



New Zealanders for
HEALTH RESEARCH
*Ngā Tāngata o Aotearoa mō
te Rangahau Hauora*

Ka Whakarauoratia te Hunga e te Rangahau Hauora

Health Research Saves Lives!

Newsletter of New Zealanders for Health Research (NZHR)
January 2022; No. 49

“New Zealand’s peak body representing the entire health and medical research pipeline”

Greetings, tēnā koutou and Happy New Year from Chief Executive Chris Higgins



As yet another year begins NZHR continues to address the important challenges facing the health and medical research sector including adequate investment in health research, the development of the health research sector in the context of MBIE’s RSI Green Paper, and the translation of results of health research into better health outcomes.

Our first newsletter for 2022 outlines where we’re at with key current initiatives including:

- The progress of NZHR’s submission to the Pae Ora Legislation Committee
- Our submission to MBIE re the Future Pathways Research Science and Innovation Green Paper
- Our continuing advocacy for increased government health research investment in the 2022 and subsequent Budgets
- Extending ACC coverage to commercial clinical trials participants
- The Productivity Commission’s “A fair chance for all. Breaking the disadvantage cycle” initiative.

In addition we’re seeking to increase the diversity of NZHR’s Board, and we also feature our regular columns on funding and development opportunities, health research in New Zealand and around the world, news from our sibling organisations internationally, and the benefits of NZHR organisational membership.

Pae Ora (Healthy Futures) Legislation



As readers will be aware the [Pae Ora \(Healthy Futures\) Bill](#), is now being considered by the specially created Pae Ora Legislation Committee [Pae Ora Legislation - New Zealand Parliament \(www.parliament.nz\)](#) for further consideration.

NZHR’s submission (which can be viewed on our website [here](#)) argues that the legislation should include requirements for:

- all components of the reformed health system to adopt an overt evidence base to their functions and strategies;
- a health research and innovation strategy covering all aspects of health research and innovation together with all sources of funding and investment;

A key plank of our submission is that “health research saves” lives, particularly the lives of the 7000 per year, including 1500 Māori, who die prematurely because the research which would identify effective interventions and innovations has either not been invested in and/or been done.

We’ll be presenting our submission in person to the Pae Ora Legislation Committee in Auckland at 1.30 on 26th January.

Te Ara Paerangi Future Pathways Green Paper



As noted in our last [newsletter](#) we have indicated to MBIE that we intend to actively and fully engage with the Te Ara Paerangi - [Future Pathways Green Paper](#) consultation process and play our part in ensuring best possible outcomes for health research.

As a first step there’s an open invitation to [REGISTER HERE](#) for NZHR’s **Tuesday 22nd February**

1.00 - 3.00 pm on-line workshop to gather stakeholder input to inform a submission on behalf of the health research sector, before the 2nd March closing date.

To give structure to the workshop NZHR will produce a discussion paper to be advanced to participants a few days beforehand which will: address issues arising from Te Pūrongo Rangahau Pūtaiao Me Te Auahatanga, [The Research, Science and Innovation Report](#) 2021; take any relevant cues from health research organisations’ submissions on MBIE’s original draft RSI strategy (available [here](#)); and draw explicit links between these issues and the content of the Green Paper itself, including a schema for national research priorities, embedding Te Tiriti in the research system, and the design and structure of the funding system and research institutions.

Please go to the [REGISTER HERE](#) page for more information.

Increasing investment in health research



Again, as mentioned in our last newsletter, over the last couple of years NZHR has attempted to secure increased government investment in health research through the Budget Policy Statement formal submission processes. However in both years it was our experience that by that time key budget decisions had already made and that opportunities to influence any outcomes were at best limited.

This year we attempted to get in earlier by writing directly to MBIE with a [case](#) recommending that MBIE:

1. allocates an additional \$26m of specific and exclusive new health research investment in the 2022/23 budget, with an emphasis on mental health research

2. commits in the 2022/23 budget to a three year investment trajectory comprising further year on year increases in specific and exclusive new health research funding of an additional \$30.4m in 2023/24, a further additional \$35.6m in 2024/25, and a further \$41.7 again in 2025/26.
3. strongly recommends to government formal adoption of a ten-year 2.4% of government healthcare costs health research investment trajectory, representing increases of 17.1% per year

In respect of point 3 we note the government's aspirational goal for New Zealand's R&D expenditure to be 2.0% of GDP by 2027. We have said to MBIE that increasing government health research investment to 2.4% of health care costs over the next ten years equates to just 1.44% by 2027. In this context NZHR's third recommendation appears to be very modest.

