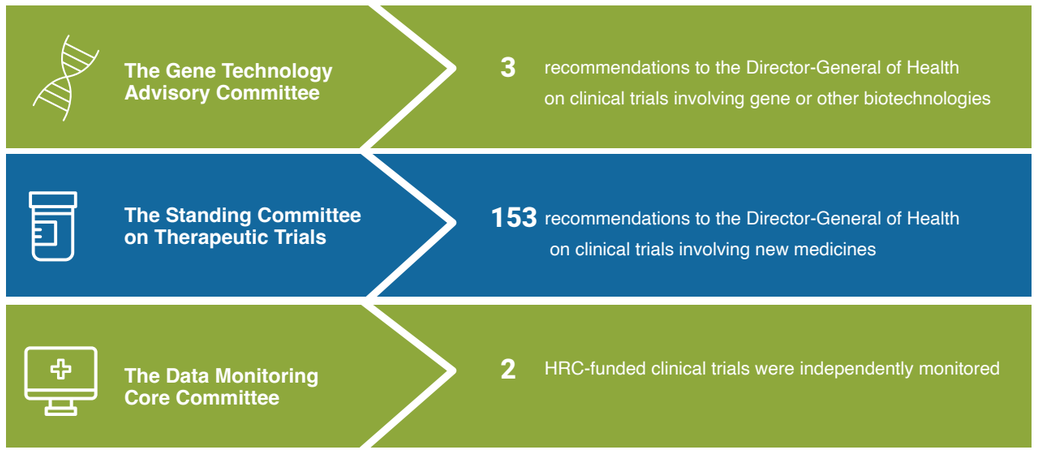
65 For the year ending 30 June 2026.

Key performance indicators

This section addresses performance measures and targets from our Statement of Performance Expectations 2025/26.

Key performance indicators (KPIs) for Output 4	2024/25 Actual	2025/26 Target	2025/26 Actual
Number of Ethics Notes published to inform researchers of issues on ethics in health research	1 (Target 1) (Achieved)	1	1 (Achieved)
Timeliness of feedback provided on annual reports and applications for re-approval or new approval submitted by Health and Disability Ethics Committees (HDECs) and Institutional Ethics Committees (IECs)	New measure (Baseline: 100%)	100% of annual reports and applications receive feedback within four months of submission.	Not achieved 75% of annual reports and applications received feedback within four months of submission. Feedback for three submissions was delayed because of complexities in managing conflict of interest.

Adding value and making a difference



The table above summarises the work done in 2025/26 by our regulatory committees to ensure that New Zealanders who choose to participate in clinical trials can be assured that they are safe and ethical.

In addition, the HRC Ethics Committee has provided expert guidance and advice to the National Ethics Advisory Committee as part of their work to ensure that the wider health research system is ethical and safe, and to support sector reforms. This advice included presenting feedback collected from the Institutional Ethics Committees at the annual HRC-coordinated training day.

Notes to the performance information

The Health Research Council of New Zealand's Statement of Performance is reported from pages 45 to 61 of the Annual Report.

Reporting entity

For a description of the HRC as a reporting entity, see Note 1 to the financial statements (page 72).

Statement of compliance

The HRC's Statement of Performance has been prepared in accordance with the requirements of the Crown Entities Act 2004, which include the requirement to comply with New Zealand generally accepted accounting practice (NZ GAAP). This Statement of Performance has been prepared in accordance with Tier 1 PBE financial reporting standards, which have been applied consistently throughout the period, and complies with PBE financial reporting standards.

Disclosure of significant judgements

The HRC has primary discretion over the selection, measurement, aggregation, and presentation of performance measures in relation to its outputs, with opportunity for input from our responsible Ministers.

Selection of measures

The performance measures included in this Statement of Performance are taken from our Statement of Performance Expectations 2025/26.[66] We have supplemented our performance measures with additional information on outcomes and impacts of HRC activities to better capture and reflect the contribution that the HRC has made this year. Our performance measures are developed and agreed upon by the HRC Council and staff and reflect our assessment of our most important activities and achievements, within the constraints of available data and factors within our direct remit and ability to influence. KPIs for each output are selected to demonstrate progress against the strategic direction set out in our Statement of Intent, which in turn reflects Government and HRC priorities, and our statutory role.

Performance information may be used at a high level to inform internal decision-making on work programmes and on the balance of investment mechanisms.

Performance measures are identified annually in the Statement of Performance Expectations. Qualitative measures are usually refreshed annually to reflect progress made in key workstreams and to set new targets. Where possible, quantitative measures remain stable over the medium term to enable comparative (prior year) reporting.

The following performance measures, set out in the Statement of Performance Expectations 2025/26, represent a change from the previous year.

66 https://www.hrc.govt.nz/resources/statement-performance-expectations

Output	Removed KPI	New or Updated KPI	Reason
Output 1	Pilot a stakeholder survey for assessing committee members.	Implement a stakeholder survey for assessing committee members.	Updated to reflect the continuation of the survey that was piloted in 2024/25. Note this KPI is for committee members who assess grant types that map to Output 1.
Output 2	Pilot a stakeholder survey for assessing committee members.	Implement a stakeholder survey for assessing committee members.	Updated to reflect the continuation of the survey that was piloted in 2024/25. Note this KPI is for committee members who assess grant types that map to Output 2.
Output 3	Launch a targeted initiative in the area of artificial intelligence (AI) in healthcare.	Invest through a targeted initiative in the area of artificial intelligence (AI) in healthcare.	Updated to reflect the progress that we have made to fund mission-led research in priority areas.
	Develop an international strategy to target and guide our investment.	Utilise the international research strategy to guide decision-making.	Updated to reflect the progress that we have made in developing the strategy.
Output 4	Strengthen the role of the Standing Committee of Therapeutic Trials (SCOTT).	N/A	Removed to reflect completion of workstream.
	Number of new or approved Health and Disability Ethics Committees (HDECs) and Institutional Ethics Committees (IECs) reviewed and approved by HRC annually.	Timeliness of feedback provided on annual reports and applications for re-approval or new approval submitted by Health and Disability Ethics Committees (HDECs) and Institutional Ethics Committees (IECs).	Added to better capture and reflect the volume and timeliness of the work done by HRC's Ethics Committee.

Measurement of performance information

Qualitative performance measures are calculated using the number of contracts relevant to the KPI that were active (received a payment) or commenced in the 2025/26 financial year, as specified for each KPI. Recommendations for the HRC's main funding rounds (Output 2) are approved by Council towards the end of the financial year, and it typically takes 1-3 months for the contracting process to be completed and the research to commence. Therefore, when we report on Output 2 contracts for which funding has commenced within 2025/26, this corresponds to contracts that were approved towards the end of 2024/25 (the 2025 funding rounds).

Application and contract data held by the HRC provides an accessible source of meaningful, accurate, reliable and verifiable data on the HRC's investment activities. HRC contract holders are required to provide research reports on the outputs, outcomes and benefits of HRC funding for the term of their contract.

HRC's assessing committee member survey was undertaken to get informed feedback from external stakeholders who had participated in our assessment processes. In 2025/26, the survey was sent to all 462 assessing committee members across all HRC funding rounds, and the response rate was 37%. The online tool Survey Monkey was used to collect the anonymous responses.

Aggregation and presentation of performance information

There were no significant judgements on aggregation or presentation of measures in the Statement of Performance.

Reconciliation of output class tables to the financial statements

Actual 2026	Output 1 $000	Output 2 $000	Output 3 $000	Output 4 $000	Per Financial Statements $000
Funding from the Crown	7,359	100,766	12,732	285	**121,142**
Interest Received	97	272	354	1	**724**
Other	25	347	130	0	**502**
Total Revenue	**7,481**	**101,385**	**13,216**	**286**	**122,368**
Cost of Output	16,424	96,684	8,674	313	**122,095**
Surplus (Deficit)	**(8,943)**	**4,701**	**4,542**	**(27)**	**273**

Budget 2026	$000	$000	$000	$000	$000
Funding from the Crown	7,357	100,740	12,760	285	**121,142**
Interest Received	26	210	41	0	**277**
Other	22	300	38	0	**360**
Total Revenue	**7,405**	**101,250**	**12,839**	**285**	**121,779**
Cost of Output	16,891	112,265	1,984	388	**131,528**
Surplus (Deficit)	**(9,486)**	**(11,015)**	**10,855**	**(103)**	**(9,749)**

Actual 2025	$000	$000	$000	$000	$000
Funding from the Crown	12,903	112,204	3,524	285	**128,916**
Interest Received	153	810	211	1	**1,175**
Other	1	394	21	0	**416**
Total Revenue	**13,057**	**113,408**	**3,756**	**286**	**130,507**
Cost of Output	16,854	112,775	503	332	**130,464**
Surplus (Deficit)	**(3,797)**	**633**	**3,253**	**(46)**	**43**

Our team and organisation

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

Governance

The HRC is governed by a 10-member Council. The Minister of Health, in consultation with the Minister of Science, Innovation and Technology, appoints members.[67]

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

The Council's governance responsibilities include:

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

The Council maintains an interests register and ensures Council members are aware of their obligations to declare interests. The Council is committed to ensuring that all its activities are conducted in a manner which meets the highest ethical standards. The criteria for membership of the Council are outlined in Sections 8 to 11 of the Health Research Council Act 1990.[68] Sections 6, 31 and 34 of the Act sets out the statutory responsibilities of the HRC, which relate to the functions of the Council, consideration of applications, and liaisons with other organisations.

As part of the current reform of the science, innovation and technology system the Government has established a new independent board, Research Funding New Zealand to consolidate science funding decision-making, and has made the in-principle decision to disestablish the HRC, pending legislative change. A current HRC Council member has been appointed to the Research Funding New Zealand Board and chairs the Healthy People and a Thriving Society pillar, one of four pillars in the new outcomes-focused funding framework. (See page 29 for an overview of the future state of the science, innovation and technology system.)

Statutory and standing committees

The HRC also has eight statutory and standing committees that play a vital role in the assessment of research applications, providing advice on funding, and keeping health research ethical and safe.[69]

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

Our ethics and regulatory committees are a key national resource and integral to ensuring New Zealand's health research is ethical and safe. The HRC Ethics Committee provides independent ethical advice on health research of national importance or great complexity. This includes:

- approving all health and disability and institutional ethics committees in New Zealand
- considering appeals on disputed decisions for research involving human participants and on the ethics of introducing innovative practices
- producing guidelines on ethical research conduct.

The Data Monitoring Core Committee (DMCC) provides objective, independent monitoring of HRC-funded clinical trials.

The Gene Technology Advisory Committee (GTAC) undertakes scientific assessment of clinical trials that involve the introduction of nucleic acids, genetically manipulated micro-organisms, or viruses or cells into human subjects. GTAC makes recommendations to the Director-General of Health on whether or not trials should be approved.

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

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

69 Statutory committees: Māori Health Committee; Biomedical Research Committee; Public Health Research Committee; Ethics Committee. Standing Committees: Pacific Health Research Committee; Data Monitoring Core Committee; Standing Committee on Therapeutic Trials; Gene Technology Advisory Committee.

The Standing Committee on Therapeutic Trials (SCOTT) assesses whether a proposed clinical trial of a medicine will provide clinically and scientifically useful information, particularly in relation to the safety and efficacy of the agent and provides advice to the Ministry of Health.

Our people and organisational capability

We are a team of 36 dedicated and diverse full-time and part-time staff, with 14 nationalities represented. Leadership takes a proactive approach to developing and maintaining the skills and capabilities needed to deliver on our functions as set out in our Act and to individually and collectively be accountable for the HRC delivering to its strategic intentions.

Our investment decisions are guided by independent peer review and expert assessing committees; and the HRC's advisory committees follow policies and protocols that safeguard integrity and transparency in making funding recommendations.

As the transition to the new science system has progressed, there has been increased focus on maintaining staff engagement, wellbeing and retention. Vacancies that arise are being addressed through fixed-term recruitment.

Equal employment opportunities

The HRC follows Equal Employment Opportunity guidelines, ensuring that people who possess the required skills have equal opportunity to be appointed. The HRC has implemented several measures that align with Te Kawa Mataaho's Kia Toipoto guidance, which include taking steps to advertise vacancies more widely. We include multiple people on an interview panel and have measures to better mitigate against bias in the recruitment process. We aim to foster a culture that drives inclusivity.

Our leadership has also been focused on closing pay gaps associated with gender or ethnicity.

Health and safety

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

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

- organising annual health and safety training updates for staff, such as hazard identification training, warden refresher training, and first-aid training. In the past year, all staff received fire warden and evacuation training
- reviewing fire drill reports and making recommendations on evacuation procedures based on lessons learned. In the past year, two fire drills were conducted with feedback provided to staff and the building manager
- reporting at every HRC Council meeting, and on a quarterly basis to the Risk Management and Assurance Committee. This included 10 updates in the past year
- providing staff with timely health and wellbeing updates including reminding them of HRC-supported access to EAP services, workspace set up services, and continued provision of first aid supplies
- ensuring grab bags in case of emergencies are available for all staff members. These have been replenished in the past year with up-to-date emergency supplies
- HRC staff are offered annually on-site flu and COVID-19 vaccinations with a nurse or provided with vouchers for off-site vaccination.

We are pleased to report there were no accidents, lost time injuries or major incidents in the 2025/26 financial year.

Information technology systems and security

The HRC takes seriously the need to keep the information we hold safe and is aware of the risk posed by a potential cyber security threat. We have robust systems and processes in place that focus on preventing breaches or unauthorised access, including multifactor authentication.

We have an external service provider who performs penetration tests of our network. Network users undertake continuous cyber security training aimed at enhancing awareness and capability and are tested frequently. All systems and processes are regularly reviewed and revised to ensure they remain fit for purpose.

Carbon Neutral Government Programme (CNGP) reporting

Sustainability for the HRC means leading with integrity to improve outcomes for the environment and health of all New Zealanders. The HRC strives to demonstrate transparency in achieving our sustainability goals and being accountable to the New Zealand public.

The HRC is proud to have become a Toitū net carbonzero certified organisation since 2019, meaning we have:

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

Emissions reduction results for 2025/26

For the financial year 2025/26, our total emissions were 23.83 tCO2e (tonnes of carbon dioxide equivalent)[70] which is 91.70% lower than our 2018-2019 baseline year (286.77 tCO_2e).[71]

This reporting period the HRC has seen a decrease in our overall emissions from the 2024/25 financial year. One of the major contributors to this is a decrease in air travel. Even though air travel is still the HRC's largest emissions source this year, accounting for 32.4% at 7.65 tCO_2e, this is a significant drop from 2024/2025, where air travel accounted for 43.2% of emissions at 16.47 tCO_2e. The reasons for this large drop include that there was no international travel this year (in 2024/25, one international trip accounted for almost half of the HRC's air travel-related emissions), and there was only one in-person research committee meeting (involving the HRC Ethics Committee). Requirements for domestic air travel were also reduced as a result of personnel changes.

This was our second full year of reporting staff commuting. Staff-reported commuting emissions (all forms of transport combined) was the single highest source of emissions this year at 54.0% of emissions or 12.85 tCO_2e. Commuting emissions have decreased from 2024/2025 (16.66 tCO_2e), however, with reductions in all forms of commuting except for increases in car (hybrid), rail and car (diesel) use. One reason for this decrease could be because of our decrease in full-time equivalent staff (FTE). Since 30 June 2025, there has been a drop in FTE from 35.23 to 33.51 on 30 June 2026. As a small organisation, having fewer staff has a material impact on our emissions in absolute terms.

In 2025/2026, we made a change in how we collect our working from home emissions. We used to collect this information manually by conducting an 'in office' count for one week of each month. However, this year we used the data we collect each quarter as part of our commuting survey. Our working from home emissions have dropped 26.89% from last year from 2.12 tCO_2e to 1.55 tCO_2e, which could reflect our drop in staff FTE.

In 2023/2024, we amended our water supply and wastewater methodology to prorate it to reflect the number of staff in the office each day, based on the work from home data that we capture. This saw wastewater drop from 1.78 to 0.90 tCO_2e in 2024/2025, and it has continued to drop this financial year to 0.77 tCO_2.

70 Toitū independently verifies and certifies the HRC's carbon emissions using dual reporting, meaning both market-based and location-based reporting methods. The CNGP utilises location-based reporting to account for electricity emissions based on the average electricity grid factor therefore the data presented in this annual report is based on location-based emissions.

71 Our base year period covers 1 July 2018 to 30 June 2019.

Emissions profile broken down by category and source.

Emissions category	Emissions Source	Base year (2018/19) tCO_2e	Current year (2025/26) tCO_2e
1. Direct emissions	-	-[a]	-[a]
2. Indirect emissions from imported energy	Electricity	10.37	0.00
3. Indirect emissions from transportation	Business travel - Air travel domestic (average)	127.43	-[b]
	Business travel - Air travel domestic (large aircraft)	-[b]	7.09
	Business travel - Air travel domestic (medium aircraft)	-[b]	0.56
	Business travel - Air travel international – Economy	76.09	0.00
	Business travel - Air travel international – Premium economy	4.26	0.00
	Business travel - Air travel international – Business class	56.57	0.00
	Business travel – Transport (e.g. taxi, public transport, rental cars, mileage)	5.94	0.21
	Staff commuting - Bus travel (average)	-[d]	6.17
	Staff commuting - Car Average (diesel)	-[d]	0.17
	Staff commuting - Car Average (hybrid)	-[d]	0.22
	Staff commuting - Car Average (petrol)	-[d]	5.04
	Staff commuting - Car EV (average)	-[d]	0.04
	Staff commuting - Car unknown fuel type	-[d]	0.38
	Staff commuting - Rail metropolitan (average)	-[d]	0.12
	Staff commuting - Ferry travel (NZ passenger ferry)	-[d]	0.5
	Business travel – other (e.g. hotel, meals etc.)	3.90	0.2
	Staff working from home	-[e]	1.55
	Freight transport agencies and other supporting transport services (spend-based)	-[e]	0.21
4. Indirect emissions from products and services used by the organisation	Office products	0.49	0.44
	Waste (to landfill)	0.03	0.08
	Transmission and distributions losses (electricity)	0.80	0.00
	Water supply	0.07	0.07
	Wastewater	0.81	0.77
5. Indirect emissions associated with the use of products and services from the organisation		-[f]	-[f]
6. Indirect emissions from other sources		-[f]	-[f]
TOTAL EMISSIONS		**286.77**	**23.8**

a The HRC does not produce any Category 1 Direct Greenhouse Gas (GHG) emissions.
b The HRC has had a methodology change since the base year and moved from reporting domestic air travel using the emissions factor 'air travel domestic (average)' to reporting domestic air travel by the aircraft size emissions factors.
c The HRC did not produce any emissions for this emissions source during the reporting period.
d This is a non-mandatory material scope 3 emissions source which is being measured and was reported for the first time in the 2024/25 reporting period therefore no base year data is available.
e No base year emissions data is available for this source.
f The HRC does not measure these Category 5 (Scope 3 Other) activities as they are not considered material based on significance screening.

Our reduction targets and plan

The HRC has adopted science-based reduction targets using a simplified method, which sets gross emissions reduction targets in line with a global emissions pathway that limits warming to no more than 1.5°C. This is in line with our CNGP and Toitū net carbonzero programme requirements. Having exceeded our 2025 target for gross emissions (all categories) last year, where the target was a reduction of 21% compared to base year, we have the following emission reduction target still active:

- 2030 target: gross emissions (all categories) reduction of 42% compared to base year.

The HRC is currently exceeding our 2030 target, with an absolute reduction in emissions of 262.97 tCO_2e representing an overall 91.70% decrease since base year (286.77 tCO_2e).

