



COVERSHEET

Minister	Hon Dr Shane Reti	Portfolio	Science, Innovation and Technology
Title of Cabinet paper	Transitioning health research funding from the Health Research Council to Research Funding New Zealand	Date to be published	9 April 2026

List of documents that have been proactively released		
Date	Title	Author
November 2025	Transitioning Health Research Funding from the Health Research Council to Research Funding New Zealand	Offices of the Minister of Science, Innovation and Technology, and of the Minister of Health
12 November 2025	Transitioning Health Research Funding from the Health Research Council to Research Funding New Zealand ECO-25-MIN-0185 Minute	Cabinet Office
5 November 2025	Future of Health Research Funding: Decision Making and Allocation RIS	MBIE and MOH
5 November 2025	RIS Annex 2 - Cost Recovery for a Fast-track Research Ethics Review Process	MBIE and MOH
3 December 2025	RIS Quality Assurance Feedback Form and QA Criteria	MBIE and MOH
14 August 2025 – 5 November 2025	Briefings on the Future of Health Research Funding	MBIE and MOH

Information redacted

YES

Any information redacted in this document is redacted in accordance with MBIE's policy on Proactive Release and is labelled with the reason for redaction. This may include information that would be redacted if this information was requested under Official Information Act 1982. Where this is the case, the reasons for withholding information are listed below. Where information has been withheld, no public interest has been identified and that would outweigh the reasons for withholding it.

Some information has been withheld under the grounds of commercial information, confidential advice to Government, and confidential commercial information (trade secret).

BRIEFING

Approach to transitioning health research funding and disestablishing the Health Research Council

Date:	9 October 2025	Priority:	Medium
Security classification:	In Confidence	Tracking number:	BRIEFING-REQ-0021265 H2025073071

Action sought		
	Action sought	Deadline
Hon Simeon Brown Minister of Health	<p>Note that the Health Research Council (HRC) Act 1990 is proposed to be repealed via the Science, Innovation and Technology (SI&T) Bill to enable the legal transfer of health research funding responsibilities to Research Funding New Zealand (RFNZ).</p> <p>Note that MBIE and the Ministry of Health will jointly lead the transition process, including the development of future governance arrangements to retain health sector influence in RFNZ decision-making.</p> <p>Agree to include repeal provisions for the HRC Act in the SI&T Bill drafting instructions, and to progress the disestablishment of the HRC with appropriate redistribution of its statutory and operational functions.</p>	9 October 2025
Hon Dr Shane Reti Minister of Science, Innovation and Technology		

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Landon McMillan	Policy Director, Science, Innovation and Technology, MBIE	Privacy of natural persons	✓
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The following departments/agencies have been consulted

Minister's office to complete:

Approved

Declined

Noted

Needs change

Seen

Overtaken by Events

See Minister's Notes

Withdrawn

Comments

BRIEFING

Approach to transitioning health research funding and disestablishing the Health Research Council

Date:	9 October 2025	Priority:	Medium
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Purpose

To provide you with joint advice from the Ministry of Business, Innovation and Employment (MBIE) and the Ministry of Health (MOH) on transitioning health research funding from the Health Research Council (HRC) to Research Funding New Zealand (RFNZ), following Cabinet's in-principle decision to transfer this responsibility. This briefing sets out the legislative vehicle, preferred policy proposals and operational transition planning to inform drafting instructions for the Science, Innovation and Technology (SI&T) Bill.

Executive summary

This briefing provides joint advice from MBIE and MOH on the proposed transition of health research funding responsibilities from the HRC to RFNZ, following Cabinet's in-principle decision to include health research funding in the remit of RFNZ.

The preferred legislative approach is to repeal the HRC Act 1990 and disestablish the HRC as a Crown entity, with relevant statutory and operational functions redistributed across RFNZ, MBIE, the MOH and other entities. Officials recommend progressing this repeal via the SI&T Bill, subject to confirmation from the Office of the Clerk that the inclusion meets Standing Orders for omnibus legislation.

Key responsibilities to be shifted from the HRC include funding administration, ethics and scientific review, policy advice, workforce development, and committee governance. A revised Memorandum of Understanding (MoU) between the Minister of Health and the Minister of Science, Innovation and Technology will be developed to clarify roles and responsibilities, particularly in relation to the Health and Society Pillar Investment Plan (PIP), which will become the primary mechanism for ministerial direction in the new system.

Targeted stakeholder consultation will take place after the 14 October funding announcement, prioritising engagement with the HRC and key affected stakeholders. Subject to Ministers' agreement, a Cabinet paper will be prepared for the Economic Development Cabinet Committee (ECO) on 19 November 2025 to seek formal agreement to the legislative pathway and associated drafting instructions.

Transition planning will continue through 2026. Full implementation of the Health and Society pillar is expected by 2028, subject to legislative progress and system readiness.

