

CURE KIDS ANNUAL REPORT

2016

Isabella, who lives with cystic fibrosis, with Emeritus Professor Bob Elliott, cystic fibrosis researcher and co-founder of Cure Kids.



MEET KEMPER

Earlier this year, Kemper was diagnosed with Friedreich's ataxia, a genetic condition that affects the central nervous system. This is a slow progressive condition that will affect Kemper for the rest of his life and requires constant monitoring.

Some activities may take longer for Kemper than other children his age, but he is determined to take on everything he is faced with.

**WE FUND CRITICAL RESEARCH TO
IMPROVE, EXTEND AND SAVE THE
LIVES OF CHILDREN.**

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MEET LUKAS

Lukas was born three-weeks preterm, spending the first three weeks of his life in neonatal care.

Just before his 1st birthday, Lukas was diagnosed with cerebral palsy. He faced multiple surgeries to help with his mobility, and from the age of two, has worn foot braces to help keep him on flat feet and assist normal development of his feet. Lukas looks forward to the day when he no longer requires these braces.

LEADERSHIP POINT OF VIEW LOOKING BACK 2016



Beryl Robinson Rotary NZ; Roy Austin - Chairman, Cure Kids Board; Frances Bengé - CEO, Cure Kids; Emeritus Professor Bob Elliott and Christine Caughey

CELEBRATING 45 YEARS

2016 marked the 45th Anniversary of Cure Kids and we celebrated this wonderful milestone in November with a salubrious Red Nose Day Gala Dinner at the Pullman Hotel. We celebrated with a moving reflection on the impact of close to \$40 million of investment in child health research through a series of short videos highlighting some of the significant breakthroughs from the past 45 years, spanning areas such as sudden infant death syndrome, stillbirth, cystic fibrosis, sudden cardiac death, and many others. Dr Ron Caughey, and Professor Bob Elliott, two visionary paediatricians, founded the original Child Health Research Foundation with a grant from Rotary. Their motivation was to address New Zealand's worsening child health standing. Today, their legacy is kept very much alive with the significant advancement in child health as a result of their initial vision. We proudly presented Christine Caughey (Dr Ron Caughey's daughter), Beryl Robinson (Rotary) and Emeritus Professor Bob Elliott with awards for their honourable service as the original founders of Cure Kids.

NEW COLLABORATIONS

In 2016, we broadened our reach in the child health research field, forming new collaborations with other health research funding organisations. Two new cystic fibrosis related research projects were enabled through co-funding with the Shares in Life Foundation. We also commenced a trans-Tasman research funding partnership with Red Nose Australia and shaped an exciting new partnership, through one of the Government funded, National Science Challenges, A Better Start. This funding collaboration is focused on research investigating the early detection,

prevention, or successful management of; mental health problems, obesity, early literacy, and autism spectrum disorder (ASD) in children. These collaborations align neatly with our strategic plan, highlighting our desire to continue to increase our impact on child health through collaborations.

In addition to these collaborative ventures, Cure Kids funded eleven high-impact research projects through our annual contestable granting round. These include projects investigating the prevention of the chronic complications of pneumonia through longer-course antibiotic treatment, multi-disciplinary treatment for children with obesity, and diagnosing ASD using eye-tracking methods.

RAISING AWARENESS

Raising awareness of the unmet health needs of our children was central to our campaigns in 2016 and we are so grateful to all our major partners AccorHotels, Armacup, Avis Budget Group, BNZ, Briscoe Group, Colliers, John Andrew Mazda, Mike Greer Homes and New Zealand Rugby for their unwavering support and their commitment to our Connect to the Cure awareness campaign. Through this campaign, we challenged New Zealanders to connect with the children in their lives by following the sporting tradition of arm wrapping. A very sincere thank you to those who passionately supported this campaign helping to ensure its enormous success.

CULTURE AND VALUES

New office premises gave us a breath of fresh air as we moved from the former building in Surrey Crescent. While this premise was much loved, our lease had ended and we were able to move the

team to our new office in Eden Terrace. The Cure Kids team now enjoy a smaller office, with a completely open plan footprint in a light and bright building while achieving significant rental savings.

A strong culture is critical to any organisation's success and together we redefined our values to evolve who we are and how we would like our partners to see us.

The values of: 'Better together' (team work and collaboration), 'Own it' (taking responsibility and risks), 'Earn respect everyday' and 'Keep it real' (actions with integrity and authenticity) united the team in how we expect each other to represent ourselves at Cure Kids.

STAYING ON STRATEGY

In 2016, we took an aspirational leap into the first year of our 5-year strategic plan. We achieved our goal of saying 'yes' to more research with the fundraising efforts from 2015 enabling a further \$2 million investment in vital child health research.

FAREWELL ABBEY

While 2016 brought much to celebrate, tragically we also lost one of our inspiring ambassadors, Abbey, aged 15, who lived with epilepsy. Abbey's family continue to be a part of the Cure Kids family and are passionate about raising awareness for child health research. Abbey was an incredible young woman, and she will forever be in our hearts.

Finally, a heartfelt thank you to all our partners, to the Cure Kids team for all their passion and hard work, and the Board of Directors for their supportive counsel.

45 years ago, Professor Bob Elliott and Dr Ron Caughey, had a bold vision. It is both humbling and inspirational to keep their legacy alive in improving the health of children in New Zealand.

Frances Bengé & Roy Austin
CEO and Chairman of the Board.

HISTORY OF BREAKTHROUGHS

Since 1971, we have supported research that has helped improve, extend and save the lives of children here and around the world. Some of our breakthroughs include:

<p>1970's</p> 	<ul style="list-style-type: none"> • Developed a method for screening newborn babies for cystic fibrosis, resulting in earlier diagnosis and improved longer term outcomes. This has contributed to an improvement in life-expectancy from 6 to more than 37+ today. • Discovered that the use of prostaglandin was effective for short-term treatment of babies born with a hole in their heart – this practice is still used worldwide and is credited with saving hundreds of thousands of babies' lives.
<p>1980's</p> 	<ul style="list-style-type: none"> • Developed a method for diagnosing viruses using fecal samples which led to a rapid diagnosis protocol at Auckland Hospital. This is now world-wide best-practice, and has shortened diagnostic times from two weeks to 24 hours. • Discovered that the use of a 'brain cooling cap' helps prevent secondary brain injury. This practical treatment is now used worldwide. • Discovered that it is critical for a baby's face to be unobscured while sleeping to mitigate risks of sudden unexpected death in infancy (SUDI).
<p>1990's</p> 	<ul style="list-style-type: none"> • Demonstrated that the inclusion of the rotavirus vaccines into the vaccine schedule would have both health and economic benefits. • Highlighted that there was a window of opportunity in which to administer treatment in young cystic fibrosis patients before lungs became infected or inflamed. • Support of the 'Back to Sleep Campaign' which sought to educate parents on the risks of SUDI based on results from the world-leading New Zealand Cot Death Study. It is estimated that tens of thousands of babies have been saved due to the outcomes of this study and campaign. The connection between putting babies to sleep on their backs and a significant reduction in SUDI was recently credited as being one of the seven greatest achievements in paediatric research of the last 40 years.
<p>2000's</p> 	<ul style="list-style-type: none"> • Found that cystic fibrosis patients produce bleach in their lungs, pathing the way for further research to reduce the bleach formation and improve the health outcomes. • Showed vitamin D deficiency increases the risk of hospitalisation with pneumonia for children under 5. This finding paved the way for further studies which have demonstrated that vitamin D supplementation during pregnancy and early childhood reduces doctors visits for respiratory conditions in early childhood. • Breakthrough research finds gene-therapy effective in pre-clinical trials for the currently fatal inherited condition, Batten disease, paving the way for future clinical trials.
<p>TODAY</p> 	<ul style="list-style-type: none"> • Cure Kids continues to fund high-quality research across a wide range of child health issues. This includes research into heart conditions, obesity, cystic fibrosis, and autism spectrum disorder among many others. We are dedicated to achieving further breakthroughs in the child health space.

