



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)
June 2021

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

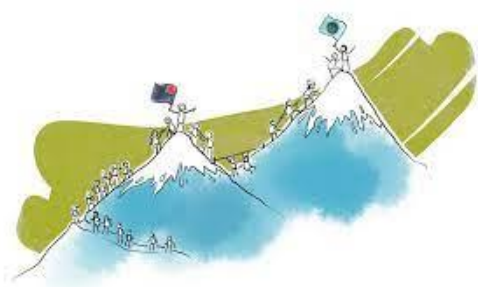
Greetings and tēnā koutou from Chief Executive Chris Higgins



Since our last newsletter Parliament’s Finance and Expenditure issued its report following its consultation on the 2021 Budget Policy Statement, details of the 2021/22 Budget have been released, initial details of the government’s forthcoming health system reforms have been announced, the Productivity Commission has issued the final version of its “Frontier Firms” report, and the Ministry of Health has further progressed development of New Zealand’s clinical trials sector. All of these events have significant implications for how our country’s health research is supported and valued, both now and in the future. This issue of “Health Research Saves Lives” sets out how NZHR has been responding and features:

- The Productivity Commission’s call for health research to be embedded in the reforming health system
- Our response to the recent health system reform announcements
- NZHR’s disenchantment with the Budget Policy Statement 2021 consultation process
- Our response to 2021 Budget’s continuing and worsening government under- investment in health research
- Queens Birthday honours
- Developments in New Zealand’s clinical trials sector
- HDEC changes
- Animals and health research
- Health research in New Zealand and around the world
- Health research opportunities
- News from NZHR’s global family
- How to support our cause
- Benefits of NZHR membership

Productivity Commission recommends embedding health research into the health system



In response to NZHR's [submission](#) on an earlier draft the Productivity Commission's "Reaching for the Frontier" [final report](#) recommends that "the Government should **use its intended major health system reform to improve the mandate, funding and incentives for DHBs to participate in the healthtech innovation ecosystem**". In the report healthtech comprises medical devices; digital health and IT products; and diagnostics and

therapeutics, so investment in healthtech innovation is analogous to health innovation R&D, aka health research.

The Productivity Commission report also states that almost all of the Commission's case-study interviewees highlighted the challenge of opening up DHBs to play a bigger role in innovation and went on to cite NZHR's submission where we stated that many of our stakeholders "draw contrasts with the UK's NHS based health care system where health research is an essential, normal and funded component of clinical practice ... if the New Zealand system were to look something like the UK system that in NZHR's view would be a good start"

As we said in our [media release](#) New Zealanders for Health Research has been lobbying for health research to be recognised as an essential component of the health system ever since the health and disability system review was announced in May 2018. We made submissions to the review panel itself, met with Associate Health Minister Dr Ayesha Verrall, included the issue as part of our oral submission on the 2021 budget to Parliament's Finance and Expenditure Committee, wrote to the head of the health reforms transition unit based in the Department of the Prime Minister and Cabinet and wrote twice to Health Minister Andrew Little.

It's pleasing to have our views affirmed in the Productivity Commission's report, and we'll be advocating for the Commission's recommendations to be reflected in how the health reforms are rolled out.

Health system reforms



Health Ministers Hon Andrew Little and Hon Peeni Henare have announced the major initiatives which will underpin New Zealand's forthcoming health system reforms. The details are set out in a Health and Disability Review Transition Unit [white paper](#) and associated [fact sheets](#).

As written these documents do not readily lend themselves to having health research embedded as an essential component of the reforming and reformed health system. In response NZHR is addressing the question "given the direction already signalled what would a New Zealand health system which truly values health research look like?"

NZHR continues to be committed to responding to stakeholder feedback on the importance of having health research embedded as an essential component of the health system, so watch this space!

Disheartening Budget Policy Statement 2021 consultation process



When Chief Executive Chris Higgins presented NZHR's [submission](#) on the Government's Budget Policy Statement (BPS) 2021 to Parliament's Finance and Expenditure Committee on 31st March 2021 among other things we expressed cynicism that the 2021 budget appeared to be a predetermined "done deal", and that the consultation process was a "smoke and mirrors" exercise.

Committee Chair Duncan Webb (pictured) responded by saying that despite NZHR's cynicism submissions including ours were taken seriously and did have the ability to impact the final outcome of the budget, and we felt heartened by his response.

