

Cure Kids Annual Report 2022



Lucca is a cancer survivor. At just 16 months old, she was diagnosed with a rare and aggressive cancer.



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Message from our CEO

Frances Soutter



LOOKING BACK TO LOOK FORWARD

Looking back with pride on our history, in 2022 we refreshed our strategic plan, guided by the vision of our late founders Sir Bob Elliott and Dr Ron Caughey. Our aim is to **“Lead New Zealand in solving the big health issues affecting children by funding sustainable and impactful research.”**

OUR FOCUS

To achieve this mission, we are focused on making sure that we have the best talent to prepare us for the future, thereby shaping Cure Kids for the greatest impact on child health. We will achieve this with close stewardship of our income, meaningful relationships with our supporters and a laser focus on the big health issues which affect our tamariki.

BEING PATIENTLY IMPATIENT

Patience and ongoing investment over many years in specialised areas of research means that this year we witnessed an incredible breakthrough with Batten disease, giving families with affected children hope for the future.

Researchers from Lincoln University and the University of Otago have developed a world-first treatment for Batten disease, which was approved for trials in humans. The researchers are hopeful that results for humans will be similar to what they have seen in sheep. Sheep with Batten disease generally only live for two years, but the sheep given gene therapy are now living for more than five years.

But while good things do take time, we also need to be extremely impatient — an ongoing challenge for New Zealand is the still-significant burden of disease on children affected by inequity. Through our development of the State of Child Health report, we hope that in highlighting the areas of health inequity, we will see a New Zealand with a stronger focus on eradicating diseases such as rheumatic fever and rheumatic heart disease through research. Rheumatic fever and rheumatic heart disease are third world diseases, and we should be ashamed of New Zealand’s statistics in this area.

Today 40,000 children per year are admitted to hospital for preventable reasons, such as skin, respiratory and oral health conditions. At Cure Kids we are helping to drive

innovative and exciting child health research which will put these horrific statistics behind us.

IMPACTFUL PAYBACK

Reflecting on our biggest achievements in 51 years, we are very proud of the 25-year programme of research run by Professor Ed Mitchell on preventing sudden unexpected death in infancy (SUDI). Each component of his programme contributed to a wealth of new knowledge that has saved hundreds of babies’ lives in New Zealand, as well as tens of thousands of babies worldwide. A Cure Kids project with Impact Lab in 2021 calculated that for every dollar invested in SUDI research, the payback to society equated to \$14. That’s a return worthy of supporting, without even imagining the grief spared from the families whose babies’ lives were saved.

Over the past 51 years Cure Kids has also had a major impact on cystic fibrosis. Sir Bob Elliott discovered that by using Guthrie cards (blood spot tests), the diagnosis could be confirmed at birth, resulting in early treatment and, ultimately, increasing life expectancy into adulthood.

These are just two of the many breakthroughs that have been achieved in child health, thanks to the generous support of our donors. We hope that the nine new projects funded in 2022 through our Innovation & Discovery round led to more life-changing breakthroughs.

SUNSHINE AFTER THE PANDEMIC RAIN

Cure Kids navigated cautiously through the pandemic challenges of 2021 and 2022, but in 2022 we were delighted to hold our gorgeous fundraising Gala Dinner events in Auckland and Napier and a beautiful bespoke golf event at The Hills in Queenstown. It was wonderful to celebrate with these events and then to host a full noise Red Nose Day campaign while enjoying the face to face company of our supporters.

It could have been easy to become distracted by the negative things happening around us, but instead we put our heads together to find ways to make Cure Kids more sustainable in any business, social or health environment. We modified our communications strategy to put a stronger emphasis on digital channels — our website, newsletters, social media, video conferencing and electronic publications.



**Investment in
Child Health 2022**

\$4.4m

Research Value

Now and in the future, our most important communication piece is nurturing the loyalty of our long-standing supporters, while also bringing on the next generation of people who will cherish a relationship with Cure Kids.

I am so proud that in 2022, after two years of such a tough economic climate, we continued to make significant investment in child health research to the value of \$4.4m.

OUR FIJI AND PACIFIC PROGRAMS

Since 2006, Cure Kids has been helping to transform the health of children in Fiji, in partnership with Accor. Our ongoing focus for Fiji is to help children living with rheumatic heart disease and to provide access to oxygen therapy for children who need it. Both projects are installing benefits that will be available for future generations. While there's research connected to both projects, they represent a step into a future where we become involved with the execution of health programmes in association with government health organisations.

We are delighted that the NZ Ministry of Foreign Affairs and Trade (MFAT), and the Fiji Ministry of Health and Medical Services (MHMS) have recognised the impact we

are having on health services in Fiji. As Dr Luke Nasandra, Head of Fiji Emergency Medical Assistance Team (FEMAT) and chair of the Oxygen Project Committee says, he can “sleep better at night now knowing that oxygen is accessible across Fiji”. We are in discussion with the Fiji Ministry of Health to extend our projects beyond 2024.

THANK YOU

We feel hugely grateful for the continued support of everyday kiwis who loyally support us. We are thankful for our business partners and their relentless support during what turned out to be another unusual year. With our new strategic plan as a guiding light, we are prepared for what the world may throw at us — with the experience of 51 years behind us, we're looking forward to continuing our quest for a healthier New Zealand population by raising child health standards.

A huge thank you to the Cure Kids Board for their wise counsel, and my adaptable colleagues in the Cure Kids team — you were indomitable and inspiring throughout 2022.

Ngā mihi nui



Frances Soutter

Message from Cure Kids Chair Franceska Banga



In 2022, despite global and economic uncertainty, Cure Kids remained committed to leading child health research in Aotearoa. We continued to strive for better health outcomes for tamariki and rangatahi while amplifying our voice on the critical issues that affect our youngest and most vulnerable.

To achieve this, we continued to focus on having the right people at the Board table — one that truly reflects the diverse communities and health needs that it serves. Following the appointment of three exceptional people to governance and advisory positions in 2021, this year we were delighted to welcome Emeritus Professor Sally Merry to the Cure Kids Board. As the former Cure Kids Duke Family Chair in Child and Adolescent Mental Health at the University of Auckland, Professor Merry led ground-breaking research into mental health conditions affecting young people.

Our Board is now stronger, more diverse, and more relevant than ever before. We understand, in a deep cultural sense, how the research we fund can make a measurable and meaningful difference to the people it serves. And it's important because Cure Kids has some big health issues it wants to help solve.

In the second State of Child Health report launched this year, we saw the worsening impact of high-burden diseases, including respiratory, rheumatic fever and rheumatic heart disease, skin, and dental. We also saw a continued disproportionate burden of disease among Māori and Pasifika children.

We must act, and we know that real traction is gained when we collaborate with the government. We are taking meaningful steps towards developing these relationships and galvanising action on the urgent health issues. As New Zealand's largest charitable funder of child health research, it makes sense for the government to work with us to direct research, action, and resources that will contribute to solving the problem.

Clearly, there is much to do, but we are forging ahead with strong governance and a committed team who are passionate about health research and its ability to improve little lives.





Pictured Left to Right: Sally Merry, Russ Hewitt, Frances Soutter, Alaister Wall, Franceska Banga, Professor Stephen Robertson, Barrie Campbell, Dee-Ann Wolferstan

Meet the Board

The Board provides governance management; administering and controlling Cure Kids. To ensure there is a breadth of experience around the Board table, the constitution requires that the Board includes at least four members with business experience, and the Chair or a representative of the Medical and Scientific Advisory Committee.

Franceska Banga (Chair) ONZM	Independent Director
Barrie Campbell	Secretary/Treasurer, Cure Kids ACA. Consultant to BKR Walker Wayland, Auckland
Frances Soutter	Chief Executive Officer, Cure Kids
Alaister Wall	Consultant, Briscoe Group Limited
Dee-Ann Wolferstan	CEO Te Runanga a Iwi o Ngati
Russ Hewitt	Independent Director
Professor Sally Merry MBChB, FRANZCP, MD	Former Cure Kids Duke Family Chair of Child and Adolescent Mental Health
Professor Stephen Robertson BMedSci, MBChB (OTAGO), FRACP, DPhil (OXFORD)	Department of Women's and Children's Health, Dunedin School of Medicine, University of Otago, Dunedin

Welcome to Cure Kids Board Emeritus Professor Sally Merry



Cure Kids is delighted to have appointed Emeritus Professor Sally Merry as the newest member of its Board.

Prof Sally Merry is a child and adolescent psychiatrist and researcher who held the Cure Kids Duke Family Chair in Child and Adolescent Mental Health at the University of Auckland until her retirement in 2021. As Chair, she led brilliant research focusing on understanding mental health conditions in children and young people.

In her role as a member of Cure Kids Board, Prof Merry will continue to have a profound impact on child and adolescent mental health.

“It’s wonderful to join Cure Kids Board and give back to an organisation that supported my work in child and adolescent mental health for many years. I look forward to working with the team to help them realise their vision of healthier children with brighter futures,” says Prof Merry.

Cure Kids Members

The five Cure Kids Members participate in constitutional and governance management aspects of Cure Kids.

Three are drawn from our founding partner, Rotary in New Zealand, continuing its proud association and support of Cure Kids. The fourth Member is the current President or nominee of the Paediatric Society of New Zealand, while the fifth Member is a South Island based nominee from the Board of Paediatricians of the Royal Australasian College of Physicians.



Beryl Robinson	Rotary New Zealand
Tony Fortune	Rotary New Zealand
Bruce Rasmussen	Rotary New Zealand
Dr Mike Sheppard	Paediatric Society of New Zealand
Dr Nicola Austin	Royal Australasian College of Physicians

Cure Kids Medical & Scientific Advisory Committee

Every project funded by Cure Kids has been expertly assessed by Cure Kids Medical and Scientific Advisory Committee (MSAC). Cure Kids MSAC includes some of the biggest and brightest brains in child health research. They are doctors, professors, scientists, and researchers who have achieved outstanding results in their fields.



Professor Stephen Robertson
BMedSci, MBChB (Otago), FRACP,
DPhil (Oxford)



Professor Sally Merry
MBChB, FRANZCP, MD



Professor Stuart Dalziel
MBChB (Otago), FRACP



Dr Patricia Anderson
SRN, MPhil, PhD



Professor Terryann Clark
RN, MPH, PhD, Ngāpuhi



Professor Te Kani Kingi
MSocSc, DipMDev, PhD, MRSNZ, Ngāti Pūkeko,
Ngāti Awa



Professor Andrew Day
MBChB (Otago), MD, FRACP



Professor Ed Mitchell
MBChB (OTAGO), FRACP, Department of Women's
and Children's Health, Dunedin School of Medicine,
University of Otago, Dunedin



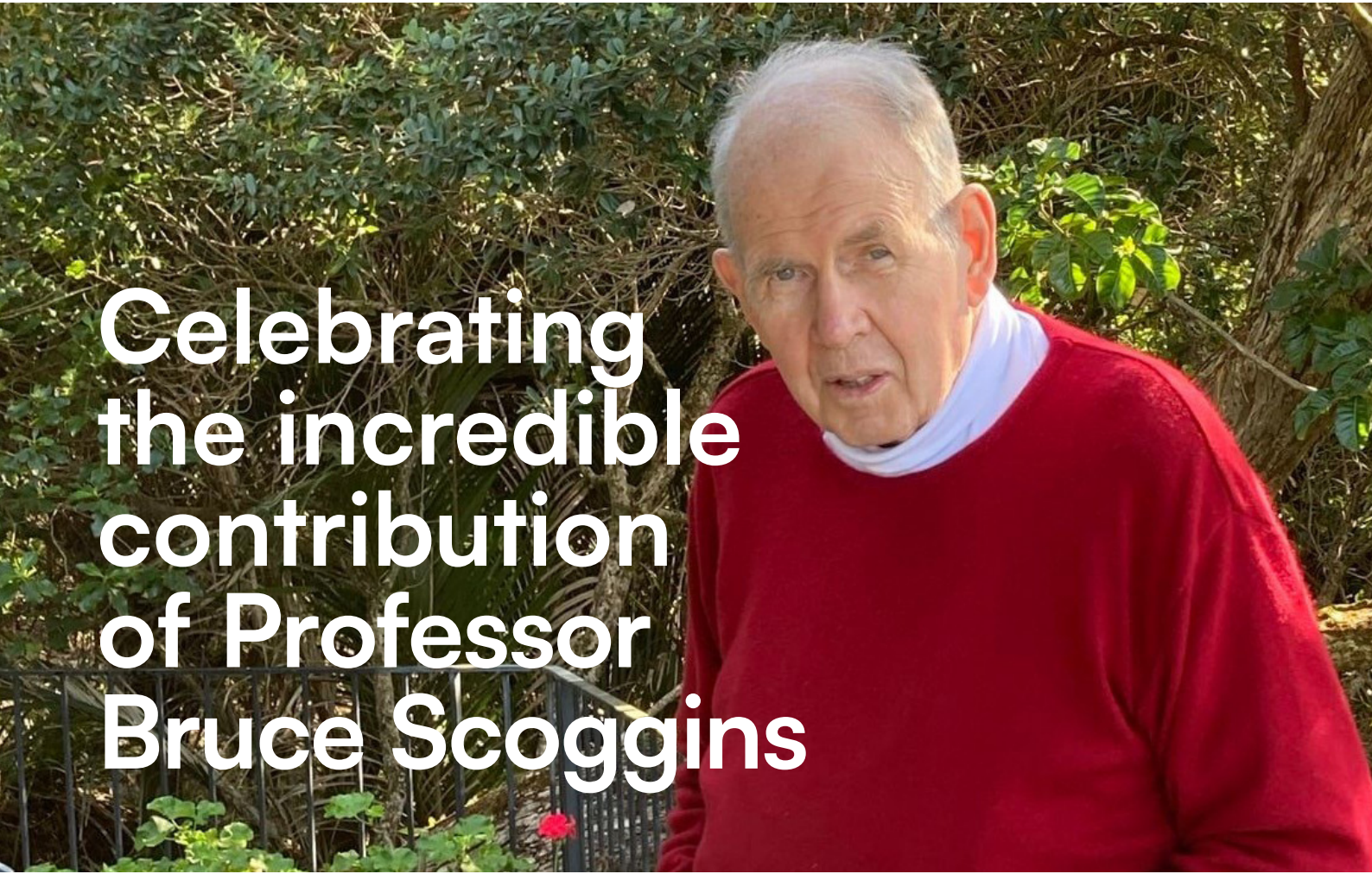
Associate Professor Teuila Percival
QSO, MBChB, FRACP



Professor Barry Taylor
MBChB (Otago), FRACP



Professor Ian Morison
BMedSc, MBChB, FRCPA, PhD


 A photograph of Professor Bruce Scoggins, an elderly man with white hair, wearing a red sweater over a white collared shirt. He is standing outdoors in front of a dense green hedge. The text 'Celebrating the incredible contribution of Professor Bruce Scoggins' is overlaid on the left side of the image in large white font.

Celebrating the incredible contribution of Professor Bruce Scoggins

On 18 March 2022, New Zealand lost one of the brightest minds in health research with the passing of Professor Bruce Scoggins.

Prof Scoggins' distinguished career in science and research started in 1962. Over that time, he held many prestigious roles, including Senior Principal Research Fellow at the Howard Florey Institute in Melbourne, a Senior Fulbright Fellowship, the Gordon Meiklejohn Professor of Medicine at the University of Colorado in Denver, and the Chief Executive of the Health Research Council (HRC) of New Zealand.

After 15 years as Chief Executive Officer at HRC, Prof Scoggins officially retired, but for the next 15 years he volunteered as a member of the Board for Cure Kids, and as the Chair of Cure Kids' Medical and Scientific Advisory Committee.

He also led an evaluation of the impact generated over 50 years by

the charity's investments in child health research.

Since 2007, Prof Scoggins dedicated at least a day a week to Cure Kids, using his expertise, networks, and skills to guide the charity's funding decisions to ensure maximum impact for the health of children in Aotearoa NZ.

Despite this huge 15-year voluntary commitment, Prof Scoggins was forever humble, saying "I see myself as working behind the scenes. The

others are the ones doing the really hard work."

Alongside his voluntary contributions, Prof Scoggins was an advisor to the government and to the World Health Organization, and acted as a consultant across the research, science, and innovation sector.

Throughout his career, he worked selflessly to raise the standard of scientific and medical research in Aotearoa New Zealand, to foster the careers of outstanding researchers, and to eradicate inequity in health outcomes. He championed the importance of supporting and developing Māori health researchers. Prof Scoggins received the Bledisloe Medal in 2007, and a posthumous Doctorate from Lincoln University.



Our mahi

🔍 You have to imagine how a problem could be resolved and let your imagination go wild. People need to think as widely as they can and not be restricted by can't attitudes. If you've got a good imagination, you'll come up with solutions for all sorts of things. 🧩

Professor Sir Bob Elliott, Cure Kids Co-Founder

Celebrating a major breakthrough in the race for a Batten disease cure

Back in 2012, Flight of the Conchords and other prominent New Zealand entertainers starred in a campaign to raise funds for South-Island-based scientists researching gene therapies for Batten disease - a rare and fatal childhood condition.

Fast-forward ten years, and thanks to their efforts and the incredible support of donors, researchers from Lincoln University and the University of Otago have achieved a world-first breakthrough in developing a treatment for Batten disease, which has now been approved for human trials.

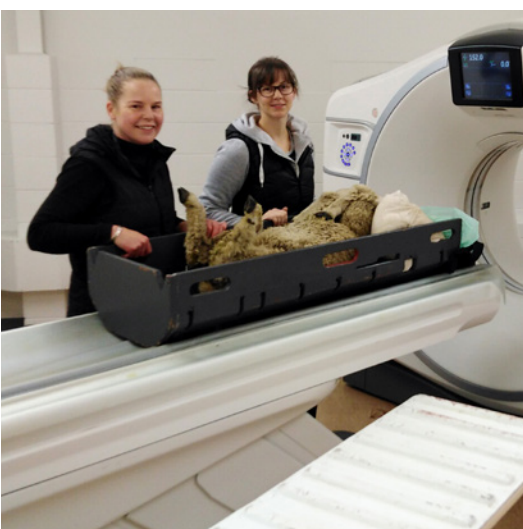
The New Zealand researchers are filled with hope that the results in humans will be as promising as they have seen in sheep. Typically, sheep with Batten disease only live for two years, but the ones who received gene

therapy are now surviving beyond five years. While this therapy cannot completely cure the disease, it has the potential to halt its progress.

Dr Nadia Mitchell, the Research Group Lead at Lincoln University, explains that the cure may not have fully played out in sheep, and there's a good chance that it could be even more effective in humans.

WATCH >>

Feel Inside (And Stuff Like That)



Meet the researchers behind the breakthrough



Professor David Palmer



Dr Nadia Mitchell



Dr Samantha Murray



Associate Professor
Stephanie Hughes

Decades of research in New Zealand's South Island, in collaboration with top scientists around the world, preceded the development of the new gene therapy reaching human trials in the US.

Professor Bob Jolly from Massey University originally characterised sheep which have naturally-occurring forms of Batten disease, comparable to human variants CLN5 and CLN6.

At Lincoln University, a team including Professor David Palmer, Dr Nadia Mitchell, and Dr Samantha Murray have maintained two flocks of sheep, and worked with these sheep to study the disease pathology and test gene therapies for children. Their ongoing research concentrates on the impact the disease has on other organs in the body — and whether their therapy may have other benefits to these cells in CLN5 and CLN6 variants.

At the University of Otago, Associate Professor Stephanie Hughes has developed viral vectors which can deliver the gene therapy to the correct cells in the best way to ensure that it can replace normal cellular function. With her team, including Dr Indranil Basak, Dr Luci Schweitzer, and Hollie Wicky, she been working to understand the molecular and cellular processes by which mutations in the CLN genes cause the symptoms of Batten disease. They've developed models in human cells and mice to optimise gene therapy strategies in Batten disease.

Exciting times are ahead as this groundbreaking research continues to unfold.