NEW RESEARCH GRANTS AWARDED IN 2016

Each year, Cure Kids funds high-impact research projects through our granting round. The Cure Kids Medical and Scientific Advisory Committee (MSAC), consisting of many of the country’s leading child health professors, preside over the process of making recommendations for funding. In 2016, 11 projects were supported, comprising eight project grants and three innovation seed grants, which are smaller grants looking at the early stage investigation of innovative research ideas.

DR NEVIL PIERSE & DR MAX BERRY:

Using big data to investigate the long-term impacts of periviable births



University of Otago, Wellington

23-24 weeks’ gestation represents the very margin of human viability. However, the ‘optimal’ care for a woman at risk of delivering a baby at these extremes of gestational age remains uncertain, as do the long-term implications of being born early.

Better data is required in order to discern the long-term health outcomes of these vulnerable babies. This project will use a big data approach to make sense of the complexities associated with birth on the tenuous cusp of survival.

Using a de-identified government database, the Integrated Data Infrastructure, the team of researchers will measure a number of health, educational, and social outcomes at age 4+ of all premature births between 1992-2012, compared to all other births across the same time period.

The results could take decision making out of the hands of anecdote, and provide robust data to enable the best decisions to be arrived at between the clinical community and the families whom they serve.

ASSOCIATE PROFESSOR CASS BYRNES: HOPE: Hospitalised pneumonia with extended treatment in young children to prevent long-term complications.



University of Auckland & Starship Children’s Hospital

This project aims to improve the outcomes of children admitted to hospital with severe pneumonia. New Zealand has startling rates of pneumonia as well as comparatively poor outcomes including permanent lung-scarring which leads to the respiratory condition bronchiectasis.

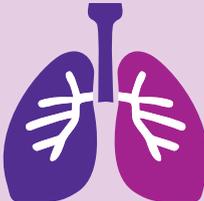
This project will trial a longer course of antibiotics against the current standard of care in children under 5 years-of-age hospitalised with severe pneumonia. An estimated 250 children (80 in New Zealand) will be recruited in total into one of the two groups.

The team will also investigate certain inflammatory biomarkers which may be able to predict more severe bouts of infection, allowing for a more tailor-made, often longer, courses of treatment. This will inform international guidelines to benefit children hospitalised with pneumonia.

EACH YEAR IN NEW ZEALAND AROUND

780 BABIES ARE BORN VERY PRETERM 

[before 32 weeks]

 **RESPIRATORY DISEASE IS THE FOURTH MOST COMMON CAUSE OF DEATH IN NEW ZEALAND CHILDREN**

DR KATIE GROOM:

A randomised controlled trial of sildenafil therapy to improve the growth of babies in the womb

**University of Auckland**

Intrauterine growth restriction (IUGR) is a term used to characterise poor growth of a baby in a mother's womb. It affects approximately 10% of all pregnancies, some of which need very early delivery before 32 weeks' gestation, which can have long-term adverse effects.

IUGR is characterised as a lack of oxygen and nutrients reaching the baby through the placenta, which can cause their growth to slow.

Sildenafil is a vasodilator, which means it expands the blood vessels and so may increase bloodflow to the fetus.

This project is a follow-up of babies at 2-3 years of age who either received sildenafil or a placebo.

This follow-up is critical to assess whether any benefit or harm comes to these babies as result of treatment.

PROFESSOR IAIN LAMONT:

Does lack of oxygen help *Pseudomonas aeruginosa* survive antibiotic treatment in cystic fibrosis?
Co-funded by The Shares in Life Foundation

**University of Otago, Dunedin**

Cystic fibrosis is the most common life-limiting inherited disease, with around 500 New Zealanders, including many children, living with this condition. It is characterised by thick mucus in the lungs and other internal organs, serving as a breeding ground for nasty bacterium, in particular, *Pseudomonas aeruginosa* (PA).

Antibiotics are becoming less effective against this bug, and it is hypothesised that it is because the bugs can live in the oxygen-starved environment of the lungs, whereas when the bugs are grown in a lab they are subjected to oxygen-rich environments.

This project will grow PA in the lab, and subject it to differing levels of oxygen to determine what mechanisms are at play when faced with these different environments, and how they affect antibiotic resistance.

Better knowledge around how these bugs are fostered in their growth – and the genes facilitating this – could allow for more targeted treatments.

PROFESSOR PAUL HOFMAN:

The Whānau Pakari 5-year outcome project: does a multi-disciplinary treatment for obese children and adolescents lead to long-term healthy lifestyle change?

**Liggins Institute, University of Auckland**

Childhood obesity rates around the world represent a medical emergency. 85,000 children, aged 2-14 are estimated to be obese nationally. We're becoming increasingly aware of the long-term health complications associated with obesity.

Whānau Pakari, which means 'healthy self-assured whānau that are fully active', is a programme first implemented in the Taranaki in 2012 to address the above challenges.

To study the effectiveness of the programme, a project was undertaken to compare a more rigorous regime with a control group.

This grant supports the 5-year follow-up of the children in the programme who were involved in the research. It is fundamental to collect the 5-year data, as it will determine whether this intervention has sustained benefits for those involved.

There's great potential for this to be translated into other, high-risk populations.

Approximately 10% of all
PREGNANCIES



ARE AFFECTED BY RESTRICTED GROWTH OF A BABY
in a mother's womb



MORE THAN A QUARTER OF A MILLION
NEW ZEALAND CHILDREN
are currently overweight
OR OBESE

CYSTIC FIBROSIS AFFECTS
MORE THAN 500 NEW ZEALANDERS
EACH YEAR



PROFESSOR LESLEY MCCOWAN:
An individual participant data meta-analysis of going-to-sleep position and risk of late pregnancy stillbirth
Co-funded by Red Nose, Australia



University of Auckland

Late stillbirth – the loss of a baby in the womb after 28 weeks of pregnancy – still affects around 1000 babies and families in New Zealand and Australia each year.

This project is collecting data from four previous studies and combining them in what is known as an individual participant data (IPD) meta-analysis which allows greater power to investigate effects.

The main finding of the two currently published studies (a previous New Zealand study funded by Cure Kids and an Australian study) is that, when a mother goes to sleep on her back in the last three months of pregnancy, her baby has a 2.5 to 6-fold increase in risk of stillbirth.

The results from this study will inform a public health messaging campaign for mothers with regards to going-to-sleep position, and may ultimately reduce late pregnancy stillbirth.

DR CHRISTOPHER MCKINLAY & DR KARAPONI OKESENE-GAFA:
The Healthy Mums and Babies (HUMBA) demonstration trial: Early childhood outcome study



University of Auckland

New Zealand has the third highest rate of obesity in children and adults among the OECD countries. If not addressed at an early stage, manifold adverse health effects can continue into adulthood.

Pacific and Maori children are overrepresented in these statistics, and therefore are at greatest need of intervention.

This project is aiming to improve pregnancy and health outcomes for mothers with obesity and especially their infants in the Counties Manukau region (with high rates of maternal obesity).

One of the interventions is a culturally appropriate and affordable nutritional intervention, while the other is probiotic capsules.

A trial to determine if a nutritional intervention and/or probiotic capsules can: 1) reduce high birthweight; and 2) reduce excessive pregnancy weight gain in the mothers is being undertaken.

Interventions in this high-risk population are urgently needed to halt the intergenerational cycle of obesity, improving both child and maternal health.

PROFESSOR IAN MORISON:
Identification of therapeutic pathways in leukaemia via glucocorticoid-induced changes in DNA methylation.



University of Otago, Dunedin

Many childhood cancers are life-threatening, and current treatments are often insufficient to fight off the rapidly multiplying cancerous cells. Conventional chemotherapy still fails in approximately 20 per cent of patients who have been diagnosed with acute lymphoblastic leukaemia (ALL).