By contrast we were disheartened when we read in the Committee's final [report](#) to Parliament that the Committee had "received and considered 58 submissions on the BPS from interested groups and individuals. We heard oral evidence from 21 submitters at a hearing held on 31 March 2021 in Wellington. **Given the time constraints we have not reported on the individual submissions we received.** However, all written submissions are available on the Parliament website." (NZHR's emphasis). Unsurprisingly NZHR's (and others') concerns failed to receive even a passing nod in the final report.

2021 Budget: health research funding fails the team of five million



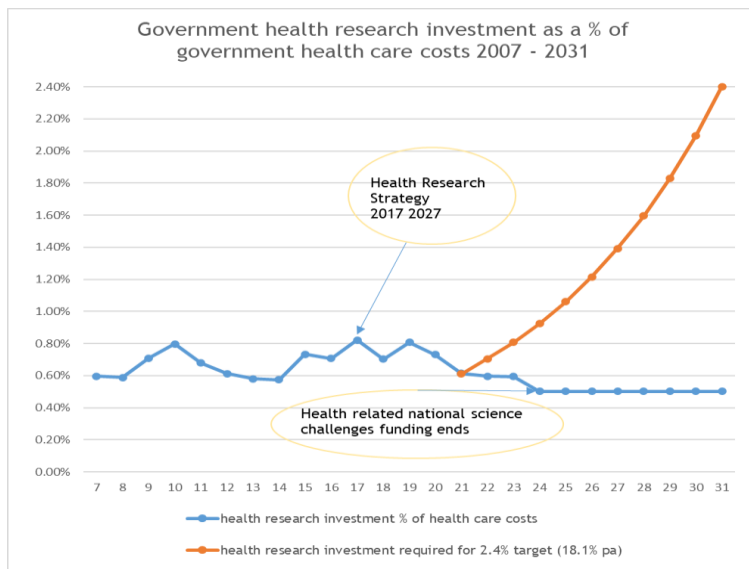
That's the title of our [media release](#) following Budget Day on 19th May.

Why? Because \$117.5m has been directly allocated in the RSI portfolio for health research, compared to estimated expenditure of \$130.6m for 2020. After updating the figures in the media release this means that since last year direct government investment in health research has fallen from a meagre 0.73% of direct health care costs to an even more meagre 0.61% percent. And the legal requirement for the HRC's funding

to be reviewed triennially has been disregarded for a second year running.

Given that New Zealanders have seen the life-saving value of health research in the country's science led response to the Covid 19 pandemic, as well as the extraordinary global successes in discovering effective vaccines in record time, it defies belief that

the government has chosen to reduce its health research allocation in its latest purportedly “wellbeing” budget”.



NZHR believes that the health system needs to be informed by the results of health research now more than it ever did. It's difficult to see how the imminent health reforms will be successful in saving lives and improving health outcomes without properly funded health research being firmly embedded within the health system to ensure a best practice approach to staying well, and to being treated if and when we become sick.

NZHR has long advocated for government investment in health research to be increased to 2.4% of health care costs over ten years, and this will now require year on year increases in investment of over 18% per annum, as illustrated above.

Queens Birthday honours awarded to health researchers

NZHR congratulates all recipients of this years' Queens Birthday Honours, especially those who have been acknowledged for their contributions to health and medical research, including:



Distinguished Professor Bill [Denny](#), for services to medical research (KNZM), who has been at the forefront of anticancer drug research for more than 40 years and was appointed an Officer of the New Zealand Order of Merit in 2003 for his contributions in this field. Professor Denny has continued in his role as Director of the Auckland Cancer Society Research Centre at the University of Auckland, having held the position since 1999. Over the course of his career he has led teams which have taken 15 cancer drugs from the discovery phase through to clinical trials, and in some cases application in the clinic. Additional research at the Centre has led to an anti-tuberculosis drug in 2015 and an anti-Leishmaniasis drug in 2017. He co-founded Kea Therapeutics in 2018, which is developing a range of anaesthetics and analgesics to reduce the reliance opioids.



Professor Suzanne [Purdy](#), for services to audiology and communication science (CNZM). Professor Purdy's four decades of research have impacted diagnostic and treatment practices in the areas of cochlear implants; hearing, auditory processing and language disorders in children and adults; and communication disorders in autism. She has helped instigate novel approaches to stroke and aphasia rehabilitation including Māori-led community initiatives, choral and public speaking therapies for neurological conditions, and sensory training for mild cognitive impairment.



