

# Ka Whakarauoratia te Hunga e te Rangahau Hauora!

## Health Research Saves Lives!

Newsletter of New Zealanders for Health Research (NZHR)  
November 2021; No. 47

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

### Greetings and tēnā koutou from Chief Executive Chris Higgins



As we enter the sixth week before Christmas - and hoping all the while that the 90% double vaccination target hasn't eluded us well before then - health research stakeholders will be aware of two significant developments which will have profound sector impacts for years if not decades into the future: introduction of the health reforms Pae Ora (Healthy Futures) legislation; and release of the much anticipated Te Ara Paerangi - The Future Pathways Green Paper on the future of the research, science and innovation (RSI) system.

In addition to these two sentinel topics this issue of Health Research Saves Lives also features:

- What a health research embedded New Zealand health system looks like
- NZHR's continuing advocacy for increased investment in health research
- An update on NZHR's submission on genetic modification and health research
- NZHR's AGM and Annual Report
- The effectiveness of New Zealand's RSI system plus more on measuring health system effectiveness
- More on clinical trials
- Health research opportunities
- Health research in New Zealand and around the world
- News from NZHR's global family
- How to support our cause
- Benefits of NZHR membership



### Health Research and Pae Ora (Healthy Futures) Legislation

The [Pae Ora \(Healthy Futures\) Bill](#), sponsored by Health Minister Andrew Little (pictured), has passed its first reading and has been referred to the specially created Pae Ora Legislation Committee

[Pae Ora Legislation - New Zealand Parliament \(www.parliament.nz\)](http://www.parliament.nz) for further consideration.

In a win for NZHR the Bill defines the health system as comprising, among other agencies, the Health Research Council, including the activities it funds, and goes on to state that developing the required New Zealand Health Plan (to provide a 3-year costed plan for the delivery of publicly-funded services) must take into account the role of the Health Research Council within the health system.

These provisions are unique to the Pae Ora legislation, and are not, for example featured in the current [New Zealand Public Health and Disability Act](#) which the new legislation is intended to replace.

NZHR is pleased to see that its [paper](#) advocating for health research to be embedded as an essential component of the health system has had this significantly positive impact.

Although this is an excellent start it is only the beginning. Much of what the reformed health system will look like will be embedded in “strategic, accountability, and monitoring” documents such as the Government Policy Statement on Health, national health strategies for Hauora Māori, Pacific Health and Disability Health, the New Zealand Health Plan, locality plans, the New Zealand Health Charter, and a Code of Consumer Participation. With the partial exception of the New Zealand Health Plan there’s no specific requirements for any of the documents to promote or be informed by the results of health research, and none of them are required to be subject to general public consultation.



The Chair of the eleven member Pae Ora Legislation committee is second term MP [Dr Deborah Russell - MP for New Lynn - NZ Labour Party](#) (pictured) and Deputy Chair is [Tāmāti Coffey - List MP - NZ Labour Party](#), also a second term MP, and Chair of the Māori Affairs Committee.

Other members include Liz Craig (Health Committee Chair), three other Labour Party representatives, Matt Doocey and Shane Reti representing the National Party, and one representative from each of the Greens, ACT and Te Paati Māori. (Those wondering why the legislation wasn’t referred to the already existing Health Committee can glean some of the reasoning from the debate in parliament recorded [here](#).)

NZHR’s approach for the remainder of the year will include:

- Formal written and oral submissions to the Pae Ora Legislation Committee (POLC) seeking among other things to ensure that there will be guaranteed opportunities to participate in the development of strategic, accountability and monitoring documents; arguing for the Health Research Strategy to be included among these documents; and advocating for legislative requirements for all strategies to be evidence based (as we successfully did in our [submission](#) on the Mental Health and Wellbeing Commission Bill). Submissions close on 9<sup>th</sup> December 2021.
- Cultivation and further cultivation of relationships with, and presentation of our compelling case to, key individuals on the POLC including Deborah Russell, Tamati Coffey, Liz Craig, Matt Doocey and Shane Reti.