This project is concerned with the epigenetic changes in genes when treated with glucocorticoids, a mainstay treatment for lymphoid cancers. A better understanding could help identify new strategies to target specific pathways to improve treatment.

There are also known side-effects that could be mitigated with a greater insight as to the mechanisms at play.

Prof Morison and his team use a number of ALL cell lines – cells cultured from one initial cell, to be genetically identical – which they can treat with glucocorticoids, specifically dexamethasone, which is regularly used in cancer treatment.

Greater knowledge in this area could translate to better prognoses for young cancer patients.

THERE ARE AROUND 320 STILLBIRTHS EACH YEAR IN NEW ZEALAND

NEW ZEALAND has the THIRD HIGHEST RATE OF OBESITY IN CHILDREN & ADULTS among OECD countries

APPROXIMATELY 150 CHILDREN ARE DIAGNOSED WITH A FORM OF CANCER EVERY YEAR

INNOVATION SEED FUND 2016

DR DAVID KIESER:

Re-vascularisation of the femoral head in the initial phase of Perthes disease



University of Otago, Christchurch

An estimated 50 children each year in New Zealand are affected by the bone disorder, Perthes disease. Insufficient blood supply to the upper thigh bone – known as the femoral head – results in degradation and death of the femoral head.

The exact cause of Perthes is unknown, however, the associated complications are well-documented.

The issue is that the main blood supply to the femoral head is arrested. The blood supply next to the growth plate is abundant and the research team hope to reroute some of this bountiful blood supply to the femoral head.

Using stents to transport a growth factor, the team hope to revascularise the femoral head through the creation of new blood vessels, hopefully halting the process of bone tissue degradation.

This could result in a paradigm shift in the treatment of Perthes, greatly improving the quality of life of those affected.

ASSOCIATE PROFESSOR CASS BYRNES:

Can gamification of chest physiotherapy for children with cystic fibrosis and bronchiectasis improve adherence?



Co-funded by The Shares in Life Foundation

University of Auckland & Starship Children's Hospital

Cystic fibrosis and bronchiectasis are chronic illnesses which cause lung scarring. Together, they affect thousands of New Zealand children.

The mainstay treatment is daily chest physiotherapy, to remove excess mucus from the airways. This is critical as the mucus causes cough, shortness of breath, restricts activities and creates a fertile ground for infections.

Adherence to this treatment is poor, time-consuming and boring, and worsens as children reach adolescence. Associate Professor Byrnes is developing a novel game that can attach to a physiotherapy device (gamification) with inbuilt functionality which can monitor adherence.

20 children aged 6-12 will trial the device, known as BreatheHero.

The success of such a unique intervention would have wide-reaching impacts on those children with cystic fibrosis, bronchiectasis, as well as other respiratory problems requiring regular chest physiotherapy.

PROFESSOR STEVEN DAKIN:

Using children's eye movements to diagnose, characterise and treat autism spectrum disorder



University of Auckland

Autism spectrum disorder (ASD) is a developmental condition affecting around 1 in 68 children in New Zealand. It is often associated with cognitive, language and social deficits. If neglected, or unnoticed, these complications can become worse, precipitating further difficulties as children grow older.

It has long been known that children with ASD are prone to avoiding looking at faces, and might be more likely to fixate on geometric shapes.

This project will look at tracking eye movements as a diagnostic and therapeutic tool for ASD.

The study will collect fixation patterns data on 'typically developing' children as well as children with ASD. The final stage aims to modify the fixation patterns of 15 children with ASD in a proof of principle study.

There is great potential for this work to improve diagnosis and therapy.

**AN ESTIMATED
50 CHILDREN
EACH YEAR IN
NEW ZEALAND**



ARE AFFECTED BY THE BONE DISORDER, PERTHES DISEASE

**AUTISM SPECTRUM
DISORDER
AFFECTS
AROUND 1 in 68
CHILDREN IN NEW ZEALAND**



**CYSTIC FIBROSIS AFFECTS
MORE THAN 500
NEW ZEALANDERS**

CURE KIDS PROFESSORIAL CHAIRS

Alongside our contestable granting round, Cure Kids also have a model whereby we fund Professorial Chairs in perpetuity. These are academics who are at the top of their game, and this model allows them an element of security in their funding, enabling them to focus on their world-class research as opposed to spending time chasing funding.



Professor Sally Merry

Cure Kids Duke Family Chair in Child and Adolescent Mental Health at the University of Auckland

“I am a trained child and adolescent psychiatrist, and founded the Werry Centre for Child and Adolescent Mental Health, based in the Department of Psychological Medicine at the University of Auckland.

Ongoing secure funding has enabled us to focus on how we might use technology to support young people to be resilient, and support parents to raise resilient children.”

At the heart of my work is investigating insights into the causes of mental health conditions and developing research-led treatments and prevention strategies with the aim of improving outcomes for young people and their families. My work is specifically focussed on e-therapies.

Recognising the growing use of smart technology amongst children and adolescents, I work with my team seeking to harness this potential by developing engaging and immersive therapies that can be utilised in the homes of children and families living with a mental health issue.

Cure Kids funding allows us to be ambitious in our thinking as we try to tackle the important issue of mental health for our young people.

Open Grants:

Is there an app for that? Helping parents manage children’s behaviour using smartphones and digital technology.

HABITS: Health Approaches through Behavioural Intervention Technologies as part of E Tipu e Rea, A Better Start National Science Challenge

Modular evidence based treatment of child and adolescent mental health problems.

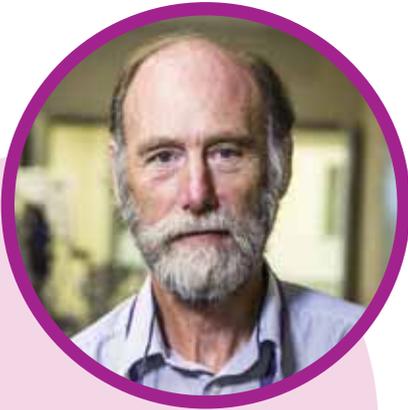
“Cure Kids funding allows us to be ambitious in our thinking as we try to tackle the important issue of mental health for our young people.”



MEET JAXON

Jaxon lives with autism, ADHD and dyspraxia. Despite a massive battle to get a diagnosis for Jaxon, his determined mum Tash has made huge progress with Jaxon in all aspects of his life and supports him greatly in all obstacles that present themselves.

“Jaxon is such an inspiration to me, my family and my friends (and also a lot of people we have never met!), and we feel driven to help other families going through health conditions, to help raise awareness, and to change people’s views on these children so we can make their lives easier”. - Tash, Jaxon’s mum.



“Despite a few challenges as a result of their very premature birth, the great majority of these young adults are functioning very well.”

“The main themes of my clinical research in newborn medicine include advancing our understanding of the causes and consequences of health problems in very prematurely born infants and undertaking trials of therapies aimed at improving outcomes.

Professor Brian Darlow

Cure Kids Chair of Paediatric Research at the University of Otago, Christchurch

The past year has seen the culmination of work from an international collaboration of neonatal researchers that began in 2003. Most very premature newborns require some supplementary oxygen, and clinicians determine how much by monitoring the infant’s oxygen saturation. In this collaboration, just under 5000 very preterm infants born over 12 weeks premature were included in one of five similar studies. This including one that I directed in New Zealand called BOOST NZ, that compared targeting a higher or lower oxygen saturation, both being in the ranges commonly used. The results of these studies have changed practice so that the higher target is now preferred.

My other main research in the past year has also had a long development – it began in 1986 when all New Zealand infants weighing less than 1500g at

birth were included in an audit that focussed on the development of their retina, the light sensitive part of the eye. Now, 250 surviving young adults (27-29 years) have come to Christchurch for two days of tests to assess their health, performance and social functioning, with the results compared with those from 100 young adults who had a normal birth in 1986. We are in the process of analysing a great many results but one important message is that, despite a few challenges as a result of their very premature birth, the great majority of these young adults are functioning very well.”

