cure kids

CURE KIDS ANNUAL REPORT

2017

Kemper lives with a genetic condition

MEET ADDISON

"Fortunately for us, Addison is a little fighter. She won the battle and got rid of the infection from her body.

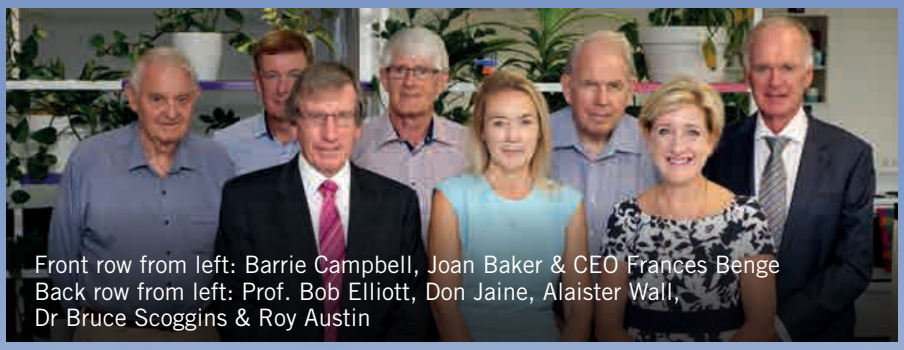
Unfortunately, the infection left permanent damage to her heart. She is regularly monitored by doctors to ensure the growth plates in her shoulders have not been affected by the surgeries she's had."
– Kyla, Addison's mum.

WE PROMISE TO NEVER GIVE UP ON THE KIDS THAT NEED OUR HELP.

Addison lives with a heart defect

Contents

A MESSAGE FROM OUR LEADERS



Front row from left: Barrie Campbell, Joan Baker & CEO Frances Benge
Back row from left: Prof. Bob Elliott, Don Jaine, Alaister Wall,
Dr Bruce Scoggins & Roy Austin

CELEBRATING RESEARCH

In 2017, Cure Kids invested the largest sum of funding in our 46-year history, with over $5 million allocated to more than 20 new research projects, all aiming to improve the health and wellbeing of our precious tamariki.

BROADENING OUR REACH

In March, we launched a significant collaboration with the Government through A Better Start Programme. A Better Start is one of 11 National Science Challenges, and is designed to address large and complex health issues.

We also partnered with multiple other charities and trusts in line with our strategic intent to form collaborations with stakeholders who share our vision for making a material impact on the health of our children.

FUNDING MORE RESEARCH

Within our annual Competitive Granting Round, we were also proud to award more than $700,000 towards eight projects, ranging from investigating ways to better manage type-1 diabetes in adolescents, to improving long-term impacts for babies born very preterm.

An additional highlight of 2017 was the funding of Dr Annika Winbo to further advance the research of Dr Jon Skinner, into inherited heart conditions. Winbo and her team are developing heart cells in the laboratory so treatment options can be tested safely, with the aim to find ways to custom-treat inherited heart conditions.

A fundraising first for Cure Kids, Our Fight Against Superbugs crowdfunding campaign sought to raise funds for one of New Zealand's leading microbiologists, Associate Professor Siouxise Wiles, to screen a bank of unique New Zealand fungi for potential antibiotic properties. The June campaign captured the imagination of the nation with more than $270,000 being raised over three weeks to support Dr Wiles and her team's work.

RED NOSES

Red Nose Day is the signature fundraising event in our calendar. One of the heart-warming aspects of Red Nose Day, was having Sir Graham and Lady Raewyn Henry become Cure Kids' first ever patrons. The Henry's have a long history with our organisation and have continued to support fundraising initiatives with energy and selflessness. Our sincere thanks to Graham and Raewyn for all their past contributions and we look forward to a wonderful future with you both.

CURE KIDS VENTURES

The commercial arm of Cure Kids, Cure Kids Ventures (CKV), launched a Co-Fund to enable investors interested in emerging healthcare companies to invest alongside CKV. Our aspirational vision is to ensure a healthy childhood for every New Zealander by solving many child health issues through research, and CKV is a vital part of this vision.

A SPOTLIGHT ON OUR PEOPLE

It truly is a privilege to lead an organisation which is making measurable differences to the current and future generations of children and their communities. This impact has never been more well recognised, through Board Members and Research Chairs who featured prominently in the honours list for 2017.

Congratulations to Professor Ed Mitchell, as an Officer of the Order of New Zealand Merit, for his contribution to children's health. Maxine Simmons, a Companion for the New Zealand order of Merit for services to science and biotechnology and finally, Professor Bob Elliott, a finalist in the Senior category of New Zealander of the Year, for his services to child health. Tiff McLeod, Cure Kids Ambassador Manager, was also awarded the Kiwibank Local Hero Award in the New Zealander of the Year Awards.

Thank you to all of those who supported us in 2017. Our corporate partners achieved their highest levels of fundraising for Cure Kids – a special mention to AccorHotels, Briscoe Group and Colliers.

We recognise the significant responsibility that comes with being entrusted with donations and are proud to have judiciously ensured that these donations are put to the best use in advancing the health and wellbeing of a tamariki.

Thank you to the wonderful staff and Board at Cure Kids, our inspirational ambassadors and their families, and, of course, the researchers whose passion and commitment are the driving force towards our vision of a healthy childhood for everyone.

Fm Benge

Nga Mihi Nui,

Frances Benge & Roy Austin
CEO and Chairman of the Board

CURE KIDS CHAIR

In December, we welcomed our newest Board Member Joan Baker, to Cure Kids. In March 2018, Roy Austin will retire from his position as Chair and Joan will be formally appointed to the Chair. Joan's experience and longstanding knowledge of Cure Kids will lead us into the future as we continue to deliver on our vision for child health.

May we take this opportunity to sincerely thank Roy for his passion and commitment to Cure Kids for more than 20 years. Through his stewardship, Cure Kids has ensured a legacy of research which will significantly impact on the lives of many children throughout the world.

Roy Austin, was also recognised in the honours list of 2017, as a companion of the New Zealand Order of Merit for services to child health and the community.

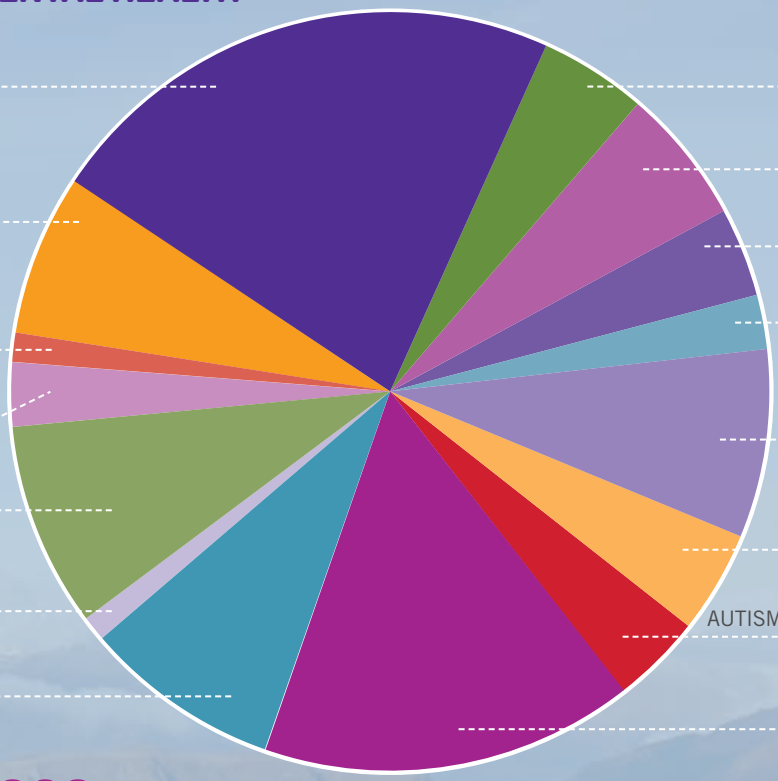
RESEARCH WE'RE FUNDING

We are proud to be New Zealand's leading charitable funder of child health research, supporting more than $10million of research across 60 different projects. Over our 46-year history we have funded research which has resulted in many world-leading breakthroughs that have improved and saved the lives of children and their families both here and around the world.