- Cultivation of relationships with and presentation of our case to Chief Executives, Chairs and key members of the Māori Health Authority and Health New Zealand Boards

## What will a health research embedded New Zealand health system look like?

### FUTURE OF HEALTH TE ANAMATA O TE ORANGA

“Our compelling case” for embedding health research into the reformed health system, and describing what that will look like, will be based on NZHR’s [submission](#) to the Health Transition Unit (HTU), will include a specifically Te Ao Māori lens, and be informed by the results of our stakeholder survey.

The survey remains open at <https://www.surveymonkey.com/r/NZHR2021> for anybody else who wishes to contribute, with many thanks to the eleven who have already done so - very much appreciated and a rich source of additional important perspectives.

A summary of results so far, including respondents’ ratings of twelve randomly presented elements of NZHR’s HTU submission, and verbatim comments is presented [here](#) on the NZHR website.

In addition to the earlier response from HTU Director Stephen McKernan that NZHR’s submission would be forwarded to the HTU policy team “who will ... be incorporating the important place that research plays in high performing health systems” we have since heard from the HTU itself who have specifically advised as follows:

*“You have raised a number of important considerations relating to how we embed health research as an essential component of the new health and disability system.*

*Your paper has been forwarded to the Policy legislation and system design team in the Transition Unit, who are looking at how health research and intelligence is translated into policy and practice in the new system. Other workstreams that will benefit from the issues raised in your paper are workforce development and commissioning and will be forwarded to them.*

*We will also pass your paper through to the Ministry of Health who are responsible for the establishment of the Public Health Agency as you have raised a number of issues relevant to that Agency”.*

## Te Ara Paerangi Future Pathways Green Paper



“The research, science and innovation (RSI) sector has served New Zealand exceptionally well over the past 30 years. It is now timely to consider how we can best position our research system for the future”. These are RSI Ministers Woods’ and Verrall’s opening words to the much anticipated Te Ara Paerangi - [Future Pathways Green Paper](#)

The Ministers also state that “we need to gain a better understanding of the areas requiring change, to ensure the research system responds to and meets the nation’s future needs. The future state for the system needs to be one that is adaptable for

the future, resilient to changes, and connected; to itself, to industry, to public sector users of research, and internationally”.

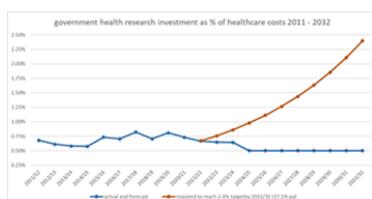
Cabinet papers released at the same time as the Green Paper note that the overall picture is one of unnecessary fragmentation and priority clutter. While our research system struggles to direct resources clearly towards areas of the highest importance, Government, as funders and stewards of the research system, struggles to give effect to its priorities through the same system.

The comment that “officials consistently struggle to identify how much we actually invest, whether it is invested in the right way, and how our contribution might be most effectively improved” offers a succinct summary of the state of the country’s health research sector.

As advocates for better recognition of the value of health research NZHR agrees with the above analysis and aspirations, and we’re pleased to see the Ministers’ acknowledgement that “research into the long-term drivers of wellbeing are vital.” We have indicated to MBIE that will actively and fully engage with the consultation process and play our part in ensuring best possible outcomes for health research. Stakeholder comments to NZHR are very welcome, noting that submissions to MBIE close on 2<sup>nd</sup> March 2022.

While participating in an MBIE Green Paper webinar NZHR asked about the place of existing sector research strategies (eg the Health Research Strategy) during the process of deciding on the future of the RSI sector as a whole. As it didn’t make the cut for being asked during the webinar we’ve written directly to MBIE seeking a response and expressing the hope that initiatives that are already, or could/would otherwise be underway, won’t be delayed or postponed while we await the outcome of the current consultation process, the development of a White Paper in late 2022, and the government’s subsequent response.

