Hon Dr Ayesha Verrall

Minister for Food Safety
Minister for Seniors
Associate Minister of Health
Associate Minister of Research, Science and Innovation

fyi-request-15933-1a03bc12@requests.fyi.org.nz

Ref: AVMOIA53

Dear Scott

I refer to your email of 4 August 2021 requesting copies of the following documents under the Official Information Act 1982 (the Act).

> *"full copies of the two briefings referred to in your response: 1) 2021-2864 Visit to Malaghan Institute 2) 2021-2808 COVID-19 vaccine strategy: investing in domestic production"*

This letter covers your request for the briefing 2021-2864 Visit to Malaghan Institute. A separate letter will cover your request for briefing 2021-2808.

The following document is being released to you:

Briefing 2021-2864 Visit to Malaghan Institute of Medical Research, 1 April 2021

Please note that some information in this document has been withheld under the following sections of the Act:

18(d) Withheld on the basis that the information requested is or will soon be publicly available

I trust that you will find this information helpful. You have the right to seek an investigation and review by the Ombudsman of my decision on this request, in accordance with section 28(3) of the Act. The relevant details can be found at: www.ombudsman.parliament.nz.

Yours sincerely

Hon Dr Ayesha Verrall

Associate Minister Research, Science and Innovation

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

EVENT BRIEFING

Visit to Malaghan Institute of Medical Research

1 April 2021

Date:	29 March 2021	**Priority:**	Medium
Security classification:	In Confidence	**Tracking number:**	2021-2864

Action sought		
	Action sought	**Deadline**
Hon Dr Ayesha Verrall **Associate Minister Research, Science and Innovation**	**Note** the information in this briefing to support your meeting with the Malaghan Institute for Medical Research on 1 April 2021.	1 April 2021
Hon Dr Megan Woods **Minister of Research, Science and Innovation**	For your information	

Contact for telephone discussion (if required)			
Name	**Position**	**Telephone**	**1st contact**
Danette Olsen	Manager Strategic Investments	9(2)(a) 04 901 9861	✓
Neil Dalphin	Investment Manager, Strategic Investments	9(2)(a)	

The following departments/agencies have been consulted

Minister's office to complete:

- ☐ Approved
- ☐ Noted
- ☐ Seen
- ☐ See Minister's Notes
- ☐ Declined
- ☐ Needs change
- ☐ Overtaken by Events
- ☐ Withdrawn

Comments

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

EVENT BRIEFING

Visit to Malaghan Institute of Medical Research

Date:	29 March 2021	**Priority:**	Medium
Security classification:	In Confidence	**Tracking number:**	2021-2864

Purpose

You have agreed to visit the Malaghan Institute of Medical Research (MIMR) on 1 April 2021. You will meet with MIMR's Director, Professor Graham Le Gros; Head of Communications, Gail Marshall; and General Manager, Mike Zablocki.

The visit is for 1 hour, from 11:00 am to 12:00 pm, at the Malaghan Institute of Medical Research, Gate 7, Victoria University, Kelburn Parade, Wellington.

Professor Graham Le Gros and Mike Zablocki will meet you at the reception.

This briefing provides background information for the visit; talking points are included in Annex Four.

Recommendations

The Ministry of Business, Innovation and Employment recommends that you:

a **Note** the information in this briefing to support your meeting with MIMR on 1 April 2021.

Noted

Danette Olsen
Manager, Strategic Investments
Labour Science and Enterprise, MBIE

25/03/2021

Hon Dr Ayesha Verrall
Associate Minister of Research, Science and Innovation

..... / ..... / .....

Background to the Malaghan Institute of Medical Research

1. MIMR is an independent research organisation focused on disorders of the immune system and immune-system related treatments. Their research can be clustered into six broad groups: infectious diseases, cancer, asthma and allergy, gut health, brain health and health technologies.
2. MIMR is a charitable trust which, until this year, received approximately half of its funding through government investments. This proportion has increased since COVID-19. In 2019/20, government grants made up 56% of MIMR's revenue while the remainder was primarily philanthropic revenue. Their total revenue for 2019/2020 was approximately $16M.
3. As part of the COVID-19 Vaccine Strategy, MIMR was chosen in 2020 to host the Strategic Science Investment Fund (SSIF) COVID-19 vaccine research programme platform 'Vaccine Alliance Aotearoa New Zealand' (VAANZ). This platform is in partnership with the University of Otago and Victoria University Wellington. The platform is for $10M and is contracted until November 2021.