FUNDS COMMITTED TO RESEARCH CURRENTLY TOTAL OVER $10.1 MILLION.

OVER $2.2M
COMMITTED TO MENTAL HEALTH

OVER $459,000
COMMITTED TO RESEARCH INTO RESPIRATORY DISEASES



$585,000 COMMITTED TO
MULTIPLE PROGRAMMES OF WORK TO HELP BETTER MANAGE INFECTIOUS DISEASES

MORE THAN $1.6M
COMMITTED TO OBESITY RESEARCH

MAKING A DIFFERENCE FOR OUR MOST VULNERABLE

On many scales New Zealand boasts some of the best living standards, levels of income and clean green spaces in the world. However sadly, our ranking in child health is not one of them and too many of our children and young people are burdened with preventable and treatable conditions.

According to many measures, New Zealand boasts some of the highest living standards in the world. Yet, sadly, this does not translate into high standards of health and wellbeing for our children when compared to similarly wealthy countries. Too many of our children and young people are burdened with preventable health conditions.

A recent report from UNICEF placed the health and wellbeing of New Zealand children 38th out of 41 developed countries, with countries such as Bulgaria, Chile, and Mexico doing better for their children.

New Zealand also ranks poorly in childhood obesity rates, with 32 per cent of children aged 2-14 considered obese, while respiratory illnesses are the fourth most common cause of death in New Zealand children.

Each year around 40,000 children under the age of 14 are hospitalised for conditions with a social gradient – conditions that increase in number and severity the lower down the socio-economic ladder families are.

What could explain our comparably poor outcomes? According to Professor Cameron Grant, Head of Paediatrics at the University of Auckland, the reasons are as complex as they are varied.

He cites high living costs in New Zealand as a major factor. This often adversely impacts already stretched families, who often find it difficult to afford to heat their homes, buy nutritious food or access healthcare for their children.

Added to this, is the fact that much of our ageing housing stock is not fit for purpose, with many lower socioeconomic homes being damp and mouldy, creating a breeding ground for the spread of disease.

Professor Grant and his team are tackling one aspect of poverty-related health conditions, recurrent respiratory illness. Each year, around 10 per cent of children in New Zealand under the age of two are hospitalised with an acute respiratory infection. Three quarters of these illnesses are lower respiratory (chest) infections.

For one quarter of these children, there will be another respiratory infection hospital admission within the next 12 months. For some children, there are multiple admissions and ongoing respiratory health problems.

According to Professor Grant, the risk of being hospitalised is four - five times greater for children living in the most versus the least deprived 20 per cent of households.

Cure Kids are funding Professor Grant to undertake a study where he and his team are giving vitamin D supplements to children under two years-of-age who present to hospital with an acute lower respiratory infection. Having shown that Vitamin D supplementation prevents acute respiratory infection primary-care visits, it is hoped that this direct intervention will reduce future hospital admissions, and in doing so, provide compelling evidence for changing how children are treated across the country.

Community Paediatrician, and University of Auckland colleague of Professor Grant, Dr Ali Leversha, is also focused on improving the lives of our most vulnerable children.

Dr Leversha works with schools and community organisations in the Tamaki area in Auckland, where her team sees first-hand the effects of children who are missing critical milestones.

“Good education predicts good health, and disparities in health and in educational achievement are closely linked. Māori, Pasifika, and children living in poverty are disproportionately represented in both adverse health and educational achievement statistics”, says Dr Leversha.

With Cure Kids support, Dr Leversha and her team have implemented an intervention programme, Welcome To School (WTS), in Tamaki, a multicultural community with significant socioeconomic disadvantage.

The programme is providing health, developmental and educational assessments for children starting school in the Tamaki area in the hope of intervening early for children who are not meeting their developmental milestones.

School principals in the area report that many of the children are turning up to school with a developmental age of three - four years old. A large number have not attended any sort of formal early childhood education. It is these children that Dr Leversha hopes to support as part of the intervention.

The early findings of WTS have highlighted significant, previously unidentified, and unmet, needs of children in the area, which puts this vulnerable population at great risk of adverse health, educational and social outcomes. Dr Leversha says there is “an urgent need for a system re-design and an investment well beyond business as usual”.

She says, “our current model of delivering health, education and social services equally across the whole population is increasing inequity. There is a need to realign current health and educational systems to deliver proportionately more to those groups of our population who are at greatest need.

Encouragingly, Dr Leversha says that these conditions of disadvantage are transformable, but they will require wholesale changes across our health, education and social systems at the very least.

Another area reflecting the health implications of social gradient is in the number of children who die from Sudden Unexpected Death in Infancy (SUDI).

New Zealand still loses around 50 babies to SUDI every year, the majority of which fall disproportionately on Maori families and those living in relative deprivation. Recent studies have revealed New Zealand children living in relative poverty are four - five times more likely to die from SUDI than the rest of the population.

Cure Kids has been funding research in this area since the early 1990’s including the ground-breaking work of Professor Ed Mitchell and his collaborators.

Prof Mitchell’s research identified that placing your baby on their back when they go to sleep, would significantly reduce the risk of SUDI. The results were startling, and for the next two decades, SUDI rates in New Zealand continued to fall. It is estimated that at least 60,000 babies have been saved in the countries that have adopted the method, and more than 3,000 in New Zealand alone.

In a bid to further reduce the number of babies lost to SUDI, a funding partnership between Cure Kids and Perpetual Guardian is supporting the work of GP and Senior Lecturer at the University of Auckland, Dr Christine McIntosh, who has been developing the Safe Sleep Calculator – a SUDI risk assessment tool.

The Calculator is a tool which measures the complex interplay between risk factors associated with SUDI; providing clinicians and families with easily understood information that can help save lives.

The Safe Sleep Calculator, Dr McIntosh says, “enables healthcare providers to focus support, including baby beds, to those babies and their families who most need it”.

The calculator is a digital questionnaire which asks about all of the major contributors to SUDI risk and provides an individualised risk assessment and guidance on what factors will make the most difference to reduce risk for each baby. The algorithm underlying the calculator is constructed using data from five case-control studies comprising just under 1500 cases of SUDI, and three times this number in controls. It is this wealth of data that allows risk to be quantified, and for the complex interactions of 13 factors to be accounted for in an easy to use tool.

For example, for a Māori baby not exposed to any of the known risk factors, the risk of SUDI death is about one in 14,000 babies. If, however, the risk factors of bed-sharing, maternal smoking and regular alcohol use are present, then the risk of death increases to a staggering one in 125 babies. However, if the baby is able to ‘safe sleep’ in a baby bed for every sleep, the risk will reduce to 1 in 2200.

“Risk factors interact and multiply together, and it’s not easy to work all this out. This is what the calculator does”. SUDI deaths peak at two - three months of age so primary care assessment of SUDI risk at the six week infant check can strengthen the SUDI prevention messages received in pregnancy and in the early weeks.

This tool makes it easy for primary care providers to know what will make the most difference. It motivates and focuses clinicians working with families who have babies at increased risk to address modifiable risks, such as bed-sharing, sleep position and maternal smoking”, said Dr McIntosh.

Research is being carried out to ensure the Safe Sleep Calculator is easy to use for primary care providers, that it provides a useful tool to talk about keeping babies safe while they sleep, and, importantly, that it is useful for families.

Dr McIntosh says, “The calculator is already capable of being integrated into the majority of current primary care computer systems, but for the Safe Sleep Calculator to be effective, primary care providers need to be willing to adopt it into practice, and use it to support families with a baby at-risk, to understand and implement the knowledge it imparts.”

Through the support of our donors and partners, Cure Kids-funded research is making a significant contribution to addressing the inequalities in health outcomes for children in New Zealand.

CHILD HEALTH NEEDS OVERVIEW

CHILD AND ADOLESCENT MENTAL HEALTH

Good mental health is essential for children, adolescents, and their families to be able to thrive.

Sadly, this is not the reality for many, with around one in four young people experiencing a serious mental health issue before the age of 18 and around half of all long-term mental health issues starting before the age of 12.

The rise in the incidence and prevalence of conditions such as depression, anxiety and ADHD means that too many young people and their families are not getting the help and support they need. It has been shown that early intervention significantly improves long-term mental health outcomes, delivering measurable benefits to the individuals, families and community as a whole.