We expect that our emissions may fluctuate over the next two financial years due to some ongoing domestic air travel; continued staff working from home; the appointment of a new chief executive who began her role in July 2026; and changes in full-time equivalent staff numbers, especially as the HRC transitions its functions to Research Funding New Zealand and the Ministry for Business, Innovation and Employment by 2028. Small changes in our emissions inventory have a large impact relative to its overall size.

To achieve our reduction targets, we have identified specific projects to decarbonise our emissions generating activity:

Travel policy

Continued minimisation of staff and committee travel to reflect our commitment to reduced air travel related emissions. This has a positive flow on effect and concomitant reduction in accommodation, taxi and mileage related emissions.

Waste management

In 2022, we introduced a new waste management system that sorts waste into landfill, organic waste, recycling and soft plastic recycling. In the upcoming financial year, we will conduct waste audits to enhance our data accuracy and work with our building manager and cleaning company to ensure that waste is being managed correctly when it is removed from site.

Staff commuting

We will continue to capture and report the material Scope 3 staff commuting emissions this financial year though a quarterly staff survey.

Data improvement project

We continue to ensure that our data collection, calculations, and reporting is accurate, appropriate, and based on up-to-date evidence and best practice. This may result in additional emissions sources being added to our emissions inventory as we are able to develop methods to capture and report them.

Financial statements

Statement of Comprehensive Revenue and Expense

for the year ended 30 June 2026

	Note	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Revenue				
Funding from the Crown	2	121,142	121,142	128,916
Interest Revenue		724	277	1,175
Other Revenue	3	502	360	416
Total Income		**122,368**	**121,779**	**130,507**
Expense				
Research Grant costs	4	115,640	123,763	123,565
Operational costs				
Assessment and Council Committee costs		938	1,111	1,124
Personnel costs	5a	4,673	5,501	4,831
Depreciation and amortisation expense		78	80	80
Fees for the audit of the financial statements	5b	114	10	122
Other costs		652	1,063	742
Total operational costs		**6,455**	**7,765**	**6,899**
Total expenses		**122,095**	**131,528**	**130,464**
Surplus/(Deficit)		**273**	**(9,749)**	**43**
Other Comprehensive Revenue and Expenses		0	0	0
Total comprehensive revenue and expenses		**273**	**(9,749)**	**43**

Statement of Changes in Equity

for the year ended 30 June 2026

	Note	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Equity at the beginning of the year		16,443	14,746	16,400
Total comprehensive revenue and expense for the year		273	(9,749)	43
Equity at the end of the year	**8**	**16,716**	**4,997**	**16,443**
Represented by				
Public equity		5,950	4,132	5,501
Future Committed Funds		8,764	(1,263)	8,666
Joint Operations Reserve		542	574	773
Foxley Estate Reserve Fund		1,460	1,554	1,503
Total equity at 30 June	**8**	**16,716**	**4,997**	**16,443**

The accompanying accounting policies and notes form part of these financial statements. Explanation of major variances against budget are provided in Note 18.

Statement of Financial Position

as at 30 June 2026

	Note	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Current Assets				
Cash at Bank	6 & 10	2,175	3,965	1,854
Short-term Deposits	6 & 10	20,627	3,167	16,141
Short-term Deposits - Held for Joint Operations	6 & 10	542	574	773
Funds held on behalf of - Other Agencies	6 & 10	1,331	1,259	2,086
Funds held on behalf of - Foxley Estate	6 & 10	1,418	1,479	1,486
Receivables	10	173	129	784
Total Current Assets		**26,266**	**10,573**	**23,124**
Non-Current Assets				
Property Plant & Equipment		50	83	91
Intangible Assets		17	17	50
Total Non-Current Assets		**67**	**100**	**141**
Total Assets		**26,333**	**10,673**	**23,265**
Current Liabilities				
Payables	10	602	323	436
Contract Retentions	4 & 10	6,476	3,361	3,173
Provision for funds committed to International Agencies	7 & 10	0	55	0
Employee Entitlements		1,208	678	1,127
Funds held on behalf of other agencies	4 & 10	485	658	868
Total Current Liabilities		**8,771**	**5,075**	**5,604**
Non-Current Liabilities				
Funds held on behalf of other agencies	4 & 10	846	601	1,218
Total Non-Current Liabilities		**846**	**601**	**1,218**
Total Liabilities		**9,617**	**5,676**	**6,822**
Net Assets		**16,716**	**4,997**	**16,443**
Equity				
Public Equity		5,950	4,132	5,501
Future Committed Funds		8,764	(1,263)	8,666
Joint Operations Reserve		542	574	773
Foxley Estate Reserve Fund		1,460	1,554	1,503
Total Equity	8	**16,716**	**4,997**	**16,443**

The accompanying accounting policies and notes form part of these financial statements. Explanation of major variances against budget are provided in Note 18.

Statement of Cash Flow

for the year ended 30 June 2026

	Note	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Cash flows from operating activities				
Cash was provided from				
Receipts from the Crown		121,142	121,142	128,916
Interest received		726	408	1,314
Other Revenue		557	360	912
		122,425	**121,910**	**131,142**
Cash was applied to				
Payments to suppliers		(114,301)	(126,293)	(128,025)
Payments to employees		(4,352)	(5,601)	(4,537)
GST		741	311	(374)
		(117,912)	**(131,583)**	**(132,936)**
Net cash flow from operating activities	14	**4,513**	**(9,673)**	**(1,794)**
Cash flows from Investing activities				
Cash was provided from				
Funds held on behalf of other agencies		99	0	1,724
Maturing Term Deposits		65,489	29,500	79,367
Sale of Assets		1	0	0
		65,589	**29,500**	**81,091**
Cash was applied to				
Funds paid on behalf of other agencies		(855)	(1,021)	(5,842)
Reinvestment of Term Deposits		(68,922)	(16,500)	(74,934)
Purchase of Property Plant & Equipment		(4)	(66)	(42)
		(69,781)	**(17,587)**	**(80,818)**
Net cash flow from investing activities		**(4,192)**	**11,913**	**273**
Net increase (decrease) in cash held		**321**	**2,240**	**(1,521)**
Cash at Bank beginning of year		1,854	1,725	3,375
Cash at Bank end of year		**2,175**	**3,965**	**1,854**

The accompanying accounting policies and notes form part of these financial statements. Explanation of major variances against budget are provided in Note 18.

Notes to the Financial Statements

For the year ended 30 June 2026

Note 1 - Statement of accounting policies

Reporting entity

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

The HRC's primary objective is to benefit New Zealand through health research. The HRC does not operate to make a financial return. The HRC has designated itself as a public benefit entity (PBE) for financial reporting purposes. The financial statements for the HRC are for the year ended 30 June 2026 and were approved by Council on 23 October 2026.

Basis of preparation

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

In October 2025, the Government announced the in-principle decision to transfer health research funding and disestablish the Health Research Council of New Zealand as part of its reforms to the New Zealand science, innovation and technology system. Since this announcement, it has been indicated that selected functions will transfer to the Ministry of Business, Innovation and Employment and the Ministry of Health.

The Research, Science, Innovation, and Technology Bill (the Bill) to repeal the Health Research Council Act 1990 was introduced to Parliament on 21 September 2026 and proposes that the transfer and disestablishment be completed on or before 1 July 2028. Although the Bill was introduced to Parliament it did not undergo its first reading before Parliament was dissolved ahead of the general election on 7 November 2026 and as a result the future progress of the Bill is uncertain.

There remains a requirement for the Health Research Council to continue operating under the current legislative settings. Because of the requirement to continue operating under current legislative settings, and the uncertainty surrounding the Bill's progress, the directors believe that the Health Research Council is a going concern as the organisation is expected to continue operating for at least 12 months from the date of approving the financial statements. Accordingly, no adjustments have been made to the carrying values of assets and liabilities, reported revenue and expenses or the balance sheet classifications that would be necessary if the organisation were unable to continue as a going concern. The directors acknowledge that the introduction of the Bill creates a material uncertainty that may cast significant doubt on the Health Research Council's ability to continue as a going concern. The existence of a material uncertainty may affect the Health Research Council's ability to realise its assets and settle its liabilities in the normal course of operations.

Standards issued and not yet effective and not early adopted

There are no standards issued and not early adopted as at 30 June 2026, that have been identified.

Standards issued and effective as at 30 June 2026

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

Statement of compliance

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

Presentation currency and rounding

The financial statements are presented in New Zealand dollars, and all values other than related party transaction disclosures in Note 15 are rounded to the nearest thousand dollars ($000). The related party transaction disclosures are rounded to the nearest dollar.

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

a) Property Plant & Equipment (PP&E) and Intangible Assets (IA)

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

The Health Research Council of New Zealand has identified no service critical assets in line with the reporting requirements in CO (23) 9.

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

PP&E	Office and computer equipment	3 to 5 years	20 - 33%
PP&E	Leasehold improvements	5 years	20%
IA	Acquired computer software	3 years	33%
IA	Developed computer software	5 years	20%

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

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

c) Employee entitlements

Short-term employee entitlements

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

Long-term employee entitlements

Employee benefits that are due to be settled wholly beyond 12 months after the end of period in which the employee renders the related service, such as long service leave and retirement gratuities, have been calculated on an actuarial basis. The calculations are based on likely future entitlements accruing to staff, based on years of service, years to entitlement, the likelihood that staff will reach the point of entitlement, contractual entitlement information, and the present value of estimated future cash flows.

Presentation of employee entitlements

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

Contributions to defined contribution schemes

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

d) Receivables

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

e) Payables

Short-term payables are recorded at the amount payable.

f) Goods and services tax

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

g) Income tax

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

h) Budget figures

The budget figures are derived from the Statement of Performance Expectations as approved by the Board at the beginning of the financial year. The budget figures have been prepared in accordance with NZ GAAP, using accounting policies that are consistent with those adopted by the Board in preparing these financial statements. Explanation of major variances against budget are provided in Note 18.

i) Cost allocation

The HRC has determined the cost of outputs using the cost allocation system outlined below. During the year the HRC revised its output class structure. Certain activities previously reported within Output Class 2 are now reported within Output Class 3. Comparative information has not been restated and therefore may not be directly comparable with the current year presentation. There have been no other changes to the cost allocation methodology since the date of the last audited financial statements. Direct costs are those costs directly attributed to an output. Indirect costs are those costs that cannot be identified in an economically feasible manner with a specific output.

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

j) Critical accounting estimates and assumptions

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

k) Critical judgements in applying accounting policies

Management has exercised the following critical judgments in applying accounting policies:

Leases classification

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

Research grant expenditure

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

Note 2 - Revenue from the Crown

Non-exchange revenue	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Ministry of Business, Innovation and Employment (MBIE)	120,857	120,857	128,631
Ministry of Health (MoH)	285	285	285
	121,142	**121,142**	**128,916**

Accounting policy

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

Funding from the Crown

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

Grants received

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

Interest revenue

Interest revenue is recognised using the effective interest method.

Provision of services

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

Joint Operations

The HRC recognises its share of income and expenditure by Joint Operations it is involved in as the obligations under the contract are performed. Also refer Note 8.

Restrictions attached to revenue from the Crown

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

Note 3 - Breakdown of other revenue

Breakdown of other revenue	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Bequests received	0	0	17
Other revenue	502	360	399
	502	**360**	**416**

Note 4 - Research grant expenditure

Research grant expenditure	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Vote Health & Society Research	114,315	122,202	120,556
Vote Vision Mātauranga (He Ara Whakahihiko - Capability Fund)	949	1,091	2,699
Vote International Relationships	376	470	310
	115,640	**123,763**	**123,565**

Accounting policy

Expenditure related to grants to researchers

Expenditure is recognised as the obligations under the contract are performed. Provision is made for any retentions and disbursements held at the end of the contract pending a final research report.

Expenditure related to Joint Operations

The HRC recognises its share of income and expenditure by Joint Operations it is involved in as the obligations under the contract are performed. Also refer Note 8.

Expenditure related to funds committed to international agencies

Expenditure and a provision are recognised when the HRC has committed to an International Agency to undertake and fund a research project and deliver the research to the International Agency such that a constructive obligation is created, and the amount involved can be reliably measured (refer to Note 7). Related research costs are recognised against the provision as the obligations under the research contract are performed. Provision is made for any retentions held at the end of the contract pending a final research report.

Contract retentions

Contract retentions relate to amounts withheld equivalent to 1 month’s funding for each year of the term of the health research contract until the HRC acceptance of a final research report. The contract funding retention is recognised as a financial liability at the end of the contract term, until the funding withheld is paid when the final research report is completed and accepted by the HRC.

Disbursements

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

Note 5a – Personnel costs

Personnel costs	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Salaries and wages	4,190	5,032	4,407
Defined contribution plan employer contributions	211	270	248
Recruitment, HR and payroll processing costs	205	143	147
Other employee costs	67	56	29
Total personnel costs	**4,673**	**5,501**	**4,831**

Accounting policy

Salaries and wages

Salaries and wages are recognised as an expense as employees provide services.

Superannuation schemes

Employer contributions to KiwiSaver, the Government Superannuation Fund, and the New Zealand Retirement Trust Scheme are accounted for as defined contribution superannuation schemes and are expensed in the surplus or deficit as incurred.

Note 5b – Payments to The Audit Office

Payments to The Audit Office have been solely for the audit of the financial statements. No other services have been provided.

	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Fees to The Audit Office for financial statements audit	114	10	111
Prior year audit fee recovery for financial statement audit	0	0	11
Total fees for the audit of the financial statements	**114**	**10**	**122**

Note 6 – Cash and cash equivalents, short-term deposits and funds held on behalf of other agencies

Accounting policy

Cash and cash equivalents include cash on hand, and deposits held on call with banks. The carrying value of short-term deposits which are invested with maturity dates of 3 months or less approximates their fair value. Bank term deposits are initially measured at the amount invested. Interest is subsequently accrued and added to the investment balance. A loss allowance for expected credit losses is recognised if the estimated loss allowance is not trivial.

Interest rates

In FY2026 the effective interest rates on deposited funds ranged from 2.74% pa to 3.55% pa.

Short-term deposits – Held for Joint Operations

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

Funds held on behalf of other agencies

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

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

Funds held on behalf of Foxley Estate

Funds held on behalf of the Foxley Estate are pursuant to HRC resolutions to hold bequeathed funds to support the Foxley Fellowship from the interest earned by the fund.

Note 7 - Provision for funds committed to international agencies

Provision for Funds Committed to International Agencies	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Balance 1 July	0	55	238
Provisions made during the year	0	0	0
Provisions used during the year	0	0	(249)
Unwind of discount	0	0	11
Balance 30 June	**0**	**55**	**0**
Short Term	0	55	0
Long Term	0	0	0
	0	**55**	**0**

Accounting policy

Provision for funds committed to international agencies

Refer to Note 4 – research grant expenditure. Provisions are discounted to their present value at the reporting date and the unwinding of interest is recognised in surplus or deficit as part of “Other costs”.

International agency funding

International agency funding relates to two projects:

- The HRC’s commitment to participate in the 6th joint call as part of its membership of the Global Alliance for Chronic Disease (GACD). Under this call, the HRC committed to provide $2.0m in funding for cancer research. The commitment was honoured in full at 30 June 2025.
- The HRC's collaboration with National Science Foundation of China (NSFC) in which it established a funding initiative to support the development of collaborative research relationships between the two countries. As part of its second project with the NSFC, the HRC committed to making $1.0m available to researchers for biomedical research over 2-3 years. The commitment was honoured in full at 30 June 2025.

Note 8 - Equity

Equity	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Movements in Equity			
Public Equity (Research Contract Management)			
Balance 1 July (Refer note below)	5,501	5,218	5,162
Surplus/(deficit) for the year	449	(1,086)	339
Balance 30 June	5,950	4,132	5,501
Future Committed Funds			
Balance 1 July (Refer note below)	8,666	7,202	7,683
Surplus/(deficit) for the year	(176)	(8,663)	(296)
Transfer of Net Income from/(to) Joint Operations Reserve Fund	231	246	1,362
Transfer of Net Income from/(to) Foxley Reserve Fund	43	(48)	(83)
Balance 30 June	8,764	(1,263)	8,666
Joint Operations Reserve Fund			
Balance 1 July (Refer note below)	773	820	2,135
Transfer of Net Income (to)/from Accumulated Surplus/(deficit)	(231)	(246)	(1,362)
Balance 30 June	542	574	773
Foxley Reserve Fund			
Balance 1 July (Refer note below)	1,503	1,506	1,420
Transfer of Net Income (to)/from Accumulated Surplus/(deficit)	(43)	48	83
Balance 30 June	1,460	1,554	1,503
Total Equity at 30 June	**16,716**	**4,997**	**16,443**

Accounting policy

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

- Accumulated surplus/(deficit)
- Future Committed Funds
- Joint Operations Reserve
- Foxley Estate Reserve Fund.

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

Joint Operations Reserve

Accounting policy

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

Joint Operations

The HRC periodically enters joint funding arrangements with various parties. The HRC generally enters into an overall agreement with another party whereby the main terms and format of the research funding agreement are agreed ("Umbrella Agreement"). The parties then agree on the research initiatives under that Umbrella Agreement.

Under these research agreements, the HRC and the other party generally agree to:

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

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

Foxley Estate Reserve Fund

The Foxley Estate Reserve Fund relates to the assets bequeathed to the HRC in 1998. The Council resolved to hold the bequest funds as the "Foxley Estate Reserve Fund" and to support the Foxley Fellowship from the interest earned by the fund. In 2023/24 and 2024/25, two further bequests from the Barrow estate and the Fletcher estate were received, with a total value of $418k. The Council resolved to add these funds to the Foxley Reserve. Interest received on these assets is credited to the reserve. Grants made for research sabbaticals are charged against the reserve.

Note 9 - Commitments

Operating Lease Commitments	Actual 2026 $000	Actual 2025 $000
Operating Leases as lessee		
Not later than 1 year	158	153
Later than 1 year and not later than 5 years	26	184
Later than 5 years	0	0
Total non-cancellable operating leases	**184**	**337**

Accounting policy

An operating lease is a lease that does not transfer substantially all the risk and rewards incidental to ownership of an asset to the lessee. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the lease term. Lease incentives received are recognised in the surplus or deficit as a reduction of rental expense over the lease term.

Current lease arrangements

Operating leases as lessee

The HRC currently leases office premises. The lease payments recognised as an expense in the period totalled $205,486 (2025: $220,908).

No restrictions are placed on the HRC by any of its leasing arrangements. As per the lease arrangement, reinstatement costs upon termination of the lease are at the discretion of the landlord. Reinstatement costs are the costs to reinstate the premises as they were at the commencement of the lease. The lease expires in August 2027. There are two 3-year rights of renewal with the final expiry in August 2033.

Grant commitments

Grant commitments	Actual 2026 $000	Actual 2025 $000
Grant commitments for those grant contracts awarded but yet to be drawn down or accrued	268,668	304,446

Accounting policy

A grant commitment is disclosed for those grant contracts awarded but yet to be drawn down either in full or in part.

Note 10 - Categories of financial assets and liabilities

Categories of financial assets and liabilities	Actual 2026 $000	Actual 2025 $000
Financial Assets measured at amortised cost		
Cash and cash equivalents	2,175	1,854
Short-term Deposits	20,627	16,141
Short-term Deposits - Held for Joint Operations	542	773
Funds held on behalf of - Other Agencies	1,331	2,086
Funds held on behalf of - Foxley Estate	1,418	1,486
Receivables	173	288
Total financial assets	**26,266**	**22,628**
Other Financial liabilities measured at amortised cost		
Payables	357	436
Contract Retentions	6,476	3,173
Funds held on behalf of other agencies	1,331	2,086
Total other financial liabilities	**8,164**	**5,695**

The fair values of the financial assets and financial liabilities are equal to their respective carrying amounts.