In loving memory of Katie Archer



Lisa Jessup lost her daughter Katie Archer to Batten disease in 2018 when Katie was aged just 9. For Lisa, the breakthrough research by Cure Kids funded scientists offers a “huge glimmer of hope” to families like hers. And while it is “bittersweet”, in that it comes too late for Katie Archer, Lisa Jessup is “rapt” others may one day benefit.

Watch Katie's Story



New Research Funded in 2022

In 2022, Cure Kids committed \$1million to nine new Grants for Innovation & Discovery research



Opportunities for Primary Care action to improve immunisation of pēpi Māori

by Dr Anna Howe and Dr Amber Young

Researchers will partner with Hāpai te Hauora to explore how the health sector can be more responsive to ensure that whānau receive vital support and information to help them care for their newborn babies. This research aims to increase the number of whānau enrolled with primary healthcare providers, to protect Māori children from vaccine-preventable diseases.



[READ MORE >>](#)



Designing a diagnostic test for brain injuries in preterm babies

by Associate Professor Mhoyra Fraser

This research aims to identify which babies are at risk of brain injuries due to oxygen deprivation during pregnancy or at birth. The research will seek to identify a panel of markers that can aid early detection, and thus better inform primary healthcare teams on appropriate preventative and therapeutic approaches to prevent or reduce brain injuries in preterm babies.



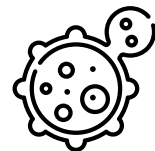
[READ MORE >>](#)



Developing a new treatment for children with brain cancer

by Professor David Barker and Dr Lisa Pilkington

Glioblastoma multiforme is the most aggressive form of brain cancer — children with this disease survive on average less than 2 years after they are diagnosed. The researchers are working on a new treatment that would target brain tumours to extend the lives of children who have this devastating disease.



[READ MORE >>](#)

\$1m

Innovation & Discovery Research



Collaborating on a monitoring system for child protection in Tonga

by Dr Fiona Langridge and Dr Seini Taufa

This research is designed to reduce the country's high rates of violence against children. Dr Fiona Langridge and Dr Seini Taufa are co-designing a data-monitoring system based on international best practice and adapted specifically for Tonga to support ongoing efforts to ensure care and protection for children.



[READ MORE >>](#)



Developing a safer test for joint and bone infections in children

by Dr Amy Scott-Thomas

This study aims to create a new non-invasive test for bone and joint infections. The technique should reduce stress and trauma for children being tested by avoiding needles. If the study is successful, it should also enable faster diagnosis, and targeted treatments that should minimise development of antibiotic-resistant bacteria.



[READ MORE >>](#)



Enhancing treatments for severe bone infections in children

by Associate Professor Simon Swift

Research has shown that a protein found in milk, lactoferrin, has properties which could boost the effectiveness of antibiotic treatments. This research will combine the lactoferrin with nanoparticles to test whether it might be safe for use during surgery for children with acute haematogenous osteomyelitis, a severe bone infection.



[READ MORE >>](#)

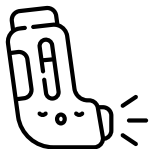
New Research Funded in 2022



Trialing shorter treatments for preschool children with asthma

by Dr Alexandra Wallace

Children with asthma are often treated with three days of oral steroids, but recent evidence suggests that children younger than five years might only need one day of steroid medication to treat wheeze. Dr Alexandra Wallace is working with an international group of collaborators to compare treatment durations. If they prove that a one-day course is effective, guidelines will change to shorten and simplify treatment and reduce the risks of side effects.



[READ MORE >>](#)



Testing eyesight for 7-year-olds

by Dr Rebecca Findlay

Because current screening tests do not always detect eye problems such as refractive error, many children start school without the glasses that could help them to read and learn. This research will test 7-year-olds for refractive error and assess whether issues with their eyesight have affected their reading, learning, or development. The broader goal is to improve national vision screening and eye-care, so that children can get help for treatable eye problems.



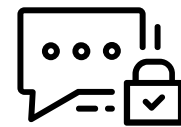
[READ MORE >>](#)



Adapting online tools to enable safe communication about self-harm and suicide

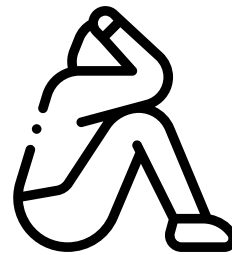
by Associate Professor Sarah Hetrick and Dr Tania Cargo (Ngāti Maru, Ngāti Manu, Ngāpuhi).

The researchers propose to adapt an online tool called #chatsafe to help rangatahi, young people in New Zealand communicate online about self-harm and suicide without the risk of imitative suicidal behaviour. They'll convene expert panels that include rangatahi, young people and Māori to develop a culturally safe version of #chatsafe.



[READ MORE >>](#)

Welcome Professor Terryann Clark



Cure Kids new Chair in Child and Youth Mental Health

Following an international search, Cure Kids was delighted to announce the appointment of Professor Terryann Clark to the Cure Kids Chair in Child and Youth Mental Health in July 2022.

Prof Clark's specialist expertise is in mental health, nursing, social determinants of health, and health services for young Māori. Much of her research has focused on depression, suicide, and delivery of equity in mental health for young Māori.

Prof Clark also holds a range of governance and advisory roles related to young people, Māori health, and mental

health. Since 1998 Prof Clark has been the Principal Investigator and Co-Lead of the Youth2000 series of national surveys on youth health and wellbeing. She is a founding member of the national Adolescent Health Research Group.

In 2022, Prof Clark also joined Cure Kids' Medical & Scientific Advisory Committee.

Professor Stephen Robertson

We're celebrating a 20-year partnership with Professor Stephen Robertson, Cure Kids Chair of Paediatric Genetics at the University of Otago. Stephen reflects on two decades of impactful child health research, and the world-leading research underway that will shape the future of health in Aotearoa with a unique te ao Māori view.

The opportunity to work alongside Cure Kids has been invaluable. Cure Kids' investment in my research has very much shaped the scientist I am today, and many of my career-defining achievements along the way. Ultimately, it's the New Zealand public who fund Cure Kids who are investors in the research I undertake — so this partnership means a tremendous amount to me, that I'm able to serve the community that supports my work.

A lot of hard work has been invested in two decades. This is especially true of the incredible Cure Kids team who remain deeply committed to improving child health in Aotearoa. Cure Kids was a much smaller organisation when I came on board in 2002, but with an impressive vision to make a difference to child health in New Zealand — and their dedication has been unwavering since they formed in 1971.

I'm proud to be part of the team behind the strategy to realise Cure Kids' growth aspirations, bringing a researcher lens to their important plans and, more recently, serve on the Board. Sitting at the Board table today, I feel inspired by our diverse, capable and informed team, who are helping steer Cure Kids into the future.

I'm certain the future looks brighter for the tamariki of Aotearoa. There's no doubt Cure Kids has impacted child health in New Zealand thanks to the research it funds. Despite a challenging few years for health and the economy, the number of research projects and funding has continued to grow.

TWO DECADES OF REWARDING MAHI

There are two decades of achievements to write about, and Cure Kids has been key to so many on a personal level. Looking back on my work which focuses on researching genetic disorders which affect children, I am grateful to have had the opportunity to identify the cause of more than 30 life-limiting disorders, which has helped improve diagnosis, treatment, and care for children in Aotearoa and globally.

One stand-out achievement for me was the discovery of a rare genetic disorder affecting a Māori whānau from the Far North who I worked with through Starship Hospital.

After seven years of working alongside them, I eventually had a breakthrough discovering the gene responsible for the death of four of their babies. This work enabled a diagnosis and potential genetic testing to answer some of the whānau's concerns heading into the future.

...there is no better place to put investment than in Cure Kids to fund the vital health research that will improve the lives of our tamariki and rangatahi...

Last year I was honoured to be recognised with the Hercus Medal by Royal Society Te Apārangi for my research, and seeking to establish equitable delivery of genomic medicine for Māori — an area of work I'm particularly passionate about.

The establishment of my lab at the University of Otago, and to be able to conduct a research programme that has been impactful in my area of paediatric medicine is continually rewarding. I'm proud of all my students, my research team and their successes and contribution to child health.

BRINGING A TE AO MĀORI VIEW TO CHILD HEALTH IN NEW ZEALAND

I'm excited about the future with Cure Kids — there are so many impactful research projects underway. I'm particularly passionate about two projects underway to bring a te ao Māori view to child health in New Zealand.

In the past, we've relied on studies from Western European and East Asian populations as guides on how to treat children in New Zealand, however, this approach fails to recognise and accommodate for the differences of our unique population.



This first project, called the Aotearoa New Zealand Variome, will gather and analyse genetic information from those of Māori ancestry. This will help us better understand their unique genetic makeup and how it affects their health. This is essential for more accurate diagnosis and the delivery of better, more targeted healthcare solutions.

Alongside this work is the Rakeiora project, a pilot precision medicine project. This will combine genetic data with personal health records to understand how genetics may influence how different patients respond to different prescribed drugs.

Genetics will be heavily democratised and used like our fingerprints. Genetic treatments for disease will become routine.

Genetics will guide how medical professionals make decisions in the future, so it's important work to undertake, however, there are cultural sensitivities, which is why these projects must be led and governed by Māori

and Pacific peoples. The information we're collecting is tapu. Any research must protect the rights, interests and taonga of Māori, and respect the view of Māori that DNA samples and the data generated from them have significant cultural links to whakapapa. This process takes more time and patience, but it brings a unique New Zealand flavour to the research.

THE NEXT 20 YEARS: MORE RESEARCH IS CRITICAL TO SHIFT THE DIAL ON CHILD HEALTH IN AOTEAROA

The human and technological advances over the past 20 years have been incredible. To give you an idea of how much it has improved, it took me seven years to discover a group of genetic conditions in the early phases of my career. Now, the same discovery would take just take six weeks!

In the next 20 years, I think we'll be routinely using genetic information in healthcare, and have personal access to genetic data from home. Genetics will be heavily democratised and used like our fingerprints. Genetic treatments for disease will become routine.

The potential impact for child health in New Zealand is considerable. Anything is possible! But, funding for research is critical to realise this aspiration.

I'd like to see the dial shift on poverty to recover lost ground on child health in Aotearoa. The Cure Kids State of Child Health report is evidence-based research that makes a case for change. We need the Government, the decision-makers and influencers to partner with us to use this research to create a child health agenda tackling these priorities.

There is a lot to be learned from the Genomics Aotearoa projects underway and how we view health from different cultural perspectives. Thinking about the social determinants of health and how we can apply a te ao Māori approach has the potential to positively impact how we use research in the future for meaningful change. This will ultimately foster thriving New Zealand communities and children who can flourish and grow into happy, healthy and productive adults.

I am proud to partner with Cure Kids. I believe that, collectively, they are an outstanding citizen in the New Zealand health community. They don't just hand out grants, they are a trusted, independent voice for those who need it most — our tamariki and rangatahi.

The State of Child Health in Aotearoa New Zealand

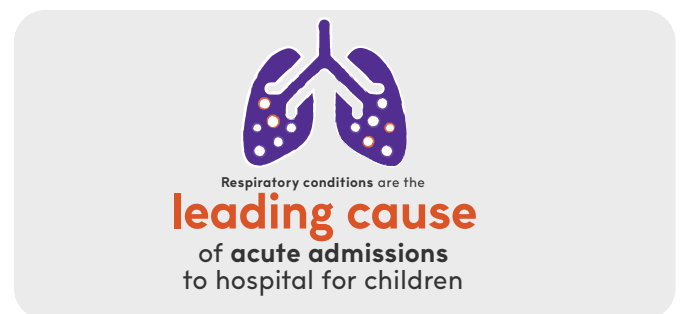
Key Findings

DENTAL



- On average, in 2019, 41% of 5-year-olds and 31% of Year-8 children (aged around 12 years) had evidence of tooth decay.
- Since 2000, average rates of dental decay have declined overall, but the rate of hospitalisations for children with serious dental decay has also increased steadily.
- In 2019, 3.5% of NZ children aged 1 to 14 years had had teeth extracted in the previous 12 months due to decay, abscesses, infection, or gum disease.
- Rates of tooth decay and hospitalisation have been consistently highest for Pasifika and Māori children. In 2019, 40% of Māori children and 46% of Pasifika children had evidence of tooth decay in their permanent teeth at Year 8.
- The rate of hospitalisation for tooth decay was highest for children living in the most deprived areas, who also had more than three times the number of teeth extracted as those in the least deprived areas.
- Two in every five children younger than 15 years did not brush their teeth at least twice daily with a standard fluoride toothpaste.

RESPIRATORY



- Respiratory conditions are the leading cause of acute admissions to hospital for children in Aotearoa NZ.
- Since 2000, the rate of hospitalisations for children with severe respiratory conditions has increased, most notably for bronchiolitis, asthma, and wheeze.
- Māori children and Pasifika children have the highest rates of hospitalisations for respiratory disease, including bronchiolitis, pneumonia, asthma, and wheeze.
- Economic deprivation is a major factor in respiratory disease: children living in areas with the most deprivation have the highest rates of hospitalisations for asthma and wheeze.



This report was published in June 2022, to present evidence on the big health issues that impact the lives of our tamariki.

RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE

- The rates of hospitalisations for children with acute rheumatic fever and rheumatic heart disease have remained high over the past 20 years in New Zealand, despite efforts to reduce them through targeted programmes.
- This burden of disease is particularly high for Pasifika children, for whom hospitalisation rates for acute rheumatic fever were 140 times higher than for children of “European or Other” ethnic groups between 2016 and 2020.
- Māori children also experienced inequitable rates of disease, with almost 50 times the rate of hospitalisation for acute rheumatic fever than children of “European or Other” ethnicities during this period.
- Children living in areas with the most deprivation experience the highest hospitalisation rates for acute rheumatic fever and rheumatic heart disease.

On average **140** children are hospitalised for acute rheumatic fever or rheumatic heart disease every year

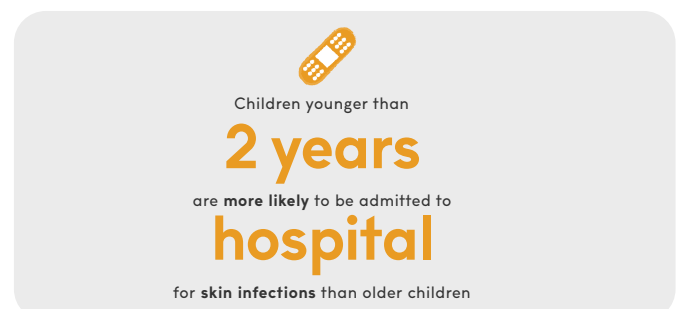


Hospitalisations for acute rheumatic fever are **140 times** higher for Pasifika children than for children in European and other ethnic groups



SKIN INFECTIONS

- Skin infections are very common in New Zealand children, but most can be treated in the community.
- Serious skin infections like cellulitis make up nearly 4% of hospital admissions for children, with the highest rates in 1-year-olds and other young children.
- The rate of hospitalisations for children with serious skin infections was increasing until 2011, but has been gradually decreasing since then.
- Māori and Pasifika children have higher rates of hospitalisation for skin and soft tissue infections compared with children of European and other ethnicities.
- Hospitalisation rates for skin infections are highest in children living in areas with the most socioeconomic deprivation.





RECOMMENDATIONS

This report highlighted data on hospitalisations of children from 2000 to 2021, showing worsening trends, as well as gaps in data and the need for initiatives to more closely monitor conditions over time.

“This report highlights the inexcusable inequity that exists in our health outcomes for children. We can no longer just provide the ambulance at the bottom of the cliff. Focused effort is required to detect and improve preventable risk factors, to identify and better manage mild disease, and to have better national data to enable us to evaluate and monitor healthcare interventions in real time,” says Professor Stuart Dalziel — Paediatrician and Cure Kids Chair of Child Health Research, at the University of Auckland,

There is an urgent need for New Zealand to prioritise implementation of evidence-based measures to detect, prevent, and treat disease as early as possible, and to improve care for children. For all conditions listed in the report there is the potential to dramatically reduce the health burden affecting our children. New Zealand needs social and health policies that prioritise children such that every child in this country has access to the same health outcomes regardless of location, socioeconomic status, and ethnicity.

With persistent inequalities linked to ethnicity and income highlighted, Cure Kids and its partnering organisations agree on the need to urgently prioritise equity in health outcomes for all New Zealand children.

“Upstream measures designed to end poverty, and address risk factors such as unsafe housing conditions and poor nutrition, can be expected to have positive effects on all four of these health issues.”

Measures which are proven to prevent disease should be urgently implemented wherever there is evidence.

These include cost-effective preventive strategies at the national level to reduce risk factors tied to housing conditions, limit tooth decay due to unhealthy foods and drinks, and enable nurse-led school-based clinics and other child-centred services to address skin infections and sore throats.

However, where evidence gaps remain, there is a need for investment in health research. Experts are working to deliver a pipeline of vital information and tools that will accelerate the efforts of healthcare professionals.

Cure Kids has made continued investments in research on all four of these health issues, with partners including other charities, the government, corporates, trusts and foundations, research institutions, and organisations in the healthcare sector. We remain committed to investing in the big research questions which hold back progress in eliminating these diseases. It’s our hope that this report will galvanise all New Zealanders to get behind the evidence-based actions needed to transform this negative picture.

Cure Kids Fiji



Cure Kids is dedicated to improving the health of children in New Zealand and the Pacific, and we have been fortunate to receive generous support from individuals and organisations who share our vision. For many years, we have been focused on delivering programs in Fiji to combat rheumatic heart disease and severe respiratory illnesses such as pneumonia.

CONTROL AND PREVENTION OF RHEUMATIC HEART DISEASE

Rheumatic heart disease is a serious condition that is typically associated with recurrent attacks of acute rheumatic fever. Unfortunately, the Pacific region has one of the highest incidences of rheumatic heart disease in the world.

In Fiji, rheumatic heart disease is the leading disease-related cause of death for young people. Research has revealed that 19 in every 1,000 Fijian children between the ages of 5 and 14 years old have echocardiography confirmed rheumatic heart disease. This means that, on average, there is at least one child in every classroom in Fiji that may be living with rheumatic heart disease. The impact of this disease is devastating, and at least 60 deaths a year are attributed to rheumatic heart disease.

At Cure Kids, we are dedicated to the control and prevention of rheumatic heart disease through research, screening, and awareness campaigns. We believe that by expanding our programs and increasing awareness of this disease, we can help reduce the incidence of rheumatic heart disease in Fiji and improve the health outcomes for children affected by this condition.

2022 Programme Highlights Include:

- **Increased awareness of acute rheumatic fever** and rheumatic heart disease at the community level through our outreach programs, public awareness campaigns, peer-to-peer support, and counselling. These efforts are aligned with the priorities of the Fiji Ministry of Health and are designed to engage the community, help patients and their families navigate the health system, and advocate for quality care.
- Two trips to the Island of Rotuma. During these trips, **503 individuals were screened, and seven newly diagnosed cases of rheumatic heart disease were identified**, seven borderline cases of rheumatic heart disease, along with seven known cases of rheumatic heart disease who received repeat echo scans. Additionally, one child with congenital heart disease was diagnosed.
- **Over 47 outreach clinics were conducted** by the Colonial War Memorial Hospital medical unit with a Vivid IQ portable echocardiography machine provided by Cure Kids program, and over 550 cases were screened. These cases ranged from newly diagnosed rheumatic heart disease to the review of patients who have had valve replacement and other cardiac conditions.
- **Expansion of nurse-led school screening** in Rewa subdivision with **30 schools visited and approximately 900 students screened**. Twenty one newly diagnosed children have since been commenced on secondary prophylaxis treatment and linked back to primary health care facilities for continued care.
- The antenatal screening study, which commenced in August 2022, has **screened over 1200 pregnant mothers**, with 74 newly diagnosed with rheumatic heart disease. Early detection is crucial as undiagnosed rheumatic heart disease contributes to maternal mortality.
- **Capacity building for healthcare professionals** supported by local and regional cardiologists and sonographers: Nine nurses, two midwives, and five doctors were trained at the Central Division, Suva. The primary objective of the exercise was to build local capacity for early detection of rheumatic heart disease.

continued over >

CONTROL AND PREVENTION OF RHEUMATIC HEART DISEASE 2022 Programme Highlights

Increased awareness
of acute rheumatic heart disease



Rheumatic heart disease

503

individuals were screened with...