Ensuring targeted mental health support reaches young people and their families is crucial, and Cure Kids are proud to be supporting multiple programmes of research to help make this possible.

Cure Kids is currently funding more than $2.2 million of research to improve mental health outcomes for our young people.

PROJECT LEAD	INSTITUTION	RESEARCH PROJECT
DR JOANNA TING WAI CHU	UNIVERSITY OF AUCKLAND	MyTeen - Increasing competence and mental health literacy: A mobile-based intervention to support parents of teenagers
DR NIGEL HARRIS	AUT UNIVERSITY	High intensity interval training and mental health in adolescents
A/PROF LEONIE PIHAMA	UNIVERSITY OF WAIKATO	Te Taonga o Taku Ngākau: Ancestral knowledge as a framework for wellbeing for tamariki Māori
PROF SALLY MERRY CHAIR OF CHILD AND ADOLESCENT MENTAL HEALTH	UNIVERSITY OF AUCKLAND	Intervention to help parents of primary-school aged children affected by post-earthquake mental health problems
PROF SALLY MERRY CHAIR OF CHILD AND ADOLESCENT MENTAL HEALTH	UNIVERSITY OF AUCKLAND	Is there an app for that? Helping parents adopt positive parenting practices known to impact positively on children's behavioural and emotional development

1 IN 4 KIWI KIDS

WILL EXPERIENCE A SIGNIFICANT MENTAL HEALTH ISSUE BEFORE THE AGE OF 18

CURE KIDS IS CURRENTLY FUNDING MORE THAN

$2.2MILLION OF RESEARCH TO IMPROVE MENTAL HEALTH OUTCOMES FOR YOUNG PEOPLE

PROFESSOR SALLY MERRY

"We now recognise that mental health problems are common in children and adolescents, and are largely unrecognised and untreated. The focus of my research has been on improving access to effective interventions for young people and their families, and to investigate novel ways of delivering interventions. The potential use of technology in facilitating this has been particularly exciting."

PERINATAL CONDITIONS

Perinatal research is focused on the health impacts during the period from 28 weeks of gestation to the seventh day of life.

So much crucial development takes place during this time, and research is vital to understand ways to best prevent, or mitigate the effects of adverse health events during this time.

Each year in New Zealand, approximately 700 babies are born preterm (before 32 weeks gestation) and globally around one in ten babies are born early (around 15 million babies annually).

Cure Kids have a long history of funding research to improve outcomes for preterm babies, including ways to reduce the impacts of hypoglycaemia, and as improving nutrition in the precious first five days of life.

Tragically, we also lose around 160 babies a year to stillbirth. Cure Kids are supporting a number of projects that are looking to identify modifiable risk factors that may predispose women to having a stillbirth.

Cure Kids currently has funding commitments totalling just under $1 million in perinatal research.

PROJECT LEAD	INSTITUTION	RESEARCH PROJECT
PROF FRANK BLOOMFIELD & MS BARBARA CORMACK	LIGGIN INSTITUTE, UNIVERSITY OF AUCKLAND	Provide follow-up: does early nutrition in extremely preterm babies improve neurodevelopmental outcomes in early childhood?
DR KATIE GROOM	UNIVERSITY OF AUCKLAND	STRIDER NZAus: A randomised controlled trial of Sildenafil therapy in dismal prognosis early-onset intrauterine growth restriction (New Zealand and Australia)
DR JUSTIN DEAN	UNIVERSITY OF AUCKLAND	Promoting oligodendrocyte progenitor cell maturation as a treatment for preterm brain Injury
DR JANE ALSWEILER	UNIVERSITY OF AUCKLAND	A computer model to adjust the insulin dose in preterm babies with high blood sugar levels
PROF LESLEY MCCOWAN	UNIVERSITY OF AUCKLAND	Production, distribution and evaluation of educational information for pregnant women about their going-to-sleep position
PROF ED MITCHELL	UNIVERSITY OF AUCKLAND	How is your baby moving? A study of recording fetal movements

A/PROF MHOYRA FRASER	UNIVERSITY OF AUCKLAND	Intranasal immunomodulatory therapy for preterm brain injury
PROF LESLEY MCCOWAN	UNIVERSITY OF AUCKLAND	An individual participant data meta-analysis of going-to-sleep position and risk of late pregnancy stillbirth
DR ADRIENNE GORDON & PROF LESLEY MCCOWAN	ROYAL PRINCE ALFRED HOSPITAL, UNIVERSITY OF SYDNEY & UNIVERSITY OF AUCKLAND	Sleep in Pregnancy Pilot Trial (SliPP Trial)
ANTHONY DAVIES	UNIVERSITY OF AUCKLAND	Can we improve treatment of babies with ischemic brain injury?
DR MAX BERRY & DR NEVIL PIERSE	UNIVERSITY OF OTAGO, WELLINGTON	Using big data to investigate the long-term impacts of periviable births

APPROXIMATELY **700 BABIES ARE BORN PRETERM** EVERY YEAR IN NEW ZEALAND

CURE KIDS IS CURRENTLY FUNDING JUST UNDER **$1 MILLION IN PERINATAL RESEARCH**

CHILDHOOD OBESITY

Obesity in children is becoming an increasingly critical health issue in New Zealand. Around 30 per cent of New Zealand children are considered overweight or obese.

A recent World Health Organisation report revealed that the number of obese children and adolescents worldwide has risen tenfold in the past four decades. Worryingly, it also predicts that "obese" is likely to become the new norm.

The impacts of obesity on children are far reaching both physically and psychologically, and in the short and long term. Overweight and obese children are likely to stay obese into adulthood and more likely to develop diseases like type-2 diabetes and cardiovascular disease. Obese children are also more likely to have breathing problems such as asthma and sleep apnoea, joint issues and social and psychological problems which can continue into adulthood.

The underlying causes of obesity are complex and varied, with environmental factors, lifestyle preferences, genetics and cultural environment all playing pivotal roles in this global epidemic. As a result, tackling obesity requires a multi-pronged approach of which medical research is an important part.

Cure Kids are currently funding more than $1.6 million of research across eight projects looking at ways to minimise the incidence and impacts of obesity in New Zealand children.

PROJECT LEAD	INSTITUTION	RESEARCH PROJECT
DR CHRISTOPHER MCKINLAY & KARAPONI OKESENE-GAFA	UNIVERSITY OF AUCKLAND	The Healthy Mums and Babies (HUMBA) demonstration trial: early childhood outcome study
PROF PAUL HOFMAN	UNIVERSITY OF AUCKLAND	The Whanau Pakari 5-year outcome project: does a multi-disciplinary intervention for obese children and adolescents lead to long-term healthy lifestyle change?
PROF LESLEY MCCOWAN	UNIVERSITY OF AUCKLAND	A randomised controlled trial of nutritional interventions in obese pregnant women to optimise infant birth weight and maternal pregnancy weight gain: a demonstration study
DR BEN ALBERT	UNIVERSITY OF AUCKLAND	Omega-3 supplementation during pregnancy to improve metabolic health in the children of obese mothers
PROF BOYD SWINBURN	UNIVERSITY OF AUCKLAND	Obesity Prevention Using Systems Science in school children and adolescents (OPUSS-schools)
PROF CAMERON GRANT	UNIVERSITY OF AUCKLAND	Translational modeling to inform an evidence-based childhood obesity intervention agenda: Growing up in Australia and New Zealand
DR YVONNE ANDERSON	UNIVERSITY OF AUCKLAND	Whanau Pakari: understanding barriers to engagement, participation and retention in obesity intervention for children and adolescents
DR GAYL HUMPHREY	UNIVERSITY OF AUCKLAND	See how they grow: Developing and trialling an interactive Child Growth Chart for NZ children