Recommended action

The Ministry of Business, Innovation and Employment (MBIE) and the Ministry of Health (MOH) recommend that the **Minister of Health** and the **Minister of Science, Innovation and Technology**:

- a **Note** that Cabinet has agreed to the in-principle transfer of health research funding responsibilities from the Health Research Council (HRC) to Research Funding New Zealand (RFNZ), as part of broader SI&T system reforms.

Noted

- b **Agree** to repeal the HRC Act 1990 and disestablish the HRC as a Crown Entity.

Agree / Disagree

- c **Agree** that the repeal of the HRC Act 1990 and associated transitional provisions be progressed via the SI&T Bill.

Agree / Disagree

- d **Agree** that relevant statutory and operational functions of the HRC be transitioned to appropriate entities within the health and SI&T systems as outlined in **Annex One**.

Agree / Disagree

- e **Agree** that when functions are transferred to other entities, appropriate funding for staff and resources is transferred in tandem, to be agreed by the Minister of Health and the Minister of SI&T

Agree / Disagree

- f **Agree** to the legislative changes that relate to the ethics and scientific review functions, including adding a regulatory power for cost recovery for fast-track ethical approval, as listed in **Annex Two**.

Agree / Disagree

- g **Agree** to prepare a Cabinet paper for submission to the Economic Development Cabinet Committee (ECO) on 19 November seeking agreement to the repeal of the HRC Act 1990, to progress the repeal through the SI&T Bill and to issue drafting instructions for the Parliamentary Counsel Office (PCO) in line with these decisions.

Agree / Disagree

- h **Agree** that MBIE and MOH will jointly lead stakeholder consultation following the 14 October SI&T funding announcement and that this engagement will be targeted to key stakeholders impacted by the proposed regulatory change.

Agree / Disagree

- i **Agree** to the indicative timeframes for legislative and operational transition, noting that these may shift depending on the SI&T Bill's introduction and passage through the House.

Agree / Disagree

- j **Agree** that MBIE and MOH will jointly lead further work on:
- a. organisational disestablishment of the HRC, including transfer of assets and transfer and transition of staff.
 - b. design of the Health and Society Pillar under RFNZ, including development of Pillar Investment Plans.
 - c. updating the Memorandum of Understanding on health research between Ministers and between agencies to clarify roles and responsibilities for the Pillar Investment Plan and monitoring and governance arrangements for health research funding.

Agree / Disagree

- k **Agree** that the SI&T Bill include provisions for the Minister of Science, Innovation and Technology to consult with Ministers whose portfolios may be impacted by Ministerial directions for RFNZ.

Agree / Disagree



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9 / 10 / 2025

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Minister of Science, Innovation and Technology
..... / /

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Background

1. Cabinet has agreed to a series of reforms to establish a strategy-led, outcomes-focused science, innovation and technology (SI&T) system. These reforms include the creation of Research Funding New Zealand (RFNZ) as a single national research funding decision-maker and the adoption of a pillar-based framework to organise public investment in research.
2. Cabinet agreed in principle to transition health research funding from the Health Research Council (HRC) into a new “Health and Society” pillar, under RFNZ, pending a satisfactory plan for the required legislative changes and the approach for redistributing relevant statutory and operational functions [ECO-25-MIN-0147 refers].
3. This briefing provides further advice on the legislative approach to enable HRC’s funding decision-making and administration functions to be reassigned to RFNZ and MBIE, and the reassignment of other relevant functions currently undertaken by the HRC to other entities within the health and SI&T systems.

Repeal of the HRC Act is the preferred legislative approach for enabling the health research funding transfer

4. To enable the repeal of the HRC Act and disestablishment of the HRC two legislative pathways are available: standalone legislation, or inclusion within an existing legislative vehicle.
5. Given current pressures on the legislative programme and the need to maintain momentum on SI&T system reforms, officials recommend progressing the repeal through the SI&T Bill. This approach offers greater efficiency, full select committee scrutiny, and alignment with broader reform objectives.
6. However, inclusion of the repeal provisions in the SI&T Bill is subject to confirmation from the Office of the Clerk that it meets the Standing Orders for Omnibus Bills requiring a single broad policy. Officials are engaging with the Office of the Clerk to confirm this. If the repeal cannot be included in the SI&T Bill, alternative legislative options, such as a standalone bill, may need to be considered. These alternative options have increased risks of delay, reduced coherence, and increased legislative complexity.
7. Free and frank opinions
Targeted stakeholder engagement will be required to support the legislative transition.
8. Cabinet agreement on the HRC Act’s repeal in the SI&T Bill is required in November to avoid delays to the SI&T Bill’s current processes and timeframes.

