

Ka Whakarauoratia te Hunga e te Rangahau Hauora

Health Research Saves Lives!

Newsletter of New Zealanders for Health Research (NZHR)
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“New Zealand’s peak body representing the entire health and medical research pipeline”

Greetings and tēnā koutou from Chief Executive Chris Higgins



Important wins for health research are emerging following the Pae Ora Legislation Committee’s final report following its consideration of the 4600+ submissions to the Pae Ora (Healthy Futures) Bill. Although there’s still plenty of things to be concerned about, the report’s recommendations represent a significant step towards the aim of having health research embedded as an essential component of New Zealand’s health system.

This issue of Health Research Saves Lives:

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- takes issue with the Treasury’s selective use of datasets in its Living Standards Framework p1
- continues to celebrate the role of philanthropy in health research p2
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Big wins for health research in version 2 of the Pae Ora (Healthy Futures) Legislation



As stated above the [Pae Ora \(Healthy Futures\) Bill](#) has been considered by the [Pae Ora Legislation Committee](#) in the light of 4665 written and 178 oral submissions, including [NZHR’s](#) which argued for health research to be embedded as an essential component of the reformed health system.

The Committee released its [final report](#) late on Thursday prior to the long Easter weekend. It is presented with a majority recommendation that the Bill be passed with a number of amendments, with [version two](#) of the Bill itself having progressed to its second reading.

We're disappointed with the removal of the specific recognition accorded to the Health Research Council (and other entities) as key components of the health system. Moreover there continues to be an absence of any specific appetite for requiring services, programmes etc to be evidenced based, and there is no provision for a health research strategy (both as recommended by NZHR).

However, there are new provisions for HNZ and the MHA to “undertake and support research relating to health” and for the MHA to “evaluate the delivery and performance of services provided or funded by the Māori Health Authority” (a similar requirement for HNZ was retained from the original Bill). In developing the New Zealand Health Plan the amended legislation also requires Health New Zealand and the Māori Health Authority to take into account the role of the Health Research Council, among other entities.

These are new and significant steps towards the embedding of health research as an essential component of New Zealand's health system which do not appear in the current soon-to-be-obsolete legislation. They represent important wins for NZHR's advocacy and - assuming that the recommendations will be supported by the government - set the stage for NZHR's engagement with Health New Zealand and the Māori Health Authority as we seek to ensure that meeting their health research obligations is reflected in the various strategies, plans, codes and charters that will be required by the new legislation.

Living Standards Framework blind spot



Treasury has recently released the latest version of its [Living Standards Framework Dashboard](#). In our [submission](#) to the Finance and Expenditure Committee on the Policy Statement for the 2022/23 Budget we expressed our serious reservations about the Framework's limitations and the resulting risk of perverse health research budgetary

outcomes. Specifically, we took issue with the Framework's discontinuation of, and subsequent failure to replace, life expectancy as an indicator of health and wellbeing. It's concerning to see a perpetuation of this Treasury blind spot replicated in the latest version of its Framework Dashboard.

NZHR has on numerous occasions both advocated for life expectancy to be replaced by premature mortality as an indicator of wellbeing and noted that New Zealand's premature mortality numbers have been steadily increasing to their current - we believe crisis - level of an estimated 13,000 deaths.

This is important because this figure comprises about 6000 preventable deaths plus about 7000 deaths which occur because the research that would discover new therapies and interventions is yet to be undertaken. If Treasury were to acknowledge these statistics in their Living Standards Framework then perhaps they would understand the need for - and recommend - increased investment in health research.

Although decisions about the 2022/23 Budget will have long been made we were freshly concerned to hear that the Productivity Commissioner is intending to use Treasury's Living Standards Framework data and databases to inform their prospective “A Fair Chance for All” enquiry. We were able to use our participation in a recent enquiry workshop to express our reservations about the Framework's limitations directly to Productivity Commission Board Chair, Dr Ganesh Nana, who seemed to appreciate our perspective.

Philanthropy and health research



In our March newsletter we said that about 7000 New Zealanders per year die prematurely because we haven't done the research to identify effective treatments and cures, and we commended both the Malaghan

Institute and Leukaemia and Blood Cancer NZ for their contributions to saving lives and addressing this crisis.

