



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

Health Research Council of New Zealand

Briefing for the incoming Minister of
Science and Innovation

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Message from the HRC's Board Chair and Chief Executive

The Health Research Council (HRC) is the government's key agency for health research, responsible for ensuring the potential benefits of this investment have impact across New Zealand. We are proud to have this role and are intent on delivering benefit to all New Zealanders.

Health research is a particularly highly performing area within New Zealand's science system. As the government's main agent, the HRC is dedicated to supporting multiple disciplines (from medicine through to sociology, psychology, engineering, and beyond) to answer key questions linked to preventing ill health, discovering new and better treatments, and advancing knowledge on how to enhance health and wellbeing for all our population, particularly where disparity exists.

Our performance and contribution were comprehensively reviewed in 2015, when the Ministry of Health (MoH) and the Ministry of Business, Innovation and Employment (MBIE) undertook a Strategic Refresh of the HRC.

The Strategic Refresh identified the very real contribution that health research makes to New Zealand, and the critical role that the HRC plays in this success; it also found that after a decade of flat investment levels, health research and the HRC was a priority for increased investment. The HRC was also recognised as being placed to make an even greater contribution by providing leadership and strategic direction for all those who have a stake in health research and innovation in New Zealand.

New Zealand's first ever [New Zealand Health Research Strategy](#) was released (in June 2017) with the HRC working alongside the MoH and MBIE. The Strategy has been well received. The 10-year Strategy has four key priorities that the two ministries and HRC will work together to achieve: investment in excellent health research that addresses the health needs of New Zealanders; a strong and vibrant health

research sector that brings benefit to New Zealand; a health system where research is embedded into health delivery and policy system and delivers impact; and optimal economic (and commercial) outcomes from health research.

The HRC will lead the work to achieve the first aim, and will actively support the MOH in MBIE in delivering the other strategic priorities. Of particular note, the second aim requires a culture change in both the research and the health system. We are committed to, and already working to implement better alignment and coordination of investment, better connections between researchers and the multiple end-users of research, and to generate greater impact and higher returns from the government's investment.

The HRC is highly committed to action to ensure the first increase in investment in a decade (56% over the 4 years to 2019), delivers tangible outcomes and benefits for our country and our people. We look forward to working with you to increasingly realise outcomes that matter for New Zealand and strengthen our place in the world. There is much work still ahead of us, and the HRC is excited by what we know we can achieve for New Zealand.

Dr Lester Levy
(CNZM)
Chair



Professor Kath
McPherson
Chief Executive



The HRC's role, mandate, and governance

The **Health Research Council of New Zealand (HRC)** is the Government's principal agency for health research. Most of our funding is provided by you, as the **Minister of Science and Innovation**, and we are also answerable to the **Minister of Health**.

A **Memorandum of Understanding** signed by the previous Ministers of Science and Innovation and Health in 2016, 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 regular communications, funding arrangements, and appointments to the Council.

Appendix 1 lists the functions set out in the **Health Research Council Act, 1990**.¹ Our mandate is to:

- invest in high-quality health research that will benefit New Zealand;
- consult widely to establish appropriate priorities for research;
- support the recruitment, training, and retention of health researchers;
- advise the Minister on national health research policy; and
- promote and disseminate the results of health research to maximise impact.

The Act established the structure of the HRC, consisting of a ten-member **Council**, with three supporting Committees to provide advice on Biomedical, Public Health, and Māori Health research (*Appendix 2*). The Act also established an HRC Ethics Committee to ensure that ethical

issues arising from health research are independently considered and addressed, and that the safety of participants is protected.

As a **Crown Agent**, the HRC is required to give effect to Government policy. In recent years, the HRC has worked closely with the Ministry of Health (MoH) and Ministry of Business, Innovation, and Employment (MBIE) to maximise the contribution of the HRC to the Government's health and economic goals. The two Ministries undertook a comprehensive review of the HRC in 2015. This process, the **Strategic Refresh of the Health Research Council**,² involved review of all the HRC's funding contracts and reporting, benchmarking against counterpart organisations in NZ and internationally, and extensive consultation with a broad range of stakeholders across the health, science, and innovation sectors.

The report produced as a result of the **Strategic Refresh** acknowledged the *contribution that health research makes to New Zealand*, and therefore identified that *increased investment for the HRC should be a priority*. It concluded that the HRC is an efficient organisation, and is well placed to make an even greater contribution by providing *leadership and strategic direction* for all those who have a stake in health research and innovation in NZ. The report recommended that the HRC should lead strategic alignment and connections across the health and innovation systems, and that a new Strategy should be developed to drive this change (*Appendix 3 has a summary of the report's recommendations*).

The 2015 **Strategic Refresh** clarified that the role of the HRC is vital and unique, as reflected in the arrangement for joint

¹ New Zealand Government. 1990. Health Research Council Act. Wellington: NZ Government. Available at: <http://www.legislation.govt.nz/act/public/1990/0068/latest/DLM213017.html> Accessed 17 October, 2017.

² Ministry of Health; Ministry of Business, Innovation and Employment. 2015. Strategic Refresh of the

Health Research Council. Wellington, NZ. Available at: http://www.hrc.govt.nz/sites/default/files/HRC%20refresh%20report_1_0.pdf Accessed 17 October, 2017.

governance by two Ministers. New Zealanders care strongly about health, and believe that health research is fundamental to improving health outcomes for all New Zealanders.³ New Zealand's geographic and demographic characteristics present challenges that mean we cannot rely solely on health research from other countries. The HRC has developed expertise and processes that enable targeted efforts towards meeting these challenges. At the same time, the HRC is well-positioned to interface with a diverse network of researchers and stakeholders across both the health and science systems.

Based on these conclusions, the HRC received unprecedented new investment – an increase of 56% from 2016 to 2019 – which will take our funding to \$120 million per annum by 2019. This represents a truly significant step-change towards achieving the new government's goal of increasing its investment into research and development to 2 percent of GDP over the next 10 years. This is the largest funding boost in the organisation's history, reflecting both enhanced recognition of the value to be derived from investments in health research, and the trust the health, science and innovation sectors have in HRC's ability to realise these benefits for the economy and for the health of New Zealanders.

A further outcome of the **Strategic Refresh** process was development of the **New Zealand Health Research Strategy (2017–2027)**.⁴ The HRC worked with both its Ministries to align this Strategy with MBIE's 2015 **National Statement of Science Investment** (*Appendix 5*) and the Ministry of Health's 2016 **New Zealand Health Strategy** (*Appendix 4*). The **New Zealand Health Research Strategy** sets out

the Government's vision for New Zealand to have a world-leading health research and innovation system that is founded on excellent research and that improves the health and wellbeing of all New Zealanders.