Open Grants:

The NZ VLBW Adult Follow Up Study - MRI Scanning and Other Support

Professor Stephen Robertson

Cure Kids Chair of Paediatric Genetics at the University of Otago, Dunedin

“My research aims to harness the enormous power of genomics to understand childhood diseases and offer families a more detailed understanding of these conditions. The greater insight we have into these diseases, the greater the chances that this will lead to improved and expedited diagnosis, particularly for rare conditions, and also facilitate the formation of treatment plans and more accurate estimations for the prognosis of conditions.

Ultimately the precision that genetics is bringing to paediatric medicine will be followed by the development of preventative strategies and tailored treatments. A particular emphasis in our work includes conditions that lead to malformations of the brain, skeleton and biliary tract with our expertise being incorporated into international

collaborations that have as a combined goal an improved understanding of these conditions.”

Open Grants:

Understanding the mechano-sensitivity of the bone mineral density in the human skeleton

Characterising a genetic switch in the development of the skeleton

Understanding the biology of the human brain neuronal stem cell

Defining the genetics of biliary atresia



“The greater insight we have into these diseases, the greater the chances that this will lead to improved and expedited diagnosis.”

CAMPAIGN HIGHLIGHTS

Raising both awareness and funds was central to our two major campaigns. Thank you to all of New Zealand for your support during 2016.

Connect to the Cure Awareness Campaign

With so many New Zealand children each year experiencing a serious health condition during their childhood, research to understand more about the illnesses and diseases that affect children and how to best prevent or treat them has relevance to all New Zealanders.

Cure Kids launched the Connect to the Cure campaign in June. It challenged all New Zealanders to look at the young people in their lives that live with serious illnesses and health conditions, to raise awareness for the need to support research to improve health outcomes for kids.

It may be a son or daughter with asthma, a cousin with burns, a neighbour who has had a childhood cancer or inherited heart condition, or a friend who lives with anxiety or depression.

The campaign borrowed the concept of arm wrapping - that many top sports people practice - to show support for a particular person or condition, and featured All Blacks Ben Smith, Julian Savea and Damian McKenzie.

We were overwhelmed with the response from people all over New Zealand, who wrapped their arms and told their stories on social media and through our website. Thank you to everyone that got behind this inspirational campaign.

MEET HUNTER

Sports mad Hunter came into the Cure Kids world by winning a competition for lunch with the All Blacks. A dream come true and also something happy to focus on after being diagnosed with type-1 diabetes suddenly last year. Despite the huge adjustments this has meant for an active nine year old, Hunter has taken it all in his stride.

Ambassador Hunter, who lives with type-1 diabetes with his sister Emily

RED NOSE DAY

Red Nose Day is our largest annual fundraising appeal and in 2016 was held during the month of November. This year, an impressive 300 businesses, 480 schools, 150 volunteers and many more individuals across New Zealand chose to support child health research by getting behind Red Nose Day and together raised more than \$874,000.

This year we introduced some new little faces to the Red Nose Day team, with the debut of four novelty noses which

were distributed through Briscoe Group stores. Schools were impressed with the introduction of new Red Nose Day slap bands which proved popular with kids of all ages and helped boost their fundraising.

Fundraising came from all parts of the country and included everything from cake stalls and mufti days, to physical challenges and even head shaves from three brave women.

Once again we had amazing support from some high-profile New Zealanders, including Jack Tame, Otis Frizzell, Sarah Goss, Shelton Woolright, the Reeves family and Art Green, who helped spread the word about Red Nose Day.

We are always so humbled by the incredible support we receive. Thank you New Zealand for supporting Red Nose Day so we can fund research to improve the health of our kids.

WE DELIVERED

55,500 **19,500**
NOSES **NOVELTY**

29,000 **27,000**
PINS **SLAPBANDS**

MEET ALICE

Alice was diagnosed with cystic fibrosis when she was two-weeks old, after undergoing the newborn heel prick screening test.

People who live with cystic fibrosis are at a greater risk of lung infections so they follow a daily regime of treatments to control their symptoms and stay healthy. For Alice, this involves nebulised physiotherapy twice a day, as well as taking a pancreatic enzyme called Creon, with all meals and snacks.

Alice has a great outlook on life and is fearless.

Alice lives with cystic fibrosis

FUNDRAISING HIGHLIGHTS

Events are an important part of how we generate funds at Cure Kids and provide fun and engaging opportunities for us to interact with our valued supporters. Adventure was solidly on the menu in 2016, with two of our biggest fundraisers both being outdoor adventure races.

The Great Adventure Race

The event calendar in 2016 kicked off with our iconic Great Adventure Race – a multi-disciplinary adventure race run in Auckland’s Hunua ranges. The Great Adventure Race has seen hundreds of corporate and individual teams compete and raise over \$5.1 million for Cure Kids. In 2016, 22 teams participated, with Team Orcon taking out the coveted first place in an impressive time of 6hrs 30 minutes. An incredible \$280,000 was raised for Cure Kids by participating teams, with the top fundraisers title being earned by Ingram Micro, and the Spirit of the Race award going to Theta.

GODZone

For the second year in a row, Cure Kids were privileged to have a team racing on our behalf in the prestigious GODZone event held in the Tasman district. The team, made up of Richie McCaw, Rob Nichol, Sarah Fairmaid and Ben Meyer, traversed more than 500km in five days to be greeted at the finish line in Kaiteriteri by hundreds of cheering supporters.

Leading up to the event, Cure Kids held a star-studded gala dinner at the Auckland War Memorial Museum, attended by more than 300 people to wish the team well and kick start fundraising efforts. Throughout the evening, guests had the opportunity to mix and mingle with the Cure Kids GODZone team, as well as hear about some of our current research projects. Nearly \$300,000 was raised as part of the GODZone event.



MEET JENNA

Jenna was born a month early in June 2006. A few hours after her birth, paediatricians confirmed that Jenna was born with down syndrome, this had gone undetected throughout what was a normal, healthy pregnancy. This was the start of Jenna’s journey, who was also diagnosed with dual cataracts, type-1 diabetes, alopecia and a hole in heart.



RECIPIENT EVENTS

Each year we are privileged to be the recipient charity for a range of different events around New Zealand. Thank you to all the teams, organisations and individuals that made these events so successful and raised valuable funds for child health research.

\$52,000
RAISED



Ports of Auckland Golf Day

Ports of Auckland have been great supporters of Cure Kids for a number of years and at their annual golf day in 2016 raised \$52,000 bringing their overall fundraising total to just under \$280,000. Thanks to the whole Ports of Auckland team for their continued support.

20  **RUNNERS**
\$25,000
RAISED

Auckland Marathon

We had 20 people running for us in the 2016 Auckland Marathon, who raised \$25,000 to help fund child health research. One of those runners, George, chose to fundraise for Cure Kids after losing his sister to meningitis earlier in the year. As part of his quest, he lost 80kg and raised just under \$2,500. We also had a very enthusiastic team from Ministry of Primary Industries fundraise and run for Cure Kids.

22 FIGHTERS
\$42,000
RAISED



Les Mills Fight Night

We were proud to be the charity partner for Les Mills Fight Night in 2016 which saw 22 fighters train over 12 weeks under the guidance of the Ringside NZ trainers. Ten of our treasured Cure Kids ambassadors teamed up with fighters to inspire them throughout the challenging lead up to event, as well as being ring-side on the night. The event was held at The Langham in November and the fighters raised more than \$42,000.


21,000
PARTICIPANTS
IN NEW ZEALAND'S
LARGEST MUD RUN

Tough Guy and Gal Series

Cure Kids has been the official charity of the Tough Guy and Tough Gal series since 2014. The event is New Zealand's largest mud run series, and in 2016 attracted more than 21,000 participants over the Junior, Secondary School and Adult events in Auckland, Hamilton, Rotorua, Hawke's Bay, Palmerston North and Wellington. Massive thanks to the Rapid Relief Team, who held sausage sizzles at each event with all of the money raised going to Cure Kids. The Tough Guy Tough Gal series raised \$51,500.