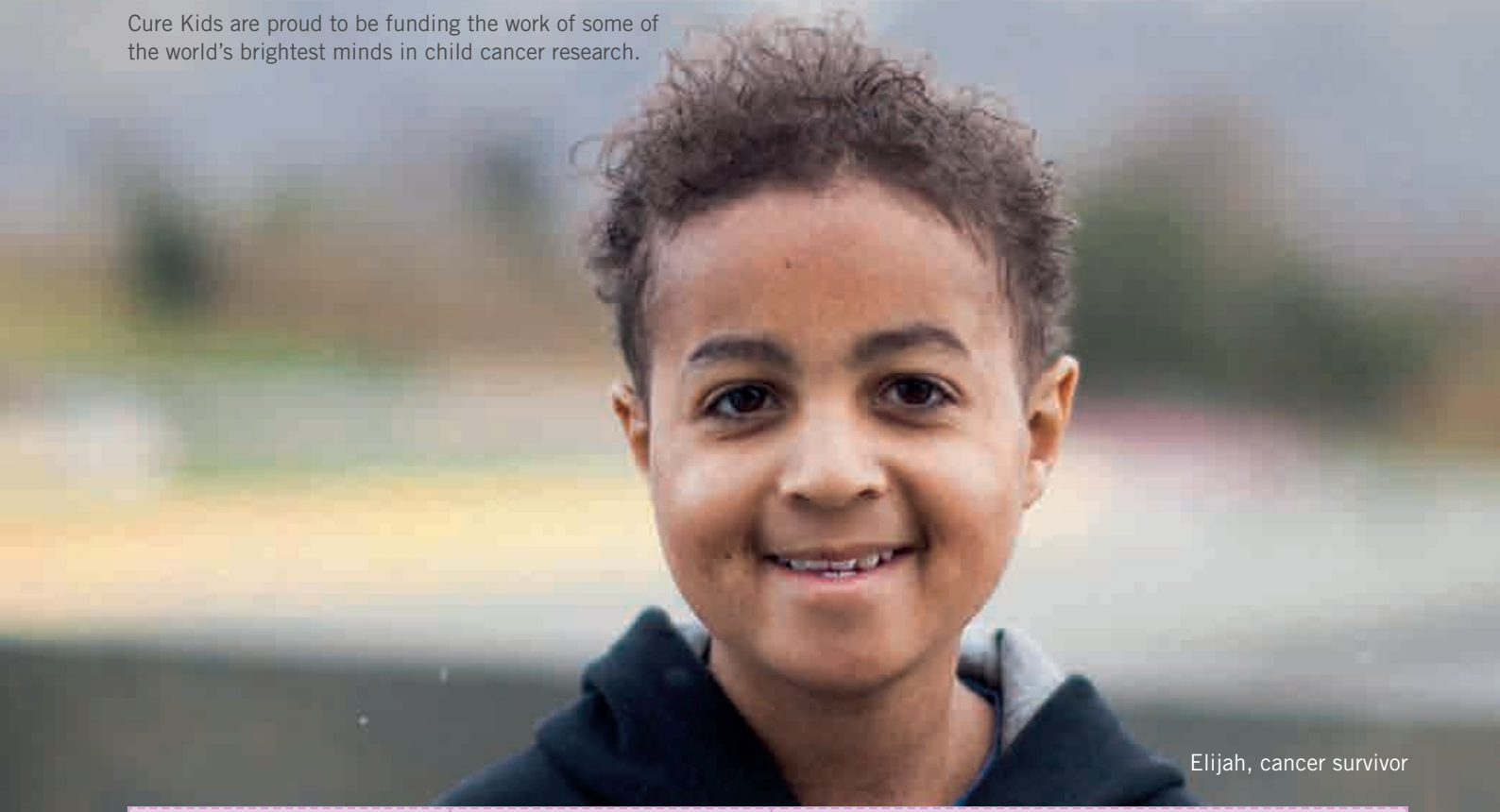
AROUND 30% of New Zealand children are considered OVERWEIGHT OR OBESE

CHILDHOOD CANCER

Cancer is the leading cause of death in New Zealand children, and approximately 150 children are diagnosed with a form of cancer every year. While medical advances have greatly improved the outcomes for many, tragically, 2 out of 10 will not survive beyond two years after their diagnosis. Those that do survive often live with life-long physical and psychological scars from their disease and treatment.

Cure Kids are proud to be funding the work of some of the world's brightest minds in child cancer research.

Their work is focused on trying to find ways to both improve survival rates for children diagnosed with cancer, as well as minimise the impacts of their treatment. This includes precision medicine which looks at identifying the genetic mistakes that underpin child cancers, and developing targeted treatments which are both more effective and have less side-effects.



Elijah, cancer survivor

PROJECT LEAD	INSTITUTION	RESEARCH PROJECT
PROF IAN MORISON	UNIVERSITY OF OTAGO, DUNEDIN	Identification of therapeutic pathways in leukaemia via glucocorticoid-induced changes in DNA methylation
DR ANDY WOOD	UNIVERSITY OF AUCKLAND	Molecular pathogenesis of ETV6 mutations in acute myeloid leukaemia (co-funded with Child Cancer Foundation)

EVERY WEEK, THREE CHILDREN
UNDER 15
ARE DIAGNOSED WITH CANCER

CURE KIDS IS CURRENTLY FUNDING NEARLY
$700,000
OF CHILD CANCER RESEARCH

INFECTIOUS DISEASES

Infectious diseases are conditions caused by organisms such as bacteria, viruses, fungi or parasites. They can affect multiple organs of the body and are a leading cause of ill health globally. New Zealand has some of the highest rates of the skin infection *Staphylococcus aureus*, in the developed world, affecting Māori and Pacific Islanders to a greater degree.

The advent of antibiotics as an effective treatment for many infectious diseases is considered one of the triumphs of modern medicine, however, with new strains of antibiotic-resistant infections on the rise globally, we now face a public health crisis on a scale not seen before.

The World Health Organisation estimates that in as little as 30 years, more people will be dying from antibiotic-resistant infections than all types of cancer combined – more than 50 million annually.

Cure Kids is proud to be supporting multiple programmes of work to improve the management of infectious diseases, while also looking novel ways of fighting drug-resistant infections.

PROJECT LEAD	INSTITUTION	RESEARCH PROJECT
EMMA JEFFS	UNIVERSITY OF OTAGO, CHRISTCHURCH	The epidemiology of listeriosis in pregnant women and infants in New Zealand between Renal Carcinomas and Abdominal Aortic Aneurysm
DR SIOUXSIE WILES	UNIVERSITY OF AUCKLAND	New drugs for resistant superbugs
DR SIOUXSIE WILES	UNIVERSITY OF AUCKLAND	New drugs for resistant superbugs: fungi to the rescue
DR ALISON LEVERSHA	UNIVERSITY OF AUCKLAND	Comparing the Old with the New: Randomised controlled trial of three different treatments for mild-to-moderate impetigo in children

INFECTIOUS DISEASES
are responsible for more than
1 IN 4 OVERNIGHT HOSPITAL STAYS IN NEW ZEALAND

CURE KIDS IS CURRENTLY FUNDING MORE THAN
$580,000
OF RESEARCH FOCUSED ON INFECTIOUS DISEASES

PROFESSOR IAN MORISON

"Cure Kids is inspired to improve the wellbeing of New Zealand children and we are honoured that they have faith in our laboratory's research vision.

Good research takes time: "breakthroughs" occur after months of steady methodical progress. In the end we need to be able to announce our findings with confidence and certainty. Support from Cure Kids allows us to take an educated gamble, to take some risks, and to maintain a small stable team of scientists to look for knowledge that will make a difference to children."

Professor Ian Morison is a haemotologist at the University of Otago. His Cure Kids-supported work is concerned with blood cancers, including childhood leukaemia.

LIVING WITH MRSA

Tiff, mum of Cure Kids ambassador Eva, shares a personal account of their journey and fight with Methicillin-resistant *Staphylococcus aureus* (MRSA) and antibiotic resistance.

"Wash your hands all you want. Don't touch things. Clean your cuts and grazes. Be careful all you can… but it won't make any difference. An open wound will grow; it will cause rashes on your body and make your skin blister and weep. Once it's in your blood stream, it goes wild, living in there like an uninvited guest crashing your dinner party.

It smells. I can smell it a mile away. Doctors laugh at you, but it definitely has its own smell. It stinks, and to get rid of it, to try and get it to leave you completely, is like being entrenched in a war where no matter how hard you try the other side is always tougher.

I spit the words when I say them as it has haunted my life, and my family's life, for so long. It enveloped my every waking moment, and every sleepless night, as I wished moment after moment it had never come into our lives.