Accounting policy

The HRC classifies financial assets into the category of cash and receivables and financial liabilities into the other financial liabilities' category. The HRC initially recognises receivables on the date that they are originated and derecognises a financial asset when the contractual rights to the cash flows from the asset expire or are transferred and the HRC does not retain control over the transferred asset. The HRC derecognises a financial liability when its contractual obligations are discharged or cancelled or expire. Financial assets and financial liabilities are offset, and the net amount presented in the statement of financial position when, and only when, the HRC has a legally enforceable right to offset the amounts and intends either to settle them on a net basis or to realise the asset and

settle the liability simultaneously.

Receivables and other financial liabilities

Receivables and other financial liabilities are initially measured at fair value plus/(less) any directly attributable transaction costs. After initial recognition, they are measured at amortised costs using the effective interest method.

Note 11 - Financial instruments risk

a) Market risk

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 which are held at fixed rates of interest. The HRC does not actively manage its exposure to fair value interest rate risk. The interest rates on the HRC's cash and cash equivalents are disclosed in Note 6.

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. The HRC is exposed to cash flow interest rate risk when investments mature and are reissued. The HRC does not actively manage its exposure to cash flow interest rate risk. 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. The HRC does not enter into transactions in foreign currency and does not hold any assets or liabilities denominated in foreign currency. The HRC is not exposed to currency risk.

b) 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 and debtors. 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. 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 a Standard and Poor's credit rating of at least AA-.

c) 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. The HRC's annual revenue from the Crown (Note 2) is known at the start of each financial year. Commitments are controlled and limited to this known level and timing of revenue and available cash reserves. If Government funding is not continued, or the progress and or quality of research expected is not achieved then the HRC may discontinue contracts at its discretion. A 3-month notice clause in research contracts is matched with a 3-month notice period under the Crown Funding Agreement for Government funding.

The table on the following page analyses payables (not including employee entitlements), contract retentions, and funds held on behalf of other agencies into relevant maturity groupings based on the remaining period at balance date to the contractual maturity date.

	Carrying Amount $000	Contractual Cash flows $000	Less than 6 Months $000	6 to 12 Months $000	More than 1 year $000
2026					
Payables	357	357	357	0	0
Contract Retentions	6,476	6,476	6,476	0	0
Funds held on behalf of other agencies	1,331	1,331	407	78	846
Total	**8,164**	**8,164**	**7,240**	**78**	**846**
2025					
Payables	288	288	288	0	0
Contract Retentions	3,173	3,173	3,173	0	0
Funds held on behalf of other agencies	2,086	2,086	551	317	1,218
Total	**5,547**	**5,547**	**4,012**	**317**	**1,218**

Note 12 - 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 13 - Councillors' fees

	Appointed	Term	Actual 2026 $	Actual 2025 $
Professor L Levy, CNZM	Jan-16	Jul-29	33,155	32,000
Professor J Douwes	Sept-15	May-29	20,722	20,000
Dr F Hughes	Oct-24	Oct-26	16,627	12,000
Professor J Maclaurin	Oct-24	Oct-27	16,627	12,000
Professor R Firestone	Oct-24	Oct-26	16,627	12,000
Professor C Grant	Oct-24	Oct-27	16,627	12,000
Professor B Cowan	Oct-24	Oct-27	16,627	12,000
Professor E Wyeth	Jul-23	Jul-26	18,290	17,600
B Vertongen	Jul-23	May-26	13,333	16,000
Dr L Zhou	Jul-23	May-26	13,333	16,000
P Foster-Bell	May-26	May-29	3,294	0
Dr M Wilsher	May-26	May-29	3,294	0
Professor P Guilford	Oct-16	Oct-24	0	4,000
Professor E Rush	Jan-21	Oct-24	0	4,000
Professor P Tapsell	Dec-20	Oct-24	0	4,000
			188,556	**173,600**

Note 14 - Reconciliation of Operating surplus (deficit) to net cash flow from operating activities

	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
Surplus /(deficit) for year	273	(9,749)	43
Add non-cash items			
Depreciation and Amortisation expense	78	80	80
Add/(deduct) movements in provisions	3,385	32	(2,036)
Add/(deduct) movements in working capital items			
Receivable (increase)/decrease	611	91	348
Payables increase/(decrease)	166	(127)	(229)
Net cash flow from operating activities	**4,513**	**(9,673)**	**(1,794)**

Note 15 - Related party information

The HRC is a Crown Entity.

Related party disclosures have not been made for transactions with related parties that are:

- within a normal supplier or client/recipient relationship, and
- on terms and conditions no more or less favourable than those that it might be reasonable to expect the HRC would have adopted in dealing with the party at arm's length in the same circumstances.

Further, transactions with other government agencies are not disclosed as related party transactions when they are on normal terms and conditions consistent with the normal operating arrangements between government agencies.

Key Management personnel compensation	2026	2025
Board Members		
Remuneration - $000	189	172
Full-time equivalent members	0.81	0.78
Leadership Team		
Remuneration - $000	1,137	1,182
Full-time equivalent members	3.12	4.00
Total Key Management Personnel Remuneration - $000	**1,326**	**1,354**
Total Full-time Equivalent Personnel	**3.93**	**4.78**

Key management personnel include all Council members, the Chief Executive, and members of the Leadership Team.

Cessation, termination payments, or compensation paid to those who ceased employment during the year totalled $Nil, Staff $Nil (2025: $Nil, Staff $Nil).

Retiring allowances paid from accrued liabilities during the year in accordance with Individual Employment Agreements totalled $Nil, Staff $Nil (2025: $Nil, Staff $Nil).

Note 16 - Contingencies

As at 30 June 2026 the HRC has no contingent assets or contingent liabilities (2025: Nil).

Note 17 - Post balance date events

There were no post balance date events that could materially impact the financial statements for the year ended 30 June 2026, however refer to Note 1 regarding the proposed disestablishment of the Health Research Council of New Zealand.

On-going discussions with MBIE and the Ministry of Health regarding transition planning pursuant to the proposed repeal of the Health Research Council Act 1990 has identified that the probable vehicle for transition of research contracts from the Health Research Council will be through utilisation of the Health Sector (Transfers) Act 1993. Under the Act, contracts shift to the new entity by operation of law, meaning a contract with a legacy body legally becomes a contract with the new body without needing formal deeds of novation or individual counterparty sign-off.

Note 18 - Explanation of major variances against budget

The budget figures are derived from the Statement of Performance Expectations as approved by the Board at the beginning of the financial year. The budget figures have been prepared in accordance with NZ GAAP, using accounting policies that are consistent with those adopted by the Board in preparing these financial statements. The variances against the budget are described below.

Statement of comprehensive revenue and expense

Revenue

Revenue from the Crown was in line with budget but lower than last year. In 2025, the second instalment of $7.5m from a total of $15.0m rescheduled from previous financial years was received. This rescheduling recognised the slower outflow of funds due to contract variations resulting from Covid-19 lockdowns in previous years and realigned it to match the anticipated timing of the expenditure.

Expenditure

Research grant expenditure was $8.1m lower than budget (6.6%). This is the tail of the impact of Covid-19 on the ability of researchers to meet the timeframes originally agreed. The HRC has allowed extensions to contracts to aid completion, however this has resulted in delays for spending. The recovery has been slower than originally predicted and retention payments are now starting to flow through. Lower operational costs of $1.3m resulted as replacement staff and new roles were re-evaluated following the announcement to disestablish the HRC. Consultant and legal fees were not required at the budgeted levels. Statutory and assessing committee costs are lower than budgeted as face-to-face meetings are less frequent and fee increases did not occur as provided in the budget.

Statement of Financial Position

Current assets are higher than budget by $15.7m representing the underspend on research contracts noted above and reflected in the operating surplus as well as a higher than budget balances brought forward from the prior year.

Liabilities are higher than budget by $3.9m as a result of realigning the calculation of retention liabilities with the accounting policy.

Statement of Cash Flow

Payments to suppliers are lower than budget for the reasons detailed under expenditure variances. Maturing Term Deposits and Reinvesting Term Deposits are both greater in value proportionately.

Statement of Resources

For the year ended 30 June 2026

Operating Resources

- Computer systems
- Printers
- Furniture and fittings.

Accommodation

The HRC is located at Level 1, 110 Symonds Street, Auckland. The lease is for an initial term of six years with rights of renewal for two further terms of three years each. The annual rental cost is $205k including operating costs. Note: An FTE is a full-time equivalent employee.

Staff resources

Operational staff	FTEs 2026	FTEs 2025
Chief Executive	0.1	1.0
Senior Managers	3.0	3.0
Portfolio Managers	2.8	3.8
Support staff	27.7	27.4
	33.6	**35.2**

Employee remuneration

Employees receiving over $100,000	Actual 2026 No. of Staff	Actual 2025 No. of Staff
100,000 to 109,999	2	3
110,000 to 119,999	4	7
120,000 to 129,999	5	2
130,000 to 139,999	4	7
140,000 to 149,999	3	1
160,000 to 160,999	1	0
230,000 to 239,999	0	1
240,000 to 249,999	0	1
290,000 to 299,999	0	1
310,000 to 319,999	1	0
340,000 to 349,999	1	0
410,000 to 419,999	1	1
Total Employees	**22**	**24**

Insurance cover in respect of Council members and employees

The HRC has the following insurance policies in place in respect of Council members and employees.

1. An Employers' Liability Policy to cover any event in which the HRC becomes legally liable to pay costs in respect of all employees who sustain injury.
2. A Directors' and Officers' Liability Policy to cover any event in which Council members find themselves personally liable to third parties.
3. A Professional Indemnity Policy to help protect professional advice and service providing individuals from bearing the full cost of defending negligence claims by third parties, and damages awarded in such a civil lawsuit.

Independent auditor's report

The Audit Office
Te Mana Arotake

Independent Auditor's Report

To the readers of the Health Research Council of New Zealand's financial statements and performance information for the year ended 30 June 2026

The Auditor-General is the auditor of the Health Research Council of New Zealand (the Health Research Council). The Auditor-General has appointed me, Liz Tombleson, using the staff and resources of The Audit Office, to carry out the audit of the financial statements and performance information on his behalf.

Opinion

We have audited:

- the financial statements of the Health Research Council that comprise the statement of financial position as at 30 June 2026, the statement of comprehensive revenue and expenses, statement of changes in equity, and statement of cash flow for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information on pages 69 to 85; and
- the performance information that consists of the statement of performance for the year ended 30 June 2026 on pages 46 to 61.

In our opinion:

- The financial statements of the Health Research Council present fairly, in all material respects, its financial position as at 30 June 2026, and its financial performance and cash flows for the year then ended, in accordance with Public Benefit Entity Standards.
- The performance information is appropriate and meaningful and prepared in accordance with the Health Research Council's measurement bases or evaluation methods and Public Benefit Entity Standards, and presents fairly, in all material respects, the Health Research Council's service performance and actual revenue and expenses for each reportable class of outputs for the year ended 30 June 2026 compared to the forecast standards and budgets included in the statement of performance expectations for the year.

Material uncertainty related to going concern

We draw attention to Note 1 in the financial statements which outlines that the Government introduced the Research, Science, Innovation, and Technology Bill (the Bill) on 21 September 2026 to repeal the Health Research Council Act 1990. The Bill states that the Health Research Council would

be disestablished on or before 1 July 2028. Because of the requirement to continue operating under the current legislative settings, and uncertainty about the Bill's future progress, the Council considers it appropriate to continue to prepare the financial statements for the year ended 30 June 2026 on a going concern basis.

However, as stated in Note 1, these events or conditions, along with other matters as set forth in Note 1, indicate that a material uncertainty exists that may cast significant doubt on the Health Research Council's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Basis for our opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards, the International Standards on Auditing (New Zealand), and New Zealand Auditing Standard 1 (Revised): *The Audit of Service Performance Information* issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the *Responsibilities of the auditor* section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of the Council for the financial statements and the performance information

The Council is responsible on behalf of the Health Research Council for preparing financial statements and performance information that are fairly presented and comply with Public Benefit Entity Standards.

This includes:

- the selection of elements/aspects of service performance, performance measures and/or descriptions, and measurement bases or evaluation methods to enable the presentation of service performance information that is appropriate and meaningful; and
- the preparation of a statement of performance, in accordance with the Health Research Council's measurement bases or evaluation methods, that provides an appropriate and meaningful basis to enable readers to assess what has been achieved for the year.

The Council is responsible for such internal control as it determines is necessary to enable it to prepare financial statements and performance information that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements and performance information, the Council is responsible on behalf of the Health Research Council for assessing the Health Research Council's ability to continue as a going concern. The Council is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to merge or to terminate the activities of the Health Research Council, or there is no realistic alternative but to do so.

The Council's responsibilities arise from the Crown Entities Act 2004 and the Health Research Council Act 1990.

Responsibilities of the auditor for the audit of the financial statements and the performance information

Our objectives are to obtain reasonable assurance about whether the financial statements and performance information, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers, taken on the basis of the financial statements and performance information.

For the budget information reported in the financial statements and the performance information, our procedures were limited to checking that the information agreed to the Health Research Council's statement of performance expectations.

We did not evaluate the security and controls over the electronic publication of the financial statements and the performance information.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements and performance information, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Research Council's internal control.

- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.

- We obtain an understanding of the process applied by the Health Research Council to select its elements/aspects of service performance, performance measures and/or descriptions and the measurement bases or evaluation methods.

- We evaluate whether:

    - the selection of elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods present an appropriate and meaningful assessment of the entity's service performance; and

    - the performance information is prepared in accordance with the Health Research Council's measurement bases or evaluation methods, and presents fairly, in all material respects in accordance with Public Benefit Entity Standards for each class of reportable outputs;

        - the actual performance of the Health Research Council as compared with the forecast standards of performance included in the Health Research Council's statement of performance expectations for the financial year; and

        - the actual revenue earned and output expenses incurred as compared to the expected revenues and the proposed output expenses included in the Health Research Council's statement of performance expectations for the financial year.

- We conclude on the appropriateness of the use of the going concern basis of accounting by the Council and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Health Research Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the information we audited or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Health Research Council to cease to continue as a going concern.

- We evaluate the overall presentation, structure and content of the financial statements and the performance information, including the disclosures, and whether the financial statements and performance information represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibilities arise from the Public Audit Act 2001.

Other information

The Council is responsible for the other information. The other information comprises all of the information included in the annual report, but does not include the financial statements, the performance information consisting of the statement of performance, and our auditor's report thereon.

Our opinion on the financial statements and the performance information does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements and the performance information, our responsibility is to read the other information. In doing so, we consider whether the other information is materially inconsistent with the financial statements and the performance information or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on our work, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Independence

We are independent of the Health Research Council in accordance with the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1: *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* as applicable for audits of public interest entities issued by the New Zealand Auditing and Assurance Standards Board.

Other than in our capacity as auditor, we have no relationship with, or interests in, the Health Research Council.



Liz Tombleson
The Audit Office
On behalf of the Auditor-General
Hamilton, New Zealand
23 October 2026

Active research contracts

Active research contracts

This section lists all of the HRC's contracts current as of 30 June 2026, or expired in the financial year.

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
Biomedical research				
20/928	Vaccine development: upping the ante	$596,504.10	Professor Bridget Stocker	Victoria University of Wellington, Research Trust
23/076	A molecular triage test to reduce colposcopy referrals after HPV testing	$1,199,987.46	Professor Merilyn Hibma	University of Otago
24/680	Light assisted management of fungal keratitis	$400,000.00	Dr Sanjay Marasini	The University of Auckland
25/763	Exploring the role of the CREBRF rs373863828 variant in atopic conditions	$399,979.20	Dr Chris Puliuvea	Auckland University of Technology
23/333	Plasticity of the skin IL-13+ innate lymphoid cell niche	$1,200,000.10	Professor Franca Ronchese	Malaghan Institute of Medical Research
25/537	Establishment and maintenance of skin resident memory Th2 cells	$1,200,000.00	Dr Sotaro Ochiai	Malaghan Institute of Medical Research
25/270	How the mechanisms driving osteoarthritis differ in males versus females	$1,199,983.00	Dr Raewyn Poulsen	The University of Auckland
22/479	Hormone-induced adaptations in respiratory function during pregnancy	$1,199,969.09	Professor David Grattan	University of Otago
21/714	Translating treatments for lymphatic dysfunction associated with organ failure	$4,999,761.20	Professor Anthony Phillips	The University of Auckland
23/332	Identifying central therapeutic targets in polycystic ovary syndrome	$1,198,920.56	Professor Rebecca Campbell	University of Otago
23/534	Avoiding detection: How does gonorrhoea survive within host cells?	$149,994.00	Dr Joanna Hicks	University of Waikato
25/226	Investigation into factors behind gynaecological cancer in Pacific women	$124,820.00	Mr Noah Papali'i	The University of Auckland
22/069	The CALCRL receptor: A new genetic determinant of diabetic kidney disease in New Zealand	$1,199,906.20	Professor Alan Davidson	The University of Auckland
21/209	How does preeclampsia in pregnancy lead to early cardiovascular disease?	$1,199,914.40	Professor Larry Chamley	The University of Auckland
23/553	Developing novel devices to relieve congestion in heart failure	$150,000.00	Associate Professor Rohit Ramchandra	The University of Auckland
20/508	Smart delivery of growth factors for treating osteonecrosis of the femoral head	$730,435.20	Professor Khoon Lim	University of Otago
23/119	Developing novel treatments for HFpEF by studying vagal control of the heart	$571,138.00	Dr Julia Shanks	The University of Auckland
25/1206	Transforming radiology in New Zealand - From accuracy to implementation of AI	$697,273.00	Professor Robyn Whittaker	Health New Zealand - Capital, Coast and Hutt Valley
25/910	Novel AI framework for the discovery of narrow-spectrum antibiotics	$150,000.00	Dr Binh Nguyen	Victoria University of Wellington, Research Trust
23/875	Elucidating pathways of kidney injury and repair – new therapeutic options?	$399,340.00	Professor Robert Walker	University of Otago
22/187	Improving genetic health through RNA diagnostics	$1,190,889.97	Professor Logan Walker	University of Otago
23/530	A novel methylation-editing screen to Identify epigenetic drivers of metastasis	$150,000.00	Associate Professor Aniruddha Chatterjee	University of Otago
22/559	Pathogenesis, detection and treatment of perinatal brain injury	$4,999,982.55	Professor Alistair Gunn	The University of Auckland
23/592	Investigating iodine supplementation in pregnancy	$149,687.00	Associate Professor Louise Brough	Massey University
24/1234	Disruption of oxygen management networks to combat bacterial pathogens	$399,882.00	Dr Matthew McNeil	University of Otago

