

# GLOBAL HEALTH at the george

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GLOBAL EVENTS	2
INJURY, AGEING AND DISABILITY	3
THE GEORGE FOUNDATION	4

## POLYPILL TRIAL HALVES PREDICTED HEART AND STROKE RISK PLUS CANCER BENEFITS



THE WORLD'S FIRST INTERNATIONAL POLYPILL TRIAL HAS SHOWN THAT A 4-IN-1 COMBINATION PILL CAN HALVE PREDICTED HEART DISEASE AND STROKE RISK. THE ONCE-A-DAY POLYPILL CONTAINS ASPIRIN AND AGENTS TO LOWER BLOOD PRESSURE AND CHOLESTEROL.

These drugs are currently prescribed separately to millions of patients and are known individually to cut the risk of disease, but many experts believe that combining them into a single pill will encourage people to take the medications more reliably.

The trial tested the effectiveness and tolerability of the polypill in 378 people with raised risk of cardiovascular disease, who did not necessarily have high blood pressure or cholesterol, against a placebo. The participants came from the UK, Australia, Brazil, India, New Zealand, The Netherlands, and the USA.

"The results show a halving in heart disease and stroke can be expected for people taking this polypill long term", said Professor Anthony Rodgers, Professorial Fellow at The George Institute for Global Health.

"We know from other trials that long-term there would also be a 25-50% lower death rate from colon cancer, plus reductions in other major cancers, heart failure and renal failure", Professor Rodgers added. "These benefits would take several years to 'kick in', but of course one of the

hopes with a polypill is that it helps people take medicines long term."

George Institute's Associate Professor Anushka Patel, who was also a Chief Investigator noted, "Previous studies could not measure polypill side effects reliably, which is really important".

"This trial was reassuring in that we did not see unexpected problems. We did show previous studies had underestimated polypill side effects considerably – in the short-term about 1 in 6 people have a side effect. Most were mild but about 1 in 20 overall stopped treatment due to side effects."

"It is not a panacea. It is a really promising part of an overall package that should include measures to tackle the major causes of heart disease and cancer, i.e. smoking, poor diet and physical inactivity", said Professor Rodgers.

The medicines for the polypill were chosen because there was no doubt about their effectiveness in reducing major events. Many doctors are still uncertain whether these medicines are best provided in the form of a polypill, or as separate pills - this question is the subject of Kanyini/GAP and sister trials globally: see [www.spacecollaboration.org](http://www.spacecollaboration.org).

"The World Health Organization has reported that scaling up access to effective cardiovascular medications would by itself get most of the way to reaching the WHO goals for reducing non-communicable diseases", said Professor Rodgers. "These results show the polypill could be an affordable part of that goal."

### THE GEORGE INSTITUTE FOR GLOBAL HEALTH WELCOMES MR MICHAEL HAWKER AM AS CHAIR OF THE BOARD



Mr Mike Hawker AM

After an extensive international search, The George Institute for Global Health has appointed Mr Michael Hawker AM as chair of its board of directors.

Mr Hawker is an international businessman and a director of Australian and international companies including Aviva, Macquarie Group, Macquarie Bank and the Australian Rugby Union. He is a former CEO of Insurance Australia Group Ltd.

Mr Hawker acknowledged the fine contribution of Dr John Yu AC, who stepped down in December last year after 5 years as Chair.

Mike said that he is greatly interested in The George Institute's expansion into Asia, particularly China, and that he is delighted to be supporting the Institute as it builds its value in solving the world's health issues.

In addition to his business acumen, Mike is also actively involved in fostering relationships between business and the community sector. He founded the Australian Business and Community Network that provides mentoring, partnering and support programs to students and schools and chairs the NSW Juvenile Diabetes 'Walk to Cure' annual fundraising event.

Mike believes that The George Institute is a well-respected and innovative Australian organisation that is expanding internationally, and he is delighted to bring his experiences to the Board to assist in that expansion.

### This issue



#### P2 GLOBAL EVENTS

Introducing the George Centre for Healthcare Innovation at Oxford



#### P3 INJURY, AGEING AND DISABILITY

UN Global Decade of Road Safety



#### P4 THE GEORGE FOUNDATION

City2Surf: support The George Institute's team



Photo courtesy Nasir Hamid

GLOBAL EVENTS

## INTRODUCING THE GEORGE CENTRE FOR HEALTHCARE INNOVATION AT OXFORD

**FOR THE FORESEEABLE FUTURE, HEALTHCARE SYSTEMS IN ALL REGIONS OF THE WORLD WILL FACE AN INCREASING DEMAND FOR ESSENTIAL HEALTH SERVICES, LARGELY AS A CONSEQUENCE OF AN AGEING POPULATION AND AN INCREASING BURDEN OF CHRONIC DISEASE.**

This burden will be most dramatically felt in low and middle-income countries. Chronic diseases exert important social and economic consequences, since these conditions typically affect people in their most economically productive years. As a consequence, death or disability from conditions, such as heart attack or stroke, is now a major contributor to poverty in countries such as China and India.