Professor Emeritus David [Richmond](#), for services to health and education (CNZM). Professor Richmond was the inaugural director of C.M.E for the Royal Australasian College of Physicians (New Zealand), inaugural Chair of the Auckland Hospital Research Ethics Committee, and a founding member of the Health Research Council's National Ethics Committee. On retiring as HOD (Geriatric Medicine), he was appointed Assistant Dean (Academic) and awarded a personal Chair in Medicine and Medical Education. He founded the HOPE Foundation for Research in Ageing from 1994 and chaired its Board for 20 years.



Dr Simon [Rowley](#), for services to paediatric and neonatal care (CNZM). Dr Rowley has been a Specialist Neonatal Paediatrician in Auckland since 1984 and has played a significant role in the development of paediatric and neonatal care in New Zealand. Dr Rowley has been an essential part of the Neonatal Intensive Care Unit at National Women's/Auckland City Hospital, including undertaking ground-breaking research. He has led the care of those affected by neonatal abstinence syndrome and neonatal HIV, leading the way on researching the effect of illicit drugs on newborns and reducing the risk that HIV is transmitted by a mother to her baby. He co-authored ground-breaking academic research into the causes and avoidance of cot death.



Dr Max [Shepherd](#), for services to biotechnology and business (CNZM). Dr Shepherd's pioneering research in the biology and molecular genetics of human pathogen *Candida albicans* put New Zealand at the forefront of this research internationally, with the laboratory he established remaining an international leader. He is widely published, specialising in the medical mycology field. From the mid-1990s he was instrumental in the practical application and commercial funding of science in New Zealand, predominantly through the establishment of a variety of start-up enterprises focused on commercialisation of scientific research, such as Zentech, PharmaZen, A2 Milk, Biocell Corporation, and Blis Technologies.



Neil [Woodhams](#), for services to people with multiple sclerosis (ONZM). Neil is a leading advocate for New Zealanders with Multiple Sclerosis (MS). He has an extensive career in healthcare management at governance and management levels, and has actively advocated for improved health options for people with MS, including organising joint funding with the Health Research Council for the definitive study of MS prevalence in New Zealand. In 2004 he wrote a paper that became the blueprint for the establishment of New Zealand Multiple Sclerosis Research Trust (NZMSRT), which he helped establish in 2015 and remains a Trustee. Neil has been an enthusiastic supporter of NZHR, resulting in both MSNZ and NZMSRT being NZHR organisational members.

Clinical Trials



Over the last five years NZHR has been addressing the need for New Zealand's clinical trials sector to be further developed in order to contribute to the country's health and prosperity. Our initial concerns included the absence of any systematic follow through on the then government supported [recommendations](#) emanating from the Health Committee's 2011 clinical trials review, culminating in a couple of NZHR sector workshops and our March 2019 [discussion paper](#).

The government's 2017 - 2027 [Health Research Strategy](#) provided some much needed impetus in this space. It sets out the Government's vision for "a world-leading health research and innovation system that, through excellent research, improves the health and wellbeing of all New Zealanders". Clinical trials are recognised as vital component of this system, contributing to improved health outcomes and benefitting the economy.

NZHR is pleased to acknowledge a couple of positive recent developments which give confidence that the follow through this time round will be much more robust than was evident ten years ago.

The first of these is an MoH/HRC funded [initiative](#) to identify the strengths, gaps and areas of need for clinical trials systems and data infrastructure in the New Zealand public healthcare system. University of Auckland's Professor Frank Bloomfield and Associate Professor Matire Harwood (Ngāpuhi), together with Professors Lisa Stamp and Katrina Sharples from the University of Otago and Professor Stuart Dalziel (University of Auckland), are co-leading this study, which will provide evidence-based recommendations on how New Zealanders and the New Zealand health system can better receive the benefits of clinical trials. The work includes a focus on understanding consumer needs and NZHR welcomes the opportunity that has been extended to us to contribute to this part of the study.

The second is an MoH led initiative to establish a National Clinical Trials Alliance, and the running of co-design workshops with input from a range of sector leaders (including NZHR). Key emerging themes so far include the importance of a health-system-embedded clinical trials ecosystem, and the aspiration to be a global leader in te ao Māori lensed rapidly translated trials, contributing in both cases to improved and equitable benefits for New Zealanders and New Zealand. This is an exciting initiative and we look forward to seeing the Alliance materialise in due course.

Health and Disability Ethics Committees (HDEC)



Patient safety is essential in health research and clinical trials. All clinical trials in New Zealand need an ethics approval from Health and Disability Ethics Committees (HDEC). Trials with new medicines also need approval from the Standing Committee on Therapeutic Trials (SCOTT) which is run by Medsafe.

