



Institute for International Health

ANNUAL REPORT 2001/2002

I N S T I T U T E F O R I N T E R N A T I O N A L





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THE INSTITUTE WORLDWIDE



In 2002, the Institute's programs involved 29 countries worldwide. A substantial focus of new activity concerned middle and low-income countries in the Asia-Pacific region.

In addition, staff of the Institute are involved in a variety of collaborations with individuals and institutions from all corners of the world.

The Institute is involved in global initiatives on heart disease and motor vehicle related injury in partnership with the World Health Organization and the Global Forum for Health Research. A major new collaboration has been established with the Department of International Health at

the Johns Hopkins University Bloomberg School of Public Health in the USA.

Within Australasia, collaborative relationships have been established with the University of Melbourne, the University of Western Australia, the University of Auckland, the Australia and New Zealand Intensive Care Society and the Australia New Zealand Society of Nephrology. Within Sydney, the Institute has established collaborations with several centres, including the NHMRC Clinical Trials Centre (University of Sydney) and the Injury Risk Management Research Centre (University of New South Wales).

INSTITUTE HIGHLIGHTS

Launch of the Institute's Policy and Practice Program, headed by Professor Michael Reid, former Director-General of NSW Health, Australia.

Memorandum of understanding signed with the Department of International Health, Johns Hopkins University Bloomberg School of Public Health, committing both institutions to a program of collaboration in research and training.

Appointment of Institute Directors to leading roles in global research initiatives. Professor Stephen MacMahon was appointed Chair of the Initiative on Cardiovascular Health Research in Developing Countries, and Professor Robyn Norton was appointed Chair of the Road Traffic Injury Research Network. Both are initiatives of the Geneva-based Global Forum for Health Research.

Major collaborative program established in India with the Byrraju Foundation and the Centre for Chronic Disease Control in New Delhi. The aim of the program is to improve primary health care delivery in rural villages in Andhra Pradesh.

Development of a China-Australia collaboration in health research, development and training involving the Peking University Health Science Centre, the China Centre for Disease Control and Prevention (CCDC), and the Chinese Ministry of Health.

Review of the impact of the private health sector for the World Health Organization by the Policy and Practice Program. This review surveyed the experience of governments throughout the world in private health financing and service provision.

Expansion of teaching and training activities, coordinated by the Epidemiology and Biostatistics Program, with courses conducted in Beijing, Shanghai, Hong Kong, Thailand and Taiwan.

Major grant from the National Health and Medical Research Council (NHMRC) for the DRIVE study, a cohort study of 20,000 young people, designed to identify risk factors for injury among young drivers.

More than 10,000 participants recruited to global diabetes study (ADVANCE), coordinated by the Heart and Vascular Program.

Establishment of a Mental Health Program Advisory Committee to guide the planning and development of this program.

Inaugural meeting of the Institute's Research and Development Advisory Committee.

MESSAGE FROM THE CHAIRMAN

It is my pleasure to present the third annual report of the Institute for International Health. The past year has been a period of continued growth for the Institute, with the launch of the Policy and Practice Program, plans underway for new initiatives in China and India, and substantial progress in the existing programs.

The Institute's financial position remains firm, with a total turnover of over \$10 M in the 2001/2002 financial year, and with positive projections for income and expenditure for the forthcoming years. Institute staff were, once again, very successful in attracting support from peer-reviewed agencies, particularly the National Health and Medical Research Council (NHMRC), with total awards of \$1.3 M in 2001 and \$1.9 M in 2002.

Several institutions have provided infrastructure funds for the Institute's work in the past year, including The Medical Foundation of the University of Sydney, the University of Sydney, NHMRC and NSW Health. In addition, the Institute's projects have been supported by a diverse range of organisations, including NHMRC, State and Commonwealth Governments of Australia, the National Heart Foundation, the Motor Accidents Authority (MAA), Servier, Pfizer, Medical Benefits Fund of Australia and others. These sponsors have made valuable

contributions to the work of the Institute, and their support is greatly appreciated. I would also like to take this opportunity to thank the two principal partners of the Institute, the University of Sydney and the Central Sydney Area Health Service, for their support over the past year.

The continued growth and success of the Institute would not have been possible without the efforts of the staff and their commitment to the Institute's objectives. In particular, I would like to acknowledge the substantial contributions of the Institute's Program Directors – Professors Michael Reid and Mark Woodward and Associate Professor Bruce Neal, as well as that of the Institute's General Manager, Mr Graham Lawrence. Furthermore, the dedication and leadership demonstrated by the Institute's Principal Directors, Professors Stephen MacMahon and Robyn Norton, with the advice, support and encouragement of Professor John Chalmers, have helped to position the Institute well for future expansion.

Once again, on behalf of the Board of Directors, I congratulate the Institute staff and their collaborators worldwide on the success of their programs, and the important contributions they have made to health care development worldwide.



Peter Burrows

Peter Burrows
Chairman, Board of Directors

MESSAGE FROM THE PRINCIPAL DIRECTORS

The Institute for International Health was established in 1999 in response to the growing worldwide burden of non-communicable disease and injury, particularly in the Asia-Pacific region. Since its inauguration, the Institute has begun research, policy development and training initiatives in 29 countries, with more than 50 staff employed in its Sydney offices, and with the collaboration of more than 300 hospitals and universities worldwide.

The past year has seen some important new developments in the Institute's programs, guided in part by the recommendations of the Institute's Research and Development Advisory Committee, which had its inaugural meeting in September 2001. These developments have helped to realise the Institute's commitment to health research that has policy relevance, health policy that is evidence-based and capacity development that addresses the needs of low and middle-income countries in the Asia-Pacific region. Specifically, the establishment of the Institute's Policy and Practice Program and new collaborations established in both China and India support these developments. Additionally, the signing of a memorandum of understanding with the Johns Hopkins University Bloomberg School of Public Health in the USA signals the Institute's growing alliances with partners who are similarly committed to addressing global disparities in health status.

In the coming year, the Institute will continue to strengthen its existing programs, work towards the establishment of a Mental Health Program, and increase its involvement in the field of development assistance. The Institute aims to contribute to a broader range of projects in lower-income countries through forging strategic partnerships with Australian and international organisations involved in primary health care, and initiating new activities focussed on building capacity in health care program development and service delivery.

The Institute's achievements in the past year can be attributed to the outstanding efforts made by the staff of the Institute, especially the Program Directors and the Institute's General Manager. The direction provided by the Institute's Board of Directors and its Research and Development Advisory Committee has been invaluable, and we would like to especially acknowledge the advice and support of Professor John Chalmers and Mr Peter Burrows. Finally, we would also like to thank the Vice Chancellor of the University of Sydney, Professor Gavin Brown, and the Chief Executive Officer of the Central Sydney Area Health Service, Dr Diana Horvath, for their continued commitment to the Institute.



Robyn Norton

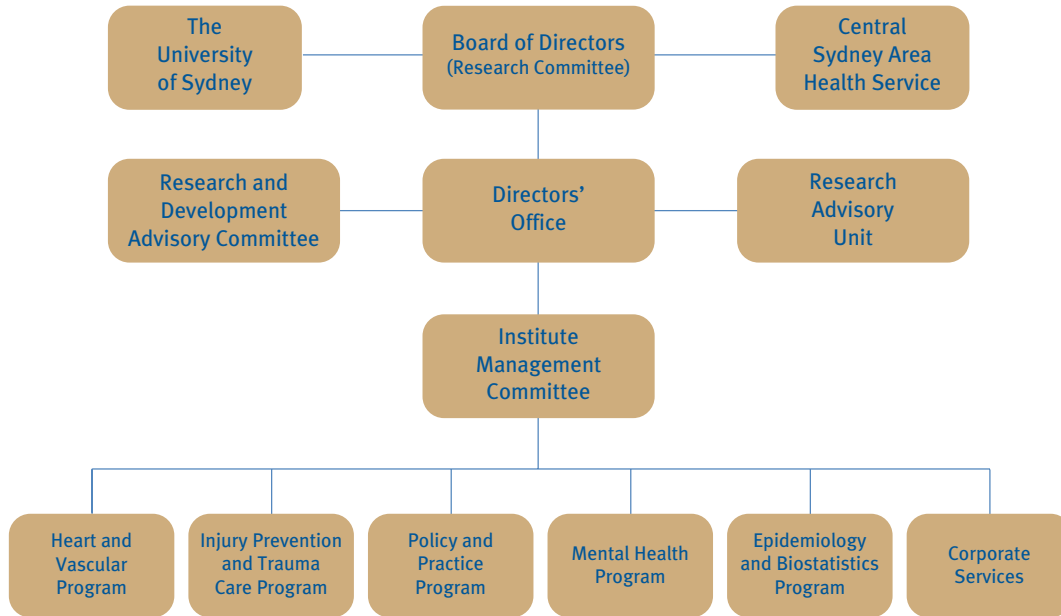
Robyn Norton
Principal Director,
Professor of Public Health,
University of Sydney



Stephen MacMahon

Stephen MacMahon
Principal Director,
Professor of Cardiovascular
Medicine and Epidemiology,
University of Sydney

INSTITUTE STRUCTURE



Board of Directors

The Institute has been established as an independent charitable institution, the activities of which are overseen by a Board of Directors. The Board oversees fundraising, investment and expenditure, and advises on administration and management. Membership of the Board includes representatives of the Institute and University, representatives of major sponsors (including The Medical Foundation of the University of Sydney) and a representative of the Central Sydney Area Health Service (from October 2000). A full listing of Board members is provided on page 50.

Research and Development Advisory Committee

The Institute has a Research and Development Advisory Committee to review and advise on the activities of its programs. Members of the committee

include international authorities on non-communicable diseases and injury, authorities on health research and development in low and middle-income countries, representatives of international health and development agencies, and representatives of the Australasian and Asian Pacific research community. A full listing of members is provided on page 52.

The University of Sydney

The Institute is formally associated with The University of Sydney through a memorandum of understanding that designates the Institute as a Research Department of the University of Sydney. The Institute is primarily associated with the Central Clinical School and has a close relationship with the School of Public Health. Many staff of the Institute have full or conjoint academic appointments at the University of Sydney and all applications for support



from peer-reviewed agencies and foundations, such as the NHMRC, the National Heart Foundation and the Wellcome Trust, are submitted through the University of Sydney.

Central Sydney Area Health Service

The Institute is formally associated with the Central Sydney Area Health Service through a memorandum of understanding. Senior academic staff of the Institute hold Honorary Consultant appointments at the Royal Prince Alfred Hospital in several clinical divisions. In 2003, the Institute will relocate to the King George V Hospital within the Royal Prince Alfred Hospital campus.

Management and Programs

The Institute is headed by two Principal Directors (Professor Stephen MacMahon and Professor Robyn Norton) who are

responsible to the Board of Directors for the activities of the Institute. Associate Professor Bruce Neal is Director of the Heart and Vascular Program, Professor Robyn Norton is Acting Director of the Injury Prevention and Trauma Care Program, Professor Mark Woodward is Director of the Epidemiology and Biostatistics Program, Professor Michael Reid is Director of the Policy and Practice Program and Mr Graham Lawrence is the General Manager and head of Corporate Services, which supports the programs. It is anticipated that a new Director of the Injury Prevention and Trauma Care Program will be appointed in 2003, and a foundation Director of the Mental Health Program will be appointed in 2004. Collectively, the Principal Directors and Program Directors form the Institute Management Committee.

US and Australian health institutions join forces

In September 2001, the Institute signed a memorandum of understanding with the renowned Johns Hopkins University Bloomberg School of Public Health, heralding the start of significant collaborations between the two institutions. Professor Robert Black, Head of the Department of International Health, signed the agreement in Sydney, on behalf of Johns Hopkins. The agreement formalises opportunities for the exchange of technical information and expertise, academic exchange and cooperation in teaching and research to further the field of international health.

Since then, a Visiting Scholars Program has been established, with support from the University of Sydney. In March 2002, Dr Adnan Hyder from Johns Hopkins visited the Institute as the inaugural scholar. Dr Hyder is working closely with Professor Robyn Norton, a Principal Director of the Institute, on a global initiative focussed on motor vehicle injuries in middle and lower-income countries. Dr Hyder also contributed to the Institute's International Health Seminar Series and lectured to students in the Masters of International Public Health program. Plans are well advanced for a range of joint activities in 2003, including visits to the Institute by Professor Joanne Katz and Professor Scott Zeger.