07

newly diagnosed cases identified



Over 47

outreach clinics were conducted

Expansion of nurse-led school screening with

30 schools

visited and approximately

900 students

screened for rheumatic heart disease maintenance of equipment.



Capacity building
for healthcare professionals



09

nurses



02

midwives



05

doctors

trained at Central Division, Suva



Over 1200

pregnant mothers screened

FIJI OXYGEN PROJECT

2022 Programme Highlights



More than

50,000

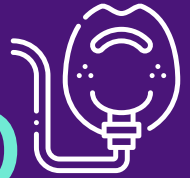
patients

treated with life-saving oxygen to date.

Purchased and distributed over

\$1,100,000

equipment and consumables most urgently needed to ensure oxygen for patients affected by COVID-19 across Fiji.

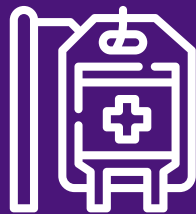


Trained more than

906

clinical & technical staff

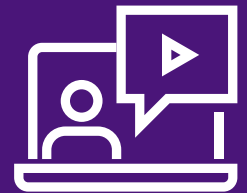
to use and maintain equipment to date.



High quality

training

innovatively delivered by webinar, online, and face-to-face.



Recruitment and training of

17 new

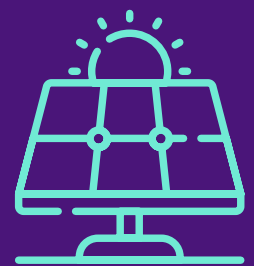
staff

including eleven staff embedded within the Fiji Ministry of Health & Medical Services and 6 Cure Kids researchers.

3 health

facilities

equipped with photovoltaic solar power systems to power oxygen concentrators in vulnerable coastal areas.



Supplied

94

oxygen concentrators



100

pulse oximeters

...in health centres across Fiji.

WORLD HEART DAY CELEBRATIONS ON 30TH SEPTEMBER 2022



Impacting moment of the day; being at the right place at the right time to identify a 7 year old Jaydee who attended screening with symptoms of acute rheumatic fever. The Medical Officer diagnosed him with heart failure due to Rheumatic Heart Disease and was sent for immediate hospitalisation at CWMH Children’s Hospital in Suva.

Today, eight months on Jaydee is a healthy boy playing and living a normal life. The family are very grateful for the community hosted Echo screenings organised as part of World Heart Day 2022 program.

June - Fiji Antinatal Study training of non-expert medical officers.

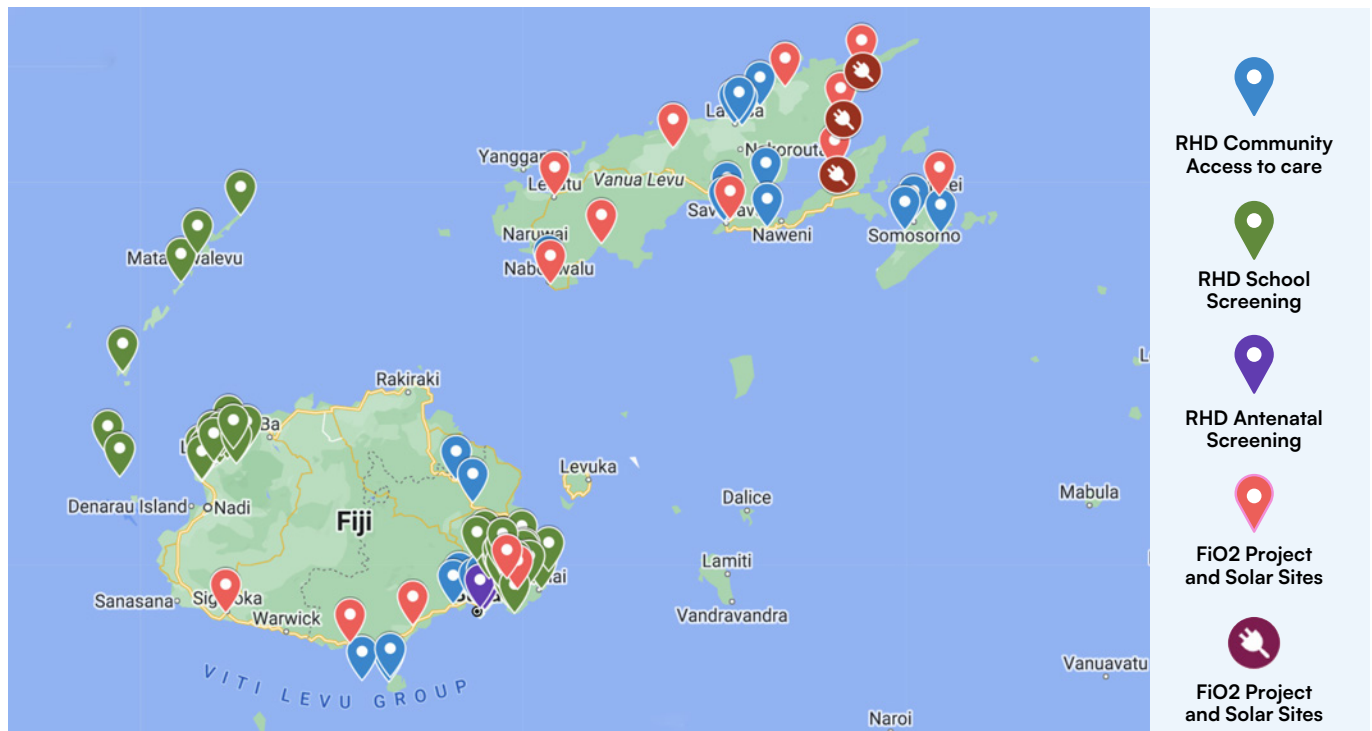


FIJI OXYGEN PROJECT

Cure Kids has been working alongside the Fiji Ministry of Health and the University of Auckland since 2016 to ensure that healthcare centres around Fiji have access to sustainable oxygen. This initiative is aimed at managing oxygen-dependent conditions in children, such as pneumonia and other respiratory illnesses.

2022 Programme Highlights Include:

- **More than 50,000 patients** have been treated with life-saving oxygen to date
- Purchased and distributed over **\$1,100,000 in equipment and consumables** most urgently needed to ensure oxygen for patients affected by COVID-19 across Fiji
- **Supplied 94 Oxygen concentrators, 100 pulse oximeters** in health centres across Fiji
- **Trained more than 906 clinical and technical staff** to use and maintain equipment to date
- **High quality training** innovatively delivered by webinar, online, and face-to-face
- **Recruitment and training of 17 new staff**, including 11 staff embedded within the Fiji Ministry of Health and 6 Cure Kids researchers
- **Three health facilities** equipped with photovoltaic solar power systems to power oxygen concentrators and other equipments in vulnerable coastal communities



PARTNER SUPPORT

Cure Kids Fiji is humbled by the committed and passionate support of our sponsors and donors who make this vital work possible. This includes the NZ Aid Programme, Fiji Water Foundation and Wonderful Giving program, Rotary Club of Remuera in New Zealand, the Rotary Club of Suva and the International Rotary Foundation, AccorHotels and Sofitel Fiji, Armacup, VOMO Island Fiji, Captain Cook Cruises and ANZ Fiji.

We would also like to extend a special thanks to the many individuals and organisations who champion, participate in and support our events to help maximise our fundraising efforts and ensure we can continue to improve child health in Fiji. This includes our multiyear event champion, Reuben Tucker who led the Tasman to Pacific 1000 event and the Munro Les Namaosi Marathon committee for selecting Cure Kids as their charity of choice in 2022. We are privileged to have your continued support.

Cure Kids Ventures













Cure Kids Ventures (CKV) is a seed and early stage investment fund that invests in the commercialisation of innovations in products and services with the potential to benefit child health.

CKV invests in emerging healthcare companies with products and services covering medical devices, medications, diagnostics, health information and healthcare delivery systems.

As a predominant investor in New Zealand's seed and early stage healthcare and biotech sector, CKV has established a reputation as an informed and value-added investor in the investment community.

In addition to investment funds, CKV provides investee companies with healthcare industry-specific expertise and access to industry networks.

PORTFOLIO

	AbleX Healthcare Computerised rehabilitation for treating neurological conditions
	Amaroq Therapeutics A novel class of therapeutics that target cancer
	Avalia Immunotherapies Immune therapies that support treatment and prevention of infectious diseases and cancer
	Chitogel A postoperative nasal gel dressing.
	Chnnl Software for monitoring mental wellbeing
	The Clinician Cloud-based health management platform for outcome measurement, patient engagement, care co-ordination and analytics
	Formus Labs Orthopaedic pre-operative planning software
	MicroGEM Instrument for DNA extraction and identification
	Noted Web-based client management for health and social care providers in the community.
	NZeno Gene technology aimed at delivering pig kidneys to replace human kidneys that no longer function
	Pictor Diagnostic testing system — multiple tests from a drop of blood
	RespirAq A waterless, low-cost respiratory humidifier
	Veriphi Verification device — dose and type of IV medication

Kitea Health



With the support of Cure Kids and Cure Kids Ventures, Kitea Health, a New Zealand-based company, has developed a revolutionary implantable device to assist individuals living with hydrocephalus.

Imagine the experience of being a new parent and hearing the news that your baby has hydrocephalus, requiring neurosurgery to insert a tube (shunt) for draining excess fluid. At first, you feel relieved knowing there's a treatment, but then you learn about the alarming 60% chance of the tube getting blocked within the first two years.

Symptoms of this blockage, such as irritability, headaches, and vomiting, often resemble those of other common illnesses, making it challenging to differentiate. Regrettably, there is currently no way to determine if fluid buildup is causing increased brain pressure and potentially impeding blood flow without a brain scan at the hospital, possibly leading to hospitalisation. However, 70% of the time, these symptoms are unrelated to the shunt.

As one parent aptly expresses, "the most stressful part is not knowing when the shunt is failing." To address this concern, Professor Malpas and his team from the University of Auckland and ADHB received funding from Cure Kids to develop a tiny implantable device for remotely monitoring a child's brain pressure. The success of their research led to the establishment of Kitea Health, and now Cure Kids Ventures is providing seed funding to support the commercialisation of this product.

This device enables accurate and long-term measurement of intracranial pressure, which can be shared electronically with healthcare professionals. By reducing hospitalisations and radiation exposure from CT scans, this tool greatly alleviates the anxiety parents feel about their children's care.



Ben was diagnosed with spina bifida myelomeningocele and hydrocephalus at his mum's 20-week antenatal anatomy scan. At just 24 weeks, still unborn, he had surgery to close up his spine. Following birth, when he was just a week old, Ben had an additional surgery in New Zealand to insert a VP shunt to prevent fluid build-up in his brain.

Ben's family is hopeful Professor Malpas remote sensor will ease the concern of tube blockages.

With thanks



Meet some of our Ambassadors

Cure Kids ambassadors are super important kids who live with serious, life-affecting health conditions. They help spread the message about the importance of child health research, and their families generously share their time and voices to raise much needed funds.

Here are some of their stories...



Bella

Bella lives with cystic fibrosis

[WATCH >>](#)

Jeremy

Jeremy was born preterm.

[WATCH >>](#)



Ben

Ben lives with spina bifida and hydrocephalus.

[WATCH >>](#)



Eva

Eva lives with MRSA and was born with a hole in her diaphragm.

[WATCH >>](#)



Mela

Mela lives with a rare neurological condition.

[WATCH >>](#)

Isla

Isla lives with type 1 diabetes.

[WATCH >>](#)



Trusts & Foundations



HUGH GREEN FOUNDATION

Hugh Green Foundation has supported Cure Kids' work for over a decade with numerous highly impactful projects and initiatives which will dramatically improve the social well-being of children and their families, through improved health outcomes.

Such projects include the purchase of critical medical research equipment, supporting work to understand and improve the mental health of children through the Cure Kids Mental Health Chair, and inherited heart disease work.

In 2022 the Board agreed to support a new highly ambitious and highly promising project run by Dr. Jiney Jose and his co-investigator Dr. Peter Choi, to develop a treatment for paediatric high-grade glioma — an aggressive and incurable form of brain cancer. In the past these paediatric gliomas have been very difficult to treat — the team have identified a method that could revolutionise the treatment and outcomes for children with gliomas, with learnings also likely to be transferable to all ages.

We are incredibly grateful for the Trust's unwavering commitment for over a decade to our vision of healthier children with brighter futures.



FISHER & PAYKEL HEALTHCARE FOUNDATION

Cure Kids is thrilled with a new partnership with Fisher & Paykel Healthcare Foundation, thanks to their commitment

to invest \$300,000 over two years to improve respiratory outcomes for children with severe asthma. Any child who has experienced a severe asthma attack should be given an inhaler to deliver steroid treatment in case they have another attack — but in practice, 20% don't currently receive a preventer inhaler. The pilot study focuses on tamariki in South Auckland aged 5 to 15 years who are at risk for an asthma attack but have not received a preventer inhaler in the previous six months.

We are incredibly grateful for the support of the Fisher & Paykel Healthcare Foundation and their recognition of the study's potential to make a positive difference in young people's lives. The learnings from the study will help inform practices which will impact children across New Zealand and beyond.



EPIT (EDUCATION PARTNERSHIP AND INNOVATION TRUST)

Cure Kids is honoured to become a partner with Education Partnership and Innovation Trust (EPIT) to work together in ways that will improve the outcomes for tamariki. Their support of the speech-language therapy for Māori children based in Gisborne is focused on helping Māori children with speech-language difficulties, by refining current best-practice therapy to work in a Māori cultural context. Our independent peer reviewers and advisors have agreed that the science behind the project is excellent, that exciting kaupapa Māori methods are being developed along with matauranga Māori knowledge, and that the results could see a huge impact for Māori kids' health and wellbeing across Aotearoa.

WE ARE ALSO MOST GRATEFUL FOR THE ONGOING FINANCIAL SUPPORT FROM THESE WONDERFUL TRUSTS AND FOUNDATIONS:

Child Cancer Foundation, Duo Trust, Epilepsy Foundation of New Zealand, Fiji Water Foundation, Findex Community Fund, Four Winds Foundation, Hugo Charitable Trust, James Searle Say Trust, Jet Trust, Karitane Products Society, Lindsay Foundation, Lion Foundation, North and South Trust, Paediatric Special Interest Group of Physiotherapists, Perpetual Guardian Trusts, Public Trust, Puka Puka Trust, Rodmor Charitable Trust, The Potter Masonic Trust, The Trusts Community Foundation, The Society of Mary Trust, TM Hosking Charitable Trust, Trinity Foundation, Trust Waikato.

Special acknowledgement to the Kelliher Charitable Trust for their generous support of Dr Anneka Anderson's work on rheumatic fever and rheumatic heart disease in the Waikato.

Special acknowledgement to the Eurofins Foundation for their commitment to improving nutrition through their support for Dr Teresa Gontijo de Castro's healthy weight research.



A Proud History of Support

By Mark Ching, Armacup

Armacup[®]

At Armacup, we are proud to have partnered with Cure Kids for over two decades contributing more than \$1,000,000 to this incredible, life saving work. Through our financial contributions and advocacy efforts, we are honoured to help advance the mission of Cure Kids and raise awareness about the critical work they are doing.

We have also been privileged to work closely with Cure Kids to identify new opportunities for collaboration and have introduced them to other partners and advocates within our business network.

For me personally, supporting Cure Kids has been a deeply rewarding experience. As a father of four, I know firsthand the importance of providing children with the resources and support they need to thrive. I was inspired to get involved with Cure Kids after hearing of their incredible work for child health, and how difficult it is to raise funds. Since then I have committed myself and my company to the cause.

One of the most significant achievements of the Armacup and Cure Kids partnership was the establishment of

Cure Kids Fiji. I am proud to have played a role in setting up this initiative and to see it grow over the years to become a powerful resource for the Fijian community. Through collective efforts, we have been able to provide life-saving oxygen to thousands of children during the Covid-19 pandemic, purchase and distribute over \$774,000 worth of equipment and hire new staff members to support the work of Cure Kids Fiji. Having Accor taking the baton along with other Fiji sponsors, the future is in safe hands for a very long time.

As we look ahead to the future, we remain committed to our partnership with Cure Kids and to doing everything we can to support their incredible efforts to improve the health and well-being of children.

Our Partners

Platinum



Briscoe Group has been a generous partner for Cure Kids for 19 years, leading multiple fundraising campaigns and events. We are extremely grateful for the phenomenal support of Briscoe Group staff, suppliers and customers who both fundraise as well as raise awareness for Cure Kids and the vital research we fund. There are hundreds of unsung heroes at Briscoe Group who go above and beyond for Cure Kids and we are incredibly grateful for them.



Shout out to Kim Condon

A leading advocate for the cause is Kim Condon, Head of Operations at Briscoe Group, who is passionate about raising awareness and funding for Cure Kids. Kim's dedication to organising events and driving engagement within the wider business, and key partners, is a testament to her commitment to the cause. Kim ensures stores are kept up to date on their progress, shares fundraising ideas to ensure that the team's efforts are recognised and that they are having fun — all the while supporting child health research. This kind of leadership and dedication inspires others to get involved and makes a positive difference in the community.

Joining us in our mission for healthier children and brighter futures are some amazing businesses. They share our passion for improving child health and generously donate through key partnerships, campaigns, fundraising events, or by offering products and services that help us with brand reach and cut business expenses.



Despite the challenging years that the pandemic has presented, we are grateful for the continuous support of Accor.

They not only fundraised in their local communities, they provided venues for Cure Kids events, and also generously gifted rooms and their corporate suite at Eden Park as auction items for our Gala dinners.



BAYLEYS

We were delighted to welcome Bayleys as a Platinum Partner in 2022! Bayleys Foundation, the cause which underpins Bayleys' social responsibility, believes in contributing to social change and is committed to assisting in areas such as environment, people, sport, arts, and culture. The Foundation chose Cure Kids as one of its four elite partners and is committed to helping us make a difference to child health in Aotearoa New Zealand.

As part of their partnership with Cure Kids, franchisees across the country hosted fundraising events, including Bayleys South Auckland Commercial and Industrial, who hosted their annual Charity Golf Day.

With over 100 golfers taking part, they raised an outstanding **\$48,642.05** for Cure Kids.



A special thank you to Jim Moore for hosting the annual quiz night at Novotel Queenstown. This builds on years of personal commitment to Cure Kids.

Our Partners

Key Partners

aramex

Since 2016, Aramex has aligned with Cure Kids as our courier partner for our big fundraising campaigns. In 2022, they continued their support by picking up and delivering all our advertising material and merchandise to where it needed to go.

avis budget group

Avis Budget Group have been proudly supporting Cure Kids since 2006, and in 2012 officially became a key partner. Over a decade of support! Their team undertook a wide range of fundraising activities to raise funds for child health research and gifted vehicles to support Cure Kids with our engagement activities.



Columbus Coffee's heart is in the community and that was evident in this year's Red Nose Day campaign. Their stores collected donations for the appeal, and some even hosted their own fundraising events.



The passionate team at Ingram Micro has been supporting Cure Kids for many years, and this year was no exception. Many of their team generously opt-in to payroll giving in the name of child health research.

JCDecaux

JCDecaux exists not to disrupt, but to enrich daily lives. They've put their full commitment behind their brand promise by providing extensive outdoor advertising support for Cure Kids campaigns, helping us reach more people and raise more money.



Widely regarded as New Zealand's premier law firm, Russell McVeagh is committed to operating on the cutting edge of legal practice. Russell McVeagh provided Cure Kids with ongoing pro bono legal advice and contract support, and their interns assisted with various Cure Kids engagements and activities across the year.

big research for little lives ●

Associate & Supporting Partners



Craigs is a proudly Kiwi-owned company and through their 19 offices nationwide have a commitment to support and serve those communities in meaningful ways — especially at Christmas.

