



# **The Health Research Council of New Zealand**

## **Briefing for the Incoming Minister of Research Science and Technology**

**November 2008**





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## Key Messages

- The Health Research Council of New Zealand's mission is *benefiting New Zealand through health research*, with a vision of *improved health and quality of life for all*. The HRC is committed to funding research that is of the highest quality, addresses national health needs, produces better health outcomes and improves the wellbeing of all New Zealanders.
- Health research is a highly productive and reputable sector that is internationally recognised for its expertise. The benefits emanating from health research span contributions to New Zealand's growth as a high-income knowledge-based market economy that is innovative and creative, through to providing better quality of life for all New Zealanders.
- The HRC invests in health research through the annual contestable funding round and through joint initiatives with a range of Government and non-Government agencies. Research proposal selection processes follow internationally recognised standards of best practice.
- The HRC plays a critical role in development of the health research workforce, and in the regulatory and ethical aspects of health research.
- The HRC Ethics Committee is working with the Ministry of Health to develop and implement a binding appeals process for Ethics Committee decisions in line with recommendations contained in the *Gisborne Inquiry Report*.
- The HRC's newly developed Strategic Plan (2008–2013) outlines four primary goals: to invest in research that meets New Zealand health needs and research that has international impact; to maximise the benefits of health research; to champion the integrity of the health research environment; and to enhance the value of the organisation.
- The HRC is currently reviewing its investment model in order to invest more effectively in areas of strategic priority for New Zealand and to make the best use of the resources we have.
- Key challenges currently facing the HRC include: keeping pace with the rising costs of research across all HRC activity; retaining critical research capability for New Zealand; maintaining existing levels of support in areas of international strength and national need; funding an acceptable percentage of research applications assessed as excellent; providing a greater degree of continuity and stability for the health research sector; and creating attractive career paths for our emerging researchers and top talent.
- A key priority for the HRC is to sustain our purchasing power and prevent further erosion of the workforce.
- Key opportunities for the HRC include: growing investment and investing more effectively in areas of strength and need for New Zealand; the potential to create innovative, RS&T-enabled solutions for better health delivery and improve the productivity and cost-effectiveness of New Zealand's health care system; and the opportunity to secure more attractive career paths and rewarding careers for researchers and strengthen our ability to attract, develop and nurture top talent.

## 1. Overview of HRC's environment

The Health Research Council of New Zealand (HRC) is the Government's principal funding and investment agency for health research. The HRC, as a Crown Agent, is responsible to both the Minister of Health and the Minister of Research, Science and Technology. The Minister of Health is the ownership Minister although HRC funding comes primarily from Vote Research, Science and Technology. The relationship between the Minister of Health and the Minister of RS&T is governed by a Memorandum of Understanding.

### Relationship to Government Goals

The HRC's mission is *benefiting New Zealand through health research, with a vision of improved health and quality of life for all.*

The HRC ensures that the health research we fund has a positive impact and makes a difference by:

- Engaging end users to establish priorities in health research and using a prioritization process to identify research of the highest priority;
- Identifying the highest quality health research through a strong peer review process;
- Working in partnership with stakeholders and developing requests for proposals in areas where there are unmet knowledge and evidence needs;
- Monitoring the progress and outcomes of research, and
- Working to develop and evolve funding mechanisms that are responsive to our emerging health needs and challenges.

HRC-funded research has a history of being internationally excellent, impacting on health practice and policy in New Zealand and positioning research teams to generate economic gains. The recent OECD *Review of Innovation Policy: New Zealand* noted that New Zealand has "world-class competencies in many areas, especially but not exclusively in agricultural and health research" and "hosts some biotechnology companies that are world leaders in their field" with New Zealand's strength in biotechnology being "particularly evident in some areas of agricultural and medical research" (p. 106).

The HRC plays a critical role in development of the health research workforce, both through supporting health researchers on contracts and in developing capacity and capability in critical areas, such as the Māori, Pacific, disability and clinical research workforces.