Professor Robyn Norton signs memorandum of understanding

Stroke and heart attack are the two leading causes of death worldwide



Bruce Neal
Director,
Heart and Vascular

The principal goal of the Heart and Vascular Program is the discovery and implementation of new strategies for the prevention of stroke, heart attack and other major vascular diseases. The selection of this area for research reflects the global importance of vascular diseases as causes of premature death and disability. In 2000, stroke and heart attack represented the two leading causes of death worldwide, responsible for more than 10 million deaths annually. The burden of ill health caused by vascular diseases will rise sharply in the next few decades, particularly in developing countries. By 2020, the toll in lower-income countries will outweigh that in higher-income countries by a factor of four. The requirement for major new initiatives addressing cardiovascular health in developing countries has been clearly identified as a global health priority.

The recently published 2002 World Health Report emphasises the potential benefits of more effective vascular disease prevention strategies. The leading risk factors for stroke and heart attack are blood pressure, tobacco, cholesterol and being overweight. Each of these factors is among the top ten causes of the global disease burden,

and collectively these risk factors account for more than half the entire disease burden in developing countries. Population interventions that seek to reduce levels of blood pressure and cholesterol and individualised interventions targeting high-risk patients have been identified as particularly promising strategies for cost-effective disease prevention.

In the past 12 months, the Heart and Vascular Program has had a major focus on the initiation of new projects in middle and lower-income countries of the Asia-Pacific region. There have been several important successes in this regard, culminating in the establishment of new collaborating research centres in China, India, Malaysia and The Philippines. Furthermore, substantial expansion of the Program in the region is anticipated over the coming years with the extension of the recently completed InterASIA risk factor survey in Thailand into an implementation phase, and the commencement of a major new initiative in the rural Godavari region of Andhra Pradesh, India.

In addition to the initiation of these new projects, the Program has also continued to make progress with



several established studies. In particular, the ADVANCE study has completed recruitment of the required 10,000 participants from more than 200 centres located in 20 countries worldwide.

This study, which has another four years to run, will provide new evidence about widely practical treatment strategies for the prevention of vascular complications of diabetes. The scientific value of the project has been further strengthened by the establishment of major sub-studies examining eye disease and cardiac function. A particularly innovative aspect of the study has been the very successful implementation of an Internet-based data capture and trial management system, developed by the Institute.

The outlook for the Heart and Vascular Program over the next few years remains very positive. The Program has continued its success in securing grants from the NHMRC and the National Heart Foundation of Australia and has

won new grants from the US National Institutes of Health and the US-based Future Forum. Further grants are currently being negotiated with the Byrraju Foundation for a project in India and with the University of Oxford for a project on renal disease in several countries in the Asia-Pacific region. The latter has evolved from a major new collaboration established with the Australia New Zealand Society of Nephrology. Plans for other research into the acute and long-term management of stroke and the prevention of venous thrombosis are well advanced, as are plans for studies investigating the nutritional determinants of cardiovascular disease. The success and growth of the Program has been greatly facilitated by the hard work of all members of the team, and will continue apace with the recent appointment of new research fellows and program administration staff.

Bruce Neal is Director of the Heart and Vascular Program at the Institute for International Health, Associate Professor in the Faculty of Medicine at the University of Sydney and Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital. This year he was awarded a 5-year career development award by the National Heart Foundation of Australia. Bruce completed his medical training at Bristol University in the UK in 1990 and spent four years in clinical posts during which he gained membership of the UK Royal College of Physicians. Prior to taking up his current post in 1999, he spent four years working as an epidemiologist at the Clinical Trials Research Unit in Auckland, New Zealand, where he completed a PhD in Medicine.



Left to right: Dr Ge Yuan, Dr Yang Husheng, Ms Helen Monaghan, Professor John Chalmers, Dr Xin-Hua Zhang and Dr Sui Hui: ADVANCE in China

Acute Coronary Syndromes in Developing Countries

Institute Investigators

Anushka Patel, Bruce Neal, Helen Monaghan, Vivek Chaturvedi

Collaboration

The Centre for Chronic Disease Control, New Delhi; All India Institute of Medical Sciences, New Delhi

Funding Agencies

Institute for International Health, IC Health

Aims

To assess the incidence and management of acute coronary syndromes in lower-income countries.

Methods

A questionnaire survey of health care facilities providing care to patients presenting with acute coronary syndromes.

Status/Results

The questionnaire has been developed and is currently being piloted at selected centres. The survey will be widely distributed to diverse health care centres in many developing countries during 2003.

Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)

Institute Investigators

Stephen MacMahon, John Chalmers, Bruce Neal, Anushka Patel

Project Managers

Helen Monaghan, Rochelle Currie

Collaboration

University of Melbourne, Australia; University of Auckland, New Zealand; Chinese Academy of Medical Sciences, Beijing; Imperial College, UK; University of Montreal, Canada; Utrecht University, The Netherlands, and more than 200 clinical centres in 20 countries worldwide

Funding Agencies

Servier, NHMRC

Aims

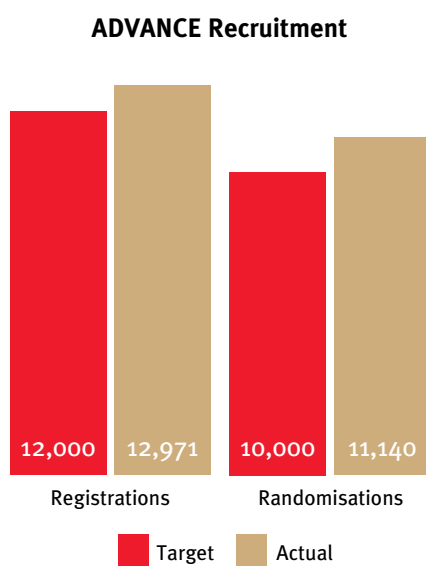
To determine the effects of more intensive blood pressure lowering and glucose control on the risks of major cardiovascular events in high-risk patients with type 2 diabetes.

Methods

The study is a factorial, multicentre, randomised controlled trial. 11,000 participants have been recruited and randomised to either a fixed low-dose perindopril-indapamide combination or matching placebo and to either an intensive modified-release gliclazide-based glucose lowering regimen or standard guidelines-based glucose lowering therapy. Follow-up will be for an average of 4.5 years. The primary outcomes will be major macrovascular complications (stroke and heart attack) and major microvascular complications (eye and renal disease).

Status/Results

The trial has completed recruitment on schedule and has now entered the follow-up phase. Final results are expected to be available in 2006.



PROGRESS – more than just a stroke study

The primary objective of PROGRESS was to determine whether lowering blood pressure would reduce the risk of further strokes among patients who had previously suffered a stroke. However, the study has provided a wealth of additional information.

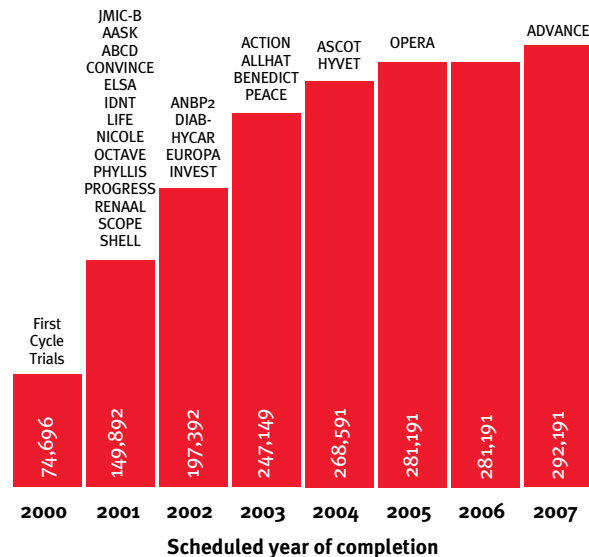
While dissemination of the main results of the study continues, the focus has shifted over the past 12 months to analysing the effects of the study treatment on a number of important secondary outcomes. These include the development and progression of dementia and stroke-related disability, both of which are important consequences of stroke that adversely impact quality of life. The study found that active treatment reduced the risk of stroke-associated dementia by about one-third and stroke-related disability by about one-quarter.

Another important finding from PROGRESS concerns the effects of treatment on cardiac outcomes. The blood pressure lowering regimen reduced the risk of a major coronary event by about one-quarter, and the risk of heart failure by about one-fifth, both of which are common causes of death and disability in patients with stroke. Further analyses of secondary outcomes are ongoing, including a detailed assessment of the effects of treatment on different stroke subtypes.

An important resource in large clinical trials such as PROGRESS is the collection and storage of blood samples from participants at the start of the study. These blood samples can subsequently be used to study the determinants of stroke (as well as other diseases), and in particular, provide an opportunity to examine novel risk factors that emerge as a result of ongoing scientific discovery. This year, PROGRESS investigators have been successful in securing a number of grants including one from the US National Institutes of Health, to conduct analyses on stored blood from study participants. These analyses will form the basis of much of the ongoing activity relating to PROGRESS in the coming year.



Trials participating in the Blood Pressure Lowering Treatment Trialists' Collaboration



Blood Pressure Lowering Treatment Trialists' Collaboration

Institute Investigators

Bruce Neal, Neil Chapman, Stephen MacMahon, John Chalmers

Collaboration

Principal investigators from large-scale trials worldwide, including studies conducted in Australasia, Asia, North America and Europe

Funding Agencies

NHMRC, National Heart Foundation of Australia, Health Research Council of New Zealand (HRC), British Heart Foundation, International Society of Hypertension, AstraZeneca, Aventis, Bayer, Bristol-Myers Squibb, GlaxoWellcome, Hoechst, Merck, Pfizer, Searle and Servier

Aims

To provide reliable evidence about the effects of different classes of blood pressure lowering drugs on cardiovascular mortality and morbidity in a variety of patient groups.

Methods

A series of prospective overviews (meta-analyses).

Status/Results

The first round of analyses was performed in 2000 and included data from 15 completed trials and about 75,000 patients. The second cycle of analyses is scheduled for completion in the first quarter of 2003 and will include data from at least 200,000 individuals. Support for the second cycle of analyses was recently received from the NHMRC and will enable the completion of both overall and subgroup analyses. A series of interim papers and reports have been presented over the last twelve months and a Collaboration Website has been established (www.iih.org/bplttc/). The next full meeting of the Collaboration is scheduled for the second quarter of 2003.

China Salt Substitute Study (CSSS)

Institute Investigators

Bruce Neal, Rachel Huxley

Collaboration

University of Auckland, New Zealand; University of Otago, New Zealand; University of Western Australia, Perth; Fu Wai Hospital, China; Peking Union Medical College, China

Funding Agencies

The study is partially funded by the University of Sydney.

Aims

The primary aim of this study is to determine the long-term effects of low-sodium, high-potassium salt-substitute on blood pressure among individuals in Northern China with a history of cerebrovascular disease.

Methods

The study is a double-blind randomised trial. There will be 600 participants at high-risk of vascular disease recruited and followed up for 12 months through an established network of hospital-based clinics in Northern China.

Status/Results

Recruitment to the study is anticipated to commence by mid 2003.

Cardiovascular Health Initiative in Andhra Pradesh

Institute Investigators

Bruce Neal, Stephen MacMahon, Anushka Patel, Rohina Joshi

Collaboration

Centre for Chronic Disease Control, New Delhi; Byrraju Foundation, Hyderabad, India

Funding Agencies

Byrraju Foundation, Institute for International Health

Aims

As part of a broader rural health program in India, this initiative aims to formulate,



implement and evaluate simple low-cost intervention programs for the prevention of cardiovascular diseases.

Methods

The project will comprise a number of components. In the first stage a survey of disease prevalence, health care facilities and causes of death will be conducted to provide a comprehensive burden of disease assessment. Based on the findings of this assessment, intervention projects will be implemented targeting cardiovascular causes of death and disability. Wherever possible the interventions will be tested using cluster randomised trial methodologies. Incorporated within the program will be various capacity building initiatives.

Status/Results

A strong collaboration has been established with researchers in India, and donors at the Byrraju Foundation. Pilot studies will commence during 2003.



Dietary Intervention in e-shopping Trial (DIeT)

Institute Investigators

Bruce Neal, Rachel Huxley

Collaboration

Department of Human Nutrition,
University of Sydney, Australia;
Shopfast, Australia; British Heart
Foundation, UK

Funding Agencies

Future Forum, Heart Foundation
of Australia

Aims

To determine the effects of highly
tailored dietary advice on the amount
of fat purchased by consumers using a
commercial Internet-shopping service.