The George Centre for Healthcare Innovation has been established by an agreement between the George Institute and the University of Oxford. The new Centre is dedicated to the formulation

and evaluation of novel strategies for managing the pandemics of chronic disease now facing both higher and lower income countries. With core financial support from the Oxford Martin School ([www.oxfordmartin.ox.ac.uk](http://www.oxfordmartin.ox.ac.uk)), the George Centre for Healthcare Innovation will work with departments across the Medical Sciences Division and draw upon a broader range of social sciences expertise in economics, management, law and politics for the development of sustainable solutions.

The Centre will draw upon - and aims to extend - The George Institute's global network. It will work particularly closely with the regional offices in India and China, as well as key stakeholders in Government, business and global policy in order to provide global academic leadership, and establish an evidence base that will directly inform policy and practice.

The Centre is currently establishing three main streams of research and development.

**Essential Healthcare** strives to develop practical, affordable solutions for the global health priorities of the world's largest emerging economies, as well as the priorities of vulnerable or disadvantaged populations in established economies.

**Affordable Health Technologies** is designed to foster biomedical innovation that will increase the access of populations in both lower and higher income countries to effective treatments and products (both preventive and therapeutic) for major chronic diseases.

**Global Health Politics** will focus on identifying and quantifying the drivers of change in health policy and investment at global, national and regional levels, with a particular emphasis on those aspects relevant to the control of chronic diseases, serious injuries and disability.

The George Centre for Healthcare Innovation website [www.georgecentre.ox.ac.uk](http://www.georgecentre.ox.ac.uk) is currently under development.



Paul Ryder, Executive Manager of The George in Oxford.

Further details of the Oxford Martin School can be found at [www.oxfordmartin.ox.ac.uk](http://www.oxfordmartin.ox.ac.uk)

For more information contact: [paul.ryder@georgecentre.ox.ac.uk](mailto:paul.ryder@georgecentre.ox.ac.uk)

## WOMEN'S EMPOWERMENT PRINCIPLES – THE GEORGE INSTITUTE SIGNS UP

On 9 May, a delegation of UN Women Australia delivered a list of signatories to UN Women Headquarters in New York. The signatories were from companies and organisations who have committed to adopting the Women's Empowerment Principles, designed to advance equality between men and women. The George Institute Principal Director, Professor Robyn Norton, is proud to have been one of the signatories.

The Women's Empowerment Principles present seven steps that business and other sectors can take to advance and empower women.

1. Establish high-level corporate leadership for gender equality.
2. Treat all women and men fairly at work – respect and support human rights and non-discrimination.
3. Ensure the health, safety and well-being of all women and men workers.

4. Promote education, training and professional development for women.
5. Implement enterprise development, supply chain and marketing practices that empower women.
6. Promote equality through community initiatives and advocacy.
7. Measure and publicly report on progress to achieve gender equality.

UN Women are encouraging business leaders to use the Principles as a guide for actions that can be taken in the workplace, marketplace and community to empower women, and benefit companies and societies.

Equal treatment of women and men is not just the right thing to do – it is also good for business. By signing the CEO Statement of Support, The George Institute has committed to following the principles and reporting back to UN Women on the actions taken to ensure their implementation.

**WOMEN'S EMPOWERMENT PRINCIPLES** EQUALITY MEANS BUSINESS

- 1 Establish high-level corporate leadership for gender equality.
- 2 Treat all women and men fairly at work – respect and support human rights and non-discrimination.
- 3 Ensure the health, safety and well-being of all women and men workers.
- 4 Promote education, training and professional development for women.
- 5 Implement enterprise development, supply chain and marketing practices that empower women.
- 6 Promote equality through community initiatives and advocacy.
- 7 Measure and publicly report on progress to achieve gender equality.

United Nations Global Compact

UNIFEM



Photo courtesy David Wilmoth

## INJURY, AGEING AND DISABILITY



# DECADE OF ACTION FOR ROAD SAFETY: THE GEORGE INSTITUTE, DRIVING DOWN ROAD INJURY

**THE NEW AUSTRALIAN TARGET TO REDUCE BOTH ROAD FATALITIES AND ROAD INJURIES BY AT LEAST 30% BY 2020 IS A WELCOME MOVE ACCORDING TO ASSOCIATE PROFESSOR REBECCA IVERS (RIGHT), AN INTERNATIONALLY RECOGNISED EXPERT IN ROAD SAFETY AND DIRECTOR OF INJURY RESEARCH AT THE GEORGE INSTITUTE FOR GLOBAL HEALTH.**



In Australia, The George Institute has just commenced a large study led by Associate Professor Rebecca Ivers, about driving safety in Aboriginal communities. Aboriginal Australians are twice as likely to die in a road crash and are up to 40% more likely to be injured.