Productive partnerships with the Ministry of Health and the Ministry of Research, Science and Technology are critical to the HRC's success. The HRC maintains a close relationship with the Ministry of Health (MoH) through:

- Aligning research strategies with health priorities identified by MoH;
- Developing joint research funding ventures through the Partnership Programme;
- The provision of advice to the Minister on health research, ethics, gene technology and therapeutic trials;
- Inclusion of senior MoH officials on HRC advisory committees, and
- A Core-Co-ordination Group who meet bi-monthly, comprised of a representative from the HRC, MoH and MoRST.

The HRC maintains a close relationship with the Ministry of Research, Science and Technology (MoRST) through:

- The provision of advice to the Minister on health research;
- Involvement in regular Funding and Investment Agents' meetings convened by MoRST;
- Participation in consultation processes on key strategic and policy documents;
- Implementing Cabinet endorsed policy and aligning research strategies and investment with identified priorities for RS&T, and
- A Core-Co-ordination Group who meet bi-monthly, comprised of a representative from the HRC, MoH and MoRST.

## **HRC Income**

The Vote RS&T income for the HRC in 2007/08 was \$66M. In addition, through the HRC's Partnership Programme, Vote RS&T funds are used to leverage additional funding and in-kind support for research from other government and non-government agencies. The Partnership Programme is now leveraging four dollars for every dollar invested.

The HRC has a Purchase Agreement with the Minister of Health, through which the HRC receives \$242,000 per annum. This sum contributes to the HRC's statutory responsibilities for health research ethics and providing policy advice to the Ministry of Health.

## **Overview of the HRC's Investment Processes**

The HRC invests in health research through two main processes:

- Seeking investigator initiated health research proposals, during the annual contestable funding round. Assessment includes the fit of these proposals to identified priorities for health research.
- By issuing requests for proposals, which seek to fill specific knowledge gaps, often those identified as part of joint initiatives with other agencies, via the Partnership Programme.

The HRC assessment processes follow internationally recognised standards of best practice and identify high-quality research proposals through national and international peer-review.

The HRC invests in research through a variety of funding vehicles, including:

- **Programme** contracts: average size \$4M, 6 yr duration with approximately 42 percent of the annual investment allocated to Programmes. Focus is on collaborative, multi-disciplinary research programmes.
- **Project** contracts (average size \$1M, usually 3 yr duration), are available for a clearly defined research project. Approximately 53 percent of funds allocated through the funding round support projects.
- **Feasibility Study** contracts (maximum value of \$150K, over 12 months) provide research funds for feasibility projects in public health or clinical research.
- **Emerging Researcher First Grant Awards** (maximum value of \$150K over 3 years) for salaried researchers who are seeking to establish independent careers in health research.

### *Additional Investment Mechanisms*

- The **Partnership Programme** is an innovative research funding model focused on building the evidence-base for policy and planning in the public sector.
- The **District Health Board Research Fund (DHBRF)** is a partnership between the HRC and the 21 District Health Boards to commission research that addresses key knowledge gaps for DHBs and supports and promotes the translation of research into clinical practice.
- The **Targeted Research for Health Output** is a small fund created to address key gaps and priorities that are not adequately supported through other investment mechanisms. Priorities include: healthy eating healthy action, Pacific health research, disability research, health services research, primary care research, rural health, and health and disability sector workforce research.
- The HRC's **Career Development Awards** focus on supporting our most promising emerging researchers and addressing critical gaps in the workforce.
- **International research collaborations** and opportunities are funded through the International Investment Opportunities Fund (IIOF); the Human Frontier Science Program (HFSP), and the Japanese Society for the Promotion of Science.

### **HRC's role in the ethics and regulatory framework**

The HRC plays an important role in the regulatory and ethical aspects of health research. The HRC has four committees involved with the regulation of clinical trials and ethics: the HRC Ethics Committee (HRCEC), the HRC Data Safety and Monitoring Board (DSMB), the Standing Committee on Therapeutic Trials (SCOTT) and the Gene Technology Advisory Committee (GTAC).