2,000
ATTENDED
\$13,000
RAISED

Wheels for Cure Kids 2016

Huge thanks to freestyle motocross rider Luke Price for organising the event and continuing to support Cure Kids. The event, held in Tauranga in the middle of January, included an epic line up of freestyle BMX and FMX riders, including BMX riders Billy Clerke and Levi Sherwood. More than 2,000 people attended the event and raised just over \$13,000 for Cure Kids.

OUR SUPPORTERS PLATINUM PARTNERS

We are grateful to have the support of many individuals, communities and corporate partners who generously donate to make the research we fund possible.



“At AccorHotels we are passionate about giving back to our local communities and through the partnership we have with Cure Kids, our hotels are able to support a number of initiatives helping to fund cures for life-threatening children’s illnesses”. *Gillian Miller, AccorHotels Senior Vice President of Operations, New Zealand, Fiji and French Polynesia.*

The AccorHotels and Cure Kids partnership goes back nearly 15 years and during that time the group has raised over \$4.5 million. This has primarily been achieved through the hard work and dedication of the staff who participate in and run events throughout the year, business partners and donations received from guests staying in their hotels.

In 2016, staff from AccorHotels took part in many Cure Kids events including, the Great Adventure Race, Ticket to Hope and Red Nose Day and the AccorHotels Race to Survive Fiji (see page 23).



“2016 was our biggest and best year of fundraising yet. Our incredible team at Briscoe Group and all of our amazing suppliers continue to raise the bar and we are proud to have supported even more child health research. Our staff are honoured to be part of the Cure Kids family and it shows when we run campaigns like Red Nose Day, Add What You Can, the new Christmas Giving campaign - 12 Days of Christmas - and of course, the annual Briscoe Group Golf Day.”

“The key to successful and sustainable fundraising is having fun fundraising. We encourage our teams to think outside the square and get creative to engage as many people as possible. This year our teams did just that! They wore onesies to work, held garage sales and sausage sizzles, hosted Cure Kids ambassadors, sold items on Trade Me, and a brave female Briscoes staff member even shaved her head in-store and raised over \$1000 on her own! These activities continue to help us build a positive team culture, whilst helping thousands of Kiwi families.” *Alaister Wall, Deputy Managing Director.*

We are incredibly grateful to have the support of Briscoe Group customers and suppliers. With their determination to keep raising money and awareness for Cure Kids, they are leading the way for corporate social responsibility.



“Once again, our client, staff and supplier community have supported Colliers’ efforts to raise money for Cure Kids: 2016 marked our 11th year as a partner, and our commitment to raising money for this good cause, whilst having fun along the way, remains as true now as it did in 2005 when we first decided to commit to this worthy New Zealand cause”. *Bruce Gallie, Chief Operating Officer*

Colliers continue to raise the bar in terms of engaging their staff, suppliers and customers. In 2016, Colliers reached the milestone of raising more than \$1.295 million for Cure Kids since their association began. Following on from the success of the Latitude 45 Degree South Long Lunch in Queenstown, Colliers hosted their inaugural golf day in Christchurch raising \$29,600. Alongside this, the Colliers team climbed to their highest ever fundraising total of \$48,000 at their annual Blair Hargrave Memorial Golf Day for Cure Kids in Auckland.

THANKS TO OUR MAJOR EVENT PARTNERS:





Rotary Club of Dunedin East's annual duck race



Cure Kids ambassador Eva gets behind Armacup



Qantas getting REDiculous for Red Nose Day



Colliers - Blair Hargrave Memorial Golf Day for Cure Kids



Briscoes staff with ambassadors Emily and Evie, who live with type-1 diabetes



John Andrew Mazda



Fastway Couriers supporting Red Nose Day



Novotel and Ibis Rotorua's Masquerade Ball



Avis Budget Group with their 'Red Nosed Ranger'



Mike Greer Homes Christchurch



Stellar Smash for Cure Kids

OUR SUPPORTERS KEY PARTNERS

We are privileged to work with some of New Zealand’s most generous organisations who share our vision of a healthy childhood for everyone and help raise both funds and awareness for Cure Kids.



“Having supported Cure Kids since 2003, we are proud to continue to assist them in their efforts of making a life-saving difference to Kiwi kids. We remain committed to Cure Kids and their work.” *Mark Ching, Managing Director.*

Since 2003, Armacup has supported Cure Kids as a Key Partner, exemplifying the commitment and passion required from a loyal supporter.

Owner and Managing Director of Armacup, Mark Ching, was personally responsible for introducing Cure Kids to the Mitchell family in 2011. Eva Mitchell, who lives with gastrointestinal failure, is now a Cure Kids ambassador and Tiff, Eva’s mother, has been an amazing supporter of Cure Kids ever since, speaking at numerous events and organising many fundraisers.

Armacup also actively supports Cure Kids Fiji with significant financial contributions, and through Vomo Island Resort, provide exciting and delightful experiences for children living with rheumatic heart disease.



“Our team are hugely engaged across the country and undertake lots of fundraising activities such as supporting Red Nose Day, which this year introduced the ingenious ‘Red Nose Ranger’ – a novel way of interacting with our corporate clients, as well as organising annual golf days in Auckland and Christchurch for Avis Budget Group clients and suppliers. Cure Kids is a serious cause, but also a great opportunity for our staff to have some fun whilst doing good for the community.” *Kathryn O’Neil, Manager Director.*

Avis Budget Group have proudly supported Cure Kids for the last 10 years. In 2012, they officially became a Key Partner and since 2014 have raised over \$100,000 per year.



BNZ has been a partner of Cure Kids for nine years and in that time have been dedicated to helping Cure Kids fund important child health research. BNZ team members continued to take on Cure Kids challenges such as the Great Adventure Race, and BNZ stores and staff across the country helped drive our Red Nose Day campaign. BNZ Partners Centres came on board to host our Red Nose Day Roadshow as we travelled across New Zealand visiting our supporters.

THANKS TO OUR ASSOCIATE PARTNERS:





“It is an honour to be associated with an organisation like Cure Kids, and 2016 was truly an engaging year for all of us here at John Andrew Mazda. We have learned the real value of helping others through teamwork by challenging ourselves to make a difference, especially during Red Nose Day where we were challenged to take part in the Red Beard Red Haired Challenge. It gave us the opportunity to engage with our associates and raise money beyond our expectation. We are looking forward to reinvigorating our contribution to this worthy organisation”. *Julian Stone, John Andrew Mazda Dealer Principal.*

John Andrew Mazda generously supply four vehicles for Cure Kids, and support us through numerous fundraising events and ambassador functions.



“Mike Greer Homes is in the business of building dream homes. But we are also in the business of using our skills and expertise to make a difference. We believe that private business collaborating with charities is a powerful way to improve lives and give back to individuals and communities. That’s why we have partnered with Cure Kids.” *Mike Greer, Owner.*

Mike Greer Homes became a Key Partner of Cure Kids in 2015 and since this time have been generous in their support. The highlight of 2016 was their first annual Mike Greer Homes Cure Kids Golf Day in Christchurch which brought together their committed networks, with a target to raise \$20,000. They also began planning for their second Cure Kids House Build which will commence in 2017 where a portion of the proceeds will be donated to Cure Kids.



“New Zealand Rugby and the All Blacks are proud of the partnership with Cure Kids as our official charity. Connecting with Cure Kids ambassadors and assisting to raise funds for child health research have been our top partnership priorities in 2016 and we have achieved that with a broad range of activities. We are proud to support Cure Kids and are humbled by the work they do every

day to make a positive difference in the lives of thousands of Kiwi kids and their families”. *Steve Tew, CEO*

New Zealand Rugby have been a valued partner of Cure Kids since 2012 and we are extremely grateful for the wonderful opportunities that this partnership has provided. Among other milestones, New Zealand Rugby played an important role in our campaign and fundraising activities, and provided invaluable support in our funding of research that is significantly impacting the lives of children both here and around the world.



