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Research funding opportunities in
New Zealand: Guidance for
anaesthesia investigators

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Purpose of document:

This document provides anaesthesia, perioperative, and pain medicine researchers in Aotearoa New Zealand with practical guidance on navigating the national funding landscape. It outlines key funding bodies, equity-focused priorities, systemic challenges, and strategies for securing support through culturally responsive and collaborative research.

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Table of contents

1. Introduction	4
2. The health system context	4
3. Challenges in the New Zealand funding landscape	4
3.1 Structural and systemic barriers	4
3.2 Protocol misalignment	4
4. The Health Research Council of New Zealand (HRC)	5
4.1 Overview	5
4.2 Key funding streams	5
4.3 Funding assessment criteria	5
5. Strategic funding considerations	5
5.1 Design tips	5
6. Local and alternative funding sources	5
6.1 Notable funders	5
7. Tag-along funding opportunities	6
8. National coordination and research requirements	6
8.1 Core components	6
8.2 Key requirements	6
9. Research environment in NZ within the ANZCA CTN (SWOT analysis)	6
9.1 Strengths	6
9.2 Weaknesses	6
9.3 Opportunities	6
9.4 Threats	6
10. Practical advice for researchers	7
10.1 For NZ-based teams	7
10.2 For Australian collaborators	7
11. Final reflections	7

Research funding opportunities in New Zealand: Guidance for anaesthesia investigators

1. Introduction

Navigating the research funding landscape in Aotearoa New Zealand presents both opportunities and challenges. As the health system evolves to prioritise equity and inclusivity, particularly for Māori and Pacific communities, clinical researchers must adapt their strategies and engagement practices to align with national priorities. This guidance document provides an in-depth overview of the New Zealand funding environment for anaesthesia, pain, and perioperative medicine research based on a presentation by Professor Tim Short at the ANZCA CTN workshop 2023. It offers guidance on accessing funding, overcoming barriers, and building culturally responsive and collaborative projects.

2. The health system context

New Zealand's healthcare delivery has recently undergone a dramatic transformation, affecting how research is funded, governed, and executed:

- Te Whatu Ora (Health New Zealand): The newly centralised national health authority that replaced all 20 District Health Boards.
- Te Aka Whai Ora (Māori Health Authority): Created to champion Māori health outcomes and ensure equity in healthcare services.

These organisations are reshaping service delivery models, funding allocations, and research agendas. The emphasis is on achieving equitable health outcomes, and this shift profoundly influences what kinds of research receive funding and institutional support.

3. Challenges in the New Zealand funding landscape

3.1 Structural and systemic barriers

- Transition uncertainty: The establishment of Te Whatu Ora has introduced significant disruption and administrative challenges.
- Disconnection across services: Complexities in hospital-level coordination, such as between different departments and funding streams, hinder research execution.
- Reduced autonomy: Local research teams have less flexibility in decision-making as national oversight increases.

3.2 Protocol misalignment

- Australian-led trials are often not designed with New Zealand's equity mandates in mind.
- There is resistance to superficial inclusion of Māori health outcomes added late in protocol development.
- Trials are criticised for being tokenistic unless they embed equity from the outset.

Example setbacks

- ROCKET Trial: Delayed due to expired study drug and inability to import replacements.
- LOLIPOP Trial: Faced recruitment barriers due to beta-blocker contraindications in the NZ population.

4. The Health Research Council of New Zealand ([HRC](#))

4.1 Overview

- Annual investment: ~\$126 million into health and outcomes research.
- Focus: Evidence-based interventions that improve national and Māori health outcomes.

4.2 Key funding streams

- Programme grants: Two per year, up to \$5 million each.
- Project grants: Between \$1.2–1.4 million per project.
- Career development awards: Prioritise Māori and Pacific researchers to grow a more diverse research workforce.

4.3 Funding assessment criteria

- Demonstrated benefit to Māori and Pacific peoples.
- Integration of Māori health concepts (e.g., Whānau Ora, Te Whare Tapa Whā).
- Strong track record in collaboration with communities and equitable design principles.

Note: Funded proposals must articulate a clear and sustained strategy for addressing health inequities, with genuine community co-leadership where possible.