The HRC looks forward to working with the Minister of Health and the Minister of Research, Science and Technology to implement Government policy, improve health and grow the social, knowledge and economic benefits accruing from our investment in health research.

## 2. Upcoming events and current work

### *Annual Contestable Funding Round*

The HRC is currently in the midst of assessing proposals submitted for the 2009 annual contestable funding round. Contracts of \$66M are expected to be awarded, with announcements to be made in June 2009. The HRC is assessing 273 proposals worth \$340.37M, representing an oversubscription rate of more than five times the available funds.

### *Review of Funding Instruments and Processes*

The HRC's investment model is currently being reviewed in order to invest more effectively in areas of strategic priority for New Zealand and to make the best use of the resources we have. HRC is about to undertake consultation on the proposed changes, with a view to introducing the finalised framework and related funding instruments for the 2010 contestable funding round.

### *Transformational RS&T: Innovation in Health Delivery*

The Health TRST, 'Innovation in Health Delivery' is a MoRST and Ministry of Health-led proposal which outlines the potential to create innovative, RS&T-enabled solutions for better health delivery and to improve the productivity and cost-effectiveness of New Zealand's health care system. The HRC supports the concept and is currently working with both Ministries to develop relevant initiatives.

### *Translational Research in Cardiovascular Disease, Diabetes and Obesity*

This initiative is part of the District Health Board Research Fund (DHBRF) where all 21 DHBs were engaged to identify key research and knowledge needs for the sector. Translational research on cardiovascular disease, diabetes and obesity is one of the priorities identified, along with chronic care, cancer, access to services and mental health. The HRC is currently calling for applications to undertake small-scale translational research projects whose primary objective is to reduce the incidence or impact of cardiovascular disease, diabetes and/or obesity. Partnerships between DHBs and/or PHOs are central to these projects in which findings will be quickly disseminated through the Health Sector.

### *The Ninth Global Forum on Bioethics in Research*

The HRC is hosting the international Ninth Global Forum on Bioethics in Research (GFBR9) in Auckland from 3 - 5 December 2008. The theme for the Forum relates to ethics of research involving indigenous peoples and vulnerable populations.

### *Joint Research Fund in Heart Disease and Cancer*

The HRC has recently launched a research fund with the Agency for Science, Technology and Research (A\*STAR), based in Singapore. Each agency is investing NZ\$1.8M,

### *Advanced Skills Action Plan (ASAP)*

In response to the Ministry of Research, Science and Technology's Advanced Skills Action Plan, the HRC is currently considering ways to bridge critical gaps in careers for talented health researchers. Additionally, the HRC intends to build on the success of our Māori and Pacific health research capacity-building initiatives to take health research careers beyond the postdoctoral level.

### 3. Opportunities and Challenges

#### Sustainability of the health research sector

Key challenges currently facing the HRC include:

- keeping pace with the rising costs of research across all HRC activity;
- retaining critical research capability;
- maintaining existing levels of support in areas of international strength and national need;
- funding an acceptable percentage of research applications assessed as excellent;
- providing a greater degree of continuity and stability for the health research sector; and
- creating attractive career paths for our emerging researchers and top talent.

A priority for the HRC is to sustain our purchasing power and prevent further erosion of the workforce. In recent years, the cost of health research has increased significantly, driven principally by rising academic salaries. A consequence of these escalating costs has been a steady decline in the quantum of high-quality research that the HRC has been able to support. Health researchers have publicly expressed disappointment in the HRC's funding rate and called for additional investment.

The decreasing quantum of research purchased is having a significant impact on existing areas of international strength and national need; on continuity of funding in key areas; and on our ability to retain critical mass and core research capability. When research funding stalls, New Zealand risks losing scientists to other careers and other countries. If funding levels remain constant, the HRC estimates we will lose the equivalent of 55 full time researchers within the space of five years. Indeed the recent OECD report echoed these concerns noting that without sustained and increased investment the result will be lower levels of growth and productivity, an outflow of highly qualified researchers and deterioration of "intellectual capital".