The Strategy defines four strategic priorities to achieve this vision by 2027 (*Appendix 6*):

Strategic Priority 1: Invest in excellent health research that addresses the health needs of all New Zealanders;

Strategic Priority 2: Create a vibrant research environment in the health sector;

Strategic Priority 3: Build and strengthen pathways for translating research findings into policy and practice; and

Strategic Priority 4: Advance innovative ideas and commercial opportunities.

The HRC will lead implementation of **Strategic Priority 1**, and support the MoH and MBIE to deliver **Strategic Priorities 2, 3, and 4**.

For **Strategic Priority 1**, four immediate actions are set out in the Strategy. The first is to identify areas for strategic investment for the next 10 years through an ongoing process of consultation. This will require consideration of research with the potential to further the goals of the HRC's joint Ministers, reduce the burden of disease in NZ e.g. cancer and mental health, contribute to achieving equity in health outcomes and access to services across diverse populations and communities, reflect the principles of He Korowai Oranga and Vision Mātauranga, fill knowledge gaps to

³New Zealanders for Health Research. 2017. New Zealand Speaks! Opinion Polling. Auckland: New Zealanders for Health Research. Available at <http://www.nz4healthresearch.org.nz/app/uploads/2017/08/NZHR-Report-2017-GENERAL-FINAL.pdf>. Accessed 17 October 2017.

⁴ Ministry of Business, Innovation and Employment; Ministry of Health; Health Research Council of New Zealand. 2017. New Zealand Health Research Strategy 2017–2027. Wellington: MBIE; MoH. Available at: <http://www.health.govt.nz/system/files/documents/publications/nz-health-research-strategy-jun17.pdf>. Accessed 17 October, 2017.

contribute to global scientific endeavours, to add to NZ's existing reputation as a leader in niche fields, to combat new and emerging threats to health in NZ, and to be innovative or transformative.

The next actions under [Strategic Priority 1](#) are to invest in research that delivers equity of health outcomes and healthy futures for both Māori and Pacific peoples. Finally, the HRC is responsible for a range of actions to further develop a strong and sustainable health research workforce. This also involves ensuring NZ has the skills we need to drive science and innovation on a national and international scale.

The HRC's strategic drivers

The HRC's [vision](#) is for *New Zealand to be a leader in high-impact, high-value research*, and our [contribution](#) is to *ensure our health research system tangibly improves opportunities for health and wellbeing for the New Zealanders who need it most, now and in the future*.

The consultation for the [Strategic Refresh](#) afforded a clear picture of the value which stakeholders expect the HRC to add. Our work has three strategic drivers:

1. [Making a difference](#) – by supporting translation of new knowledge into both high-value commercial opportunities and equitable impacts on health;
2. [Stimulating growth](#) – fostering people, capacity, skills, and opportunities to ensure a strong, diverse, internationally competitive and sustainable research system; and
3. [Increasing engagement and connection](#) – linking our partners across the sector and internationally to accelerate research and translation of results.

The HRC's core activities and current work

The HRC's responsibilities and deliverables are agreed annually via a [Crown Funding Agreement](#) with the Ministry of Business, Innovation and Employment and an [Output Agreement](#) with the Ministry of Health. We regularly communicate our longer-term planning to our governing Ministers and others across the sector. In 2017, we have prepared a [Statement of Intent](#) for the next 4 years, and we are in the process of renewing our [Strategic Plan](#) and producing our first 3-year [Investment Plan](#).

We strive to lead and collaborate effectively across the health, science and innovation sectors.

Consultation and collaboration on the [Strategic Refresh](#) and the [New Zealand Health Research Strategy](#) have ensured that the relationship between the HRC and its joint governing Ministries is closer than at any other time in our 25-year history. We plan to maintain and strengthen this level of engagement via our ongoing collaborative work programme to jointly implement and monitor progress of the [New Zealand Health Research Strategy](#) – in alignment with the strategic direction and priorities of the government.

In 2017, ongoing projects with MBIE include the Science and Innovation Domain Plan, National Research Information System, Data Mart, ORCID, the Genomics Platform, and the new Science and Innovation Agreement between New Zealand and Australia. Areas of current collaboration with the MoH include joint funding for research on breast cancer, delivery of health services, and long-term conditions. A joint HRC–MoH governance group has been established to identify priority areas for our work together and to align future research investment opportunities.

The landscape for health research is complex, and that there is need for strategic leadership to establish a strong, connected, and stable environment. The HRC has been asked to strengthen linkages across the health and science innovation sectors and increase alignment, coordination and engagement.

We invest in the knowledge and discoveries needed to benefit the health and wellbeing of New Zealanders.

The HRC is proud to fund high-quality health research that matters to New Zealand. The HRC allocates funds within four streams: Health and wellbeing (understanding the human body and preventing illness and injury); Outcomes for acute and chronic conditions (better diagnoses, treatments, and end-of-life care); Delivery of health and disability services (evidence to inform policy and practice for a more equitable, efficient and cost-effective health system); and Rangahau Hauora Māori (addressing Māori health issues, enriching Māori knowledge, and building the capacity of the Māori workforce to improve health outcomes for Māori). Some of our investments are for projects that are proposed by investigators independently, and others are commissioned to address key evidence gaps.

The increased level of public investment has already allowed the HRC to bolster support for valuable New Zealand research; for example, in 2016 two \$5 million Programme Grants went to longitudinal cohort studies in Christchurch and Dunedin. These long-term studies provide evidence about population health that will contribute to future health policy in NZ, and illustrate the importance of the HRC's sustained investments over time.

HRC will target new money to the areas of most urgent health need for New Zealanders. We will establish a collaborative process of consultation with our stakeholders and end-users, including

our new Ministers and the wider community, to identify and agree priority areas of research. This will be an ongoing endeavour, since the system needs sufficient flexibility to adapt to changing needs, opportunities, and public health risks. We will also need to implement appropriate mechanisms to signal these investment priorities to the health research community, and to ensure that the resulting research delivers the evidence and solutions needed by the sector.

We also nurture promising exploratory research that is innovative and potentially transformative, to enable future discoveries and advances.

The HRC has introduced a suite of innovative and world-leading 'Explorer Grants' to offer opportunities for researchers to push the boundaries of the known, and to foster unconventional ideas with potential for major impact. The 20 proposals supported to date have included ground-breaking research to tackle antibiotic resistance, treat Parkinson's disease, and control tumour growth. They have already produced intellectual property that has been patented and is being commercialised.

We will ensure that we continue to fuel the innovation pipeline by funding basic and exploratory research with the potential to generate new and beneficial discoveries, and by providing stable funding opportunities for areas of science for which it may take up to 20 years to realise the impact of our investment.