It's MRSA, a form of staph bug – a superbug which has nothing I deem "super" about it. To me, super is like a "super hero", but the only hero when it comes to MRSA is those who battle it,and those who are trying to cure it.

My little girl lived in hospital a long time battling gastrointestinal failure and the complications that accompany it. We were definitely no strangers to infections, spending weeks on end, on all order of antibiotics, for every different thing over years and years. That was my biggest worry then - and still is now. People used to say MRSA, MSBL, C.diff, and I used to just switch off; my child didn't have them, so it didn't matter.

Then one day, she was battling a burst gall bladder and just wouldn't show signs of improvement. A doctor came into the room, gowned, gloved, and masked, and told us she has MRSA in her blood stream, and it's growing in her line and tubes.

Oh shit, I said. That's all I said. I still couldn't register how much it would affect our lives.

We lived in the hospital and were always around and about, playing with nurses or in the play room; anything to pass the time. Now, once she recovered from the gall bladder incident, we couldn't play; she still grew MRSA. Too many lines and tubes. No more playing with other children in hospital.

No more playroom. We were stuck – isolated with a bug that was growing more resistant by the day – we were scared of spreading it around. And, of course, we needed to follow strict hospital protocol around such bugs.

But, reality was, that's nothing compared to the impact it had on my child physically. No longer are you just battling a medical condition, but a serious infection on top. It rules your life and all the choices you make. It leaks and oozes. You change a dressing and after multiple changes it then gets raw and oozy. Years of constant infections followed, and traumatic moments that I won't relive here.

You think with an infection that doctors just get an antibiotic and treat it. If that doesn't work, they will have another. The thing about a bug like this is, you can get to the end of antibiotics, and it still may take longer to find a solution. Within a week, after more and more attempts, it then doesn't work at all. The bug lays dormant then sneaks up and flares up when you least expect it. One day, nothing, then you look the next day and see the familiar pale-yellow ooze leaking out from a line, and your heart sinks. You know it will get worse before it gets better.

The other thing people don't understand is the endless toll antibiotics takes on your body: thrush, reactions, tummy pain, puffiness, blowing lines. Endless and yet unavoidable. The constant fear that the next treatment won't work, just like the others so far. Even her short-term IV lines grew MRSA - our vein access went from minimal to pretty much nothing.

The thing is, it's a bug, you catch it. That brings a whole different sort of grief and anger compared to a condition you are born with or develop. Anger ruled my life. When MRSA flared up, I would be scared that the violent convulsions from temperatures would take hold from another infection in the line.

It had to be someone's fault. I found people to blame and, to some extent, I still do. But it's nothing compared to the guilt and blame you place on yourself. As a mother, I should protect my children – the most precious things in my life.

Yet, while in my care, my child contracted a bug that was ravishing her poor little body. Did I not wash my hands enough? Did I not follow procedures close enough?

Should she have sat on the ground when she did? So many stupid questions. When I'm not exhausted, and as life moves on, I know it's a bug that's everywhere. The longer you are in hospital, the more immune-suppressed you are, or just pot luck, you're likely to contract a superbug. I just wish it hadn't grown on my child. I wish it didn't exist at all.

We don't have a line now. The last growth of MRSA was followed by thrush in her bloodstream and it meant the final access was to be removed. Reality is, any line is going to be in an area likely to grow this bug.

The not sleeping at night as you check continuously for a line infection; the constant changing of painful dressing; the fear that this could be in her blood (and not picked up earlier) all dulled, as the risk is so much lower. But, unfortunately, it still rears its head, but in more fiddly ways. A skinned knee ends up more manky, the longed-for pierced ears mucky and taking longer to heal. It's a relief to sleep easier at night but also a battle to keep a child with gut failure line-free.

Something good I appreciated, just the other day, was how improved her quality of life has become now that she hasn't got a line oozing MRSA continuously. That bug took such a toll on her body that she was bloated and puffy from constant meds.

This cruel lesson, that is part of our family's life, makes us realise how important the research into how to treat, and hopefully in the end, cure staph bug is. I wish no one else should have to suffer and fight these bugs.

We need to find a cure."

In 2017, Cure Kids were pleased to accept a research proposal from Microbiologist Dr Siouxsie Wiles, to fund the discovery of new antibiotic properties to kill superbugs, including MRSA.

When Dr Wiles met Cure Kids ambassador Eva, the urgency of this research became even more pertinent.

"Meeting Eva made it real for our team. The intellectual curiosity of this research turned into oh my gosh we need to do something about this."

Eva lives with MRSA and gut failure

CROWDFUNDING CAMPAIGN

One of the highlights of 2017 was the Fight Against Superbugs campaign which aimed to raise $250,000 to fund research to find new ways to fight antibiotic resistant diseases.

An estimated 700,000 people around the world die every year due to drug-resistant infections and, if new antibiotics are not discovered, this number is predicted to rise to 10 million people a year within a generation - that's more than 27,000 people per day.

The campaign centred around telling the stories of our brave ambassadors and other young New Zealanders who have been affected by antibiotic-resistant infections, like Addison, Eva, and Emily among many others.

These children and their families have all endured significant struggles and their stories brought the research to life. We also sought to bring the science behind antibiotic discovery to life through lead researcher Dr Siouxsie Wiles, who has talked at events and appeared in numerous media interviews throughout the campaign.

Over the three week campaign period we raised nearly $280,000 and connected with many passionate New Zealanders for this important cause.

Dr Siouxsie Wiles with Addison, who lives with a heart defect

RED NOSE DAY

The Red Nose Appeal is Cure Kids' flagship fundraiser, with hundreds of schools, businesses, volunteers and community groups coming together to support child health research.

Throughout the month of September, New Zealanders joined together to turn New Zealand red raising over $1 million through fundraisers, partner activations, an outstanding gala dinner, and so much more.

This year we took on a number of new initiatives, including the CEO's Jump for Red Nose challenge, which saw a bunch of businesses raise funds to throw their CEO's off Auckland's Sky Tower. Our very own CEO, Frances Benge, championed this – taking the plunge on behalf of the team.

Many of our invaluable partners got behind Red Nose Day, sharing their support in a number of ways. Qantas, one of our valued partners, ran a one-of-a-kind Red Nose ball pit at Albany Mall, that drew in hundreds of curious onlookers, to dive in to the pit with their friends and family, in return for a donation.

We were also excited to see (and eat) the delicious red-nose inspired baking and incredible decorations at Columbus Coffee cafés nationwide.

Our collection of novelty noses continues to grow year on year, and this year we welcomed four new additions to the team. These fun faces were distributed nation-wide, championed by the team at Briscoes.

A number of key influencers joined us for Dare and Share Red Balloon Challenges, where the likes of Jessica Quinn, How to Dad's (Jordan Watson), Viarni Bright, Zac Franich and many others took on unique red nose challenges for a day, to help spread the word. We were blown away to have support from across the globe, with Julian Dennison, and Ryan Reynolds supporting the appeal through their social media.

The extraordinary Red Nose Gala Dinner brought our supporters together, who enjoyed a theatrical evening full of surprises thanks to the Incognito performers, who took the event to another level, while shining light on important child health needs across our nation.

We were taken aback by the generous support of New Zealanders who continue to take part in the Red Nose Appeal. Thank you for continuing to make a difference to improve health outcomes for children and their families.

Isabella, who lives with cystic fibrosis, with mum Alley

FUNDRAISING HIGHLIGHTS

Cure Kids events are a great way to generate funds for research, and provide a unique opportunity for our supporters to engage with us, have a whole heap of fun, and make a difference.

$10 QUEENSTOWN CHALLENGE

The epic $10 Queenstown Challenge saw 25 courageous teams travel from Auckland to Queenstown, with only $10 in their pocket, all to raise funds for child health research.

Each team arrived enthusiastically dressed in an array of costumes, ready to take on the three-day journey full of challenges across New Zealand.

Joining us on the challenge were some returning $10 legends, including Buddy from Briscoe Group who has taken part multiple times. We were honoured to have three brave ambassador families joining us this year; the type-1 Supermums, Team Korbs, and the Atomic Bloms, who took out the 2017 title of Overall Champions. Cure Kids CEO Frances Benge even took on the epic challenge with Rotary team member, Michelle Baillie, forming the team 'Orange is the New Black'.