Legislative timeframes and milestones

9. The following indicative timeframes support planning for legislative change and transition:

Milestone	Timing
Joint policy development and function mapping (MBIE and MOH)	September - early October 2025
Announcement on changes to the SI&T funding system	14 October 2025
Engagement between MBIE/MOH officials and HRC staff	Date TBC, following the funding announcement
Consult HRC’s key stakeholders	15 – 24 October 2025

Draft Cabinet paper and Regulatory Impact Statement	23 October 2025
Agency and Ministerial consultation	4 - 13 November 2025
Cabinet paper lodged	13 November 2025
Economic Development Committee (ECO)	19 November 2025
Drafting instructions issued	November - December 2025
Parliamentary Counsel Office (PCO) drafting the SI&T Bill, including repeal provisions	December 2025 - January 2026
SI&T Bill to Cabinet Legislation Committee (LEG)	February - March 2026

Risks of delaying inclusion of HRC repeal provisions

10. If the repeal provisions are not included in the initial drafting of the SI&T Bill, there is a remaining option to introduce them via an amendment paper during the Select Committee stage. This presents additional risks.¹ In addition to these risks, the timing of legislative enactment will significantly influence the feasibility and sequencing of the transition.

Disestablishment of the HRC and transfer of functions

11. Disestablishment of the HRC requires a clear and deliberate approach to ensure continuity of critical functions and maintain system integrity. This includes planning for the redistribution of statutory and operational functions, staff transitions, and the transfer of assets and systems.
12. These functions will need to be redistributed across MBIE, MOH, RFNZ and other organisations such as the National Ethics Advisory Committee (NEAC), depending on their nature and legislative dependencies.
13. The HRC performs a range of non-statutory functions that may be important to retain within the health research system, such as: overseeing scientific review committees, health research funding policy development, and maintaining relationships with international health research funders. These functions will be reviewed by officials to determine whether they need to be transitioned, discontinued, or absorbed into existing structures.

Recommended approach to function transfer

14. An immediate priority is to determine the future home of the HRC's statutory functions, so that these decisions can be reflected in the SI&T Bill drafting instructions. This will ensure that, even if the enactment of the Bill (and therefore the formal disestablishment of the HRC) is delayed, there is clarity on where each function will sit in the future system. For each statutory function, there are three policy options:
 - a. **Retain and transfer** to another piece of legislation and a new operational home.
 - b. **Remove** the function if it is no longer needed.
 - c. **Retain** the function elsewhere in health or SI&T system, but without embedding it in statute.

¹ Risks include: Reduced Select Committee scrutiny, limiting transparency and stakeholder engagement; misalignment with the SI&T Bill's core policy intent; increased drafting complexity and legal risk, particularly around transitional provisions; potential for judicial review if appropriation responsibilities are shifted without legislative change; undermining the HRC's viability by removing its core funding role without repeal; and a disjointed transition to RFNZ, weakening strategic alignment across the SI&T and health systems.

15. Our recommendations for each group of HRC's statutory functions are set out below. Additional details on these functions and where they are referred to in the HRC Act are set out in **Annex One**.

Funding administration

16. The HRC performs a range of funding-related functions under the HRC Act. These include administering funds for implementing national health research policy, initiating and supporting health research, soliciting and advertising for proposals, and managing additional public or private funding sources. These functions are tightly linked to HRC's statutory mandate and form the core of its operational role.
17. These functions are proposed to transfer primarily to RFNZ and MBIE. RFNZ will assume responsibility for funding decision-making, including grant allocation and priority setting. MBIE, through its Science System Investment and Performance (SSIP) branch, will issue calls for proposals and support funding administration, including oversight of appropriations and reporting.
18. To ensure continuity and preserve health research sector influence, mechanisms such as a revised Memorandum of Understanding (MoU) between Ministers or provisions in the SI&T Bill will be needed to ensure that health-specific funding priorities are considered and integrated into RFNZ's broader investment framework.

Policy and advisory functions relating to health research

19. This function supports the development and implementation of health research policy, strategic advice to Ministers, consultation with stakeholders, and dissemination of research findings. These are essential for ensuring that health research aligns with national health priorities, supports system-wide outcomes, and informs health service delivery and innovation.
20. Most of this function is proposed to transfer to the Ministry of Health. The Ministry of Health will lead on national health research policy, health workforce strategy, and ongoing consultation with the sector on health research matters. This includes: advising the Minister of Health on health research priorities and system strategy, contributing to priority setting within the new pillar-based structure and integrating research into health system planning.
21. Aspects of this function relating to strategic alignment across the SI&T system and oversight of RFNZ's performance in delivering health research outcomes are proposed to transfer to MBIE.
22. RFNZ will be responsible for making funding allocation decisions, developing Pillar Investment Plans and ensuring evaluation of health research outcomes.

New arrangements for ethics and scientific review functions

23. Independent ethical and scientific scrutiny of health research underpins New Zealand's standing as a trusted research environment.
24. If the decision is made to repeal the HRC Act, we recommend that HRC's ethics review functions be transferred to new legislative frameworks. Because the current HRC Act ties these functions to its funding role, they cannot be transferred as is. A summary of proposed legislative changes is attached as **Annex Two**.
25. We recommend the HRC Ethics Committee's approvals and standards are combined with NEAC's ethical standards for research into a new National Standard on Ethical Conduct in Human Research. The new standard would be led by NEAC and include the HRC functions. It would set expectations, roles and responsibilities, and processes in the ethics system.
26. The scientific review committees (Standing Committee on Therapeutic Trials, the Gene Technology Advisory Committee and the Data Monitoring Core Committee) are not legislated. The first two can

be transferred to Medsafe, a business unit within the Ministry of Health, which already undertakes some scientific review functions. Officials will assess whether the Data Monitoring Core Committee will be needed in the new system.