Methods

DIeT is a randomised, double-blind,
controlled trial in which at least 500
participants will be enrolled and
followed over a 3-month period.

Status/Results

The study design is now complete
and the software prepared for
implementation early in 2003.

International Collaborative Study of Cardiovascular Disease in Asia (InterAsia)

Institute Investigators

Sayan Cheepudomwit, Bruce Neal,
Stephen MacMahon

Collaboration

Faculty of Medicine, Mahidol University,
Thailand; National Health Foundation,
Thailand; Tulane University, USA

Funding Agencies

Pfizer

Aims

To estimate the prevalence of
cardiovascular diseases (such as coronary
heart disease and stroke) and the levels
of cardiovascular risk factors (such as
blood pressure, cholesterol, cigarette
smoking, diabetes and obesity)
in Thailand.

Methods

A cross-sectional survey of a
representative national sample of 5,000
adults from Thailand has been
conducted. Data about cardiovascular
diseases and risk factors were collected
by a questionnaire, physical
examination and a blood test.

Status/Results

The study is complete and a main report
has been finalised. The results have
been presented at major international
meetings and a series of publications are
in process. The main results have been
provided to the Thai Ministry of Health.
A major new application has been made
to the NHMRC and the Wellcome Trust
to support the extension of the project
into an implementation phase designed
to test the effectiveness of vascular



disease prevention strategies and build research and policy capacity in Thailand.

Sodium in Bread Study (NaBS)

Institute investigators

Bruce Neal, Seham Girgis

Collaboration

University of Otago, New Zealand;
Department of Nutrition, Royal North Shore Hospital, Australia

Funding Agencies

Northern Sydney Area Health Service;
George Weston Foods provided the bread for the study.

Aims

To determine whether it is possible to make a one-quarter reduction in the salt content of bread without adversely affecting palatability.

Methods

110 participants were randomly assigned to either six consecutive weeks of bread with 100% usual sodium

content or six weeks of bread in which the sodium content was reduced from 100% usual to 75% usual over the follow-up period. Participants' ability to detect difference in the bread and perceptions of taste, flavour and acceptability were recorded each week.

Status/Results

The study is now complete. Participants were not able to detect the week-to-week reductions in sodium content of the bread, making this a possible new means of achieving meaningful reductions in dietary sodium intake. The findings were presented at a meeting of the Public Health Association of Australia, and a paper has been accepted for publication.

新闻发布会

2001年7月14日上海



PROGRESS results are presented in China

Perindopril Protection Against Recurrent Stroke Study (PROGRESS)

Institute Investigators

John Chalmers, Stephen MacMahon,
Bruce Neal, Mark Woodward

Project Manager

Rochelle Currie

Collaboration

University of Auckland, New Zealand;
University of Melbourne, Australia;
Chinese Academy of Medical Sciences,
China; National Cardiovascular Centre,
Japan; University of Glasgow, UK;
Lariboisiere Hospital, France; Università
degli Studi di Milano, Italy; Uppsala
University, Sweden, and 172 other
hospital and university centres
worldwide

Funding Agencies

HRC, NHMRC, US National Institutes
of Health, Pfizer Cardiovascular Lipid
Grants, Servier

Aims

To determine the effects of an
angiotensin converting enzyme (ACE)
inhibitor-based blood pressure lowering
regimen on the risk of stroke among
patients with a history of
cerebrovascular disease. Secondary aims
include investigation of the effects of
treatment on other major outcomes
and investigation of the determinants
of stroke.

Methods

PROGRESS is a randomised, double-
blind, placebo-controlled trial in which
6,105 participants with stroke or TIA
were randomised to perindopril-based
treatment or matching placebos.
Follow-up continued for an average
of four years.

Status/Results

The study is now complete and the
results showed that study treatment
reduced the risk of stroke by a quarter.
The results have direct clinical
implications for more than 50 million
individuals with cerebrovascular disease
worldwide. Ongoing analyses of
baseline blood samples, genetic and
other baseline characteristics are the
focus of current activities. In addition,
several further papers documenting
the effects of treatment on major
secondary outcomes, such as cardiac
endpoints and dementia, have now
been accepted for publication.



Study of Heart and Renal Protection (SHARP)

Institute Investigators

Bruce Neal, Stephen MacMahon

Project Manager

Rochelle Currie

Collaboration

University of Oxford, UK

Funding Agencies

NHMRC, University of Oxford

Aims

To determine the effects of cholesterol lowering with a combination of simvastatin and ezetimibe on the risk of major vascular complications in patients with chronic kidney diseases.

Methods

A randomised placebo-controlled trial to be conducted among 9,000 individuals recruited from about 200 centres worldwide. The Institute for International Health will coordinate and oversee the recruitment of about one-third of the study participants from an estimated 100 centres in Australia, New Zealand, Thailand, Malaysia and China. Mean follow-up for participants will be 4.5 years.

Status/Results

The study design has been finalised and a first meeting of collaborators has been held in Sydney. Ethics committee approvals are now being sought, and it is anticipated that recruitment will commence in the second half of 2003. The study results will not be available until 2007 or 2008.



ADVANCE in Poland

Diabetes is a serious health problem in Poland. The numbers suffering from type 2 diabetes have increased dramatically in recent years and it is, therefore, a national priority to determine how best to prevent, as well as treat, this problem. Poland is one of the 20 countries collaborating in ADVANCE, and has a total of 17 clinical centres recruiting diabetic patients to the study. The centres include academic institutions, municipal hospitals and private practice offices, scattered across Poland from Gdansk in the North to Krakow in the South. In total, 668 participants have been entered from Polish centres, and will be followed up by their doctors for the next four years.

Several of the centres are highly experienced in carrying out clinical trials, while for others it is only the beginning of their "research career". The centre in which the very first Polish participant was recruited achieved spectacular results, not only by recruiting a large number of patients, but also by registering the 10,000th patient in the study. Doctor Bloch from this centre said that their success with the study was well beyond his expectations, "I would have never thought there would be so much interest from patients".

**By 2020, 90%
of motor vehicle
injuries will
occur in low and
middle-income
countries**



Robyn Norton
Acting Director,
Injury Prevention
and Trauma Care

Injuries currently account for 11% of global mortality and 13% of all disability adjusted life years. The Institute's Injury Prevention and Trauma Care Program focusses on road traffic injuries, musculoskeletal conditions and trauma management. By 2020, road traffic injuries are expected to become the sixth leading cause of death and the third leading cause of disability worldwide, with about 90% of this burden occurring in low and middle-income countries. Musculoskeletal conditions, including fall-related injuries, are also important global causes of disability, with falls being the 14th leading cause of death and disability worldwide. By 2020, osteoarthritis is projected to become the seventh leading cause of death and disability in the developed world, with the incidence rising in developing countries, consistent with changing demographic patterns. The focus on trauma management reflects the paucity of research in this area and the need to identify and implement effective evidence-based trauma care.

The Program's work on road traffic injuries was boosted during 2001/2002 with the receipt of major funding from the NHMRC and the MAA, to conduct

a cohort study to identify risk factors for driver injuries among 20,000 young people. Piloting for the project is now completed and the main study will be launched in early 2003. During the year, data collection was completed for an important study undertaken in Southern China that seeks to identify the prevalence and barriers to helmet use among motorcyclists. Several papers identifying risk factors for injuries among car occupants were published or accepted for publication during the year, including a paper published in the British Medical Journal, showing large increases in the risk of motor vehicle driver injury associated with acute sleepiness. Program staff continued to support the activities of the Global Forum for Health Research's Road Traffic Injury Research Network, as evidenced by their leadership role in the initiative.

The primary focus of the Program's work in the area of musculoskeletal conditions is the HIPAID study. This NHMRC-funded study involves the conduct of a randomised controlled trial to examine the effects of a non-steroidal anti-inflammatory drug on ectopic bone formation, pain and disability following hip replacement surgery. More than 500 patients have



been recruited to the study, from several orthopaedic centres throughout Australia and New Zealand. The primary focus of the Program's work on trauma management is the SAFE study. This study, undertaken in collaboration with the Australia and New Zealand Intensive Care Society and supported by a range of funding bodies, involves the conduct of a trial to examine the efficacy and safety of saline versus albumin for fluid resuscitation. Over 5,000 patients, from intensive care units throughout Australia and New Zealand, have now been recruited to the study.

In addition to the Program's research activities, staff continue to contribute to teaching and training activities within the University and, in particular, have responsibility for the conduct of

an injury prevention elective within the Masters of Public Health program. Last year, in collaboration with colleagues at the Universities of Western Australia and Queensland, funds were secured to extend this elective, to facilitate the development of an Internet-based delivery component, designed for access by students in the wider Asia-Pacific region.

The appointment of a Program Director and Chair of Injury Prevention/Trauma Care should be completed in early 2003. This, combined with new initiatives that are being planned with colleagues in China, India and Thailand, signals continuing growth for the Program in the coming year.

Robyn Norton is a Principal Director of the Institute for International Health. She is also Professor of Public Health in the School of Public Health at the University of Sydney and Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital. Robyn holds Honorary Professorships at Shenyang Medical College, China and the University of Auckland, New Zealand. Robyn is Chair of the Road Traffic Injury Research Network of the Global Forum for Health Research, Chair of the Research Committee of the Australasian Trauma Society and Chair of the NSW Chapter of the Australian College of Road Safety.



How SAFE?

The SAFE study is the world's largest clinical trial in intensive care.

The aim of SAFE is to determine the effects of human albumin and normal saline as fluid resuscitation in critically ill patients. Both of these intravenous treatments have been

used in Intensive Care Units (ICU) for decades and there is no clear evidence to indicate if one treatment is superior to the other.

Seven thousand patients will be recruited from 16 ICUs around Australia and New Zealand over 18 months. The following elements of this study have proved a challenge to all involved.

This study is almost paperless with all patient randomisation, treatment allocation, data entry, data query resolution and data reporting enabled via the innovative secure study website.

It would probably have been impossible to run a study of this magnitude as a paper based study because the cost would have been prohibitive. The other advantage of direct Internet enabled data entry and data 'cleaning' is the speed with which data can be analysed and final results made available to the healthcare community.

Unlike some clinical trials in which the protocol requires a fixed dose of the study treatment to be administered for a fixed period of time, the SAFE study treatments are given in vastly different quantities in vastly different regimens (from a one off bolus of 250ml to 40L of fluid in multiple doses over several days).

The unpredictable administration of the two blinded intravenous fluids has proved a great challenge in terms of determining manufacturing volumes, coping with the distribution of large volumes of fluid in heavy packaging, the management of adequate stock levels at each ICU (24 hours a day, 7 days a week, 365 days a year) and the programming of the study database.

Finally, to ensure that both the patients and those administering the study treatment are not aware of which fluid is being used (blinding), great expense and time has been spent producing unique 'masking' material. As a result, ICU staff have had to be trained in the inspection, priming and care of the apparatus to ensure safety and blinding is maintained.

Auckland Car Crash Injury Studies (ACCIS)

Institute Investigators

Robyn Norton, Stephanie Blows, Rebecca Ivers, Lawrence Lam, Mark Woodward

Collaboration

Division of Community Health, University of Auckland, New Zealand

Funding Agencies

HRC, Transit New Zealand

Aims

To determine the contribution of potentially modifiable risk factors for motor vehicle-related injuries and to quantify the longer-term burden of disability attributable to car crashes. Factors predictive of poor long-term outcome will also be investigated.

Methods

These studies involve both a case-control study and a cohort study.

The case-control study involves data collected from 571 drivers involved in injury-related car crashes and 588 drivers randomly driving on the roads in the Auckland region of New Zealand.

The prospective cohort study involves follow-up of 292 of the cases and 368 of the controls at five and 18 months following the initial interview.

Status/Results

Initial analyses from the case-control study show that acute driver sleepiness, but not chronic sleepiness, is associated with a significant increase in the risk of car occupant injury. These findings



were published in the British Medical Journal in May 2002. Analyses on the role of vehicle insurance and passenger carriage in car occupant injury have been accepted for publication in Accident Analysis and Prevention. The former show that individuals without vehicle insurance are at increased risk of car crash injury, while the latter analyses suggest that for young people, the risk of injury increases significantly with the carriage of two or more passengers. Additional analyses currently underway include the role of alcohol consumption, periodic safety inspections, and vehicle age, in determining the risks of injury. Data analyses for the cohort component of the study are now underway.