Associate Professor Ivers commented, "Factors such as less access to emergency services, poor roads and older, less safe cars combined with complex social and cultural issues all contribute to significantly higher than average injury and mortality rates among Aboriginal communities. This study, conducted in collaboration with Aboriginal communities, aims to take an in-depth look at the role of these factors in road crashes and how we can make changes to start reversing these trends".

The target was announced at the launch of Australia's National Road Safety Strategy 2011-2020, following the Transport Ministers' meeting in Alice Springs in May. The launch of the strategy is Australia's first major action in support of the Decade of Action for Road Safety, launched globally on May 11.

The George Institute is a supporter of this global initiative announced by the UN General Assembly in 2010. It aims to halve projected global road traffic deaths over the next ten years saving 5 million lives, 50 million serious injuries and the equivalent of US\$5 trillion.

Low income and middle-income countries are the most impacted by road accidents, accounting for 90% of all road-traffic deaths, despite fewer vehicles in these countries.

Internationally, The George Institute is leading studies in India about the country's ever increasing traffic volume, and its economic and social impact. In China, The George is involved in a study examining the effectiveness of a training program for novice drivers in Beijing. In Vietnam, a study by The George Institute is examining the economic cost of road injury.

Through the Decade of Action for Road Safety, Member States, with the support of the international community, commit to actions in areas such as developing and enforcing legislation on key risk factors: limiting speed, reducing drink-driving and increasing the use of seatbelts, child restraints and motorcycle helmets.

Efforts will also be undertaken to improve emergency trauma care, upgrade road and vehicle safety standards, promote road safety education and enhance road safety management generally.

Without a concerted effort and a planned, coordinated approach, road traffic injuries are predicted to be the fifth leading cause of death by 2030. The George Institute welcomes the Decade of Action for Road Safety, and encourages further research, support and promotion to help achieve the goals set by WHO.

## HIP FRACTURE AFFECTS MORE THAN THE HIP POCKET

**CURRENTLY IN AUSTRALIA, MORE THAN 16,000 PEOPLE BREAK THEIR HIP EVERY YEAR. ALL OF THESE PEOPLE WILL BE ADMITTED TO HOSPITAL, AND MOST WILL HAVE SOME KIND OF SURGERY. A YEAR LATER, LESS THAN HALF WILL BE ABLE TO WALK AS WELL AS THEY DID, AND SADLY, ANOTHER 6-7% WILL HAVE DIED.**

On top of the emotional cost, the financial burden of hip fracture is extremely high with an estimated annual bill in Australia of more than \$1 billion per year.

On April 27, The George Institute and NSW Agency for Clinical Innovation held a seminar on hip fracture, which was sponsored by the Agency for Clinical Innovation. Professor Keith Willett, National Clinical Director for Trauma Care, Department of Health, UK Government, spoke about a new policy in the UK relating to hip fracture.

The policy involves paying hospitals only if they achieved all of the critical standards

of health care. For example, surgery within 36 hours of admission, multidisciplinary care and geriatric medical assessment were included in key indicators. Initially hospitals were kept anonymous but now they are named, providing added incentive for optimum performance. Outcomes for hip fracture patients have improved enormously as a result of this program.

It is hoped that a similar database may commence in NSW and potentially nationally, which would provide the evidence to show where investment was needed in this country.

About 10% of all hip fractures worldwide occur in China. There are currently 8 million 80-year-olds in China. This figure is expected to increase to 100 million by 2050 which will place significant pressures on health services, and put high treatment costs onto individuals and families without the means to pay for it. The rapid ageing in China has led to an aged population with only 8% of the average income compared to that in the UK or Australia.

The George Institute, together with



**Richard Lindley (The George Institute), Laura Ahmad (Concord Hospital, Sydney), Jacqui Close (Neuroscience Research Australia) and Keith Willett (University of Oxford).**

partners in Beijing and Oxford (including Keith Willett) will soon commence a study that aims to improve the management of hip fracture in China, and minimise the financial impact.

It is anticipated that this may lead to further research into new approaches to prevention, treatment and rehabilitation, early supported discharge, sustainable low-cost quality improvement programs and the evaluation of new hospital pathways or models of care.

Richard Lindley, Professorial Fellow at The George Institute, commented, "The UK experience has demonstrated that substantial improvements in hip fracture care can be achieved guided by good data, and a brave Department of Health who were prepared to use a carrot and stick approach to hospital funding. Whether we can replicate an adapted version of this in Australia (or China) will be part of the focus of The George Institute work in this area".

