

Ka Whakarauoratia te Hunga e te Rangahau Hauora!

Health Research Saves Lives!

Newsletter of New Zealanders for Health Research (NZHR)
September 2021; No. 46

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

Greetings and tēnā koutou from Chief Executive Chris Higgins



This issue of “Health Research Saves Lives” comes as Auckland moves from Covid lockdown level 4 to level 3 while the rest of the country waits in level 2. As we as a country manage this latest delta outbreak we are once again reminded that, despite some disagreements between health researchers, our strategies have been science led. Health research has indeed saved many lives, and prevented many more from becoming seriously ill - and will continue to do so as more of us receive both doses of the Covid vaccination.

This issue of Health Research Saves Lives features:

- NZHR’s “why” and “how”
- Embedding health research into our reformed health system
- A request for readers’ help
- Measuring the effectiveness of New Zealand’s health system
- Genetic modification and health research
- New infectious disease research funding
- More on clinical trials
- How to support our cause
- Benefits of NZHR membership

Our “why” and “how”



Health research is the single most important way in which we improve our health and healthcare - by identifying the best means to prevent, diagnose and treat conditions. Yet New Zealand’s investment in health research is significantly less than what it should be, and our health system falls short when it comes to translating the results of health research into practice, policy and better health outcomes.

In light of this, and following our comments in our last newsletter, the NZHR Board has continued to define NZHR’s vision (“why”) and mission (“how”). We exist

because we're committed to the best possible health for all New Zealanders, and we will contribute to achieving this by championing increased 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. As outlined in our July newsletter our strategic priorities for the coming twelve months are therefore to:

1. Fight to have health research embedded as an essential component of a reforming and reformed health system
2. Push for direct government investment in health research to be lifted to 2.4% of health care costs
3. Advocate for increased participation in clinical trials
4. Mobilise stakeholder and community support to assist in achieving strategies 1 - 3
5. Develop NZHR as an effective fit for purpose organisation optimally positioned to support the achievement of strategies 1 - 4

Embedding health research into our reformed health system

FUTURE OF HEALTH **TE ANAMATA O TE ORANGA**

system.

As stated above, health 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 New Zealand, as we work to build a better, more effective, health and disability

In response to the historical marginalisation of New Zealand's health research sector as a significant component of the wider health system, NZHR recently presented this [paper](#) as an unsolicited submission to the Health and Disability System Review Transition Unit, with a set of 5 recommendations and 6 sub-recommendations which draw from the government's own Health Research Strategy, the Productivity Commission's Frontier Firms report, and NZHR's 2020 briefing to incoming Ministers of Research, Science and Innovation and Health.

The Transition Unit Director, Stephen McKernan, has responded that he has "*sent the material to our policy team who will be providing advice to Government and the incoming Boards on these matters and ... will be incorporating the important place that research plays in high performing health systems*"

In our reply we've made ourselves available to the Transition Unit's policy team if anybody wishes to discuss any of our points further, and have said that in any case we'll keep constructively pushing the message through other communication channels.

While we're encouraged by the Transition Unit's response there's still plenty of work in front of us to ensure that the ensuing reality meets health research stakeholder and indeed all New Zealanders' needs and expectations. The recently [announced](#) composition of the Māori Health Authority and the Health New Zealand Board

provides us with the next opportunity to press ahead with our messaging, and as always, we'll keep you posted. But

...we need your help!

HELP !



...as we seek to articulate both what embedding health research in the reformed health system will ideally look like, and the impact on health outcomes that could result. We appreciate your assistance with this important piece of work - so thanks in advance for your help by clicking our survey link <https://www.surveymonkey.com/r/NZHR2021>, and taking about five minutes of your time to complete the questionnaire for us.

It's open to all health research stakeholders including researchers themselves, clinicians and health practitioners, policy makers, health system users and patients, consumer groups, developers and manufacturers of therapeutic products and devices, health research funders and health research advocates.