27. To support the SI&T system reform's priorities to deliver economic outcomes, support economic growth and incentivise researchers to commercialise research, it is a priority for the Minister of Health to ensure ethics and scientific review processes are timely, efficient, and fit for purpose.
28. The clinical trials sector has advised the Minister of Health that delays in ethics review are a barrier to investment and innovation, and they have called for reforms focused on timeliness and quality.

Free and frank opinions

29. Introducing a cost-recovery model for fast-track ethics reviews would ensure sustainability, maintain quality and timeliness, and reduce reliance on public funding. The commercial trials sector has advised they would prefer to pay a fee for certainty of timeframes. This requires a small consequential amendment to the Pae Ora (Healthy Futures) Act 2022 to enable fees to be set by Order in Council.
30. While this proposal supports system efficiency and responsiveness, it introduces an additional legislative change beyond the core repeal provisions. Free and frank opinions
31. If not addressed now, there is a risk that the ethics system will not keep pace with the requirements of the research sector. Submitters are likely to raise this during Select Committee consideration, so there is an opportunity would front foot that discussion. There is an opportunity to strengthen New Zealand's ethics system alongside broader science funding reforms, ensuring it remains competitive, credible, and aligned with international best practice.

Workforce development

32. We propose a joint approach with MBIE and RFNZ undertaking components such as funding career development awards, aligned with MBIE's existing work across the SI&T system to support research workforce development. These aspects are expected to be incorporated into the future Health and Society pillar within RFNZ.
33. Responsibility for health research workforce strategy is a gap in the current system. MOH will explore how their health workforce strategies, as well as those produced by Health New Zealand, can encompass the specific needs of health researchers and the sector. Connection with RFNZ's approach to workforce development will be managed under the revised MOU.

Other statutory and non-statutory committees

34. The HRC's Māori Health Committee provides culturally informed advice on health research affecting Māori. We propose that this statutory function be transitioned into RFNZ's Health and Society pillar, with RFNZ establishing a dedicated committee to retain expertise in Māori health research approaches and support Māori health advancement through health research.
35. The Pacific Health Research Committee function, a non-statutory function, will also be transitioned into RFNZ's Health and Society pillar. We propose RFNZ establish a committee or advisory mechanism to ensure that expertise in Pacific health research approaches and workforce development is maintained.

36. HRC's ethics-related committee functions are covered in paragraphs 23-31, including the proposed transfer of oversight to NEAC and legislative amendments to maintain ethical review standards.

Operational disestablishment and transition

37. The disestablishment of the HRC as a Crown entity will require careful planning to ensure continuity of critical functions and minimise disruption. This includes:
- a. disestablishing the HRC Board (the Council) as part of the Crown entity wind-down process, and formally notifying Council members
 - b. ensuring that, in the absence of Crown entity arrangements that currently cement the role of the Minister of Health, appropriate mechanisms are in place to maintain health sector involvement in health research matters. Key areas of operational transition include:
 - i. **Staffing arrangements:** Identify roles tied to specific functions e.g., research contract management, ethics oversight, and strategic advice, determine their future host (eg MBIE, MOH) and transition roles and staff to new homes as appropriate.
 - ii. **Asset and system transfers:** Map and transition IT platforms, databases, contract management tools, and organisational knowledge.
 - iii. **Legal and employment considerations:** Ensure employment transitions comply with public sector obligations and support staff wellbeing.
38. The transfer of functions to other entities, such as MOH, MBIE and NEAC, will require appropriate funding and resources to perform those functions be transferred in tandem.
39. A small portion of the Health Research Fund will need to be allocated on an ongoing basis to support ethics and science review committees, to make up the current shortfall.
40. A dedicated stream of work will scope the operational transition, including where staff and assets will go during the disestablishment period.
41. As a public entity, disestablishment also requires addressing other issues like the management of financial appropriations, finalisation of full accounts, and meeting public records and statutory reporting requirements.
42. A detailed summary of the statutory makeup of the HRC Council and the consideration of members in the transition to RFNZ is attached in **Annex Three**.

Governance and design of the Health and Society pillar

43. With the disestablishment of the Health Research Council, traditional Crown entity levers under the Crown Entities Act 2004, such as Letters of Expectations, Statements of Intent, and Statements of Performance Expectations, as well as the responsibilities of the Minister of Health for health research under the HRC Act, will no longer apply to health research funding.
44. In the future system, the primary mechanism for ministerial direction-setting will be the Pillar Investment Plan (PIP) for the proposed Health and Society pillar. This offers a more strategic and outcomes-focused tool for setting priorities but will require clear articulation of roles and responsibilities between Ministers and agencies to ensure coherence and connectivity across the health and SI&T systems.