The Modernisation of Ethics (MOE) project was initiated to review and update the infrastructure that the Health and Disability Ethics Committee (HDEC) work within. The project is re-starting after being paused because of COVID-19.

The MOE project involves three pieces of work:

1. the design and implementation of an Ethics Review Manager (ETHICS RM) system to replace the current online platform. This will enable provision of better data, will assist in achieving equity and strengthen the research environment
2. a review of the Standard Operating Procedures (SOPs) and
3. a review of the Terms of Reference (TOR).

The rollout contributes to the Ministry's strategic direction through its commitment to the New Zealand Health Research Strategy 2017-27. Click [here](#) for more information.

A tribute to animals



I have two cats, Harry and Maxie (pictured). Maxie recently required dental surgery which not only cost a small fortune in vet bills, but, because of complications and a slow and erratic recovery required from me more than the unusual degree of personal concern and attentiveness.

This got me thinking about the sometimes taken for granted role of animals in our lives. A lot of us have pets who become a valued part of our households and families, and we do everything we can to keep them happy and well for as long as possible. On the other hand we farm and hunt animals so that their lives can be taken to satisfy our dietary needs and wants.

Animals are also used in health research. For instance, [UK](#) researchers have been trialling the use of sniffer dogs to rapidly and reliably detect Covid 19, which could be used in airports, for example, to detect those with Covid 19 at the border. Sniffer dogs are also being [deployed](#) in New Zealand to detect some forms of cancer.

Animals are also experimented on and sometimes harmed or euthanised as a necessary part of health research - sometimes to enhance our physiological understanding and knowledge, and sometimes as part of the clinical trials process to ascertain proof of concept before proceeding to human trials.



The Australian and New Zealand Council for the Care of Animals in Research and Teaching (ANZCCART) is hosting a [conference](#) in Queenstown on 25 - 27 July with the theme of "Openness in Animal Research". ANZCCART is "an independent body established to provide a focus for consideration of the scientific, ethical and social issues associated with the use of animals in research and teaching". ANZCCART in New Zealand "seeks to promote effective communication and co-operation between all parties and to assist in the resolution of potential conflicts by promoting awareness of concerns and solutions to problems in New Zealand".

One of our readers noted that this year's conference has invited up to three representatives from the New Zealand Anti-Vivisection Society as active participants, and expressed concern that this could represent the thin end of the wedge in terms of moving away from using animal models in health research entirely, thereby constraining our ability to make new life saving discoveries. What do you think?

Health research in New Zealand and around the world

Prime Minister's Chief Science Advisor



Congratulations to Professor Dame Juliet Gerrard for her reappointment as the Prime Minister's Chief Science Advisor. Professor Gerrard was initially appointed for a three-year term beginning 1 July 2018. She has now been appointed for a further three years to 30 June 2024. In [announcing](#) her reappointment Prime Minister Jacinda Ardern says that “Juliet's contribution, along with her leadership of science advisors across government agencies, continues to demonstrate the critical role of science and technology to society and to support robust decision-making”.

Māori-led trial of lung cancer screening



The first trial of lung cancer screening in New Zealand is about to get underway following a nearly \$2 million grant from the HRC facilitated through the Global Alliance for Chronic Diseases programme.

University of Otago senior Māori health researcher Professor Sue Crengle (Kāi Tahu, Kāti Māmoe, Waitaha), a GP and public health medicine specialist, will lead the trial that focuses on developing a lung cancer screening process that will reduce the stark inequities in lung cancer incidence and survival rates between Māori and non-Māori.

The funding will go towards answering one of the key research questions that will inform a future lung cancer screening programme. The research will determine whether inviting individuals to participate in lung cancer screening via GPs (as is done with cervical cancer screening) or at a central hub (as is done with breast cancer screening) results in better health outcomes for Māori.

The trial will be hosted at Waitematā District Health Board, in collaboration with Auckland District Health Board (ADHB), including key clinicians from primary care, respiratory, radiology and oncology services. The research team will recruit and assess the level of risk for Māori smokers or ex-smokers, aiming to undertake a low dose CT (computerised tomography) scan for approximately 500 participants at high-risk of lung cancer, aged between 55 and 74 years.

Malaghan Institute head recognised for world-class contribution



Director of the Malaghan Institute of Medical Research Professor Graham Le Gros has been named a KEA World Class New Zealander. The prestigious annual awards celebrate inspirational Kiwis whose global achievements are driving New Zealand's prosperity, development and international reputation. Prof Le Gros received his award at a gala ceremony in Auckland on Thursday night for a life dedicated to improving the health of others through understanding and harnessing the power of the immune system.