These were just two examples of many which demonstrate philanthropy’s significant contribution to health research. Another recent example is Wellington’s Research for Life foundation which has recently [announced](#) \$100,000 worth of grants to support a range of important health research initiatives.





I’m delighted to say that my personal participation as team NZHR captain in the **Shave for a Cure** campaign has raised \$1100 for health research which will assist Leukaemia and Blood Cancer NZ to take further steps to achieve their “vision for a cure”. A big thanks to all who donated so generously.

As I said last month this campaign is close to me personally as I, my three younger siblings, and my Dad lost my Mum to leukaemia - fifty years ago when I was just 16 and Mum was 38 - leaving an indelible mark on my family and changing our dynamics and destiny forever.

Before, during and after snaps of my participation are pictured below, with a big shout out to Taif of Good Old Days Barber Shop, Belmont, Auckland, who did the deed. Opportunities to contribute remain open at <https://shaveforcure.co.nz/chris-higgins>.



Opportunities

 <p>Queenstown Research Week. August</p> <p>New Zealand’s pre-eminent health research event, Queenstown Research Week, is scheduled for August/September 2022. Deadline for submitting abstracts is Friday 1st July, and for early bird registration Monday 18th July. Details, including the programme, can be found here</p>	 <p>Health Research Council of New Zealand</p> <p>HRC 2023 Project Grants. June</p> <p>The dates for applying for HRC 2023 Project Grants are: registration 8th June - 26th July; EOI 8th June - 13th July; full application 4th October - 16th November. In the past the HRC has said that projects should address well-defined research questions with the aim of making significant improvements in, or developing knowledge contributing to, health outcomes. More information will be on the HRC Gateway from 8th June.</p>
 <p>Health Tech Week. June. Auckland.</p> <p>Registrations are now open for HealthTech Week 2022, 27-30 June. Titled 'Aotearoa - A Revolution in Health', this year's HealthTech Week will delve into all aspects of the New Zealand health reforms</p>	 <p>HNZ and MHA update. 9th May.</p> <p>This Zoom hui at 3.00 - 3.45 pm will be hosted by Fepulea’i Margie Apa, Chief Executive interim Health New Zealand and Riana Manuel, Chief Executive interim Māori Health Authority. There will be an</p>

and what these changes mean for the health sector and health tech industries.

Highlights include: the ['Combined Stakeholder's Innovation Day'](#) showcasing New Zealand's innovation in medical technology and the ecosystem that can support the sector from research, development and commercialisation to market access; the ['MTANZ HealthTech Conference'](#); the ['Te Titoki Mataora Forum'](#) - a new translational research initiative to advance New Zealand's capability in medtech translation, and accelerate clinical and commercial opportunities into sustainable ventures that contribute to New Zealand's health and economic growth; and a ['Women in HealthTech \(WiHT\) Breakfast'](#) meeting.

[Register here](#) and find out more by visiting the [HealthTech Week](#) website.



New funding for pandemic research: COVID-19 and National Immunisation Programme research RFP. June.

RFPs are invited for projects that will address knowledge gaps in areas of Covid 19 research that: describe the pandemic and its population health impacts, social determinants and behavioural factors; contribute to long-term improvements in Aotearoa New Zealand's ability to prevent and manage pandemic threats; identify health, equity and sustainability benefits arising from a well-designed national recovery; evaluate the COVID-19 response and vaccine programme to help shape and improve adherence, effectiveness, equity, safety, trust, and uptake; and/or evaluate the outcomes, impact, and future role of vaccinations for COVID-19 in New Zealand.

The Request for Proposals (RFP) will open on 19 April 2022 and close on 10 June 2022. The Ministry is looking to fund a portfolio of research projects with terms of up to 12 months up to a maximum value of \$500,000 (excluding GST). The total pool of funding available is \$9 million.