## Increasing investment in health research



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’re attempting 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.

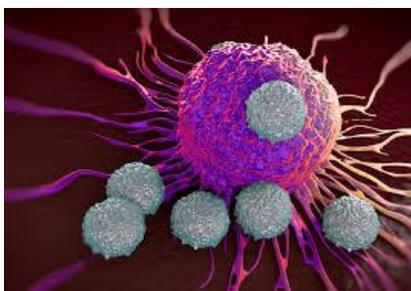
Our case has since been given further weight in a recent Herald [opinion piece](#) written by Peter Shepherd and David Grattan. In making the case yet again for increased investment in health research - specifically biomedical research - the authors state that the research capabilities that have informed our response to Covid 19 have been the result of many years of investment in science.

*“... while the advances in Covid research have recently grabbed the limelight, this is just the tip of the iceberg. Parallel advances in understanding the causes of diseases such diabetes, heart disease, cancer and neurological diseases are being made that are equally dramatic but less heralded. Given this experience, you would think that any country would prioritise investment in biomedical research capability to protect itself from current and future health threats, especially in these times. Unfortunately, this is not the case here [in New Zealand] and compared to other developed countries, we spend very little on this type of research.”*

Furthermore if our past and current underinvestment in health research is carried through into the future we run the risk that it will exacerbate Covid 19’s current negative impact on the ability of New Zealand scientists to undertake medical research, develop the health research workforce and raise funds for further investment. This is illustrated in this article [Critical breast cancer research disrupted by ongoing lockdowns - Expert | New Zealand Doctor \(nzdoctor.co.nz\)](#).

We’re seeking to further reinforce our case by providing examples of excellent health research which hasn’t gone ahead because of lack of funds. Please share your examples via our survey here <https://www.surveymonkey.com/r/NZHR2021>.

## GMOs in health research



As noted in our last newsletter the [Hazardous Substances and New Organisms \(Hazardous Substances Assessments\) Amendment Bill](#) is being reviewed by Parliament’s Environment Committee.

Despite references in the [Hazardous Substances and New Organisms Act 1996](#) to “rapid assessment” the reality is that the process of gaining approval to develop and use genetically modified organisms (GMOs) typically takes months.

Clinical research organisations which are developing new GMO based therapies for hitherto untreatable or hard to treat conditions, which have secured the funding and specialised research staff to undertake the work, often find themselves in the position of having to “cool their heels” awaiting the outcome of their Environmental Protection Authority applications.

This delays opportunities for clinical trials patients to potentially benefit from, and in some cases have their lives saved by, the new therapy. It can also be a waste of resources as research staff continue to be paid while awaiting the outcome of the application, but without actually undertaking the research they were hired to do, risking funding running out before the research has been completed.

NZHR has recommended through written and oral [submissions](#) how such delays could be safely mitigated if the HSNO Amendment Bill were to be amended in respect of both genetic modification of donor cells prior to reinsertion into a patient (such as for CAR T therapy), and genetic modification of foreign organisms into a therapeutic product for human use (such as for vaccine development).

Thanks to the teams at MSD (Merck) and the Malaghan Institute for their assistance with the written content, and to Malaghan staff for participating in the oral submission.

## NZHR’s AGM and Annual Report



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

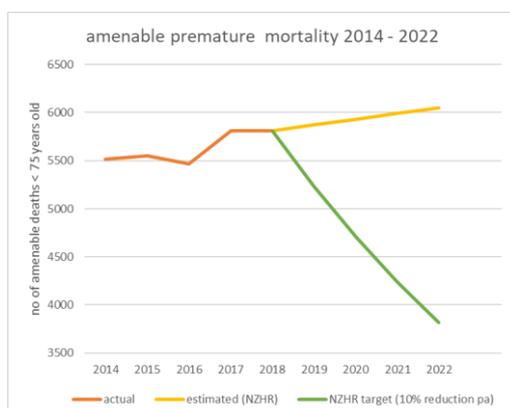
NZHR held its AGM on 14<sup>th</sup> October. Cure Kids and MSD (Merck) had reached the end of their three year terms on NZHR’s Board, and we’re pleased to advise that their respective representatives Frances Benge and Derek Siegers were elected for further three year terms, joining existing [Board members](#) Graham Malaghan (Chair), Martin Gagnon (University of Otago), Nicola Kayes (AUT), Peter Surman (Douglas Pharmaceuticals) and Nadia Levin (Research Australia).

