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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).
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.
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.
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
Principal Director, Professor of Public Health, University of Sydney

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

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.
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.
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 Diamicron 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.
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.

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.

ADVANCE Recruitment

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<td>10,000</td>
<td>11,140</td>
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Target | Actual
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.
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; Universita 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”.

Institute for International Health ANNUAL REPORT 2001/2002
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 focuses 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

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

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**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.
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 thrombogenic 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...
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.
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

- Below 60 years of age: 3.5
- 60-75 years of age: 2.3
- 75 years of age and over: 1.5

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
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.
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.
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.

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.

Seminar for the China State Development and Planning Commission: Professor Michael Reid
Stimulating debate in Australia about major issues in international health

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:

- 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.

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.
**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**
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 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.
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 (LiFEdata 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
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.
PEER REVIEWED PUBLICATIONS


Jones AYM, Dean E, Lo SK. Interrelationships between anxiety, lifestyle self-reports and fitness in a sample of Hong Kong University students. Stress 2002;5:65-71.


MacMahon S, Chalmers J. Blood pressure lowering and ACE inhibition for the avoidance of cardiac and cerebral events. Eur Heart J. In press.


PEER REVIEWED PUBLICATIONS (CONT’D)


CONFERENCE PRESENTATIONS

Federica Barzi
Serum triglycerides and coronary heart disease in Asia-Pacific populations. 14th World Congress of Cardiology. Sydney, Australia, May 2002.

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


Stephanie Blows


John Chalmers

Opportunities for the control of pre-existing cardiovascular disease. 14th World Congress of Cardiology – International Cardiac Rehabilitation Scientific Meeting. Sydney, Australia, May 2002.


CONFERENCE PRESENTATIONS (CONT’D)


PROGRESS – clinical relevance. WHF Trials Symposium on Relevance of Recent Trials. 14th World Congress of Cardiology. Sydney, Australia, May 2002.


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


Vivek Chaturvedi

Rochelle Currie

Marlene Fransen


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


Rebecca Ivers


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.


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


Stephen MacMahon
Clinical trials, observational studies and the media. Baker InstituteInstitute 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)


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.


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.


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


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.


Robyn Norton

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.


Anushka Patel


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.


**Conference Presentations (Cont’d)**

**Michael Reid**
International health. NSW College of Nursing. Sydney, Australia, September 2002.
Do we need to depoliticise health care? The politics of predictable payment. Canadian Health Services Research Foundation, Ottawa, Canada, May 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.
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.

**Xin-Hua Zhang**
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.
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.
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.
(MacMahon S)

Blood Pressure Lowering Treatment Trialists’ Collaboration Annual Meeting and Clinical Trials Symposium.
(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.
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.
**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  
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Dr Adnan Hyder  
Assistant Research Professor  
Director of the Doctor of Public Health Program  
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Professor Stephen Leeder  
Dean · Faculty of Medicine · University of Sydney  

Professor Terry Nolan  
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University of Melbourne  

Professor Srinath Reddy  
Professor of Cardiology · Cardiiothoracic Centre  
All India Institute of Medical Sciences  

Professor Judith Whitworth  
Director · John Curtin School of Medical Research  
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  

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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 Assistant to Professor MacMahon

Research Advisory Unit
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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
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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

Corporate Services
Graham Lawrence - General Manager
Pradeep Baisani - Database Developer
Juanita Datu - Accountant
Joshua Fathers - Management Accountant
Karen Hayward - Personal Assistant to Mr Lawrence
Kathleen Jayne - Data Management Coordinator
Irina Kotycheva - IT Manager
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Manuela Schmidt - Clinical Data Manager
Karen Sellar - HR Coordinator
Vanessa Simmonds - Receptionist
Kerrith Sowden - Finance Manager
Balamurali Vijayan - Database Developer
George Vukas - Computer Systems Officer