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
22/248	Activity of orexigenic AgRP neurons during pregnancy and lactation	$1,197,681.24	Professor David Grattan	University of Otago
24/807	Development of novel prebiotics from marine glycans	$150,000.00	Dr Chelsea Vickers	University of Waikato
23/214	Effect of an Aotearoa NZ diet for metabolic health on the gut microbiome	$1,174,971.92	Professor Richard Gearry	University of Otago
22/138	Genomic epidemiology of human respiratory viruses in Aotearoa	$1,196,858.43	Professor Jemma Geoghegan	University of Otago
21/618	Multimodal neuroimaging biomarker for cognitive deficits in ADHD	$299,999.74	Dr Narun Pat	University of Otago
24/838	Using multimodal MRI, genomics and AI to tackle ethnicity bias in neuroimaging	$150,000.00	Dr Narun Pat	University of Otago
24/002	Targeting the epigenetic signature of drug resistance in cancer	$599,958.00	Associate Professor Aniruddha Chatterjee	University of Otago
25/220	Early diagnosis for lifelong impact: Technology to detect perinatal brain injury	$600,000.00	Dr Hamid Abbasi	The University of Auckland
20/006	Novel strategies to harness therapeutic potential of CB2 in the immune system	$565,312.00	Dr Natasha Grimsey	The University of Auckland
22/219	Bringing precision to the diagnosis of complex neurodevelopmental disorders	$1,199,831.41	Professor Stephen Robertson	University of Otago
23/037	Generating hypertension to prevent mortality in Duchenne muscular dystrophy	$599,966.00	Associate Professor Angus Lindsay	University of Otago
25/291	Predicting dementia in a New Zealand sample with magnetic resonance imaging	$598,353.00	Dr Catherine Morgan	The University of Auckland
25/506	Using an imaging drug to reduce brain metastases	$1,196,992.00	Associate Professor Tania Slatter	University of Otago
21/003	Protein degradation: from understanding to application	$599,999.00	Dr Adam Middleton	University of Otago
26/0003	Developing enzymatic tools to enable next-generation cell-targeting therapies	$600,000.00	Dr Abigail Sharrock	Victoria University of Wellington, Research Trust
23/049	Curbing the reproductive hormonal axis to control PCOS	$1,199,989.90	Professor Greg Anderson	University of Otago
25/126	Do excessive ovarian hormones cause ovulation failure in polycystic ovary syndrome?	$1,199,974.00	Dr Michael Pankhurst	University of Otago
22/237	Hormones and mood: Imaging the impact of obesity on maternal neural circuitry	$1,199,908.32	Dr Rosemary Brown	University of Otago
23/473	Prolactin-mediated suppression of fever during pregnancy	$249,999.50	Dr Teodora Georgescu	University of Otago
21/034	Decreasing alpha synuclein in Parkinson's disease: Are 'strains' the solution?	$571,338.00	Dr Victor Dieriks	The University of Auckland
23/495	Genomics and functional metabolomics of phaeochromocytomas and paragangliomas	$246,917.65	Dr Veronica Boyle	The University of Auckland
24/694	The role of antidepressants in promoting antibiotic resistance	$398,258.00	Dr Samuel Wardell	University of Otago
25/310	Uncovering the connection between serotonin and Lp(a) metabolism	$1,170,000.00	Professor Sally McCormick	University of Otago
25/225	Targeting meningeal fibrosis to improve outcomes in traumatic brain injuries	$1,199,744.00	Dr Justin Rustenhoven	The University of Auckland
25/661	Ngā Ira Filaggrin me te Pānga Pāpaka - The Filaggrin gene in Māori with eczema	$32,116.80	Miss Fushia Tibble	The University of Auckland
22/821	Improving solid tumour lymphocyte infiltration using bioinspired nanosystem	$404,699.85	Dr Guo-Liang Lu	The University of Auckland
26/0036	Decoding host-fungal interactions to improve respiratory health outcomes	$599,962.00	Dr Kerry Hilligan	Malaghan Institute of Medical Research
25/724	Development of a human oligodendrocyte platform for multiple sclerosis	$400,000.00	Dr Amy McCaughey-Chapman	The University of Auckland
25/236	Glial connections in mate wareware dementia	$599,771.00	Dr Amy Smith	The University of Auckland

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
22/533	Improving population health through education of the innate immune system	$250,000.00	Dr Kerry Hilligan	Malaghan Institute of Medical Research
23/301	A role for p53 isoform Δ133p53 in the progression of inflammatory bowel disease	$1,199,998.83	Professor Antony Braithwaite	University of Otago
24/659	Interferon-alpha targets as prognostic biomarkers for IBD patients	$400,000.00	Dr Safina Gadeock	University of Otago
24/741	Development of a topical treatment for management of chronic wounds	$400,000.00	Dr Priyanka Agarwal	The University of Auckland
24/791	Retaining teeth for life: a smart stimuli-response dental pulp medication	$150,000.00	Professor Dr Haizal Hussaini	University of Otago
22/278	Targeted immune stimulants to hypersensitise lung cancer to checkpoint blockade	$1,199,922.40	Associate Professor Adam Patterson	The University of Auckland
22/432	Spatial profiling of tumour tissue to improve lung cancer immunotherapy	$1,200,000.35	Professor Rod Dunbar	The University of Auckland
22/030	Next-generation high-throughput screening for smart drug discovery	$597,136.00	Dr Daniel Conole	The University of Auckland
24/839	Positively selecting your MAIT cells	$150,000.00	Associate Professor Mattie Timmer	Victoria University of Wellington, Research Trust
24/708	A pathway to the Molecular Tumour Board	$649,412.00	Dr Kimiora Henare	The University of Auckland
22/005	Immune system-derived oxidants in the treatment and diagnosis of respiratory diseases	$599,995.00	Dr Nina Dickerhof	University of Otago
24/808	Scalable heparan sulfate mimetics as dual-mechanism antiviral agents	$150,000.00	Dr Olga Zubkova	Victoria University of Wellington, Research Trust
23/546	Rapid identification of leads for antimicrobials	$150,000.00	Associate Professor Christopher Brown	University of Otago
22/296	Role of polarized exocyosis in infection of host cells by pathogenic E. coli	$1,199,984.57	Associate Professor Keith Ireton	University of Otago
24/305	Point-of-care testing: Improving access to timely and safe care for rural whānau	$1,199,496.60	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
23/188	Large-scale substitution approaches to engineer non-ribosomal peptides	$536,377.00	Dr Mark Calcott	Victoria University of Wellington, Research Trust
24/848	Molecular testing for antibiotic resistance in Helicobacter pylori	$150,000.00	Dr Thomas Mules	Malaghan Institute of Medical Research
24/046	Probiotics/synbiotics and postoperative infection rates after colorectal surgery	$206,667.00	Dr Claudia Paterson	The University of Auckland
25/102	Genotypes, phenotypes, and treatment of NOTCH2NLC-related disease in Aotearoa New Zealand	$1,199,541.00	Dr Emma Scotter	The University of Auckland
25/755	Protecting vulnerable populations against measles outbreak with a new mRNA vaccine	$4,996,602.00	Professor Ian Hermans	Malaghan Institute of Medical Research
22/301	A single-cell transcriptomic approach to gastric cancer heterogeneity	$1,199,413.46	Professor Parry Guilford	University of Otago
25/114	Finding the POP factor: The genetics of pelvic organ prolapse	$599,672.00	Dr Emma Wade	University of Otago
25/691	Locking up antisense oligonucleotides to advance cancer therapies	$392,256.50	Dr Emma Davison	Auckland University of Technology
22/262	Immune cells, bacteria and epithelium in Crohn's disease patients	$1,190,405.53	Professor Roslyn Kemp	University of Otago
22/604	Circulating bacterial DNA for early detection of metastasis in colorectal cancer	$150,000.00	Dr Rachel Purcell	University of Otago
23/186	Identifying epigenetic markers for early detection of colorectal cancer	$1,199,979.13	Dr Euan Rodger	University of Otago
23/208	Targeting the tumour microenvironment to improve outcomes in rectal cancer	$1,200,000.14	Dr Rachel Purcell	University of Otago

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
23/225	Cancer targeted bioorthogonal prodrugs	$1,199,997.45	Associate Professor Allan Gamble	University of Otago
25/094	Molecular insights into pancreas cancer - an Aotearoa perspective	$260,000.00	Dr Howe Mao	The University of Auckland
25/1196	Improving gastrointestinal cancer outcomes with AI-enhanced digital pathology	$699,734.00	Professor Tim Eglinton	University of Otago
25/564	Direct-to-stomach delivery of drugs for the chemoprevention of inherited stomach cancer	$1,199,177.00	Professor Parry Guilford	University of Otago
25/878	Enhancing chemotherapy sensitivity in diffuse gastric cancer	$150,000.00	Dr Silke Neumann	University of Otago
24/389	Discovery of epigenetic biomarkers associated with inflammatory bowel disease	$260,000.00	Dr Alexandra Noble	University of Oxford
22/539	Development of an ultrasound responsive implant to treat spinal cord injury	$249,453.00	Dr Sachin Thakur	The University of Auckland
21/561	A novel brain pathway involved in pathogenesis of obesity and type-2 diabetes	$1,199,664.97	Professor David Grattan	University of Otago
22/546	Exploring the role of the inflammasome pathway in diabetic retinopathy	$249,660.15	Dr Odunayo Mugisho	The University of Auckland
25/407	Translational studies of solute carriers in human diabetic lens cataract	$1,199,904.00	Dr Angus Grey	The University of Auckland
24/292	Translational 'omics of the hidden genome for equitable precision medicine	$1,199,988.28	Dr Megan Leask	University of Otago
25/311	Role of a CALCRL gene variant in metabolic disease	$1,199,957.00	Professor Alan Davidson	The University of Auckland
23/047	Establishment of a new molecular target for arrhythmias and heart failure	$1,198,100.32	Professor Peter Jones	University of Otago
23/143	Can loss of a 'hunger' hormone increase cardiovascular disease in Pacific people	$1,199,984.44	Professor Daryl Schwenke	University of Otago
25/086	Heart disease in diabetes: focus on fructose as a novel therapeutic intervention	$1,199,482.00	Associate Professor Kim Mellor	The University of Auckland
24/184	Enhancing and understanding functional improvements after spinal cord injury	$599,381.00	Dr Bruce Harland	The University of Auckland
24/110	Protecting Mum: hormone-driven neural plasticity to regulate mood and behaviour	$1,199,922.24	Associate Professor Rosemary Brown	University of Otago
21/097	Improving genetic diagnosis for tamariki in Aotearoa	$1,199,920.35	Professor Stephen Robertson	University of Otago
23/293	MRI-informed computational model for non-invasive detection of brain pressure	$1,191,990.00	Dr Samantha Holdsworth	Mātai Medical Research Institute
20/732	Looking skin deep	$150,000.00	Professor Anthony Phillips	The University of Auckland
24/016	An integrative diagnosis of neurovascular function for Alzheimer's disease	$505,964.00	Dr Gonzalo Maso Talou	The University of Auckland
21/653	Improving mitochondrial metabolism to rescue diabetic heart failure	$298,586.40	Dr Toan Pham	The University of Auckland
22/629	Novel targets within the carotid body for treating cardiometabolic disease.	$150,000.00	Dr Pratik Thakkar	The University of Auckland
24/747	Balancing heart energetics: Diabetes, statins and coenzyme Q10	$395,081.10	Dr Amelia Power	The University of Auckland
23/605	Wearable ultrasonic array for non-invasive imaging and manipulation of the body	$150,000.00	Joe Chen	University of Canterbury
20/230	Time for destruction - switching immune responses off	$1,197,433.37	Professor Catherine Day	University of Otago
21/116	Bioenergetics of human diabetic heart failure	$586,497.00	Associate Professor Kenneth Tran	The University of Auckland
23/484	Building a synthetic biology pipeline to develop nucleoside therapeutics	$250,001.00	Dr Alistair Brown	Victoria University of Wellington, Research Trust

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
25/366	Development and delivery of oral prophylactic and therapeutic vaccines	$1,199,997.00	Professor Sarah Hook	University of Otago
25/865	Conformational-targeting of ligase linkers: a new view on inhibition	$150,000.00	Dr Adele Williamson	University of Waikato
23/470	Investigating the functions of p53 isoforms and their clinical translation	$4,999,700.81	Associate Professor Tania Slatter	University of Otago
23/314	Fighting leukaemia colonisation of the haematopoietic niche	$1,198,340.00	Professor Julia Horsfield	University of Otago
20/584	A human functional genomics approach to investigate inflammation in dementia	$294,894.00	Dr Amy Smith	The University of Auckland
21/646	Neuropathology of repetitive sport-related head injury	$292,497.66	Dr Helen Murray	The University of Auckland
21/710	Neurovascular pathology in human neurodegenerative disorders	$4,999,999.65	Professor Michael Dragunow	The University of Auckland
23/133	Blood-based biomarkers of dementia in a longitudinal birth cohort	$1,200,000.11	Dr Ashleigh Barrett-Young	University of Otago
25/461	Harnessing tears for diagnosing Pacific PINK1 and idiopathic Parkinson's disease	$1,199,998.00	Dr Victor Dieriks	The University of Auckland
25/285	Targeting atrial subcellular tubules in atrial fibrillation: A new perspective	$1,200,000.00	Associate Professor Jichao Zhao	The University of Auckland
24/755	Understanding new targets for weight loss therapeutics	$399,844.00	Dr Christopher Hedges	The University of Auckland
24/1236	Polypeptide-based polymeric materials for metallo-anticancer drug delivery	$405,000.00	Professor Christian Hartinger	The University of Auckland
20/015	Adult stem cell treatments for corneal endothelial diseases	$575,742.00	Associate Professor Jie Zhang	The University of Auckland
20/317	Tackling the vicious circle of dry eye disease	$1,195,446.80	Professor Ilva Rupenthal	The University of Auckland
23/169	Disposable, not dispensable: reducing the incidence of cataract post vitrectomy	$1,139,547.60	Dr Julie Lim	The University of Auckland
25/1037	Evaluating the performance and implementation of AI-enabled diabetic retinopathy	$393,904.00	Dr Cheng Kai Jin	Health New Zealand - Waitematā
21/310	Uncovering the earliest events leading to tophaceous gout	$1,194,917.70	Associate Professor Christopher Hall	The University of Auckland
22/645	Pumping gas the right way	$150,000.00	Professor Anthony Phillips	The University of Auckland
23/212	Protecting the lungs of the critical illness patient	$1,199,915.25	Professor John Windsor	The University of Auckland
24/666	Theca progenitors: 'gate-keepers' of ovulation potential of ovarian follicles?	$650,000.00	Dr Zaramasina Clark	Victoria University of Wellington, Research Trust
26/0183	Evaluating the impact of increased adiposity on assisted reproduction outcomes	$32,870.00	Ashley Darbyshire	Victoria University of Wellington, Research Trust
23/284	Development of a targeted drug therapy for acute kidney injury	$1,199,999.30	Professor Alan Davidson	The University of Auckland
24/537	Investigation of wearable sensors for human vitality monitoring	$132,350.00	Julia Imo	The University of Auckland
21/080	Novel targets to enhance axonal repair after spinal cord injury	$1,199,242.48	Dr Laura Gumy	University of Otago
22/177	Neuron-glia regulation of plasticity in health and neuroinflammatory diseases	$1,197,310.48	Professor Wickliffe Abraham	University of Otago
22/198	Is Exendin-4 neuroprotective after perinatal hypoxia-ischaemia?	$1,199,443.45	Associate Professor Joanne Davidson	The University of Auckland
22/331	Development of safe, non-addictive pain medications	$1,199,999.90	Associate Professor Bronwyn Kivell	Victoria University of Wellington, Research Trust
24/059	Charting the neuroprotective role of a lncRNA in Parkinson's disease	$599,779.00	Dr Indranil Basak	Victoria University of Wellington, Research Trust

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
24/260	A novel wireless intracranial pressure sensor for patients with hydrocephalus	$220,000.00	Dr Sang Ho Kim	The University of Auckland
25/032	Three-dimensional cell replacement therapy to treat Huntington's disease	$1,200,000.00	Professor Bronwen Connor	The University of Auckland
25/147	Treatment of Alzheimer's disease via inhibition of ryanodine receptors	$1,197,729.00	Professor Peter Jones	University of Otago
24/801	Preventing the ups and downs of lithium in bipolar disorder	$150,000.00	Associate Professor Ailsa McGregor	University of Otago
23/454	Harnessing the immune system for predicting adverse postoperative recovery	$249,213.90	Dr Kathryn Hally	University of Otago
22/156	Dysregulating metabolism to eradicate drug-resistant Mycobacterium tuberculosis	$582,826.00	Dr Matthew McNeil	University of Otago
22/322	A vaccine for Staphylococcus aureus	$1,199,789.30	Professor John Fraser	The University of Auckland
22/323	Targeting metabolic dysregulation to eradicate drug resistant M. tuberculosis	$1,199,544.36	Dr Matthew McNeil	University of Otago
23/200	Development of diagnostic fluorescence and ultrasound probes for S. aureus	$599,612.00	Dr Matthias Fellner	University of Otago
23/228	A genomics-led approach to bacteriophage therapies for infectious disease.	$596,423.00	Dr Simon Jackson	University of Waikato
23/396	Targeting microbial energetics to achieve a rapid cure for tuberculosis	$1,199,908.50	Professor Kurt Krause	University of Otago
24/021	Harnessing the antiviral activities of Samoan traditional medicines	$1,166,908.00	Dr Natalie Netzler	The University of Auckland
24/864	Self-signalling mRNA vaccines for sustained antibody immunity	$150,000.00	Dr William Kelton	University of Waikato
25/412	Preclinical development of new antibiotics to combat drug-resistant pathogens	$1,200,000.00	Dr Jeremy Owen	Victoria University of Wellington, Research Trust
25/617	Exploring Antarctic marine fungi for novel antimicrobial natural products	$137,002.00	Miss Victoria Bain	Victoria University of Wellington, Research Trust
25/925	Exploring mechanism of action of novel nucleosides to develop better antivirals	$150,000.00	Dr Lawrence Harris	Victoria University of Wellington, Research Trust
22/572	Investigating the diet-microbiome connection in paediatric coeliac disease	$229,098.00	Dr Olivia Ogilvie	University of Canterbury
22/638	The gut gets going	$150,000.00	Professor Anthony Phillips	The University of Auckland
24/427	Minimally-invasive gastric ablation for GI disorders	$1,199,996.70	Dr Timothy Angeli-Gordon	Te Wananga o Aotearoa
25/204	Targeted pacing for gastric dysfunction therapy	$1,200,000.00	Professor Leo Cheng	The University of Auckland
23/347	Toward a mechanism for CREBRF R457Q to drive diabetes protection	$1,199,861.15	Dr Kate Lee	The University of Auckland
19/463	A precision medicine approach to improving heart disease outcomes	$1,193,680.90	Dr Anna Pilbrow	University of Otago
19/687	Aberrant purinergic afferent signalling in cardiovascular disease	$4,928,392.85	Professor Julian Paton	The University of Auckland
20/274	A novel therapeutic to protect hearts in acute ischaemic procedures	$1,143,638.85	Professor Ivan Sammut	University of Otago
21/235	Are all tests created equal? NT-proBNP measurement in Pasifika vs European NZers	$1,106,003.89	Dr Allamanda Faatoese	University of Otago
21/355	Targeting the right atrium, the forgotten chamber of the heart	$1,199,999.65	Associate Professor Jichao Zhao	The University of Auckland
21/786	The role of circulating bacterial DNA in cardiovascular disease	$150,000.00	Dr Sarah Appleby	University of Otago
22/011	Elucidating the effects of nitric oxide and argon on cerebral haemodynamics	$472,672.00	Dr Mickey Fan	The University of Auckland

