IMPACT

SUMMER 2023

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Burnet Institute
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The future of health is...

Burnet Institute is a leading Australian medical research and public health organisation focused on a more equitable world through better health by creating and translating knowledge so no-one is left behind in Australia and internationally.

We proudly acknowledge the Boon Wurrung people of the Kulin Nations as the Traditional Owners of the land on which our office is located and recognise their continuing connection to land, waters and community. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and acknowledge that sovereignty was never ceded. We pay our respect to Elders past and present, and extend that respect to all First Nations people.

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DIRECTOR'S REPORT

Welcome to the SUMMER issue of *IMPACT*.

I hope you had a safe and enjoyable summer break.

As I write this column, I think about friends, families and colleagues whose lives have been disrupted by the ongoing COVID-19 crisis. My thoughts are also with our frontline workers who have been tirelessly responding to COVID-19's challenges for three years.

It has been more than 12 months since Omicron reached Australia and we are still grappling with what was presented as a 'mild' COVID-19 strain. Unfortunately, the virus keeps outpacing us and we have been playing catch up, serious wave after serious wave. With over 25,000 excess deaths in 2022 – people who otherwise would not have died – COVID-19 is the biggest disruption to Australia since the second World War.

The good news is that we can reduce COVID-19 transmission by changing to a strategy that uses tools readily available to us: keeping up to date with our vaccine boosters, aiming to breathe clean air wherever we are, and if that's not possible then to wear a high-quality mask.

At Burnet, we continue to advocate for a change in attitudes towards COVID-19 and for those simple measures that can save lives and help our health system.

We also continue the work we set out in our Burnet 2030 Strategy towards a healthier world for all people, no matter their status, location, or background.

We will pursue this vision with the same Burnet unique approach of benchtop research to field action to find health solutions that are equitable and accessible. Our 2030 Strategy also embraces the challenges posed by environmental change.

In this edition, you'll find stories of our research, programs and advocacy that exemplify some of our priorities. We're grateful to our donors Peter and Lucy Cleary, who share the story of their journey with Burnet.

"On behalf of Burnet's board and staff, thank you for your continuing support which is integral to our success. We look forward to updating you on our progress throughout 2023."

Best wishes,

Professor Brendan Crabb AC
Director and CEO

A visit to Burnet starts a family's 35-year relationship with the Institute

Peter Cleary remembers the event that started his connection with Burnet Institute. It was back in 1987 when then Prime Minister Bob Hawke launched the Macfarlane Burnet Centre for Medical Research appeal, to raise funds for the move from Fairfield Hospital to its current modern facilities.

"*Victory over Viruses* was the early catchphrase," Peter recollects. "I began to understand how challenging it is to defeat viruses, from the common cold to HIV. I am pleased that Burnet has been able to use this knowledge and experience to help us navigate the COVID-19 pandemic."

Through the years, it was not only Peter who returned to attend Burnet events. His wife Lucy, son Jack, and father John, joined him in meetings and on lab tours. Lucy has particularly enjoyed hearing about Burnet when staff visited them in Adelaide.

Jack joined in one of the Burnet visits, at the time he was deciding on his university studies. He recently completed his final year of Chemical Engineering. Peter says the kindness of Burnet staff and the help they gave Jack to think about his future showed "how important it is to invest in young minds and help them to choose their path".

Sadly, John Cleary passed in 2021. Peter and the family have decided to make a gift to Burnet in memory of his parents John and Phyllis.

A friend of Peter's who is American, encouraged him to think about being more visible about philanthropy, to encourage others to consider supporting. His friend observed that in the United States, this is a factor in Americans having a higher rate of philanthropic support than Australia.

In response, Peter said "My wife and I are always willing to speak about Burnet achievements and aims to our friends and those we meet."

"I hope Australians can better understand this value to the organisation and personal happiness that philanthropy brings to the giver."

Top photo: Peter Cleary with his father, John, during a visit to Burnet Institute. Bottom photo: Phyllis and John, in whose memory Peter made a gift to Burnet.

Peter worked on a project in Papua New Guinea in the mid-1980s, and so he had a glimpse of the challenges fighting disease in remote tropical locations. The desire to help Australia's nearest neighbour resonated with him and he is pleased that the research Burnet has done in malaria, as well as the Healthy Mothers, Healthy Babies program will not only bring the work carried out in Melbourne to PNG, but also develop the skills of PNG's people.

On Burnet's 2030 Strategy, Peter said "I am pleased to see Burnet not only focusing on its strengths in scientific thought with a humanitarian purpose, but also adding an Indigenous health initiative to its list of priorities."