Logistics

4. You have agreed to visit MIMR between 11:00am and 12:00pm on 1 April 2021. The address is Malaghan Institute of Medical Research, Gate 7, Victoria University, Kelburn Parade. Professor Graham Le Gros (Director) and Mike Zablocki (General Manager) will meet you at the reception.
5. The meeting will be hosted by Prof Graham Le Gros, Mr Mike Zablocki, and Mrs Gail Marshall (Head of Communications). Biographies are included in Annex One.
6. The meeting will include a roundtable with a group of early career researchers working in the cancer and vaccine programmes.

Your meeting with MIMR representatives

7. As you have previously visited MIMR, you have communicated that you are interested in meeting with scientists and discussing issues that relate to your priorities within the research, science and innovation (RSI) delegation.
8. MIMR is a member of IRANZ. IRANZ delegates recently met with you and Minister Woods (17 March 2021, briefing 2021-2672 refers).
9. At the New Zealanders for Health Research meeting, you met Graham Malaghan, Chair of MIMR (18 March 2021, briefing 2021-2412 refers).
10. In the invitation sent to you on 18 February 2021 (Annex Two), MIMR signalled a desire to discuss the following:
    a. MIMR's performance hosting the Vaccine Alliance Aotearoa New Zealand (VAANZ)
    b. MIMR's ENABLE CAR T-cell (chimeric antigen receptor T-cell) cancer therapy
    c. MIMR's hookworm therapy programme to mitigate aggressive immune responses
    d. The Health Research Council's (HRC's) Independent Research Organisation (IRO) capability funding.

Vaccine Alliance Aotearoa New Zealand

11. VAANZ is hosted by MIMR and includes research partners at the University of Otago and Victoria University of Wellington. Their mission is to rapidly progress New Zealand's

capability and capacity to develop and manufacture a COVID-19 vaccine in line with New Zealand's Vaccine Strategy and build New Zealand's ability for future vaccine development, production, supply and linkages with international vaccine research. The Platform supports New Zealand vaccine research capability and capacity development.

12. The VAANZ platform is designed to be flexible, adapting to a constantly changing environment around New Zealand's COVID-19 vaccine needs. To date, it has set up a platform for screening vaccine candidates; developed mouse models, assays and protocols; and carried out pre-clinical assessment on five vaccine candidates. The Platform is working with the Ministry of Health to perform post-rollout safety and efficacy research on New Zealanders receiving COVID-19 vaccines and is evaluating its suite of vaccine candidates to ensure its work is relevant to new SARS-COV-2 variants.

Enable CAR T-cell therapy

13. ENABLE CAR T-cell therapy is a third-generation T-cell therapy. Second generation T-cell therapies are available for certain cancers in Australia, but no third-generation therapy is available. The novel T-cell construct developed by MIMR has a stronger anti-cancer activity than existing second-generation CAR T-cells.

14. ENABLE CAR T-cell therapy is being developed by MIMR in partnership with Wellington Zhaotai Therapies – a joint venture company between Hunan Zhaotai Medical group, and MIMR. The joint venture was established in 2017 to bring CAR T-cell technology to the global market. It also holds intellectual property developed by MIMR, including patents for their ENABLE CAR T-cell construct.

15. ENABLE CAR T-cell clinical safety trials (phase I) have been ongoing through 2020. Phase II is being planned.

Hookworm therapy

16. MIMR is researching how human parasites may dampen severe allergic and inflammatory diseases. This has resulted in their clinical hookworm therapy programme, which aims to treat a range of diseases (e.g. coeliac, allergies, multiple sclerosis, and inflammatory bowel disease). Hookworms produce immune-suppressing compounds which allow the worms to exist within the host, but may not produce symptoms in otherwise healthy people. It is thought that this selective suppression can be useful in treating a range of autoimmune-related diseases in humans.

17. Clinical studies of hookworm therapy in healthy patients are underway, in collaboration with the University of Otago. The research is split into clinical effectiveness and safety in patients, and the development of clinical hookworms following good manufacturing practice (ensuring sorting, harvesting, storing, and distribution are all safe and reliable).

The HRC Capability Fund funds four Independent Research Organisations (IRO)

18. The HRC established its IRO Capability Fund in 2014 to mirror Crown Research Institute Core Funding administered by MBIE (now transferred to SSIF Programmes). The IRO Capability Fund provides long-term strategic investments. Four IROs were contracted for seven years of funding, outlined in Table One.