We pool expertise and resources with aligned partners.

Our closest links historically have been with the scientists whose work we fund, but we are increasing our engagement with a wider range of stakeholders. The HRC's Partnership Programme currently includes more than 30 joint funding partners, including Government Ministries, Crown

entities, District Health Boards, charities, and non-government organisations. These partnerships not only leverage additional funding for health research, but also enhance cross-sector linkages, and promote 'ownership' of the results of health research, thereby accelerating translation of new knowledge into outcomes for patients. Current projects funded under the Programme include research to increase infant immunisation rates; reduce the incidence of rheumatic fever; understand, prevent, and treat breast cancer; address long-term conditions, and measure the health outcomes produced by funding of pharmaceuticals. The HRC has identified a need to recalibrate and expand the Partnership Programme, and we are currently reviewing our processes for developing new strategic partnerships.

We are engaging with the end-users of health research, including communities.

The HRC is developing opportunities for policy-makers, healthcare providers, private entrepreneurs, and clinical care decision-makers to shape and participate in health research. We know that engaging with the end-users of health research can help to ensure that results are implemented. Recent examples of how HRC-funded research has been translated into practical improvements in health services include training for healthcare practitioners on how to manage comorbidities with cancer to improve outcomes; a redesign of services for diabetic patients through a new model of care; and an evaluation of a programme for rehabilitation at home which reduced hospital stays and risk of readmission, and therefore costs for the health system.

We are also improving our ability to disseminate the knowledge and insights generated by HRC-funded research throughout our communities. We encourage researchers to present their work at workshops, symposia, and hui, and to produce a range of publications for the

scientific and lay communities. The aim is to engage a broader range of New Zealanders with the benefits and value of research and to give them a voice and role in research.

We incentivise researchers to generate and translate the types of evidence needed to underpin a better, more equitable healthcare system

We have two dedicated funding streams for research on delivery of healthcare, and we are developing methods to promote and track implementation of applied research into policy and practice. In 2016, 67% of the HRC's funding supported research designed to improve the quality, accessibility, and efficiency within the health system. That same year, 46% of new contracts focused on improved detection, screening, diagnosis, or treatment of disease. Recent examples of HRC-funded research that improved the standard of care include a \$2 treatment to prevent brain damage in babies in intensive care units, and evidence that the practice of prescribing calcium supplements for older women to prevent osteoporosis actually increased the rate of cardiovascular events. Both of these studies resulted in changes in clinical practice which have saved lives and millions of dollars in healthcare costs. We will continue to report on these key performance indicators, and will put more resources into realising the value of the research that we have funded, through an increased emphasis on impact and pathways to implementation.

We generate returns on the Government's investment into health research, and can measure and demonstrate outcomes.

Investment into health research can return benefits that exceed the costs – by improving health and wellbeing (and therefore enhancing equity and productivity); by containing healthcare costs via more efficient delivery of health interventions; and by generating economic gains from commercialisation of new

technologies and treatments. The HRC's activities are designed to make these benefits tangible for New Zealanders.

The HRC has also funded a wide range of research projects that have resulted in the development of innovative products and treatments, taken all the way from patent to patient. HRC investments have produced innovations such as a wireless heart-pump, a cooling cap to prevent brain damage in newborn babies, a world-first vaccine for rotavirus, a diagnostic tool for bladder cancer, and a new treatment for osteoporosis.⁵ In some instances, the HRC has been the sole supporter of the research, from initial concept through to product development. For example, HRC funded research that resulted in the PREDICT tool, which has been shown to prevent 30% of cardiac events. Auckland DHB has estimated cost-savings of \$10–20 million every year since adoption of the PREDICT model, which has been sold to healthcare providers in Australia, Singapore, and Canada. HRC research underpins about 50% of the medical-technology contracts currently supported by MBIE, and Callaghan Innovation is now commercialising vaccines and diagnostic tools for cancer which were developed with support from the HRC over nearly 20 years.

We uphold standards and systems to ensure that health research is safe and ethical.

The HRC is a repository for information on research ethics. The HRC's Ethics Committee produces Guidelines that set standards for ethical research involving human participants, with specific consideration of research involving Māori and Pacific populations and the ethics of storing human tissue. The Council is mandated to consider the safety of new research and technologies, such as genetic

modification, and advise the Minister of Health as necessary.

The HRC's Ethics Committee oversees a national system by accrediting ethics committees which provide consistent, considered, and independent review of research proposals. The Committee also provides an appeal process to consider cases where decisions on ethics approval have been disputed by applicants. The HRC also provides independent monitoring of our clinical trials to safeguard participants.

We maintain robust, transparent, and competitive processes to support the highest quality research.

The HRC has earned a reputation for upholding the highest standards of scientific peer review and assessment, via processes designed to ensure that our investment decisions are sound and impartial. A recent analysis of published results shows that peer-reviewed publications generated from HRC-funded research are internationally well recognised and are cited more often than publications by other groups of NZ scientists. Areas where HRC-funded publications are world-leading include research on clinical sciences, genetics, paediatrics and reproductive medicine, and public health and health services.

We foster emerging researchers throughout their careers, and promote ethnic and gender diversity in the workforce.

A strong health research sector depends on a skilled and experienced workforce. Approximately 20% of the HRC's funding goes to Career Development Awards designed to reward and grow talent, bridge gaps in career paths, train clinicians and decision-makers in health research, and build capacity for Māori and Pacific health researchers. We fund more than 2,900 researchers across a range of disciplines in

⁵ Health Research Council. 2015. 'Research to Action' Investment Impact Report. Auckland, NZ: HRC. Available at:

<http://www.hrc.govt.nz/sites/default/files/Research%20to%20Action%20-%20HRC%20IIR%202015.pdf>
Accessed on 17 October 2017.

the tertiary education and health sectors, and currently support 133 Career Development Awardees. The aim is to attract, train, and retain the best scientific minds in New Zealand, and to develop the leaders of the future. We have invested considerable effort in encouraging clinicians to engage in research, and as a result we can now show that 43% of researchers named on HRC contracts are clinically trained, and that of those, 66% are currently practising. Another success is that 57% of our researchers hold joint appointments between academic and healthcare institutions.

The HRC is recognised internationally as a leader in building capacity for indigenous health research, through the targeted processes we have developed to support Māori health research paradigms and to advance researchers working in this field. Between 2006 and 2016, we also invested nearly \$95.1 million into Pacific health researchers and research. HRC-funded researchers have acted as advisors on Pacific health for organisations like the Health, Safety and Quality Commission, Le Va, and NZ's National Suicide Prevention Programme.