An incredible $290,811 was raised by the teams to support life-saving research, with $21,270 distributed by the Queenstown Trustees to support local charities in Queenstown.

The $10 Queenstown Challenge would not be possible without the wonderful team at Event Dynamics who give up their time to make this challenge come to life. We are also incredibly grateful for the support from local community groups, partners and volunteers, who help ensure every destination across the country has a crazy challenge for teams competing.

A special mention to Hamish Mackenzie, who for the 10th year in a row, volunteered as a driver on event making sure teams got from A to B safely. And of course most importantly, a big thank you to the selfless participants and donors, who year after year support child health research.

CYCLE CAMBODIA CHALLENGE

October saw nine eager fundraisers and adventure enthusiasts take on a new initiative for Cure Kids – Cycle Cambodia.

This exciting intrepid adventure involved participants embarking on a 350km cycle across 11 days, from Siem Reap down to Phnom Penh.

From exploring hidden jungle temples, to stunning countryside and bustling cities, this once-in-a-lifetime adventure left the team feeling humbled by this beautiful country and its people, and with sore legs and a full heart, everyone crossed the finish line.

It was an incredible effort from the team, who collectively raised close to $60,000 for child health research. Thank you to Inspired Adventures, who helped make this adventure possible.

RECIPIENT EVENTS

Cure Kids relies on the many amazing organisations that fundraise on our behalf each year. It is no exaggeration to say that without this kind of support we simply would not be able to fund many critical research projects.

2,000 ATTENDED $13,000 RAISED

Wheels for Cure Kids

Luke Price and his team once again put on an incredible and hair-raising Wheels for Cure Kids event in Tauranga in January. Motocross and BMX enthusiasts, including world-class freestyle champion Levi Sherwood, performed death-defying stunts and tricks. The event is only possible because of the unerring support of the local community and suppliers who donate time, auction items and other goods and services to ensure that as much as possible goes to funding child health research. We take our hat off to you Luke and team, you guys are absolute stars.

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

Tough Guy and Gal Series

Cure Kids were thrilled to be the recipient charity for the Tough Guy Tough Gal event series for the fourth year in a row, which ran from May to August. The series included 24 events around New Zealand raising more than $59,000. A big thank you to the Tough Guy team for their continued support, and to the wonderful team at Rapid Relief who held fundraising sausage sizzles at each event.

22 FIGHTERS $60,471 RAISED

Les Mills Fight Night

We were proud to once again be the recipient charity for the Les Mills Fight Night which was held in Auckland in late September. This year was extra special, as alongside our ambassadors who teamed up with fighters along their long training journey, we also had one of our amazing ambassador Dads, Jono Copeland, take to the ring. As with the other 24 fighters, Jono gave it everything on the night and was cheered along by a passionate group of supporters. Les Mills Fight Night 2017 raised $60,471.

Finn, who lives with a heart condition known as hypoplastic right heart

UNRAVELLING THE HUMAN GENOME

Before 2003, little was known about the human genome. We knew, to some extent, that our genes played a role as the author of the composition of every cell in our bodies, but the mind-boggling size of the genome remained a mystery. The Human Genome Project saw hundreds of scientists, from all over world, work together with the goal of mapping the entire human genome. It took 13 years and billions of dollars to unravel this complex mystery. It turns out, if written out in full on a single line of print, the human genome code would continue for nearly 10,000 kilometres.

It is this complexity that breeds genetic diversity. It determines the colour of our hair, the colour of our eyes, the colour of our skin. The degree to which DNA plays puppet master differs for all the above characteristics. Environmental factors also have a role to play, and the interaction between our genes and environment increases the complexity even more. The more we learn about the genome, the more we learn to what extent we are subject to its whims when someone becomes the unlucky beneficiary of a mutated gene.

A mutation can be benign or fatal, and everything in between. It can lead to the malfunctioning of a protein that serves a specific function in our bodies. This is more common than we might think, with significant congenital malformations present at a rate of roughly one child per classroom. For some children, a single 'spelling mistake' can have significant health implications. Cure Kids Professor of Paediatric Genetics, Stephen Robertson, has spent decades studying these aberrations in the genetic code of children, and is a world-renowned expert on a range of rare genetic disorders.

Prof Robertson says, "Genome sequencing offers a high resolution view of the genome of a single individual. The challenge presented by this opportunity is the analytical task of drilling down to the correct diagnosis." The advances made in the sequencing and reading of genomes means families can now be provided with an increasingly accurate assessment of the probability of disease in future children, and at times, identify younger siblings who might benefit from an earlier diagnosis.

Much of Prof Robertson's work revolves around genetic conditions affecting the brain, skeleton and digestive tract. For example, some of the work coming out of his lab is concerned with what happens to bone health when it is exposed to long periods of inactivity. Specifically, what are the characteristics of the skeleton that allow it to sense force, and spur growth? If they can discover the mechanism that drives this growth, they may be able to mimic it in conditions where inactivity is unavoidable.

Cure Kids also supports the research of Associate Professor Lynette Sadleir from the University of Otago, Wellington. Dr Sadleir and her team are dedicated to researching the ubiquitous, and often life-threatening, disease of epilepsy. In New Zealand, around 450 children are diagnosed each year with the condition. It manifests in different ways in different patients, with seizures that vary in severity. Sadleir and her collaborators, world-leaders in their field, have discovered numerous novel causative genes in children with epilepsy.

These discoveries have brought peace-of-mind to parents and, in some cases, new and more effective treatments for some children. "We can use medications marketed for other diseases, but which can be repurposed and used in some children," says Dr Sadleir.

She and her team continue their quest for disease-causing genes in epilepsy, and in recent years, have expanded their reach to benefit families living in Auckland. When asked what the future holds for epilepsy in light of new gene-editing techniques, she remains hopeful, but wary: "given the large number of genes, and mutations in those genes, it will be challenging to cure epilepsy…but these technologies are moving so quickly, who knows what might happen."

As a result of thousands of scientists and vast sums of money, new technologies are helping us to better understand

the complexities of our genetic code. The future is one where improvements in health, resulting from a greater understanding of our genomes, are not a matter of if, but when.

The work of Robertson and Sadleir, and many more like them, means that New Zealand is making internationally significant contributions to the growing field of genetic diagnoses and therapies. This will only continue to be the case if there is sufficient funding available for these pioneering researchers to continue their work.

Often for New Zealand children with genetic disorders to be involved in international clinical trials, they often need a diagnosis which might not be available to them within our current system.

New Zealand has world-class researchers; however, our funding landscape is not world class. We owe it to our children to continue to invest so that these conditions are better understood and advances towards improved heath are not stifled.

When offering his thoughts on the future of this field, Professor Robertson added, "I doubt whether genetic editing will be safely applied to alter the genetic code forevermore in any one family". While somewhat cautious about viewing gene editing as a panacea for all genetic conditions, Prof Robertson envisages real, more localised impacts are a possibility, "its [gene editing] use to treat disease by directing it towards affected tissues is a realistic prospect."

The dividends achieved to date also provide a lesson in the importance of investing in basic science; a term used to describe early-stage, lab-based investigation.

Basic scientists conduct blindingly complex studies on any number of cells or animal models, and it is often years and even decades before successful results can be translated to benefit humans.

But, this is where almost all modern treatments start their life-cycle. It was over 10 years after the discovery of penicillin that it finally could have any clinical effect, and since then, it has saved the lives of millions of people. Perhaps unravelling the genome will tread a similarly miraculous path to ubiquitous treatments and cures.

ASSOCIATE PROFESSOR LYNETTE SADLEIR

"Cure Kids funding has been fundamental to the success of our Epilepsy Research Group. My first research grant came from Cure Kids. It was this funding that set me up for subsequent Health Research Council project grant successes. Cure Kids is now providing essential funding which has allowed us to expand our research to include a greater number of children and their families."

Associate Professor Sadleir is the Director of the Epilepsy Research Group at the University of Otago, Wellington. With Cure Kids funding, Dr Sadleir is looking at improving the health outcomes of children and young people with epilepsy.

Addison lives with a heart defect,
and Emily lives with type-1 diabetes

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 of 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 (RHD), 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 Sciences (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 by 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.