Table One: HRC IRO Capability Fund Contracts

Organisation	Annual funding per IRO	Total funding per IRO for 7 years
Malaghan Institute of Medical Research (Wellington)	$3,561,000	$24,927,000
Medical Research Institute of New Zealand (MRINZ)(Wellington)	$1,215,000	$8,505,000
Te Atawhai o te Ao: Independent Māori Institute for Environment & Health (Whanganui)	$946,000	$6,622,000
Whakauae Research Services (Whanganui)	$700,000	$4,900,000
TOTAL	**$6,422,000**	**$44,954,000**

19. The contracts were due to reach full term by 30 June 2021. In July 2020 the HRC notified the four IROs of its intention to end the contracts and to review the design of the IRO Capability Fund. MIMR and MRINZ contacted MBIE with their concerns over the potential change of the funding model and the short timetable to renegotiate funding. Due to the pressing nature of the funding cliff, the HRC extended the IROs' funding at the current annual funding by one year, to July 2022.
20. The HRC has now completed the review of the design of the IRO Capability Fund, which has been approved by MBIE and the Council. The HRC has not yet shared the final design with the IROs.
21. The review recommends transitioning the IRO Capability Fund to a SSIF model. This would fund Health Research Platforms, which would be hosted by the current IROs. The four current IROs will be transitioned over to the new platforms in the next 12 months. The current total funding will remain for a further 7-year term, but the distribution between the institutions may change.
22. In the near future, the HRC will invite each IRO to submit a platform plan for assessment. The HRC Assessment Panel will recommend to the HRC Council how funding is to be split across the Platforms.
23. The HRC IRO Capability Fund accounts for the majority of funding granted by the HRC to MIMR. A breakdown of HRC funding and projects with MIMR contracted over the past five years are given in Annex Three.

Potential discussion items

24. There may be opportunities to discuss the following.
    a. **Infectious disease research at MIMR** and the state of infectious disease research in New Zealand. In late 2020, MBIE and the Ministry of Health hosted infectious disease workshops with the research sector (briefing 2021-1583 refers). MIMR representatives attended these workshops. 18(d) [redacted]
    b. **Early career research opportunities**, and career pathways for developing young researchers in the research, science and innovation system. You may wish to discuss

the role MIMR plays in developing early career researchers. The recently announced MBIE Science Whitinga post-doctoral scheme may be of interest to MIMR.

c. **Increasing equity and diversity in the science workforce**, including Māori researchers and achieving a more equal gender balance. You may wish to discuss MIMRs approach ensure equity, diversity and inclusion in their workforce. The recently announced Equity, Diversity and Inclusion Capability Fund may be of interest. As an IRO, MIMR is eligible to apply to the fund.

25. Specific talking points for these topics are included in Annex Four.

Risks and mitigations

26. There are no risks associated with this meeting.

Communications / Media

27. MIMR has requested to take some photos during your visit, to share on their social media.

Contacts

Name	Position / organisation	Telephone	Will meet you on arrival
Gail Marshall	Head of Communications	9(2)(a) gmarshall@malaghan.org.nz	
Prof Graham Le Gros	Director	9(2)(a)	✓

Annex One: Biographies for MIMR representatives

Prof Graham Le Gros, Director of Research, Allergic and Parasitic Diseases Programme Leader, Programme Director Vaccine Alliance Aotearoa New Zealand - Ohu Kaupare Huaketo

Professor Graham Le Gros was appointed Research Director of the MIMR Institute in 1994.

In 2005 he was elected a Fellow of the Royal Society of New Zealand in recognition of his research contributions to the fields of immunology and asthma. He has been awarded many times by many organisations, including the Wellington Medical Research Foundation Gold Medal, and the Science and Technology category of the Wellingtonian of the Year Awards for his contribution to medical research in Wellington and New Zealand.

He has an Honorary Fellowship from The Royal College of Pathologists of Australasia (RCPA), and is a Companion of the New Zealand Order of Merit.

Mr Mike Zablocki is MIMR's General Manager. He has overall responsibility for the business operations of the Institute, including strategic planning, commercialisation, finance, HR, IT and technical services. He also sits on the board of the Institute's commercial subsidiary, Wellington Zhaotai Therapies Ltd.