45. Officials recommend that a revised Memorandum of Understanding (MoU) between the Minister of Health and the Minister of Science, Innovation and Technology be developed to support this. The MoU should set out roles and responsibilities for:
 - a. **Development and agreement of the Pillar Investment Plan (PIP):** The MoU should outline how agencies will engage and collaborate in the development of the Health and Society PIP, including the process for setting priorities and aligning with broader system outcomes.
 - b. **Publishing the PIP:** The MoU should specify that both Ministers should agree on the final content of the PIP before it is published and that the Minister of SI&T is responsible for publishing the PIP, reflecting RFNZ's role within the SI&T system, while ensuring health priorities are embedded.
 - c. **Performance and Monitoring:** The MoU should set out how both Ministers and their agencies will monitor RFNZ's delivery of health research outcomes under the PIP, including mechanisms for feedback, performance assessment, and system learning.
46. This arrangement will ensure continued health sector influence in research funding decisions and provide a clear framework for collaboration between Ministers and agencies.

Transition of HRC funding and implementation timeline

47. Transition planning will continue to evolve alongside RFNZ's pillar investment design. While legislative change is expected in 2026, the full transfer of decision-making responsibilities and implementation of the Health and Society pillar is likely to occur in 2028, subject to legislative progress and system readiness. This timeframe allows for careful integration of health research functions into RFNZ's broader investment framework. However, publishing a Health and Society pillar plan could start earlier – from late 2026 onwards.
48. A key risk is a significant delay to the SI&T Bill being passed. Were the Bill not introduced at all, then there would be significant uncertainty, and alternative legislation and operational options would have to be explored.

Commercial Information

50. These risks will need to be mitigated through clear communication, transitional hosting arrangements, and early decisions on the future home of HRC functions and options for staff.
51. A summary of HRC's financial position and funding transfer arrangements is attached in **Annex Four**, and a breakdown of staffing and budget allocations by directorate is provided in **Annex Five**.

Consultation

52. Consultation will be jointly led by MBIE and MOH, using a targeted and structured approach. Given timing constraints and the nature of the proposed regulatory changes, engagement will focus on stakeholders most directly affected by the transition of health research funding to RFNZ and the associated legislative reforms.

53. Engagement with the HRC will be prioritised, with a meeting planned shortly after the 14 October funding announcement. Senior representatives from both MBIE and MOH will attend, and advice will be sought from the HRC Chair on how best to proceed with broader engagement.
54. Following this, officials will meet with other groups and organisations including:
 - a. Universities, via the Deputy Vice-Chancellors (Research) group.
 - b. Health-focused Independent Research Organisations (IROs), such as the Malaghan Institute and the Medical Research Institute of New Zealand (MRINZ).
 - c. Health New Zealand.
55. High-level material will be provided to stakeholders outlining the proposal to bring health research funding under the remit of RFNZ, including the rationale for legislative change and the proposed governance arrangements.
56. Additional engagement with central agencies (eg Public Service Commission, Treasury) will be arranged to support system-level transition planning.

Next Steps

57. Officials from MBIE and MOH will continue to work jointly to scope the transfer of HRC's statutory and operational functions, including staff and assets, to inform legislative drafting and ensure continuity of critical functions.
58. A Cabinet paper will be prepared for the Economic Development Cabinet Committee (ECO), scheduled for 19 November 2025, to seek formal decisions on the legislative pathway and transition approach.