So, in 2022 they asked their Auckland staff to vote on a Christmas giving gift and Cure Kids was chosen as a worthy charity receiving **\$10,000**. We hugely appreciate their support of big research for little lives.



LEGO came on board in 2022 and provided some enriching experiences for the little Cure Kids supporters in the community. A highlight was their participation in Red Nose Day when they held LEGO workshops and gifted boxes of LEGO to kids at St Mary Mackillop and Rongomai schools.



Metmagic has partnered with Cure Kids since 2021, providing the platform for business partners to access a global community of executives and decision makers who are committed to making a difference in the world.



Welcome back Smiths City!

We were delighted to have the renewed commitment from Smiths City to support our fundraising appeals like Red Nose Day and Christmas Giving.

We also give thanks to:

adidas	Astro Hospitality
Cavell Leitch	Eden Park
Hansen	Kelly Sports
MJB Insurance	Microsoft
Mondiale VGL	Oxbow
Theta	

Special Product Collabs



GREAT FULL JAMS FOR CURE KIDS

Six celebrated Kiwi musicians teamed up to create a limited range of pyjamas to raise funds for Cure Kids.

Anika Moa, Neil Finn, SOL3MIO, Hollie Smith, Ladyhawke and Tami Neilson each created and donated an original design which was printed on a limited-edition range of Jams (PJs) for kids aged 2 through 10 years old.

The project was led by Great Full founder Melissa Gardi, who launched the not-for-profit in 2019 to bring Kiwis together to make a difference in the lives of fellow New Zealanders.



[WATCH >>](#)

BLUNT X OTIS FRIZZELL

The limited-edition BLUNT x Otis Frizzell umbrella featuring playful rubber ducks and an electric blue hue was specially designed by the well-known graphic designer famed for his graffiti art. He was inspired by New Zealand child health research advocate and Cure Kids ambassador, Eva Mitchell who he first met in 2017 during a Cure Kids campaign with Dr Siouxsie Wiles — ‘Fight Against Superbugs’. The umbrellas were sold through Cure Kids partner ShopGood.



[WATCH >>](#)

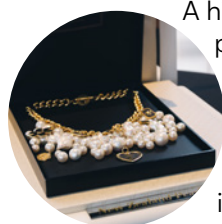
McPherson's supported Cure Kids Red Nose Day by donating all profits from their limited-edition red Mita TanglePro.

Major Events and Fundraisers



CURE KIDS 50TH ANNIVERSARY GALA DINNER

It was a night to remember as Cure Kids pulled out all the stops to celebrate our 50th anniversary in style at the Pullman Hotel in Auckland on Friday 28th October 2022. With 460 guests in attendance, the event raised an incredible \$193,000 net for child health research — talk about making a difference!



A highlight of the evening was the one-of-a-kind pearl necklace designed by the iconic fashion designer Dame Trelise Cooper that went up for auction. With pearls donated by New Zealand Pearl, this bespoke necklace was one of the most highly anticipated auction items of the night, and it didn't disappoint. It fetched a whopping \$20,000!

Guests were also treated to a fantastic lineup of entertainment, including performances by the talented Jackie Clarke and The LadyKillers. But it was the inspiring speech given by Cure Kids ambassador parent Catherine Harper that really touched hearts and minds.

None of this would have been possible without the generous support of several sponsors, including Bayleys Foundation, La Roche Posay, Accor, Babich Wines New Zealand, New Zealand Pearl, One Pure Artesian Water, Laken Whitecliffe Art, Asahi Beverages, Colab Brewing, Garage Project, ImaGINation Gin, Parrot Dog, and Vida Flores. We are grateful for their support and the support of numerous auction sponsors who made this event a success.

big research for little lives ●

NAPIER GALA DINNER

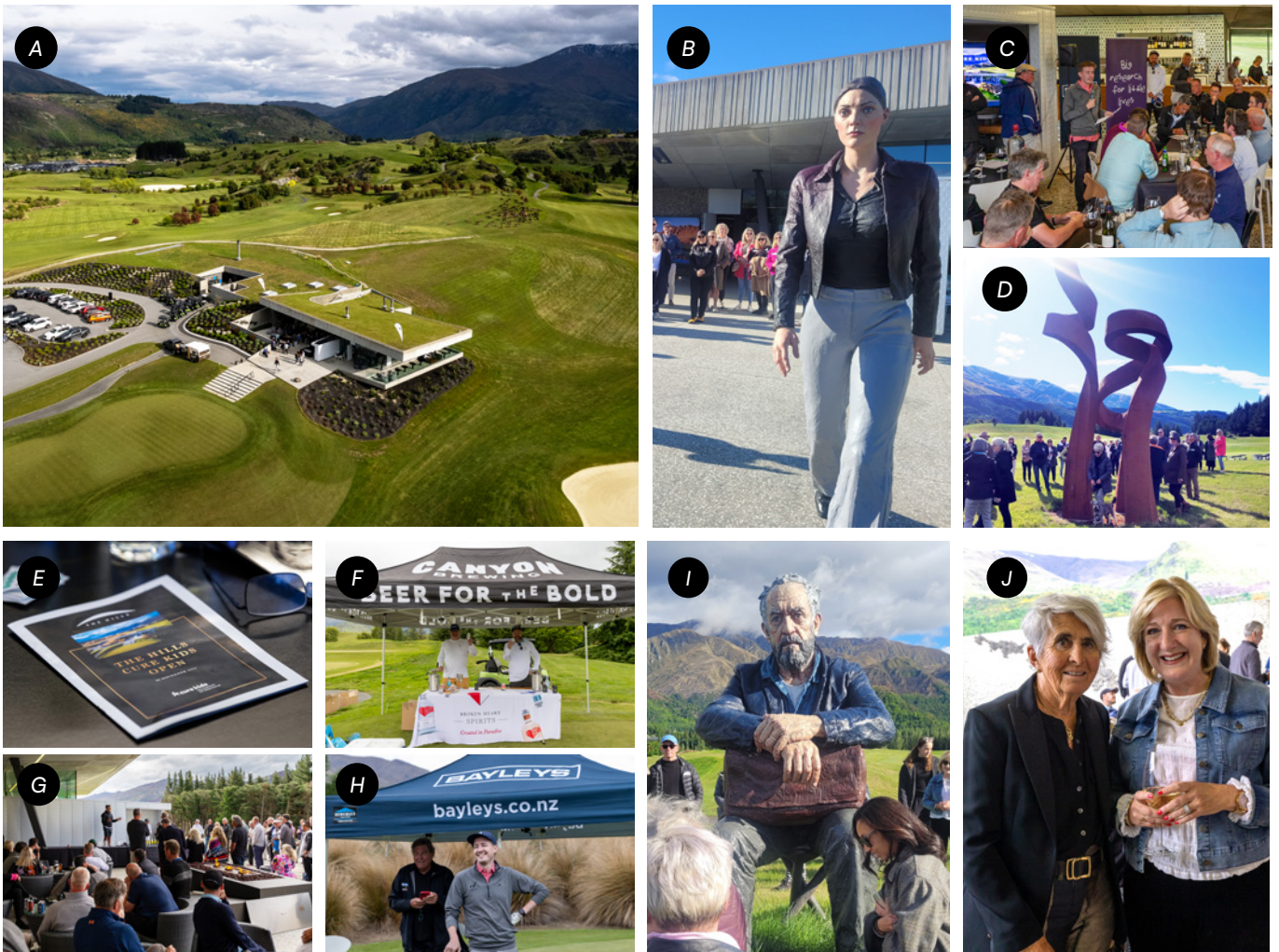
Thanks to the huge and generous hearts of the people in Hawke's Bay, we raised a record \$123,000 at their annual gala dinner — almost a third more than 2021.

One hundred and fifty guests braved a wet and windy night, dressed to the nines, to soak up tunes from Lee Gray while enjoying a sumptuous meal from the inspired Orton's with MC Brendon Pongia — again luring hard-earned cash to literally save children's lives. It doesn't get better than this.

Professor Stuart Dalziel's presentation unsurprisingly hit a chord with his poignant reflection of meeting the Queen, and his son William asking her where her crown was! And so many other funny, inspiring anecdotes from his work as one of the world's top paediatrician's, and Cure Kids Paediatric Chair.

Special thanks to Sabine Davison from Sotheby's for jostling the auction into such a fine result, and also to Germaine Meeuws for her tireless work over the past year to bring the event together.





A. The Hills Golf Club B. Sculpture Walk C. Cure Kids Auction D. Sculpture Walk E. Auction Booklet F. Cure Kids Sponsor, Broken Heart Spirits G. Prizegiving H. Cure Kids Sponsor, Bayleys I. Sculpture Walk J. Lady Christine Hill with Cure Kids CEO Frances Soutter

THE HILLS GOLF CLUB

Anyone who has visited this spectacular property will appreciate its beauty and intrigue. The private club is widely renowned for its stunning golf courses and its ever-evolving sculpture park featuring work by international artists.

Cure Kids was delighted, therefore, when Emma Hill, supported by Lady Christine, Sir Michael and The Hills team, agreed to host a fundraising event in late November.

The day started with a guided tour of the course and sculpture park, which was personally led by Lady Christine. Attendees not only viewed the artwork but also gained insights about the artist’s inspiration for each piece. The tour concluded with a morning tea held back in the clubhouse.

A full field of excited golfers played the main event on the championship course. Everyone was treated to The Hills customary on-course hospitality and entertained with a

variety of other activities along the way. The hole-in-one competition and the opportunity to purchase a PGA professional’s tee shot were highlights.

After the prizegiving ceremony at The Clubhouse, everyone enjoyed a delicious meal prepared by The Hills kitchen. The night ended with an exciting auction where attendees bid on exclusive “can’t buy” experiences and items generously provided by our sponsors.

Cure Kids express our immense gratitude to The Hills team for their incredible support which made this day possible, raising a staggering \$157,000 to support our vision of healthier children with a brighter future.





Red Nose Day

Red Nose Day was back on Friday 29th July and New Zealanders got behind the national appeal with widespread fundraising activities throughout the month!

WATCH >>

Over 80 schools got involved in the fundraising efforts, two major community fundraisers took place and, not to be outdone, businesses got creative this year, with Over the Top Helicopters in Queenstown emblazoning their helicopter fleet with red noses. And let's not forget the special edition red nose face mask!

This year's Red Nose Day marked a significant milestone for Cure Kids with world-first research into the treatment

for Batten disease securing FDA approval to commence trials in humans.

New Zealanders were encouraged to donate through Cure Kids' incredible partners, Briscoes, Rebel Sport, Living & Giving, Columbus Coffee and Smiths City, who were all collecting donations in-store — and they were incredibly generous with it too.



24-HOUR CHALLENGE

Recreate Performance brought their A-game and flexed their philanthropic muscles with a fitness challenge for a cause! Founder Reece McCaffrey was the mastermind behind this inspiring event, which had participants breaking a sweat and breaking records for a good cause.

The challenge was a real workout wonderland, with people getting their heart rates up and their generosity flowing. And it seems like the results speak for themselves: the event raised an impressive \$45,000 for Cure Kids' Red Nose Day appeal!

big research for little lives ●



SCHOOL KIDS RALLY FOR THEIR PEERS!

Red Nose Day was a total success as Kiwi schools came together for a day of fun and fundraising! A highlight was hanging out with Cure Kids' ambassador Lucca at Torbay Primary, where they had a blast with Red Nose Day activities. And if that wasn't enough, St. Mary MacKillop and Rongomai schools really stacked up the fun with a LEGO filled day. Between spell-a-thons and dunking teachers, it's no surprise that Red Nose Day was a hit with the kids.



BEN PARORE DOES IT AGAIN

In support of Red Nose Day, super fundraiser Ben Parore hosted Te Kākano (The Seed), a 2-hour endurance event with teams of two competing against each other.

The dreary July weather clearly didn't put a dampener on the event, with the crew collectively raising \$30,000.



In the Community

The New Zealand community has shown tremendous support for Cure Kids in various events throughout the year, pushing their bodies to extremes and going above and beyond in the name of child health research.



Sky Dive for Little Lives

These brave souls really took a leap of faith when they signed up to Skydive for Little Lives. But it looks like all that adrenaline paid off! Not only did they get the thrill of a lifetime — they also managed to raise \$7,099 for Cure Kids. With their feet back on solid ground, they can rest easy knowing that their efforts are helping to make a real difference to child health research.

Thank you, Kellie McNie, Liam Russell, Megan Tomalin, Steven Smith and Glenn Dunkerley.



A Close Shave for Wade's 7-Year Beard

After growing a beard for 7 long years, Wade put the fate of his facial hair into the hands of his family and friends. Donation options were to either 'keep the beard' or 'shave the beard', and Wade's loved ones couldn't agree!

The contest finished up at an even match, raising \$2580 in total. Being the down-to-earth legend that he is, Wade shaved the beard in half and kept it like that for a weekend before committing to taking the rest of it off.



Tour Aotearoa

Tour Aotearoa kicked off on 27th February, with two groups of passionate cyclists taking on the challenge of riding 3000 km from Cape Reinga to Bluff. One of the teams included a solo rider, Dave. The other group were Cure Kids-funded researchers, Simon, Bryon, David, and Daniel. They are currently developing a remote sensor to monitor blockages in patients with hydrocephalus, a condition caused by an abnormal build-up of fluid around the brain.

After an incredibly tough 3000 km journey, the teams were able to raise an impressive \$36,370 for Cure Kids. This was only possible because of the support of their friends and family, as well as Spark, Qrious, Lanaco, and Rotary International. We want to extend our heartfelt gratitude to all the cyclists and supporters who went above and beyond for Cure Kids, and congratulate them on an amazing accomplishment!



Amber's Head Shave

Amber bravely shaved her head to raise money for Cure Kids, and her family and friends rallied around her to donate a cool \$1420. Amber's willingness to take such a bold step for a great cause is truly inspiring, and we can't thank her or her sponsors enough.

Cure Kids Manawa (Heart) Supporter Spotlight



Sam, 33, Software Engineer, Auckland

QR I became aware of Cure Kids due to my wife who cycled around Fiji twice as a part of the Cure Kids Fiji Oxygen Project fundraiser. But the birth of my daughter at the beginning of 2021 was what brought the cause home to me. She arrived a bit earlier than expected and it was all quite stressful. It made me so aware of how precious children are and how many moving parts there are in their care, health, and wellbeing.

I knew from then that I needed to invest in something meaningful; something tangible that helps children and their families who really need this care and support. I decided Cure Kids was the best charity for this. The big thing here is the research and the difference this work can make to children's lives. It is so satisfying investing money into this stuff and being able to see how it benefits child health. I like hearing what's going on at Cure Kids and the impact they have through their work and the projects they fund.





CONSOLIDATED GENERAL PURPOSE FINANCIAL REPORT

FOR THE YEAR ENDED 31 DECEMBER 2022

 **cure kids**

big research
for little lives ●

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Cure Kids Directory

Nature of Business

Registered Charity

Date of Incorporation

23 July 1971

Charity Registration Number

CC25350

Registered Office

Level 1, 96 New North Road
Eden Terrace
Auckland 1021

Postal Address

PO Box 90907
Victoria St West Auckland 1142

Telephone

09 370 0222

email

admin@curekids.org.nz

Board of Directors

Franceska Banga
Barrie Campbell
Alaister Wall
Professor Stephen Robertson
Russell Hewitt
Dee-Ann Wolferstan
Professor Sally Merry
(appointed 15 June 2022)

Auditors

BDO Auckland
(appointed September 2022)

Solicitors

Russell McVeagh
AJ Park
Andrew Lewis Law
Munro Leys (Fiji)

Investment Advisers

JB Were

Accounting Advisers

Walker Wayland Auckland

CONSOLIDATED STATEMENT OF SERVICE PERFORMANCE

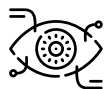
For more than 50 years, Cure Kids has supported research to improve the health and wellbeing of children in New Zealand and the Pacific Islands.

Cure Kids was established by Rotary in 1971 as the Child Health Research Foundation. We are proud that our work has resulted in several major breakthroughs. These include key insights into paediatric health conditions, better care for children who live with serious diseases, and the discovery of new ways to diagnose, treat, and cure children.

Cure Kids has supported studies into a diverse range of health conditions which affect children. These include cystic fibrosis, diabetes, rare genetic disorders, and sudden unexpected deaths in infants. Researchers funded by Cure Kids are also investigating innovative ways to keep kids well, including by protecting against infectious diseases and promoting mental health.

Cure Kids is the only organisation in New Zealand dedicated solely to funding child health research. We collaborate to support the best research possible, to make a measurable difference to the health and wellbeing of children in New Zealand and the Pacific. This is made possible by the continued generosity of individuals, businesses, trusts and foundations, and community groups across our country.

CONSOLIDATED STATEMENT OF SERVICE PERFORMANCE



Vision

Healthier children, with a brighter future



Mission

Supporting research on the big health issues which impact the lives of our tamariki



Research Strategy

Research Purpose

To invest in research which transforms the health of our tamariki. We will invest in research which has a clinical impact on the detection, diagnosis, treatment, or prevention of conditions in children that limit their ability to grow and flourish to their fullest capability

Research Pillars

Pillar 1

We will direct our efforts to research which is impactful and meets our goals in alleviating any paediatric disease.

Pillar 2

We will deliver maximal impact by funding researchers with the right skills, networks, abilities, and affiliations with credible institutions to execute, translate, and communicate research.

Pillar 3

We will fund Mission-led research which has sharp, focused, achievable aims using methodologies that are relevant and can be adopted by NZ research teams competently.

Pillar 4

We will fund investigator-led research which demonstrates a plan and a path for impact.

Pillar 5

Cure Kids will choose to partner with organisations (such as Government) if the capability to deliver on the mission is evident, the funding is commensurate with the ambition, and the mechanisms for accountability reflect the lives it intends to impact

Pillar 6

We will bring to life the Principles of Te Tiriti o Waitangi to benefit the health of our tamariki. Our research will reflect the priorities of Māori communities; we will build research by Māori, for Māori.



INVEST IN IMPACT

PILLAR 1



We will direct our efforts to research which is impactful and meets our goals in alleviating any paediatric disease.

PILLAR 1 | INVEST IN IMPACT

Output | Support research with the greatest potential to transform the health of children.



1.1 Output Indicator

Investment in research projects with the potential to transform the health of children.

Measurement	2022 Actual	2022 Target	2021 Actual	2021 Target
Number of new grants awarded for the year ending 31 December	16	18	29	27

Cure Kids invests in research projects based on advice from independent peer reviewers and from a Medical & Scientific Advisory Committee of experienced academics and healthcare professionals.

They review all proposals for funding according to their potential for impact — to transform the health of children in Aotearoa New Zealand and the Pacific Islands.

Reviewers and Advisors recommend funding for the best proposals (only about a quarter of the applications) by assessing the researcher's plans, and whether they have the necessary skills and experience to deliver results.

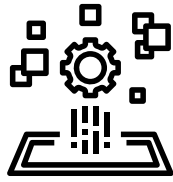
Cure Kids asks researchers to submit detailed technical reports — annually and at the end of each Grant — so the Medical and Scientific Advisory Committee can assess which research has delivered breakthroughs or promising results. If the Committee recommends additional investment to deliver impact for children, Cure Kids may work to find partners to enable additional Grants. [Note: because this additional funding cannot be guaranteed, these “impact investment” grants are not included in the targets above.]

In 2022 the Group awarded \$1.55m in Grants to researchers. This included \$1.0m for the Innovation & Discovery Round and the remainder to support world-class scientists. In addition, \$0.86m was invested in the Cure Kids' Rheumatic Heart Disease Prevention programme and \$1.89m in the Oxygen Project in Fiji, from funding provided by the Ministry of Foreign Affairs and Trade (MFAT) and Rotary.