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
23/165	A novel intracranial baroreceptor mechanism for blood pressure control	$1,199,911.90	Professor Julian Paton	The University of Auckland
23/306	PDE9: inhibition in experimental MI and plasma levels in human heart disease	$1,194,867.49	Professor Christopher Charles	University of Otago
23/527	Translating biophysical models for heart health	$4,999,999.65	Professor Martyn Nash	The University of Auckland
23/541	Transforming the care of people with heart failure through proactive monitoring	$150,000.00	Professor Simon Malpas	The University of Auckland
24/215	Increasing cardiac vagal activity as a novel treatment for heart failure	$1,199,996.10	Dr Julia Shanks	The University of Auckland
24/652	Atrial fibrillation: linking heart cell structure to electrical function	$335,631.00	Dr Helen Waddell	University of Otago
25/522	Copy-number variation: a source of missing heritability for heart failure?	$1,199,926.00	Dr Anna Pilbrow	University of Otago
25/930	Predicting cardiovascular events with a new blood test	$150,000.00	Dr Sarah Appleby	University of Otago
18/300	Banishing tumour hypoxia to render cancer immunotherapy curative	$1,197,121.52	Associate Professor Adam Patterson	The University of Auckland
18/632	Lung cancer screening with scent-detection dogs	$280,328.52	Dr Timothy Edwards	University of Waikato
20/017	Precision cancer treatment using predictive software and imaging biomarkers	$469,821.00	Dr Hayley Reynolds	The University of Auckland
21/278	Neural chip platforms for drug translation in paediatric brainstem gliomas	$1,199,977.45	Professor Charles Unsworth	The University of Auckland
22/329	WNT signalling - a matter of degradation	$1,199,533.94	Professor Catherine Day	University of Otago
22/345	Overcoming antibody-drug conjugate resistance in HER2-positive breast cancer	$1,199,994.80	Associate Professor Stephen Jamieson	The University of Auckland
22/361	Critical evaluation of a tumour-targeted cancer therapy for clinical development	$1,199,489.20	Associate Professor Jeff Smaill	The University of Auckland
22/379	A dual-safety system to promote CAR T cell activation and migration	$1,199,975.45	Professor Alexander McLellan	University of Otago
22/444	Hypoxia-selective delivery of DNA-PK inhibitors to tumours	$1,199,999.65	Associate Professor Michael Hay	The University of Auckland
22/562	Treating gastric cancer according to its biology	$249,960.66	Dr Silke Neumann	University of Otago
22/567	Investigating fibroblast influence on the gastric cancer microenvironment	$249,942.00	Associate Professor Sharon Pattison	University of Otago
22/581	A novel and simple tool for tumour diagnosis and treatment prognosis	$150,000.00	Dr Christoph Goebl	University of Otago
22/609	Self-assembling therapeutic nanovaccines for cancer	$150,000.00	Dr Benjamin Compton	Victoria University of Wellington, Research Trust
23/111	Relaxed quality control: how rogue AS-NMD drives cancer evolution	$1,184,999.89	Dr Sunali Mehta	University of Otago
23/194	Investigating fibroblast influence on the gastric cancer microenvironment	$260,000.00	Dr Florence de Roo	University of Otago
23/452	Circulating tumour DNA in hastening the diagnosis of lung cancer	$249,999.64	Dr Annie Wong	University of Otago
23/458	Novel targeted therapeutic strategy for ovarian cancer treatment	$249,959.14	Dr Mak Sarwar	University of Otago
23/513	Unravelling the role of protein oligomerisation in acute myeloid leukemia	$250,000.36	Dr Natalia Yewdall	University of Canterbury
21/989	A nationwide strategy to improve lung cancer outcomes with molecular testing	$1,222,392.33	Associate Professor Aniruddha Chatterjee	University of Otago
24/195	Multi-drug antibody-drug conjugates for targeted cancer therapy	$599,244.00	Dr Iman Kavianinia	The University of Auckland
24/212	Developing novel targets and drugs for cancer therapy in Aotearoa New Zealand	$599,702.00	Dr Silke Neumann	University of Otago

HRC Ref	Proposal title	Funding approved	Lead researcher	Host organisation
24/742	Engineering enzymes to enable CAR T-cells to synergise with chemotherapy	$400,000.00	Dr Abigail Sharrock	Victoria University of Wellington, Research Trust
24/744	Advancing breast and ovarian cancer prevention strategies	$399,992.00	Dr George Wiggins	University of Otago
24/841	Using super-wideband microwave technology to improve cancer early diagnosis	$150,000.00	Professor Boon-Chong Seet	Auckland University of Technology
25/280	Impacts of the TP53 X126 splice mutation on lung cancer progression	$30,873.00	Mr Noah Kelly-Foleni	University of Otago
25/599	Faster CARs: Overcoming exhaustion to enhance CAR T-cell therapies	$1,199,780.00	Dr Rachel Perret	Malaghan Institute of Medical Research
25/810	Enabling BNCT radiotherapy in Aotearoa to better treat cancer	$150,000.00	Associate Professor Paul Harris	The University of Auckland
26/0026	Developing a targeted plasma DNA methylation panel for prostate cancer detection	$260,000.00	Dr Jim Smith	University of Otago
24/664	Hypothalamic inhibition of GIPR signalling to increase health during ageing	$400,000.00	Dr Geke Aline Boer	University of Otago
Clinical research				
23/009	Scleral shell prosthesis practice in Aotearoa New Zealand.	$259,800.00	Ms Janice Yeoman	The University of Auckland
23/018	Connected: Who benefits from online delivery of mental disorder treatment?	$1,439,846.30	Associate Professor Charlene Rapsey	University of Otago
26/0080	The role of continuous glucose monitoring in diabetes self-management education	$260,000.00	Dr Tim Salmond	University of Otago
24/925	Enhancing Non-operative Care Of ACL Rupture: Equity and Effectiveness (ENCORE)	$1,399,989.29	Professor Benjamin Darlow	University of Otago
23/451	The relationship between physical activity and gout flares	$249,823.55	Associate Professor Sarah Stewart	Auckland University of Technology
24/395	RandOmised Arthroplasty infection worlDwide Multidomain Adaptive Platform Trial	$1,438,097.75	Dr Thomas Hills	Aotearoa Clinical Trials
20/184	Safely improving outcomes for babies after birth by planned caesarean section	$1,433,915.15	Professor Katie Groom	The University of Auckland
21/450	Aetiology-focused treatment: a new paradigm for empiric pneumonia treatment	$1,192,690.68	Dr Michael Maze	University of Otago
22/184	Development of rifampicin as inhaled therapy for tuberculosis	$1,086,230.65	Dr Jack Dummer	University of Otago
24/886	Hospital Operating Theatre Randomised Oxygen Study and Pulse Oximetry Bias Study	$1,398,257.50	Dr Daniel Frei	Medical Research Institute of New Zealand
22/028	Corneal nerves in health and diabetes: from young children to young adults	$598,454.00	Associate Professor Stuti Misra	The University of Auckland
23/481	Toward profiling and treating neurosteroid withdrawal in catamenial epilepsy	$249,985.05	Dr Rachael Sumner	The University of Auckland
26/0010	Targeting glutamatergic excitation to treat menstrual cycle-linked seizures	$598,788.00	Dr Rachael Sumner	Auckland University of Technology
24/941	Reducing the Progression of diabetic kidney disease: A cluster randomised trial	$1,399,436.60	Dr Viliami Tutone	Aotearoa Clinical Trials
22/128	PSGN in New Zealand children	$259,500.00	Dr Amanda Taylor	The University of Auckland
22/363	The nGVS study for bilateral vestibular disorders	$1,111,603.20	Professor Denise Taylor	Auckland University of Technology
24/765	Design of a rehabilitation model for cardiovascular health after stroke	$398,144.00	Dr Marie-Claire Smith	The University of Auckland
23/257	Stepped rehabilitation for people with persistent shoulder pain	$1,187,250.64	Professor Gisela Sole	University of Otago
22/574	Strategies to improve gout management in Aotearoa	$4,998,486.21	Professor Lisa Stamp	University of Otago

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22/409	ARISE FLUIDS Aotearoa Randomised Controlled Trial	$1,199,949.75	Associate Professor Peter Jones	Medical Research Institute of New Zealand
22/045	Quantifying and optimising postoperative recovery using wearable sensors	$260,000.00	Dr Cameron Wells	The University of Auckland
22/277	Evaluating a bedside high-sensitivity troponin within a rural chest pain pathway	$1,199,642.01	Dr Rory Miller	University of Otago
26/0033	Improved follow-up care after chest pain assessment in the emergency department	$516,772.00	Honorary Professor Martin Than	Health New Zealand Waitaha Canterbury/ Te Tai o Poutini West Coast
20/061	Fertility and IVF and IUI trial in couples with uneXplained infertility (FIIX)	$1,439,812.15	Professor Cindy Farquhar	The University of Auckland
19/690	Assessing the impact of maternal and perinatal interventions on life-long health	$4,971,164.10	Professor Jane Harding	The University of Auckland
25/771	Optimising nutrition for preterm babies	$4,999,550.00	Professor Frank Bloomfield	The University of Auckland
18/311	Evaluating a sustainable model of peer mentoring in traumatic brain injury	$1,188,989.15	Professor Nicola Kayes	Auckland University of Technology
22/002	Oxygen therapy in critically ill adults	$1,031,753.00	Professor Paul Young	Health New Zealand Capital, Coast and Hutt Valley
22/113	Early brain development and later outcomes in moderate-late preterm babies	$1,198,209.40	Professor Jane Harding	The University of Auckland
20/190	Enhancing Spontaneous Recovery after Stroke Study (ESPRESSo)	$1,421,459.90	Professor Winston Byblow	The University of Auckland
22/676	The STEPCARE trial	$1,399,910.75	Professor Paul Young	Medical Research Institute of New Zealand
23/247	Digital technologies for stroke prevention: a randomised controlled trial	$1,440,000.40	Professor Rita Krishnamurthi	Auckland University of Technology
23/374	A compositional neurophysiological biomarker for predicting stroke recovery	$1,199,999.55	Professor Winston Byblow	The University of Auckland
24/932	Quality in Acute Stroke Care (QASC) Australasia	$837,705.65	Dr Eileen Gilder	The University of Auckland
25/040	Complication rates and metabolic health in young adults with type 2 diabetes	$260,000.00	Dr David Lewis	University of Otago
24/112	Ectopic fat deposition: novel insights into nutrition and glycaemic control	$213,333.00	Yutong Liu	The University of Auckland
20/650	Low-dose naltrexone as an adjunctive treatment in major depressive disorder	$298,966.02	Dr Joanne Lin	The University of Auckland
24/784	Feasibility study of feeding time-matched donor human milk to preterm infants	$150,000.00	Dr Ying Jin	Massey University
21/629	Psychedelic-assisted therapy in advanced-stage cancer patients	$299,200.20	Dr Lisa Reynolds	The University of Auckland
25/146	A study to investigate the effects of nocebo on cognitive recovery after mTBI	$203,835.00	Mr Nishal Pinto	University of Otago
23/180	A randomised controlled trial of oral dexamethasone to treat Sydenham's chorea	$1,438,044.10	Dr Hannah Jones	Auckland Hospitals Research And Endowment Fund
24/435	Reducing morbidity in children with neuroimmunological disorders	$717,542.00	Dr Hannah Jones	Auckland Hospitals Research And Endowment Fund
22/548	Modelling procalcitonin for bacterial infections in intensive care	$249,999.55	Associate Professor Jacqueline Hannam	The University of Auckland
24/361	Mapping childhood immunity to Strep A	$1,199,999.85	Associate Professor Nicole Moreland	The University of Auckland
22/442	HCQ4ARF: A randomised trial of Hydroxychloroquine for acute rheumatic fever	$1,437,916.85	Associate Professor Rachel Webb	The University of Auckland

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26/0095	Paediatric neurology clinical trials	$1,027,098.00	Dr Cynthia Sharpe	Auckland Hospitals Research And Endowment Fund
25/153	Perioperative nutrition pathways in colorectal surgery	$586,228.00	Dr Catherine Wall	Health New Zealand Waitaha Canterbury/ Te Tai o Poutini West Coast
20/084	A mega randomised registry trial comparing two approaches to oxygen therapy	$1,438,369.50	Professor Paul Young	Medical Research Institute of New Zealand
23/137	The Guillain-Barre Syndrome (GBS) phenotype in Aotearoa/New Zealand	$260,007.00	Dr Eileen McManus	The University of Auckland
24/821	Cultured corneal endothelial cells for endothelial failure	$150,000.00	Dr Sheng Chiong Hong	oDocs Eye Care
22/103	Pressure reduction in moderate aortic stenosis (PUMAS)	$260,000.00	Dr Peter McLeod	University of Otago
25/1215	Toward a digital paradigm of postoperative monitoring	$699,996.00	Professor Gregory O'Grady	The University of Auckland
24/306	Understanding the molecular subtypes of gastric cancer in Aotearoa New Zealand	$784,062.00	Associate Professor Sharon Pattison	Health New Zealand Capital, Coast and Hutt Valley
24/625	Guided by Hine te Iwaiwa: Exploring Maramataka influence on pregnancy outcomes	$400,000.00	Miss Beverly Te Huia	Katoa
24/157	Corneal transplantation in Aotearoa: COVID-19, confocal and clinical outcomes	$200,000.00	Dr Natalie Allen	The University of Auckland
24/176	Novel triple network neuromodulation treatment for chronic low back pain.	$599,445.00	Dr Divya Adhia	University of Otago
23/500	Prevalence of refractive error and access to eye care for New Zealand children	$249,931.80	Dr Rebecca Findlay	The University of Auckland
24/944	Assessing the reduction of recurrent admissions using OM85 for preschool wheeze	$1,399,999.60	Professor Cameron Grant	The University of Auckland
23/302	TIPS: Trans-Tasman Internet-delivered Prevention of (youth) Suicide	$1,437,012.15	Professor Dr Sarah Hetrick	The University of Auckland
23/480	Sleep, mental health and wellbeing for young people: An online RCT of apps	$244,755.25	Dr Nicola Ludin	The University of Auckland
23/073	Nutrition, growth and outcomes of moderate-late preterm babies	$469,667.00	Dr Tanith Alexander	Health New Zealand Counties Manukau
25/002	Mother and child health after gestational diabetes	$260,000.00	Dr Qiliang Liu	The University of Auckland
19/487	A Randomised Controlled Trial of Beta-blockers in COPD	$1,439,384.60	Professor Bob Hancox	University of Otago
20/312	ACHIEVE - New Zealand	$1,061,052.65	Associate Professor Janak de Zoysa	Health New Zealand Waitematā
21/144	IMPRESS: Intelligent Multimodal imaging platform to PREdict Stroke motor outcomeS	$1,146,922.90	Associate Professor Alan Wang	The University of Auckland
25/271	Implementing biomechanics tools to the clinic for paediatric surgery	$599,601.00	Dr Julie Choisne	The University of Auckland
21/074	Photonic device for real-time measurement of ischaemic tissue margins in surgery	$482,706.00	Dr Michel Nieuwoudt	The University of Auckland
25/047	Unravelling calcium pyrophosphate deposition disease	$260,000.00	Dr Vicky Tai	The University of Auckland
19/094	Development of trials with novel designs	$758,874.00	Associate Professor Mark Bolland	Auckland Hospitals Research And Endowment Fund
24/100	Cause and effect in childhood bone and joint infection	$260,000.00	Dr Sarah Hunter	The University of Auckland
24/998	Fibrinogen Early In Severe Trauma studY (FEISTY-II)	$1,228,225.50	Dr James Moore	Medical Research Institute of New Zealand
20/538	Brain biomarkers for future cognitive health in Parkinson's disease	$1,189,160.84	Professor John Dalrymple-Alford	University of Canterbury

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25/024	Assessment and diagnostic practices for cervical myelopathy in Australasia	$260,000.00	Mr Rohil Chauhan	Auckland University of Technology
25/388	Vascular disease risk prediction using a blood test for smoking exposure	$1,107,917.00	Professor Greg Jones	University of Otago
20/591	Metabolites in plasma and urine as objective markers of dietary intakes	$299,713.92	Associate Professor Andrew Reynolds	University of Otago
24/736	Antenatal corticosteroids effect on Lactation and Maternal-infant health (ALMA)	$399,971.55	Dr Mariana Muelbert	The University of Auckland
25/656	Retinopathy of prematurity in Aotearoa: Optimising screening and Māori equity	$105,000.00	Dr Helen Kearns	The University of Auckland
19/232	Transitions to gout research (TIGER) study	$1,178,674.70	Professor Nicola Dalbeth	The University of Auckland
17/614	Prevention of asthma	$4,993,727.52	Professor Stuart Dalziel	Auckland Hospitals Research And Endowment Fund
21/458	RCT budesonide-formoterol vs salbutamol reliever therapy in preschool asthma	$1,439,689.60	Professor Stuart Dalziel	The University of Auckland
22/477	RCT budesonide-formoterol reliever therapy in moderate/severe childhood asthma	$1,439,964.30	Professor Stuart Dalziel	The University of Auckland
25/332	RCT of 1- vs 3-days of oral prednisolone for preschool asthma	$1,439,918.00	Dr Alexandra Wallace	Auckland Hospitals Research And Endowment Fund
25/531	A RCT to determine the optimal IV treatment for children with severe asthma	$1,419,622.00	Professor Stuart Dalziel	Auckland Hospitals Research And Endowment Fund
25/960	Can children with bronchiectasis spend less time in hospital?	$1,400,000.00	Professor Catherine Byrnes	The University of Auckland
22/713	Self-assessment of ongoing pregnancy after early medical abortion; an RCT	$1,209,795.80	Associate Professor Michelle Wise	The University of Auckland
19/290	Teaching to improve health outcomes for peritoneal dialysis: The TEACH-PD trial	$1,439,326.75	Professor Dr Suetonia Green	University of Otago
22/105	Finding the fit - Haemodialysis vascular access that meets patient priorities	$259,230.00	Dr Katherine Richards	University of Otago
23/093	IMPEDE-PKD: Metformin to protect kidney function in polycystic kidney disease	$1,439,999.74	Professor Dr Suetonia Green	University of Otago
22/508	MRINZ Platform Plan	$10,400,000.00	Professor Richard Beasley	Medical Research Institute of New Zealand
22/016	Clinical Practitioner Research Fellowship	$892,380.00	Dr Lynn Sadler	Auckland Hospitals Research And Endowment Fund
23/272	A national best practice guide for equity in preterm birth in Aotearoa	$260,000.00	Dr Briar Hunter	The University of Auckland
23/290	Improving lives of hydrocephalus patients - first human trial of a novel device	$1,199,015.10	Dr Sarah-Jane Guild	The University of Auckland
24/012	The SAFE For Play study for objective assessment of recovery after concussion	$260,000.00	Ms Katherine Forch	Auckland University of Technology
24/858	Better rehabilitation: Integration of movement analogies in Māori storytelling	$150,000.00	Dr Gloria Clarke	University of Waikato
25/078	Opioid use among adults with late and young-onset dementia in Aotearoa	$260,000.00	Miss Hoda Fahmy	The University of Auckland
25/095	Shining a light on functional neurological disorder in Aotearoa New Zealand	$260,000.00	Mr Benjamin Scrivener	The University of Auckland
20/112	Ketamine therapy for neurotic disorders: Is there a single mechanism?	$1,438,829.50	Professor Paul Glue	University of Otago
22/076	A randomised controlled trial of a low dose serotonergic agonist for depression	$1,439,988.10	Professor Suresh Muthukumaraswamy	The University of Auckland
23/126	Ketamine versus ketamine plus behavioural activation therapy for depression	$1,194,434.97	Associate Professor Ben Beaglehole	University of Otago