Barriers to Helmet Use Among Motorcyclists in China

Institute Investigators

Junhua Zhang, Robyn Norton,
Sing Kai Lo

Collaboration

Australian Centre for Health Promotion,
University of Sydney, Australia;
Department of Health and Department
of Public Security, China

Funding Agencies

Junhua Zhang is the recipient of an International Postgraduate Research Scholarship (IPRS) from the Department of Education, Training and Youth Affairs (DETYA) and an International Postgraduate Award (IPA) from the University of Sydney.



Aims

To describe the prevalence of motorcycle helmet use in China and to identify barriers to helmet use.

Methods

Data from existing national and provincial databases have been accessed to investigate the burden of motorcycle injuries and deaths in China. The prevalence of motorcycle helmet use by motorcyclists and the identification of barriers to helmet use have been assessed by roadside observations and interviews with 5,000 randomly selected motorcyclists in Guangxi province.

Status/Results

Data collection was completed during 2002 and analysis of the data is underway. Preliminary analyses suggest that more than 40% of motorcyclists are unhelmeted, and of those wearing helmets, about 70% are wearing helmets that do not meet recommended quality standards.



DRIVE Study

Institute Investigators

Robyn Norton, Rebecca Ivers,
Sing Kai Lo

Project Manager

Stephanie Blows

Collaboration

Injury Research Centre, University of Western Australia, Australia; Injury Risk Management Research Centre and Centre for International and Multicultural Health, University of New South Wales, Australia; Roads and Traffic Authority of NSW (RTA), Australia

Funding Agencies

NHMRC, MAA

Aims

To assess the importance of several factors (including road risk perceptions, risky driving behaviours, pre-licensing driver experience and training/education factors) as determinants of motor vehicle-related crashes and injuries among young people aged 17-24 years.

Methods

DRIVE is a prospective partially web-based cohort study of 20,000 young people, recruited at the time they receive their provisional driver's licence from a RTA licensing centre. All newly

licensed provisional drivers aged 17-24 years in NSW are eligible to join the study. Baseline information from participants will be linked prospectively to information about motor vehicle crash and injury involvement collected and routinely stored in databases maintained by the RTA, NSW Health and the NSW Coroners.

Status/Results

The pilot study was carried out in November 2002 and the main phase of the study will be launched by the NSW Minister for Transport and Minister for Roads, The Hon Carl Scully, in February 2003.

Prevention of Ectopic Bone-Related Pain and Disability after Elective Hip Replacement Surgery (HIPAID)

Institute Investigators

Marlene Fransen, Robyn Norton,
Bruce Neal, Stephen MacMahon

Project Manager

Jan Douglas

Collaboration

University of Auckland, New Zealand; Royal Prince Alfred Hospital, Australia; Royal North Shore Hospital, Australia; Rehabilitation Studies Unit, Australia; CONROD, Australia; Prince Charles Hospital, Australia; Middlemore Hospital, New Zealand, and 17 other hospitals in Australia and New Zealand

Funding Agencies

NHMRC, MBF



Aim

To determine the effects of a short post-operative course of a non-steroidal, anti-inflammatory drug (ibuprofen) on ectopic bone-related pain and disability six to twelve months after elective hip replacement surgery.

Methods

Randomised placebo-controlled trial involving 1,000 patients recruited from approximately 22 orthopaedic centres in Australia and New Zealand. Patients will be randomised, within 24 hours after surgery, to receive either ibuprofen (1200mg daily) or matching placebo in three divided doses for 14 days.

Status/Results

Piloting of the study procedures commenced in the latter half of 2001, with recruitment to the main study commencing early in 2002. By the end of 2002, 18 centres in Australia and New Zealand were recruiting patients and three more centres were expected to commence in 2003. By the end of 2002, almost 500 patients had been randomised to HIPAID.

Saline vs Albumin Fluid Evaluation Study (SAFE)

Institute Investigators

Robyn Norton, Stephen MacMahon, Bruce Neal

Project Manager

Julie French

Collaboration

Australia and New Zealand Intensive Care Society Clinical Trials Group, Australian Red Cross Blood Service, 16 hospitals around Australia and New Zealand

Funding Agencies

NHMRC, HRC, Commonwealth Department of Health and Ageing, Australian State and Territory governments, Auckland Hospital, Middlemore Hospital, Royal Hobart Hospital, CSL

Aims

To determine the effects on all cause mortality of fluid resuscitation with 4% human albumin solution or normal saline in critically ill patients in intensive care settings.

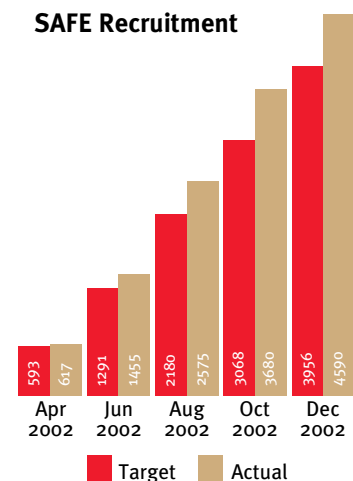
Methods

Randomised controlled double-blind trial of saline versus albumin fluid in 7,000 patients recruited from intensive care units in Australia and New Zealand.

Status/Results

A pilot study was completed at the end of 2001 and the main study commenced in March 2002. By the end of December 2002, 4,590 patients had been randomised, and the target of 7,000 patients is expected to be reached by May / June of 2003. A paper describing the study rationale and protocol and accompanying editorial have been accepted for publication in the British Medical Journal.

SAFE Recruitment



**Epidemiology
and biostatistics
are central to
most aspects
of the Institute's
research and
development
program**



Mark Woodward
Director,
Epidemiology
and Biostatistics

Epidemiology and biostatistics are central to most aspects of the Institute's research and development program. Staff employed in this Program contribute to study design and undertake data analysis for each of the Institute programs. In addition, the Program has its own research and development projects and is actively involved in teaching and training.

The research projects conducted by the Epidemiology and Biostatistics Program include the Asia Pacific Cohort Studies Collaboration, for which the Institute acts as joint coordinating centre with the Clinical Trials Research Unit at the University of Auckland, New Zealand, the Fletcher Challenge Heart and Health Study and the New Zealand Blood Donors' Health Study. Both the latter studies are conducted in collaboration with colleagues in the Division of Community Health at the University of Auckland. In addition, the Epidemiology and Biostatistics Program is involved in collaborative projects with various other institutions including: the Sydney Dental Hospital (dental health and

cardiovascular risk factors); the University of Dundee, Scotland (the Scottish Heart Health Study); the University of Glasgow, Scotland (WHO MONICA Project, the GLAMIS case-control study of myocardial infarction, Glasgow Heartscan Study and the CADET trial of the effects of clopidogrel and aspirin on thrombotic risk factors); and the Mario Negri Institute, Italy (analysis of dietary data from the GISSI-Prevenzione study).

The Institute's training activities in quantitative research methods is a primary responsibility of the Epidemiology and Biostatistics Program. In the last few years, workshops have been conducted in Beijing (China), Hanoi (Vietnam), Hong Kong (China), Taiwan and Thailand. Additionally, Program staff have taught the 12-week "Multiple Regression and Statistical Computing" course for the Masters of Public Health at the University of Sydney. In the next year we expect a major focus of the Program's activities to be centred upon the development



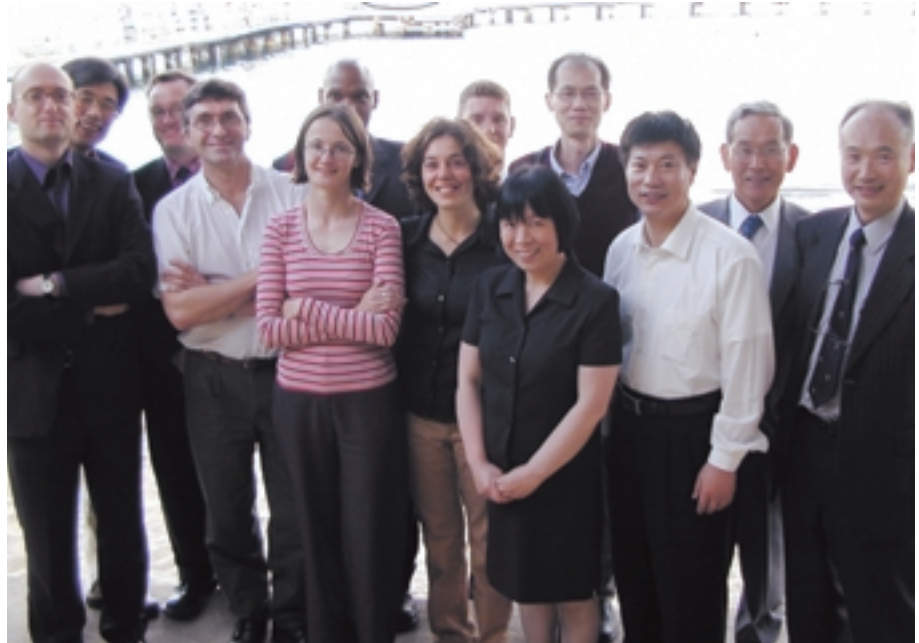
of an Internet-based course in quantitative methods for health care researchers, specifically aimed at South-East Asia.

The Program also provides consultant statistical and methodological advice

to various research groups in Sydney – much of this through the Research Design and Analysis Clinic that the Program runs at the Royal Prince Alfred Hospital with the support of the Central Sydney Area Health Service.

Mark Woodward is Director of the Epidemiology and Biostatistics Program, Professor of Biostatistics at the University of Sydney and Honorary Consultant Epidemiologist at Royal Prince Alfred Hospital. He has a PhD from the Department of Applied Statistics at the University of Reading, UK, where he subsequently worked for several years, most recently as Senior Lecturer in Statistical Epidemiology. He holds an Honorary Senior Research Fellowship at the Cardiovascular Epidemiology Unit of the University of Dundee, Scotland, and has previously been the Director of the Institute of Statisticians' Training and Development Centre in the UK. Mark has extensive experience of work in developing countries, including more than two years as Training Adviser to the Central Statistics Office in Zimbabwe. He has also worked for several aid agencies, including the Asian Development Bank, the World Health Organization and the UK Department for International Development. He is the author of two text-books on medical statistics.

The Program also provides consultant statistical and methodological advice to various research groups in Sydney



APCSC Management Committee and staff. Left to right: Dr Anthony Rodgers, Professor Il Suh, Professor Stephen MacMahon, Professor Mark Woodward, Ms Nari Clarke, Dr Derrick Bennett, Ms Federica Barzi, Mr Sam Colman, Dr Xin-Hua Zhang, Associate Professor Sing Kai Lo, Professor Dongfeng Gu, Professor Hiroshi Horibe, Professor Hirotsugu Ueshima

Asia Pacific Cohort Studies Collaboration (APCSC)

Institute Investigators

Mark Woodward, Stephen MacMahon, Xin-Hua Zhang, Federica Barzi

Project Manager

Nari Clarke

Collaboration

University of Auckland, New Zealand; Academia Sinica, Taiwan; Chinese Academy of Medical Sciences, China; Sugiyama Jogakuen University, Japan; Shiga University, Japan; Yonsei University, South Korea, and more than eighty investigators representing 44 cohorts from ten countries

Funding Agencies

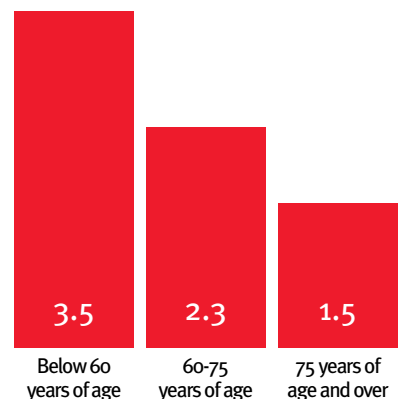
NHMRC, Pfizer

Aims

APCSC was initiated to provide direct, reliable evidence about determinants of stroke, coronary heart disease and other common causes of death in Asia-Pacific populations.