Annexes

Annex One: Table of HRC's functions and proposed transfers

Annex Two: Mapping of ethics-related legislation and committee roles

Annex Three: HRC Council composition and transition planning

Annex Four: HRC's financial position and funding transfer arrangements

Annex Five: HRC Staffing and Budget Overview

Annex One: Table of HRC's functions and proposed transfers

Function	Details	Proposed future state & key responsible agencies	Considerations
Funding	<ul style="list-style-type: none"> s6(1)(b) Administers funds granted to the Council for the purpose of implementing national health research policy <p><i>Health research funding is the primary function proposed to transfer to RFNZ, in line with the policy intent of consolidating funding decision-making within a single national entity. This will become a core function of RFNZ, supported by MBIE through its oversight and investment performance roles.</i></p>	Function covered by provisions in SI&T Bill (RFNZ & MBIE)	Officials will develop detailed advice on transition of funding and design of the Health and Society Pillar in due course.
	<ul style="list-style-type: none"> s6(1)(c) Negotiation (every 3 years) of bulk-funding allocations that may be made to the Council by the Government for the funding of health research. 	Function no longer required (PMSITAC, RFNZ, MBIE & MOH)	<p>The new SI&T system introduces system wide mechanisms and functions for priority setting and broad allocation between pillars. PMSITAC will play a key role in providing advice on allocation across pillars.</p> <p>The Memorandum of Understanding (MOU) between the Minister of Health and SI&T will be key to setting out roles and responsibilities for Ministers and agencies in feeding into the PMSITAC process and the development of the Science Investment Plan which will reflect budget allocations.</p>
	<p>Soliciting research proposals and applications for funding</p> <ul style="list-style-type: none"> s6(1)(e) Initiates and supports health research s6(1)(g) Encourage initiatives into health research by soliciting research proposals and applications, particularly in areas considered by the Council to have a high priority s6(1)(i) Advertise actively for applications for grants to support proposals or personal awards in relation to health research 	Function no longer required in statute (RFNZ)	<p>In the future system, the function of initiating and supporting health research will be delivered through RFNZ's regular funding administration processes—such as advertising funding rounds, issuing calls for proposals, and inviting expressions of interest.</p> <p>To ensure this activity continues to surface high-quality ideas and engage the full range of stakeholders, the revised MOU will set out how MBIE, the Ministry of Health, and RFNZ should each contribute to aspects of this function. This will help maintain sector engagement and ensure health research priorities are well represented across the system.</p>
	<ul style="list-style-type: none"> s6(1)(k) Ensure the development and application of appropriate assessment standards by committees or subcommittees that assess health research proposals 	Function no longer required in statute (RFNZ)	A core function of RFNZ will be to ensure that funding applications are assessed appropriately, with processes that determine their merit and relevance in relation to the specific funds and outcomes they are intended to support.
	<ul style="list-style-type: none"> s6(1)(l) Administer any additional funds that may be made available to the Council from either public or private sources for the support of health research 	Function no longer required in statute (RFNZ)	<p>The SI&T Bill includes provisions that allow other public sector agencies to request support from RFNZ in administering their research funds, recognising RFNZ's central role and expertise in funding processes. This is intended to improve consistency, efficiency, and strategic alignment across the research funding landscape. In addition, future funding arrangements are expected to include mechanisms that encourage greater private sector co-investment, supporting innovation and economic outcomes.</p>
			Commercial Information

	<ul style="list-style-type: none"> • s38 Annual reporting to MOH and Minister of Health 	Function no longer required	<p>Health research funding will no longer be administered by a Crown entity, meaning the reporting requirements associated with the Crown Entities Act, including annual reporting, will no longer apply.</p> <p>Officials will provide further advice on how monitoring and accountability will be managed under RFNZ's governance framework. This will ensure that both the Minister of Health and the Minister of Science, Innovation and Technology have confidence that RFNZ is delivering on agreed health research priorities and outcomes.</p>
Promoting results of health research	<ul style="list-style-type: none"> • s6(1)(h) Promoting and disseminating results of health research 	<p>Function no longer required in statute</p> <p>(MBIE/RFNZ – outcomes of funded research)</p> <p>[Other organisations eg, MOH, HNZ have different roles in the evidence ecosystem]</p>	<p>The promotion and dissemination of research results is a shared responsibility across the research system, involving researchers, research organisations, and other actors such as the Science Media Centre. It forms one part of a broader impact pathway that supports the translation of research into practice, policy, and innovation.</p> <p>In the health sector, there is also a specific need to ensure that research findings—particularly those related to clinical procedures and service improvements—are effectively communicated to clinicians and health providers.</p> <p>The HRC has supported promotion of research results through case studies, media releases, investment impact reporting, and its annual reports. We do not propose to retain this function in statute. However, broader efforts are underway to improve how outcomes and impacts are monitored and measured across the SI&T system. Further detail on this will be provided in due course.</p>
Policy advice	<ul style="list-style-type: none"> • s6(1)(a) Advising the Minister of Health on national health research policy. 	<p>Function no longer required in statute</p> <p>(MOH, MBIE)</p>	<p>The core policy activity undertaken by HRC involves translating government policy developed for the health system so that it can be applied and implemented within the context of research, and conversely, translating government policy developed for the science, innovation and technology system, so that it can be applied and implemented within the context of health.</p> <p>Ministry of Health and MBIE consider advising Ministers on health research policy to be core to the activities of both agencies and RFNZ. Detailed arrangements on the consistent provision of this advice will be developed in due course. The MOU between the Minister of Health and SI&T will be key to setting out roles and responsibilities for Ministers and agencies.</p>
Priority and direction setting	<ul style="list-style-type: none"> • s6(1)(g) to consult, for the purpose of establishing priorities in relation to health research, with <ul style="list-style-type: none"> i. The Minister of Health; and ii. The Ministry of Health; and iii. [repealed] iv. Other persons who fund or produce research, whether in the public sector of the private sector; and v. Persons who have a knowledge of health issues from the consumer perspective 	<p>Function no longer required in statute</p> <p>(PMSITAC, RFNZ, MBIE, MOH)</p>	<p>A core objective of the SI&T reforms is to introduce new system-level mechanisms for setting research priorities and direction. The Prime Minister's Science, Innovation and Technology Advisory Committee (PMSITAC) will play a central role in this, providing strategic advice to the Prime Minister and Ministers on overarching priorities across the SI&T system.</p> <p>RFNZ will be responsible for implementing these priorities through Pillar Investment Plans (PIPs), which will serve as the key vehicle for direction-setting within each domain, including the proposed Health and Society pillar. The PIP will guide funding decisions and ensure alignment with agreed outcomes.</p>