“A prolific publisher across international journals and widely respected, Prof Le Gros shows no interest in putting his feet up and taking it easy anytime soon. Alongside his role leading the Malaghan Institute and its headline work in cancer immunotherapy and COVID-19 vaccine development, he has some audacious research goals of his own: to develop better treatment options for allergic and inflammatory diseases including coeliac disease, asthma, allergy, multiple sclerosis and inflammatory bowel disease.”

NIHR survey reveals public's attitudes to health research following coronavirus



The [survey](#) showed that the vast majority of UK adults think health research has played a very (71%) or fairly (19%) important role in the coronavirus pandemic. Perhaps in recognition of this, 29% said they trust health research more now than before the pandemic began, and just over a quarter (27%) said they were now more likely to take part in health research.

However, when asked whether health research should be offered as part of NHS routine care, 78% thought it should. Yet though every single UK public hospital has been involved in conducting some form of coronavirus research since the pandemic began, only 12% of respondents were aware that their local hospital offered opportunities to get involved, with 64% not knowing and 24% believing it did not. The same disconnect appeared in relation to people's understanding of non-coronavirus research, with only 13% aware that opportunities to take part in research existed in every UK hospital (with 73% unaware and 14% believing it was not).

(Editors' note: “**every single hospital**” - something the New Zealand health system should be aspiring to)

New vision for the future of UK clinical research delivery



This UK-wide vision sets out the ambition to create a patient-centred, pro-innovation and data-enabled clinical research environment, which empowers everyone across the health service to participate in delivering research and enables people across the country to take part in research that is of relevance to them.

The vision is detailed in [Saving and improving lives: the future of UK clinical research delivery](#) which says “clinical research is the single most important way in which we improve our healthcare - by identifying the best means to prevent, diagnose and treat conditions. So, we need to bolster delivery of innovative research across all phases, all conditions and right across the UK, as we work to rapidly restart our non-COVID-19 research portfolio and build back better”.

“Research is also vital in determining what doesn't work, so we can improve best practice and focus resources on providing healthcare that delivers the greatest benefit to patients. And research extends beyond clinical trials for new medicines to cover a range of activities - from a study into a new approach to radiation therapy, to work to explore how a particular disease could be prevented, or even an investigation to help mitigate the side effects of a new treatment”

Research findings that are probably wrong cited more than robust ones



According to this Guardian [article](#) academics suspect papers with grabby conclusions are waved through more easily by reviewers. The study in [Science Advances](#) is the latest to highlight the “[replication crisis](#)” where results, mostly in social science and medicine, fail to hold up when other researchers try to repeat experiments. Following an influential paper in 2005 titled [Why most published research findings are false](#), three major projects have found replication rates as low as [39% in psychology journals](#), [61% in economics journals](#), and [62% in social science studies](#) published in the Nature and Science, two of the most prestigious journals in the world.

Opportunities



Queenstown Research Week. August

New Zealand’s pre-eminent health research event, Queenstown Research Week, will be going ahead in 2021 on Monday 30th August to Thursday 2nd September. Emerging details are being posted [here](#), so now’s a good time to save the dates.



Sir Hugh Kawharu Scholarship for Innovation in Science. August

Administered by Royal Society Te Aparangi, this \$10,000 [scholarship](#) is for study at master’s level in the sciences. The scholarship is applicable across a broad range of science disciplines, including health. The closing date is 31st August.



Health Tech Week June

MTANZ is collaborating with stakeholders Callaghan Innovation and Consortium for Medical Device Technologies (CMDT) to bring you on the first day, 22 June, the “[Combined Stakeholders’ Innovation Day](#)” showcasing New Zealand’s own innovation in medical technology and the ecosystem that can support our vibrant sector from research, development, commercialisation to market access. Health Tech Week runs from 22 - 24 June Register by visiting the [HealthTech Week](#) website



Melanoma Summit. September

Get out from behind your screen and join MelNet at the sixth national [New Zealand Melanoma Summit](#), 10 - 11th September in Auckland. This is your chance to discuss latest developments in melanoma management, identify priorities for action for New Zealand and connect with other melanoma professionals across the country. MelNet is also aiming to use the Summit to formally launch the long awaited ‘Quality Statements for Melanoma Care in New Zealand’