Asia Pacific Cohort Studies Collaboration

Relative risk of death due to cardiovascular disease, diabetics compared to non-diabetics





Methods

The APCSC is a collaborative overview of individual participant data from cohort studies in the Asia-Pacific region. Investigators from all major cohort studies with information on blood pressure and causes of death have been invited to participate. Where available, repeat measurements of blood pressure and other cardiovascular risk factors are used to correct associations for regression dilution. Analyses are developed in conjunction with colleagues at the Clinical Trials Research Unit in Auckland.

Status/Results

Several presentations of APCSC data were made in Australia, Asia and USA during 2001/2. The first APCSC results paper, on diabetes as a risk factor for cardiovascular disease and death by cause, was accepted for publication in late 2002. Further publications are in various states of completion and more public presentations of results at scientific meetings are planned. Links are being developed with the Diverse Populations Collaboration in the USA.

Distance Learning Course in Health Research Methods

Institute Investigators

Mark Woodward, Sing Kai Lo

Collaboration

Schools of Rural Health and Public Health, University of Sydney, Australia

Funding Agency

Institute for International Health

Aims

To develop and implement a course in health research methods by flexible learning delivery, targeting health care professionals in South-East Asia.

The Course

The post-graduate certificate or diploma course is expected to commence in 2004, with an initial intake of 40 students. Course notes, on compact disc, as well as web-based reading will be provided to students, and learning facilitated through a number of interactive aids (e.g. website discussion forum and e-mail contacts). Local tutors will be available to assist students and mark assignments regularly. Classroom workshops will also be held in a local venue twice a year. This credit-based award program will be offered in partnership with the Schools of Rural Health and Public Health, University of Sydney.

Status/Results

Recruitment of a biostatistician/epidemiologist at lecturer/senior lecturer level, whose main role will be to coordinate and help develop course materials, is expected in early 2003. The first phase of training is expected to start mid-2003 as non-examinable web-based courses in biostatistics and epidemiology for institutions in Hong Kong and mainland China.



Fletcher Challenge Heart and Health Study

Institute Investigators

Stephen MacMahon, Robyn Norton,
Mark Woodward

Collaboration

University of Auckland, New Zealand

Funding Agency

Fletcher Challenge, HRC

Aims

The primary aim of this study is to identify risk and protective factors for a range of chronic disease and injury outcomes.

Methods

Baseline information has been obtained from over 10,000 individuals, 8,000 of whom were employees of a nationwide multi-industry corporation in New Zealand (Fletcher Challenge) and 2,500 of whom were selected from the electoral roll of the greater Auckland region. Information collected from study participants has been linked prospectively to information routinely collected by the New Zealand Health Information Service on all deaths and hospitalisations.

Status/Results

The initial cohort analyses, involving 10 years of follow-up outcome data, have been completed, focussing on the relationships between body mass index, socio-economic status, marital status and the risks of driver injury. These analyses, to be published in 2003, show evidence of a U-shaped relationship between body mass index and risk of

driver injury and also suggest that both low occupational status and low educational level are important determinants of driver injury risk.

Funding has been obtained from the US National Institutes of Health to analyse stored blood samples for novel cardiovascular biomarkers using a nested case/control study design.

Blood Donors' Health Study

Institute Investigators

Robyn Norton, Stephen MacMahon,
Sing Kai Lo

Collaboration

University of Auckland, New Zealand;
University of Otago, New Zealand

Funding Agency

HRC

Aims

The primary aim of this study is to identify risk and protective factors for a range of injury outcomes, including motor vehicle-related injuries. However, the study should also provide information about risk and protective factors for a range of chronic disease outcomes.

Methods

Baseline information has been obtained from over 22,000 individuals aged 16 – 60 years at the time they provided a voluntary blood sample at one of several static or mobile New Zealand Blood Service sites, situated in the northern half of the North Island of New Zealand. Information collected from study participants will be linked prospectively to information routinely

collected by the New Zealand Health Information Service on all deaths and hospitalisations.

Status/Results

Recruitment and baseline data collection were completed in the latter half of 1999. A paper describing the study methods and the characteristics of the participants was published in early 2002. The initial analyses have demonstrated substantial heterogeneity of risk factors within the study population, suggesting that the study has the potential to provide important new information once outcome data become available. Further analyses of the cross-sectional data are currently being planned.



Harnessing the power of the web

Clinical research groups at the Institute for International Health have developed an integrated software system that makes use of the Internet for the management and collection of data from clinical trials in a rapid and cost-effective manner. This system is state of the art and provides a tool for researchers to manage clinical trials globally, while maintaining control over vital resources and minimising research costs. More importantly, the system has been developed to make use of public infrastructure. It can be applied in countries with developing economies as well as those with advanced economies in Europe and North America. The system is currently being used to collect data from over 40 centres in China, India and numerous other countries in Asia.

The ongoing development of the Internet as a tool for the collection and distribution of information from medical research provides an outstanding opportunity for researchers wishing to gain an insight into health issues globally.

Supporting the development of evidence-based health policy and practice



Michael Reid
Director,
Policy and Practice

The Policy and Practice Program was established in July 2002 in response to the Institute's commitment to develop capacity in health policy and practice that would complement its existing capacity in health research. The main objectives of the Program are twofold: first, to support the development of evidence-based health policy and practice, and second, to influence research to maximise its impact on health systems policy and practice.

In the early part of 2002, a report was commissioned on the possible role and structure of the Policy and Practice Program. To assist with this task, preliminary discussions were held with numerous organisations including AusAID, World Bank, Asian Development Bank, Rockefeller Foundation, Nuffield Trust, The Commonwealth Fund, Johns Hopkins University, The World Health Organization, universities in Melbourne, Brisbane and Canberra, Federal and State health agencies, and numerous groups within the University of Sydney.

The following issues arose from those discussions and these will progressively constitute the initial scope of the Institute's activities in health policy and practice.

- Expanding the activities of the Institute to include integrated projects involving research, policy, and practice development;

- Establishing consulting activities in international health system policy, planning, financing and evaluation;
- Developing international teaching and training programs in health policy and practice directed primarily at senior officials of health ministries in Asia and Pacific regions;
- Supporting an expanded role for the Institute in promoting debate on major international health issues through seminars, round table discussions, conferences and other activities.

As described below, initial work has commenced in all of these areas. A strategic plan is in formulation to map the further development of these activities over the next few years.

As the Institute has major established collaborations with China, initial attention was focussed on the establishment of working relationships with the China Ministry of Health, the China Centre for Disease Control and Prevention (CCDC), the State Development and Planning Commission, Peking University (in which the China Academy of Health Policy is located), and senior officials in several major provinces and municipalities.



Michael Reid was appointed Director of the Policy and Practice Program

at the Institute for International Health in July 2002. He also holds an Adjunct Professorship in the Faculty of Medicine at the University of Sydney. Michael has a wealth of expertise in health management issues encompassing policy, planning, financing, public health and workforce issues. His appointment to the Institute followed five years as Director General of NSW Health, which is the largest public sector organisation in Australia. Areas of responsibility for this role included: management of a major health reform agenda; implementation of a statewide quality framework; implementation of financial equity in resource allocation throughout the State; successful management of elective surgery waiting lists, demands for emergency services and budgets; and development of comprehensive performance agreements to monitor annual achievement of government priorities. Prior to Michael's appointment to NSW Health, he worked extensively in international health, performing consultancies for the World Health Organization and several other organisations.

Integrated Projects

In an effort to bring a health policy and practice perspective to the Institute's research activities, the Policy and Practice Program is collaborating with other Institute Programs on several projects. These include a primary health care study in India and two projects focussed on cardiovascular disease control and injury prevention in Thailand.

Health Policy

A Senior Policy Fellow was appointed to lead Institute activities in health system policy, financing and evaluation.

During 2002, a major health policy consultancy was undertaken with the WHO Centre for Health and Development in Kobe on international trends in the relationship of the public and private health sector.



Seminar for the China State Development and Planning Commission: Professor Michael Reid

Stimulating
debate in
Australia about
major issues in
international
health



Visiting the China Centre for Disease Control and Prevention. Left to right: Dr Lucy Chen, Dr Wang Xiaochun, Dr Li Quan Le, Professor Robyn Norton, Professor Yang Xiaoguang, Professor Jiang Yuan, Professor Stephen MacMahon and Professor Qiang Zhengfu

This WHO Centre has sought further collaborative activities with the Program during 2003.

A number of other consultancies were conducted in Australia on health sector organisational reform.

Teaching and Training

The development and delivery of high-quality teaching and training programs in a range of topics related to health systems policy and practice is integral to the mission of the program. To this end, the program created a teaching and training position in November 2002.

The role of the coordinator is to develop and manage a comprehensive strategy of teaching and training for senior officials of health and related ministries in the region that will incorporate a variety of modes of delivery. These will include short intensive courses, seminar series, study tours, summer schools and

web-based learning, aimed at building capacity in policy development and the translation of policy into practice.

The first focus of the teaching and training activities has involved establishment of a collaboration with the Ministry of Health in China on a series of round table workshops with Directors General and Vice Ministers of Health on key health reform topics. The first of the series is scheduled to be held in China in March 2003.

It is also proposed to conduct an ongoing series of International Health Reform Seminars, directed at senior officials of Health and related Ministries on macro health reform topics. This series will commence in July 2003.

Debate on International Health Issues

The International Health Seminar Series provides a vehicle for the Institute for International Health to engage a variety



of stakeholders in topical discussions about issues in international health. The series has proven successful, attracting high calibre speakers and encouraging lively debate on a broad range of topics. Topics covered in the 2002 series included:

- Risks to health globally – The World Health Report 2002, Risks to health in Australia – The National Burden of Disease Study
- Dilemmas and challenges of increasing access to HIV treatment in resource poor settings
- The health implications of people smuggling

- Vaccines and child health in the developing world
- Ethical issues in international research: perspectives of researchers from developing countries

An exciting program has been arranged for the 2003 series, which will include mental health, the politics of health aid, access to essential drugs, child labour and primary health care.

In addition, a number of major seminars and conferences are planned for 2003 and 2004.



Professor Stephen MacMahon and Dr Lucy Chen at the Peking University Health Science Centre

Institute for International Health to open centre in Beijing, China

All of the Institute programs have major activities in China. Many Chinese universities and hospitals participate in the Institute's studies, and good working relationships have been forged with national bodies such as the Ministry of Health, the China Centre for Disease Control and Prevention (CCDC) and the State Development and Planning Commission.

In order to improve the coordination of these activities, the Institute is planning to open a centre in China. This will be co-located with the Centre for Evidence Based Medicine (CEBM), within the Peking University Health Science Centre. CEBM is financially supported by the China Ministry of Education, and is a relatively new initiative of the University. Its aim is to facilitate a stronger evidence-based approach to clinical care within China. The Institute for International Health will support the activities of the CEBM in clinical research and, in conjunction with the CCDC, will develop a program addressing population health issues.

An Advisory Committee comprising representatives of the Ministry of Health, the CCDC, and Peking University Health Science Centre will provide direction for the centre's activities.



Professor Vivian Lin speaking at the International Health Seminar Series

International Health Seminar Series 2001-2002

July 2001

Global Burden of HIV/AIDS

Associate Professor Julian Gold, Director, Albion Street Centre, Sydney, Australia

November 2001

Global Initiatives in Road Traffic Injury Prevention

Professor Robyn Norton, Principal Director, Institute for International Health, Sydney, Australia

March 2002

Ethical Issues in International Research: Perspectives of Researchers from Developing Countries

Dr Adnan Hyder, Assistant Research Professor, Director of the Doctor of Public Health Program, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, USA

April 2002

Vaccines and Child Health in the Developing World

Professor Kim Mulholland, Director, Centre for International Child Health, University of Melbourne, Australia

May 2002

The Health Implications of People Smuggling

Dr Mitchell Smith, Director, New South Wales Refugee Health Service, Sydney, Australia

June 2002

Public Health Challenges in China

Professor Vivian Lin, Chair of Public Health and Head of School, La Trobe University, Melbourne, Australia

August 2002

Dilemmas and Challenges of Increasing Access to HIV Treatment in Resource Poor Settings

Ms Elizabeth Reid, Visiting Fellow, Gender Relations Centre, Australian National University, Canberra, Australia

November 2002

Risks to Health Globally – The World Health Report 2002

Dr Anthony Rodgers, Co-Director, Clinical Trials Research Unit, University of Auckland, New Zealand

Risks to Health in Australia – The National Burden of Disease Study

Dr Theo Vos, Epidemiological Modelling Unit, Monash University, Melbourne, Australia

MENTAL HEALTH PROGRAM

Mental disorders are widely recognised as a major contributor to the burden of ill health in many low and middle-income countries. While there are few proven strategies for the primary prevention of major mental disorders, there are effective treatments for depression and several other serious conditions. Yet in most low and middle-income countries:

- Only a small proportion of individuals affected by mental illnesses is recognised, and an even smaller proportion receives effective care;
- Resources for the promotion of mental health or the primary or secondary treatment of mental illnesses are disproportionately few;
- National or regional mental health policies are weak or non-existent;
- There are few data on mental health practice patterns or barriers to the delivery of mental health care;
- There has been little research on models of sustainable mental health care delivery; and
- There are few opportunities for training in mental health research or policy development.