MBIE's responses to these overtures have been inconclusive and we were advised that because the government's finances are coming under increasing pressure from the costs of responding to Covid 19 the Minister of Finance is not viewing favourably proposals requiring new or additional expenditure. NZHR has therefore argued directly to Finance Minister Grant Robertson (pictured) for what we believe is a special case for increased health research investment.

In our [letter](#) we say that this matters because the country stands to forgo not only the approximately 3:1 economic returns from greater investment, but also opportunities to save New Zealanders' lives - particularly the lives of the 7000 per year, including 1500 Māori, who die prematurely because the research which would identify effective interventions and innovations has neither been invested in nor been done.

The day after emailing our letter to Minister Robertson the government released its [2022 Budget Policy Statement](#) (BPS), which remains silent on investment in any form of R&D including health R&D. NZHR will therefore be escalating its case through the Finance and Expenditure Committee [submissions](#) process prior to the 28th January closing date.

NZHR's submission will include a reminder to Minister Robertson of his 21st December [statement](#) where he says "I can just cope with the enormous stress of this [global pandemic] situation by knowing that we have done everything we can to keep New Zealanders alive. That is the basic duty of Government, and we have not wavered for one moment from that."

NZHR believes that these sentiments should be extended to how the government manages the health system, including its investment in life saving health and medical research.

ACC cover for commercial clinical trials participants



He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

NZHR has long been concerned that there may be insufficient guarantees to commercial clinical trial participants that if something goes wrong they will be adequately compensated in a timely way. Furthermore we are not convinced that third party insurers will always be fully willing to compensate study participants, or to quickly

settle any claims, despite the best intentions of the funders and sponsors of any given clinical trial.

Requiring commercial trial funders to underwrite any compensation costs, so that they, rather than study participants become directly responsible for recouping compensation costs from the insurers, risks disincentivising commercial investment in clinical trials. ACC already covers harm that results from participation in non-commercial trials and NZHR believes that this should be extended to all trial participants.

Submissions are now being sought by 11th February on an Accident Compensation (Maternal Birth Injury and Other Matters) Amendment [Bill](#), and NZHR will use this an opportunity to advocate for extended coverage for clinical trials participants. We're aware that other agencies, including NZACReS, will be submitting similarly, so hopefully the representations from multiple sources will prove to be the catalyst for having this issue addressed.

“A fair chance for all. Breaking the disadvantage cycle”



NZHR expects in due course (possibly as early as June 2022) to respond to the Productivity Commission's “A fair chance for all. Breaking the disadvantage cycle” initiative. The [Terms of Reference](#) for this [inquiry](#) into “the drivers of persistent disadvantage within people's lifetimes and across generations” have now been approved by Cabinet.

NZHR's interest in engaging was piqued through participation in a November 2021 Productivity Commission/Koi Tū [webinar](#) to understand the importance of focusing on the early years in breaking the cycle of intergenerational disadvantage, where health research featured prominently. The presenters' slides are [here](#).

Seeking new NZHR Board members



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New Zealanders for Health Research (NZHR) is looking for new people to join its Board. We are committed to bringing about best possible health for all New Zealanders, and we're on a mission to increase investment in health research as an essential and embedded component of all parts of New Zealand's health system, responsive to New Zealanders' unique health imperatives.

The NZHR Board wants to be in the best possible position to achieve its mission, and has therefore decided to review its composition in order to optimise its relevance, influence and leadership on behalf of all New Zealand health research stakeholders.

The Board has acknowledged its preparedness to be challenged by new and different perspectives and has identified the need to both embrace greater diversity and to attract more of those who are recognised as sector movers and shakers. If you have the passion, mana and skills to contribute to our cause please click [here](#) for more information.

Opportunities



Join Melnet for the now fully virtual 2022 New Zealand Melanoma Summit on 11 - 13 February 2022. Achieving Consistent, Best Practice Melanoma Care Through Collaborative Action. Great speakers. Registrations close on 31st January. More on the [summit website](#) here.



HQSC Quality Improvement Symposium. April

The Commission's seventh annual quality improvement scientific symposium to be held in Christchurch has been postponed to 6th April 2022. The theme, 'Whakahohe, whiria te muka tangata: Recharge, inspire and connect,' focuses on taking time to connect with colleagues to reflect on the inspirational work done in an environment with a high degree of uncertainty and complexity. More [here](#)



Queenstown Research Week. August

New Zealand's pre-eminent health research event, Queenstown Research Week, has unfortunately once again been postponed - to August 2022. Emerging details will be posted [here](#)



Mental Health Act reform

The Ministry of Health is calling for feedback on its proposals to reform the Mental Health (Compulsory Assessment



Postdoctoral fellowship. March

Wellington based Research For Life has launched a new Postdoctoral Fellowship in the form of an annual salary up to the value of \$80,000 per year to support the professional development of an outstanding early-career medical or biomedical researcher. Details are at [Grant Applications, Research For Life](#). Closing date 21 March 2022.