Health Sector Reforms: Data and Digital. June

Join NZHIT on 16th June for an update from Deputy Director General Data and Digital Shayne Hunter and special guests on the Health Sector Reforms. Shayne will be giving a presentation on where we are at, what’s



Red Nose Day. July

Red Nose Day is about fundraising for research into child health. Cure Kids are looking for enthusiastic volunteers to join us them for this years 31st July Red Nose Appeal. If you're passionate about getting out in the community, or would like to help

happening next, and how this affects the digital health sector. Register [here](#)



HRC Career Development Awards. June. July

The HRC's suite of [Career Development Awards](#) are now available to support the career development of emerging health researchers, including Māori and Pacific health researchers undertaking postgraduate research qualifications. These awards play a critical role in launching research careers and building research capability and capacity in Aotearoa New Zealand. Registrations of interest close on 23rd June for the general awards and 13th July for Māori and Pacific awards.

make a difference in other ways please register [here](#). They need you!



Health and wellbeing of tamariki children and rangatahi young people. June

A special issue of the Journal of the Royal Society of New Zealand is [inviting](#) submissions with a primary focus on the health and wellbeing of the tamariki children and rangatahi young people of Aotearoa New Zealand. This will have particular relevance to researchers working directly in the fields of child and youth health, growth, development, physical and mental wellbeing and disability. Initial expressions of interest should be submitted by 25th June.

News from NZHR's global family



Following a Discussion Paper released in 2020, the Australian Government released a draft National Preventive Health Strategy for consultation in early 2021. Research Australia's response to the consultation emphasises:

- the critical role of research in supporting the evaluation of existing programs and measures and the development and implementation of new programs;
- the importance of the proposal to increase funding for preventive health measures to 5% of health expenditure by 2030; and
- while providing information is an important tool to empower and support people, supporting people to make the best possible decisions also require practical strategies and programs that can support and incentivise behaviour change, and policies that make it easier for people to make healthy choices.

Research Australia's submission is available [here](#).



Research America's Chief Executive, Mary Woolley in her latest [newsletter](#) observes that "over the past year and a half, science has been propelled into the spotlight by the most destructive and deadly public health threat in living memory. Our nation and the global community deployed research, innovation, and public health expertise to combat COVID-19, and while the threat remains, the progress that has been made against the pandemic is nothing short of astounding".

"But COVID-19 is by no means the only health threat that robs us of time, loved ones, and hope. There is far more work to do. More than 1 million Americans die prematurely

each year from causes – health conditions, suicide, accidents, violence – that we can do far more to defeat. Together, we can translate the science awareness the pandemic has raised into a new era of fast-paced, science-driven medical and public health progress”.



Research Canada says that the COVID-19 pandemic has reinforced Canadians' recognition of the importance of health research and innovation to our health and economic security, but it has done little to address the elephant in the room: the trust deficit that exists between the biopharmaceutical sector and some other stakeholders within the health research and innovation ecosystem in Canada. “We must move beyond the rhetoric surrounding this trust deficit to a renewed partnership with the biopharmaceutical industry because Canadians’ health and well-being depend upon it!”

Research Canada’s report [Invigorating the Biopharmaceutical Sector’s Contribution to Canada’s Health Research and Innovation Ecosystem](#) says that the biopharmaceutical sector plays a unique and irreplaceable role in a functional health research and innovation ecosystem by: contributing to basic and applied biomedical research at universities and institutes across Canada; helping academic health sciences centres to drive drug discovery, enhance clinical services and improve patient outcomes; fuelling the innovation pipeline and enhancing the success of homegrown Canadian enterprises; developing talent by employing highly-skilled personnel and training the next generation of life sciences leaders; and, spearheading initiatives aimed at preparing the health system for 21st-century innovations



In the wake of the Covid 19 pandemic Research Sweden says that it has become clear that Sweden's regulations, healthcare, health data systems and relatively small research environments are not adapted to today's global challenges. Much could have worked better and thus increased the chances of saving lives.

“In order for Sweden, through medical research and development, to be better equipped for the next health threat, we have produced a [report](#) with 10 priority action proposals. It represents the actors at the forefront of addressing and combating this type of health threat. The broad composition of the group has given us a unique opportunity to identify what strengths and weaknesses Sweden has when it comes to conducting and benefiting from medical research and development during a crisis.

The report contributes to the work with resilience and preparedness within the government’s collaboration program for [Health and Life Science](#).

How to support our cause

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 safe and until next time

Chris Higgins
Chief Executive

Our partners and supporters

Platinum



Gold



Silver



Bronze



Foundation