#### Ethical review system

Through the accreditation process the HRC Ethics Committee (HRCEC) has an overview of the functioning of the accredited Ethics Committees in New Zealand. In 2008, the HRCEC noted a number of issues, including:

- The workload of the Regional Ethics committees was very high. In the HRCEC's view additional capacity should be introduced to the system in the near future. This, along with low remuneration, likely reflects trouble recruiting and retaining committee members.
- Concern about the changes to the terms of reference for Health and Disability Ethics Committees, which allow application for ethical review to be transferred out of region, and limiting involvement of researchers and the community.
- Clarity for Ethics Committees demands the plethora of guidelines should be combined and harmonised.
- The difficulties that Ethics Committees have in dealing with the reporting of serious adverse events.

## **Opportunities for Impact**

The HRC's recently developed Strategic Plan (2008-2013) was designed to identify opportunities to maximise the benefit derived from our investment in health research and to outline strategies that will improve the impact or the difference that health research makes, to the health of New Zealanders.

### *Targeted Research for Health*

Growing our investment in research in need areas and creating greater focus on health interventions and improving health service delivery, was identified as the HRC's top priority for the 2009/10 Budget Bid.

### *Innovation in Health Delivery*

The HRC also believes substantial gains can be made through implementation of MoRST and MoH's joint project, the Innovation in Health Delivery TRST. Research that is directed at building a more efficient and innovative health sector will be an important contributor to managing issues facing the health system, such as the unsustainable growth of spend, the ageing population, our growing ethnic diversity and our increased incidence of 'lifestyle' diseases.

### *Supporting the Research Capability Needed to Improve Health Outcomes*

There is both a need and an opportunity to secure more attractive career paths for researchers, and the need to strengthen our ability to attract, develop and nurture top talent. HRC is looking to support our best early career researchers – the next generation of research leaders – as they are a particularly highly vulnerable group in the RS&T sector. In addition, HRC is looking to identify and fill gaps in the research workforce through capability development.

### *Growing Sector Engagement and Creating Vital Partnerships*

HRC is growing its partnerships with the health sector, both nationally (for example, through the Partnership Programme, and the District Health Board Research Fund), and internationally. A dramatic increase in the HRC's level of collaboration with other agencies in recent years has partly been driven by the Partnership Programme, which now includes over forty partnerships involving more than twenty different Government and non-Government organisations. One of the key features of the Partnership Programme is that it brings together agencies that have not traditionally worked together to focus on problems that cannot be solved by one sector alone. Enhance partnerships will improve the utility of the research outcomes and the likelihood of uptake in the health sector or community.

## The HRC Board

Council members are appointed to the Board by the Minister of Health. The HRC Act (1990) requires that the Board consist of five persons who are or have been actively engaged in health research and five other persons with skills and experience in areas such as community affairs, health administration, law, management, or knowledge of health issues from a consumer perspective. Members are appointed initially for a term of three years.

### *Membership of the Board*

**Professor Graeme Fraser (Chair)** was appointed to chair the HRC in 2003 until 2009. Professor Fraser served on the Medical Research Council from 1976 to 1982. Professor Fraser has held the positions of Acting Vice Chancellor, Acting Deputy Vice Chancellor, Assistant Vice Chancellor (Academic) and Professor of Sociology and Head of Department during his thirty-three-year tenure at Massey University.

**Dr John Hay (Deputy Chair)** is Chief Executive Officer, Institute of Environmental Science and Research (ESR). He is responsible for its consultancy and research services in forensic, public health and environmental science to public and private sector clients in New Zealand, Australia and via a joint venture company set up in Malaysia. Dr Hay has a PhD in plant breeding/physiology from Lincoln College/Welsh Plant Breeding Station.

**Mrs Esther Cowley-Malcolm** is currently a full-time Doctoral candidate at Victoria University of Wellington, New Zealand. She is the Chair of the Pacific Development and Conservation Trust (formerly the Rainbow Warrior Trust). Esther is also a member of the Parenting Council of New Zealand and a lay representative on the New Zealand Medical Laboratory Science Board. She was also an inaugural member of the Pacific Island Families Longitudinal Study Management Board until 2006.