			<p>A MoU between the Minister of Health and the Minister of Science, Innovation and Technology will clarify roles and responsibilities for Ministers and agencies in shaping the PIP and ensure that stakeholder input and expert advice are appropriately considered.</p> <p>Further detailed advice will be provided in due course, with the aim of ensuring clarity, coordination, and transparency in how health research priorities are set and delivered in the new system.</p>
Workforce development	<ul style="list-style-type: none"> s6(1)(d) foster recruitment, education, training and retention of those engaged in health research in New Zealand 	<p>Function no longer required in statute</p> <p>(MBIE/RFNZ) - career development awards and scholarships & research workforce development</p> <p>(HNZ & MOH) health workforce strategy including research</p>	<p>Workforce development activities related to health research are currently undertaken across several agencies, including the Ministry of Health, Health New Zealand, and MBIE. In the future system, these efforts can be better coordinated to ensure consistency and alignment with broader health and research workforce strategies. The MoU between the Minister of Health and the Minister of Science, Innovation and Technology could provide guidance on how agencies will work together to support workforce development.</p>
Statutory committees	<ul style="list-style-type: none"> s6(1)(j) Appoint the members of the Biomedical Research Committee, the Public Health Research Committee, the Māori Health Committee, and the Ethics Committee 	<p>Specific committees no longer required in statute</p> <p>(MBIE/RFNZ)</p> <p>HRC Ethics Committee functions will transfer to MOH/NEAC</p>	<p>RFNZ will be responsible for appointing committees with the relevant expertise to support funding assessment and provide advice in specialised areas.</p> <p>While the HRC Act currently establishes discipline-based statutory research committees, the HRC has noted that these structures have become less fit-for-purpose over time. As research has evolved over the past 35 years—becoming more interdisciplinary and complex—the rigid boundaries of traditional committee structures no longer reflect the needs of the sector.</p> <p>It will be important to ensure that the expertise embedded in these committees is not lost in the transition. However, future advisory structures do not need to replicate the current statutory model. Instead, RFNZ will have flexibility to design fit-for-purpose advisory mechanisms that reflect contemporary research practice and ensure robust assessment and strategic input.</p>
Clinical trials	<p>Medicines Act 1981</p> <ul style="list-style-type: none"> s30(1) Notwithstanding section 20 or section 24, but subject to the succeeding provisions of this section, the importer or manufacturer in New Zealand of any medicine may distribute it for the sole purpose of obtaining clinical and scientific information with respect to its safety and efficacy, if the clinical trial, and the persons (in this section called the investigators) who will conduct the trial, have been approved by the Director-General on the recommendation of the Health Research Council of New Zealand. 	<p>Consequential amendment to Medicines Act</p> <p>MOH</p> <p>(see Annex Two)</p>	<p>Medsafe, a business unit of the Ministry of Health, will take over the science review functions required to provide such recommendations to the Director-General of Health. This function intersects with Medsafe’s current role, and they already have the required expertise to provide this advice. The only legislative change required to enable this is a consequential amendment to the Medicines Act to remove reference to the HRC.</p> <p>The functions transfer will require a redesign of current processes so will have some implementation costs and will need to be carefully transitioned.</p>
Ethics	s25 (1) The functions of the Ethics Committee shall be—	Consequential Amendment to the	There is currently overlap between the roles and responsibilities of the HRC Ethics Committee (HRCEC) and NEAC. The processes that the HRCEC undertakes in its oversight role will be reviewed, and the