“Rotary in New Zealand is proud to have been part of the Cure Kids success story since it began in 1971. Rotarians lead Cure Kids at all levels, from the Board chair and CEO, world-class researchers and staff.” *Beryl Robinson, Cure Kids Member representing Rotary in New Zealand (since 2006), and Past Governor of Rotary International District 9920 Inc.*

2016 saw Rotary in New Zealand and Cure Kids celebrate 45 years since Rotary founded the Child Health Research Foundation, today known as Cure Kids. Rotary clubs continue to passionately support Cure Kids through involvement in Red Nose Day and club fundraising activities such as the Rotary Club of Dunedin East’s annual Duck Race - the club involved their community and raced hundreds of rubber ducks down the Leith Stream, and were pleased to raise \$5,000 for Cure Kids.

THANKS TO OUR EVENT AND SUPPORT PARTNERS:



OUR SUPPORTERS NEW ZEALAND RUGBY

2016 has been another incredible year for Cure Kids and New Zealand Rugby. Our partnership formed the backbone of Cure Kids' three largest public campaigns raising awareness and funds that will help improve health outcomes for children, both in New Zealand and internationally.

Here's a snapshot of just a few of our memorable events:

- Ambassador families had a fantastic time at the HSBC Sevens in Wellington and, thanks to AIG, many families also attended All Blacks games all over the country.
- Three ambassador families attended a Cure Kids corporate partner lunch with Tony Philp and the All Black Sevens, with \$2000 raised from auction items.
- A research visit to University of Auckland gave All Blacks Sevens and Black Ferns Sevens players a chance to see first-hand some of the research being funded by Cure Kids. They had a personalised tour through the skin engineering lab with our partners and ambassadors and concluded the afternoon with a Q&A segment led by Cure Kids Ambassador Jorja, who lives with burns.
- Black Fern Linda Itunu attended the Cure Kids Ticket to Hope event in Queenstown with 12 children from around the country who live with serious health conditions.
- All Blacks players visited Cashmere High School, where they planted heritage fruit trees as part of a school agriculture project.

- The three winners of our #Connecttothecure competition had an inspiring lunch with All Blacks players and Cure Kids researchers followed by a Q&A panel led by Cure Kids ambassador, Kemper.
- The All Blacks attended a special Cure Kids epilepsy research visit in collaboration with Wellington Hospital and University of Otago.
- Black Ferns players enjoyed high tea and lots of fun with Cure Kids ambassadors during a visit to the Fairy Shop in Auckland.

In addition to helping shine the spotlight on the work that Cure Kids does, the partnership has also directly delivered fundraising dollars to Cure Kids through a range of activities including collecting donations at rugby matches, donating memorabilia and leveraging other partnerships and opportunities.

In what was a busy year for the partnership, we take great pride in the funds and awareness raised, and most of all, the impact that we have made together for children here and around the world.



OUR SUPPORTERS REGULAR GIVING & PHILANTHROPY

Regular Giving

Thank you to all of the incredible people who have signed up to make regular donations to Cure Kids this year.

This year marked the first time Cure Kids has held a campaign to acquire donors who would like to donate regularly. We are excited to have been joined by more than 700 people throughout New Zealand whose regular donations are helping us fund child health research. Having a reliable and regular source of income means that as an organisation we are more sustainable, and are able to fund more research.

MEET EVA

After multiple surgeries, numerous bouts of pneumonia and several strokes, nine-year-old Eva has defied the odds to be alive today.

Eva lives with gastrointestinal failure and MRSA (Methicillin-resistant *Staphylococcus aureus*).

Tiff, Eva's mother says, "learning about the research into staph infections and MRSA means more to our family than winning the lotto. To us, Cure Kids is hope."

Philanthropy

2016 saw us host a range of smaller, more personal functions, and we're grateful to those who hosted us, including Sir Graham and Lady Raewyn Henry, Sir Eion and Lady Jan Edgar, and the Kelliher Charitable Trust.

These events allow us to showcase the amazing research that Cure Kids funds to a wider audience, and have resulted in several significant donations. These donations make a crucial difference to the amount of research we are able to fund.

We also visited the generous supporters of the Kiwis Cure Batten campaign in the UK, and we're looking forward to working with them in the future on specific fundraising events. We were grateful to receive an incredible bequest from Emiko Omori.

TRUSTS AND FOUNDATIONS

Cure Kids are fortunate each year to be the beneficiaries of generous grants from several trusts and foundations.

Special thanks are reserved for the Ted and Mollie Carr Endowment Fund & Sir Ernest Davis Estate who have generously provided funding for epilepsy research over the next three years, totalling just under \$500,000.

Funding from the Ted and Mollie Carr Endowment Fund & Sir Ernest Davis Estate will contribute towards an Auckland-centred arm of Associate Professor Lynette Sadleir’s epilepsy research programme at the University of Otago, Wellington. She and her team are on a quest to find causative genes in childhood epilepsy with the aim of expediting life-enhancing and life-saving treatments.

The funding extends the Auckland recruitment arm, as well as the hiring of a bioinformatician who will do the analysis of all the families’ genomes. This is a critically needed resource.

This longer-term funding will extend the benefits to further children and families as well as speed up the process of finding answers to these genetic mysteries.



MEET CORIN

Corin had his first open heart surgery after going blue while he was feeding when he was only a few months old.

Now eight-years-old, Corin has been diagnosed with a very rare genetic condition where he lacks enough elastin in the arteries and veins, causing them to grow closed.

Corin currently is being seen by cardiac, renal, ENT and vascular specialists. For now, he is stable and doing well.

WE ARE ALSO GRATEFUL TO THE FOLLOWING TRUSTS AND FOUNDATIONS FOR THEIR GENEROUS SUPPORT:

DRAGON COMMUNITY TRUST

DUKE FAMILY TRUST

FOUR WINDS FOUNDATION

INFINITY FOUNDATION

MT WELLINGTON FOUNDATION

PELORUS TRUST

RODMOR CHARITABLE TRUST

STAPLES FOUNDATION

TAIWANESE BUSINESS ASSOCIATION

THE HUGH GREEN FOUNDATION

THE TRUSTS COMMUNITY FOUNDATION

PERPETUAL GUARDIAN

EM & MH STICHBURY CHARITABLE TRUST

GEORGE SEVICKE JONES ESTATE

KD KIRKBY CHARITABLE TRUST

TED & MOLLIE CARR ENDOWMENT TRUST / SIR ERNEST DAVIS ESTATE

THE ALICE AND STAN FLAVELL TRUST

THE CLYDE GRAHAM CHARITABLE TRUST

VENTURES

Cure Kids Ventures and the New Zealand Government's Venture Investment Fund have collectively provided \$8 million to advance early stage healthcare businesses.

The CKV investment mandate is to invest in new or early establishment phase healthcare businesses that have products or services with potential to improve child health. Investing since 2008, CKV now has a portfolio of 14 investee companies at different stages of development with products and services from medications, medical devices, diagnostics through to health information and healthcare delivery systems.

CKV INVESTMENT HIGHLIGHTS IN 2016

Successfully transitioned a Cure Kids-funded burns research project into a commercial entity, Upside Biotechnologies, and helped raise \$2.3m to fund the product development of this burns treatment.

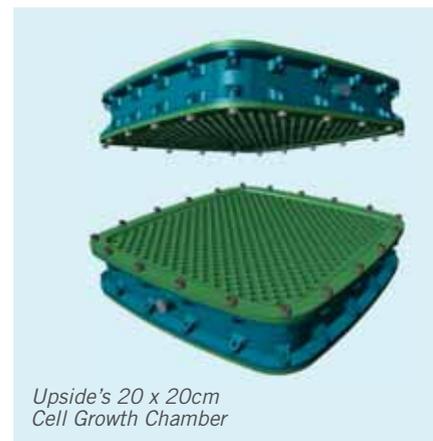
First exit of a portfolio company – realised 3x return on original investment.