"The new strategy gives me renewed confidence that Burnet Institute will play its part in helping to achieve better health outcomes for Australians, our near neighbours and those who are disadvantaged or often forgotten."

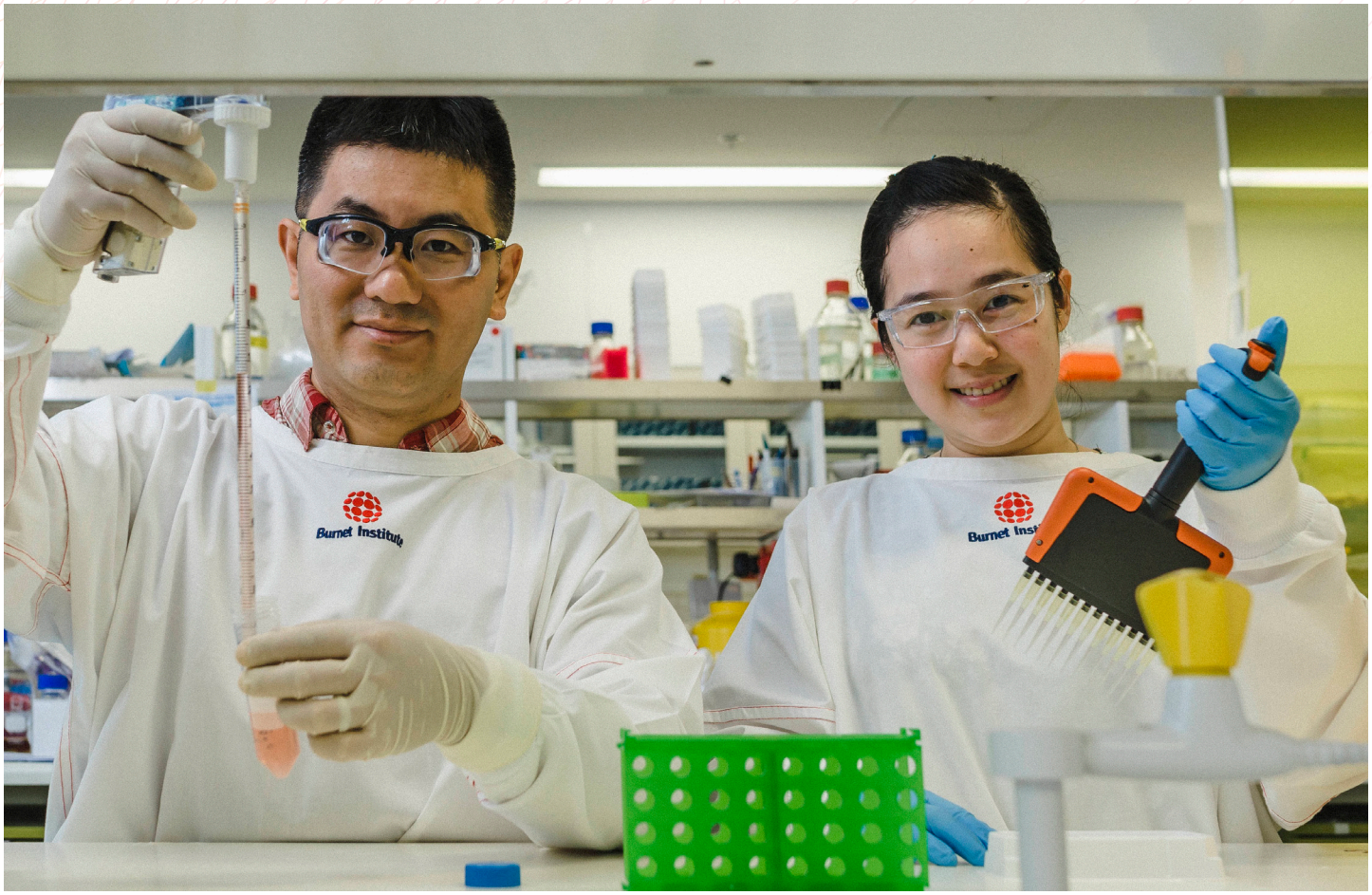
Peter Cleary,
Burnet Institute supporter

To make a gift in memory of someone, please email penny.burke@burnet.edu.au

The future of health is...

Diseases Eliminated

Professor Heidi Drummer,
Co-Program Director, Disease Elimination.



Globally, there are many diseases that require major interventions to keep them under control.