Mirror, mirror on the wall - whose health system is the fairest of them all?



Possibly Norway's - but more on that later.

Here in New Zealand the government has identified the imperative to measure and monitor the effectiveness of the health system in both its current and reformed forms. Just as it's important to undertake research into the effectiveness of new therapies, services and programmes, NZHR agrees that it's also important to replicate this for the health system itself.

The government's response has been to issue its [health system indicators framework](#) which is prefaced by the assertion that "measuring the health and disability sector's performance is critical to improve equity, and for tracking progress towards better health and wellbeing". It purports to measure and report on "how well our health and disability system is doing for New Zealanders".

The Government has chosen an initial set of 12 national, high-level indicators for the framework that align with its priorities intended "to help the health and disability system to focus on the areas where improvement is needed the most", and an initial dashboard [report](#) has been published the Health Quality and Safety Commission.

NZHR's criticism of the indicators framework is that for the most part it doesn't do what the government says it should. There are, for example, no measures of outputs relating to improving premature amenable (or for that matter non-amenable) mortality and morbidity (which would enable "progress towards better health and wellbeing" to be tracked), and no measures to track improved equity. Furthermore, only three of the twelve indicators (immunisation rates for under two year olds, and preventable hospital admissions for under five year olds and for adults aged under 65) imply improved health outcomes. Of the remaining nine indicators seven relate

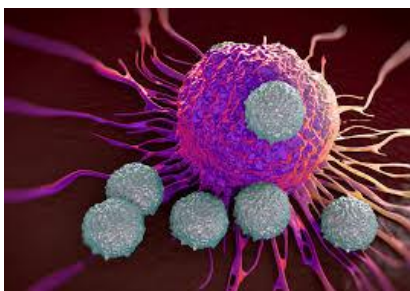
to processes which may or may not result in improved health and equity of outcomes, and two relate to management of financial inputs.

One alternative, which we think is much better, is offered by the Commonwealth Fund [Mirror, Mirror 2021: Reflecting Poorly](#) report. The main purpose of the report is to compare the performance of the US health system with ten other high income countries' health systems, including New Zealand's. The US was assessed to have performed the worst out of all eleven countries in four high level domains of health care outcomes, equity, access to care and administrative efficiency, and second best (behind New Zealand) for care process.

New Zealand ranked eighth for health care outcomes, ninth for equity, fifth for access to care and third for administrative efficiency. Overall New Zealand came in sixth, with Norway, Netherlands and Australia taking the top three spots.

The advantages of the Commonwealth Fund approach include direct measurement of those elements which matter most to New Zealand's health system including health care outcomes, equity, and access; the opportunity to modify the indicators to reflect New Zealand's specific issues; the ability to benchmark with comparable health systems internationally to give an improved perspective on how New Zealand's health system is performing against good, better and best practice; and the transparency and independence associated with external third party reporting.

GMOs in health research



The [Hazardous Substances and New Organisms \(Hazardous Substances Assessments\) Amendment Bill](#) is currently open for consultation and submissions, and is supported by a related [discussion document](#). NZHR is aware of feedback that suggests that the current [Hazardous Substances and New Organisms Act 1996](#) can impose significant and unnecessary barriers and delays in undertaking health research which involves

GMOs, but which can't proliferate outside the intended participant (such as Car T cells for example).

Unfortunately the Amendment Bill doesn't address this issue, and we think it should. We're developing a submission accordingly with input from the Malaghan Institute, recommending an approach similar to Australia's [Gene Technology Regulations 2001](#). If anybody's got any further perspectives that should be included, please let Chris know (ceo@nz4healthresearch.org.nz) by Wednesday 29th September. Submissions close on 3rd October.

Infectious disease research funding



NZHR welcomes the Government's recently [announced](#) \$36m three year investment in a new Infectious Diseases Research Platform, albeit that we would prefer to see this project embedded within the health system rather than MBIE. Perhaps this will be addressed when it is known which organisation will be hosting the platform.