HIGHLIGHTING A NEW START-UP STAGE CKV PORTFOLIO COMPANY; Upside Biotechnologies

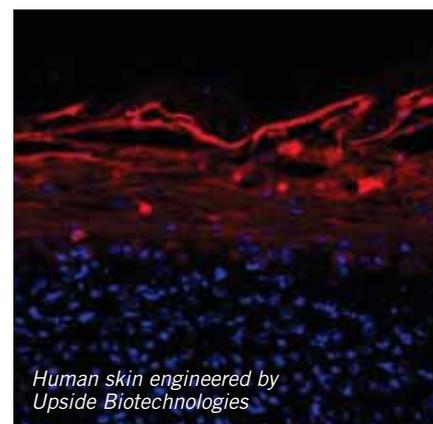
The Company is developing a system for growing full thickness skin for treatment of major burns. From a tiny patch of the patient's own unburnt skin, and using the Company's proprietary cell growth chamber, full thickness (epidermal and dermal layers) 20cm² sheets of skin can be grown for grafting. Severe burns are currently treated with serial split skin grafts taken from the same site as the first skin graft. This is a slow and painful process that often leads to infection of the various wound sites, leading to long stays in hospital.

THE CKV PORTFOLIO COMPANIES:

	ADHERIUM	Smart inhaler monitoring for better control of asthma
	AROA BIOSURGERY	Regenerative wound healing technology
	BREATHE EASY	Inhaled therapy for Cystic Fibrosis treatment
	BIG LITTLE BANG (previously Podscape Holdings)	Cyber-safe confidence re-affirming games for children
	ABLEX HEALTHCARE (previously Im-Able)	Computerised rehabilitation for treating neurological conditions
	LIVING CELL TECHNOLOGIES	Cell encapsulation technology
	LYPANOSYS (previously Nutra-P Investments)	Orally dosed botanical treatment for eczema
	PHOTONZ	Production of omega-3 by fermentation of algae
	PICTOR	Diagnostic testing system - multiple tests from a drop of blood
	REX BIONICS	Hands-free, self-supporting robotic walking device
	SYFT TECHNOLOGIES	Instrument for measuring volatile chemicals
	VERIPHI	Verification device - dose & type of IV medication
	MICROGM (previously Zygem)	Instrument for DNA extraction and identification
	UPSIDE BIOTECHNOLOGIES	Treating major burns by growing skin by using patient's own cells



Upside's 20 x 20cm Cell Growth Chamber



Human skin engineered by Upside Biotechnologies

FIJI

FIJI ISLANDS RHEUMATIC HEART DISEASE CONTROL AND PREVENTION PROJECT

Cure Kids Fiji, with generous support from the public and our partners, are working to improve the health of the children in Fiji through research and evidence-based child health programmes. In recent years, we have been focused on developing life-saving solutions for rheumatic heart disease, and oxygen deficiency illnesses such as pneumonia; two of the most significant health challenges affecting young people in Fiji.

CURE KIDS FIJI CHILD HEALTH PROJECTS

Rheumatic Heart Disease Control and Prevention Programme

In June 2014, a four-year partnership project commenced with the aim of preventing and reducing the impact of rheumatic heart disease (RHD) in the Fiji Islands. Cure Kids is working collaboratively with the Fiji Ministry of Health and Medical Services (MoHMS), Auckland District Health Board, and the Centre for International Child Health at Murdoch Children's Research Institute.

The multi-million-dollar project was made possible from joint funding provided through Cure Kids' partnership with AccorHotels and MFAT's New Zealand Partnerships for International Development Fund. FIJI Water Foundation generously provided funding for echocardiography machines and the Rheumatic Fever Information System, which are critical to the delivery of the programme. We are grateful for their support, and the support of our project delivery partners.

RHD is a significant health problem in Fiji, with the Pacific region having one of the highest reported RHD incidences in the world. RHD is a leading cause of death in young people in Fiji and affects approximately one child in every classroom.

The goal is to expand and strengthen the existing Fiji MoHMS Control Programme

by developing new models of acute rheumatic fever (ARF)/RHD care and prevention with the aim of reducing morbidity and mortality. Fundamental to the Project outputs is an effective national co-ordination structure for the Fiji RHD Control Programme. Increasing capacity at this level will provide a governance model that can continue beyond the life of the Project. The four main outputs of the project are:

Output 1: Register-based secondary prevention programme operational including quality improvement processes

Output 2: Best practice guidelines for clinical care for ARF/RHD implemented and monitored against benchmarks

Output 3: Model for early detection of ARF/RHD cases developed and implemented nationally

Output 4: Primary prevention guidelines developed and implemented including health promotion

No Child Should Die for Lack of Oxygen – the Fiji Oxygen Project

No child, no person, should die for lack of oxygen. Severe pneumonia in children and severe newborn illnesses, for which oxygen is a life-saving treatment, are leading causes of death in Fiji. This project addresses the pressing and challenging need in Fiji to ensure that those needing oxygen get it.

Oxygen is a vital commodity across the health service but is expensive and

logistically difficult to provide.

For pneumonia, the biggest killer of children worldwide, oxygen reduces death by 35% and is a 'must-have' according to WHO treatment guidelines. Improving the availability, affordability and clinical use of oxygen is a high priority for the Fiji Ministry of Health and Medical Services (MoHMS), with whom Cure Kids and the University of Auckland are partnering in this work.

The project meets this need through carefully tested technology, using robust oxygen concentrators and reliable solar power supplies in hospitals and health centres, to get oxygen to those who do not have it. The project will also ensure that an improved supply of oxygen translates into better clinical outcomes through enhanced detection, and case management of hypoxic illnesses.

This programme draws on successful work carried out in Africa by Dr Stephen Howie and colleagues, and current pilot work in Fiji at Nausori Health Centre, which is providing proof of principle. The solutions being used in this project are highly scalable, and the ultimate goal is national coverage to ensure that no communities are left unprotected.

In 2016, our ability to pilot and upscale this work has been enabled by generous funding support from Armacup, AccorHotels, Pacific Direct Line, Rotary Club of Remuera, Pacific Golf Management and Vijay Singh.





ACCORHOTELS FIJI RACE TO SURVIVE

AccorHotels have been an integral part of Cure Kids Fiji since its launch in 2006, with teams from New Zealand, Australia and Fiji tirelessly fundraising to raise significant funds through the unforgettable AccorHotels Fiji Race to Survive.

2016's event saw the 10th anniversary of Race to Survive, with over 100 competitors and crew from across the Pacific region come together to raise a record-breaking FJ\$841,000 for the Cure Kids Fiji Islands Rheumatic Heart Disease Control and Prevention Project.

Over the course of the five days, participants raced round Naviti Island,

Barefoot Island and South Sea Island undertaking many amazing challenges such as abseiling down cliff faces, all terrain runs in intense heat, free diving, kayaking and snorkelling with white tip reef sharks. Teams visited a village that was badly damaged by cyclone Winston in 2016, and installed four water tanks to provide the village access to almost 40,000 litres of fresh water. They were humbled to meet Cure Kids Fiji funded doctor, Joe Kado, and his team and saw first-hand the incredible impact the AccorHotels funded Rheumatic Heart Disease (RHD) project was having on the local children and communities.

Over the last ten years, AccorHotels have raised over FJ\$2.5 million for Cure Kids Fiji. These funds have previously been used to purchase and maintain medical equipment for Lautoka, Nadi and Suva hospitals.

Summing up the partnership, Gillian Miller, Senior Vice President of AccorHotels New Zealand, Fiji and French Polynesia said "as long as we are needed to raise money to improve the lives of the children in Fiji, the people of Fiji can be assured AccorHotels will continue to be focused on raising the funds, and we will continue to support Cure Kids Fiji to do the work they do".



MEET ADDISON

Eight-year-old Addison was diagnosed with a heart defect in 2012, after being diagnosed with a staph infection that caused damage to her heart.