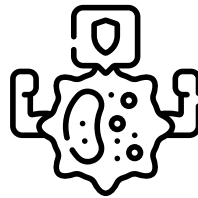
In 2021 Cure Kids awarded \$5.79m in Grants. This included \$1.0m for the Innovation & Discovery Round, ongoing investments to support world-class scientists and \$4.0m in a joint collaboration with the Ministry of Business, Innovation, and Employment (MBIE) supporting research to give children “A Better Start” Programme in the areas of mental health, early development, and healthy weight. In addition, in 2021 \$0.82m was invested in the Cure Kids' Oxygen Project in Fiji, and \$0.48m in Cure Kids' Rheumatic Heart Disease Prevention programme in Fiji.

PILLAR 1 | INVEST IN IMPACT

CURE KIDS VENTURES LIMITED

**Komodo Monitr**

A digital platform enabling schools to assess student wellbeing and provide targeted interventions.

**TamoRx:**

A novel cancer immunotherapy targeting tumour-associated macrophages.

**Kitea Health**

A system for wireless monitoring of intracranial pressure in hydrocephalus patients.

1.2 Output Indicator

Investment in New Zealand emerging healthcare companies with the potential to positively impact the health of children and provide a commercial return for reinvestment in research.

Measurement	2022 Actual	2022 Target ¹	2021 Actual	2021 Target
New investments made by Cure Kids Ventures Limited during the year ended 31 December	4	2	3	3
Follow-on investments made by Cure Kids Ventures Limited during the year ended 31 December	1	NA	3	NA

¹ Cure Kids Ventures Limited (CKV) does not set targets for follow on investment. Follow-on investments tend to start occurring some years after the initial investment and are dependent on the individual circumstances of each portfolio company, which CKV cannot control. Accordingly, the Group does not set targets for follow-on investments.

CKV continuously monitors its portfolio to assess when future capital rounds for investees are likely. This is the main driver for follow on investment. As the Fund 3 portfolio matures we would expect to see an increase in follow-on opportunities.

Cure Kids Ventures Limited (CKV), a controlled entity of the Group, is a seed and early-stage investment fund that invests in the commercialisation of innovations in products and services with the potential to benefit child health.

CKV invests in emerging healthcare companies with products and services covering medical devices, medications, diagnostics, health information and healthcare delivery systems. CKV investments include follow-on investments for those companies who have evidence of progress towards commercialisation. In addition to investment funds, CKV provides investee companies with healthcare industry-specific expertise and access to industry networks.

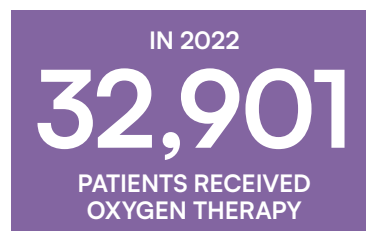
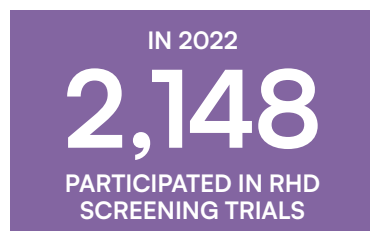
CKV currently manages 3 investment funds: CKV Fund 1 was established in 2008, and was fully invested at 31 December 2019.

CKV Fund 2 is a co-investment fund launched in 2018 and has enabled investors interested in emerging healthcare companies to invest alongside CKV. Fund 2 has invested in 10 emerging healthcare companies. CKV Fund 3 was launched in 2022 with \$4.0m committed capital from Cure Kids, and has invested in 2 companies at 31 December 2022 (refer Notes 10 and 21).

In 2022, CKV invested \$0.76M (2021: \$0.98M) in early stage health companies with the potential to benefit child health.

PILLAR 1 | INVEST IN IMPACT

CURE KIDS PACIFIC PROGRAMME



1.3 Output Indicator

Investment in research to reduce mortality and morbidity associated with ARF and RHD in Fiji through early detection, diagnostic accuracy and primary prevention.

Measurement	2022 Actual ²	2022 Target	2021 Actual ³	2021 Target ³
Number of study participants in Cure Kids/MHMS Fiji RHD clinical trial during the year ended 31 December	2,148	2,112	0	2,112

Collaboration between Cure Kids and the MHMS to facilitate and expand access to medical oxygen in a sustainable and coordinated manner using research-based cost-effective interventions.

Measurement	2022 Actual ²	2022 Target	2021 Actual ³	2021 Target ³
Oxygen therapy treatment is provided: Number of patients provided with oxygen therapy during the year ended 31 December	32,901	2,499	4,777	2,499

² Cure Kids' Fiji Oxygen Project procured life saving oxygen therapy equipment which was used to support the Fiji Government's COVID-19 response. The pressure on Fiji's health service and frontline health workers during this time impacted national reporting of patients receiving oxygen therapy and as such the 2021 Actual figure represents the data that was able to be collected and is likely understated.

³ In 2021, planned RHD clinical trials could not be commenced due to the disruption of COVID -19 on the project's timeframes.

Working closely with Fiji's Ministry of Health & Medical Services (MHMS), Cure Kids has established two research projects to improve children's health in Fiji — one for children living with rheumatic heart disease (RHD), and the other for children who need access to life-saving oxygen. Both projects focus on urgent need for medical care, and ensuring benefits are sustained for future generations. The NZ Ministry of Foreign Affairs and Trade provides multi-year funding for both projects.

RHD is a chronic, yet preventable, non-communicable disease that poses a major public health challenge in Fiji, particularly affecting young people and women. Fiji has some of the highest rates of Acute Rheumatic Fever (ARF) and subsequent RHD in the world due to a lack of accurate and timely diagnosis of strep throat. Diagnosing and treating strep throat in children and adolescents to prevent ARF and RHD is the cornerstone of an effective public health strategy. Cure Kids has supported the Fiji MHMS since 2014 in RHD control and prevention programmes and in delivering improved access to care with extended screening and treatment programmes in schools and hospitals across Fiji, including targeting pregnant women and families of newly diagnosed cases.

Insufficient oxygen supply is a major cause of death and disease in Fiji with severe pneumonia in children and

severe newborn illnesses being leading causes of death. Cure Kids, in collaboration with the MHMS is working to improve access to oxygen for all patients throughout Fiji needing treatment for respiratory symptoms, using a systems approach to ensure quality of care, cost effectiveness, and sustainability.

This initiative also provided the urgent support the Government of Fiji required to plan, manage and deliver an effective public health response to the resurgence of COVID-19 in Fiji. The prioritisation of frontline healthcare workers to supporting the COVID-19 response during 2021 resulted in incomplete reporting and data collection on the Oxygen project during that period, and accordingly the impact of the initiative and the number of patients receiving oxygen therapy in 2021 in the table above is likely understated.



SUPPORT HIGH-PERFORMING RESEARCH TEAMS

PILLAR 2



We will deliver maximal impact by funding researchers with the right skills, networks, abilities, and affiliations with credible institutions to execute, translate, and communicate research

PILLAR 2 | SUPPORT HIGH-PERFORMING RESEARCH TEAMS

Output | Foster a world-class workforce to grow the capacity for health research in Aotearoa New Zealand.



**PROFESSOR
STEPHEN ROBERTSON**

Cure Kids Chair
of Paediatric Genetics at the
University of Otago

WATCH >>



**PROFESSOR
STUART DALZIEL**

Cure Kids Chair
of Child Health Research at the
University of Auckland

WATCH >>



**PROFESSOR
ANDREW DAY**

Cure Kids Chair
of Paediatric Research
at the University of Otago

WATCH >>



**PROFESSOR
TERRYANN CLARK**

Cure Kids Chair of Child and
Youth Mental Health at the
University of Auckland



04

RESEARCH CHAIRS FUNDED
BY CURE KIDS IN 2022



05

RESEARCH FELLOWS FUNDED
BY CURE KIDS IN 2022



05

SUMMER STUDENTSHIPS
FUNDED BY CURE KIDS IN 2022

2.1 Output Indicator

Investment in research projects with potential to transform the health of children.

Measurement	2022 Actual	2022 Target	2021 Actual	2021 Target
Number of Professorial Chairs funded by Cure Kids during the year ended 31 December	4	4	4	5
Number of Research Fellows funded by Cure Kids during the year ended 31 December	5	4	6	4
Number of Summer Studentships awarded by Cure Kids during the year ended 31 December	5	4	3	5

For more than 50 years, Cure Kids has fostered a group of world-class paediatricians and scientists, to ensure that they can remain in New Zealand to care for children and pursue research careers. Cure Kids currently funds four Professorial Chairs, appointed in consultation with the University of Otago and the University of Auckland.

The stability offered by these prestigious positions allows substantial long-term programmes of work, and therefore enhances their capacity to generate scientific breakthroughs. Each Cure Kids Chair receives up to \$250,000 of salary support (which may also be used to support one or more Research Fellows) and is also eligible to apply for a Grant of up to \$200,000 per annum to support their research.

The salaries for the two Chairs at the University of Otago are funded through endowments made by Cure Kids to the University in 2005 and 2007. In addition, every year Cure Kids funds up to five students to work on paediatric research. Cure Kids invested \$0.6M in 2022 (2021: \$0.8M) to support Chair Salaries, Chair Research Grants and Summer Studentships.

PILLAR 2 | SUPPORT HIGH-PERFORMING RESEARCH TEAMS

CURE KIDS PACIFIC PROGRAMME

Output | World-class research workforce in Fiji and the Pacific



DR JIMA KAILAWADOKO
RESEARCH PROGRAMME LEAD
FOR THE PREVENTION & CONTROL
OF RHD PROGRAMME IN FIJI



JYOTISHNA MANI
Research Manager; analysing the
current care for children with RHD
to identify potential improvements to
access and adherence.



DR FIONA LANGRIDGE
Cure Kids Research Fellow;
working on projects related to
Pacific child health

2.2 Output Indicator

Cure Kids supports world-class researchers to focus on health challenges in the Pacific and build high-performing collaborative teams who, using a systems-approach look to improve access to and quality of care, cost-effectiveness, and sustainability.

Measurement	2022 Actual	2022 Target	2021 Actual	2021 Target
Total number of research roles supported and scholarship grants awarded for research in the Pacific	5	6	3	5

Cure Kids is focused on bringing the expertise of world-class health researchers to solve health challenges faced by children in the Pacific.

The programme, in recognition of the burden of disease posed by RHD in children, is run in collaboration with the Fiji Ministry of Health & Medical Services and is focused on making a sustainable change to benefit the children and communities in Fiji.

A second research project is gathering evidence to enable the implementation of a co-ordinated approach to meet the immediate and urgent need of delivering oxygen in Fiji. This research will inform planning for the long term goal of sustainable access to oxygen across Fiji.





FUND MISSION-LED RESEARCH

PILLAR 3



We will fund mission-led research which has sharp, focused, achievable aims using methodologies that are relevant and can be adopted by NZ research teams competently.

PILLAR 3 | FUND MISSION-LED RESEARCH

Output | Commission research in priority areas, such as those which cause a high burden of disease among children, or where health outcomes are inequitable.



PROF LEONIE PIHAMA
ANCESTRAL KNOWLEDGE FOR
MENTAL WELLBEING



PROF LAURIE MCLAY
Telehealth for autism



PROF BOYD SWINBURN
School lunches for nutrition
and healthy weight

3.1 Output Indicator

Cure Kids and partners commission research targeted at major health issues for children in Aotearoa New Zealand, where there are gaps in knowledge, tools, or techniques.

Measurement	2022 Actual	2022 Target	2021 Actual	2021 Target
Number of new mission-led grants awarded during the year ended 31 December	0	0	12	8

Cure Kids works with partners to raise funds to enable mission-led research. Cure Kids then commissions researchers to answer specific research questions or deliver targeted technical solutions to major health challenges.

Cure Kids has funded over \$7.0m in mission-led research projects since 2020. In 2021, Cure Kids, in partnership with the Ministry of Business, Innovation, and Employment (MBIE), funded \$4.0m of research projects designed to give children “A Better Start” by trialling initiatives to achieve healthy weight, mental health, and successful learning.

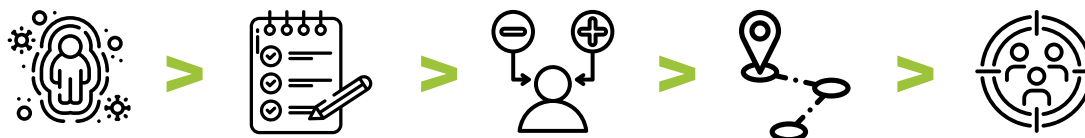
This was Cure Kids’ second partnership with one of the National Science Challenges set-up by MBIE.

In 2020 Cure Kids funded \$3.0m of research projects designed to eradicate rheumatic fever and rheumatic heart disease in New Zealand, ranging from new diagnostic tools to longer-lasting treatments, better healthcare services, and vaccines.

Cure Kids did not fund any additional mission-led research projects in 2022 since 18 mission-led projects were ongoing.

PILLAR 3 | FUND MISSION-LED RESEARCH

CURE KIDS PACIFIC PROGRAMME



Cure Kids' research into inequality and barriers to health in Fiji focuses on the epidemiology of disease associated with ARF and RHD and the communities knowledge, attitudes and perceptions of barriers to care. It will then explore patient pathways and inform the design of targeted interventions.

3.2 Output Indicator

Amount invested in research on inequity and barriers to health in Fiji.

Measurement	2022 Actual	2022 Target	2021 Actual	2021 Target ¹
Total amount invested in research on access to care in Fiji	\$192,203	\$212,274	\$168,643	\$232,717

¹ 2021 Targets were revised at mid year due to the impact of COVID-19 on the project's timeframes. There were delays in staff recruitment, staff were diverted to the COVID response and in-country travel and gathering restrictions limited the roll out of planned activities.

The World Health Organization has made Universal Access to Health² a top priority and would mean that all people have access to the health services they need, when and where they need them, without financial hardship.

A key element of the Cure Kids' Fiji RHD Programme is to understand the barriers and enablers to access to healthcare services for people affected by, or at risk of ARF or RHD in Fiji. By understanding the perceptions

and by exploring solutions in relation to access to healthcare services, the findings can inform and improve existing health systems.

² The Thirteenth General Programme of Work, 2019–2023, was approved by the Seventy-first World Health Assembly in resolution WHA71.1 on 25 May 2018.



Ben

Ben lives with spina bifida and hydrocephalus.

STIMULATE INNOVATION AND DISCOVERY

PILLAR 4



We will fund investigator-led research which demonstrates a plan and a path for impact

PILLAR 4 | STIMULATE INNOVATION AND DISCOVERY

Output | Stimulate scientific innovation and excellence through competitive funding rounds.



OPTIMISING HEALTHCARE
TO PROTECT PĒPI
MĀORI FROM VACCINE-
PREVENTABLE DISEASES.

DR ANNE HOWE AND
DR AMBER YOUNG



DEVELOPING A NON-
INVASIVE TEST FOR
CHILDREN WITH JOINT AND
BONE INFECTIONS

DR AMY SCOTT-THOMAS



TRIALLING SHORTER
TREATMENTS FOR
PRESCHOOL CHILDREN
WITH ASTHMA AND WHEEZE

DR ALEXANDRA WALLACE

4.1 Output Indicator

Investment in funding for innovative high-quality investigator-led proposals.

Measurement	2022 Actual	2022 Target	2021 Actual	2021 Target
Number of new Grants awarded by Cure Kids through the Annual Round for the year ended 31 December	9	9	10	9

Every year Cure Kids runs a competitive process for researchers, who submit their proposals for research Grants of up to \$110,000 over 3 years.

Cure Kids' Medical & Scientific Advisory Committee assesses all research Advisory Committee assesses all research projects to select those with the greatest potential for impact, the best research team, the best science, and their ability to deliver Vision Mātauranga (i.e. the goal to deliver health and wellbeing for Māori children through research which incorporates Māori language, skills, knowledge, and practices).

On average, over the past 5 years Cure Kids has received 38 applications per year and selected an average of ten to fund.

In 2022, Cure Kids awarded \$0.97M (2021: \$0.98M) to fund nine new research projects through its Annual Granting round.



ENGAGE IN RESEARCH COLLABORATION

PILLAR 5



Cure Kids will choose to partner with organisations (such as Government) if the capability to deliver on the mission is evident, the funding is commensurate with the ambition, and the mechanisms for accountability reflect the lives it intends to impact.

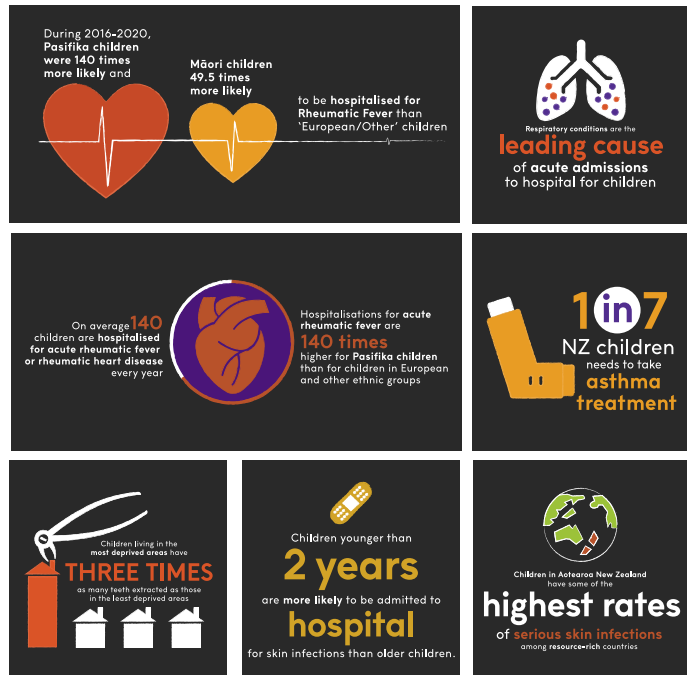
PILLAR 5 | ENGAGE IN RESEARCH COLLABORATION

Output | Cure Kids actively collaborates to gather and share evidence on child health, and to translate research results into better health for children.



Source: Cure Kids 2022 State of Child Health in Aotearoa New Zealand Report

[READ MORE >>](#)



5.1 Output Indicator

Production of an Annual Report on the State of Child Health in Aotearoa New Zealand

Measurement	2022 Actual	2022 Target	2021 Actual ¹	2021 Target
Publication of report during the year ending 31 December	1 report	1 report	0 report	1 report

¹ COVID disrupted planned publication of the State of Child Health Report in Aotearoa New Zealand report in 2021. We aim to publish this report annually.

Cure Kids actively collaborates with organisations which have aligned goals. These have included governments, research institutions, healthcare organisations, charities, and businesses.

The aim is always to improve child health, whether through co-funding, advocacy, or evidence-based strategies to improve child health. For example, in 2021 and 2022, Cure Kids staff participated in the activities of organisations which have aligned goals for child health. These included the Paediatric Society of NZ, the Pū Manawa Alliance for eradication of Rheumatic Fever and Rheumatic Heart Disease, the “A Better Start” National Science Challenge, and the On Track Network for equitable care for preterm babies.

Since 2020, Cure Kids has committed to annual publication of a report on The State of Child Health in Aotearoa New Zealand. The aim is to identify which

paediatric health issues cause the most significant burden of disease, and to galvanise action to target these priorities. Cure Kids has commissioned the Child and Youth Epidemiology Service at the University of Otago to prepare the report, with advice from an Advisory Group including the Paediatric Society of NZ, the Ministry of Health, and the Royal Australasian College of Physicians.

Cure Kids’ State of Child Health in Aotearoa New Zealand report published in June 2022 covers more than 20 years between 2000 and 2021, highlighting four health issues with a high, increasing, and inequitable burden for children: dental disease, respiratory conditions, skin infections, and rheumatic fever and heart disease.