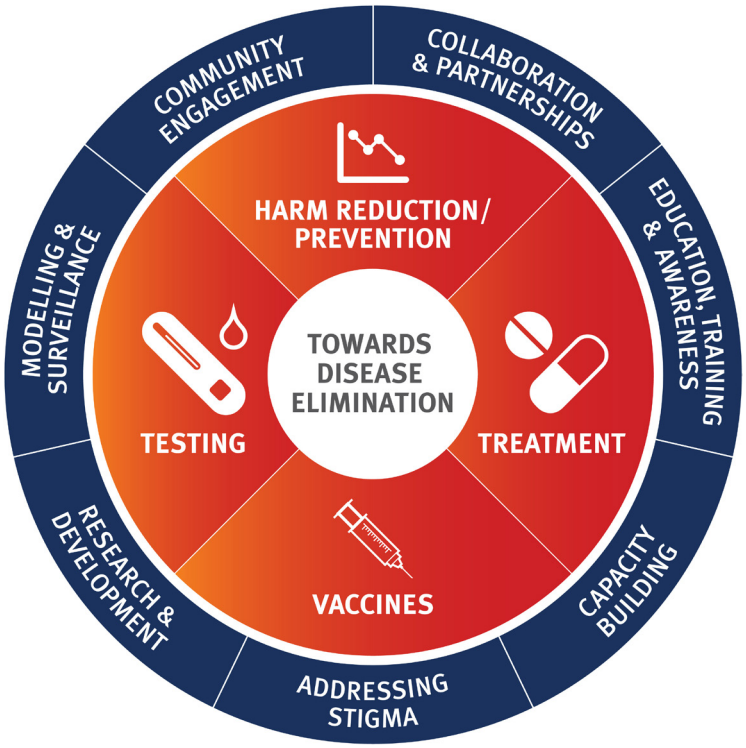
Without such strategies, diseases like hepatitis C, malaria, tuberculosis, HIV, and now COVID-19, impose significant burdens of disease in countries around the world.

In Disease Elimination, our aim is to reduce the number of people being infected with or suffering from a disease down to a level where the impact of that disease is no longer a public health concern, but able to be managed by health systems operating under normal conditions.

Our program has three streams: **infectious disease elimination, healthy ageing and chronic diseases,** and **harm and risk reduction**.

To make disease elimination possible, we need a combination of interventions that may include vaccines, treatment strategies and testing, so we know who's got a particular chronic disease or infection, and research ways we can reduce people suffering from that condition in the first place.

We are working to increase knowledge around disease elimination, and to deliver interventions and tools to reduce the health burden in communities.



EC Australia
Partnering to eliminate hepatitis C

On the road to 2030: breaking down the entrenched barriers to hepatitis C elimination

Australia can eliminate hepatitis C as a public health threat by 2030 but needs more than just the availability of direct-acting antivirals (DAA) to reach more than 100,000 Australians still needing to go on hepatitis C care.

The availability of curative DAAs is putting the 2030 elimination target within reach, according to Dr Alisa Pedrana, EC Australia Coordinator and Burnet Deputy Discipline Head, Public Health. This is not only because of the success stories of those who have been treated and cured, but because of the promising results in terms of reduced infection rates.

For many people with hepatitis C today, the barriers are more complex and often include the healthcare system itself.

"While we've done a great job to date, our job is getting harder as the people who have not yet engaged in hepatitis C testing and treatment have more complex needs or may be avoiding accessing health services for fear of being treated badly by healthcare staff," says Dr Pedrana.

"People's previous experiences with stigma and discrimination, particularly in healthcare settings can have lasting negative impacts on their relationship with healthcare providers," Dr Pedrana continues.

These include people who inject drugs, and Aboriginal and Torres Strait Islander people, who may experience stigmatisation and discrimination as an Aboriginal and Torres Strait Islander person, and as a person who injects drugs.

So how do we break down these entrenched structural barriers to ensure that care is being provided in a fair, equitable, respectful and non-judgemental way?

One way, says Dr Pedrana, is for the federal government to fund training programs to help address stigma within the healthcare setting.

Other solutions lie in implementing innovative high-impact interventions such as peer-led health promotion campaigns, financial incentive programs, and working with prison services to deliver testing and treatment to inmates.

HEPATITIS C IN AUSTRALIA

More than 95,000 people have received direct-acting antiviral (DAA) treatments to date. DAAs are easy to use, available at low cost through the Pharmaceutical Benefits Scheme, and cure most people's infections in less than three months.

Medicare data shows a decline in testing since 2016. The number of people treated each year also continues to decline. An estimated 117,800 people still live with hepatitis C.

Interventions to reduce stigma experienced by people living with hepatitis C and people who inject drugs are needed to increase engagement with hepatitis C testing and treatment services.