It is therefore an opportune time for the Institute for International Health, in association with local, national and

regional mental health professionals, to establish a research, policy development and training program focussed on the promotion of mental health and the prevention and treatment of common mental disorders in low and middle-income countries of the Asia-Pacific region. The Institute also has the potential to support the development of mental health research by exploring the synergies with other Institute programs in heart and vascular disease (e.g. dementia) and injury prevention and trauma care (e.g. suicide, head trauma).

This year, the Institute established an advisory group to guide the development of the Institute's Mental Health Program. This group, representing a variety of stakeholders, has been strongly supportive of the Institute's plans for a program in mental health, and recognises the potential to make a valuable and timely contribution to efforts to control the growing burden of mental disorders. Potential partners have been identified, and efforts are underway to attract funding for the Program. The Institute hopes to secure funds for the appointment of a Program Director and associated support staff in the coming year.

**Mental disorders
are widely
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middle-income
countries**

Providing the infrastructure and support required for achievement of strategic goals



Graham Lawrence
General Manager

General Management

General management encompasses finance, administration, communications and marketing, IT support services, IT operational services, and human resources. This includes provision of the infrastructure and support required for achievement of strategic goals. General management is also responsible for building and facilities management and has overseen negotiations with both the University of Sydney and the Central Sydney Area Health Service regarding the accommodation needs of the Institute. The relocation of the Institute to new premises in the King George V hospital within the Royal Prince Alfred campus is now due to occur in September 2003. In the meantime, temporary accommodation has been secured at two University sites.

Human Resources

The rapid growth of the Institute has placed great pressure upon all support services, particularly HR, which has supported a 50% increase in staff numbers within the existing resource base. This has been an outstanding result, but also represents a challenge going forward as we determine how best to service the increasing demands.

Finance and Administration

The finance and administration section has also evolved to meet the increasing

demands of growth, including a complete restructure of the finance department and the implementation of a new financial system incorporating a changed reporting suite. During this period, both these functions have supported the implementation of a new program (Policy and Practice), and the launch of a stand-alone technology start-up (iLiFEdata Pty Ltd).

Communications and Media

Reports across a wide range of media about the Institute's work in Australia and overseas, continues to be positive and extensive. Institute staff members are increasingly recognised as international experts, and are sought for comment by the media. It remains a priority to ensure that these opportunities raise the profile of the Institute and communicate its mission and values to the wider community. To facilitate this, a communications review is currently underway.

Information Technology

Perhaps the greatest change, and greatest challenge, over this period has been the transfer of responsibility for all IT functions from the Epidemiology and Biostatistics Program to Corporate Services. This follows recognition of the crucial operational and strategic importance of IT to the delivery of all the key Institute programs and projects. The Institute is committed to basing its global operations on Internet-based



Left to right: Mr George Vukas and Mr Balamurali Vijayan service one of the Institute's web servers

communications and data capture systems. The new structure, and associated improvements in management systems and resourcing, will help the IT department meet its global challenges and provide the service levels required by the Institute Programs. This process, which is underway, will evolve under the direction of the Chief Technical Officer, a new position that recognises the importance of this area in achieving the long-term goals of the Institute.

The major new development during this period has involved the electronic data capture system for clinical data management. Utilising advanced web-based technologies developed within the Institute, these systems provide real-time data entry and query resolution, enabling real-time analysis of study progress, and early problem resolution.

During the past 18 months, the electronic data capture system has continued to improve, providing even greater benefits to study managers and collaborators worldwide. The security of the system is constantly upgraded as new levels of encryption technology become available and general security tools improve. In parallel, functionality has continued to expand with the incorporation of modules for the management of study supplies and crucial drug inventories, and for milestone tracking to assess each centre's performance against the predefined trial standards.

A major goal of the new IT services has also been to improve the reliability of Institute servers and to develop and apply robust disaster management functions.

Graham Lawrence is General Manager and Company Secretary of the Institute for International Health. He is a graduate of the University of Technology, Sydney, with a Bachelors degree in Business, and is a Certified Practising Accountant. He has held various accounting positions in large commercial organisations, including IBM, News Limited and Foxtel, as well as management roles within the private health sector. Graham joined the Institute in March 2002, bringing with him 14 years of commercial experience that has included the successful application of commercial principles to the operation of not-for-profit entities.

The Institute is committed to basing its global operations on Internet-based communications and data capture systems

PUBLICATIONS AND PRESENTATIONS

PEER REVIEWED PUBLICATIONS

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Blood pressure and stroke prevention. Satellite Symposium on Stroke Prevention. 7th International Forum for the Evaluation of Cardiovascular Care (IFECC-VII). Monte Carlo, Monaco, January 2002.

The future scenario: treating hypertension or lowering blood pressure. Symposium on Proving the Benefits of Antihypertensive Therapy. 7th International Forum for the Evaluation of Cardiovascular Care (IFECC-VII). Monte Carlo, Monaco, January 2002.

Prevention of cerebral ictus: the PROGRESS study. Symposium on Stroke Prevention. XVIII Congress of the Italian Society of Hypertension. Rome, Italy, October 2001.

PROGRESS in stroke prevention. Baker Institute/Institute for International Health Symposium on New Perspectives in Cardiovascular Disease and its Treatment. Sydney, Australia, October 2001.

New perspectives – PROGRESS in the prevention of secondary stroke. Symposium on Stroke in the Elderly. European Union Geriatric Medicine Society (EUGMS). Paris, France, September 2001.

PROGRESS in stroke prevention. 'Hot Line' Symposium on Clinical Trials. XXIII Annual Congress of European Society of Cardiology. Stockholm, Sweden, September 2001.

Gaston Bauer Lecture – PROGRESS in stroke prevention. 49th Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand. Auckland, New Zealand, August 2001.

Progress with stroke prevention. Satellite Symposium on Central Cardiovascular Control. XXXIV Congress of the International Union of Physiological Science. Sydney, Australia, August 2001.

Perindopril Protection Against Recurrent Stroke Study (PROGRESS). 7th Annual Meeting of the Blood Pressure Lowering Treatment Trialists' Collaboration. Cambridge, UK, July 2001.

The PROGRESS results. Special Symposium on PROGRESS. Beijing, China, July 2001.

The PROGRESS trial – main results. Special Symposium on PROGRESS. Shanghai, China, July 2001.

Neil Chapman

Prospective Trialists' Collaboration 2002: are we any wiser? 14th ASEAN Congress of Cardiology: Evolving Concepts & Challenges. Kuala Lumpur, Malaysia, July 2002.

The Blood Pressure Lowering Treatment Trialists' Collaboration. 1st WHF Global Conference on Cardiovascular Clinical Trials - Reviews and Previews. Hong Kong, China, November 2001.

Effects of different antihypertensive drugs in reducing cardiovascular mortality and morbidity. Baker Institute/Institute for International Health Symposium on New Perspectives in Cardiovascular Disease and its Treatment. Sydney, Australia, October 2001.

Mega-meta-analysis - can the results be trusted? The Diabetes Challenge 2001: Treating to Multiple Targets Satellite Symposium to the European Association for the Study of Diabetes. Glasgow, Scotland, September 2001.

Vivek Chaturvedi

Design of a community-based cardiovascular disease prevention project in India. International Conference on the Scientific Basis of Health Services. Sydney, Australia, September 2001.

Rochelle Currie

PROGRESS design, rationale and conduct. Stroke Society of Australasia, Annual Scientific Meeting. Auckland, New Zealand, September 2001.

Marlene Fransen

Muscle force in osteoarthritis of the knee. 7th World Congress of the Osteoarthritis Research Society International. Sydney, Australia, September 2002.

Exercise for osteoarthritis of the knee. Seventh International Physiotherapy Congress. Sydney, Australia, May 2002.

A systematic review of exercise for people with osteoarthritis of the hip or knee. International Conference for the Scientific Basis of Health Services. Sydney, Australia, September 2001.

Risk factors associated with the transition from acute to chronic occupational low back pain. Australasian Epidemiological Association Scientific Annual Meeting. Sydney, Australia, September 2001.

Excess mortality and morbidity following hip fracture: men are at greater risk. World Congress of Gerontology. Vancouver, Canada, July 2001.

Julie French

Saline compared to albumin fluid evaluation in critically ill patients (the SAFE study) – rationale and study design. 6th World Conference on Injury Prevention and Control, Montreal, Canada, May 2002.

Rachel Huxley

Unravelling the fetal-origins hypothesis of adult disease. American Heart Association. Chicago, USA, November 2002.

Birthweight and coronary heart disease risk factors. Australian Arteriosclerosis Society. Sydney, Australia, October 2002.

Birthweight and blood pressure. Baker Institute / Institute for International Health Symposium on New Perspectives in Cardiovascular Disease and its Treatment. Sydney, Australia, October 2001.

Rebecca Ivers

The DRIVE study. Australian Driver Trainer Association Annual Conference. Sydney, Australia, November 2002.

Vision standards for drivers in NSW. Contributed paper session, Road Safety Research, Policing and Education Conference. Adelaide, Australia, November 2002.

Intervention studies in road safety research. The Alliance for Safe Children: Conference on Injury Prevention in Children in South-East Asia. Bangkok, Thailand, October 2002.

Effect of length of follow-up on relative risks in longitudinal data. Contributed paper session, Australasian Epidemiological Association Annual Scientific Meeting. Wellington, New Zealand, September 2002.

The DRIVE study: preventing injuries in young drivers. Injury Workshop, Australasian Epidemiological Association Annual Scientific Meeting. Wellington, New Zealand, September 2002.

The consequences of unmet eyecare needs in older Australians. Opening plenary session, Optometry Congress Australia. Sydney, Australia, September 2002.

The DRIVE study: preventing injuries in young drivers. Developing Safer Drivers and Riders Conference. Travelsafe Committee of Queensland Parliament. Brisbane, Australia, July 2002.

Risk factors for fractures of the wrist, shoulder and ankle. Contributed paper session, 6th World Conference on Injury Prevention and Control. Montreal, Canada, May 2002.

Eye disease and visual impairment in older Australians. Vision and Older People Seminar. NSW Committee on Ageing. Sydney, Australia, March 2002.

Young Driver Study. NSW Health Injury Prevention Network Meeting. Sydney, Australia, November 2001.

Diabetes and risk of fracture. Contributed paper session, Australasian Epidemiological Association Annual Scientific Meeting. Sydney, Australia, September 2001.

Blue Mountains Eye Study Update. Optometrists Association Australia, University of NSW. Sydney, Australia, August 2001.

Lawrence Lam

The effects of young passenger carriage and the number of passengers carried on the risk of car crash injury among young drivers: a case-control study. 6th World Conference on Injury Prevention and Control. Montreal, Canada, May 2002.

Sing Kai Lo

The Australian Unity Wellbeing Index: national and personal wellbeing over the past 18 months. 4th Australian Conference on Quality of Life. Melbourne, Australia, November 2002.

Wellbeing in the Australian community following September 11. Community Quality of Life Conference. Williamsburg, USA, November 2002.

Quality of life: elderly people who do and do not participate in Tai-Chi. International Conference of Occupational Therapy. Umea, Sweden, June 2002.

Factors associated with declining HBsAg in ageing. Annual Conference, Chinese Association of Digestive System. Taipei, Taiwan, May 2002.

Parkinson's disease and young-onset Parkinson's disease: an investigation of genetic and environmental factors. 7th Neurodegenerative Disorders Common Molecular Mechanisms Conference. Ocho Rios, Jamaica, April 2002.

The significance of histologic subtypes of kichu's disease: a comparative apoptotic study. US and Canadian Academy Annual Meeting. Chicago, USA, February 2002.

Befriender programme for people with mental retardation in Hong Kong. Asian Conference on Mental Retardation. Manila, The Philippines, November 2001.