The AGM also received NZHR’s [2021 Annual Report](#) which sets out successes and challenges for the year.

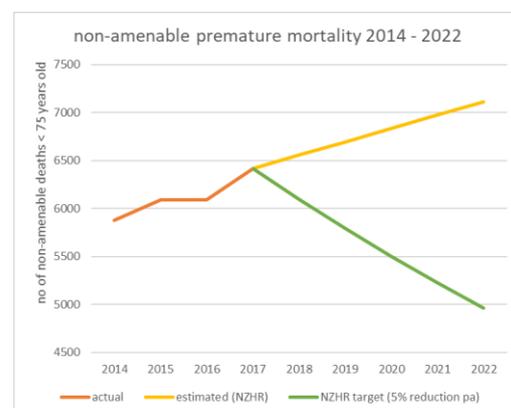
One such success was the Productivity Commission’s final report recommendation that “the Government should use its intended major health system reform to improve the mandate, funding and incentives for DHBs to participate in the healthtech innovation ecosystem”. This will greatly assist NZHR in the future as it continues to influence what the reformed health system will look like in respect of embracing health research as a key enabler of improved health outcomes.

On the other hand there continues to be the significant challenge of leveraging health research to save lives.

Premature amenable mortality



Premature non-amenable mortality



Through the graphs on the previous page we drew attention to the 13,000+ (and increasing) New Zealanders who are dying prematurely, comprising approximately 6000+ New Zealanders per year who are dying prematurely and unnecessarily, and 7000+ kiwis who are dying prematurely because we haven't done the research to know how to effectively treat them. This is in addition to the huge underlying iceberg of antecedent morbidity (and human suffering) of which these mortality figures are just the tip, and mortality rates for Māori and Pacific people which are double those of non-Māori.

We believe that a properly functioning health system would be investing in and actively applying the results of health research to ameliorate these statistics, and in our above submission to MBIE we have said that increased health research investment is critical to the bending of both of these premature mortality curves.

## Whose health and RSI systems are the fairest of them all?



In our last [newsletter](#) we took issue with the government's newly released [health system indicators framework](#), which purports to measure and report on “how well our health and disability system is doing for New Zealanders”.

NZHR's criticism of the 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 and non-amenable mortality and morbidity, no measures to track improved equity, and only three indicators which imply improved health outcomes. We suggested the Commonwealth Fund [Mirror, Mirror 2021: Reflecting Poorly](#) report both as a better alternative worthy of consideration and as instructive as to how the effectiveness of New Zealand's health system compares with other countries (ie very average).

Or, as we have learnt since, we could have used an excellent already existing New Zealand produced approach developed and [published](#) by Otago University's Robin Gauld et al. This approach, which itself draws on earlier Commonwealth Fund work, has a focus on internationally benchmarkable health system outcomes in the domains of healthy lives, quality, access, efficiency and equity. The full article is paywalled but please get in touch for more detailed information.

Meanwhile Te Pūrongo Rangahau Pūtaiao Me Te Auahatanga, [The Research, Science and Innovation Report 2021](#), which measures the performance of the New Zealand RSI system, has been released. It makes for an interesting read, and although New Zealand's overall R&D performance compared with other small advanced economies is poor some sectors have shown impressive growth.

Sadly however this is not the case for health and medical R&D where the report indicates that government investment has remained static, start-up investment in pharmaceuticals, biotechnology & life sciences has fallen, relative quality of health and medical research has fallen, data to measure the impact of health and other research, science and innovation activities on organisations and people is limited,

and the number of crown research institute and university Māori and Pasifika health and medical scientists domestically has remained largely static.