Further details are available on [GETS website](#)

update on work that's been done to date to successfully progress the setting-up of both the MHA and HNZ, priorities for the next six months, and high-level organisational structures. There'll be an opportunity to ask questions in a Q&A session. The link to participate is <https://us02web.zoom.us/j/83263023781?pwd=ZEVaMUpsYW9hRjNZdXJRTFl3TGwzQT09>



Australia New Zealand Biobridge Workshop May

Covid-19: accelerating technology. Covid-19 has been the topic of focus worldwide for the past 2 years, with the pandemic having an effect on almost every aspect of life. As no surprise, the delivery and organisation of healthcare services has had to respond and adapt with this ever-developing situation to ensure patients are still receiving the care they require; and technology has been a key player. This workshop brings together a panel of experts exploring COVID-19, the potential long term effects and the technologies assisting healthcare during this pandemic and for the future. To read more about this free 12 May virtual workshop and to register go to: <https://lnkd.in/gBFZzdyp>

Health research in New Zealand and around the world

Transparency in clinical trials



It was pleasing to recently come across this 2020 UK based TransparsiMED [post](#) headlined “New Zealand cracks down on unreported clinical trials”, which stated that “in a move that will increase pressure on funders in other countries to curb medical research waste, New Zealand’s Health Research Council has committed itself to meeting global best practices in clinical trial transparency...by becoming the twenty-second signatory to the WHO Joint Statement, New Zealand’s medical research funding agency has pledged to ensure that every clinical trial it funds is pre-registered and rapidly makes its results public, and to monitor its grantees’ compliance with these rules.”

Julie Haggie, CEO of [Transparency International NZ](#), said “This is a good step towards improving accurate and timely public access to clinical trial information. Unpublished or ‘invisible’ trials can result in harmful drugs and devices being released onto the market, as seen in the case of surgical mesh....our hope is that this improves decisions around patient care resulting in patients getting more accurate information on the medical procedure, treatment or drug they are being offered”.

We agree, and also hope NZ will get behind a UK [proposal](#) to the May 22nd - 28th World Health Association meeting later this month urging that countries be required to: ensure new trials are not duplicative, are of sufficient size and appropriate design; introduce grant conditions for funding clinical trials... to mandate registration on a clinical trial registry; and, establish mechanisms to ensure the results of clinical trials are reported in a timely manner following primary study completion...and encouraging timely publication of the trial results ideally in an open-access publication.

In addition, the proposal requests the Director General of the WHO to develop a global action plan for implementing these principles and presenting that action plan for consideration by the 76th World Health Assembly in 2023.

Āhurutia Te Rito. It takes a village



The Helen Clark Foundation has just released its Tindall Foundation funded [report](#) *Āhurutia Te Rito. It takes a village*”. The report says that in New Zealand suicide is the leading cause of death during pregnancy and the postnatal period. It seeks to identify stress factors which contribute to poor mental health amongst new and expectant parents in Aotearoa New Zealand, and how good public policy can be used to alleviate them and surround parents with the support they need.

The report concluded that better support for perinatal mental health would be transformational for whānau and communities in Aotearoa New Zealand; perinatal distress in Aotearoa is widespread, complex, and linked to systemic inequities; and making sure parents and whānau have access to support is the best way to protect perinatal mental health, and contributes directly to wider whānau wellbeing.

We expect that this report, together with a large body of other health research, will be an important contributor to the Productivity Commission’s “A Fair Chance for All” enquiry.

Medical students' intentions re health research



The 2021 Medical Schools Outcomes Database [report](#) finds that “only” 56% of New Zealand’s medical school graduates expressed an interest in undertaking research in the future, that 16.7% specifically said that they weren’t interested, and that in

both cases these figures have stayed at about the same levels for each the five years since 2016.

As we get closer to having health research embedded in the New Zealand health system, in line with some advanced health systems overseas, those not interested, as well as the “undecideds”, should perhaps prepare for a reality check. And the medical schools themselves, if they’re not already doing so, could review how they prepare their students for the accelerating emergence of this imperative.

Aotearoa researchers closer to accessing EU funding grants



MBIE [advise](#) that informal exploratory talks have concluded between the European Union and New Zealand, with both sides seeing an excellent basis to move onto the next stage in the process to make New Zealand an Associate member of [Horizon](#)

[Europe](#). This puts New Zealand-based researchers one step closer to accessing Horizon Europe grants to fund their programmes in Aotearoa New Zealand.