	<p>(a) to consider and make recommendations to the Council on ethical issues in relation to health research, especially those emerging through the development of new areas of health research:</p> <p>(b) to provide and review ethical guidelines for the Council:</p> <p>(c) subject to paragraph (d), to ensure that, in respect of each application submitted to the Council for a grant for the purposes of health research, an independent ethical assessment of the proposed health research is made either by the Ethics Committee itself or by a committee approved by the Ethics Committee:</p> <p>(d) where an application for a grant for the purposes of health research is submitted to the Council in respect of health research that is of national importance or great complexity, to itself make an independent ethical assessment of the proposed health research:</p> <p>(e) to review, at the request of any person who has made an application for a grant for the purposes of health research, the independent ethical assessment made, in respect of the proposed health research, by a committee approved under paragraph (c):</p> <p>(f) to give, in relation to ethics committees established by other bodies, advice on—</p> <p>(i) the membership of those committees; and</p> <p>(ii) the procedures to be adopted, and the standards to be observed, by those committees:</p> <p>(g) to provide independent comment on ethical problems that may arise in any aspect of health research:</p> <p>(h) to perform any other functions (whether or not related to health research) it is for the time being—</p> <p>(i) given by or under any enactment; or</p> <p>(ii) authorised to perform by the Minister, by written notice to the Health Research Council after consultation with it.</p>	<p>Pae Ora (Healthy Futures) Act 2022</p> <p>MOH & NEAC</p> <p>SI&T Bill</p> <p>(see Annex Two)</p>	<p>relevant clauses will be incorporated into a new NEAC National Standard on Ethical Conduct in Human Research. The new Standard will also clarify all related roles and responsibilities across the system.</p> <p>We propose a clause is included in the SI&T Bill to ensure that all human research receives the appropriate ethical and scientific review as per this new Standard. Consequential amendments will be required to the Pae Ora (Healthy Futures) Act (as per Annex Two).</p> <p>The functions will need to be redesigned and will require new documents, processes and systems to be established. Sufficient time for this redesign, and a smooth transition of functions to their new homes will be needed to avoid gaps in provision of services to the sector. Further work will be undertaken by officials to ensure that ethics functions are maintained during transitions, and roles and responsibilities will be clarified.</p> <p>There are identified financial risks. The current Vote Health funding for HRC’s Ethics and Scientific Review Committees does not cover current costs. NEAC may also require additional resource to undertake the proposed work to align HRC and NEAC ethical standards.</p>
Relationships	<ul style="list-style-type: none"> s34 Liaison with other organisations 	MBIE/RFNZ	<p>The HRC holds a wide range of relationships across the health research ecosystem, including with other funders, research providers, government agencies, clinical trials experts, regulators, commercialisation stakeholders, and iwi. These relationships have supported collaboration, alignment, and sector development.</p> <p>In the future system, these relationships will need to be maintained and appropriately transitioned across agencies such as MBIE, the Ministry of Health, RFNZ, and others—many of which already hold connections with these stakeholders. While we do not propose to retain this function in statute, officials will work to ensure continuity of engagement and coordination across the system to preserve the value of these networks.</p>

Annex Two: Mapping of ethics-related legislation and committee roles

Summary of legislative changes proposed
<i>Science, Innovation and Technology Bill</i> Requirement for all human research to comply with the National Standard on Ethical Conduct in Human Research
<i>Pae Ora Act 2022 - Amend section 92</i> National advisory committee on health services ethics (<i>NEAC</i>) <ul style="list-style-type: none">• Repeal reference to the HRC• Addition: Must issue and maintain the National Standard on Ethical Conduct in Human Research (in consultation with the Minister of Health and the Minister of Science, Innovation and Technology)
<i>New section in Pae Ora (Healthy Futures) Act 2022</i> Health and Disability Ethics Committees <ul style="list-style-type: none">• Purpose of committees (amend purpose around supporting ethical health and disability research in NZ)• Add a regulatory power for cost recovery for fast-track ethical approval pathway.
Consequential amendments to ACC Act 2001, Health Information Privacy Code 2000, Medicines Act 1981 <ul style="list-style-type: none">• Medicines Act 1981: Amend to remove HRC as the recommending body to the Director-General of Health on clinical trials.• ACC Act 2001 and Health Information Privacy Code 2000: Amend references to ‘the Ethics Committee of the Health Research Council or and ethics committee approved by that committee’ and replace with ‘an ethics committee approved by NEAC.’

Annex Three: HRC Council composition and transition planning

The HRC Council consists of ten members. The HRC Act 1990 requires half of its ten members to be or have been engaged in health research and half to have knowledge and skills of related areas including health administration, law or consumer perspectives.

As part of transition arrangements, current Council members may be considered for appointment to the RFNZ Board and be involved in the early development of the Health and Society pillar to retain institutional knowledge and sector expertise.

Further advice on transition planning and Council member considerations will be provided as discussions progress.

Council member	Appointed	Term expires
Professor Lester Levy Chair	2016	2026
Professor Jeroen Douwes	2015	2025
Professor Emma Wyeth	2023	2026
Dr Lifeng Zhou	2023	2025
Baden Vertongen	2023	2025
Dr Frances Hughes	2024	2026
Professor James MacLaurin	2024	2027
Associate Professor Riz Firestone	2024	2026
Professor Cameron Grant	2024	2027
Professor Brett Cowan	2024	2027

Annex Four: HRC's financial position and funding transfer arrangements

Confidential advice to Government

Statutory and non-statutory functions funded by Vote Health

The Ministry of Health has a separate agreement paying \$285,000 a year for statutory functions relating to ethics and clinical trials approvals. These payments do not fully cover the costs of these functions, as shown in the table below.

Output 4 Keep the health research system ethical and safe	Actual 2025 \$000	Budget 2025 \$000	Actual 2024 \$000
Funding from the Crown	285	285	285
Interest Received	1	0	5
Total Revenue	286	285	290
Cost of Output	332	375	357
Surplus (Deficit)	(46)	(90)	(67)

Confidential advice to Government

Confidential advice to Government

Commercial Information

Transfer of funding from HRC to RFNZ timeframe

Transfer of funding from HRC to RFNZ and MBIE management is dependent on the legislative timetable and requires MBIE working closely with HRC to understand how their systems could be integrated within MBIE.

Confidential advice to Government

Annex Five: HRC report on staff and budgets

[attached separately]