Rob Campbell. February.

NZHIT is excited to bring you its first in-person and online networking event for 2022 where you can hear from Rob Campbell, Chair of Interim Health New Zealand.

Rob will share his visions for Health New Zealand and also share his reflections on business and leadership. There's a limit of 100 spaces available to attend in person event, so don't miss out and get your tickets [here](#) today! Or [register](#) to participate on-line. February 16th.



ON TRACK Network Trial Development Workshop. February

The ON TRACK Network Trial Development Workshop 2022 will take place in Auckland on 24th & 25th February. If you have an idea for a clinical trial in maternal, perinatal, or neonatal health, why not submit it as a concept to be developed during the workshop? Submissions are being accepted now for concepts in any area of maternal, perinatal, and neonatal health for clinical trials intended to take place across multiple New Zealand sites. More [here](#)



Whakamaua and achieving pae ora for Māori

The Ministry of Health and the Health Research Council have formed a funding

and Treatment) Act 1992. The current Act does not adequately support improved mental health outcomes or the wellbeing of individuals and is contributing to significant inequities. The Ministry's [discussion document](#) sets out the intention to ensure our mental health law reflects a human rights-based approach, promotes supported decision-making, aligns with the recovery and wellbeing model of mental health, and provides measures to minimise compulsory or coercive treatment.

NZHR has already addressed the related and urgent need for increased mental health research funding in its [investment proposal](#) to MBIE, with a call for an additional investment allocation of \$26m in the 2022/23 budget.

Submissions to the MoH close on 28th January.

initiative to invest in an independent research project centred on Whakamaua: Māori Health Action Plan 2020-2025 that will directly inform implementation, progress and direction of Whakamaua throughout its duration, and support pae ora for Māori.

The funding partners are seeking to fund Māori-led research that will provide evidence of progress on the outcomes and objectives of Whakamaua.

A funding pool of \$1.5m is available. Registrations close on 3rd February with applications due by 8th March. More information [here](#).

Health research in New Zealand and around the world

Professor Sir Jim Mann



NZHR congratulates Professor Sir Jim Mann who was made a Knight Companion of the New Zealand Order of Merit in the New Year Honours List 2022. The announcement recognises Sir Jim's service in health and pioneering research over many years including:

- pioneering research into non-communicable disease prevention and management at the University of Otago's departments of medicine and human nutrition since 1988.
- epidemiological and nutrition-related research, published in almost 400 scientific publications and 90 book chapters, informing world-leading interventions in the fields of coronary heart disease and diabetes.
- leadership of committees that have developed international and national guidelines for the management of obesity and diabetes, and cardiovascular disease risk assessment.
- director of Healthier Lives – He Oranga Hauora National Science Challenge, which aims to reduce the disease burden associated with four of New Zealand's major non-communicable diseases, and achieve equity of health for all New Zealanders.
- board member of the Heart Foundation and was previously medical adviser to Diabetes New Zealand.
- World Health Organisation appointee to lead and serve on numerous advisory groups and centres, including the collaborating centre for human nutrition, the nutritional guidance advisory group and the expert advisory panel on nutrition.

- inaugural director of the Edgar National Centre for Diabetes and Obesity Research, helping to raise more than \$120million in research funding, and he is at present its co-director.

Antibiotic resistance



BBC news [reports](#) that more than 1.2 million people died worldwide in 2019 from infections caused by bacteria resistant to antibiotics, according to the largest [study](#) of the issue to date, published by the Lancet on January 19th. This is more than the annual death toll from malaria or Aids. Poorer countries are worst affected but antimicrobial resistance threatens everyone's health, the report says. Urgent investment in new drugs and using current ones more wisely are recommended to protect against it.

The overuse of antibiotics in recent years for trivial infections means they are becoming less effective against serious infections. People are dying from common, previously treatable infections because the bacteria that cause them have become resistant to treatment. Read about how NZHR sibling Research Sweden is addressing this issue below.

New Zealand's mental health crisis, He Ara Oranga and the future

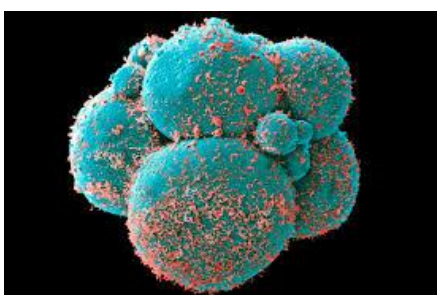


A January 2022 NZMJ article authored by Mulder et al is timely in the light of the Ministry of Health's review of New Zealand's mental health legislation.