It took one year for Addison to recover, and it is likely she will need more surgery to correct her condition as she grows, but for now, she is doing well and meeting all of her milestones. Kyla, Addison's mum says, "We were privileged to become part of the Cure Kids family a couple of years ago and are passionate about the research Cure Kids is funding."



HOW ARE WE DOING?

CURE KIDS FINANCIAL PERFORMANCE**SUMMARISED STATEMENT OF FINANCIAL PERFORMANCE**

	CONSOLIDATED	
	31.12.16	31.12.15
Fundraising Income	4,173,844	3,783,171
NZ Government Grant - RHD NZ Aid		-
Rental Income	234,138	232,175
Interest & Dividends on Investments	832,829	831,427
Unrealised Gains	495,039	5,550,359
Realised Gains/(Losses)	81,228	83,095
Other	41,677	4,728
TOTAL INCOME	5,858,755	10,484,955
Fundraising Expenses	(1,441,068)	(1,272,315)
Rental Expenses	(39,669)	(35,075)
Administration Expenses	(511,023)	(507,168)
Salary Expenses	(2,094,708)	(2,184,408)
Research & Development	(1,082,072)	(974,913)
Grants & Research Investment	(2,761,167)	(2,471,875)
NET SURPLUS/(DEFICIT)	(2,070,952)	3,039,201

SUMMARISED STATEMENT OF FINANCIAL POSITION

	CONSOLIDATED	
	31.12.16	31.12.15
Cash Held	1,366,645	460,151
Fixed Assets	106,569	119,365
Investment Property	4,830,000	4,550,000
Investment Portfolio	32,166,844	33,564,682
Other Assets	481,582	281,228
Total Assets	38,951,640	38,975,426
Grants	4,646,464	4,083,494
Other Liabilities	2,544,741	1,060,545
Total Liabilities	7,191,205	5,144,039
Total Equity including Capital Funds	31,760,435	33,831,387

HOW ARE WE DOING?

NOTES TO FINANCIAL STATEMENTS

THE FOUNDATIONS AUDITED ACCOUNTS IN SUMMARY NOTED:	2016 YEAR	2015 YEAR
	000'S	000'S
NET SURPLUS/(DEFICIT)	(2,070)	3,039
AFTER RESEARCH GRANTS AND SALARIES OF	3,203	2,271

The 2016 financial year was impacted by a significant fall of investment income, to a return on funds invested of 5% (2015 16.6%). Our return was a reflection of the market downturn for that year. The 2015 comparative year included a gain of \$2.23m (2016 \$.299m) on

the A2 shares. This holding arose from a successful Cure Kids funded research project some years previously, and is continuing to be sold down as part of balancing the investment portfolio.

The research grants for the 2016 year reflect a policy of carrying forward part

of prior years' surplus to support the following years' granting round, and therefore are not a reflection of that years' income application.

Fundraising contributed another strong result, at a surplus after direct expenses of \$2.9m (2015 \$2.73m).

TOTAL INVESTMENTS AT MARKET VALUE WERE \$32.166M, MADE UP OF:	2016 YEAR	2015 YEAR
	000'S	000'S
Cash	1,006	1,809
Bond	9,840	8,641
Equities	16,145	16,644
Cure Kids Ventures	5,175	5,193
TOTAL	32,166	32,287

Cure Kids Ventures is a \$4m seed investment that co-funds with a Government venture fund into early establishment healthcare businesses that have the potential to improve children's health. The market value

at 31st December 2016 of \$4m investment is now \$5.175m.

Management and the Board continue to review operations to ensure a sustainable balance between income and

outgoings. This, together with a recovery of investment returns will ensure that Cure Kids achieves a financial base which meets the objectives of funding both the Research Chairs and research opportunities.

CURE KIDS GOVERNANCE

CURE KIDS MEMBERS

BERYL ROBINSON
ROTARY IN NEW ZEALAND

TONY FORTUNE
ROTARY IN NEW ZEALAND

CHARLES WILSON
ROTARY IN NEW ZEALAND

DR DAVID NEWMAN
PAEDIATRIC SOCIETY OF NEW ZEALAND

ASSOCIATE PROFESSOR
PHILIP PATTEMORE
ROYAL AUSTRALASIAN COLLEGE
OF PHYSICIANS

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.

CURE KIDS BOARD

ROY AUSTIN
BCom, CA. CHAIRMAN, CURE KIDS
CONSULTANT TO NORTHINGTON
PARTNERS, AUCKLAND

FRANCES BENGE
CHIEF EXECUTIVE OFFICER,
CURE KIDS

BARRIE CAMPBELL
ACA. SECRETARY/TREASURER,
CURE KIDS CONSULTANT TO
BKR WALKER WAYLAND, AUCKLAND

PROFESSOR BOB ELLIOTT
MBBS, MD, FRACP, CNZM.
DIRECTOR LCT GLOBAL

GEOFF FLETCHER
COMPANY DIRECTOR, FORMER
MANAGING DIRECTOR OF
BMW GROUP NEW ZEALAND

DON JAINE
LLB, RPA. DIRECTOR, SEQEL GROUP,
AUCKLAND

ALAISTER WALL
DEPUTY MANAGING DIRECTOR,
BRISCOE GROUP LIMITED

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 the Board to include at least four members with business experience, as well as a Chartered Accountant currently or formerly in public practice and the Chair or a representative of the Medical and Scientific Advisory Committee (MSAC).

CURE KIDS BOARD ADVISORS

PROFESSOR BRIAN DARLOW
CURE KIDS CHAIR OF PAEDIATRIC
RESEARCH

PROFESSOR SALLY MERRY
CURE KIDS DUKE FAMILY CHAIR OF
CHILD AND ADOLESCENT MENTAL
HEALTH

PROFESSOR STEPHEN ROBERTSON
CURE KIDS CHAIR OF PAEDIATRIC
GENETICS

The Board also has the ability to co-opt Advisory Members as non-voting Board Directors. The current Board have co-opted the three Cure Kids Professorial Chairs as advisors.

CURE KIDS MEDICAL & SCIENTIFIC ADVISORY COMMITTEE

DR BRUCE SCOGGINS (CHAIR)
MAgrSc (Cant), PhD (MELBOURNE)
CONSULTANT, AUCKLAND

PROFESSOR BRIAN DARLOW
MA, MB, BChur, MD (CAMBRIDGE),
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The members of the MSAC provide the Board with research grants management advice. They draw on their considerable experience to assess applications on their ethical and scientific merit and to conduct research into the diagnosis, prevention and treatment of conditions affecting children.

Special thanks to Dr Bruce Scoggins, Chair of the annual meeting of the MSAC.

Cure Kids is a registered charity
CC25350.



MEET EMILY AND EVIE

Our gorgeous sister ambassadors Emily and Evie live with type-1 diabetes. Emily, who is seven-years-old, and Evie, who is four, take life-saving insulin every day and endure multiple blood tests to ensure they are safe. These two sisters are always smiling ear-to-ear.

HOW TO GET INVOLVED:

There are many ways you can help Cure Kids improve, extend and save the lives of children living with serious health conditions.



Donate

Whether you or your business give a one-off donation, or contribute on a regular monthly basis, every little bit helps.



Fundraise

You can fundraise for Cure Kids through your school, business or local community to help raise funds for critical child health research.



Volunteer

We are always on the lookout for volunteers to lend a helping hand.



Events

Take part in one of our many events – from the Great Adventure Race, \$10 Queenstown Challenge, to Tough Guy Tough Gal or the Auckland Marathon; there's something for everyone.

MEET HARRY

Harry had his first severe seizure at two-years-old, and one seizure a day quickly turned into 100. After trying endless treatments and medications, Harry was put on the ketogenic diet, and two years later he is now seizure free.



**THANKS FOR
SUPPORTING
LIFE-SAVING CHILD
HEALTH RESEARCH**

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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.

 **cure kids**

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Emily lives with type-1 diabetes