Mrs Gail Marshall is Head of Communications for MIMR, and has had her role since 2017. She has a 20 year career in communications.

Annex Two: Letter from MIMR 18 February 2021

18 February 2021

MALAGHAN INSTITUTE

Hon Ayesha Verrall, Minister for Food Safety
Private Bag 18888
Parliament Buildings
WELLINGTON 6160

Dear Minister,

As we enter 'the year of the vaccine', I wanted to update you on some of the important work underway at the Malaghan Institute of Medical Research, building New Zealand's capability to fight disease and improve human health through harnessing the power of the immune system.

The year of the virus

The global pandemic has thrown the Institute's track record of immunology and infectious diseases research into the national spotlight over the last year. As you know, our expertise in this area makes up a core component of the government-funded Vaccine Alliance Aotearoa New Zealand – Ohu Kaupare Huaketo (VAANZ), helping ensure New Zealand and our Pacific neighbours have ongoing access to safe and effective COVID-19 vaccines.

VAANZ's national COVID-19 vaccine evaluation and development platform is now focused on second-generation vaccines that could be manufactured domestically and pan-coronavirus candidates for emerging coronavirus strains. In doing this, we are committed to helping build national capability in vaccine development and production to ensure New Zealand is prepared for future pandemics.

Despite the obvious challenges of 2020, we have also made significant progress across our various clinical programmes. Our ENABLE CAR T-cell clinical trial, reprogramming a patient's own immune cells to fight cancer, is the result of many years of work by our cancer research programmes investigating how to boost the immune system's cancer-killing properties. Over the last year we have treated New Zealand's first ever CAR T-cell therapy patients in this phase I trial, the results of which we look forward to sharing in the coming year. In parallel, the Freemasons CAR T-cell Research Programme is making progress building on existing CAR T-cell technology, to improve its efficacy and extend it to other cancers.

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Meanwhile, our hookworm therapy programme, investigating the mechanisms by which these harmless parasites influence the immune system, is already presenting us with encouraging data on how these worms might prevent aggressive immune responses. Off the back of these promising results, we have embarked on a hookworm clinical trial for ulcerative colitis patients, with plans to expand this programme to other forms of allergic disease in the gut and in the skin.

Investing in the future

Scientific research is a long game and our fundamental research often falls in the shade of this headline-grabbing clinical work. Across all our research and discovery – in cancer, asthma and allergy, infectious diseases, gut and brain health – we know that by harnessing the power of the immune system, we have the potential to profoundly change how we fight disease. Our scientists work tirelessly to understand this complex, multifaceted system of cells, molecules and structures, and to develop ways to steer it in a way that is beneficial to human health.

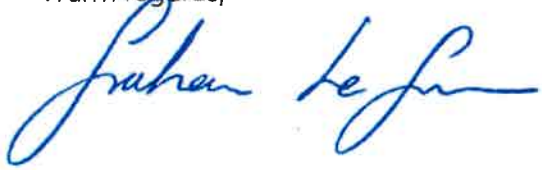
As well as expert knowledge and cutting-edge technology, this research takes time, patience and perseverance. For that we cannot understate the importance of secure, stable funding. The Health Research Council of New Zealand's IRO funding continues to underpin our financial planning, with a range of funding sources – including philanthropic, government and corporate – enabling us to develop the capability and expertise to deliver significant health and economic impact for New Zealand.

As an independent research organisation backed by the community, we are granted the freedom, flexibility and spirit to make breakthrough discoveries and – importantly – to step up and be ambitious for New Zealand when it's needed.

An invitation

Our chairman Graham Malaghan and I would be delighted to welcome you to the Malaghan Institute for a tour of the facilities and to meet our scientists. If you can accommodate us in your busy schedule, please contact Gail Marshall at gmarshall@malaghan.org.nz to arrange a suitable time.