The authors conclude from service utilisation data, population surveys, suicide rates and Gallup World Happiness Reports that New Zealand's mental health planning is heading in the wrong direction by directing resources and thus services away from people with serious mental illness who are often affected by social exclusion and deprivation.

They say that the current government's plans, yet to be implemented, will expand psychotherapy to the "middle class," and suggest that evidence from both the UK and Australia indicates that such initiatives might not reduce population distress in New Zealand, as intended. Instead of spending on programmes for moderate psychological distress, the authors suggest that the limited resources available for mental health should be carefully targeted towards those with serious mental illness, using integrated services located in areas with the highest levels of deprivation, which is often determined by ethnic, cultural and historical factors.

New cancer research



The Health Research Council (HRC), Te Aho o Te Kahu, the Cancer Control Agency, and the Ministry of Health have announced \$6.2 million in funding for research aimed at addressing the stark inequities in cancer care and survival for Māori and Pacific peoples in New Zealand.

HRC Chief Executive Professor Sunny Collings says a major focus of this new equitable cancer outcomes research funding is lung cancer, which is a leading cause of death and health inequity in New Zealand and has been highlighted as a priority area in the New Zealand Cancer Action Plan.

“Māori are four times more likely to die from lung cancer than non-Māori, an unacceptable disparity that has remained unchanged for at least the past 20 years. If we are to eliminate the significant health inequities in cancer outcomes that exist in Aotearoa New Zealand and ensure that future public health initiatives don’t unintentionally exacerbate them, it is vital that we conduct equity-focused research from the get-go,” says Professor Collings.

Philip Hope, Lung Foundation New Zealand (LFNZ) Chief Executive fully endorses the funding decision but points out that it is also possible to provide patients access to more treatment options “right now” and says that reimbursement of treatments still sitting with Pharmac, would prevent premature death “which is a sad reality for lung cancer patients in NZ”.

Unpatented covid vaccine



According to this [Guardian article](#) A new Covid-19 vaccine, called Corbevax, is being developed by Texas scientists using a decades-old conventional method that will make the production and distribution cheaper and more accessible for countries most affected by the pandemic and where new variants are likely to originate due to low inoculation rates.

The article says that unlike other vaccines the Corbevax vaccine uses a platform called recombinant protein sub-unit technology, which places an actual piece of Covid-19’s spike protein in yeast cells. The yeast cells then copy the vital protein and the protein is introduced to the immune system. Although more than 60 other vaccines are in development using the same technology, research team co-leader Maria Bottazzi said their vaccine is unique because they do not intend to patent it, allowing anyone with the capacity to reproduce it.

Bottazzi said the reason she and her team did not patent the vaccine was because of her team’s shared philosophy of humanitarianism, collaborative engagement with the wider scientific community, and a desire to prevent the occurrence and spread of further covid variants.

News from NZHR’s global family



Research Australia notes that COVID has demonstrated unequivocally the value of medical research - from breakthrough basic sciences research that established the basis for mRNA vaccines; through to rapid research responses to identify promising treatments; to excellent public health research to develop and refine public health measures and communications. But, the pandemic has also exposed some of the underlying fragility of the country’s research infrastructure, and caused significant dislocation to established research programs and activity.

Research Australia is examining how to best tackle the challenges and opportunities presented by the pandemic, with a focus on the following areas:

1. [Strategic coordination of funding](#) for health and medical research through a National Strategy for Health and Medical Research.
2. [Future-proofing Australian health and medical research](#) through workforce planning, particularly for early and mid-career researchers, and addressing indirect costs.
3. [Imagining the Australian health industries of the future](#), starting with a national stocktake of health and medical research to identify the strengths and unnecessary duplications.
4. [Meeting the needs of state and territory health systems](#) by engaging the states and territories in the identification of research priorities.
5. [Putting patients and the public at the centre of health innovation](#), looking at tools like consumer panels to improve consumer co-design.



In her January 2022 [advocacy letter](#) Research America CEO Mary Woolley points out that no one nation now leads the world in all aspects of science and engineering, and noted that competitiveness going forward relies on making several strategic decisions, including investing much more in fostering underserved talent, and doing more to develop critical and emerging technologies.