We create networks with international collaborators to benefit our researchers and strengthen New Zealand's contribution to solving the greatest global health challenges.

The HRC actively brokers international collaborations to allow New Zealand researchers to benefit from sharing information, ideas, and equipment with their counterparts overseas, and help them to further their research goals. We will continue to expand our efforts by leveraging relationships with world-leading research institutes, and leading New Zealand's participation in key global health forums that align with the priorities of the government. This work also raises NZ's profile as a contributor to solving global health challenges and allows NZ to benefit from international advances.

The HRC's relationships across the health, science, and innovation sectors

The government is the primary investor in health research in New Zealand, which is appropriate given that the main benefit is for the public good. The HRC is recognised to be the government's primary agent for guiding this investment. However, there is a complex landscape of other funding bodies across the health, science, and innovation sectors in New Zealand. One recommendation as a result of the 2015 **Strategic Refresh** was that the HRC is well regarded and trusted by the research community, and therefore should provide strategic leadership and enhance connections across the health and innovation sectors.

The Chair of the HRC, Dr Lester Levy, plays a vital role in strategic leadership and forging closer links with clinicians and decision-makers working in DHBs and more broadly across the health sector. Our Chief Executive, Professor Kath McPherson, is highly respected in the academic sector, and has transformed the operations of the HRC by enhancing transparency, raising visibility, and increasing the relevance of HRC-funded research. The ten members of the Council (*Appendix 2*) also link the HRC with a broad range of stakeholders across the sector, as do our Committee members and other HRC staff.

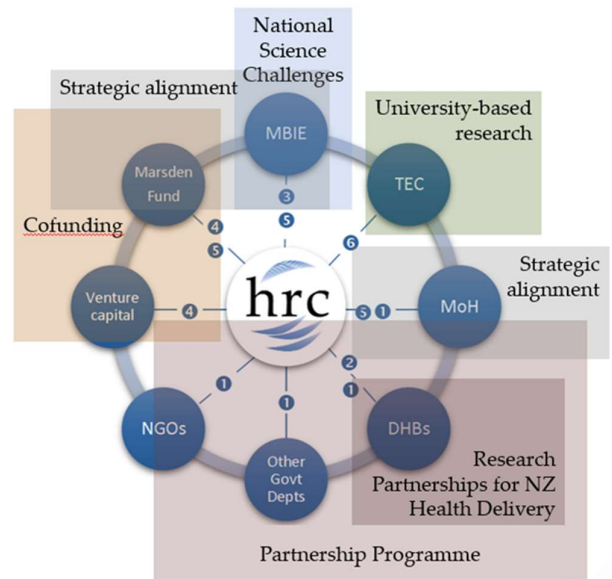
The figure on the next page represents the HRC's current core relationships in New Zealand. These are with organisations which either fund health research, need evidence from such research to achieve their strategic aims, or both. The HRC is answerable to both the Minister of Science and Innovation and the Minister of Health and works to advance the Government's goals. We work closely with MBIE and the Ministry of Health, to target investments where they can generate the greatest benefits for all New Zealanders. MBIE also

funds health research via other mechanisms, such as the National Science Challenges, Science Investment Fund funding for Crown Research Institutes, and the Marsden Fund (administered by the Royal Society Te Apārangi).

The HRC maintains regular dialogue with the Tertiary Education Commission (TEC), which funds health research directly through the Centres of Research Excellence and indirectly through funding of tertiary institutions via the Performance-Based Research Fund. The aim is to ensure consistency, share best practice, and avoid critical gaps or duplication.

The HRC jointly commissions specific studies with other government agencies, such as PHARMAC and the Accident Compensation Corporation. The HRC will continue to co-fund research as appropriate with other stakeholders including private, charitable, and non-government organisations. These partnerships not only leverage additional funding for health research, but they also offer additional benefits such as accelerated commercialisation of innovations and translation of results into positive health outcomes for patients (for example, we are currently partnering with DHBs to jointly fund research into delivery of health services).

Beyond New Zealand, the HRC also maintains relationships with counterpart agencies in other countries to exchange knowledge and best practice, and identify opportunities to advance the goals of our Ministers. For example, our Chief Executive is a member of the Heads of International Research Organisations, comprising 18 of the major health research funding organisations around the world.



Key:

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

Accountability and Performance

The HRC receives an annual [Letter of Expectations](#) from the Minister of Health and the Minister of Science and Innovation, as per the [Memorandum of Understanding](#). The letter identifies areas of focus for the coming year, in line with the HRC's annual [Output Agreement](#) with the Ministry of Health and the [Crown Funding Agreement](#) with MBIE. These annual agreements outline what the HRC is responsible for delivering, the funds available to support it, and the requirements for accountability and reporting. Currently these include:

- [Quarterly financial statements](#);
- A [Data Information Report](#), which captures inputs and outputs for all research contracts;
- [6-monthly reports](#) on key activities and deliverables, and progress against performance indicators; and

- A [3-yearly Investment Impact Report](#) which demonstrates the effectiveness of research investments made by the Council, and describes future risks and opportunities

HRC develops budget bids every 3 years for consideration as part of the government's overall budget package. Our next budget bids will be developed in 2018 for the May 2019 Budget decisions.

The HRC also reports as necessary, in line with a [no surprises policy](#), to warn Ministers in advance about any issue affecting the HRC that is likely to attract attention or that represents a risk. We would also ensure that you are informed of research outcomes that relate or could relate to government policy.

The ten members of the Council govern the HRC's activities as outlined in the HRC Act, 1990. Membership comprises a mix of professional, scientific, community, lay, and commercial expertise. The HRC has a Risk Management Committee which reports to the Council on a bimonthly basis and assists the Council to fulfil its governance responsibilities by identifying, evaluating, and mitigating risks. In 2017, the Risk Management Committee commissioned the first of a series of independent reviews of our operations. Deloitte's report on the HRC's investment processes found that *"overall, there is a comprehensive application assessment process for the awarding of grants. We have rated HRC's grant award process as 'well controlled'"*.

As a Crown Entity, the HRC must fulfil several statutory requirements, including the development of a 4-yearly [Statement of Intent](#) which establishes a performance monitoring framework; an annual [Statement of Performance Expectations](#) which details deliverables and how progress will be measured; and an [Annual Report](#) which is tabled in Parliament each year by the Minister of Health. This

document is fully tested and reviewed by our appointed auditors, Audit New Zealand. For each year of the HRC's 27-year history, we have met the financial and performance information standards identified for Crown Entities.