Pilot study in evaluating the side effects of chloral hydrate sedation in children. The Hong Kong Paediatric Society Annual Meeting. Hong Kong, China, October 2001.

Stephen MacMahon

Clinical trials, observational studies and the media. Baker Institute/Institute for International Health Symposium on New Perspectives in Cardiovascular Disease and its Treatment. Melbourne, Australia, October 2002.

Beyond hypertension – the burden of blood pressure related disease. 19th Scientific Meeting of International Society of Hypertension and 12th European Meeting on Hypertension. Prague, Czech Republic, June 2002.

CONFERENCE PRESENTATIONS (CONT'D)

PROGRESS global results. 19th Scientific Meeting of the International Society of Hypertension and 12th European Meeting on Hypertension. Prague, Czech Republic, June 2002.

Blood pressure lowering therapy. 14th World Congress of Cardiology. Sydney, Australia, May 2002.

Epidemiology of cardiovascular disease. 14th World Congress of Cardiology. Sydney, Australia, May 2002.

Cardiovascular risk reduction from HOPE to PROGRESS. Cardiological Society of India. Hyderabad, India, April 2002.

The burden of blood pressure related disease. Cardiological Society of India. Hyderabad, India, April 2002.

1: Blood pressure, blood cholesterol, smoking. Disease control priorities in developing countries 2: Consultation of cardiovascular diseases. What do we know and what do we need to know for control of CVD in developing countries? WHO Symposium on Cardiovascular Disease. Lausanne, Switzerland, March 2002.

Perindopril protection against recurrent stroke study (PROGRESS). Chalmers Symposium: A Celebration. Sydney, Australia, December 2001.

Effects of omapatrilat on blood pressure and neurohormone levels among 723 individuals with CHD – the PACIFIC study. American Heart Association Scientific Sessions 2001. Anaheim, USA, November 2001.

Vascular protective effects of ACE inhibitor-based blood pressure lowering – PROGRESS results. From hypertension to stroke – what is the connection? American Heart Association Scientific Sessions 2001. Anaheim, USA, November 2001.

PROGRESS – from blood pressure lowering to prevention of stroke. Hong Kong College of Cardiology; special symposium. Hong Kong, China, November 2001.

Epidemiology of BP related diseases in Asia and Australasia. Baker Institute/ Institute for International Health Symposium on New Perspectives in Cardiovascular Disease and its Treatment. Sydney, Australia, October 2001.

Global burden of blood pressure-related disease. Robert Vandongen Memorial Lecture. Royal Perth Hospital, Perth, Australia, October 2001.

PROGRESS in the prevention of stroke: special symposium. Perth, Australia, October 2001.

PROGRESS in the treatment of stroke. Grand Rounds. Gold Coast Hospital, Queensland, Australia, October 2001.

A major step forward in stroke prevention: therapeutic implications of the PROGRESS trial. Asian Pacific Society of Hypertension; special symposium. Pattaya, Thailand, August 2001.

Effects of antihypertensive treatment on outcome: a meta-analysis. Asian Pacific Society of Hypertension; special symposium. Pattaya, Thailand, August 2001.

The global burden of hypertension. Asian Pacific Society of Hypertension; plenary lecture. Pattaya, Thailand, August 2001.

A major step forward in stroke prevention: therapeutic implications of the PROGRESS trial; special symposium. Ho Chi Minh City, Vietnam, August 2001.

PROGRESS – from blood pressure lowering to prevention of stroke. PROGRESS in medicine; special symposium. Bangkok, Thailand, August 2001.

PROGRESS main results. Symposium on Secondary Stroke Prevention. Post Graduate Institute for Medicine, Denver, USA, July 2001.

Researcher's perspective. Australian Health Ethics Committee Clinical Trials Workshop. Sydney and Canberra, Australia, July 2001.

Helen Monaghan

A randomised trial of the effects of an intensive communication strategy on recruitment to a large-scale trial. International Clinical Trials Symposium. Sydney, Australia, October 2002.

Bruce Neal

Blood Pressure Lowering Treatment Trialists' Collaboration. WHO-ISH World Health Organization and International Society of Hypertension Meeting on Blood Pressure and Stroke. Melbourne, Australia, December 2002.

Cardiovascular risk factor in Thailand – the InterASIA study. Baker Institute/ Institute for International Health Symposium on New Perspectives in Cardiovascular Disease and its Treatment. Melbourne, Australia, October 2002.

Electronic data management. International Clinical Trials Symposium. Sydney, Australia, October 2002.

Use of an Internet-based data collection and trial management system: the ADVANCE trial. International Clinical Trials Symposium. Sydney, Australia, October 2002.

Global burden of stroke. Epidemiological Update Symposium on the Global Burden of Hypertension. XI Hypertension Congress Brazil Society of Hypertension. Porto Alegre, Brazil, August 2002.

PROGRESS trial. Symposium on Clinical Trials: evidences and controversy, based on The Lancet Vol. 658, September 29, 2001. XI Hypertension Congress Brazil Society of Hypertension. Porto Alegre, Brazil, August 2002.

Blood Pressure Lowering Treatment Trialists' Collaboration. Bayer ISH Satellite Symposium. Prague, Czech Republic, June 2002.

New results from the WHO-ISH meta-analysis: effects of antihypertensive treatment on outcome in patients with diabetes. 19th Scientific Meeting of the International Society of Hypertension and 12th European Meeting on Hypertension. Prague, Czech Republic, June 2002.

The Perindopril Protection Against Recurrent Stroke Study (PROGRESS). 19th Scientific Meeting of the International Society of Hypertension and 12th European Meeting on Hypertension. Prague, Czech Republic, June 2002.

The Perindopril Protection Against Recurrent Stroke Study (PROGRESS). Coveral Symposia. Kuwait, Bahrain, Abu Dhabi, Dubai, May 2002.

The China-Thailand Cardiovascular Risk Factor Survey (InterASIA). AHA 19th Scientific Meeting of the International Society of Hypertension and AHA Prevention VII Conference: Obesity, A Worldwide Epidemic Related to Heart Disease and Stroke. Honolulu, USA, April 2002.

Epidemiology of atherosclerosis and preventing stroke and other vascular diseases. 3rd Congress of the Asian Pacific Society of Atherosclerosis and Vascular Diseases. Cebu, The Philippines, February 2002.

Preventing stroke and vascular diseases. 3rd Congress of the Asian Pacific Society of Atherosclerosis and Vascular Diseases. Cebu, The Philippines, February 2002.

The Blood Pressure Lowering Treatment Trialists' Collaboration. The Chalmers Symposium: A Celebration. Sydney, Australia, December 2001.

Do we need to be more aggressive with blood pressure lowering? Stroke Society of New South Wales. Sydney, Australia, November 2001.

Reducing blood pressure to lower targets and reducing blood pressure in non-hypertensives. Round Table Discussion – Guidelines for Combination Therapy in the Treatment of Hypertension. Drug Evaluation Unit and Department of Clinical Pharmacology, Melbourne, Australia, November 2001.

The PROGRESS study. New Perspectives in Cardiovascular Medicine. Sydney, Australia, November 2001.

Managing the global burden of coronary disease. The continuum of coronary artery disease: what do we know now that we did not know then? Satellite Symposium to the XXIII Annual Congress of the European Society of Cardiology. Stockholm, Sweden, September 2001.

What do the multi-centre trials say? The 37th Annual Meeting of the Australian and New Zealand Society of Nephrology. Darwin, Australia, September 2001.

PROGRESS results. Grand Rounds. Royal Prince Alfred Hospital, Sydney, Australia, August 2001.

Robyn Norton

Research initiatives in motorcycle safety in low and middle-income countries. Motorcycle Safety Seminar. NRMA, Sydney, Australia, October 2002.

Road traffic injuries in low and middle-income countries: developing a research agenda. Fogarty International Centre, Bethesda, USA, October 2002.

Epidemiology in middle and lower-income countries: luxury or necessity? Australasian Epidemiological Association Annual Scientific Meeting. Wellington, New Zealand, September 2002.

Future directions for injury prevention research. Overview of potential funding models. Australian Injury Prevention Research Network, National Workshop. Melbourne, Australia, March 2002.

Global initiatives in road traffic injury prevention. International Health Seminar Series. Institute for International Health, Sydney, Australia, November 2001.

The epidemiology of road traffic injuries worldwide: what exists, the gaps and the role of public health. Road Safety Research, Policing and Education Conference. Melbourne, Australia, November 2001.

Brain trauma: a global perspective. 8th World Congress of Intensive and Critical Care Medicine. Sydney, Australia, October 2001.

Trauma: a plague in the 21st century. 8th World Congress of Intensive and Critical Care Medicine. Sydney, Australia, October 2001.

Anushka Patel

The APCSC Collaboration. The effects of diabetes mellitus on the risks of major cardiovascular diseases and death in the Asia-Pacific region. 1st International Diabetes India Conference. Mumbai, India, November 2002.

Advances in the epidemiology and treatment of diabetes. Baker Institute / Institute for International Health Symposium on New Perspectives in Cardiovascular Disease and its Treatment. Melbourne, Australia, October 2002.

Perindopril protection against recurrent stroke study (PROGRESS) – new data on cardiac outcomes. Recent Clinical Trials Update Session. XXIV ESC (European Society of Cardiology) Congress. Berlin, Germany, September 2002.

ADVANCE: blood pressure lowering and intensive glucose control in type 2 diabetes. First WHF Global Conference on Cardiovascular Clinical Trials. Hong Kong, China, November 2001.

Review of forthcoming trials in blood pressure lowering. Baker Institute / Institute for International Health Symposium on New Perspectives in Cardiovascular Disease and its Treatment. Sydney, Australia, October 2001.

ACE inhibitors and blood pressure lowering in diabetes. International Union of Physiological Sciences 34th International Physiology Congress. Satellite symposium. Melbourne, Australia, September 2001.

Rationale and design of a community intervention trial for the prevention of cardiovascular disease in India. Annual Scientific Meeting of the Australasian Epidemiological Association. Sydney, Australia, September 2001.

CONFERENCE PRESENTATIONS (CONT'D)

Michael Reid

Impact of the private sector on Health and Welfare Systems. The Third Global Symposium on Health and Welfare Systems Development in the 21st Century. Kobe, Japan, October 2002.

International health. NSW College of Nursing. Sydney, Australia, September 2002.

Public-private partnerships for health. International Round Table on Increasing Access to HIV Treatment in Resource Poor Settings. Canberra, Australia, September 2002.

Health & Welfare Systems Development Program. World Health Organization Kobe Centre Review Meetings. Kobe, Japan, June 2002.

Do we need to depoliticise health care? The politics of predictable payment. Canadian Health Services Research Foundation, Ottawa, Canada, May 2002.

Health funding and delivery. Productivity Commission Health Policy Round Table. Melbourne, Australia, March 2002.

The role of policy and practice. Voluntary Overseas Medical Projects Symposium. Sydney, Australia, March 2002.

The big picture issues in health. College of Medical Administrators, Sydney, Australia, February 2002.

Mark Woodward

Smoking status and the risk of fatal coronary heart disease in Asian and Australasian populations. 14th World Congress of Cardiology. Sydney, Australia, May 2002.

A comparison of lipid measures as predictors of coronary death. 42nd Annual Conference on CVD Epidemiology and Prevention. Honolulu, USA, April 2002.

Methods used to analyse data from the Asia Pacific Cohort Studies Collaboration. 42nd Annual Conference on CVD Epidemiology and Prevention. Honolulu, USA, April 2002.

Sex differences in cardiovascular risk in the Asia-Pacific region. 42nd Annual Conference on CVD Epidemiology and Prevention. Honolulu, USA, April 2002.

A randomized comparison of the effects of clopidogrel and aspirin on thrombotic variables and C-reactive protein following myocardial infarction. American Congress of Cardiology. Atlanta, USA, March 2002.

Lower cholesterol means less cardiovascular disease: evidence from 351,368 subjects in Asia Pacific Cohort Studies Collaboration. Asia-Pacific Society of Atherosclerosis and Vascular disease and Australian Society of Atherosclerosis and Vascular disease Annual Scientific Meeting. Fremantle, Australia, November 2001.

Statistical issues in large scale clinical trials. 3rd International Symposium on Hypertension and Related Diseases. Beijing, China, September 2001.