> "People's previous experiences with stigma and discrimination, particularly in healthcare settings can have lasting negative impacts on their relationship with healthcare providers."
>
> - Dr Alisa Pedrana

PEER-LED HEALTH PROMOTION CAMPAIGN

The It's Your Right campaign is the first peer-led health promotion campaign developed by EC Australia together with partners. Co-designed by a national reference group that included peer and drug user organisations, it supports those organisations in every state and territory to reach and engage with their own communities, and help people overcome their hesitation about hepatitis C testing and treatment.

"When we say peer-led, we're referring to people with a lived experience of injecting drug use and hepatitis C," says Dr Pedrana.

The initiative includes street advertising, local posters, and merchandise, to peer activities and incentives – anything that can promote the campaign messages to access testing and treatment, and facilitate peer-led conversations.

"We see the peer organisation as providing a bridge between the community and trusted health services," says Dr Pedrana.

The campaign is now being expanded to focus on engaging Aboriginal and Torres Strait Islander communities.

TESTING INCENTIVE PROGRAM

People living with hepatitis C who inject drugs often face a number of other practical challenges that prevent them from seeking the help they need. One area being explored by EC Australia is the idea of providing financial incentives that support and motivate those individuals to get tested and treated.

"These challenges may include other health issues, housing issues, and they may be managing issues with the justice system, so providing support like financial incentives can help people pay for public transport to attend a health appointment or help them prioritise accessing hepatitis C care," says Dr Pedrana.

"Health services and governments are often reluctant to provide incentives, as it can be difficult to justify in a budget. However, we have used modelling to demonstrate the economic benefit of providing people with incentives to complete hepatitis C testing and/or treatment, where they otherwise would have not been linked to treatment. As we cure more people the cost of finding someone with hepatitis C increases, and it becomes more important that people are retained in care once diagnosed."

"Theoretically, there is a point at which it is more cost-efficient to provide financial incentives to retain someone in care, versus having them become lost to follow-up and having to start again and find someone else with hepatitis C."

WORKING WITH PRISONS

In 2021, prisons accounted for more than a third (41 per cent) of all hepatitis C treatments in Australia. This highlights the important role the justice sector plays in reaching people at risk of hepatitis C and supporting them to engage in care. The National Prisons Hepatitis Network of which ECA is a partner recently released the National Consensus Statement on the Management of Hepatitis C in Australia's Prisons.

It outlines best practice in hepatitis C prevention, testing, and treatment in Australian prisons and identifies recommendations and key performance indicators to support a coordinated national approach to eliminate hepatitis C in prisons.

CONTINUING THE PROGRESS TOWARDS HEPATITIS C ELIMINATION

Sustained funding is required to reach Australians who have not been engaged in hepatitis C care. Recent Burnet Institute modelling suggests that it will require an extra investment of $5 million per year to implement and manage these high-impact interventions.

If the funding can be secured, Dr Pedrana is confident that Australia can remain on track to meet its hepatitis C elimination target by 2030, saving 8,500 lives, averting 15,700 new infections, and delivering $5.7 billion in net economic benefit to the nation.

Australia is famous for being innovative and courageous in its responses to major health threats, including HIV/AIDS which deployed a response founded on fairness and equity for all affected. We are on the path to doing the same with hepatitis C.

Commenting on the challenges ahead, Professor Margaret Hellard AM, Deputy Director at Burnet Institute, and Head of Hepatitis Services in the Infectious Diseases Unit at The Alfred Hospital said: "With innovative approaches to care, Australia can achieve hepatitis C elimination by 2030. We are aiming for that, we are leading the world on that, and the world is looking at us to do a really good job."

The future of health is...

A More Prepared World

Professor Leanne Robinson, Program Director, Health Security and Pandemic Preparedness.

COVID-19 has clearly illustrated the need to prioritise strengthening, supporting and enabling health workforces and health systems.

Throughout the pandemic, we've seen how challenging it is for under-resourced and fragmented health systems to adequately respond to crises.

We work very closely with communities, local health experts and researchers to address some of the underlying structural constraints impacting health systems. We want to ensure there are adequately trained health workforces big enough for the needs of populations. That rural and remote populations have access to good health services. That all of our work includes priority populations, is culturally appropriate and sustainable for the stage the health system is at. We want to help communities get the health information they need from trusted voices within their own communities, and address the misinformation that might have reached them through other means.

A big part of our emerging health security and pandemic preparedness program is One Health – working at the interface of, and recognising the connections between human health, animal health and environmental health.

How Burnet's Papua New Guinea team has responded to the challenges of COVID-19

Our Papua New Guinea (PNG) team has been an integral part of the pandemic response in the region, working closely with communities and our partners.

We've worked with the respective Provincial Health Authorities to not only strengthen the COVID-19 response but also minimise the impact on the health system and other programs, said Burnet's PNG Country Director, Dr Kudakwashe Chani.