More positively, published outputs have increased, health and medical researchers appear to be well connected both locally and internationally, and Siouxsie Wiles was commended for her relentless science communication in the time of Covid.

## Clinical Trials



NZHR has engaged in the first of three rounds of the **Enhancing New Zealand Clinical Trials initiative's** Delphi survey seeking feedback and gaining consensus on proposed infrastructure options as distilled from the project's earlier engagement with sector stakeholders. The content of the questionnaire is [here](#). NZHR's responses were informed by results from our own stakeholder survey (above) and emphasised the importance of: a nationally available resource to support the development of the clinical trials sector; full consumer engagement and participation; pathways to health outcomes impact; and embedding health and medical research as an essential component of the health system.

In the meantime Cancer Trials New Zealand is on a mission "to sustain and grow a collaborative clinical research programme which is responsive to the principles of equity and the priorities of those affected by cancer in Aotearoa New Zealand". Their just announced Strategic Plan 2021-2026 can be read here [Strategic Plan | Cancer Trials NZ](#)

## Opportunities



### 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.



### The R&D Tax Incentives Scheme. November

The RDTI regime provides a 15% benefit for eligible R&D costs. This webinar will explain what qualifies, how and when to claim it and recent favourable developments. Expert Deloitte speakers with experience of assisting clients in the health IT sector will present. Register here [R&D Tax Incentives - How to make the most of them! Tickets, Fri 26/11/2021 at 12:00 PM | Eventbrite](#)



### A fair chance for all. November.

Breaking the disadvantage cycle: Why the first 1,000 days matter. Join the Productivity Commission's upcoming webinar to hear from global and New



### HQSC Quality Improvement Symposium. April

The Commission's seventh annual quality improvement scientific symposium to be held in Christchurch has been postponed to

Zealand experts about the importance of the early years in breaking the cycle of intergenerational disadvantage. This webinar is part of the Commission's [A fair chance for all](#) inquiry. 19 November 2021 10.00-11.30 am. Details [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](#)



Join Melnet for the 2022 New Zealand Melanoma Summit on 11 - 13 February 2022. Achieving Consistent, Best Practice Melanoma Care Through Collaborative Action. Great speakers. More on the [Summit website](#) here.



### Pharmac RFI. November.

Pharmac wishes to purchase research services to understand what the public thinks is important, and the trade-offs they are willing to make, when prioritising pharmaceutical spending. The results will be used to help Pharmac to make investment choices that better reflect societal preferences, and ultimately enhance New Zealanders wellbeing. Closing date: Friday 19<sup>th</sup> November. More here [GETS | Pharmaceutical Management Agency - Research into what New Zealanders value when prioritising Pharmaceutical spending](#)

6<sup>th</sup> 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](#)



### ON TRACK Network Trial Development Workshop. February

The ON TRACK Network Trial Development Workshop 2022 will take place in Auckland on 24<sup>th</sup> & 25<sup>th</sup> 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 [2022 Trial Development Workshop | ON TRACK Network \(perinatalsociety.org.nz\)](#).



### Callaghan. Founder and Start-up Support. December

Callaghan Innovation aims to identify potential providers for the revised July 2022 Founder Incubator and Accelerator programme. The programme will offer operational funding to start-up support organisations who provide incubation and acceleration services to founders and start-ups. Closing date: 6<sup>th</sup> December. More here [GETS | Callaghan Innovation - Founder and Start-up support Programmes](#)