Warm regards,



Professor Graham Le Gros
CNZM FRSNZ FRCPA (Hon)
Director

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Annex Three: HRC funded projects with MIMR

HRC research contracts hosted by the Malaghan Institute – last five years (2016-2020)

Contract type	Funding Round	First Named Investigator	Research title	Lay Summary	Approved budget ($)
Explorer Grant	2020 Explorer Grants	Prof Mike Berridge	Early mitochondrial dysfunction assay for neurodegenerative diseases	We will develop a novel early detection assay for neurodegenerative diseases. The assay will have the potential to measure loss of mitochondrial gene expression decades before symptoms of dementure appear at a time when sense of smell begins to decline. The concept is cross-disciplinary and is based on the unexpected finding that mitochondrial gene expression declines while expression of nuclear genes encoding respiratory complex proteins and mitochondrial ribosomal proteins remain unchanged in tumour cells lacking mitochondrial DNA and in a rat genetic model of major depressive disorder. Because compromised olfactory function is closely linked with loss of mitochondrial respiration we see a unique opportunity to use the assay to investigate early loss of mitochondrial gene expression in models of Parkinson's disease and in the future to test the assay in humans where neurodegenerative disease-specific molecular probes could be included in the assay.	150,000
Project	2020 Projects	Prof Mike Berridge	The roles of respiration and ATP production in tumorigenesis and metastasis	The ability of cancer cells to alter the balance between mitochondrial and glycolytic ATP production allows them to survive and metastasize under adverse conditions. We recently discovered that metastatic breast cancer and melanoma cells that lack mitochondrial DNA and therefore are unable to respire or produce mitochondrial ATP do not form tumours unless they acquire mitochondria with mitochondrial DNA from normal cells. We showed that the presence of mitochondrial DNA is required for the expression of a set of nuclear immune response genes. We also showed that respiration is required for tumour growth to provide building blocks for nucleic acid synthesis but mitochondrial ATP generation is not necessary. We will investigate the drivers of mitochondrial acquisition in metastatic tumour models and explore the role of mitochondrial DNA in controlling tumour immune responses. In addition we will determine whether or not mitochondrial ATP production is required for metastasis.	1,197,498
International Relationship Fund	2019 HRC-NSFC Biomedical Research Fund	Dr Robert Weinkove	Third-generation CAR T-cells incorporating TLR domains	Immune cells can be taken from the blood and modified in the laboratory to make a new protein that helps them kill cancer cells. This type of treatment called chimeric antigen receptor (CAR) T-cell therapy is becoming a standard of care internationally for some leukaemias and lymphomas. However not all patients respond to current CAR T-cell therapies and improvements are needed. This research will investigate a new method of improving CAR T-cell therapies: adding segments from proteins called 'Toll-like receptors' (TLRs) to enhance CAR T-cell activity. We shall make a range of CARs with and without TLR segments and with modified TLR segments and test their impact on human CAR T-cell activity and side-effect risk in the laboratory. Complementary research in China will assess the effect of these TLR portions on CAR T-cells in mouse models.	599,495

				This research will inform the clinical development of new CAR T-cell therapies.	
Clinical Practitioner Research Fellowship	2019 Career Development Awards	Dr Robert Weinkove	Development of chimeric antigen receptor (CAR) T-Cell therapy in New Zealand	Chimeric antigen receptor (CAR) T-cells are patients' own immune cells that have been gene-modified and expanded in the laboratory to redirect them against cancer cells. When returned to patients these can lead to remission of some types of leukaemia and lymphoma even among people whose cancers do not respond to chemotherapy. CAR T-cells are licensed in the US and Europe to treat patients with certain types of lymphoma and leukaemia and are showing very promising results in another blood cancer called myeloma. This programme of clinical and translational research aims to establish the regulatory and clinical environment for safe CAR-T cell delivery in New Zealand to conduct trials of a new type of CAR T-cell therapy to develop and disseminate guidelines for CAR T-cell use and to take part in co-operative group studies. The overall goal is to introduce safe and effective CAR T-cell therapy to New Zealand.	802,249
Joint Research Partnership Project	2018 Breast Cancer Research in NZ	Dr Robert Weinkove	Preventing breast cancer metastasis with conjugate vaccines targeting human HER2	Metastasis is a devastating complication of breast cancer and tumours over-expressing human epidermal growth factor receptor 2 (HER2) carry higher risk. One strategy to prevent metastasis is to vaccinate against HER2. Although existing HER2 vaccines can induce immune responses improved clinical outcomes have not yet been demonstrated and better vaccines are needed. We have developed a new series of vaccines which uniquely stimulate specific white blood cells to boost immunity against proteins on cancer cells. Phase 1 of this project will establish a model of metastatic breast cancer expressing human HER2 and will test the capacity of a series of HER2-targeted conjugate vaccines to prevent metastasis. In Phase 2 we shall test the ability of these vaccines to elicit anti-HER2 responses within blood immune cells from people with and without breast cancer. Our aim is to develop potent new vaccines with potential to prevent recurrence of HER2 positive breast cancer.	248,900
Project	2018 Projects	Prof Franca Ronchese	Molecular characterisation of dendritic cells during immune responses	Dendritic cells are rare immune cells necessary for kick-starting all immune responses. Every tissue in the body is populated by several different populations of dendritic cells a diversity thought to allow tailored control of an ever-changing multitude of infectious agents by the immune system. Contrary to this possibility our data suggest that at least some types of dendritic cells are adaptable and can start a variety of immune responses. We will use cellular and molecular approaches to explore how dendritic cells change in response to different infectious agents. Our primary goal will be to identify critical features and pathways that allow the same type of dendritic cell to prime allergic disease rather than other types of inflammatory responses. This study will shed light on the mechanisms driving the diversity of immune responses and provide important information to improve the design of immune interventions and vaccines.	1,199,996
2016 Independent Research Organisation Fund	Independent Research Organisation Funding	Prof Graham Le Gros	Independent Research Organisation Funding	The Malaghan Institute is New Zealand's world-leading independent biomedical research institute with a focus on breakthrough discoveries in immunology and immunotherapy. Our key areas of research and discovery are cancer; asthma and allergy; infectious diseases; gut health; and brain health.	17,805,000