Contributions to science and innovation

We strengthen the science system

The HRC invests in excellent research with a high potential to achieve real-world impact. Bibliometric analyses, which are a proxy for the quality and international influence of scientific publications, tell us that HRC-funded publications are cited well above the world average in nearly every field, and the proportion in the top 20% for impact worldwide is higher for the HRC than for any other NZ funding sector. NZ outperforms other small advanced economies in 15 fields of health research, including general medicine, hepatology, immunology and allergy, endocrinology, biochemistry, surgery, rheumatology, transplantation, nephrology, and gastroenterology.

We also contribute by investing in highly skilled people who create local solutions to global health challenges, to develop a health research workforce with the skills needed to take us into the future. Our investment currently creates 2,910 research roles and 121 postdoctoral research opportunities. The HRC's sustained investment in people has created significant gains for New Zealand; for example, the HRC has supported the careers of all the Leads of the health-focused National Science Challenges and Centres of Research Excellence (CoREs). New Zealand's health researchers are highly productive, with a demonstrably high rate of scientific output. In the past year, HRC-funded researchers have engaged in more than 700 dissemination activities, ranging from presentations at workshops and hui, through to writing media articles and technical reports.

We enhance New Zealand's international connectivity and standing

Health research is an internationally recognised area of strength for New Zealand, and our scientists both contribute to and benefit from the global research effort. HRC-funded researchers are extremely well connected, working with 203 international researchers across 28 countries. For example, the HRC is supporting NZ scientists to collaborate with:

- Scientists from Denmark and the United Kingdom with expertise in use of health databases to develop personalised approaches for cardiovascular disease.
- Researchers from Belgium to conduct complex animal trials to develop a measurement tool to enable personalised treatments for cardiac patients in intensive care.
- Researchers in Europe to conduct a genome-wide association study on gout and comorbidities such as diabetes and heart disease.
- Researchers from China who can conduct high through-put screening to develop new classes of anti-cancer drugs based on NZ assays and cancer biology expertise.
- End-users in the Pacific Islands employing mobile phone technology to promote smoking cessation.

The HRC also actively builds international relationships of value to New Zealand, and works with other funding agencies to generate joint opportunities in priority areas. The HRC leads New Zealand's involvement in the Global Alliance for Chronic Disease (GACD), Human Frontier Science Program, and the E-Asia consortium (12 countries who support research collaborations across the Asia/Pacific region). We have a strong collaborative relationship with China, having just signed a Memorandum of Understanding with its National Natural Science Foundation. We have also developed a Tripartite agreement

with funding agencies in Australia and Canada to share best practice towards improving indigenous health outcomes.

We contribute to the government's economic goals

The Organisation for Economic Cooperation and Development (OECD) identifies healthcare costs as the biggest threat to the sustainability of NZ's economy. The HRC's investments contribute to the Government's economic goals through the development of innovative treatments, diagnostics, interventions, and health technologies that can save lives, improve people's quality of life, and lead to valuable commercial outcomes. The HRC's investments have generated 48 new health technologies and 26 clinical innovations since 2011, and in the last 7 years have led to the creation of 31 patents, 25 unique products, and nine start-up companies.

The HRC's investments in discovery research also power the economic and commercial activities of MBIE and Callaghan Innovation. We actively monitor our contribution to the research and development pipeline, and know that 15 current MBIE contracts have been underpinned by HRC funding in the past 3 years.

Contributions to the health of New Zealanders

We target investment to address NZ's greatest health needs.

NZ cannot rely on research from overseas to maintain the health of our diverse and changing population for a number of reasons including: a) there being research questions that New Zealand is best placed to address; b) translation to impact is context dependent and c) it is crucial for our health system to have research expertise across the range of health conditions that we experience (where research is undertaken, healthcare is improved).

We focus the HRC's investment on the main factors that affect the health of New Zealand's population — the top five risk factors being diet, obesity, smoking, high blood pressure, and physical inactivity. In the 10 years between 2006 and 2016, we invested approximately \$347.5 million to improve health outcomes and achieve health equity for those in greatest need, including our children and most vulnerable.

Cancer is now the single biggest cause of morbidity and mortality in New Zealand. Accordingly, the HRC funds more research on cancer than on any other single issue. This includes partnerships with joint funding for research on breast, bowel, and prostate cancer, and on diagnostic technologies. Recent outcomes include the successful completion of Phase I clinical trials of a melanoma vaccine based on 20 years of HRC-funded research, which should be available to New Zealand patients within 5 years.

Cardiovascular disease is another non-communicable disease which is responsible for a high burden on individuals and on NZ society. Between 2006 and 2016, the HRC invested more than \$111 million to improve understanding, prevention, and treatment of heart conditions.

Mental health is an area of growing concern for many New Zealanders. The HRC is currently funding research on maintaining mental wellbeing, preventing suicides, and managing and treating mental health issues. In the last 3 years, seven interventions based on HRC investments have been rolled out nationally, and in some cases internationally. One example is the innovative 'SPARX' app which allows young people to 'game' their way out of depression.

We reduce healthcare costs

Our investment pays for itself many, many times over with the direct cost-savings for New Zealand's healthcare system. One recent example is implementation of fast-track diagnosis for chest pain in Emergency Departments, which has doubled the odds of going home within 6 hours, reduced the median length of stay by 2.9 hours, generated \$9.5 million per annum in cost-savings for the New Zealand health system, and freed up thousands of hours of clinical staff time to focus on patients who need urgent care. We have also funded research into housing and urban design that have contributed to understanding of the upstream determinants of poor health, and led to interventions that produce net health gains.

We support achievement of health targets

The HRC has funded research, in partnership with the Ministry of Health, that has successfully underpinned an increase in child immunisation rates, a decrease in the incidence of rheumatic fever, and reductions in smoking-related harm. Smoking is estimated to cost New Zealand \$1.9 billion per annum.⁶ Over the past 10 years, the HRC has invested \$33 million in evidence and tools to help people to stop smoking. Within this period, the percentage of Kiwis who smoke has dropped by a fifth. The HRC-funded Tūranga Tobacco Control Research Programme has achieved the highest quit-rates yet seen in any smoking intervention, with 25% of participants having successfully quit smoking after 3 months. The same model is now being used to tackle obesity in Māori.

We foster knowledge translation and uptake

A key focus of the 2017 New Zealand Health Research Strategy is to facilitate the transfer

⁶ Ministry of Health. 2009. Māori Affairs Select Committee Inquiry into the Tobacco Industry in Aotearoa. Wellington: MoH. Available at <https://www.parliament.nz/resource/en->

[NZ/49SCMA_ADV_00DBSCH_INQ_9591_1_A61701/c9025a760fbfd8e16190834b196b0b35d5cff7a](https://www.parliament.nz/resource/en-NZ/49SCMA_ADV_00DBSCH_INQ_9591_1_A61701/c9025a760fbfd8e16190834b196b0b35d5cff7a).