Given continuing global population growth and human encroachment on wildlife habitats, it seems inevitable that New Zealand will be exposed to further global outbreaks of infectious diseases - either variants of existing viruses or new diseases altogether - and it would be unwise to dismiss the Covid 19 pandemic as a one in a hundred year event. Even though we don't know when the next pandemic will occur or what it will look like, we in New Zealand should be doing as much as we can to ensure that we are as prepared as possible.

We also think that the investment will be welcomed by most kiwis given that our 2020 (and most recent) New Zealanders for Health Research Kantar public opinion poll reported that 79% of respondents said it was extremely or very important to do research on finding vaccines for new infectious diseases such as Covid 19.

NZHR also welcomes the fact the platform will be funded by new money, rather than by diverting funds that have already been allocated to other areas of health research.

The amount allocated represents an average of \$12m per year for the next three years. Although this lifts total dedicated 2021 government investment in health research from a meagre 0.61% of health care costs to an only marginally better 0.67% it does at least represent a step in the right direction, and will hopefully set a precedent for other areas where increased health research investment is needed such as the prevention and treatment of cancer, diabetes, cerebrovascular disease, cardiovascular disease and mental unwellness to name a few.

Clinical Trials



As we've said in previous newsletters the **Enhancing New Zealand Clinical Trials Project** is a national [initiative](#) funded by the Health Research Council of New Zealand and the Ministry of Health. It is looking to outline an infrastructure roadmap and operations model to make clinical trials in

Aotearoa New Zealand more accessible, equitable and sustainable.

Work on the project has identified clinical trials infrastructure options for New Zealand, and you can now feedback on those options by participating in a Delphi survey. The survey is a three-round online survey designed to seek feedback and gain consensus on rating the most essential infrastructure options that have been proposed.

This is a timely and valuable opportunity for New Zealand to grow our clinical trials capability across all health sectors, and we strongly encourage you to get involved by reading more [here](#) , and signing up at this link [Enhancing NZ Clinical Trials - Delphi Survey \(mailchi.mp\)](#), or by contacting Jennifer.kane@auckland.ac.nz (Project Manager - Enhancing NZ Clinical Trials).

We also wish to introduce the **ON TRACK Network** to anybody not already familiar with them. This is a national clinical trials network which aims to improve the health and wellbeing of New Zealand mothers and babies. It connects with people from across the country who are interested in clinical trials research including midwives, obstetricians, neonatologists, nurses, researchers, hospital managers, funding agencies, policymakers and consumers - all with a shared interest in achieving better

health for mothers and babies. Check out their [website](#) to find out more and to sign up to their excellent monthly [newsletter](#).

Opportunities



December

New Zealand's pre-eminent health research event, Queenstown Research Week, has been postponed to December 5th - 9th 2021. Emerging details are being posted [here](#), so now's a good time to save the dates - and register as some sessions are already sold out.



HQSC Quality Improvement Symposium. November

The Commission's seventh annual quality improvement scientific symposium is on 17 November in Christchurch. 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](#)



February

ON TRACK Network Trial Development Workshop

If you have an idea for a clinical trial in mothers and babies health, and want to take your idea to the next level, this workshop could be for you. The workshop brings together research teams, experts, clinicians and consumers to develop promising collaborative, multicentre, investigator-led clinical trial concepts. Your research team will have the opportunity to pitch your concept to a diverse, multidisciplinary audience. You will receive input from faculty members with expertise in statistics, clinical trial design, funding, consumer opinion, and Māori health research. Using feedback from a mock funding review panel, you will then be able to devise an action plan for developing your concept into active research.

There'll be more information in the coming months so subscribe to the [newsletter](#) and save the date, 24th and 25th February 2022.

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 safe and until next time

Chris Higgins
Chief Executive

Our partners and supporters

Platinum



Gold



Silver



Bronze



Foundation