5. Strategic funding considerations

- Māori and Pacific populations constitute approximately 25% of the NZ population.
- Health disparities are significant: Māori and Pacific peoples live 10 years less than non-Māori counterparts.
- Complication rates in surgery are ~1.85x higher in Māori patients; only part of this is explained by socioeconomic status.

5.1 Design tips

- Embed Māori cultural perspectives in study methodology.
- Create roles for Māori and Pacific investigators.
- Fund community engagement and co-design workshops.
- Integrate equity frameworks like Te Whare Tapa Whā in logic models and objectives.

Tokenistic additions to Australian protocols are discouraged. Successful applications start from a shared problem definition and design phase with NZ stakeholders.

6. Local and alternative funding sources

While national grants are limited, numerous smaller schemes offer targeted funding for research infrastructure and pilot projects:

6.1 Notable funders:

- [Auckland Medical Research Foundation](#) (AMRF)
- [Neurological Foundation of New Zealand](#)
- [Green Lane Research and Education Fund](#)
- [Maurice and Phyllis Paykel Trust](#)
- [A+ Trust \(Auckland DHB\)](#)
- [Cancer Society of New Zealand](#)
- [Lottery Health Research](#)
- [Royal Society Te Apārangi](#)
- [Te Whatu Ora Te Toka Tumai Auckland](#)

Grants typically range from \$100,000 to \$300,000, supporting pilot data, equipment, and workforce development.

7. Tag-along funding opportunities

Definition: Supplementary funding awarded to NZ investigators to participate in international (typically Australian-led) trials.

Examples:

- RELIEF Trial: \$900K secured by Shay McGuinness.
- CLIP-II NZ: \$1.4 million HRC grant.
- Paul Young and others: Recently awarded similar tag-along grants for intensive care trials.

Tag-along grants are becoming more competitive and may be harder to secure without local leadership, demonstrated benefit to NZ populations, and alignment with equity agendas.

8. National coordination and research requirements

8.1 Core components:

- Single National Ethics Process: Managed by [Health and Disabilities Ethics Committees](#) (HDEC).
- [Medsafe](#): Equivalent to the [Therapeutic Goods Administration](#) (TGA) (Australia) for regulatory approvals.
- Locality Authorisation: Hospital-level approval processes.
- National Coordinating Centre: Required for multisite studies; typically Auckland-based.

8.2 Key requirements:

- NZ lead investigator required.
- Culturally responsive community engagement plan.
- Resources for local coordination and ethics submission support.

Projects without a clear NZ base and early engagement strategy often struggle to launch successfully.

9. Research environment in NZ within the ANZCA CTN (SWOT analysis)

9.1 Strengths:

- Dedicated researchers and site coordinators.
- Streamlined national ethics pathway.
- Evidence of good recruitment rates and practice improvements.

9.2 Weaknesses:

- Disjointed infrastructure and inconsistent funding.
- Misalignment between funders and traditional trial design.
- Delayed ethics/governance processes.

9.3 Opportunities:

- Emerging national hubs may centralise and strengthen coordination.
- Strong appetite for Māori- and Pacific-led research.
- International collaboration opportunities.

9.4 Threats:

- Bureaucratic complexity from Te Whatu Ora.
- Loss of local autonomy and goodwill.
- Risk of exclusion from Australian-led trials due to equity non-alignment.

10. Practical advice for researchers

10.1 For NZ-based teams:

- Engage with hospital-based foundations to fund pilot data.
- Incorporate equity indicators from protocol inception.
- Build networks with Māori/Pacific stakeholders for co-design.
- Develop internal research capacity.

10.2 For Australian collaborators:

- Involve NZ teams at project inception.
- Share leadership roles and adapt governance structures.
- Budget for NZ ethics/regulatory submission.
- Respect independent research culture and system differences.

11. Final reflections

The current funding climate in New Zealand is defined by transformation, prioritisation of health equity, and the need for deep community engagement. While structural and resource-related challenges exist, opportunities are growing for projects that centre equity, inclusiveness, and cultural responsiveness.

Researchers who embrace these principles and form early, genuine partnerships with New Zealand stakeholders will be best positioned to secure funding and make lasting impact.

To learn more or initiate collaborations:

- Contact Professor Tim Short, Dr Doug Campbell or NZ-based CTN leaders.
- Attend ANZCA CTN networking events.
- Consult your local District Health Board (DHB) or university research office for tailored funding leads.