## COOK FOR A CURE: THE GEORGE ANNOUNCED AS A BENEFICIARY



Michael Moore, owner of The Summit, is The George Ambassador for Cook for a Cure

A recent public opinion poll by Research Australia showed that 90% of Australians believe that medical and health research is the most important industry for Australia's future. In response, the organisation has developed a new campaign, *Cook for a Cure* (C4C), to make it easy for the public to donate to their chosen research area.

Throughout the month of August, *Cook for a Cure* invites friends, family, and work colleagues to share a meal to support their chosen research area. Donations are made through the Research Australia website.

The George Institute has been selected as one of ten organisations to which supporters can direct their donations. Funds raised will support The George's polypill research, helping those who have suffered a heart attack or stroke, get simpler, less expensive medication.

As noted in our lead story, by combining medications into one, easy-to-take pill, patients just about anywhere in the world can halve their risk of a heart attack or stroke. Now the research team needs to investigate if patients will find it easier to adhere to their treatment.

Once funded, the researchers will provide updates via the *Cook for a Cure* website so supporters can learn more about how their donation is helping.

The program aims to attract a substantial increase in funding for health and medical research from private sources.

To participate in *Cook for a Cure* and support The George, visit [www.cookforacure.org.au](http://www.cookforacure.org.au).

## SHANXI PROVINCE WELCOMED DOMESTIC AND INTERNATIONAL EXPERTS IN CHRONIC DISEASE PREVENTION

China has entered a phase of rapid social and economic transition. Profound changes have taken place in economic, social and cultural structures of the society.

The George Institute for Global Health, China, with support from the Ministry of Health, Shanxi Provincial Bureau of Health and Changzhi Medical College, hosted the 3rd Annual Forum on the Prevention and Management of Chronic Disease and the Health Policy Roundtable at the beginning of this month.

Themed "*International and Domestic Strategies for the Prevention and Control of Chronic Diseases in Social Transition*", the events aimed to better understand the opportunities and challenges brought by social transition to the development of health care, especially to chronic disease prevention and control.

The Forum was open to the public and media, with eminent China and international experts invited to speak on the challenges and opportunities of chronic disease prevention and control in their country.

The Roundtable was by invitation only. Around 30 participants including policy makers, academic experts, industry experts and opinion leaders contributed to the discussion.

Over two days participants had the opportunity to meet key decision makers involved in the LifeSeeds project, as well as colleagues from the Ministry of Health, Chinese Center for Disease Control and Prevention (China CDC), Peking University, the Shanxi Provincial Bureau of Health, Changzhi City Government, Changzhi Medical College, WHO, US Center for Disease Control, Duke University, and the World Bank.

A highlight of the program was to visit participating villages in LifeSeeds program to see first-hand how it is being implemented at the village level.

A full report on the proceedings will be published in the August edition of China Update.

## CITY TO SURF

The world's largest fun run, the *City2Surf* is taking place this year on Sunday, August 14 in Sydney. More than 80,000 are expected to pound the pavement and in the process, raise more than \$2 million for Australian charities.

This year sees a team from The George Institute participating. People from all areas of the organisation will be running, walking or cheering from the sidelines to help raise awareness and funds for The George Institute's research programs.

To support The George Institute's *City2Surf* team, visit <http://TGICity2Surf.gofundraise.com.au>.

The event will launch our community fundraising program *G for The George*.



The George team leader Jackie Alva (right) with Danielle Millican

## 60 SECONDS WITH ... SUE MURRAY EXECUTIVE DIRECTOR, THE GEORGE FOUNDATION



**My earliest memory is** my grandmother's puppet shows. She was a social worker who pioneered the use of puppets to help disadvantaged kids communicate.

**When I was a child I wanted to be** a detective; a marine biologist; an actor; an Olympic swimmer ... in fact I probably wanted to do everything.

**I never leave home without** my lipstick.

**My ideal Sunday is** sunshine and a long lazy lunch with family and friends.

**My fridge usually contains** eggs so I can get spoiled with breakfast in bed on the weekend!

**My biggest weakness is** saying "no" when my plate is already full.

**I have always wanted to** travel in luxury ever since I read *Around the World with Auntie Mame* as a little girl.

**I dream about** scoring golf's elusive

hole in one on one of the world's great golf courses ... or even on "Royal" Kogarah would do.

**My biggest achievement has been ...** it is yet to come. It will be contributing to improving the health of millions of people globally by creating a successful Foundation for The George Institute.

**I work at The George Institute because** the challenge of building a global Foundation that will help to save millions of lives is one that I could not pass up.

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