What is the Project aiming to accomplish?

The goal is to expand and strengthen the existing Fiji MoHMS Rheumatic Heart Disease Control and Prevention Programme by developing new models of acute rheumatic fever (ARF)/RHD care and prevention with the aim of reducing RHD-related 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 serious 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, 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 solar power systems in hospitals and health centres, to get oxygen to those who do not have it. Oxygen concentrators are small, portable machines which filter nitrogen from ambient air to supply highly pure oxygen for patients.

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 and Taveuni Hospital which are 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 2017, our ability to upscale this work has been enabled by generous funding support from Armacup, AccorHotels, Pacific Direct Line, Rotary Club of Remuera, Australian High Commission Direct Aid Program, Vijay Singh, Style Fiji, and ANZ.


FIJI RHEUMATIC HEART DISEASE
CONTROL PROGRAM
Rheumat
Mobile C

PROFESSOR STEVEN DAKIN

"As a recent arrival in New Zealand, the support of Cure Kids has been nothing short of vital to supporting the transition of my research to my new location. Bottom line: I would not have been able to operate my lab without Cure Kids' help."

Professor Steven Dakin Head of Optometry and Vision Science at the University of Auckland. Cure Kids are working with Dr Dakin to better understand amblyopia and autism spectrum disorder using eye tracking.

VENTURES

Cure Kids Ventures (CKV) is a vital part of Cure Kids' vision for a healthy childhood for everyone.

CKV invests in innovations with a potential to benefit child health.

This year CKV celebrates 10 years of investing in 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 in the investment community as an informed and value-added investor. In addition to investment funds, CKV provides investee companies with healthcare industry specific expertise and access to industry networks.

CKV is also an approved partner of the New Zealand Government's Venture Investment Fund (NZVIF) Seed Co-Investment Fund, which invests alongside CKV.

CKV HIGHLIGHTS IN 2017

At the end of September 2017, CKV launched the CKV Co-Fund to enable investors who are interested in emerging healthcare companies to invest alongside CKV.

In 2017, CKV also made new investments in NZeno Limited, Objective Acuity Limited and Firstcheck Limited.

THE CKV PORTFOLIO COMPANIES:

ableX	**ABLEX HEALTHCARE** (previously Im-Able)	Computerised rehabilitation for treating neurological conditions
adherium	**ADHERIUM**	Smart inhaler monitoring for better control of asthma
AROA	**AROA BIOSURGERY**	Regenerative wound healing technology
breathe easy	**BREATHE EASY**	Inhaled therapy for cystic fibrosis treatment
LCT	**LIVING CELL TECHNOLOGIES**	Cell encapsulation technology
LYPANOSYS	**LYPANOSYS** (previously Nutra-P Investments)	Orally dosed botanical treatment for eczema
NZeno	**NZENO**	Gene technology aimed at delivering pig kidneys to replace human kidneys that no longer function
OBJECTIVE ACUITY	**OBJECTIVE ACUITY**	Technology for the objective measurement of visual acuity applicable to very young children
PICTOR LIMITED	**PICTOR**	Diagnostic testing system - multiple tests from a drop of blood
REX BIONICS	**REX BIONICS**	Hands-free, self-supporting robotic walking device
syft	**SYFT TECHNOLOGIES**	Instrument for measuring volatile chemicals
Veriphi	**VERIPHI**	Verification device - dose & type of IV medication
MicroGEM International PLC	**MICROGEM** (previously Zygem)	Instrument for DNA extraction and identification
UPSIDE BIOTECHNOLOGIES	**UPSIDE BIOTECHNOLOGIES**	Treating major burns by growing skin by using patient's own cells
firstcheck	**FIRST CHECK**	Mobile teledermoscopy for checking skin conditions

HOW ARE WE DOING?

CURE KIDS FINANCIAL PERFORMANCE

SUMMARISED STATEMENT OF FINANCIAL PERFORMANCE

	CONSOLIDATED	
	31.12.17	**31.12.16**
Fundraising Income	5,365,180	4,173,844
NZ Government Grant - A Better Start	700,000	
Rental Income	235,186	234,138
Interest & Dividends on Investments	795,331	832,829
Unrealised Gains	5,707,996	495,039
Realised Gains/(Losses)	(85,405)	81,228
Other	4,753	41,677
TOTAL INCOME	**12,723,041**	5,858,755
Fundraising Expenses	(1,445,916)	(1,441,068)
Rental Expenses	(36,263)	(39,669)
Administration Expenses	(602,799)	(511,023)
Salary Expenses	(2,331,885)	(2,094,708)
Research & Development	(298,519)	(1,082,072)
Grants & Research Investment	(4,895,328)	(2,761,167)
NET SURPLUS/(DEFICIT)	**3,112,331**	(2,070,952)

SUMMARISED STATEMENT OF FINANCIAL POSITION

	CONSOLIDATED	
	31.12.17	**31.12.16**
Cash Held	1,540,000	1,366,645
Fixed Assets	95,963	106,569
Investment Property	5,150,000	4,830,000
Investment Portfolio	35,911,876	32,166,844
Other Assets	311,983	481,582
Total Assets	**43,009,822**	38,951,640
Grants	7,073,549	4,646,464
Other Liabilities	1,063,507	2,544,741
Total Liabilities	**8,137,056**	7,191,205
Total Equity including Capital Funds	**34,872,766**	31,760,435

The 2017 financial year enjoyed an increase in fundraising over the previous year of $1.9M along with increased investment income to bring down a surplus of $3.1M (2016 $2.9M) after Grants & Research investment of $4.9M (2016 $2.8M). The Foundation continues to hold a stable investment base to assist in meeting its objectives of support of the chairs and research granting.

HOW ARE WE DOING?

NOTES TO FINANCIAL STATEMENTS

THE FOUNDATIONS AUDITED ACCOUNTS IN SUMMARY:	2017 YEAR	2016 YEAR
	000'S	000'S
NET SURPLUS/(DEFICIT)	**3,112**	(2,070)
AFTER RESEARCH GRANTS AND SALARIES OF	**5,796**	3,433

TOTAL INVESTMENTS AT MARKET VALUE WERE $35,862M, MADE UP OF:	2017 YEAR	2016 YEAR
	000'S	000'S
Cash	2,909	1,006
Bonds	9,132	9840
Equities	18,478	16,145
Cure Kids Ventures	5,343	5,175
TOTAL	**35,862**	32,166

"Everything happens to our lives for a reason and mine is to keep fighting it with Jeremy. When he was born very preterm, at 29 weeks and 5 days, as a migrant family, we did not know what to do.

We're fortunate to have access to such an amazing healthcare system here in New Zealand. Without the advances in technology and improvement in medical care for preterm babies, I just can't imagine what might have happened to Jeremy and other preterm babies.

We are all in this together, not only for Jeremy but also other hundreds of preterm babies every year in New Zealand."

Franky – Jeremy's dad.

Jeremy was born preterm

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

JOAN BAKER, DIRECTOR

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

DR BRUCE SCOGGINS
MAgrSc (Cant), PhD (MELBOURNE)
CONSULTANT, 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 that the Board includes 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 four 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), FRCP, FRACP, FRCPCH, CHRISTCHURCH SCHOOL OF MEDICINE AND HEALTH SCIENCES. UNIVERSITY OF OTAGO, CHRISTCHURCH

DR JUSTIN DEAN
PHD, MScTech, BSc Tech
DEPARTMENT OF PHYSIOLOGY
UNIVERSITY OF AUCKLAND

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

PROFESSOR SALLY MERRY
MBChB, FRANZCP, MD. DEPARTMENT OF PSYCHOLOGICAL MEDICINE, UNIVERSITY OF AUCKLAND

PROFESSOR ED MITCHELL
BSc, MB BS, DCH, FRACP, FRCPCH, DSc (MED), FRSNZ. DEPARTMENT OF PAEDIATRICS, SCHOOL OF MEDICINE, UNIVERSITY OF AUCKLAND

PROFESSOR IAN MORISON
BMEDSC MB CHB FRCPA PHD
DEPARTMENT OF PATHOLOGY
UNIVERSITY OF OTAGO, DUNEDIN

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

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.

Cure Kids is a registered charity CC25350.

THANKS TO OUR PARTNERS

With thanks to our generous supporters, who make the life-saving research we fund possible.