Horizon Europe is the EU’s Europe-wide research and innovation funding programme. The programme holds a budget of approximately €95 billion, equivalent to about \$157 billion NZ dollars over 7 years. As an Associate member, New Zealand researchers would be able to apply directly to Horizon Europe grants, as if they were in Europe. Among other programmes Horizon Europe provides for a health cluster which aims to improve and protect the health and well-being of citizens of all ages by generating new knowledge, developing innovative solutions and integrating where relevant a gender perspective to prevent, diagnose, monitor, treat and cure diseases.

The next step will be for MBIE and the EU to seek mandates from respective decision makers to launch formal treaty negotiations.

Healthy food and drink in schools



**Health Coalition
Aotearoa**

Health Coalition Aotearoa (HCA) is producing a submission guide for the Government’s consultation on what to do when existing guidelines on healthy food and drink in schools expire. Ministry of Education officials are recommending that only primary schools have a duty to provide only healthy drinks, but that secondary schools do not have the same obligation, and the regulations are not extended to providing healthy food - just ‘promoting’ it.

HCA says that this is [letting Kiwi kids down](#), and are encouraging people to [sign up for the submission guide](#) to make it easy for them to have their say before submissions close on 2nd June, and “let the Government know why every child in New Zealand deserves a healthy food and drink environment at school”.

About 6000 New Zealanders per year die prematurely and unnecessarily from amenable causes, representing an even bigger iceberg of preventable morbidity and disease. Health research has unequivocally identified poor nutrition as a significant contributor to this situation, and NZHR has repeatedly advocated for the health system (which includes any agencies which implement decisions which could have an impact on health outcomes) to get a lot better at translating the results of health research into policy and practice.

Given the above, that the government's [Health Research Strategy](#) calls for strengthening pathways for translating research findings into policy and practice, and that NZHR polling shows that 95% of kiwis believe that cutting down on sugary food and drinks is a safe and effective way of keeping healthy, NZHR is pleased to promote this HCA initiative.

Melanoma mortality and treatment costs



According to recent [research](#) highlighted by MelNet New Zealand had in 2020 the world's highest death rate from melanoma. University of Otago social and behavioural researcher Dr Bronwen McNoe says high rates of melanoma in New Zealand are primarily due to higher levels of exposure to UVR and a high number of people having fair skin. Dermatologist and University of Auckland Adjunct Associate Professor at the Department of Medicine Amanda Oakley explains that we have a burgeoning ageing population of white New Zealanders (baby boomers) that baked in the sun during their youth or have worked outdoors with little protection from sunburn or daily relentless ultraviolet radiation. Added to that our health services are under a great strain with far too few dermatologists, surgical specialists, and GPs to effectively manage our skin cancer epidemic.

Other recent [research](#) estimates the total cost to New Zealand in 2021 for new patients with melanoma was \$51.2 m, and for keratinocyte skin cancer \$129.4 m, with a total combined cost of \$180.5 m. These up-to-date national healthcare costs of melanoma and other skin cancer accentuate the savings potential of successful prevention strategies for skin cancer.

These examples are illustrative of having invested in the health and medical research which could have obviated the need to incur these costs, and our health system's not following through to ensure that the results were effectively translated into policy and practice.

Medical biotech researchers call for more govt funds



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

This was the headline of a recent RNZ news [story](#) (which also went to air following a pre-recorded interview with NZHR CE Chris Higgins. The article picks up on the Productivity Commission's "Frontier Firms" report which references NZHR's submission that it should be easier than it currently is for health researchers to use GMO technology in the development of new therapies. The story concludes with our observation that "in overseas countries, investing in health research yields a three-to-four-fold return on that investment financially, so clearly if we were to invest in that research, it would pay huge dividends for us - not only in terms of life saved and improved, but also in terms of the economic benefits back to New Zealand as a country,"

News from NZHR's global family



In the 23rd [issue](#) of its INSPIRE magazine Research Australia (RA) focuses on the significant value of investment in health and medical research and in particular, the role of philanthropy in the value chain. RA say that the pandemic has shown us just how much we need critical research skills, and they are not developed overnight. Research is a long term sustained investment. This issue showcases how philanthropic investment in medical research is stepping in. This support of our world-leading scientists to undertake research to produce the health solutions is much needed to improve patient care and quality of life of the world's populations.