"For example, in Daru, the capital of PNG's Western Province, we collaborated with our partners to integrate awareness, infection prevention and control, and screening and diagnosis for COVID-19 and tuberculosis," Dr Chani said.

"We were also part of a targeted community education campaign to support the COVID-19 vaccine roll-out in South Fly District, sharing COVID-19 information and building confidence in the vaccine."

Burnet researchers are part of a team working at the PNG Molecular Hub, a collaboration between the PNG Institute of Medical Research, The University of PNG School of Medicine and Health Sciences, and The National Department of Health Central Public Health Laboratory, to strengthen molecular diagnostic testing capacity and early detection of tuberculosis (TB), malaria, and other vector-borne diseases.

And our TB Working Group successfully conducted operational research training for PNG researchers across seven provinces in 2017 and 2018, and in late 2022.

"Almost all the participants were able to publish their work," Dr Chani said.

TUBERCULOSIS

Ending TB is a high priority area for PNG, Dr Chani said. A Key Result Area of the new National Health Plan focuses on reducing the burden of communicable disease including TB, HIV and malaria.

The current incidence of TB in PNG is estimated at 424 per 100,000 people and 24 per 100,000 people for multidrug-resistant TB (MDR-TB), although incidence has reduced by nearly two per cent in the last five to six years according to the World Health Organization's Global TB Report 2022. The reduction in incidence rate falls short of the WHO End TB milestone to reduce the 2015 TB incidence by 20 per cent by 2020.

"Daru Island in South Fly District of the Western Province has one of the highest incidences of MDR-TB in PNG," Dr Chani said. "Burnet has successfully collaborated with the Western Provincial Health Authority and partners to stabilise the MDR-TB outbreak in Daru."

MALARIA

Another great example of our health security work is Burnet's collaboration in the STRIVE PNG Program. STRIVE PNG is co-led by the National Department of Health, PNG Institute of Medical Research, The University of PNG, Burnet Institute, and James Cook University.

The program has adopted a partnership-based approach to establish, maintain and review effective and equitable relationships among the 13 partner organisations, to strengthen surveillance and health systems research in PNG.

SYMPOSIUM BRINGS TOGETHER MEDICAL RESEARCHERS AND STAKEHOLDERS

Multiple examples of how far PNG has come in tackling health security and pandemic preparedness challenges were on display at the 56th PNG Medical Symposium held in Port Moresby in September 2022.

The impact of COVID-19 on other diseases such as TB, and on the health system in PNG more broadly, was a key focus.

"This was the first symposium since the emergence of the COVID-19 pandemic, bringing a renewed sense of the need to bridge the gap between research, policy and implementation," Dr Chani said.

"Burnet Institute in PNG was pleased to be part of the symposium to share work that we collaborated on with other key stakeholders in PNG and in the region, and to contribute to local evidence."

Thirty-four Burnet staff and researchers attended the symposium from PNG and Australia, including Burnet Senior Research Fellow Dr Stefanie Vaccher, who is based in PNG.

"I had the privilege to attend the symposium, and present findings of some recent work undertaken here, a literature review of the most effective ways COVID-19 antigen rapid diagnostic tests could be used in PNG," Dr Vaccher said.

Rapid antigen tests are best for identifying people with high viral load, who are often highly infectious.

The review found further discussions with both health and non-health partners is critical to understand gaps, priorities for future work, and impact on future testing strategies in PNG.

Testing and interpretation of results is context dependent. Good surveillance information is needed to understand background prevalence of COVID-19 in a particular location, as well as local knowledge of the implications for someone who tests positive – for instance, isolation requirements.

"The symposium allowed locally-led research to be the focus of the meeting and ensured that future research in PNG would benefit from the sharing of new ideas, successes, and strategies for overcoming challenges," Dr Vaccher said.

"The group organising the meeting – the Medical Society of PNG – pre-dates PNG's independence by over a decade. This in itself highlights the depth and breadth of medical research that is being conducted in PNG, by Papua New Guineans."

With a recently elected government and a new 10-year National Health Plan, the conference was well-timed to address priority health areas and issues of local and national significance.

"Presentations gave a good overview of the wide range of health issues that affect PNG. The ingenuity that was on display, from a homemade device to measure the length of a newborn baby's foot as a proxy for low birth weight, to new malaria surveillance strategies, provided valuable lessons to all attendees," Dr Vaccher said.

"There were also critical insights into local issues that are not always evident at other international conferences."

For instance, the pervasiveness of betel nut (buai) chewing in PNG and the myriad health problems it can cause was a common theme across several presentations. This created links between previously siloed fields, such as dentistry and harm reduction, and helped develop new ways of thinking about endemic issues.