## Health Research in New Zealand and globally

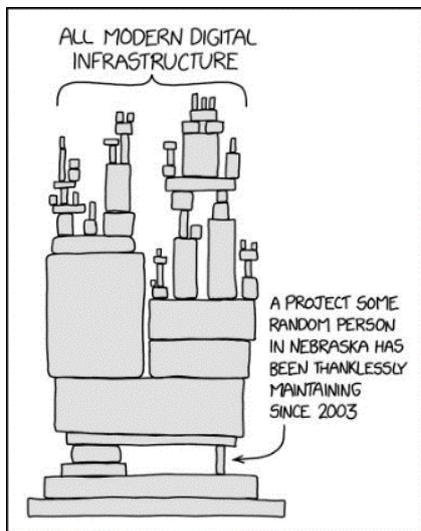
### James Cook Research Fellowships



Congratulations to health researchers Associate Professor Johanna Montgomery (far left), University of Auckland, and Professor Holly Thorpe (left), University of Waikato, for being awarded James Cook Research Fellowships to undertake study or research in their field of endeavour for two years, recognising their sustained research excellence.

Professor Montgomery will explore the underlying function of nerve cells called ‘ganglionated plexi’ clustered on the heart. These nerve cells act as ‘little brains’ controlling the rhythm of the heart. They play a key role in atrial fibrillation, a condition of the heart that causes an irregular and often rapid heart rate, and is linked to an increased risk for stroke, heart failure and dementia. Professor Thorpe will research how the global pandemic has impacted New Zealand women’s wellbeing – their social, physical, mental, and spiritual health, their connection to people and places, and their sense of belonging to their communities – as well as the strategies they have devised to rebuild relationships and renew a sense of hope in the future.

### The tangled history of mRNA vaccines



This is the fascinating [story](#) of how we got to current Covid vaccines, and they certainly did not drop out of the air suddenly when we became aware of the pandemic. This “tangled history”, reported in the journal *Nature*, says that the journey started in 1960 with the initial discovery of liposomes and mRNA, and carried on “in late 1987 when Robert Malone performed a landmark experiment. He mixed strands of messenger RNA with droplets of fat, to create a kind of molecular stew. Human cells bathed in this genetic gumbo absorbed the mRNA, and began producing proteins from it”. Subsequently, hundreds of scientists have worked on mRNA vaccines for decades before the coronavirus pandemic brought a breakthrough.

However it has been a chequered history dogged by patent disputes, unsuccessful funding applications, allegations of sexual harassment, academic cynicism and rivalry as well as sheer persistence - well exemplified by biochemist Katalin Karikó who had toiled in University of Pennsylvania laboratories throughout the 1990s with the goal of transforming mRNA into a drug platform, although grant agencies kept turning down her funding applications. In 1995, after repeated rejections, she was given the choice of leaving UPenn or accepting a demotion and pay cut. She opted to stay and continue her dogged pursuit eventually managing to induce cells to produce a large and complex protein of therapeutic relevance - a discovery credited as being essential for today’s successful mRNA vaccines.

## Shining a light into dark places



With mental health being top-of-mind for so many people at present, including children and young adolescents, NZHR member Cure Kids are investing in a critical project to develop New Zealand-designed resources to help parents, caregivers and whānau respond to the needs of young people who self-harm.

Leading the project is Clinical Psychologist and suicide-prevention expert, Dr Sarah Fortune (pictured), who will work with local communities to co-design the resources, combining the best international evidence with real-world experiences in NZ. Cure Kids say they're investing in this work because it will deliver practical resources - in an innovative format - which work in the Kiwi context. Read more here [Shining a light into dark places | Cure Kids](#)

## Health research, climate change and genetic modification



This Guardian [article](#) suggests that chronic kidney disease linked to heat stress could become a major health epidemic for millions of workers around the world as global temperatures increase over the coming decades, and that more research into the links between heat and CKDu - chronic kidney disease of uncertain cause - is urgently needed to assess the potential scale of the problem. The article says that epidemics of CKDu have already emerged primarily in hot, rural regions of countries such as El Salvador and [Nicaragua, where abnormally high numbers of agricultural workers have begun dying from irreversible kidney failure.](#)

On the other hand the BBC reports that [US surgeons test pig kidney transplant in a human - BBC News](#). The surgeons say they have successfully given a pig's kidney to a person in a transplant breakthrough they hope could ultimately solve donor organ shortages. The kidney came from a pig that had been genetically modified to stop the organ being recognised by the body as "foreign" and being rejected.