Project	2016 Projects	Prof Mike Berridge	Intercellular mitochondrial transfer in glioblastoma	Mitochondrial movement between cells has been demonstrated in cell culture and we have shown that tumour cells without a mitochondrial (mt) genome acquire mtDNA from surrounding normal cells leading to recovery of respiration tumour growth and metastasis. These unprecedented results raise questions about whether intercellular mitochondrial transfer is a normal "silent" physiological process since mtDNA damage that contributes to compromised respiratory function occurs in many cancers and is an inevitable consequence of anticancer drug treatments and radiation. We have developed a mouse model of glioblastoma that lacks mtDNA and will determine whether these cells form brain tumours and if so whether mitochondrial acquisition from brain cells is involved. We will also damage mtDNA in glioblastoma cells and investigate the relationship between this damage mitochondrial acquisition from normal brain cells and tumour formation. Mitochondrial transfer to tumour cells with mitochondrial genome damage could be widely relevant to tumour biology and treatment.	1,095,885
				Total	**23,099,023**

Annex Four: Suggested talking points

- For the COVID-19 vaccine research, and VAANZ, you may wish to ask:
  - *What has the Vaccine Alliance Aotearoa New Zealand achieved to date?*
  - *What capability are you building for New Zealand's future vaccine research?*
  - *How are you adapting your work as the environment around New Zealand's COVID-19 vaccine changes?*

- On infectious disease research in New Zealand, and MIMR, you may wish to ask:
  - *What capability does Malaghan have in infectious disease research, and how do you think it connects with the wider infectious disease research community?*

- Regarding early career researchers, and career development pathways, you may wish to ask:
  - *What has Malaghan done to promote the development of early-career researchers?*
  - *(To early career researchers) What opportunities does the system need to provide, to ensure you have the support you need to progress your career?*
  - *How does Malaghan interact with universities and Crown Research Institutes, particularly regarding students or early-career researchers?*
  - *(To early career researchers) How have Malaghan's connections with other institutions shaped your career paths?*

- For diversity, equity and inclusion in the science workforce, you may wish to ask:
  - *What work has Malaghan done to identify and address diversity, equity and inclusion issues in its workforce?*
  - *What opportunities have you identified for incorporating Māori and Pacific staff or research into your work?*

- If asked about funding for health research, points from the recent briefing 'Meeting with New Zealanders for Health Research' (2021-2412 refers) may be useful:
  - *The Health Research Council funding undergoes review every three years, but this does not necessarily lead to an increase in funding.*
  - *Ensuring the health sector is appropriately resourced is a key consideration, and increased funding must be considered alongside other Government funding priorities as part of the annual Budget cycle.*
  - *Health research is a particular strength of our RSI system and getting value from our collective investment in health research, through both direct funding and indirect funding such as the R&D Tax Incentive, is important.*
  - *Where do you think there are opportunities to get better value for our investment in health research?*

- If asked about HRC's IRO Capability Fund, you may wish to say:
  - *MBIE and the HRC have been discussing options for IRO Capability Funding, and we expect the HRC to be in contact with IROs soon. MBIE expects the IRO Capability Fund to better align with SSIF, for long term strategic funding.*