This issue also gives an overview of Research Australia's Pre-Election Summit and the winners of the 18th Research Australia Health and Medical Research Awards.

Meanwhile in a separate [media release](#) - which is also directly relevant to the situation here in New Zealand - RA CEO Nadia Levin is calling for an urgent injection of funding into the National Health and Medical Research Council (NHMRC) with news that inflation in Australia is running at 5.1%, meaning important medical discoveries are at greater risk of going unfunded.

“The health and medical research sector is concerned that key funding streams have failed to keep pace with inflation, which has been exacerbated by today’s Consumer Price Index (CPI) increase....in the recent Budget, the funding available to the NHMRC increased by only 1.5% for 2022-23. This was bad enough with the Budget forecasting inflation at 3%, but with CPI now hitting 5.1%, the situation is getting worse and researchers are expected to do more with less, at a time when universities are still recovering from the pandemic and delays have impacted research”.



In her latest weekly [newsletter](#) Research America’s CEO Mary Woolley says that the title of a 1997 [report](#) “Worlds Apart: How the Distance Between Science and Journalism Threatens America’s Future,” is as relevant today as it was then, and it’s still a good read. Television journalist Jim Hartz, who [died last week](#), was the author. Jim was vexed by the interplay between the media’s lack of interest in science and the research community’s weakness in communicating with the public; and he decried the decline in federal science funding as a share of our economy – realities that challenge us to this day.

Research!America worked with Jim to strengthen the links between journalism schools and graduate science schools; this is still underappreciated as a path toward better understanding and mutual respect between professionals who have the same motivation to serve the public’s interest. And journalism schools and communications departments have skills to teach the science community; it’s past time to put that expertise to work.

“We suspected then – and now know for sure – that large majorities of the public want to hear from scientists. In our January 2022 national survey, 8 in 10 respondents, regardless of political party affiliation, said scientists’ jobs should include communicating their research to the public. The [3M State of Science Index 2022](#), released last week, includes a similar finding, with [82% of Americans](#) saying they want to hear from scientists” said Mary.



In a recent [submission](#) to Canada’s Science and Research Standing Committee Research Canada recommends that the Government of Canada develop a health research and innovation ecosystem strategy that includes: bolstered investment in fundamental science through the Tri-Council; support for diverse, highly-qualified research personnel, including the next generation, Indigenous Peoples and people from racialized and otherwise marginalized communities; support for an enabling environment for trans-sector partnerships through attention to and investment in culture, structures, incentives and governance; investment in the digitalization of our health system that facilitates and encourages public engagement in the discourse surrounding health, research and innovation; and support for health research and innovation ecosystem sectors that have faced significant challenges due to the COVID-19 pandemic. These include academic health science centres, health charities, post-secondary institutions, and the health and biosciences sector



Although not specifically from Research Sweden this Nature [article](#) about Sweden’s response to the pandemic makes sobering reading. Sweden, the article states, “was well equipped to prevent the pandemic of COVID-19 from becoming serious. Over 280 years of collaboration between political bodies, authorities, and the scientific community had yielded many successes in preventive medicine. Sweden’s population is literate and has a high level of trust in authorities and those in power. During 2020, however, Sweden had ten times higher COVID-19 death rates compared with neighbouring Norway”.

The article argues that “scientific methodology was not followed by the major authorities—or the responsible politicians—with alternative narratives being considered as valid, resulting in arbitrary policy decisions. The Swedish pandemic strategy seemed targeted towards “natural” herd-immunity and avoiding a societal shutdown”.

“The Public Health Agency labelled advice from national scientists and international authorities as extreme positions, resulting in media and political bodies to accept their own policy instead. The Swedish people were kept in ignorance of basic facts such as the airborne SARS-CoV-2 transmission, that asymptomatic individuals can be contagious and that face masks protect both the carrier and others. Mandatory legislation was seldom used; recommendations relying upon personal responsibility and without any sanctions were the norm. Many elderly people were administered morphine instead of oxygen despite available supplies, effectively ending their lives. If Sweden wants to do better in future pandemics, the scientific method must be re-established, not least within the Public Health Agency”.

Support the NZHR cause



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

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

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