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23/153	The therapeutic potential of kava in the treatment of psychological trauma	$997,453.00	Dr Apo Aporosa	University of Waikato
25/101	Marae-based rongoā psychedelic-assisted therapy for methamphetamine use disorder	$265,000.00	Ms Anna-Leigh Hodge	The University of Auckland
20/366	Erythropoietin to improve outcomes for critically ill trauma patients	$1,199,019.50	Dr Colin McArthur	Medical Research Institute of New Zealand
20/1068	Australasian COVID-19 Trial (ASCOT)	$766,113.00	Dr Susan Morpeth	Aotearoa Clinical Trials
20/344	Staphylococcus aureus network adaptive platform trial (SNAP)	$1,190,216.25	Dr Genevieve Walls	Aotearoa Clinical Trials
21/184	Measuring and boosting waning immunity to measles in young adults	$1,163,259.24	Professor Peter McIntyre	University of Otago
24/006	Improving outcomes for people with severe pneumonia	$591,568.00	Dr Thomas Hills	Medical Research Institute of New Zealand
24/323	Enhancing the effectiveness and safety of leprosy control in Kiribati	$260,000.00	Dr Patrick Campbell	University of Otago
24/763	REMAP-CAP: Improving treatment for pneumonia, influenza and pandemic infections	$4,998,511.50	Dr Colin McArthur	Medical Research Institute of New Zealand
25/198	Measles-specific cellular immune responses to inhaled MMR vaccine	$220,000.00	Ms Melanie Millier	University of Otago
25/409	BALANCE+: A platform trial for gram negative bloodstream infections	$1,439,956.00	Dr Susan Morpeth	Aotearoa Clinical Trials
17/135	Environmental and genetic risk factors for cleft lip and palate	$1,198,687.00	Professor John Thompson	The University of Auckland
23/457	Translational advances in GI surgical recovery and motility disorders	$4,999,999.65	Professor Gregory O'Grady	The University of Auckland
24/003	A digital biomarker platform for upper gastrointestinal symptoms	$260,000.00	Dr Chris Varghese	The University of Auckland
23/210	Assessment of fully automated insulin delivery technology in diabetes	$260,000.00	Dr Thomas Wilkinson	University of Otago
23/637	Technology and kaiāwhina-based support to optimise diabetes management for Māori	$1,399,958.00	Associate Professor Lynne Chepulis	University of Waikato
22/305	Caffeine to improve neurodevelopmental outcomes in infants born late preterm	$1,439,268.95	Professor Jane Alsweiler	The University of Auckland
24/279	Effects of caffeine in late preterm infants	$260,000.00	Dr Jane Canning	The University of Auckland
19/532	Duration of Dual Antiplatelet Therapy in Acute Coronary Syndrome (DUAL-ACS)	$1,549,999.75	Associate Professor Philip Adamson	University of Otago
20/144	The Metformin Aneurysm Trial	$1,325,323.50	Professor Greg Jones	University of Otago
20/914	CT to reduce invasive coronary angiography in acute coronary syndrome	$1,331,290.62	Associate Professor Philip Adamson	University of Otago
22/108	Novel applications of cardiac CT to enhance assessment of coronary disease	$43,686.00	Charlotte Greer	University of Otago
23/017	Low OxyGen Intervention for Cardiac Arrest Injury Limitation (LOGICAL) Trial	$1,191,990.75	Professor Paul Young	Medical Research Institute of New Zealand
23/501	Outcomes for tamariki with acute rheumatic fever in Counties Manukau	$182,417.00	Dr Adam Dennison	Health New Zealand Counties Manukau
25/045	Tackling gender inequity: The International Women's Aneurysm Trial	$1,439,803.00	Dr Oliver Lyons	University of Otago
18/233	More gain, less pain from chemoradiation for rectal cancer by adding simvastatin	$1,399,053.88	Associate Professor Michael Jameson	The University of Auckland
21/524	Optimising the potential benefits of lung cancer screening in Māori in New Zealand	$1,186,187.75	Professor Dr Sue Crengle	Health New Zealand Waitematā
24/258	Optimising immunotherapy for Māori with advanced non-small cell lung cancer	$1,199,987.75	Dr Laird Cameron	The University of Auckland

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20/140	Zoledronic acid and fracture prevention in early postmenopausal women	$1,192,556.85	Associate Professor Mark Bolland	The University of Auckland
23/144	The New Zealand Quit Vaping Trial	$1,438,524.25	Associate Professor George Laking	The University of Auckland
Health services research including Health Delivery Activation Grants				
25/1068	Innovating for hauora wāhine: self-determination and access through mobile care	$1,399,379.00	Dr Tania Slater	Victoria University of Wellington, Research Trust
23/672	What matters to whānau? Optimising health in integrated family violence services	$1,399,999.95	Dr Claire Murphy	Auckland University of Technology
24/717	Nurse practitioners: Re-prioritising primary care delivery to promote equity	$399,766.00	Dr Sue Adams	The University of Auckland
25/221	The experiences of Māori physiotherapists in private practice	$31,699.00	Ms Emma Webb	Auckland University of Technology
22/712	Kanohi-ki-te-kanohi me te matihiko approaches: Promoting equity in stroke rehab	$1,385,299.55	Professor Nada Signal	Auckland University of Technology
22/048	Improving ED workforce wellbeing with insider-led quality improvement	$260,000.00	Dr Mike Nicholls	The University of Auckland
22/670	Enabling supported decision-making: mental health advance preference statements	$1,399,976.46	Dr Sarah Gordon	University of Waikato
21/309	Mauri tau: Indigenous psychological and therapeutic approaches to mental health	$453,997.20	Associate Professor Pikihuia Pomare	Massey University
23/620	Building psychosocial and cultural resources for recovery and adaptation	$1,399,402.95	Professor Nicola Kayes	Auckland University of Technology
24/887	Digital delivery of wellbeing supports for autistic children	$1,399,778.52	Professor Laurie McLay	University of Canterbury
25/622	Pharmacist-facilitated medication reviews with and for Māori with type 2 diabetes mellitus	$265,000.00	Mr Brendon McIntosh	The University of Auckland
25/739	Whiria te Aka Matua: A new holistic model of care for early breast cancer	$4,999,980.00	Associate Professor George Laking	The University of Auckland
25/641	The impact of a major cancer diagnosis on wellbeing of patients and their whānau	$141,275.00	Mrs Nasya Thompson	University of Otago
22/151	How can we improve eye, hearing and feet health for kaumātua/older adults?	$1,200,000.60	Associate Professor Jacqueline Ramke	The University of Auckland
22/686	Embedding accessible communication in post-stroke care	$1,327,995.85	Associate Professor Clare McCann	The University of Auckland
23/624	Cervical cancer prevention in community services: a health delivery partnership	$1,394,123.44	Dr Judy Ormandy	University of Otago
21/826	Reducing the burden of knee osteoarthritis through community pharmacy	$1,399,704.36	Professor Benjamin Darlow	University of Otago
22/555	Reducing the burden of osteoarthritis in Aotearoa New Zealand	$4,999,268.10	Professor J. Abbott	University of Otago
25/967	Changing dietetic care in Te Whatu Ora using a kaupapa Māori approach	$1,399,818.00	Dr Nina Scott	Health New Zealand Waikato
26/0159	Changing dietetic care in Te Whatu Ora using a kaupapa Māori approach	$225,852.00	Mrs Sian Wilds	Health New Zealand Waikato
23/796	Spiritual care in Aotearoa New Zealand healthcare	$1,399,923.22	Associate Professor Richard Egan	University of Otago
23/455	Impact of dementia mate wareware and Solutions for Equity in Aotearoa: IDEA	$4,941,560.70	Professor Ngaire Kerse MNZM	The University of Auckland
20/593	TAONGA - Tōku Ara OraNGA: a Kaupapa Māori informed co-design of outpatient care	$300,000.60	Dr Jade Tamatea	The University of Auckland
19/234	ICare-FASTER Improving care by Faster risk-Stratification in the Emergency Department	$1,152,385.00	Honorary Professor Martin Than	Health New Zealand Waitaha Canterbury/ Te Tai o Poutini West Coast
23/157	Where are the inequities in the journey from health to gynae cancer in Aotearoa?	$1,187,765.62	Dr Carrie Innes	University of Otago

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24/507	Evaluation of the implementation of decentralised clinical trial methodology	$1,199,999.45	Dr Michelle Wilson	Auckland Hospitals Research And Endowment Fund
22/710	Exploring the early experiences of the assisted dying service in Aotearoa	$1,399,972.80	Dr Jessica Young	Victoria University of Wellington, Research Trust
25/111	Te vaerua kopu tangata ora: Application of a Pacific model of palliative care	$484,760.00	Dr Amy Henry	Auckland University of Technology
22/736	Development & implementation of national nutrition guidelines for preterm babies	$1,389,842.00	Dr Barbara Cormack	The University of Auckland
23/069	Factors influencing career choices among Pacific doctors in Aotearoa	$173,000.00	Dr Melbourne Mauiliu-Wallis	The University of Auckland
24/574	Taimaha rukiruki: A kaupapa Māori approach to pēpi loss	$259,984.00	Dr Samantha Jackson	University of Otago
25/084	Recruitment and retention of midwives in Aotearoa New Zealand	$260,000.00	Ms Caitlin Woods	The University of Auckland
23/316	Bringing manaakitanga to waitlists with tailored Smart Start letters	$1,198,634.90	Professor Lisa Te Morenga	Massey University
24/644	Electromagnetic tracking system for the gut	$400,000.00	Dr Recep Avci	The University of Auckland
21/874	Implementing effective lifestyle treatment for T2 diabetes in primary care	$1,399,938.00	Professor Caryn Zinn	Auckland University of Technology
24/901	Development and implementation of nutrition guidelines in childhood cancer	$1,353,460.00	Dr Amy Lovell	The University of Auckland
25/742	Experience-based co-design of a prehabilitation pathway for children with cancer	$398,462.30	Dr Amy Lovell	The University of Auckland
23/549	Robotics system for rapid deployment of teleophthalmology	$150,000.00	Dr Renoh Johnson Chalakkal	oDocs Eye Care
24/902	Diabetes technology - New model of care for faster and more equitable access	$1,399,996.31	Professor Benjamin Wheeler	University of Otago
24/074	Physiotherapists' perspective of retention within Te Whatu Ora	$257,299.00	Ms Gillian Watson	University of Otago
23/692	Improving screening and management of mild TBI in the ED	$1,398,566.40	Professor Alice Theadom	Auckland University of Technology
23/739	Building system readiness for trans inclusive perinatal mental health services	$1,211,883.60	Dr George Parker	Victoria University of Wellington, Research Trust
25/105	Developing best practice care pathways for delirium in New Zealand	$260,000.00	Dr Engelina Groenewald	The University of Auckland
20/197	Reducing antibiotic usage in people with self-limiting viral illness	$1,199,517.40	Associate Professor Stephen Ritchie	The University of Auckland
21/859	Enhancing leptospirosis diagnosis and outcomes for rural and Māori communities	$1,399,858.94	Professor Jackie Benschop	Massey University
25/833	Acoustic wellness monitor	$150,000.00	Dr Tharanga Jayathungage Don	The University of Auckland
25/1130	Optimising acute stroke care with artificial intelligence	$699,917.00	Professor Anna Ranta	Health New Zealand Capital, Coast and Hutt Valley
21/514	A device for monitoring visual acuity progression in young children at home	$1,198,558.90	Dr Jason Turuwhenua	The University of Auckland
23/784	Vision for learning: integrating eyecare throughout childhood in NZ	$1,399,908.00	Dr Joanna Black	The University of Auckland
25/1139	Integrating AI-assisted diagnosis of ear disease: A primary care pilot	$99,114.00	Dr Michelle Pokorny	Health New Zealand Counties Manukau
24/360	Extending the scope of audiologists to enhance paediatric ORL services	$487,700.00	Dr Michelle Pokorny	Health New Zealand Counties Manukau
23/494	Affirming cognitive behaviour therapy for rainbow youth and whānau in Aotearoa	$249,999.76	Dr Ilana Seager van Dyk	Massey University

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25/052	Optimising implementation of evidence-based parenting support	$654,570.00	Dr Melanie Woodfield	Auckland Hospitals Research And Endowment Fund
23/625	REGIONS II - Reducing stroke inequities for rural Māori	$1,399,773.07	Professor Anna Ranta	University of Otago
25/255	Reconceptualising musculoskeletal care from a Māori worldview	$101,050.00	Ms Sheree Tikao-Harkess	University of Otago
20/1182	Using routinely collected health data to improve health outcomes in older people	$352,074.40	Associate Professor Sarah Cullum	Health New Zealand Counties Manukau
22/667	Co-designing whānau stories to reduce opioid use for chronic pain in Aotearoa	$1,399,792.00	Dr Hemakumar Devan	University of Otago
24/142	Exploring the wellbeing of Sāmoan regulated healthcare workers	$127,558.00	Mrs Josie Timmins	Auckland University of Technology
25/954	Point-of-care testing pathway for Māori and Pasifika with asthma	$1,399,898.00	Associate Professor Amy Chan	The University of Auckland
25/1077	AcceSS to and Equity of best Treatment for people with kidney disease (ASSET)	$1,399,554.00	Associate Professor Rachael Walker	The University of Auckland
21/526	Measuring the health state preferences of New Zealanders	$1,167,512.17	Dr Ross Wilson	University of Otago
22/099	Advancing palliative care among Pacific children	$1,148,229.74	Professor Sunia Foliaki	Massey University
22/737	Evidence-based management of long COVID	$1,399,904.30	Associate Professor Mona Jeffreys	Victoria University of Wellington, Research Trust
23/125	Emergency ambulance care in out-of-hospital deaths: Whānau experience	$265,000.00	Dr Eillish Satchell	The University of Auckland
25/1134	Aotearoa roadmap for AI scribes	$399,886.00	Associate Professor Vanessa Selak	The University of Auckland
25/229	Developing and evaluating digital tool prototype for hospital medicine management	$260,000.00	Miss Sreyon Murthi	The University of Auckland
25/749	The waiting game: Children on waitlists for specialist health services	$400,000.00	Dr Cervantee Wild	The University of Auckland
26/0019	Thyroid dysfunction in infancy: detection, aetiology and clinical safety	$173,330.00	Dr Ashleigh Brown	The University of Auckland
24/242	Improving outcomes for Māori accessing in-patient mental health services	$265,000.00	Miss Carly Pohatu	The University of Auckland
24/555	Adaptation of dialectic behaviour therapy (DBT) for Māori	$265,000.00	Mr Meihana Douglas	Auckland University of Technology
25/083	Pasifika wellbeing and psychological need during general hospital admissions	$260,000.00	Mr Jessee Fia'Ali'i	The University of Auckland
25/1122	The ethics of AI-driven technologies in youth mental healthcare	$395,002.00	Associate Professor Anca Yallop	Auckland University of Technology
21/839	Health-system factors contributing to inequity in diabetes medication use	$1,394,674.50	Associate Professor Lynne Chepulis	University of Waikato
24/1079	Evaluating the equitable roll out of funded CGM in type 1 diabetes	$1,399,928.00	Associate Professor Hamish Crocket	University of Waikato
26/0195	Non-traumatic dental presentations (NTDPs) to Tairāwhiti Hospital ED, 2024	$7,500.00	Miss Ella Arthur	Mātai Medical Research Institute
23/466	The effects of climate variability on the risk of enteric diseases	$249,967.67	Dr Alice Hyun Min Kim	University of Otago
20/680	Measuring and reducing stroke burden in New Zealand	$4,996,868.45	Professor Valery Feigin	Auckland University of Technology
25/1165	Using AI to support the medical management of people with heart failure	$94,086.00	Associate Professor Katrina Poppe	The University of Auckland
25/979	Whitia Kia Ora-Manawa Ora: Co-creating a Māori-centred model of RHD care	$1,395,613.00	Associate Professor Anneka Anderson	National Hauora Coalition
20/1516	Achieving equitable outcomes from critical congenital heart disease in Aotearoa	$376,978.40	Professor Frank Bloomfield	The University of Auckland
23/175	Understanding value in cancer molecular tests in Aotearoa	$260,000.00	Dr Alice Minhinnick	The University of Auckland

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23/447	Whakatōmuri, whakamua: Walking backwards into the future of Māori cancer care	$4,999,905.39	Professor Jason Gurney	University of Otago
23/775	Cancer WHIRI II: Extending the pathway	$1,396,382.20	Dr Nina Scott	Health New Zealand Waikato
24/642	A Kaupapa Māori behavioural health intervention for harmful substance use	$399,351.00	Dr Eleanor Brittain	Massey University
20/1318	Development of a Maaori Research Advisor for the Advancement of Maaori Research	$171,552.00	Mrs Te Hao Apaapa-Timu	Health New Zealand Waitematā
22/833	The Role of Motor Fidgeting on Executive Functioning in ADHD	$299,960.00	Ms Gina Waters	Mātai Medical Research Institute
22/861	Ka Pō, Ka Ao, Ka Awatea: Bringing research review processes for Māori to light	$146,593.16	Mrs Te Hao Apaapa-Timu	Health New Zealand Waitematā
22/885	Kei hea te komako e ko? Listening to whānau voices to cultivate whānau ora	$244,020.00	Professor Elizabeth Kerekere	Te Runanga o Turanganui a Kiwa
23/654	Weraroa taonga species	$300,000.00	Tia Huia Haira	Rangiwaho Marae
23/708	Biomedical mātauranga hub	$300,000.00	Mrs Tracy Macfarlane	The Moko Foundation
23/713	Can we provide a better 'Healthy Lungs' Programme?	$87,854.85	Dr Alana Ainsworth	Health New Zealand Counties Manukau
23/750	Endometrial Cancer Microbiome Study	$142,562.00	Mrs Roimata Tipene	Health New Zealand Waitematā
23/810	Tohe-ora Wānanga-whenua	$299,658.00	Professor Dr Te Kahautu Maxwell	Whakatōhea Māori Trust Board
23/824	Reconnecting Ngā Hapū o Te Ahuahu: reindigenising health and wellbeing	$99,999.27	Dr Marie Jardine	The University of Auckland
23/842	Ngā marama o te tau	$293,000.00	Ms Heeni Hoterene	He Puna Marama Charitable Trust
23/846	Waikarā kai sovereignty	$77,000.00	Ms Taria Tane	Waikarā Marae & Whakarongotai Urupa Trust
23/880	Enhancing the health and wellbeing of rangatahi experiencing early psychosis	$164,547.00	Dr Matthew Jenkins	University of Otago
23/884	Effect of prophylactic antibiotics on anastomotic leaks in colorectal surgery	$118,851.00	Dr Kari Clifford	University of Otago
23/891	A family centred group intervention for children with neurodevelopmental delay	$134,560.00	Dr Parimala Kanagasabai	University of Otago
23/901	Challenges to health equity: Service provision in a low-cost general practice	$146,888.00	Dr Christine Barthow	University of Otago
23/932	Resident outcomes in homelike models of care in aged residential care	$153,845.00	Dr Kay Shannon	Auckland University of Technology
23/941	Patient-centred education for newly diagnosed adults with type one diabetes	$150,505.00	Associate Professor Hamish Crocket	University of Waikato
23/954	Current journeys through health and wellbeing services after stroke	$56,094.23	Mrs Emily Timothy	Burwood Academy Trust
23/957	The Kidz First Lungs4Life programme 2017-2021: Health outcomes and whānau voice	$69,960.38	Mrs Miriam Manga	Health New Zealand Counties Manukau
23/985	Achieving Pae Ora for children surviving hospitalised injuries	$244,566.38	Dr Shanthi Ameratunga	Health New Zealand Counties Manukau
24/1025	Growing Māori kairangahau/researchers	$106,400.00	Mrs Belinda Tuari-Toma	Tu Kotahi Maori Asthma Trust
24/1047	Kai sovereign communities	$123,948.00	Ms Julia Milne	Victoria University of Wellington, Research Trust
24/1098	Tikanga and health	$97,310.00	Miss Te Hirea Doherty	Te Whare Wananga O Awanuiarangi
24/1100	Intuitive ritual: A mana wāhine sourcebook	$97,440.00	Dr Ngahuia Murphy	Tu Tama Wahine o Taranaki