PILLAR 5 | ENGAGE IN RESEARCH COLLABORATION

CURE KIDS PACIFIC PROGRAMME



CURE KIDS COLLABORATES WITH THE FIJI MINISTRY OF HEALTH & MEDICAL SERVICES AND OTHER PARTNERS

IN 2022
922

MEDICAL AND NON MEDICAL STAFF WERE TRAINED IN OXYGEN THERAPY, OXYGEN EQUIPMENT USE AND MAINTENANCE AND RHD SCREENING TECHNIQUES.

5.2 Output Indicator

Shared governance between Cure Kids and the MHMS to deliver the outcomes of Cure Kids' Fiji Projects.

Measurement	2022 Actual	2022 Target	2021 Actual	2021 Target
Number of Steering Group meetings a year, between the Cure Kids' Fiji Project Teams and the MHMS	13	15	15	15

5.3 Output Indicator

Capacity development and training of medical and non-medical health professionals in Fiji improve project outcomes and sustainability.

Measurement	2022 Actual	2022 Target	2021 Actual	2021 Target
Number of medical and non-medical MHMS staff trained per year	922	335	725	290

In Fiji, Cure Kids works closely with the Fiji Ministry of Health & Medical Services (MHMS), the University of Auckland, researchers, clinicians, and community stakeholders (including a patient group 'Heart Heroes'), to improve child health and access to medical services for vulnerable patients, and use research and evidence to inform national health policies.

In 2022, with the relaxation of the COVID-19 restrictions, training under both the Oxygen and RHD projects resumed. In 2021, the mode of training had to adapt and online training webinars were provided.



BUILD RESEARCH FOR THE HEALTH OF TAMARIKI

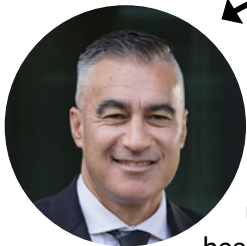
PILLAR 6



We will bring to life the Principles of Te Tiriti o Waitangi to benefit the health of our tamariki. Our research will reflect the priorities of Māori communities; we will build research by Māori, for Māori.

PILLAR 6 | BUILD RESEARCH FOR THE HEALTH OF TAMARIKI

Output | Prioritise research which has the potential to enhance health and wellbeing for Māori children.



In July 2021, **Professor Te Kani Kingi** joined Cure Kids' Medical & Scientific Advisory Committee. Professor Kingi's expertise is in mental health, psychometrics, health services, longitudinal research, and Māori health. Professor Kingi leads Cure Kids' process for peer review by Māori experts.

In July 2022, **Professor Terryann Clark** joined Cure Kids' Medical & Scientific Advisory Committee. Professor Clark's expertise is in mental health, nursing, social determinants of health, health services, and delivery of equity in mental health for young Māori. Professor Clark has led a series of national surveys on youth health and wellbeing.



Since Cure Kids has added Vision Mātauranga to its funding criteria, several research projects have been funded that include a specific focus on tamariki and rangatahi Māori health and wellbeing.

In 2021, Cure Kids awarded a Grant to **Dr Nicola Ludin and Dr Tania Cargo** to develop interventions to improve mental wellbeing for young people through better sleep.



Their study addresses a key issue for rangatahi Māori, and the study design incorporates bicultural leadership, broad consultation with Māori, and participation of Māori youth.

In 2022, Cure Kids awarded a Grant to **Dr Anna Howe and Dr Amber Young** to investigate why some Māori pēpi don't receive the immunisations they are entitled to. Māori children are disproportionately affected by vaccine-preventable diseases, and the researchers have partnered with Māori communities and healthcare professionals to tackle the issue.



6.1 Output Indicator

Incorporation of Vision Mātauranga as a standard assessment criteria for the Annual Round.

Measurement	2022 Actual	2022 Target	2021 Actual	2021 Target
All applications to the Annual Round for the year ended 31 December should describe how they will contribute to Vision Mātauranga.	Achieved	100% of applicants required to consider Vision Mātauranga	Achieved	100% of applicants required to consider Vision Mātauranga
All shortlisted applications to the Annual Round for the year ended 31 December should be reviewed by Māori experts.	Achieved	100% of shortlisted applications reviewed by Māori experts	72% ¹	100% of shortlisted applications reviewed by Māori experts

¹ In 2021 all shortlisted applications were sent out for review by Māori experts but as this was completed on a voluntary basis, not all applications were able to be assessed. In 2022 Cure Kids established a panel of Māori experts to ensure all short-listed applications are assessed against Vision Mātauranga criteria.

Cure Kids has a commitment to enhance health and wellbeing for Māori tamariki and whānau.

To achieve this aim, we have worked with experienced Māori advisors to change the assessment criteria for research proposals submitted to the Annual Round. Since 2021, researchers have been asked to describe how they have incorporated the principles of Vision Mātauranga into the design of their projects. The aim is to encourage all researchers to engage and collaborate with Māori, to consider the potential impact of the results for the health of Māori tamariki, to incorporate kaupapa Māori research methods, to be guided by

tikanga principles, and to build on traditional mātauranga Māori (knowledge) or concepts. Cure Kids has developed resources to support researchers by providing clear guidelines on how they can improve their projects by adding elements of Vision Mātauranga. Since 2022, the process for peer review has also been strengthened to ensure that proposals are assessed by Māori experts in addition to the standard requirement for independent peer review.



Mela

Mela lives with a rare neurological condition.

Consolidated Statement of Comprehensive Revenue and Expense For the Year Ended 31 December 2022

	NOTE	GROUP	
		2022	2021 RESTATED
REVENUE			
Revenue from Exchange Transactions			
Rental Income		37,016	23,340
Other Income		64,788	124,929
Revenue from Non-Exchange Transactions			
Partner Fundraising		1,891,291	1,525,366
Event Fundraising		771,062	244,104
Donations & Bequests		1,346,588	1,535,814
Government Funding	8,12,13,17	2,451,522	3,301,702
Grants Received		268,332	268,332
Other Income		-	30,735
Total Revenue		6,830,599	7,054,322
Operating Expenses			
Fundraising Expenses		2,435,522	1,748,766
Administration Expenses		952,180	1,189,889
Research Development Expenses		637,459	718,900
Total Operating Expenses	5	4,025,161	3,657,555
Operating Surplus		2,805,438	3,396,767
Net Investment Income / (Loss)	6	(3,366,759)	3,197,839
Share of equity accounted associates surplus/(deficit) for the year		41,537	11,419
Net Surplus / (Deficit) before Distributions		(519,784)	6,606,025
Grants and Research Programme Expenses			
Grants Allocated	17	1,581,937	5,705,147
Research Chair Expenses		375,000	500,000
NZ Aid Research Programme Expenditure	12,13,17	2,451,522	1,301,702
Total Grants and Research Programme Expenses		4,408,459	7,506,849
NET DEFICIT AND TOTAL COMPREHENSIVE REVENUE AND EXPENSE		(4,928,243)	(900,824)

The above Consolidated Statement of Comprehensive Revenue and Expense should be read in conjunction with the accompanying notes

Consolidated Statement of Changes in Net Assets/Equity For the Year Ended 31 December 2022

	ACCUMULATED REVENUE AND EXPENSE	CAPITAL FUNDS	TOTAL EQUITY
Group			
Opening Balance at 1 January 2021	9,228,660	25,562,914	34,791,574
Net deficit and total comprehensive revenue and expense for the period	(900,824)	-	(900,824)
Transfer to/from Capital Funds	(677,141)	677,141	-
At 31 December 2021	7,650,695	26,240,055	33,890,750
Opening Balance at 1 January 2022	7,650,695	26,240,055	33,890,750
Net deficit and total comprehensive revenue and expense for the period	(4,928,243)	-	(4,928,243)
Transfer to/from Capital Funds	4,074,621	(4,074,621)	-
At 31 December 2022	6,797,073	22,165,434	28,962,507

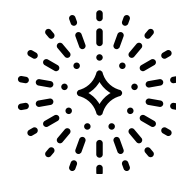
The above Consolidated Statement of Changes in Net Assets/Equity should be read in conjunction with the accompanying notes

Amelia and Grace were born preterm and live with big respiratory issues

Amelia



Grace



Consolidated Statement of Financial Position

As At 31 December 2022

	NOTE	GROUP	
		2022	2021
Current Assets			
Cash and Cash Equivalents	7	4,972,168	6,955,698
CKV Co-Fund Cash Held		-	17,375
GST Refund Due		319,283	243,376
Receivables from Non-Exchange Transactions			
Accounts Receivable		498,457	88,416
Grants Receivable	8	24,490	1,080,319
Receivables from Exchange Transactions			
Accrued Income		48,662	45,044
Other Receivables		12,789	13,965
Prepayments		174,601	142,008
Total Current Assets		6,050,450	8,586,201
Non Current Assets			
Property, Plant and Equipment		49,836	52,289
Investment Properties	9	5,000,000	5,850,000
Investments	10	30,009,281	35,669,254
Investment in Associates	14	219,318	177,781
Total Non Current Assets		35,278,435	41,749,324
Total Assets		41,328,885	50,335,525
Current Liabilities			
Payables under Exchange Transactions			
Accounts Payable		1,913,185	1,168,485
Related Party Payables	15	955	-
Accrued Expenses		499,484	363,092
Non-Exchange Liabilities			
Grants Yet to be Uplifted	11	7,588,970	10,974,219
Deferred Revenue			
Fiji RHD Project	12	598,535	1,468,927
Fiji Oxygen Project	13	1,645,877	2,290,406
Other Deferred Revenue		-	55,348
CKV Co-Fund Payable		-	17,375
Annual Leave Accrual		119,372	106,923
Total Liabilities		12,366,378	16,444,775
Net Assets		28,962,507	33,890,750
Net Assets/Equity Attributable to Owners of the Controlling Entity			
Accumulated Revenue and Expense		6,797,073	7,650,695
Capital Funds	16	22,165,434	26,240,055
		28,962,507	33,890,750

The above Consolidated Statement of Financial Position should be read in conjunction with the accompanying notes

TRUSTEE



FRANCESKA BANGA

TRUSTEE



BARRIE CAMPBELL

DATE

17 May 2023

Consolidated Statement of Cash Flows

For the Year Ended 31 December 2022

		GROUP	
	NOTE	2022	2021
Cash Flows from Operating Activities			
Cash was provided from:			
Rental		289,885	274,246
Donations & fundraising		5,849,838	9,350,466
Interest income		424,083	209,313
Dividends received from investments		204,621	177,599
Sundry income		30,486	87,007
		6,798,913	10,098,631
Cash was applied to:			
Employee costs		2,434,468	2,145,808
Supplier payments		1,543,384	1,484,818
Grants, research salaries and research programme costs		7,249,575	5,297,321
GST paid (net)		75,944	68,300
		11,303,371	8,996,247
Net Cash Inflow/(Outflow) from Operating Activities		(4,504,458)	1,102,384
Cash Flows from Investing Activities			
Cash was provided from:			
Sale of property, plant & equipment		1,931	-
Sale of investments		9,875,182	10,191,509
		9,877,113	10,191,509
Cash was applied to:			
Purchase of property, plant & equipment		8,993	4,440
Purchase of investments		7,349,693	8,395,225
		7,358,686	8,399,665
Net Cash Inflow from Investing Activities		2,518,427	1,791,844
Net Increase/ (Decrease) in Cash & Cash Equivalents		(1,986,031)	2,894,228
Net foreign exchange difference		2,501	903
Opening Cash Balance Brought Forward		6,955,698	4,060,567
Cash & Cash Equivalents at the end of year	7	4,972,168	6,955,698

The above Consolidated Statement of Cashflows should be read in conjunction with the accompanying notes

1 REPORTING ENTITY

Cure Kids (the 'Foundation'), formerly Child Health Research Foundation, is a charitable trust, which is incorporated under the Charitable Trusts Act 1957 and is registered under the Charities Act 2005. The Foundation is a public benefit entity for the purposes of financial reporting in accordance with the Financial Reporting Act 2013.

These consolidated financial statements for the year ended 31 December 2022 comprise the Foundation ('the controlling entity') and its controlled entities (together referred to as the 'Group') and the Group's equity accounted investee, Cure Kids Fiji. The controlled entities comprise Cure Kids Limited, Cure Kids Ventures Limited, Cure Kids Ventures Management Limited, Child Health Research Institute (USA) and Cure Kids Limited (Australia).

The Foundation raises funds to aid medical research and achieve outcomes of improving child health.

2 BASIS OF PREPARATION

a Statement of compliance

The consolidated financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice ("NZ GAAP") and the requirements of the Charities Act 2005. They comply with the Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR") as appropriate for Tier 2 not-for-profit public benefit entities, and disclosure concessions have been applied.

The Group is eligible to report under PBE standards RDR as it does not have public accountability and annual operating expenditure is less than \$30 million.

These financial statements were authorised for issue by the Board on 17 May 2023.

b Measurement basis

The Group financial statements have been prepared on the historical cost basis except for the following material items in the statement of financial position, which are measured at fair value: investment properties, and listed and unlisted investments.

c Functional and presentation currency

The Group financial statements are presented in New Zealand dollars (\$) which is the controlling entity's functional currency, rounded to the nearest dollar.

There has been no change in the functional currency of the controlling entity or any significant foreign operations of the Group during the year.

Transactions in foreign currencies are initially accounted for at the ruling rate of exchange on the date of the transaction.

Monetary assets and liabilities denominated in foreign currency are reported at the statement of financial position reporting date by applying the exchange rate on that date. Exchange differences arising from the settlement of monetary items, or translating monetary items at a rate different from those at which they were translated on initial recognition during the period or on previous financial statements, are recognised in surplus or deficit in the period in which they arise.

Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rate as at the date of the initial transaction.

d Consolidation

i Controlled entities

The consolidated financial statements comprise the financial statements of the Foundation and its controlled entities. Controlled entities are entities controlled by the Group. Control is achieved when there is:

- Power over the other entity (i.e. existing rights that give it the current ability to direct the relevant activities of the other entity)
- Exposure, or rights, to variable benefits from its involvement with the other entity
- The ability to use its power over the other entity to affect the nature and amount of the benefits from its involvement with the other entity.

Consolidation of a controlled entity begins when the Group obtains control over the controlled entity and ceases when the Group loses control of the entity. Assets, liabilities, revenue and expenses of a controlled entity acquired or disposed of during the year are included in the financial statements from the date the Group gains control until the date the Group ceases to control the controlled entity.

2 BASIS OF PREPARATION (continued)

d Consolidation (continued)

i Controlled entities (continued)

Surplus or deficit and each component of other comprehensive revenue and expense are attributed to the owners of the controlling entity. When necessary, adjustments are made to the financial statements of controlled entities to bring their accounting policies into line with the Group's accounting policies. All intra-economic entity assets and liabilities, net assets/equity, revenue, expenses and cash flows relating to transactions between Group entities are eliminated in full on consolidation.

ii Investments in associates

An associate is an entity over which the Group has significant influence. Significant influence is the power to participate in the financial and operating policy decisions of another entity but is not control or joint control over those policies.

The Group's investment in its associates is accounted for using the equity method of accounting in the consolidated financial statements.

Under the equity method, an investment in an associate is initially recognised at cost. The carrying amount of the investment is adjusted to recognise post-acquisition changes in the Group's share of net assets of the associates since the acquisition date.

The consolidated financial statements include the Group's share of the surplus or deficit and other comprehensive revenue and expense of its equity accounted associate, after adjustments to align the accounting policies with those of the Group, from the date that significant influence commences until the date that significant influence ceases. The cumulative movements are adjusted against the carrying amount of the investment. In addition, when there has been a change recognised directly in the net assets/equity of the associate, the Group recognises its share of any changes, when applicable, in the statement of changes in net assets/equity.

Unrealised gains and losses resulting from transactions between the Group and the associate are eliminated to the extent of the Group's interest in the associate.

e Changes in accounting policies

The following new accounting standards were adopted by the Group during the year. There were no other changes to the Group's accounting policies.

i PBE IPSAS 41 Financial Instruments

PBE IPSAS 41 Financial Instruments was effective from 1 January 2022 and was adopted by the Group on that date. PBE IPSAS 41 introduces new recognition and measurement requirements for financial assets and restricts the ability to measure financial assets at amortised cost to only those assets that are held within a management model whose objective is to hold financial assets in order to collect contractual cash flows and the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding. In addition, measurement of financial assets at fair value through other comprehensive revenue and expense is also restricted.

PBE IPSAS 41 has not had a material impact on the Group's measurement and recognition of financial instruments because all its financial assets meet the new definition of financial assets at amortised cost, or in the case of investments, they are already recorded at fair value with movements recognised in surplus or deficit as required under PBE IPSAS 41.

The new expected credit loss impairment model has been introduced; however, due to the nature of the Group's receivables it has not materially changed the Group's impairment provisioning.

ii PBE FRS 48 Service Performance Reporting

PBE FRS 48 Service Performance Reporting was effective for periods from 1 January 2022 and was adopted by the Group on that date.

PBE FRS 48 requires specific disclosures for the reporting of service performance information which have been provided in the consolidated statement of service performance.

f Going concern

In accordance with PBE IPSAS 1 Presentation of Financial Statements the Trustees have assessed the Group's ability to continue as a going concern. At 31 December 2022 the Group held \$4.972m in cash and short term deposits, and \$23.462m in listed investments. The Group net assets at 31 December 2022 were \$28.963m.

The Trustees consider there to be no material uncertainties that may cast doubt on the Group's ability to continue to operate as a going concern, and that there is a reasonable expectation that the Group has adequate financial resources to continue in operational existence for the foreseeable future, being at least 12 months from the date of the signing of these Financial Statements.

3 USE OF JUDGEMENTS AND ESTIMATES

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from those estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

Judgements

Judgements made in applying accounting policies that have had the most significant effects on the amounts recognised in the Group financial statements include the following:

i Statement of Service Performance

In compiling the Group's Statement of Service Performance report, the Group has made judgements in relation to which outcomes and outputs best reflect the achievement of the Group's vision.

The Group delivers targeted outputs in accordance with its Research Strategy and budget. These outputs are designed to achieve intermediate and long-term outcomes that will enable the Group to achieve its vision of **healthier children with a brighter future** and our mission of **supporting research on the big health issues which impact the lives of our tamariki**. All outcomes and outputs are grouped by the Group's six Research Pillars which underpin the Group's Research Purpose and Research Strategy. The Research Pillars are outlined in the Statement of Service Performance, included in the Consolidated Financial Statements.

ii Classification of investment portfolio

The Group has determined that its investment portfolios be classified as financial instruments carried at fair value through surplus or deficit on the basis that these investments are held for long term investment purposes and their management and performance is evaluated on a fair value basis.

iii Controlled entities

The Group has judged that Cure Kids Limited (Australia) and Child Health Research Institute (USA) are controlled by the Group as the Foundation is the sole member of the entities, has powers to appoint Board members and receives non-financial benefits. Under the charitable rules of the respective countries the Group is unable to receive funds on wind-up of these entities. These entities have been consolidated into the Group financial statements.

The Group has judged that it does not have control of CKV Co-Fund 1 LP ("Co-Fund") as no entity within the Group is a limited partner of the Co-Fund, and other than the founding capital, the Group has no direct investment in the Co-Fund. Cure Kids Ventures Management Limited, as general partner of the Co-Fund, is an agent of the Co-Fund pursuant to cl. 47 of the Limited Partnerships Act 2008, and is unable to financially benefit from the Co-Fund. While the Group may obtain some non-financial benefits from the Co-Fund due to an alignment of objectives, this is considered to be ancillary to the main purpose of the Co-Fund which was to provide the limited partners with research knowledge from the Group. Accordingly the Co-Fund is not considered to be controlled by the Group. Refer Note 15b(ii).

iv Investments in associates

The Group has judged that it has significant influence over Cure Kids Fiji, and this entity has been equity accounted into the Group financial statements. Whilst the Foundation is the sole member of Cure Kids Fiji, the Group has determined that it does not have control of Cure Kids Fiji as it does not have the right to appoint or remove directors. Significant influence is determined by the Group's representation on the Board of Cure Kids Fiji.