PLATINUM PARTNERS:

ACCORHOTELS

BRISCOE GROUP

COLLIERS INTERNATIONAL

KEY PARTNERS:

ALEXANDER JAMES

ARMACUP

AVIS BUDGET GROUP

JOHN ANDREW MAZDA

MIKE GREER HOMES

ROTARY

ASSOCIATE PARTNERS:

ALL SECURE SELF STORAGE

BNZ

COLUMBUS COFFEE

DIAMONDS ON RICHMOND

EVENT DYNAMICS

EVERGREEN LIFE

FASTWAY COURIERS

HANSEN PRODUCTS

INGRAM MICRO

KELLY SPORTS

MONDIALE

NESTLE

NEW ZEALAND FARMERS LIFESTOCK

NEW ZEALAND PEARL

NOT FOR ME

PARTNERS LIFE

QANTAS

SMITHS CITY

STELLAR RECRUITMENT

THE LOOP DUTY FREE

EVENT AND SUPPORT PARTNERS:

AJ HACKETT BUNGY

ASB

BDO

CAROMA

FONTERRA

GIBBSTON VALLEY

JBWERE

KJET

LIBBY AND BEN, THE CREATIVE AGENCY

PUREGO PELOTON

RADIATION

RICOH

RUSSELL MCVEAGH

SKYLINE

SNAPPER ROCK

THETA

VILLAGE KITCHEN

WALKER WAYLAND

The Colliers team at their golf day for Cure Kids

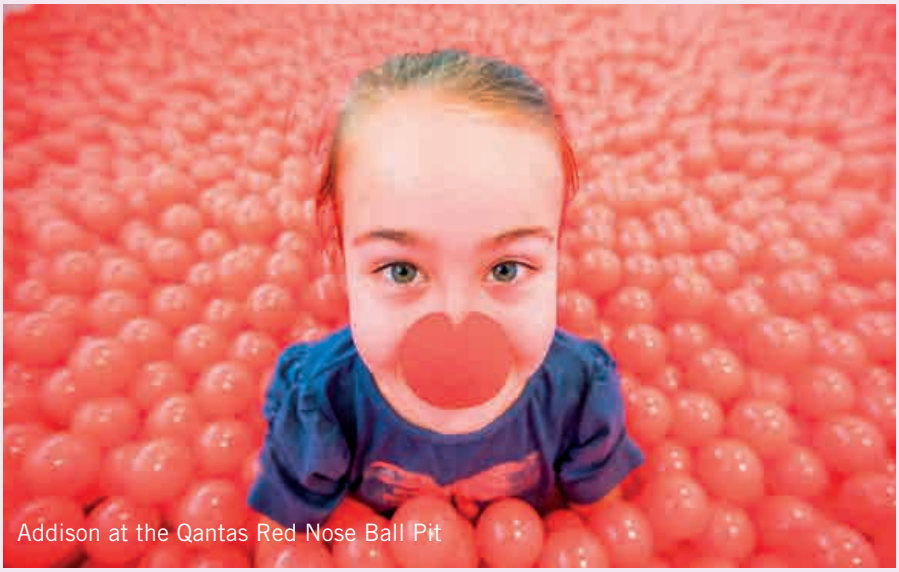
PLATINUM PARTNERS:

Our three platinum partners, AccorHotels, Briscoe Group and Colliers International raised an incredible $1.2m for Cure Kids in 2017 through fundraising activity, including their Add What You campaigns, golf days, long lunches, quiz nights and kitchen battles to name a few. 2017 marked Briscoe Group's highest amount of funding for child health research. With over 30 years support between them, we are so grateful for their commitment to help improve health outcomes for our children.

John Andrew Mazda AHG dinner

KEY PARTNERS:

Our invaluable key partners raised the bar in 2017, contributing more than $635,000. Over $300,000 was raised through the Automotive Holdings Group / John Andrew Mazda fundraising dinner, and we were thrilled to receive $45,000 from the Mike Greer Homes Christchurch house build. We are also grateful for the ongoing support we receive from Armacup for Fiji.



Addison at the Qantas Red Nose Ball Pit

ASSOCIATE PARTNERS:

Our passionate group of associate partners raised over $630,000 in 2017. This was led by the successful Partners Life Race Day for Cure Kids, which contributed $250,000. These partners got behind fundraising activities including Red Nose Day, through the Qantas Red Ball Pit, All Secure Crack the Code storage unit, and the CEO Sky Jump.

We are grateful to have the support of many generous businesses and organisations, who are committed to improve the health and wellbeing of our children, through funding vital child health research.

DR KATIE GROOM

"Cure Kids funding ensured we could complete recruitment to the STRIDER NZAus trial. This drug trial is looking at a potential treatment to help very small and sick babies grow more so they can stay in their mother's womb for much longer and avoid very premature birth and all its complications."

Dr Katie Groom is a senior lecturer in the Department of Obstetrics and Gynaecology, at the University of Auckland. With Cure Kids support, Dr Groom is improving the outcomes of babies which are slow to grow in the womb.

THANKS TO OUR SUPPORTERS

Many thanks to the generous support from across New Zealand, and a special mention to our wonderful regular givers, who are committed to helping fund child health research.

TRUSTS AND FOUNDATIONS:

BLUESKY COMMUNITY TRUST

BLUE WATERS COMMUNITY TRUST

DRAGON COMMUNITY TRUST

EM & MH STICHBURY CHARITABLE TRUST (PERPETUAL GUARDIAN)

FOUR WINDS FOUNDATION

GEORGE SEVICKE JONES ESTATE (PERPETUAL GUARDIAN)

JAMES SEARLE SAY FOUNDATION

JA REDWOOD CHARITABLE TRUST (PERPETUAL GUARDIAN)

KD KIRKBY CHARITABLE TRUST (PERPETUAL GUARDIAN)

LOTTERY MINISTER'S DISCRETIONARY FUND

LOUISA AND PATRICK EMMETT MURPHY FOUNDATION (PUBLIC TRUST)

MILESTONE FOUNDATION

PELORUS TRUST

RODMOR CHARITABLE TRUST

SIR ERNEST DAVIS ESTATE (PERPETUAL GUARDIAN)

TED AND MOLLIE CARR ENDOWMENT TRUST (PERPETUAL GUARDIAN)

THE HUGH GREEN FOUNDATION

THE JOYCE FISHER CHARITABLE TRUST

THE KELLIHER TRUST

THE TRUSTS COMMUNITY FOUNDATION

TM HOSKING TRUST (PERPETUAL GUARDIAN)

MAJOR DONORS:

CHARMIAN NAUSBAUM

CHRIS AND JACKIE REEVE

KENT AND GAYE GARDNER

NEW ZEALAND CARBON FARMING

NICK MOWBRAY

PETER AND RAE FEHL

ROBYN BAGNALL

ROBYN BOLTON

SIR PETER LEITCH

TAIWANESE BUSINESS ASSOCIATION OF NEW ZEALAND

THE DUKE FAMILY

TONY GREEN

VIVIENNE LEYS

CURE KIDS PATRONS:

SIR GRAHAM AND LADY RAEWYN HENRY

CURE KIDS CELEBRITY AMBASSADORS:

ART GREEN AND MATILDA RICE

PATRICK TUIPULOTU

SARAH GOSS

SHELTON WOOLRIGHT

HOW TO GET INVOLVED:

There are endless ways you can help make a difference to the health outcomes of our children.

Donate

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

Fundraise

Rally your business, school or community to fundraise, or take part in one of our many epic events to raise funds for child health research.

Volunteer

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

Spread the word

Follow us on social media, and sign up to our monthly newsletter for the most up-to-date information about Cure Kids, and spread the word with your family and friends.

MEET KASE

Kase, who lives with type-1 diabetes, with his mum Janine.

"I'm not going to lie, it's hard, but you do what you have to, to provide your unwell child with the best opportunity to have a healthy and happy life.

My family is amazing." – *Janine, Kase's mum.*


11:02

CONNECT WITH US

facebook.com/curekidscharity

twitter.com/curekidsnz

instagram.com/curekidsnz

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
PO Box 90 907
Victoria St West
Auckland 1142

Sisters, Emily and Evie live with type-1 diabetes