**Ms Kath Fox** is Chief Executive of Richmond New Zealand, a national non-government organisation providing community mental health and disability support services. Kath has held a range of senior executive and governance positions in the public, non-government and voluntary sectors. Her experience encompasses health and the wider social service sector, and includes areas such as policy, workforce development, post entry clinical training, special education, Māori development, mental health, service delivery, policy and funding.

**Mrs Judy Keall** was a Member of Parliament from 1984-1990 and from 1993-2002. During this time she chaired the Social Services and Health Select Committees and was involved in steering through the Health Research Council Bill, the Area Health Boards Amendment Bill and the Nurses Amendment Bill. Judy has a wide range of community involvement and interests that are relevant to health.

**Professor Richie Poulton** is the Director of the Dunedin Multidisciplinary Health and Development Study, which the HRC has supported since its inception in 1971. He has published more than 100 peer-reviewed scientific papers, with many appearing in leading international journals. His research interests are: developmental psychopathology, gene X environment prediction of complex disorders, and psychosocial determinants of chronic physical disease.

**Professor Anthony Reeve** is head of the Cancer Genetics Laboratory at the University of Otago's Department of Biochemistry. He currently heads an HRC-funded programme at the Laboratory conducting research into the genetics and epigenetics of cancer. Anthony is also the Director and Chair of the Scientific Advisory Board for Pacific Edge Biotechnology Ltd, a

Dunedin-based biomedical company developing novel diagnostic and therapeutic products in the cancer field.

**Associate Professor Susan Stott** is based at the Department of Surgery, Faculty of Medical and Health Sciences, University of Auckland with a half-time clinical commitment to Starship Children's Hospital as a paediatric orthopaedic surgeon. She is a scientific fellow of the Australasian Faculty of Rehabilitation Medicine and is currently President of the Australasian Academy of Cerebral Palsy and Developmental Medicine. Her research interests include paediatric rehabilitation, trauma outcomes in children and childhood disability.

**Professor Linda Tuhiwai-Smith** is an internationally renowned Professor of Education with a professional background in Māori and indigenous education. Her research interests are wide-ranging and collaborative and include Marsden funded research on the Native Schools system and on New Zealand youth. She is known internationally for her work on research methodology and Māori and indigenous education. Professor Smith has served on a number of national advisory committees including the Tertiary Education Advisory Committee (TEAC) and was the Chair of the Māori Tertiary Reference Group for the Ministry of Education. She is also a Co-Deputy Chair of the Council for Te Whare Wānanga o Awanuiārangi.

**Professor Alistair Woodward** is Head of the School of Population Health at the University of Auckland. Alistair has published research on a wide range of population health issues, including the effects of second-hand cigarette smoke; links between ethnicity, poverty and mortality rates; and effects on health of climate change. He was a lead author for the 4th Assessment Report of the Intergovernmental Panel on Climate Change, and is currently Chair of the National Screening Advisory Committee, and a member of the Board of the Pacific Basin Consortium on Environment and Health Sciences.

**Mr Ngarau Tupaea** is the HRC's Kaumatua and provides valuable guidance to the HRC on spiritual and cultural issues. Ngarau has been involved in health for approximately 17 years. Coupled with his extensive Māori community involvement, he brings wisdom and experience to his role as Kaumatua (and as a member of the HRC Māori Health Committee). Ngarau is of Ngati Tipa and Waikato, Tainui descent.

### **The HRC Secretariat**

The HRC Secretariat currently numbers 34 individuals. The staff is highly skilled, and includes a significant number of individuals who have qualified as researchers or health care professionals.

The HRC Chief Executive is Dr Robin Olds. Dr Olds has been Chief Executive since May 2007. Previously he was an active health researcher, was Chair and Head of Pathology at the University of Otago in Dunedin and had a management role in the medical curriculum.