Assumptions and estimation uncertainties

Assumptions and estimation uncertainties that have a significant risk of resulting in a material adjustment in the year ending 31 December 2022 include the following:

i Determination of fair value measurement of financial instruments

Some of the Group's financial assets are measured at fair value for financial reporting purposes. Fair value measurement for quoted securities is determined based on closing prices at balance date. The fair value of unlisted securities is determined after a commercial review of the investments' Statement of Financial Position and current trading conditions (refer Note 10).

ii Determination of fair value measurement of investment property

The fair value of investment property is assessed as at 31 December each year. The valuation methodology for investment properties is based on capitalisation of annual lease payments and is undertaken by an external valuation expert (refer Note 9).

4 SIGNIFICANT ACCOUNTING POLICIES

a Revenue

Revenue is recognised to the extent that it is probable that future economic benefits or service potential will flow to the Group and the revenue can be reliably measured.

Revenue is measured at the fair value of the consideration received or receivable, taking into account the contractual terms of the contract.

The following specific recognition criteria in relation to the Group's revenue streams must also be met before revenue is recognised:

i Revenue from exchange transactions

Rental Income

The Group's investment property is leased to a single tenant as an operating lease. Rental income from investment property is recognised in surplus or deficit on a straight-line basis over the term of the lease.

ii Revenue from non-exchange transactions

Non-exchange transactions are those where the Group receives an inflow of resources (i.e. cash and other tangible or intangible items) but provides no (or nominal) direct consideration in return.

With the exception of services-in-kind, inflows of resources from non-exchange transactions are only recognised as assets where both:

- It is probable that the associated future economic benefit or service potential will flow to the Group, and
- Fair value is reliably measurable.

The following specific recognition criteria in relation to the Group's non-exchange transaction revenue streams must also be met before revenue is recognised.

Partner Fundraising Income, Event Fundraising and Grants

Revenues from fundraising and grants is recognised when the Group obtains control of the transferred asset (cash, goods, services, or property) and the transfer is free from conditions that require the asset to be refunded or returned if the conditions are not fulfilled.

A deferred revenue liability is recognised instead of revenue when there is a condition attached that would give rise to a liability to repay, for example, the funding or sponsorship amount or to return the granted asset if the conditions of funding are not met. Revenue is then recognised only once the Group has satisfied these conditions.

Donations & Bequests

Donations are recognised in surplus or deficit when they become receivable.

Bequests are recognised in surplus or deficit when probate of the will has been granted, receipt of the bequest is probable and the amount of the bequest can be measured reliably.

Government Funding

Government Grants are recognised when there is reasonable assurance that the grant will be received and attaching conditions will be complied with. If there are conditions attached to the grant which must be satisfied before the Group is eligible to receive the contribution, the recognition of the grant will be deferred until those conditions are satisfied.

b Financial Instruments

i Recognition and initial measurement

Trade receivables and debt securities issued are initially recognised when they are originated. All other financial assets and financial liabilities are initially recognised when the Group becomes a party to the contractual provisions of the instrument.

A financial asset or financial liability is initially measured at fair value plus, for an item not at fair value through surplus or deficit, transaction costs that are directly attributable to its acquisition or issue. At initial recognition, an entity may measure short-term receivables and payables at the original invoice amount if the effect of discounting is immaterial.

The Group derecognises a financial asset when the contractual rights to the cash flows from the financial asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred or in which the Group neither transfers nor retains substantially all of the risks and rewards of ownership and it does not retain control of the financial asset.

4 SIGNIFICANT ACCOUNTING POLICIES (continued)

b Financial Instruments (continued)

ii Classification and subsequent measurement

Financial assets

On initial recognition, a financial asset is classified as measured at: amortised cost; fair value through other comprehensive revenue and expense (FVOCRE) — debt investment and equity investment; or fair value through surplus or deficit (FVTSD).

Financial assets are not reclassified subsequent to their initial recognition unless the Group changes its management model for managing financial assets, in which case all affected financial assets are reclassified on the first day of the first reporting period following the change in the management model.

A financial asset is measured at amortised cost if it meets both of the following conditions and is not designated as at FVTSD:

- it is held within a management model whose objective is to hold assets to collect contractual cash flows; and
- its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

A debt investment is measured at FVOCRE if it meets both of the following conditions and is not designated as at FVTSD:

- it is held within a management model whose objective is achieved by both collecting contractual cash flows and selling financial assets; and
- its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

On initial recognition of an equity investment that is not held for trading, the Group may irrevocably elect to present subsequent changes in the investment's fair value in OCRE. This election is made on an investment-by-investment basis.

All financial assets not classified as measured at amortised cost or FVOCRE as described above are measured at FVTSD. On initial recognition, the Group may irrevocably designate a financial asset that otherwise meets the requirements to be measured at amortised cost or at FVOCRE as at FVTSD if doing so eliminates or significantly reduces an accounting mismatch that would otherwise arise.

Financial assets — Management model assessment

The Group makes an assessment of the objective of the management model in which a financial asset is held at a portfolio level because this best reflects the way the business is managed, and information is provided to management. The information considered includes:

- the stated policies and objectives for the portfolio and the operation of those policies in practice. These include whether management's strategy focuses on earning contractual interest income, maintaining a particular interest rate profile, matching the duration of the financial assets to the duration of any related liabilities or expected cash outflows or realising cash flows through the sale of the assets;
- how the performance of the portfolio is evaluated and reported to the Group's management;
- the risks that affect the performance of the management model (and the financial assets held within that management model) and how those risks are managed;
- how managers of the business are compensated — e.g., whether compensation is based on the fair value of the assets managed or the contractual cash flows collected; and
- the frequency, volume and timing of sales of financial assets in prior periods, the reasons for such sales and expectations about future sales activity.

Financial assets that are held for trading or are managed and whose performance is evaluated on a fair value basis are measured at FVTSD.

The Group's cash and cash equivalents, short term deposits, and receivables are classified as financial assets at amortised cost. The Group's investments are classified as financial assets at FVTSD on the basis they are managed and their performance is evaluated on a fair value basis.

Cash and cash equivalents represent highly liquid investments that are readily convertible into a known amount of cash with an insignificant risk of changes in value, with original maturities of 3 months or less. Short term deposits are those with an original maturity of more than 3 months.

4 SIGNIFICANT ACCOUNTING POLICIES (continued)

b Financial Instruments (continued)

ii Classification and subsequent measurement (continued)

Financial assets — Subsequent measurement and gains and losses

- Financial assets at FVSD - These assets are subsequently measured at fair value. Net gains and losses, including any interest or dividend income, are recognised in surplus or deficit.
- Financial assets at amortised cost - These assets are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses. Interest income, foreign exchange gains and losses and impairment are recognised in surplus or deficit. Any gain or loss on derecognition is recognised in surplus or deficit.
- Debt investments at FVOCRE - These assets are subsequently measured at fair value. Interest income calculated using the effective interest method, foreign exchange gains and losses and impairment are recognised in surplus or deficit. Other net gains and losses are recognised in OCRE. On derecognition, gains and losses accumulated in OCRE are reclassified to surplus or deficit.
- Equity investments at FVOCRE - These assets are subsequently measured at fair value. Dividends are recognised as income in surplus or deficit unless the dividend clearly represents a recovery of part of the cost of the investment. Other net gains and losses are recognised in OCRE and are never reclassified to surplus or deficit.

Financial liabilities — Classification, subsequent measurement and gains and losses

All of the Group's financial liabilities meet the criteria to be classified as measured at amortised cost. These financial liabilities are subsequently measured at amortised cost using the effective interest method. Interest expense and foreign exchange gains and losses are recognised in surplus or deficit. Any gain or loss on derecognition is also recognised in surplus or deficit.

iii Derecognition

Financial assets

The Group derecognises a financial asset when the contractual rights to the cash flows from the financial asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred or in which the Group neither transfers nor retains substantially all of the risks and rewards of ownership and it does not retain control of the financial asset.

Financial liabilities

The Group derecognises a financial liability when its contractual obligations are discharged or cancelled or expire. The Group also derecognises a financial liability when its terms are modified and the cash flows of the modified liability are substantially different, in which case a new financial liability based on the modified terms is recognised at fair value.

On derecognition of a financial liability, the difference between the carrying amount extinguished and the consideration paid (including any non-cash assets transferred or liabilities assumed) is recognised in surplus or deficit.

iv Offsetting

Financial assets and financial liabilities are offset, and the net amount presented in the statement of financial position when, and only when, the Group currently has a legally enforceable right to set off the amounts and it intends either to settle them on a net basis or to realise the asset and settle the liability simultaneously.

v Impairment of non-derivative financial assets

The Group recognises loss allowances for expected credit losses (ECLs) on:

- financial assets measured at amortised cost; and
- debt investments measured at FVOCRE.

The Group measures loss allowances at an amount equal to lifetime ECLs, except for the following, which are measured at 12-month ECLs:

- debt securities that are determined to have low credit risk at the reporting date; and
- other debt securities and bank balances for which credit risk (i.e., the risk of default occurring over the expected life of the financial instrument) has not increased significantly since initial recognition.

Loss allowances for trade receivables are always measured at an amount equal to lifetime ECLs. When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECLs, the Group considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Group's historical experience and informed credit assessment and including forward-looking information.

4 SIGNIFICANT ACCOUNTING POLICIES (continued)

b Financial Instruments (continued)

v Impairment of non-derivative financial assets (continued)

The Group assumes that the credit risk on a financial asset has increased significantly if it is more than 30 days past due.

The Group considers a financial asset to be in default when:

- the borrower is unlikely to pay its credit obligations to the Group in full, without recourse by the Group to actions such as realising security (if any is held); or
- the financial asset is more than 90 days past due.

Measurement of ECLs

ECLs are a probability-weighted estimate of credit losses. Credit losses are measured as the present value of all cash shortfalls (i.e., the difference between the cash flows due to the entity in accordance with the contract and the cash flows that the Group expects to receive). ECLs are discounted at the effective interest rate of the financial asset.

c Property, Plant & Equipment

All items of property, plant and equipment are initially measured at cost, except those acquired through non-exchange transactions which are instead measured at fair value as their deemed cost at initial recognition. Property, plant and equipment is subsequently stated at cost less accumulated depreciation and impairment. Cost includes expenditure directly attributable to the acquisition of the asset. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the Group. Ongoing repairs and maintenance is expensed as incurred through surplus or deficit.

Depreciation is based on the cost of an asset less its residual value, and is calculated on a diminishing value basis over the estimated useful lives of each item of property, plant and equipment. Depreciation is charged to surplus or deficit.

The diminishing value depreciation rates applied are:

Equipment, Furniture & Fittings, Vehicles 9.6% - 67.0% DV

Depreciation methods, useful lives and residual values are reviewed at each financial year-end and adjusted if appropriate.

An item of property, plant and equipment is de-recognised upon disposal when no further future economic benefits are expected from its use or disposal. Any gain or loss on disposal of an item of property, plant and equipment (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised in surplus or deficit.

d Investment Properties

Investment property is property held either to earn rental income or for capital appreciation or for both, but not for sale in the ordinary course of business, use in the production or supply of goods or services or for administrative purposes.

Investment property is initially measured at cost, except those acquired through non-exchange transactions which are instead measured at fair value as their deemed cost at initial recognition. Cost includes expenditure that is directly attributable to the acquisition of the investment property.

Investment properties are subsequently measured at fair value, which reflects market conditions at the reporting date. Fair values are determined based on an annual evaluation performed by an accredited external independent valuer who has recent experience in the location and category of the investment property being valued.

Gains or losses arising from changes in the fair values of investment properties are included in surplus or deficit in the period in which they arise.

Investment properties are derecognised either when they have been disposed of or when the investment property is permanently withdrawn from use and no future economic benefit or service potential is expected from its disposal.

Any gain or loss on disposal of an investment property (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised in surplus or deficit.

e Impairment of non-financial assets

The carrying amounts of the Group's non-financial assets, except for investment property, are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated.

4 SIGNIFICANT ACCOUNTING POLICIES (continued)

e Impairment of non-financial assets (continued)

If an asset's carrying amount exceeds its recoverable amount, the asset is considered to be impaired and the carrying amount is written-down to the recoverable amount. The impairment loss is recognised in surplus or deficit.

Cash-generating assets are those assets that are held with the primary objective of generating a commercial return. All of the Group's items of property, plant and equipment are classified as cash-generating assets.

The recoverable amount of assets is the higher of an asset's or a cash-generating unit's fair value less costs to sell and its value in use.

f Leases - as lessee

Where the Group has assumed substantially all the risks and rewards of ownership under a lease, the lease is classified as a finance lease. Otherwise the lease is classified as an operating lease.

Operating leases are not recognised in the Group's statement of financial position. Payments made under operating leases are recognised in surplus or deficit on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease.

g Employee leave benefits

Short-term employee benefit liabilities are recognised when the Group has a legal or constructive obligation to remunerate employees for services provided up to reporting date for which settlement will occur wholly within 12 months of reporting date. These benefits are measured on an undiscounted basis at the amounts expected to be paid when the liabilities are settled, and are expensed in the period in which employment services are provided.

Expenses for non-accumulating sick leave are recognised when the leave is taken and are measured at the rates paid or payable.

h Grants Yet to be Uplifted

Grant expenditure is recognised as a liability when the Group has a present obligation to make payment. A present obligation arises when the Group has provided the recipients of the funds with a valid expectation that funding will be provided and the Group has no ability to avoid making the payment.

i Capital Funds

The Group's Capital Funds provide funding for specific research programmes and researcher career awards in line with the Group's strategic objectives. The Group transfers funds to/from Accumulated Funds and Capital Funds at the end of each financial year (refer Note 16).

j Income Tax

The Foundation, and its subsidiaries Cure Kids Ltd, Cure Kids Ventures Ltd and Cure Kids Ventures Management Ltd are wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

Cure Kids Ltd (Australia) and Child Health Research Institute (USA) are wholly exempt from income tax payable in their respective countries, having fully complied with all statutory conditions for these exemptions.

k Goods & Services Tax

All items in the financial statements are stated exclusive of GST, except for receivables and payables, which are stated on a GST inclusive basis.

The net GST paid to, or received from Inland Revenue, is classified as an operating cash flow in the Statement of Cash Flows.

5 OPERATING EXPENDITURE

	GROUP	
	2022	2021
Fundraising & Event Expenses		
Employee Benefits	1,393,651	1,129,382
Other Fundraising & Event Expenses	1,041,871	619,384
	2,435,522	1,748,766
Administration Expenses		
Employee Benefits	579,927	480,231
Depreciation & Loss on Disposal	1,718	2,222
Rent	24,456	26,811
Interest Expense	118	-
Other Administration Expenses	345,961	680,625
	952,180	1,189,889
Research Development Expenses		
Employee Benefits	461,694	509,291
Other Research Development Expenses	175,765	209,609
	637,459	718,900
Total Operating Expenditure	4,025,161	3,657,555

Lucca

Lucca was diagnosed with a rare and aggressive cancer in 2016. She is now cancer free.



6 INVESTMENT INCOME AND EXPENSES

	NOTES	GROUP	
		2022	2021
Income from financial assets at fair value through surplus or deficit			
Interest Received		336,741	328,052
Dividends Received		447,414	402,631
Investment Management Expenses		(122,907)	(127,594)
Change in Fair Value of Investments		(3,399,051)	2,172,875
Net income from financial assets at fair value through surplus or deficit		(2,737,803)	2,775,964
Income from investment property			
Rental Income from Investment Property		252,869	250,906
Investment Property Expenses		(61,765)	(69,409)
Change in Fair Value of Investment Properties		(850,000)	220,000
Net income from investment property		(658,896)	401,497
Income from financial assets held at amortised cost			
Interest Received		89,536	33,060
Foreign Exchange Gains / (Losses)		14,572	(1,323)
Total income from financial assets at amortised cost		104,108	31,737
Interest Income allocated to NZ Aid Projects	12,13	(74,168)	(11,359)
Net income from financial assets held at amortised cost		29,940	20,378
Net Investment Income / (Loss)		(3,366,759)	3,197,839

7 CASH AND CASH EQUIVALENTS

Reconciliation to the Statement of Cash Flows:

For the purpose of the Statement of Cash Flows, cash and cash equivalents comprise the following at 31 December:

	GROUP	
	2022	2021
Cash at Bank & Cash in Hand	4,972,168	6,955,698
	4,972,168	6,955,698

Interest rates applicable during the year ended 31 December

Cash at Bank & Cash in Hand	0.2% - 4.25%	0.05% - 1.35%
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8 GRANTS RECEIVED

In 2021, MBIE, through its National Science Challenge - A Better Start, and the Foundation signed an agreement to co-fund \$4.0m for 12 projects addressing 3 key areas: healthy weight, mental health and successful learning. A Better Start is contributing \$2.0m over 2 years, with \$1.0m received in 2021. The final payment of \$1.0m from A Better Start was paid to the Foundation in 2022. In accordance with PBE IPSAS 23 Revenue from Non-exchange transactions the Group has recognised the full value of the grant (\$2.0m) and a receivable of \$1.0m from A Better Start at 31 December 2021, as there were no conditions that would otherwise restrict the payment of the grant to the Foundation.

9 INVESTMENT PROPERTIES

	OPENING CARRYING VALUE	FAIR VALUE GAIN / (LOSS)	CLOSING CARRYING VALUE
2022 Group:			
Investment Properties	5,850,000	(850,000)	5,000,000
	5,850,000	(850,000)	5,000,000
2021 Group:			
Investment Properties	5,630,000	220,000	5,850,000
	5,630,000	220,000	5,850,000

The investment property is tenanted by one cornerstone tenant that occupies 97% of the property. The lease expires 31 May 2025.

The Remuera Road property is carried at fair value and has been independently valued by Bayleys Valuations Limited on 31 December 2022.

The valuation methodology for the investment property is based on an income approach. Key assumptions applied in the valuation were:

	2022	2021
Market Capitalisation Rate	4.25%	3.50%
Discount Rate	5.25%	4.50%

The valuation methodology includes an assessment of market rents, which are materially in line with the actual rental paid by the tenant of the investment property.

10 INVESTMENTS

2022 Group:

	OPENING MARKET VALUE	FAIR VALUE GAIN/(LOSS)	DEPOSITS/ (WITHDRAWALS) THIS YEAR	CLOSING MARKET VALUE
New Zealand Corporate Bonds	8,298,686	(584,744)	1,977,662	9,691,604
Alternative Investments	3,534,274	(352,065)	(178,466)	3,003,743
New Zealand Listed Equities	6,715,493	(810,894)	(1,002,504)	4,902,095
International Equities	10,820,085	(1,137,216)	(3,818,235)	5,864,634
Market Value - Listed Investments	29,368,538	(2,884,919)	(3,021,543)	23,462,076
New Zealand Unlisted Equities - Level 3	6,300,716	(514,131)	760,619	6,547,204
TOTAL MARKET VALUE	35,669,254	(3,399,050)	(2,260,924)	30,009,280

Pictor Limited, Able-X Healthcare Limited and NZEno Limited are included as investments in the New Zealand unlisted equities. These investments are considered to be related parties due to common directorships. Refer to Note 15.

2021 Group:

	OPENING MARKET VALUE	FAIR VALUE GAIN/(LOSS)	DEPOSITS/ (WITHDRAWALS) THIS YEAR	CLOSING MARKET VALUE
New Zealand Corporate Bonds	8,393,564	(310,627)	215,749	8,298,686
Alternative Investments	3,578,110	96,164	(140,000)	3,534,274
New Zealand Listed Equities	6,920,448	(434,427)	229,472	6,715,493
International Equities	11,854,878	1,723,218	(2,758,011)	10,820,085
Market Value - Listed Investments	30,747,000	1,074,328	(2,452,790)	29,368,538
New Zealand Unlisted Equities - Level 3	4,214,150	1,098,547	988,019	6,300,716
TOTAL MARKET VALUE	34,961,150	2,172,875	(1,464,771)	35,669,254

The following assumptions have been applied in determining fair value of investments:

- Listed investments: fair value is based on quoted market prices in an active market
- Unlisted investments: the Group invests in unlisted seed and early-stage companies that have been established to commercialise innovations with the potential to benefit child health. The level of investment is typically less than 5% of the total shares in each company. The basis for determining fair value of unlisted investments is the initial purchase price of the investment, adjusted as appropriate for third-party share issues that have occurred during the year, and any impairment to the valuation of the company. The impairment review gives consideration to the achievement of milestones and any other factors which may affect the valuation or access to funding.