Accessed 17 October 2017.

and uptake of important research findings into the healthcare sector. The HRC's three primary vehicles for achieving this are to invest in translational research; to actively train and engage clinicians in research; and to ensure that stakeholders and end-users are involved throughout the research process to ensure that they can access and apply the results. We have made good progress in this regard: 69% of all current contracts involve end-users and 43% of the research we currently support can be defined as translational (up from 18% in 2008). Evidence shows that providing clinicians with opportunities to engage in research has a positive impact on standards of patient care.

Our evidence improves clinical practice and underpins health policy in New Zealand

In the past 3 years alone, HRC investments have produced 43 new clinical guidelines and evidence-based health policies – a critical part of ensuring New Zealand's

healthcare system is safe, effective, and efficient. We respond to emerging public health risks where evidence is urgently required.

The HRC has developed a rapid-response approach which enables research to be commissioned quickly. Recent public health issues which the HRC has acted to address include the H1N1 virus, the Canterbury earthquakes, and the campylobacter outbreak in Hawkes Bay.

Conclusion

New Zealand has a high-performing health research sector with national and international relevance and impact. There is potential to realise even greater benefit from the government's investment in health research. There are challenges ahead, but the HRC is committed to working with you to achieve the very best outcomes for New Zealand— now and into the future.

Appendix 1: Health Research Council Act

The **Health Research Council Act 1990**⁷ sets out the functions of the HRC:

- (a) to advise the Minister on national health research policy
- (b) to administer funds granted to the Council to implement national health research policy
- (c) to negotiate, once every 3 years, the bulk-funding allocations that may be made to the Council by the Government for the funding of health research
- (d) to foster the recruitment, education, training, and retention of those engaged in health research in New Zealand
- (e) to initiate and support health research,
- (f) to encourage initiatives into health research by soliciting research proposals and applications, particularly in areas considered by the Council to have a high priority:
- (g) to consult with the Minister of Health, the Ministry of Health, other persons who fund or produce research (public or private sector, and persons who have a knowledge of health issues from the consumer perspective - to establish priorities for health research,
- (h) to promote and disseminate the results of health research in ways that will be most effective in encouraging their contribution to health science, health policy, and health care delivery
- (i) to advertise actively for applications for grants to support proposals or personal awards in relation to health research:
- (j) to appoint the members of the Biomedical, Public Health, Māori Health, and Ethics Committees
- (k) to ensure the development and application of appropriate assessment standards by committees that assess health research proposals.

⁷ New Zealand Government. 1990. Health Research Council Act. Wellington: NZ Government. Available at: <http://www.legislation.govt.nz/act/public/1990/0068/latest/DLM213017.html> Accessed 17 October 2017.

Appendix 2: Council and Statutory Committees

The Minister of Health, in consultation with the Minister of Science and Innovation appoints members to the HRC Council, which meets approximately ten times per year. The membership is split equally between experienced health researchers and people with other skills and experience (in areas such as community affairs, law, and management).

Health Research Council Board

Professor Lester Levy	Chair
Professor Andrew Mercer	Deputy Chair
Professor Parry Guildford	
Associate Professor Suzanne Pitama	
Ms Suzanne Snively	
Dr Will Baker	
Dr Monique Faleafa	
Mr Anthony Norman	
Professor Jeroen Douwes	
Professor Lesley McCowan	

The 1990 Health Research Council Act⁸ also established three statutory committees (the Biomedical Research Committee; the Public Health Research Committee; and the Māori Health Committee). Members of the Board chair these three committees.

Biomedical Research Committee

Professor Andrew Mercer	Chair
Professor Laura Bennet	
Professor Mike Berridge	
Associate Professor Bronwen Connor	
Associate Professor Julia Horsfield	
Professor John Kolbe	
Associate Professor Patrick Manning	
Associate Professor Sally McCormick	
Associate Professor Alexander McLellan	

Committee Secretary: Dr Miguel Jo-Avila

Public Health Research Committee

Professor Jeroen Douwes	Chair
Dr Hinemoa Elder	
Professor Merryn Gott	
Professor Jane Koziol-McLain	
Associate Professor Patricia Priest	
Professor Robert Scragg	
Professor Mark Weatherall	

Committee Secretary: Luke Garland

⁸ New Zealand Government. 1990. Health Research Council Act. Wellington: NZ Government. Available at: <http://www.legislation.govt.nz/act/public/1990/0068/latest/DLM213017.html> Accessed 17 October 2017.

Māori Health Committee

Associate Professor Suzanne Pitama	Chair
Professor Meihana Durie	
Dr Shiloh Groot	
Dr Ricci Harris	
Professor Helen Moewaka Barnes	
Dr Sarah-Jane Paine	
Dr Mohi Rua	
Mr Paul White	
Dr Emma Wyeth	

Committee Secretary: Mr Stacey Pene

A statutory HRC Ethics Committee oversees a national system of accredited local ethics committees which provide consistent, considered, and independent review of proposals for new research and technologies.

HRC Ethics Committee

Associate Professor Lynley Anderson	Chair
Professor Parry Guilford	
Professor Gareth Jones	
Professor Lesley McCowan	
Ms Catherine Ryan	
Dr Barry Smith	

Committee Secretary: Ms Lana Lon

Finally, the HRC has appointed six additional committees with specific roles for assessing or investing in research (Pacific Health Research Committee; Grant Approval Committee; Risk Management Committee; HRC Data Monitoring Core Committee; Standing Committee on Therapeutic Trials; and Gene Technology Advisory Committee). Members of the Health Research Council chair three of these Committees.

Appendix 3: Recommendations of the Strategic Refresh of the HRC

In 2015, the Ministry of Health and MBIE reviewed the HRC's performance and role. This process, the [Strategic Refresh of the Health Research Council](#),⁹ resulted in the following recommendations:

Embedding health research into the health and innovation systems

- 1 Agree that the overall design of the HRC is appropriate, and that systemic improvements are needed to more effectively embed health research into the health sector and innovation system, and to achieve greater value and impact from the HRC's research investment.
- 2 Direct the Ministry of Health and MBIE, in close collaboration with the HRC, to establish a 10-year Health Research Strategy which will recognise the centrality of health research to both the health sector and the science and innovation system.
- 3 Agree that the Health Research Strategy will: (i) align with health and science systems strategies, in particular the NZ Health Strategy and the National Statement on Science Investment (NSSI); (ii) seek to better connect health researchers and end users; (iii) signal the importance of health research to health outcomes and service delivery; (iv) clarify the roles of the actors in health research and innovation; (v) signal medium- to long-term health research priorities; (vi) align health research funding mechanisms to maximise impact on health and economic outcomes.
- 4 Agree that, following the completion of the Health Research Strategy, it is appropriate that the HRC develop 3-yearly investment plans that articulate the HRC's investment priorities and portfolio approach, and that the investment plans be reflected in the HRC's Statements of Intent.
- 5 Direct the Ministry of Health and MBIE to monitor the implementation and progress of the Health Research Strategy and three-yearly investment plans.