"The opportunity to learn from other researchers in PNG about local cultural beliefs and *kastom* in the areas where they were working was also invaluable," Dr Vaccher said.

For instance, the importance of visiting the community before the study began to meet with key leaders and give people time to get to know the research team and consider what questions they may have.

"The shared social connections over many lunches, dinners, and cups of tea strengthened old friendships and built new ones, a fundamental part of any conference," Dr Vaccher said.

> "The opportunity to learn from other researchers in PNG about local cultural beliefs and *kastom* in the areas where they were working was also invaluable."
>
> Dr Stefanie Vaccher, Burnet Institute

The future of health is...

Healthy Mothers, Children and Adolescents

Professor Caroline Homer AO,
Co-Program Director, Maternal, Child and Adolescent Health.

While many Australian families have access to good healthcare, this is not always the case for families in low- to middle-income countries.

As an example, an hour north of Australia in Papua New Guinea, the number of mothers dying in childbirth is far higher than in Australia and sadly, many of these deaths are preventable. Infections like malaria are especially a risk for child health with a child dying from malaria every two minutes across the world. Two out of three of these children are under the age of five.

Burnet's Maternal, Child and Adolescent Health program aims to have a meaningful impact on the lives of mothers, families, children and adolescents – through a focus on the three areas of **survive, thrive** and **transform**.

We're working to reduce maternal mortality, stillbirths, neonatal deaths, and child and adolescent deaths, by focusing on what we know contributes to women dying in childbirth – postpartum haemorrhage, pre-eclampsia, infections – as well as infectious diseases like malaria and HIV.

It's not enough for mothers, babies and children just to survive, we want them to thrive, and our vision for achieving this is through sexual reproductive health and rights. We're committed to improving menstrual health for people in all countries. We also want to address low birth weight, stunting, mental health and immunisation.

We're working with our key partners across the Asia-Pacific region, and engaging directly with communities, to transform and strengthen health systems. We want our work to contribute to policy development that will transform the lives of mothers, children and adolescents everywhere.

Building confidence and dispelling stigma around sexual and reproductive health

Adolescents and young people in Myanmar have been empowered with the knowledge and communication skills to talk more openly about puberty and the changes they go through, and it's benefiting their health and education too.

One in four people in Myanmar is under 25 years of age, according to the 2014 national census, and yet adolescents face many barriers preventing them from accessing the information, services and support they need for sexual and reproductive health.

"Burnet conducted a study in 2016 that found adolescents in Myanmar had really limited knowledge about sexual and reproductive health," Dr Elissa Kennedy, Burnet Institute Co-Program Director for Maternal, Child and Adolescent Health, said.

"Young people need access to really good information and services, not only to navigate the changes of puberty, but also to help them as they embark on their first relationships, begin marriages, and start their own families."

Without these supports in place, poor sexual and reproductive health during adolescence can have really significant impacts, particularly for girls.

"For example, a third of maternal mortality in Myanmar is related to unsafe abortions due to unwanted pregnancy," Dr Zay Yar Swe, Burnet Institute Program Manager for Adolescent Health in Myanmar, said.

"We also have poor retention in schools, and early marriage."

To address these challenges, the Integrated Multi-Sectoral Approach or IMSA project worked directly with young people and their communities in the Magway region of Myanmar.

"IMSA focused on strengthening comprehensive sexuality education in monastic schools to build knowledge and skills," Dr Kennedy said. "We worked with health providers to improve access to respectful and non-judgemental sexual and reproductive healthcare."

While sexual and reproductive health is already a core part of the government curriculum, Dr Zay Yar said, the problem is that schoolteachers are hesitant to teach it because "they lack the confidence and they have limited knowledge in this area".

"Our approach included a combination of high quality in-service training for monastic schoolteachers, and also the Basic Health Staff from the Ministry of Health, improvement of adolescent and youth-run health services, and community engagement and mobilisation," he said.

Through providing this training, materials, and other support, IMSA has been able to turn the situation around.

The project also worked with parents to build their understanding about sexual and reproductive health, to improve support, and their communication skills with young people, so they could more openly discuss issues around sexual and reproductive health.

"Parent groups were formed with interested parents of monastic school students," Dr Zay Yar said.

"There were three mothers groups and three father/guardian groups in three townships who received monthly training on topics such as puberty changes, menstruation, pregnancy, contraception, HIV and STIs, mental health, cervical cancer and gender roles."

Delivered over 12 months, the parents and students undertook separate education programs but also came together for combined discussion sessions.