Xin-Hua Zhang

Effect of serum total cholesterol on the association of diabetes with the risk of stroke. American Heart Association 75th Scientific Conference. Chicago, USA, November 2002.

Conventional risk factors and cardiovascular burden in Asia. 4th International Symposium on Hypertension and Related Diseases. Beijing, China, October 2002.

Impact of conventional risk factors in Asia. 4th International Symposium on Hypertension and Related Diseases. Beijing, China, October 2002.

Assessment of the impact of traditional risk factors on coronary heart diseases with collaborative overview: experiences from the Asia Pacific Cohort Studies Collaboration. College of Health Science and Medical Foundation Research Conference, From Cell to Society. Leura, Australia, September 2002.

Assessment of risk factors and the burden of cardiovascular diseases. The continued education program for clinical doctors in China. World Heart Federation, Chinese Medical Society and Hong Kong Medical Society. Taiyuan, China, June 2002.

The impact of conventional risk factors on cardiovascular disease in Asia. 10th Annual Scientific Congress. Hong Kong, China, June 2002.

Higher total serum cholesterol is associated with greater risk of coronary heart disease and ischemic stroke, but not haemorrhagic stroke: evidence from the Asia Pacific Cohort Studies Collaboration. 14th World Congress of Cardiology. Sydney, Australia, May 2002.

A comparison of lipid measures as predictors of coronary death. 42nd Annual Conference on CVD Epidemiology and Prevention. Honolulu, USA, April 2002.

The association of serum triglycerides with coronary heart disease in Asia-Pacific populations. Asia-Pacific Society of Atherosclerosis and Vascular disease and Australian Society of Atherosclerosis and Vascular disease Annual Scientific Meeting. Fremantle, Australia, November 2001.

Blood pressure and related diseases in Asia. 3rd International Symposium on Hypertension and Related Diseases. Beijing, China, October 2001.

Serum total cholesterol and cardiovascular diseases in Asia-Pacific populations. Australasian Epidemiological Association Annual Scientific Meeting. Sydney, Australia, September 2001.

MEETINGS CONVENED

STAFF INDIVIDUAL AWARDS

APCSC Executive Committee Meeting.
Asia Pacific Cohort Studies Collaboration
and Institute for International Health.
Sydney, Australia, December 2002.

(MacMahon S, Woodward M)

WHO-ISH World Health Organization and
International Society of Hypertension
Meeting on Blood Pressure and Stroke.
Melbourne, Australia, December 2002.

(Chalmers J)

New Perspectives in Cardiovascular
Disease and its Treatment. Baker
Institute/Institute for International
Health. Melbourne, Australia,
October 2002. **(Chalmers J, MacMahon S)**

Strategic Planning Meeting of the World
Health Organization Family and
International Classifications. Sydney,
Australia, October 2002. **(Reid M)**

The Way Forward. International Round
Table on Increasing Access to HIV
Treatment in Resource Poor Settings.
Canberra, Australia, September 2002.

(Reid M)

Post Graduate Medical Council Strategic
Planning Day. Sydney, Australia, August
2002. **(Reid M)**

ADVANCE – Rationale & Study Design;
Action in Diabetes & Vascular Disease:
Preterax & Diamicron Controlled Evaluation
– A Landmark Trial. 14th World Congress of
Cardiology. Sydney, Australia, May 2002.

(MacMahon S, Chalmers J)

New Perspectives in Cardiovascular
Disease and its Treatment. Baker
Institute/Institute for International
Health. Sydney, Australia, October 2001.

(Chalmers J)

PROGRESS in the Prevention of Stroke.
Special symposium. Perth, Australia,
October 2001. **(MacMahon S)**

Blood Pressure Lowering Treatment
Trialists' Collaboration Annual Meeting
and Clinical Trials Symposium. Cambridge,
UK, July 2001. **(MacMahon S, Neal B)**

Stephanie Blows

NHMRC Public Health PhD Scholarship.

John Chalmers

Elected to Fellowship of the American
Heart Association.

Distinguished Member Award of the
International Society of Hypertension.

Twenty Year Medal of the Centro di
Fisiologia Clinica e Ipertensione.

Marlene Fransen

John Chalmers Post-Doctoral Award.

Rebecca Ivers

University of Sydney Sesqui Post-Doctoral
Fellowship.

Sing Kai Lo

Research Professorship, Graduate Institute
of Hospital Management, National
Sun-Yat-Sen University.

Bruce Neal

Career Development Award, National
Heart Foundation of Australia.

BOARD OF DIRECTORS



Mr Peter Burrows

Peter Burrows is Chairman of China Region Investments Limited and is a Director of the Stocks Convertible Trust plc. He is currently the President of The Medical Foundation of the University of Sydney and the President of the University's Power Institute Foundation for Art & Visual Culture. Other charitable activities include being the Governor of the Australian Archaeological Institute at Athens, Chairman of the Royal Botanic Gardens Foundation and a Member of the Investment Advisory Committee at the Australian National University.

Previously Peter has been Honorary Treasurer of The Royal Alexandra Hospital for Children, Chairman of the New Children's Hospital Appeal and Director of the Northern Clinical School Appeal, Royal North Shore Hospital. He has sat on boards of such listed companies as Garratts, The Australian Stock Exchange, FTR Holdings Ltd and Winepros Ltd.



Professor John Chalmers AC

John Chalmers is Emeritus Professor of Medicine at the University of Sydney and Head of the Research Advisory Unit within the Institute for International Health.

He is currently Chairman of the National Heart, Stroke and Vascular Health Strategies Group for the Commonwealth Government of Australia. He is also member of the Executive Committee of the American Society for Hypertension and an ex-officio member of the executive council for the International Society for Hypertension.

Until mid-2002, John was Chairman of Research Development for the Faculty of Medicine at the University of Sydney. He was also previously Chairman of the National Health and Medical Research Council of Australia and President of the Royal Australasian College of Physicians.



Mr Graham Cowley

Graham Cowley is Founder and Principal of Cowley Hearne Lawyers.

In 1993, Graham initiated Cowley Hearne's membership of Meritas, the world's largest group of independent commercial law firms, of which he was until recently a Vice-Chair. He is a member of the International Bar Association and the American Chamber of Commerce and was formerly Chairman of the NSW Small Business Development Council. His notable achievements include being Founder of the Australian Law Marketing Association and the North Sydney Business Forum.

He is currently Chair of the Board of the Epilepsy Association of NSW and a member of the Kokoda Track Foundation.

BOARD OF DIRECTORS



Dr Diana Horvath AO

Diana Horvath is the Chief Executive Officer of the Central Sydney Area Health Service, a position she has held for the past ten years. She is a medical administrator with more than 30 years experience in health services management. Her previous appointments include Chairman of the National Health and Medical Research Council of Australia, Commissioner for the Health Insurance Commission, Member of the Australian Health Ministers' Advisory Council and President of the Australian Hospital Association, among many others.

Diana is also currently a Board Member of the Centenary Institute for Cancer Medicine and Cell Biology, the Sydney National Cancer Foundation, the Sydney Cancer Institute, and the ANZAC Health and Medical Research Institute.



Professor Stephen MacMahon

Stephen MacMahon is a Principal Director of the Institute for International Health.

He is also Professor of Cardiovascular Medicine and Epidemiology at the University of Sydney, Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital and Clinical Professor of Medicine at the University of Auckland.

Stephen is Chair of the Partnership Council of the Initiative for Cardiovascular Health Research in Developing Countries (IC Health) – a development of the Global Forum for Health Research and the World Health Organization. He is also Chair of the Research Committee of the World Heart Federation and a member of the Council of the International Society of Hypertension.



Professor Robyn Norton

Professor Robyn Norton is a Principal Director of the Institute for International Health.

She is also Professor of Public Health in the School of Public Health at the University of Sydney and Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital. Robyn holds Honorary Professorships at Shenyang Medical College, China and the University of Auckland, New Zealand.

Robyn is Chair of the Road Traffic Injury Research Network of the Global Forum for Health Research, Chair of the Research Committee of the Australasian Trauma Society and Chair of the NSW Chapter of the Australian College of Road Safety.

Professor Robert Black

Edgar Berman Professor and Chair
Department of International Health
Bloomberg School of Public Health · Johns Hopkins University

Professor John Chalmers

Professor of Medicine · Chairman of Research Development
University of Sydney

Professor Adele Green

Senior Principal Research Fellow and Head
Epidemiology and Population and Health Unit
Queensland Institute for Medical Research

Dr Adnan Hyder

Assistant Research Professor
Director of the Doctor of Public Health Program
Bloomberg School of Public Health · Johns Hopkins University

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School of Population Health · Department of Public Health
University of Melbourne

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All India Institute of Medical Sciences

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Australian National University

Professor Andrew Wilson

Director · Queensland Centre for Public Health
Mayne Medical School · University of Queensland

Dr Derek Yach

Executive Director · Noncommunicable Diseases
and Mental Health Cluster · World Health Organization

Karine Berthet – Visiting Scholar
(Heart and Vascular)

Vivek Chaturvedi – Visiting
Research Fellow (Heart and
Vascular)

Sayan Cheepudomwit – Visiting
Scholar (Heart and Vascular)

Adnan Hyder – Visiting Professor
(Injury Prevention and Trauma
Care)

Takayoshi Okubo – Visiting Scholar
(Heart and Vascular)

John Prescott – Visiting Professor
(Heart and Vascular)

Aida Rasool – Visiting Scholar
(Heart and Vascular)

Srinath Reddy – Visiting Professor
(Heart and Vascular)

Ronald Stolk – Visiting Scholar
(Heart and Vascular)

Christophe Tzourio – Visiting
Professor (Heart and Vascular)

Makoto Watanabe – Visiting
Scholar (Heart and Vascular)

Anthony Zwi – Visiting Professor
(Policy and Practice)

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Robyn Norton · Principal Director, Professor of Public Health, University of Sydney

Kristina McDaid · Executive Assistant to Professor Norton

Kylie Monro · Executive Officer

Karla Tighe · Executive Assistant to Professor MacMahon

Research Advisory Unit

John Chalmers · Professorial Fellow, Professor of Medicine and Chairman of Research Development, University of Sydney

Stephen Leeder · Professorial Fellow, Dean of the Faculty of Medicine, University of Sydney

Christine Bent · Executive Assistant to Professor Chalmers

Heart and Vascular Program

Bruce Neal · Director, Associate Professor of Medicine, University of Sydney

Charles Algert · Research Fellow in Epidemiology

Neal Chapman · Senior Research Fellow in Cardiovascular Medicine (until October 2002)

Rochelle Currie · Senior Project Manager

Seham Girgis · Research Fellow in Epidemiology (until April 2002)

Rachel Huxley · Senior Research Fellow in Epidemiology

Rohina Joshi · Research Scholar in Epidemiology

Helen Merianos · Personal Assistant to Associate Professor Neal

Helen Monaghan · Senior Project Manager

Anushka Patel · Senior Research Fellow in Cardiovascular Medicine

Anne-Marie Richens · Research Assistant

Injury Prevention and Trauma Care Program

Robyn Norton · Acting Director, Professor of Public Health, University of Sydney

Stephanie Blows · Research Fellow in Epidemiology

Jan Douglas · Senior Project Manager

Marlene Fransen · Senior Research Fellow in Epidemiology

Julie French · Senior Project Manager

Ting-Rui Guan · Research Fellow in Epidemiology (until June 2002)

Mary Hayek · Study Manager

Rebecca Ivers · Senior Research Fellow in Epidemiology

Mamta Merai · Program and Research Assistant

Junhua Zhang · Research Scholar in Epidemiology

Epidemiology and Biostatistics Program

Mark Woodward · Director, Professor of Biostatistics, University of Sydney

Evangelie Barton · Personal Assistant to Professor Woodward

Federica Barzi · Research Scholar in Biostatistics

Nari Clarke · Project Manager

Sam Colman · Senior Biostatistician

Sing Kai Lo · Associate Professor of Biostatistics

Xin-Hua Zhang · Senior Research Fellow in Epidemiology

Policy and Practice Program

Michael Reid · Director, Adjunct Professor of Medicine, University of Sydney; Adjunct Professor of Public Administration, University of Western Sydney

Terrie Agnew · Research and Executive Assistant to Professor Reid

Alan Cass · Honorary Senior Fellow in Health Policy

Lucy Chen · Chief Advisor, China

Marie Coughlan · Teaching and Training Coordinator

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George Vukas · Computer Systems Officer



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