Role of the HRC

- 6 Agree that the key roles the HRC should focus on are: (i) providing strategic leadership in the health research sector; (ii) funding excellent research which has the potential to generate significant impacts for New Zealand; (iii) fostering a strong and diverse health research workforce in conjunction with universities, district health boards, independent research organisations and other statutory and non-government agencies, and increasing its support for Māori and Pacific researchers.
- 7 Agree that it would be appropriate for the HRC to lift its profile by developing a communications strategy to ensure: clear messages relating to the benefits to New Zealanders of health research as well as the impacts of HRC-funded research; the potential for user uptake in research is realised; and opportunities for valuable research are not lost.

⁹ Ministry of Business, Innovation and Employment, Ministry of Health. 2015. Strategic Refresh of the Health Research Council. Wellington, NZ. Available at: http://www.hrc.govt.nz/sites/default/files/HRC%20refresh%20report_1_0.pdf Accessed 10 October 2017.

8 Agree that, once the Health Research Strategy has been developed, it would be appropriate (i) for the HRC to strengthen its assessment of impact by: requiring pathways to impact, increasing the weight of the impact criterion, shifting the impact criterion towards direct benefit to New Zealand, and considering assessing impact through a dedicated panel with a mix of scientists and end users; and (ii) that this change be signalled in its first three-year investment plan.

Governance of the HRC

9 Note that a change to the ethical framework or processes of the HRC may be desirable in future, pending the findings of the National Ethics Advisory Committee's review of cross-sectoral ethics arrangements and development of new ethical guidelines.

10 Request the HRC to prepare, every 3 years, a comprehensive investment impact report which shows how the work it funds has contributed to achieving health, social and economic outcomes for New Zealanders.

11 Agree that the MoU between Ministers be updated to: (i) reflect the importance of health research to both the health sector and the science and innovation system; (ii) specify a process for the Minister of Science and Innovation to be involved in giving strategic guidance to the HRC; (iii) reflect involvement of both Ministers in the process of setting the funding level of the HRC; and (iv) specify that the HRC will provide a comprehensive investment impact report every three years to report on impacts and inform future investment.

12 Note that the Strategic Refresh has led to increased communication about processes, practices and knowledge sharing between the Ministry of Health, MBIE and the HRC at both operational and strategic levels.

Operations and processes of the HRC

13 Agree that it would be appropriate for the HRC to consider its operations and processes in light of the findings of the strategic refresh.

14 Agree that it would be appropriate for the HRC to further internationalise the membership of its science assessment panels beyond Australasia in order to minimise the risk of conflicts of interest arising.

Funding of the HRC

15 Agree that health research be a priority for funding increases in the context of government's commitment to raise science funding to 0.8% of GDP.

16 Direct MBIE and the Ministry of Health to develop, as soon as possible, a formal triennial process to set the level of HRC funding, drawing on the HRC's investment impact report.

17 Agree that the first round of the triennial funding process take place following the development of the Health Research Strategy, but in time for any agreed funding increases to be reflected in Budget 2017.

18 Agree to increase operational funding from the 2016/17 year, to allow for the shift in focus and roles of the HRC, and to review this level in one year.

Appendix 4: New Zealand Health Strategy

The Ministry of Health produced **The New Zealand Health Strategy**¹⁰ in 2016 to set the direction for health services to improve the health of people and communities over the 10 years to 2026. The Strategy describes some of the challenges and opportunities for the system, and defines a roadmap of actions to ensure that “All New Zealanders live well, stay well, and get well”. The changes needed to achieve this have five strategic themes: people-powered, closer to home, value and high performance, one team, and smart system.

The HRC’s goals and activities are closely aligned with those set out in the NZ Health Strategy.

People powered: The HRC is working to increase health literacy, to support development of public-health interventions, and to encourage researchers to engage with health consumers throughout their research projects.

Closer to home: We are partnering with other funders to align research agendas; to focus on key health challenges such as long-term conditions; and to support generation of innovative diagnostic tools, interventions, and treatments.

One team: We are fostering collaborations across disciplines, institutions, and government, and are currently the principle funder of New Zealand-specific research on health systems and healthcare delivery.

Value and high performance: We are finding new ways to link policy-makers and researchers, and to develop an evidence-based culture for innovation and evaluation in delivery of health services.

Smart system: We are supporting the development of decision-support systems in primary care; funding databases that will enable elucidation of risk factors for serious health conditions; and monitoring and evaluating NZ’s health research and research workforce.

¹⁰ Minister of Health. 2016. New Zealand Health Strategy: Future direction. Wellington: Ministry of Health. Available at: <https://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-futuredirection-2016-apr16.pdf> Accessed on 17 October, 2017.

Appendix 5: National Statement of Science Investment

The Ministry of Business, Innovation and Employment produced a **National Statement of Science Investment**¹¹ in 2015 to chart the Government's strategic direction for science investment over the next decade. MBIE's vision for 2025 is "A highly dynamic science system that enriches New Zealand, making a more visible, measurable contribution to our productivity and wellbeing through excellent science".

The Statement lays out a work programme built on two pillars: **excellence** and **impact**. To ensure excellence, investment must be based on the quality of science and scientists. To ensure impact, the science system must make measurable contributions to the health, productivity, and wealth of New Zealanders.

With regard to **excellence**, the Statement acknowledges the high quality of health research funded in New Zealand, and that it compares well internationally on quality measures, particularly in certain niche fields. The Statement also recognises that health research is already delivering **impact** for the health and wellbeing of New Zealanders, and has also generating high-tech exports such as medical equipment, IT, diagnostics, and pharmaceuticals. Importantly, health research also generates a large share of the revenue of New Zealand's Universities.

However, to achieve the vision, the Statement describes opportunities for health research to build even further on the two fundamental pillars of excellence and impact, to generate returns by leveraging New Zealand's strengths for greater economic benefit, and ensuring uptake of health research by health service providers. MBIE recognises the need for additional funding for health research over time to bring New Zealand's investment to a comparable level with similar countries. MBIE argues that competition for funding should be used to drive excellent research with outcomes in areas of future value, growth, and critical need.