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24/1104	Sharing the experiences of Māori dietitians	$98,731.80	Dr Hannah Rapata	Te Kāhui Manukura o Kai Ora
24/1140	'Ngāti Rangahau' ki te Tai Tokerau	$250,000.00	Dr Erena Wikaire	Te Ramaroa: Māori and Indigenous Health Research Consultancy
24/1141	Out the gate	$99,943.00	Dr Helen Pearse-Otene	Te Rākau Hua o Te Wao Tapu
24/1145	Tuatinitini ngā whenu o te mātauranga: Many strands of knowledge	$246,637.00	Ms Cheryl Davies	Tu Kotahi Maori Asthma Trust
24/1148	Whakahokia ngā ratonga hauora ki te marae: A case study of marae-based wellness	$300,000.00	Associate Professor Awanui Te Huia	Mauri Oho
24/1168	He Patikitiki	$140,500.00	Ms Awhina Cameron	Tu Tama Wahine o Taranaki
24/1183	Tūāpapa Rangahau Matepukupuku: Establishment of a Māori cancer research platform	$100,000.00	Dr Nina Scott	Hei Āhuru Mōwai Māori Cancer Leadership
24/1186	Whakaoho Mauri: Exploring shifts from embodied trauma to embodied healing	$99,584.00	Dr Lily George	Waikare Community Development & Research Trust
24/1187	Tāngata whaikaha me te āhua o te rangi: averting an unjust transition	$99,625.00	Ms Tania Pouwhare	Mana Ātea
24/1191	Māku anō tōku whare e hanga: reclaiming mātauranga and determining hauora	$287,760.00	Dr Felicity Ware	Hapai Te Hauora Tapui
24/1206	Improving access to, and use of Rongoā Māori	$299,999.99	Dr Anna Rolleston	The Centre for Health
24/1213	Rongoā and cancer: Co-designing rangahau pātai and priorities	$99,680.00	Mrs Moahuia Goza	Hei Āhuru Mōwai Māori Cancer Leadership
24/1215	Te Weu me Te Wai - Creative research mobilisation	$100,000.00	Ms Dayna Chaffey	Te Weu Charitable Trust
24/1269	Whānau and assisted dying: A qualitative study of family experiences in Aotearoa	$174,891.00	Mr Manu Pelayo	Auckland Hospitals Research And Endowment Fund
24/1309	Improving men's access to mental health support via primary care	$170,565.00	Dr Sarah McKenzie	University of Otago
24/1313	Prevention of Zoster in Immunocompromised People in Aotearoa (PreZIPA)	$126,236.00	Dr James Mbinta	Victoria University of Wellington, Research Trust
24/1332	Implementation of accelerated treatment pathway for patients with heart failure	$166,074.00	Mrs Melinda Copley	Auckland Hospitals Research And Endowment Fund
24/1334	AI-enabled ECGs for improving prognosis and diagnosis of atrial fibrillation	$160,525.00	Associate Professor Jichao Zhao	The University of Auckland
24/1336	The potential of allied health in primary health services for Pacific peoples	$134,618.40	Mr Oka Sanerivi	Mātai Medical Research Institute
24/1360	Applicability of ulcerative colitis dietary guidelines in New Zealand	$65,696.75	Dr Noha Ahmed Nasef	Massey University
24/1361	Defining patient- and whānau/family-centred inpatient care	$109,138.00	Dr Kim Ward	The University of Auckland
24/1363	Relationships and sexuality education in Aotearoa New Zealand	$29,984.00	Dr Hayley Denison	Massey University
24/1377	Establishing a National Brain Tumour Registry in Aotearoa	$29,907.00	Dr Thomas Park	The University of Auckland
24/1382	Physiotherapy Airway Clearance in the Education Setting (PACES)	$111,507.91	Ms Laura Rensford	Aotearoa Clinical Trials
24/873	Clinical implementation of tele-robotics specific to ophthalmology	$173,970.00	Dr Renoh Johnson Chalakkal	oDocs Eye Care
24/899	How does polypharmacy affect systemic treatment and outcome of breast cancer?	$161,384.00	Dr Chunhuan Lao	University of Waikato

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24/904	Machine learning in healthcare: Designing, optimising and implementing	$173,697.00	Dr Abtin Ijadi Maghsoodi	Health New Zealand Waikato
24/908	The return-to-work experience for people and whānau with mild to moderate stroke	$96,472.00	Mrs Kylie Head	University of Otago
24/921	Hinga Whitu Ngā Wa,Tu Waru - Fall down seven times, stand up eight	$113,600.00	Ms Wendy Mohi	Mātai Medical Research Institute
24/945	Navigating together towards a therapy for PINK1 parkinsonism	$174,777.00	Dr Christina Buchanan	Auckland Hospitals Research And Endowment Fund
25/1294	AI-CDSS in mental health contexts: a review of attitudes of health professionals	$7,500.00	Raisa Chugh	The University of Auckland
25/1297	Ethical pathways to HSV-2 care for refugee women in Aotearoa New Zealand	$7,500.00	Ms Shuari Naidoo	The University of Auckland
25/1303	He puna kōrero: Māori consultation in sensitive health research	$7,500.00	Ms Raukura Te Whanatu Kahukiwa	University of Otago
25/1305	Data justice in AI for health in Aotearoa: a scoping literature review	$7,500.00	Mr Zhiheng Dai	University of Otago
25/1308	The ethics of alcohol policy in Dunedin	$7,500.00	Miss Anthia Schwenke	University of Otago
26/0016	Understanding SABA reliever use in those prescribed an AIR	$171,739.00	Dr Rebekah Lamb	Medical Research Institute of New Zealand
26/0058	COVID-19 antivirals: who is missing out?	$149,887.00	Dr Sarah Pirikahu	University of Otago
26/0087	An assessment of Hua Oranga as an outcome tool for Māori with spinal cord injury	$108,656.00	Dr Bensy Mathew	Health New Zealand Counties Manukau
26/0188	FILTER-F: Surgical site infection and intravenous medication filtration	$162,298.00	Dr Matthew Moore	The University of Auckland
26/0194	Exploring digital enablement opportunities in delivery of prevention services	$237,732.00	Dr Sarah Sharpe	Health New Zealand Counties Manukau
26/0202	Primary care model to improve eye health outcomes for whānau with diabetes	$141,408.00	Dr Pushkar Silwal	The University of Auckland
Public health research				
24/832	Health promotion interventions for Pacific men in a barbershop	$150,000.00	Professor Vili Nosa	The University of Auckland
24/069	Physical activity participation among Pacific peoples in Aotearoa New Zealand	$133,000.00	Martine Matapo-Kolisko	Victoria University of Wellington, Research Trust
25/008	Reconceptualising physical literacy for Cook Islands Māori	$127,000.00	Ms Katrina Sharlott	University of Otago
25/608	The influence of traditional Pacific movements on youth wellbeing	$128,443.00	Kolotita Leaupepe	Auckland University of Technology
25/128	Developing a kaupapa Māori kai security assessment tool	$481,400.00	Dr Madeline Shelling	The University of Auckland
26/0261	Restoring intergenerational knowledge of kai	$7,000.00	Ms Tui Warmenhoven	University of Otago
21/452	Pasifika intervention to increase uptake of urate-lowering therapy for gout	$1,106,324.55	Associate Professor Malakai Ofanoa	The University of Auckland
21/907	Measuring the impact and social value of Turanga Health's services	$1,373,378.67	Dr Louise Mainvil	University of Otago
24/539	Karu Ora - An Indigenous approach to eye health to achieve equitable outcomes	$265,000.00	Mrs Renata Watene	The University of Auckland
22/391	The effects of urinary incontinence on Māori women's health and wellbeing	$31,600.00	Ms Elisabeth Dacker	University of Otago
24/698	Manalagi: Addressing discrimination in healthcare for Pacific Rainbow+	$645,799.00	Associate Professor Patrick Thomsen	The University of Auckland
20/866	Tihei Rangatahi Programme: Improving hauora-oranga services for rangatahi Māori	$1,397,789.00	Professor Tupa'ilevaililigi Ridvan Firestone	Massey University
25/627	Caregiving relationships within Samoan families	$142,550.00	Ms Eliana Viali	University of Otago

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22/114	He Toa Taumata Rau - The many resting places of courage	$1,184,510.01	Dr Tepora Emery	Toi Ohomai Institute of Technology
22/143	Whānau-centric coronial processes to improve suicide prevention strategies	$1,192,898.30	Associate Professor Clive Aspin	Victoria University of Wellington, Research Trust
23/218	Hinapōuri ki Hīnātore: Improving mental health outcomes and services	$1,199,861.78	Professor Sarah Derrett	University of Otago
24/332	Kia Puāwai: Co-creation and testing of a novel Māori mental wellbeing measure	$1,169,394.90	Dr Denise Neumann	The University of Auckland
24/768	Pasifikmetrics: A psychometric measure of Pasifika mental health literacy	$399,977.25	Dr Sarah Kapeli	The University of Auckland
23/181	Co-design of a pharmacist-led mental health intervention for long-term condition patients	$260,000.00	Mr Patrick Cabasag	The University of Auckland
25/533	Mental health service uptake by Aotearoa's Rainbow+ Youth	$1,196,139.00	Associate Professor Alexander Plum	Auckland University of Technology
25/523	An exploration of the mental wellbeing of Pacific young adults	$127,893.00	Miss Sivailele Faingata'a	Auckland University of Technology
25/658	Scaling up Loto Malie: A Pacific-indigenous youth mental health intervention	$577,481.00	Dr Taulaga Auva'a-Alatimu	University of Otago
26/0187	The Pasifika Health Psychology Consultation Guideline	$7,500.00	Mrs Ania Langi	The University of Auckland
26/0237	He Iti Rearea Kahikatea ka Taea	$12,000.00	Dr Tepora Emery	Toi Ohomai Institute of Technology
19/325	POIS-10 Māori: Outcomes and experiences in the decade following injury	$1,191,067.90	Professor Emma Wyeth	University of Canterbury
23/196	Towards tuberculosis elimination for Māori	$1,135,327.38	Professor Philip Hill	University of Otago
26/0240	He Kākano i Ruia: Cultivating mental resiliency through the Māori All Blacks	$502,514.00	Dr Luke Rowe	Te Wananga o Raukawa
21/062	Te Maramataka - restoring 'health' by reconnecting with Te Taiao	$1,125,097.05	Associate Professor Isaac Warbrick	Auckland University of Technology
24/798	Building room for equity: Culture-centred design of hospital waiting rooms	$150,000.00	Associate Professor Sara Filoche	University of Otago
24/865	Strengthening how people reconnect to the environment for the health of the plan	$150,000.00	Dr Anna Rolleston	The Centre for Health
24/691	Cultivating wellbeing by advancing indigenous perspectives of autism	$399,866.00	Dr Sandra Yellowhorse	The University of Auckland
26/0132	Identity intersections and wellbeing among takatāpui in Aotearoa	$33,600.00	Mr Benjamin Barton	Whakauae Research Services
24/827	Development and validation of human digital twins for reversing type 2 diabetes	$150,000.00	Dr Arindam Bose	University of Canterbury
24/573	Experiences of Māori with podiatry foot screening prior to diabetic amputations.	$91,175.00	Ms Cynthia Otene	Auckland University of Technology
25/876	Improving self-performed oral health - a digital technology solution	$150,000.00	Dr Zeina Al Naasan	University of Otago
24/715	Hapai te hauora: Breathing your ancestors into life	$649,992.00	Dr Teah Carlson	Massey University
22/407	Kai wai ū i te pō: Māori aspirations around breastfeeding in Te Tai Tokerau	$1,002,512.55	Ms Carmen Timu-Parata	University of Otago
22/782	Whanake te Kura - flourishing pēpi and whānau	$1,392,637.00	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
21/029	Collaboration for child wellbeing	$890,709.00	Dr Alison Leversha	Auckland Hospitals Research And Endowment Fund
23/431	Cultural intelligence and cultural safety for Tokelau young people in Aotearoa	$465,085.00	Dr Hana Tuisano	Massey University
24/168	Tino rangatiratanga through Kaupapa Māori pregnancy and parenting solutions	$391,877.00	Dr Nikki Barrett	University of Waikato

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24/454	Immunotherapy in Māori primary care settings	$1,185,295.75	Dr Helen Wihongi	Te Ira Tātai Whakaheke Trust
25/554	Exploring the application of Va o Tamaiti	$534,844.00	Ms Jacinta Fa'alili-Fidow	Moana Connect
22/180	Whiria te tāngata: Out-of-home mobility of Māori and non-Māori over 65 (NZPATHS)	$1,198,285.40	Associate Professor Rebecca McLean	University of Otago
25/173	Developing new community-led models of aged care	$1,199,996.00	Dr Joanna Hikaka	The University of Auckland
25/210	Validation of the (PACA) Pasifika Assessment of Cognition Abilities Tool	$1,200,000.00	Dr Fuafiva Fa'alau	The University of Auckland
25/898	He Whare Aroha: Designing a model of care for kaumātua	$150,000.00	Dr Shonelle Wana	Te Whare Wananga O Awanuiarangi
19/641	Whakahā o Te Pā Harakeke	$4,949,736.70	Professor Janet Hoek	University of Otago
23/436	Is Tāmaki Makaurau an age-friendly and healthy place for Pacific people to age?	$388,938.00	Dr Falegau Melanie Lilomaiava Silulu	Auckland University of Technology
24/025	Te Hao Hou: Rangatahi Māori experiences and perceptions of smoking and vaping	$1,173,503.31	Associate Professor Andrew Waa	University of Otago
24/622	Te Tupu o te Harakeke	$4,999,922.64	Professor Janet Hoek	University of Otago
22/295	Pacific male perspectives on the strengths and harms of digital wellbeing	$404,444.00	Dr Edmond Fehoko	University of Otago
24/685	Whāia te ōritetanga o Ngāti Turi: Health equity and equality for Ngāti Turi	$646,645.00	Dr Kirsten Smiler	Victoria University of Wellington, Research Trust
22/269	Is acute rheumatic fever primarily caused by scabies? A case-control study	$1,189,100.15	Dr Gerhard Sundborn	The University of Auckland
26/0032	Evaluating risks and economic costs of respiratory illness in cerebral palsy	$260,000.00	Ms Alexandra Sorhage	The University of Auckland
20/887	Improving blood safety and donor selection	$1,398,606.85	Associate Professor Peter Saxton	The University of Auckland
25/055	Rukua ki te rēkōtanga o te wai: stemming the tide of HIV inequity in Aotearoa	$1,112,808.00	Dr Tanya Allport	Whakauae Research Services
23/097	Health benefits of fagatua indigenous Tokelau wrestling for Tokelauan youth	$133,550.00	Mr Ilai Elekana Manū	Massey University
25/636	Kimihia te Tautoko: Supporting the mental health of Māori in sport	$21,600.00	Mr Nehemiah Amoroa	Massey University
25/737	Fit for treatment: Evaluating the feasibility of exercise during chemotherapy	$399,903.00	Dr Brendon Roxburgh	University of Otago
21/911	Delivering optimal weight gain advice to pregnant women (DOT) study	$1,299,640.72	Associate Professor Kirsten Coppell	University of Otago
22/079	TIAKI – Community wellbeing for whānau with lived experience of incarceration	$1,199,536.26	Associate Professor Paula King	University of Otago
22/509	Whakauae Platform Plan	$10,900,000.00	Dr Amohia Boulton	Whakauae Research Services
23/387	Utilising mātauranga to guide biomedical research	$138,800.00	Mr Mana Mitchell	University of Otago
23/491	Mana Mōmona: Exploring fat (bias) within health spaces for Māori	$249,815.00	Dr Ashlea Gillon	The University of Auckland
23/825	Evidencing the causal mechanisms of kaupapa Māori health transformation	$1,339,992.72	Associate Professor Sacha McMeeking	Te Wananga o Aotearoa
23/408	Understanding the worldview of health from a Samoan New Zealander's perspective	$168,411.00	Mr Suli Tuitaupe	University of Canterbury
24/732	Intergenerational trauma healing for gang wāhine & kōtiro	$396,000.00	Mx Paora Moyle	Te Whariki Manawahine o Hauraki
24/648	Development of a Fijian model of health	$649,561.00	Dr Radilaite Cammock	Auckland University of Technology
25/630	Culture and its impacts on indigenous health professionals clinical practise	$7,500.00	Miss Sara Aruquipa Southerwood	University of Otago

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25/649	Weight stigma in healthcare in patients in Aotearoa: Pacific patient voice	$33,410.00	Ms Elti Sannyasi	Massey University
25/846	Tau ana te ora - Karakia pathways to wellbeing	$150,000.00	Dr Nicole Lindsay	Massey University
25/935	Rangatahi-led rangahau hauora Māori	$150,000.00	Dr Kahurangi Dey	Tu Kotahi Maori Asthma Trust
25/673	Hauora Rangatahi Māori model: a tool to improve rangatahi health outcomes	$407,980.00	Dr Georgia McCarty	Hapai Te Hauora Tapui
26/0199	Abolition, race and health in Aotearoa me Te Waipounamu	$260,000.00	Dr Jaclyn Aramoana	The University of Auckland
26/0235	Kia puta ki te ao mārama: An exploration of Māori health translation ethics	$133,550.00	Kate Palmer-Neels	The University of Auckland
24/386	Enhancing Pacific strategy, policy and implementation	$1,199,927.00	Dr Debbie Ryan	Pacific Perspectives
24/576	Te toi o te aitanga	$141,000.00	Mrs Laura Gemmell-Sinnott	University of Otago
24/538	Access to mental health services among Pacific young adults in New Zealand	$30,383.00	Ms Lavinia Topeni	Auckland University of Technology
24/723	Improving detection of peri- and post-natal distress	$384,971.00	Associate Professor Liesje Donkin	Auckland University of Technology
24/469	The pathway to healing: Pacific child injury outcomes	$1,197,475.00	Dr Seini Taufa	Moana Connect
19/743	Rebalancing fluid distribution in critical illness	$150,000.00	Professor Anthony Phillips	The University of Auckland
24/687	Do the main drivers of poverty vary across Pacific ethnicities in Aotearoa?	$506,978.00	Associate Professor Jesse Kokaua	University of Otago
20/631	SYMBIOTIC: Integrated prevention of infectious diseases and long-term conditions	$4,951,982.35	Professor Michael Baker	University of Otago
21/340	Developing an assessment tool to gauge barriers to vaccination	$896,195.55	Professor Nikki Turner	The University of Auckland
23/184	Protecting hapū māmā and pēpi from vaccine preventable diseases	$1,158,530.37	Assistant Professor Esther Willing	University of Otago
23/459	Protecting hapū māmā and pēpi from vaccine preventable diseases	$249,998.42	Dr Amber Young	University of Otago
24/015	A community co-design intervention to address rheumatic fever inequities	$487,549.00	Dr Siobhan Tu'akoi	The University of Auckland
22/507	He pounga waihoe nā ō mātua	$9,900,000.00	Dr Rāwiri Tinirau	Te Atawhai o Te Ao Independent Māori Institute for Environment & Health
22/512	He Piki Toroa - Intervention to improve health outcomes and equity	$505,759.00	Dr Aroaro Tamati	Te Pou Tiringa Incorporated
20/304	Impact of multimorbidity on CVD risk prediction and management in primary care	$1,047,796.65	Associate Professor Susan Wells	The University of Auckland
23/629	Implementing Te Manawaroa first responders	$1,309,939.75	Associate Professor Bridget Dicker	Auckland University of Technology
25/639	Hutia te rito: Māori men, birthing and whānau ora	$411,819.00	Dr Kenneth Taiapa	Massey University
24/714	Te Oranga Pūkahukahu: Future directions for lung cancer screening in Aotearoa	$4,999,898.12	Professor Dr Sue Crengle	University of Otago
24/690	The Dunedin Study: Ka mua, ka muri	$4,999,999.83	Professor Reremoana Theodore	University of Otago
25/1181	Leveraging explainable AI to identify novel risk factors in dementia	$400,000.00	Professor Colin Simpson	The University of Auckland
21/872	Sustainable LMC midwifery: Balancing work and whānau responsibilities	$1,364,660.60	Dr Tagonei Mharapara	Auckland University of Technology
25/731	Understanding occupational health and hazard exposures in rural Pacific meatworkers	$400,000.00	Dr Jane Taafaki	University of Otago
24/224	Returning to productive life and work: an investigation of the impacts of cancer	$1,193,292.00	Dr Jerram Bateman	University of Otago