## Algae-based local anaesthetic



An algae-based pain medication that could improve the care of patients undergoing surgery is now closer to reality thanks to a collaboration between Cawthron Institute, medical researchers at Boston Children's Hospital and Chilean biotech company Proteus. Cawthron Institute has announced they have developed a reliable and commercially scalable method for producing neosaxitoxin, a potent toxin from the paralytic shellfish toxin family, that can be combined with existing local anaesthetics for use as a local anaesthetic during and after surgery in post-operative patients. More here [Cawthron Institute Part Of International Collaboration To Develop World's First Algae-based Local Anaesthetic | Scoop News](#)

## News from NZHR's global family



Research Australia has been working with its members to closely examine how to tackle the challenges and opportunities presented by the pandemic. Together, they say, they can

emerge with a stronger health and medical research sector capable of delivering better health and more wealth for Australians.

The areas they are exploring are:

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.

More details are [here](#), and NZHR will “borrow” as much as is useful for own parallel process for responding to the government’s RSI Green Paper discussion document



Research America has written to the US Senate and House of Representatives urging them not to stall funding for health and medical research, asserting that the ability to advance is compromised by a budget that stalls crucial science, technology, and engineering advances and is clearly misaligned with current opportunity and need.

“Even before the onset of the COVID-19 pandemic, more than 145,000 Americans lost their lives before age 45 to physical and mental illness each year. For far too many Americans, COVID-19 is a health threat on top of other health threats that they have been battling for years and, in some cases, all of their lives. Between 25 and 30 million people in the United States, many of them children, are living with a rare disease; nearly 17 million are battling cancer; at least 10 million face a serious mental illness; more than six million are struggling with Alzheimer’s; and over 34 million are living with diabetes. That is only a small fraction of the number of people in our country living with a disease or debilitating condition.”

“Americans want our nation to fight back. According to a national public opinion survey Research!America commissioned just before the pandemic emerged in the U.S., 88% of Americans believe it is important for the President and Congress to assign a high priority to ensuring faster medical progress.”



In its written submission to the pre-budget consultations in advance of the 2022 budget Research Canada is recommending that the Government of Canada develop a health research and innovation ecosystem strategy that includes:

1. Bolstered investment in fundamental science through the Tri-Council

2. Support for diverse, highly-qualified research personnel, including the next generation, Indigenous Peoples and people from racialized and otherwise marginalized communities
3. 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
4. Support for an enabling environment for trans-sector partnerships through attention to and investment in culture, structures, incentives and governance
5. Investment in the digitalization of our health system that facilitates and encourages public engagement in the discourse surrounding health, research and innovation

The detailed recommendations are [here](#) and, again, NZHR will draw from the Canadian experience to inform its own contribution to the RSI Green Paper consultation process.



In its 2021 Progress Report Research Sweden states that the country's funding of medical research and development is increasing slightly by 1.5 percent in 2021, compared to 2020, but is projected to decrease in relation to GDP. This is despite the fact that the government has announced investments in

health and life science several times during the pandemic. At the same time, a new public opinion survey shows that the public wants the government to invest more in medical research and development.

The progress report shows, among other things, that:

- Statistics Sweden estimates that funding for R&D in medicine and health sciences will be 0.17 per cent as a share of GDP in 2021, down from 0.18 per cent in 2020.
- Sweden has lost two places in one year and was 11th in an international comparison of 34 countries in government investment in civil research and development as a share of GDP in 2019.
- Sweden has increased in scientific quality in medical research, but is losing its position internationally. In 2002, Sweden was in eighth place, but dropped to 10th in an international comparison in 2018.

For every krona used for healthcare, the state invests less than two cents in medical research and development. 77% of respondents in a new public opinion poll agreed it is a good proposal to increase this to four cents.

## 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](mailto: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](http://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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