Mary commented on lagging indicators on U.S. STEM education, and the dramatic increase, from 2010-2019, in China's R&D growth by 10.6% annually, compared to 5.4% annually for the U.S. She said that these observations provide a clarion call to U.S. decision-makers to accelerate Science and Technology (S&T) investment as recommended in the [Science & Technology Action Plan](#) which also emphasises the importance of elevating S&T leadership and coordination and collaboration around urgent and emerging threats



In its pre-2022 Budget submission Research Canada recommends that the Government of Canada develop a health research and innovation ecosystem strategy that includes:

- a. Bolstered investment in fundamental science
- b. Support for diverse, highly-qualified research personnel, including the next generation, Indigenous Peoples and people from racialized and otherwise marginalized communities
- c. Support for health research and innovation ecosystem sectors that have faced significant challenges due to the COVID-19 pandemic:
 - i. Academic health science centres
 - ii. Health charities
 - iii. Post-secondary institutions
 - iv. Health and biosciences sector
- d. Support for an enabling environment for trans-sector partnerships through attention to and investment in culture, structures, incentives and governance
- e. Investment in the digitalization of our health system that facilitates and encourages public engagement in the discourse surrounding health, research and innovation



Research Sweden has developed a new fact sheet on antibiotic resistance, commenting that the fight against antibiotic resistance is a matter of destiny. If the development is not stopped, Sweden is expected to receive over 70,000 new cases of notifiable antibiotic resistance per year by 2050, with increased healthcare and treatment costs of just over SEK 600 million as a result. (If this analysis is applicable to New Zealand we could be looking at 35,000 new cases per year).

Research Sweden is [calling](#) for the following actions to be taken:

1. Ensure access to effective antibiotics. Sweden has for a long time worked against overuse of antibiotics, which has given us internationally low resistance levels. This means that we can still use certain types of antibiotics that are ineffective in other countries. However, there is a risk that these will stop being manufactured as we are a small market with a restrictive use of antibiotics. The Government has commissioned three authorities to "strengthen access to older antibiotics". The assignment will be finalized in November 2022 and it is important that it is followed promptly by concrete measures.
2. Drive the work for new valuation and payment models. Without effective antibiotics, we face a health crisis more serious than the COVID-19 pandemic. Yet new classes of antibiotics have not been developed in over 30 years, with only occasional exceptions. A new report from ReAct states that we need to rethink to ensure that new antibiotics are developed and made available where they are needed in a sustainable way, without relying entirely on the market. Sweden can take a leading role here.
3. Increase investment in research and development. That bacteria develop resistance is inevitable, it is a natural part of their evolution. Since the background to the resistance problem is multifaceted, research in all relevant areas of science is required to develop new antibiotics, understand how bacteria become resistant and how we can change people's behavior to reduce unnecessary antibiotic use.

Support the NZHR cause



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Join or encourage other organisations to join NZHR's alliance to be part of lifting New Zealand's investment in health and medical research and to advocate for:

- increased government investment in health research
- embedding health research as an essential component of the health system, creating clear pathways for results to impact on New Zealanders' health outcomes
- an environment which encourages the opportunity for industry organisations' health and medical research initiatives to flourish and grow
- a well informed society which highly values health and medical research

Membership benefits



In addition to enhanced organisational profile through publicly supporting a great cause and a brighter future for kiwis through increased investment in health and medical research, NZHR membership benefits include:

Lobbying and advocacy

- Peak body lobbying support for your organization's pan-sector issues
- Opportunity to benefit from increased investment in health research
- Opportunity to contribute to and have brand acknowledgement on NZHR advocacy and lobbying position papers

NZHR Influence

- Contribute to NZHR strategic and work plans
- Participation in NZHR governance including Board representation and general meeting voting rights

NZHR Kantar annual public opinion polls

- Request poll questions
- Customised poll data
- Free attendance at presentation events

NZHR communications

- Enhanced members only versions of newsletters and publications
- Contributions to newsletter and website content
- Newsletter, publication and website advertising, profiling and branding
- NZHR promotional collateral branding

Workshops and conferences

- Complementary registrations
- Speaker nominations
- Collateral and activity/event branding
- Prior access to delegate lists

Membership is open to any organisation with an interest in health or medical research and its outcomes. Potential new members can email Chris Higgins, ceo@nz4healthresearch.org.nz for more information and a membership application form. Logos of current members and supporters are displayed below.

We hope you appreciate reading our newsletters, and we welcome any suggestions both for topics to cover and for improving how we do things. Feedback can be given to us by clicking [here](#)

Visit our website www.nz4healthresearch.org.nz to find out more about what we do and like and follow us on [Facebook](#), [LinkedIn](#) and Twitter

Ngā mihi, stay well and until next time

Chris Higgins
Chief Executive

Our partners and supporters

Platinum



Gold



Silver



Bronze



Foundation