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21/829	Hapū Whānau: Implementing iwi-owned service hubs to improve health outcomes	$1,385,761.90	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
26/0185	Māori perinatal mental health	$560,521.00	Dr Cara Meredith	University of Otago
24/682	Haumanu Hauora - Determining the efficacy of bariatric surgery in Aotearoa	$288,945.00	Dr Jamie-Lee Rahiri	Tuhauora Medical Associates
25/132	Acceptability and utility of cervical screening self-tests for big-bodied people	$1,199,831.00	Dr Lesley Gray	University of Otago
23/026	Modelling the health and equity impacts of a range of dietary policies in NZ	$600,000.00	Dr Cristina Cleghorn	University of Otago
22/573	Menstrual cycle status and iron deficiency diagnosis in healthy females	$249,999.82	Dr Claire Badenhorst	Massey University
22/436	Mātauranga kai	$346,984.00	Dr Nikki Renall	Massey University
25/292	The impact of AID on dietary behaviour and health outcomes across the lifespan	$260,000.00	Miss Clara Fergus	University of Otago
26/0056	Protecting children's heart health: a co-designed community-based intervention	$534,844.00	Dr Kava Fuavao	Moana Connect
23/022	Mō ngā uri whakatipu: Women leaders paving a pathway for future generations	$127,362.00	Ms Stacey Ruru	Whakauae Research Services
23/598	Co-exploring dementia risk reduction from a planetary health perspective	$150,000.00	Professor Fiona Alpass	Massey University
23/224	The Lotu Factor: Delusional religiosity, Covid-19 and Tongan Wellbeing in NZ	$1,171,446.70	Professor Nasili Vaka'uta	Trinity Methodist Theological College
24/340	Te unaunahi i whakapiripiri ki te ika nui a Maui	$1,199,974.50	Professor Melinda Webber	The University of Auckland
23/377	Uncloaking the korowai of silence: Understanding the silence around sexual abuse	$265,000.00	Ms Penelope Hayward	Auckland University of Technology
24/630	He Kaakaakura Whakamaatau	$649,997.00	Dr Belinda Borell	Massey University
26/0164	Takatāpui resilience and joy: A kaupapa Māori literature review	$7,500.00	Mr Nate Gordon-Stables	Victoria University of Wellington, Research Trust
24/399	Exploring the mental health impacts of climate change on kai sovereignty	$1,199,912.00	Dr Kenneth Taiapa	University of Otago
22/327	The evaluation of treatment outcomes for methamphetamine dependence in Aotearoa	$1,199,839.40	Dr Rodrigo Ramalho	The University of Auckland
20/683	Research to maximise the health and wellbeing gains from housing	$4,996,214.50	Professor Nevil Pierse	University of Otago
23/597	Injuring oneself, injuring others: Distinctions and commonalities	$135,674.00	Dr Cate Curtis	University of Waikato
24/794	Collisions in junior rugby: Incidence and magnitude and potential health effect	$150,000.00	Professor Nick Draper	University of Canterbury
23/584	The metaverse - new health risks	$149,882.00	Associate Professor Taisia Huckle	Massey University
21/173	A kaupapa Māori analysis of Māori cannabis and methamphetamine use	$554,400.00	Dr Erena Wikaire	Te Whare Wananga O Awanuiarangi
21/158	The benefits of biodiversity: a novel approach to preventing asthma and allergy?	$491,527.00	Dr Collin Brooks	Massey University
23/580	Transforming crisis communication for linguistic minority communities	$150,000.00	Dr Shinya Uekusa	University of Canterbury
24/341	Beyond the pandemic: Applying complexity science in child immunisation services	$1,199,727.00	Associate Professor Nadia Charania	Auckland University of Technology
23/051	Associations and mechanisms linking transport and health: outcome-wide analyses	$599,983.00	Dr Sandar Tin Tin	The University of Auckland
21/012	Mana wāhine o Te Kapotai: reclaiming the strength of women towards mauri ora	$153,958.80	Miss Renee Wikaire	Massey University
24/653	He Whiringa Māramatanga: Kaupapa Māori Music and healing	$377,550.00	Dr Meri Haami	Tu Tama Wahine o Taranaki

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25/716	Developing a model of wāhine (well)being and belonging in and with te taiao	$400,000.00	Associate Professor Deborah Heke	Unitec
24/596	Mana wāhine perspectives for waka ama and hauora	$123,600.00	Ms Kay Berryman	University of Waikato
21/372	Nesian narratives: Enhancing sexuality education for Pacific communities	$531,013.20	Dr Analosa Veukiso-Ulugia	The University of Auckland
24/113	Nitrate in drinking water and congenital anomalies: a retrospective cohort study	$185,000.00	Dr Hana Royal	University of Otago
21/468	Tackling ableism to remove barriers to participation in sport and recreation	$1,105,429.56	Dr Penelope Carroll	Massey University
23/448	Taunakitanga Takitini: reframing self-management support for all in Aotearoa	$4,999,810.53	Professor Leigh Hale	University of Otago
25/715	Te Ara Whaipakari: Empowering amputees through personalised rehabilitation	$400,000.00	Dr Mahonri Owen	University of Waikato
19/344	Prospective Outcomes of Injury Study: 10 years on (POIS-10)	$1,188,041.80	Professor Sarah Derrett	University of Otago
25/217	Who are we missing? Access to community services for Pacific elders	$1,198,918.00	Dr 'Etuini Ma'u	The University of Auckland
24/623	Lifecourse Trajectories for Young Pasifika in Aotearoa (PIF: ATP)	$4,994,413.00	Professor El-Shadan Tautolo	Auckland University of Technology
21/712	Vascular risk equity for all New Zealanders	$4,999,920.55	Associate Professor Katrina Poppe	The University of Auckland
25/852	A mātauranga Māori approach to health technology assessment	$150,000.00	Dr Te Kipa Morgan	Mahi Maioro Professionals
24/458	Examining food-climate policymaking to inform Tiriti-based public health action	$1,199,983.65	Associate Professor Rhys Jones	The University of Auckland
25/879	Assessing invasion risks of mosquito vectors into New Zealand using genomic databanks	$150,000.00	Dr Sherif Ammar	PHF Science
23/461	Maternal perception vs actual breast milk supply: is there a difference?	$249,453.70	Dr Lisa Daniels	University of Otago
21/382	Kei roto tō tātau rongoā: A community/whānau-based approach for wellbeing	$1,197,919.80	Professor Denise Wilson	Auckland University of Technology
23/023	Ngā Hau o Tāwhiri - Returning our mokopuna to the winds of Tāwhiri	$1,199,965.00	Associate Professor Paula King	University of Otago
24/605	Hākoakoa: Enhancing the health and wellbeing outcomes of tamariki and whānau	$530,354.00	Ms Erana Hond-Flavell	Te Pou Tiringa Incorporated
25/620	Ngā moemoeā a ngā Mokopuna Māori: Rangatahi Māori hearing and vision health	$611,624.00	Dr Alehandrea Manuel	The University of Auckland
23/086	Urban farm-like dust: microbial origin and protective effects on later asthma	$1,196,993.73	Dr Caroline Halley	University of Otago
22/234	Improving access to care for sick children to reduce mortality and morbidity	$212,683.00	Dr Sainimere Boladuadua	The University of Auckland
24/570	Pīkau i te Anamata: Re-imagining postpartum care in Aotearoa	$135,550.00	Mrs Arianna Nisa-Waller	Victoria University of Wellington, Research Trust
25/660	Empowering villages to safeguard Pacific children and young people: Big data and community education	$599,587.00	Dr Analosa Veukiso-Ulugia	The University of Auckland
22/550	Manaaki Te Iti Kahurangi: Improving outcomes for whānau	$4,999,905.10	Professor Beverley Lawton	Victoria University of Wellington, Research Trust
26/0152	Nesian narratives: Bridging knowledge through digital and community design	$5,000.00	Dr Analosa Veukiso-Ulugia	The University of Auckland
21/139	Pacific Islands Families: Thriving Pacific Young Adults (PIF: TPYA)	$1,199,365.95	Professor El-Shadan Tautolo	Auckland University of Technology
23/512	Whakatipu Rakatira: improving sleep as a vehicle to grow healthy future leaders	$4,999,677.36	Professor Rachael Taylor	University of Otago
24/724	Co-creating a parental resource with migrants to support youth mental health	$399,825.00	Dr Vartika Sharma	The University of Auckland
25/135	Defining and measuring drug harm for youth in Aotearoa New Zealand	$1,199,970.00	Dr Rose Crossin	University of Otago

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24/1041	Ahi Kā: Near to whānau testing to make a difference	$1,387,488.70	Associate Professor Liza Edmonds	Victoria University of Wellington, Research Trust
22/682	The need for FASD intervention: Prevalence and knowledge in youth justice	$1,399,998.95	Dr Joanna Ting Wai Chu	The University of Auckland
22/377	Climate change, heat exposure and child health	$1,199,999.10	Dr Hakkan Lai	The University of Auckland
25/246	Pacific children engagement in the Christchurch Community Oral Health Service	$46,383.00	Mr Amanaki Misa	University of Otago
21/558	Te Pu Korokoro: Improving the physical health of Māori with psychosis	$1,199,991.92	Professor Richard Porter	University of Otago
22/245	Regulating retail vaping to support smoking cessation	$1,199,839.52	Professor Christopher Wilkins	Massey University
23/465	The adaptation of a web-based psychosocial intervention for cancer survivors	$245,102.35	Dr Deborah Raphael	The University of Auckland
24/716	AIM-Safer: Automated intelligence for safer medication use in older adults	$399,990.00	Dr Mohammed Mohammed	The University of Auckland
22/068	He rapunga hauora mō te mate wareware: A prevalence study	$1,104,373.60	Dr Makarena Dudley	The University of Auckland
22/230	What does dementia mean for Pacific communities in New Zealand?	$1,193,620.50	Dr Fuafiva Fa'alau	The University of Auckland
24/935	Virtual cognitive stimulation therapy - an online treatment for dementia mate wareware	$1,399,974.77	Associate Professor Hamish Jamieson	University of Otago
24/461	From health crisis to balance: Evaluation of a national falls prevention pathway	$1,199,894.00	Dr Rebbecca Lilley	University of Otago
24/849	Scoping pae ora with Māori communities and tāne Māori after a DTP in prison	$150,000.00	Ms Kahurangi Dey	Victoria University of Wellington, Research Trust
26/0098	Using Gagana Samoa to explore understanding of mental health in the Samoan āiga	$572,497.00	Dr Ta'avale Ioana Mulipola	Auckland University of Technology
19/694	Tangata Whenua Tangata Ora: Investigating health gain through whenua initiatives	$4,997,070.86	Professor Helen Moewaka Barnes	Massey University
21/253	Exploring interrelationships between racism, time and Māori health inequities	$157,496.40	Ms Natalie Paki Paki	The University of Auckland
22/019	Hoki ki te ūkaipō-whenua & hauora: An exploration of whānau, whenua & restoration	$131,475.60	Ms Kiri Parata	Whakauae Research Services
23/103	Waerea: Māori whānau experiences of assisted dying in Aotearoa New Zealand	$1,199,999.00	Dr Tess Moeke-Maxwell	The University of Auckland
23/381	Measuring research impact in Pacific health research	$430,102.00	Dr Troy Ruhe	University of Otago
24/543	Tāne Māori and Te Awa Tupua	$72,019.71	Mr Tom Johnson	Whakauae Research Services
24/612	The role of digital health tools and improving Pacific health and wellbeing	$469,657.00	Dr Amio Matenga Ikihele	Moana Connect
24/753	Expanding connection: the process of reconnection for Māori youth	$400,000.00	Dr Logan Hamley	Whakauae Research Services
25/621	What do Māori want for palliative pain management?	$28,796.66	Mrs Kathleen Mason	The University of Auckland
25/635	Whānau Māori lived experience of organ donation and transplantation in Aotearoa	$131,000.00	Ms Jennifer Rogers	The University of Auckland
26/0052	Aroā cards: He kete whakaaro mō te rangatahi	$4,950.00	Dr Tanya Allport	Whakauae Research Services
26/0220	Creating resources to support health science staff in te reo Māori assessments	$7,500.00	Miss Te Arikirangi Paekau	University of Otago
24/559	Visual impairment in Aotearoa: Inequity in access for Pasifika to eye care	$260,000.00	Miss Esmeralda Lo Tam	The University of Auckland
25/776	Improving eye health among the most underserved populations in Aotearoa	$399,783.50	Dr Lucy Goodman	The University of Auckland
18/442	The primary care management and impact of osteoarthritis: learning from big data	$1,199,993.50	Professor J. Abbott	University of Otago

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24/018	Pacific gout intervention to improve Pacific men's understanding of gout and ULT	$469,657.00	Dr Samuela Ofanoa	The University of Auckland
22/540	A data-driven approach to predicting asthma attacks in Aotearoa	$249,984.00	Associate Professor Amy Chan	The University of Auckland
25/628	Explore the lived experiences of Pacific people living with asthma	$260,000.00	Mrs Arieta Fa'apesolo Mu'aulama	The University of Auckland
21/177	Kia taiohi te tū	$464,382.00	Dr Hotukura Wharehoka	Te Whare Wananga O Awanuiarangi
23/348	Can assisted reproductive technologies better assist Pacific people in Āotearoa?	$1,199,999.80	Dr Zaramasina Clark	Victoria University of Wellington, Research Trust
21/716	Kia puawai ake ngā uri whakatupu: flourishing future generations	$4,999,949.60	Dr Amohia Boulton	Whakauae Research Services
22/339	Understanding the impact of rurality on health outcomes and healthcare delivery	$1,199,916.05	Professor Garry Nixon	University of Otago
23/615	Wāhi Kōrero: 'I felt too whakamā to go to the doctor…"	$150,000.00	Dr Angelique Reweti	Massey University
25/044	Tagata o le Moana: Navigating Pacific health professionals' journeys	$142,550.00	Miss Michaela Peters	University of Otago
25/532	Addressing gaps in Pacific immunisation and screening with better data and design	$1,200,000.00	Dr Debbie Ryan	Pacific Perspectives
19/387	Patterns of recovery from concussion in children and adolescents	$1,197,414.00	Professor Nicola Starkey	University of Waikato
23/123	Mental health in elite athletes	$260,000.00	Mr Connor Silvester	Auckland University of Technology
24/665	Enhancing the health and wellbeing of rangatahi experiencing early psychosis	$399,975.00	Dr Matthew Jenkins	University of Otago
24/728	Enhancing Cook Islands mental health practices, knowledge, and research	$551,786.00	Dr Sam Manuela	The University of Auckland
25/850	Therapeutic dance at scale: Immersive full-body generative AI for mental health	$150,000.00	Dr Danielle Lottridge	The University of Auckland
26/0221	Strengthening Vā: Exploring the efficacy of family therapy for Pacific peoples	$263,318.00	Dr Veronica Tone-Graham	The University of Auckland
21/183	Understanding measles: severity and sequelae	$1,104,966.40	Associate Professor Emma Best	The University of Auckland
22/172	Mā te mōhio ka mārama (M2M). Impact of COVID-19 on Māori:non-Māori inequities	$1,197,495.85	Associate Professor Elana Curtis	The University of Auckland
23/173	Improving management, diagnosis and prevention of scrub typhus among Ni-Vanuatu	$260,000.00	Miss Leinasei Isno	University of Otago
23/280	Understanding inequitable tuberculosis transmission in Aotearoa	$1,180,728.72	Associate Professor Htin Lin Aung	University of Otago
23/577	Searching for novel antimicrobials	$149,992.00	Professor Peter Lockhart	Massey University
24/013	Enhanced surveillance of Strep A disease in the Auckland region	$260,000.00	Dr Andrew Fox-Lewis	The University of Auckland
21/984	Lung cancer screening: Testing ethnicity weighting for risk prediction in Māori	$1,936,535.20	Professor Dr Sue Crengle	Health New Zealand Waitematā
24/836	A hyper-local approach to addressing low immunisation coverage	$150,000.00	Dr Samantha Marsh	The University of Auckland
26/0246	Evaluating online vaccine resources for informed decision-making by hapū māmā	$7,500.00	Miss Charlotte Webb	University of Otago
21/279	Utilisation and safety of ondansetron during pregnancy: a national cohort study	$1,199,993.62	Professor Lianne Parkin	University of Otago
20/637	The epidemiology of Crohn's and colitis in New Zealand: a data linkage study	$248,987.18	Professor Jeroen Douwes	Massey University
18/011	Are toxic moulds a real health hazard in New Zealand?	$1,193,602.65	Professor Julian Crane	University of Otago
22/059	The impact of nitrate in drinking water on preterm birth	$1,199,508.73	Associate Professor Tim Chambers	University of Otago

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21/613	Flourishing together: including tāngata whaikaha in health policy development	$298,810.80	Dr Rachelle Martin	University of Otago
23/414	The inequities of the NASC system in Aotearoa and the experience of Māori whānau	$138,800.00	Miss Emily Bain	University of Otago
25/1006	Life with FASD: An effectiveness-implementation trial	$1,399,870.00	Dr Joanna Ting Wai Chu	The University of Auckland
25/107	A strengths-based approach to fetal alcohol spectrum disorder	$599,102.00	Dr Joanna Ting Wai Chu	The University of Auckland
23/117	Reducing the equity gap for Pacific peoples with diabetes	$124,550.00	Miss Janina Galewski	University of Waikato
23/152	Determinants of abdominal aortic aneurysm risk in New Zealand	$110,104.00	Mr Andrew Kindon	University of Canterbury
22/659	Pae Ora - collaborations in action	$1,499,656.00	Dr Lis Ellison-Loschmann	Flax Analytics
24/674	Timely access to rongoa Māori in cancer care services for Māori	$398,771.00	Dr Monica Koia	Massey University
25/472	Addressing inequities in colorectal cancer outcomes	$1,200,000.00	Dr Fiona McKenzie	Victoria University of Wellington, Research Trust
23/053	Māori experiences and expectations of kaumātua care	$666,431.00	Dr Joanna Hikaka	The University of Auckland
16/600	The Christchurch Health and Development Study - birth to 40 years	$5,104,946.54	Associate Professor James Foulds	University of Otago
23/244	Translating, modelling and evaluating cannabis policy reform	$1,187,932.08	Professor Christopher Wilkins	Massey University
25/293	Do current government policies foster Māori-led suicide intervention approaches?	$31,600.00	Susan Taylor	Te Whare Wananga O Awanuiarangi
25/319	Nicotine pouches for smoking cessation	$1,437,789.00	Professor Christopher Bullen	The University of Auckland

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

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Published by the Health Research Council of New Zealand
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