The Statement acknowledges that most science will take years to generate benefits for end-users, but suggests that further value can be extracted from existing science, and that public policy advice should be based on the results of research. The Statement also emphasises the principles of Vision Mātauranga, to improve health and social wellbeing for Māori and to explore indigenous knowledge for science and innovation. It describes the dimensions of impact that should be considered for health:

- improving population health for disadvantaged groups;
- reducing the costs of health maintenance;
- detecting and mitigating health risks as early as possible; and
- improving wellbeing by developing human and social capital.

The HRC already contributes actively to the pillars of excellence and impact. We will continue to strengthen the pillar of excellent science by maintaining rigorous processes to identify the highest quality research, to foster the best scientists, and to uphold ethical and regulatory safeguards. The HRC has funded important research on prevention and on upstream determinants of health, and research that will have tangible benefits for Māori, Pacific peoples, older adults, children and youth, and people with disabilities. We are currently reviewing how we can optimise our activities to further deliver and demonstrate impact.

¹¹ Ministry of Business, Innovation and Employment. 2015. National Statement for Science Investment 2015–2025. Wellington, NZ: MBIE. Available at: <http://www.mbie.govt.nz/info-services/science-innovation/pdf-library/NSSI%20Final%20Document%202015.pdf> Accessed 10 October 2017.

Appendix 6: New Zealand Health Research Strategy

The **New Zealand Health Research Strategy** agreed in 2017 between the Ministry of Health, MBIE, and the HRC has four guiding principles: research excellence; transparency; partnership with Māori; and collaboration for impact.

The first Strategic Priority is to [invest in excellent health research that addresses the health needs of all New Zealanders](#). The HRC is charged with leading this work, with support from both Ministries. The four supporting actions for Strategic Priority 1 are to prioritise investment through an inclusive priority-setting process; to invest in research for healthy futures for Māori; to invest in research that results in equitable health outcomes for Pacific peoples and helps them to lead independent lives; and to develop and sustain a strong health research workforce.

The second Strategic Priority is to [create a vibrant research environment in the health sector](#). The Ministry of Health will lead the implementation of this strategic priority with support from MBIE and the HRC. The two supporting actions are to strengthen health sector participation in research and innovation, and to strengthen the clinical research environment and health services research.

The third Strategic Priority is to [build and strengthen pathways for translating research findings into policy and practice](#). The Ministry of Health will lead implementation of the supporting action, which is to enable and embed translation across the health sector.

The fourth Strategic Priority is to [advance innovative ideas and commercial opportunities](#). MBIE will be responsible for this, with support from the Ministry of Health and the HRC. The three actions required are to support transformative and innovative ideas; to create more industry partnerships; and to strengthen platforms for commercialising innovations.

In addition, the Strategy establishes broad responsibilities for the HRC to:

- work with its Ministers to align policy-settings and investments;
- incentivise excellent research;
- build pathways to deliver the impact of research findings;
- simplify funding arrangements where appropriate;
- share information and data across the system, including for evaluation;
- support necessary infrastructure;
- cooperate to avoid duplication of research;
- maintain a framework to support ethical health research; and
- provide strategic leadership by enhancing productive relationships across the sector, including between disciplines, institutions, communities, and international collaborators.

HRC see this as a significant opportunity to strengthen the health and innovation systems through engaging them in research.

Appendix 7: Māori and Pacific health research

The HRC is committed to implementing the principles of the Treaty of Waitangi in all health research by ensuring partnership with Māori, participation of Māori, and protection of Māori. This means working with iwi, hapū, whanau, and Māori communities to improve Māori health and wellbeing through research; actively engaging with Māori health stakeholders and supporting Māori-led research initiatives; and ensuring that research contributes to equity for Māori.

The HRC believes that unlocking the science and innovation potential of Māori knowledge, people, systems, and resources will benefit New Zealand, as set out in the [Vision Mātauranga](#)¹² policy framework. At the same time, the HRC strives to give effect to [New Zealand's Māori Health Strategy, He Korowai Oranga](#),¹³ which sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori.

The [New Zealand Health Research Strategy](#) tasks the HRC with establishing a process to set investment priorities for research – including research that has the potential to achieve health equity for Māori, now and in the future. The HRC is responsible for working together with Māori stakeholders (researchers, iwi, hapū, groups and communities) to create an 'ara' (pathway) for Hauora Māori research. The ara will describe the research areas that will best achieve Māori health gains; develop Māori health frameworks; draw on Māori community development models; nurture the capacity for health research by, with, and for Māori; support District Health Boards to improve Māori health; and translate relevant findings into gains in health and social wellbeing for Māori. The ara will ensure responsiveness to Māori needs and concerns and promote rangatiratanga by enabling Māori to exercise control over their own health and wellbeing. In this background, this will necessitate work by the HRC to assess the effectiveness of our current funding arrangements; establish best-practice approaches, modelled on kaupapa Māori, for engaging with communities to enable broad access to findings; and refine our criteria for funding mechanisms so that they give appropriate weighting to the principles of Vision Mātauranga and He Korowai Oranga.

Under the [Health Research Strategy](#), the HRC is also responsible for investing in research that results in equitable outcomes for Pacific peoples and helps them to lead independent lives. The HRC is committed to operating in accord with the principles of '[Ala Mo'ui: Pathways to Pacific Health and Wellbeing](#)'.¹⁴ This means funding research to develop a strong evidence base for policy interventions that will result in health benefits for Pacific people, while incorporating research methods and approaches that are most culturally appropriate for Pacific peoples. The HRC will continue its efforts to grow capacity for Pacific health research by establishing ring-fenced funding for this purpose, and providing incentives to encourage more people from Pacific communities to become researchers. Moreover, the HRC will promote leadership by ensuring that Pacific peoples are represented on relevant governing bodies, and by developing opportunities to link with international collaborators across the Pacific region. Finally, the HRC has been charged with conducting a stocktake of Pacific health research, and acting as a knowledge bank for information about the health of Pacific people.

¹² Ministry of Research, Science and Technology. 2007. Vision Mātauranga. Wellington, NZ: MoRST.

Available at: <http://www.mbie.govt.nz/info-services/science-innovation/pdf-library/vm-booklet.pdf> Accessed 10 October 2017.

¹³ Ministry of Health. 2002. He Korowai Oranga. Wellington, NZ: MoH.

Available at: <https://www.health.govt.nz/system/files/documents/publications/mhs-english.pdf> Accessed 17 October, 2017.

¹⁴ Ministry of Health. 2014. 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018. Wellington: MoH.

Available at: <https://www.health.govt.nz/system/files/documents/publications/ala-moui-pathways-to-pacific-health-and-wellbeing-2014-2018-jun14-v2.pdf> Accessed 17 October, 2017.