"The most prominent finding we found is the communication between teachers and students, and the communication between parents and their daughters and sons, significantly improved," Dr Zay Yar said.

"Menstrual-related school absenteeism rates have also decreased as a result of menstrual health awareness-raising activities, the distribution of menstrual hygiene management kits, and the provision of changing rooms for students in our monastic schools."

"After life skills education from Burnet, I know how to protect myself from diseases, and I told others how to protect themselves, and signs and symptoms of diseases. I feel success among my friends because I can share peer education." - Student (Boy)

"Before I started participating in Burnet activities, I was afraid of entering puberty and daring to talk to my parents about it. Since joining, I've gained the confidence to speak freely with my parents and understand that puberty is a natural part of our lives." - Student

"I did not know how to use and how to clean during menstruation. I read how to behave via pamphlets of the IMSA project and how to dispose of used sanitary pads. I tell my friends about it, and I gained confidence."

- Nun

"I heard that menstrual pain is caused by eating some foods in community. Now I know there are no relationship between eating food and menstrual pain, and menstrual pain is natural. I know taking analgesics and using hot water bottle can relieve pains. I share this knowledge with my friends."

- Student (Girl)

"Male students are in charge of bringing water at my school, whereas female students are in charge of sweeping. They became aware of gender roles and stopped making distinctions between male and female duties after learning about gender in life skills education. It is balanced and alternated between the duties assigned to male and female students."

- Teacher

"The students became knowledgeable about drugs, and sexual and reproductive health. Additionally, because of the benefits of mental health education, parents, students, and even myself are more aware of mental health issues and coping mechanisms for better mental health. This information is quite helpful to us at this time."

- Teacher

In 2021, teachers, students, parents and communities worked with Burnet to adapt the IMSA model for community-based delivery of some activities. Further, IMSA moved to distance learning to allow young people to continue their education while restrictions were in place.

“We provided distance learning education to the students, and it included home study, teacher home visits and small group sessions,” Dr Zay Yar said.

“After students received this distant learning education, they can deliver peer-to-peer education.”

“Not only did the IMSA project directly benefit young people and their communities where it was implemented, it also generated new understanding about how we can engage with different sectors to support sexual and reproductive health,” Dr Kennedy said.

By working closely with the Ministries of Health and Education, monastic schoolteachers, and community beneficiaries, IMSA was able to create a best practice model to improve sexual and reproductive health education and services for young people.

“The multi-sectoral school-based model can be adapted to other communities in Southeast Asia,” Dr Kennedy said. “The knowledge generated will also help inform more responsive policies and programs in the region.

“And as these young people are the next generation of parents, addressing their sexual and reproductive health is also really critical for establishing a strong foundation for the health and wellbeing of future children and generations.”

Elements of the successful co-design and youth participation model developed through IMSA are being adapted to address another priority health need among adolescents.

“We have commenced a new Australian Government-funded, three-year project to co-design and pilot a community-based model of services and supports to address mental health and wellbeing of adolescents and young people in Myanmar,” Dr Kennedy said.

Dr Zay Yar said the impact of the IMSA project in improving teachers’ knowledge and communication skills with students and parents, is also being felt well beyond the initial schools that took part.

“On request of other schools, teachers from the project sites have trained 32 teachers from nine other monastic schools,” he said.

“There are also good relationships between trained community youth groups and teachers so that the teacher can coordinate and organise peer education sessions in the community.”

IMSA received support from the Australian Government through the Australian NGO Cooperation Program (ANCP), and The Drakensberg Trust.

Australian AID

IMSA supported:

3,000+ adolescents

2,000 female

1,000 male

8 schools

100+ teachers

100+ parents

~500 health staff

The future of health is...

Harm Reduction

Professor Paul Dietze,
Co-Program Director, Disease Elimination.

Since its inception, Burnet Institute has played a major role in the development and implementation of harm reduction services, policy and practice.

Focused on hard-to-reach populations at risk of experiencing significant vulnerabilities, we have supported initiatives ranging from needle and syringe programs through to social media-based interventions designed to reduce risky alcohol consumption among young people.

Over the coming decade, we will strengthen these efforts and focus on neglected harms such as opioid overdose and responses in developing countries. We will develop new evidence on the effectiveness of key harm reduction interventions such as supervised drug consumption rooms.

We will also work to ensure better health through changes to the structural environments such as through drug law reform, housing initiatives and other measures to address some of the key drivers of harms.

Scaling up naloxone access to save lives

Burnet Institute welcomes and supports the national rollout of Take Home Naloxone (THN) in Australia – and the challenge to ensure access to this life-saving medicine for people at risk of opioid overdose or an adverse reaction.