Future commitments in relation to unlisted equities

The Group has invested in three companies with commitments to future tranches of investment that are subject to achievement of milestones set out in the respective Share Subscription Deeds. The milestones for each future tranche may include completion of clinical studies or steps toward regulatory approval and demonstration of ongoing commercial viability of the project. The determination of satisfactory achievement of milestones is at the Group's discretion. These future commitments are considered to be unperformed executory contracts and are not recognised in the Group's financial statements.

10 INVESTMENTS (continued)

Future commitments in relation to unlisted equities (continued)

2022 Group:

	INVESTED FUNDS AT 31 DECEMBER	TRANCHES REMAINING SUBJECT TO MILESTONES	VALUE OF UNPERFORMED EXECUTORY CONTRACTS
TamoRx	20,623	4	281,402
Kitea Health	213,190	4	136,810
Amaroq Therapeutics	64,473	4	533,572
Total Value of Unperformed Executory Contracts at 31 December			951,784

2021 Group:

	INVESTED FUNDS AT 31 DECEMBER	TRANCHES REMAINING SUBJECT TO MILESTONES	VALUE OF UNPERFORMED EXECUTORY CONTRACTS
Amaroq Therapeutics	20,009	4	578,037
Total Value of Unperformed Executory Contracts at 31 December			578,037

11 GRANTS YET TO BE UPLIFTED

Grants yet to be uplifted represent grants awarded by the Group that have not been fully paid out at 31 December. These grants are recognised as current liabilities as the timing of drawdowns are in the control of the grant recipient, not the Group.

	GROUP	
	2022	2021
Opening balance	10,974,219	8,848,669
Grants allocated	1,183,838	5,596,059
Grants paid	(4,569,087)	(3,470,509)
Closing balance	7,588,970	10,974,219

12 DEFERRED REVENUE - NZ AID FIJI RHEUMATIC HEART DISEASE (RHD) PROJECT

Commencing in 2014, the NZ Ministry of Foreign Affairs and Trade (MFAT) has provided multi-year funding to the Group for research in Fiji to support children and their families living with rheumatic heart disease (RHD). The Group is working in collaboration with the Fiji Ministry of Health & Medical Services to better diagnose, treat and provide access to care for patients and their families living with RHD. Refer Statement of Service Performance Output 1.3 for additional information regarding the Fiji RHD Programme, and achievement of impact.

The agreement with MFAT contains a use or return condition. Therefore the funds received from MFAT are recognised as deferred revenue on receipt, and released to surplus or deficit as the conditions are satisfied.

	GROUP	
	2022	2021
Opening balance of liability	1,468,927	446,748
Movements		
Grant received from MFAT	-	1,500,000
Interest earned	24,511	6,065
Revenue recognised as conditions are satisfied	(894,903)	(483,886)
	(870,392)	1,022,179
Closing balance of liability	598,535	1,468,927

13 DEFERRED REVENUE - NZ AID FIJI OXYGEN PROJECT

Since 2016 the Group has been working in collaboration with the Fiji Ministry of Health & Medical Services to improve access to life-saving oxygen in Fiji. In 2021 MFAT provided \$3.0m funding to the Group to support the MHMS public health response to the resurgence of COVID-19 in Fiji. This work is ongoing, and includes research into sustainable access to, and delivery of, oxygen to patients. A further \$1.0m funding for the Fiji Oxygen Programme was received in 2022. Refer Statement of Service Performance Output 1.3 for additional information regarding the Fiji Oxygen Programme, and achievement of impact measures.

The agreement with MFAT contains a use or return condition. Therefore the funds received from MFAT are recognised as deferred revenue on receipt, and released to surplus or deficit as the conditions are satisfied.

	GROUP	
	2022	2021
Opening balance of liability	2,177,664	-
Movements		
Grant received from MFAT	1,000,000	3,000,000
Interest earned	49,657	5,294
Revenue recognised as conditions are satisfied	(1,637,125)	(827,630)
	(587,468)	2,177,664
Closing balance of liability	1,590,196	2,177,664
Cure Kids Rotary Fiji Oxygen Project	55,681	112,742
Fiji Oxygen Project Liability	1,645,877	2,290,406

14 CONTROLLED AND ASSOCIATE ENTITIES

Controlled entities

A listing of the Group's significant controlled entities is presented below:

ENTITY	COUNTRY OF INCORPORATION	REPORTING DATE	OWNERSHIP INTEREST	
			2022	2021
Cure Kids Limited	New Zealand	31 December	100%	100%
Cure Kids Ventures Limited	New Zealand	31 December	100%	100%
Cure Kids Ventures Management Limited	New Zealand	31 December	100%	100%
Cure Kids Limited	Australia	30 June	100%	100%
Child Health Research Institute	USA	30 June	100%	100%

For New Zealand incorporated controlled entities, there are no significant restrictions regarding the transfer of dividends, loan repayments, and other funds from the entities.

Cure Kids Limited (Australia), Child Health Research Institute and Cure Kids Fiji (refer below) are registered charities in their respective countries and accordingly are unable to repatriate surplus funds on windup to New Zealand.

The Group recognises Cure Kids Limited, a charity that fundraises in Australia for child health research, as a controlled entity as the Group is deemed to have control of the entity as the Foundation is the sole member of the entity, has powers to appoint Board members and receives non-financial benefits.

The Group recognises Child Health Research Institute, a charitable trust that fundraises in the USA for child health research, as a controlled entity as the Group is deemed to have control of the entity as the Foundation is the sole member of the entity, has powers to appoint Board members and receives non-financial benefits.

Associate Entities

A listing of the Group's associate entities is presented below:

ENTITY	COUNTRY OF INCORPORATION	REPORTING DATE	OWNERSHIP INTEREST	
			2022	2021
Cure Kids Fiji	Fiji	31 December	33%	33%

The Group recognises Cure Kids Fiji, a charity that fundraises in Fiji for child health research, as an associate as the Group is deemed to have significant influence through its representation on Cure Kids Fiji's Board and the receipt of non-financial benefits. The Group has a 33% interest in Cure Kids Fiji.

The Group's interest in Cure Kids Fiji is accounted for using the equity method in the Group's financial statements.

15 RELATED PARTIES

a Key Management Personnel

Key management personnel remuneration

The Group classifies its key management personnel into the following classes:

- Board of Trustees
- Senior Management

The aggregate level of remuneration paid and number of persons (measured in 'people' for the Board of Trustees, and 'full-time-equivalents' (FTE's) for the Senior Management team) in each class of key management personnel is presented below (net of GST where applicable):

	2022		2021	
	REMUNERATION	NUMBER OF INDIVIDUALS	REMUNERATION	NUMBER OF INDIVIDUALS
Board of Trustees - Chair	50,000	1 person	50,000	1 person
Board of Trustees - Other	-	5 people	-	5 people
Senior Management	1,313,635	7 FTE's	1,319,465	7 FTE's
	1,363,635		1,369,465	

b Other Related Parties

i Cure Kids Fiji

Cure Kids Fiji is a related party due to the Foundation being the sole member of the charity, which was set up as a charitable trust on 18 August 2010.

The charity was set up in conjunction with the Foundation with the purpose of conducting, supporting and funding research into the health of children and to support and fund the outcomes of such research.

The Group has judged that it does not have control of Cure Kids Fiji as it does not have the ability to appoint or remove directors under the entity's constitution. The Group has judged that it has significant influence over Cure Kids Fiji as 2 of the 6 Board directors are representatives of the Group.

Net fundraising income of \$955 (2021: \$0) was transferred from Cure Kids Fiji to the Foundation during the year.

The balance was treated as a related party payable and the balance at 31 December 2022 was \$955 (2021: \$0).

ii CKV Co-Fund 1 LP

CKV Co-Fund 1 LP ("the Co-Fund"), a limited partnership, is a related party due to Cure Kids Ventures Management Limited being the general partner. The Co-Fund was established on 6 December 2017 between Cure Kids Ventures Limited, the founding partner, and other investors from time to time. The Co-Fund was set up to co-invest funds with Cure Kids Ventures Limited by private offer. No entity within the Group is a limited partner of the Co-Fund, and other than the founding capital, the Group has no direct investment in the Co-Fund. Cure Kids Ventures Management Limited, as general partner of the Co-Fund, is an agent of the Co-Fund pursuant to cl. 47 of the Limited Partnerships Act 2008 and is unable to financially benefit from the Co-Fund. While the Group may obtain some non-financial benefits from the Co-Fund due to an alignment of objectives, this is considered to be ancillary to the main purpose of the Co-Fund which was to provide the limited partners with research knowledge from the Group. Accordingly the Co-Fund is not considered to be controlled by the Group.

As at balance date, Cure Kids Ventures Limited had invested funds of \$100 (2021: \$100) as founding capital in the Co-Fund.

iii Cure Kids Ventures Limited investee companies

Pictor Limited, Ablex Healthcare Limited and NZEno Limited are included as investments in the New Zealand unlisted equities (Note 10). These investments are considered to be related parties due to common directorships. The fair value of these investments at 31 December are:

	2022	2021
Pictor Limited	2,545,539	2,121,283
Able-X Healthcare Limited	-	5,355
NZEno	302,915	302,915

15 RELATED PARTIES (Continued)

b Other Related Parties (continued)

iii Cure Kids Ventures Limited investee companies (continued)

Maxine Simmons was Executive Director of Cure Kids Ventures Limited and Cure Kids Ventures Management Limited. Ms Simmons resigned as Executive Director on 30 April 2022, and resigned as Board Director on 30 June 2022. Ms Simmons is also a director of Able-X Healthcare Limited (previously Im-Able Limited) and Pictor Limited as well as BioCatalyst Limited, which charged management fees, directors fees, and expense reimbursements to Cure Kids Ventures Management Limited during the year.

The fees charged for the year were \$39,333 plus GST (2021: \$112,000 plus GST).

In 2022 Cure Kids Ventures Limited paid a performance incentive of NIL (2021: \$141,012) to BioCatalyst Limited on the realisation of the company's investment in Aroa Biosurgery Limited.

Howard Moore, director of Cure Kids Ventures Limited and Cure Kids Ventures Management Limited, is a director of NZEno Limited, and the chief executive of Pictor Limited.

16 CAPITAL FUNDS

The Group has received gifts for specific purposes over our 51-year history. The majority of these funds are ring-fenced for specified commitments which allow the Group to:

- i Provide funding in perpetuity for Professorial Chairs. Cure Kids' Chairs are world-class scientists who are appointed to senior academic positions, and funded to undertake major research programmes designed to improve child health;
- ii Support mission-led research on specific health issues where funds have been raised or gifted for that specific purpose; or
- iii Support mission-led funding in line with strategic objectives, such as support for research on health issues associated with inequity or social deprivation

Capital Funds at 31 December comprise:

CAPITAL FUND	PURPOSE OF FUND	2022	2021
Rotary Chair Fund	Cure Kids Professorial Chair, University of Auckland	8,616,205	9,834,970
Chair of Child & Adolescent Mental Health Fund	Cure Kids Professorial Chair, University of Auckland	300,571	472,070
Wellington Chair Fund	Cure Kids Professorial Chair, Wellington	896,859	994,854
Elliott Fund	Mission-led research programmes (RHD and respiratory), Roy Austin research fellowship, research development and administration expenses	5,492,195	7,874,780
Elliott Caughey 50th Anniversary Fund	Research addressing child health issues which are associated with social deprivation	294,505	214,649
Kirsty McDermott Memorial Fund	Research on blood disorders, child cancer	2,894,534	2,896,773
Cot Death Fund	Research and education initiatives supporting still birth and Sudden Unexpected Death in Infancy (SUDI)	3,484,114	3,745,135
Margaret Blackwell Bequest Fund	Operations	186,451	206,824
Total Capital Funds		22,165,434	26,240,055
Accumulated Revenue and Expense	These funds are available for general spending, including the Annual Innovation & Discovery Granting Round, summer studentships and Chair research grants not funded elsewhere	6,797,073	7,650,695
TOTAL EQUITY		28,962,507	33,890,750

Income and expenses relating to the Investment Portfolio and Investment Property (refer Note 6) are transferred from accumulated revenue and expense, and allocated to each Capital Fund on a pro-rata basis at the end of each financial year.

17 PRIOR PERIOD ERROR

Accounting for NZ Aid Grants

During the current period it was noted by the Trustees that the timing of the recognition of revenue and expense on the NZ Aid grants was incorrect. In prior years NZ Aid grants have been recognised as revenue in full on receipt of each tranche of funding, and a corresponding grants expense also recognised. Under PBE accounting standards revenue should be recognised as the conditions of the grant are satisfied because the grant agreement requires any unspent funds to be returned to the funder. This resulted in an overstatement of Government Funding Income and Grants Allocated Expense in the 2020 and 2021 financial periods. There was a net NIL impact on the net surplus/deficit and NIL impact on the Statement of Financial Position in those periods.

The error was corrected for in the current year results. The table below summarises the changes made to the statement of comprehensive revenue and expense for the restated comparatives to correct this error. The NZ Aid Grant expenditure is now disclosed separately to Grants Allocated as "NZ Aid Research Programme Expenditure" in surplus or deficit.

	IMPACT ON ITEMS IN THE STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSE			
	GOVERNMENT FUNDING	GRANTS ALLOCATED	NZ AID RESEARCH PROGRAMME EXPENSES	NET IMPACT ON SURPLUS/ (DEFICIT)
Balance reported at 31 December 2021	4,500,000	4,500,000	0	0
Effect of the prior period error (31 December 2021	(3,198,298)	(4,500,000)	1,301,702	0
Restated Balance at 31 December 2021	1,301,702	0	1,301,702	0

18 OPERATING LEASE COMMITMENTS

Lease commitments under non-cancellable operating leases excluding GST are as follows:

	2022	2021
Less than one year	66,117	67,553
Between one and five years	1,357	5,385
Greater than 5 years	-	-
Total operating lease commitments	67,474	72,938

19 CONTINGENT LIABILITIES

There were no contingent liabilities at balance date (2021: NIL).

20 SUBSEQUENT EVENTS

In April 2023 the Group agreed to extend the operating lease for the property at 96 New North Rd, Eden Terrace to 31 May 2025. The annual cost of the lease is \$98,214 + GST.

There were no other significant events post balance date.

21 CAPITAL COMMITMENTS

Cure Kids Ventures Limited has committed \$4 million for co-investment with the CKV Co-Fund 1 LP (refer Note 15). At balance date, the remaining capital to be paid was \$1,627,449 (2021: \$1,925,109).

The Board of the Foundation has agreed that capital returns generated from Cure Kids Ventures Limited investments, both historic and future, will be quarantined for new Cure Kids Ventures Limited investments that align with the mission of the Foundation, to benefit child health.

21 CAPITAL COMMITMENTS (continued)

The Boards of the Foundation and Cure Kids Ventures Limited agreed to establish a new investment fund (CKV Fund 3) that invests in seed and early stage commercialisation of products and services which benefit child health. The Foundation has committed \$4.0m to CKV Fund 3, to be invested over 4 years, commencing 2022. The commitment yet to be drawn down at 31 December 2022 was \$3,536,810 (2021: \$4,000,000)

22 COMMITMENTS

Chair Salaries and Chair Grants

The Foundation has established four Chairs of Research at New Zealand Universities. Two of these positions have been funded in perpetuity by way of Deeds of Gift to the University from the Foundation, in 2005 and 2007. One of the other two Chair positions has been funded under agreement with the University, for an initial term of three years, commencing 2019. The fourth Chair position commenced June 2022 for an initial term of three years. The Foundation has also agreed to provide funding to the Chairs for research grants. These grants are subject to approval by the Foundation's Medical and Scientific Advisory Committee and the Board of the Foundation. The Group has not recognised a liability at balance date in respect of funding the future costs of these Chair positions or Chair grants, as the obligation to continue this funding is dependent on the appointees remaining employed at the respective Universities.

23 FINANCIAL INSTRUMENTS

Financial instruments of the Group are classified as follows:

	GROUP	
	2022	2021
CURRENT FINANCIAL ASSETS		
Amortised Cost		
Cash and Cash Equivalents	4,972,168	6,955,698
Accounts Receivable	498,457	88,416
Grants Receivable	24,490	1,080,319
Other Receivables	12,789	13,965
Total current financial assets	5,507,904	8,138,398
NON CURRENT FINANCIAL ASSETS		
Fair Value through Surplus or Deficit		
Investments	30,009,281	35,669,254
Total non current financial assets	30,009,281	35,669,254
Total financial assets	35,517,185	43,807,652
CURRENT FINANCIAL LIABILITIES		
Amortised Cost		
Accounts Payable	1,913,185	1,168,485
Grants Yet to be Uplifted	7,588,970	10,974,219
Total current financial liabilities	9,502,155	12,142,704
Total financial liabilities	9,502,155	12,142,704



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF CURE KIDS

Opinion

We have audited the consolidated general purpose financial report of Cure Kids and its controlled entities (together “the Group”) which comprises the consolidated financial statements on pages 23 to 45, and the consolidated statement of service performance on pages 3 to 21. The complete set of consolidated financial statements comprise the consolidated statement of financial position as at 31 December 2022, the consolidated statement of comprehensive revenue and expense, consolidated statement of changes in net assets/equity, consolidated statement of cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion the accompanying consolidated general purpose financial report presents fairly, in all material respects:

- the consolidated financial position of the Group as at 31 December 2022 and its consolidated financial performance, and its consolidated cash flows for the year then ended; and
- the consolidated service performance for the year ended 31 December 2022 in accordance with the Group's service performance criteria,

in accordance with Public Benefit Entity Standards Reduced Disclosure Regime (“PBE Standards RDR”) issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit of the consolidated financial statements in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit of the consolidated statement of service performance in accordance with the ISAs (NZ) and New Zealand Auditing Standard (NZ AS) 1 *The Audit of Service Performance Information (NZ)*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated General Purpose Financial Report section of our report. We are independent of the Group in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, Cure Kids or any of its controlled entities.

Other Matter

The financial statements of the Group for the year ended 31 December 2021 were audited by another auditor who expressed an unmodified opinion on those financial statements on 11 July 2022.



BDO Auckland

The Board's Responsibilities for the Consolidated General Purpose Financial Report

Those charged with governance are responsible on behalf of the Group for:

(a) the preparation and fair presentation of the consolidated financial statements and consolidated statement of service performance in accordance with Public Benefit Entity Standards RDR issued by the New Zealand Accounting Standards Board;

(b) service performance criteria that are suitable in order to prepare service performance information in accordance with Public Benefit Entity Standards RDR; and

(c) such internal control as those charged with governance determine is necessary to enable the preparation of the consolidated financial statements and a consolidated statement of service performance that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated general purpose financial report those charged with governance are responsible for assessing the Group's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless those charged with governance either intend to liquidate the Group or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Consolidated General Purpose Financial Report

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole, and the consolidated statement of service performance are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) and NZ AS 1 will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate or collectively, they could reasonably be expected to influence the decisions of users taken on the basis of this consolidated general purpose financial report.

A further description of the auditor's responsibilities for the audit of the consolidated general purpose financial report is located at the XRB's website at <https://www.xrb.govt.nz/standards/assurance-standards/auditors-responsibilities/audit-report-13/>

Who we Report to

This report is made solely to Cure Kids members, as a body. Our audit work has been undertaken so that we might state those matters which we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than Cure Kids and Cure Kids members, as a body, for our audit work, for this report or for the opinions we have formed.

BDO Auckland

BDO Auckland
Auckland
New Zealand
18 May 2023

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For more information on Cure Kids and child health research that you are helping support, visit curekids.org.nz and sign up to our newsletter.



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Cure Kids is a registered charity CC25350

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