Administered by injection or nasal spray, naloxone is a safe, reliable and effective medication that can temporarily reverse the effects of overdose from opioid drugs such as heroin or oxycodone.

THN programs involve training and naloxone dispensing so it can be administered by carers, friends or family members of the person experiencing an overdose, who may be unconscious, or unable to breathe effectively.

Since 1 July 2022, naloxone has been available free of charge without prescription through the Australian Government's Take Home Naloxone s100 special access program, from pharmacies and from other dispensing points.

"It's really amazing and a huge step forward to have this life-saving medicine freely available through Australian Government funding," Professor Paul Dietze, Burnet Institute Co-Program Director, Disease Elimination, said.

"The task now is to ensure that we get it to people who are most at risk."

Those most at risk essentially comprise two groups – people who inject drugs, and people who take opioids for other reasons, such as chronic pain.

"The people who are injecting drugs may have an understanding or an experience with overdosing, so to provide them with an overdose antidote to use on people they might come across makes sense for them," Professor Dietze said.

"But there's not that same experience or awareness among people taking opioids for chronic pain who don't appreciate that opioid drugs carry a risk of overdose.

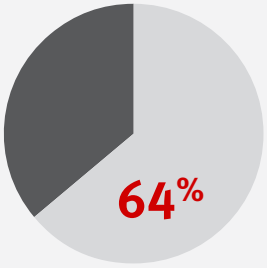
"So, educating them, and educating pharmacists in particular about the availability of naloxone and how to use it is still a major requirement to reach all people who can benefit from naloxone."

Fully capitalising on Australian Government funding will take a collective effort, including research on models that work in different settings, and support from peak bodies such as the Pharmacy Guild and Pharmaceutical Society of Australia, the College of General Practitioners, and drug treatment and consumer organisations.

"General practitioners and pain specialists also have roles to play, along with harm reduction workers based at needle and syringe programs, for example, who are well equipped to do this work," Professor Dietze said.

"I'm sure they can use extra support, but they've already got mechanisms in place to have an impact."

> "It's really amazing and a huge step forward to have this life-saving medicine freely available through Australian Government funding."
>
> Professor Paul Dietze, Burnet Institute
> Co-Program Director, Disease Elimination

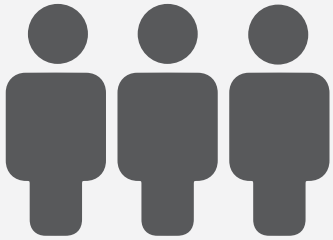


OF DRUG-INDUCED DEATHS IN 2018 INVOLVED OPIOIDS

MORE THAN

110,000

AUSTRALIANS ARE CURRENTLY EXPERIENCING **OPIOID DEPENDENCE**



DIE **EVERY DAY** FROM OPIOID-RELATED USE

Source: https://www.health.gov.au/our-work/take-home-naloxone-program

While the Australian Government provides the funding, the implementation of THN programs rests primarily with Australia's states and territories, where regulatory requirements vary in approach and effectiveness.

In Western Australia, for example, many police now routinely carry naloxone in the event they encounter someone who's overdosed, while New South Wales is leading the way with their naloxone program operating in the state's prison system.

"Working to ensure that naloxone gets to people who are at risk in WA includes working with police and paramedics," Professor Dietze said.

"In Victoria, we're not doing that yet, and that's something that we should be exploring.

"Mechanisms of engaging with the people who need it, that's the fundamental thing."

Professor Dietze said the National Naloxone Reference Group, convened by Burnet Institute, has been important for key stakeholders involved in jurisdictional naloxone programs to share information and learnings, and strategise for expanding THN in Australia.

The Burnet-led EC Australia partnership to eliminate hepatitis C in Australia by 2030 may also be an effective model for what can be achieved with THN.

"Much like EC Australia, it's about implementation science to make sure that we work out the best ways to get more naloxone into the hands of the people who need it."

"There's a lot of work that can be done around implementation," Professor Dietze said.

Internationally, Australia stands to benefit from work undertaken by the World Health Organization and United Nations Office on Drugs and Crime, and there are learnings to be had from programs in other countries who face similar challenges to ours.

"In Canada they've had very extensive programs to get naloxone to the target populations, and in the United States they've had extensive work going on there as well," Professor Dietze said.

"But the cost of naloxone in some of those places is prohibitively high and so the Australian Government funding of intranasal naloxone in particular, to make it available free of charge is a real game changer in the Australian context.

"We're extremely fortunate, and we need to make the most of this great opportunity."

The future of health is...

For All People

Professor Margaret Hellard AM,
Deputy Director, Programs.

We live in a world where we continue to see devastating gaps in health. People living with disadvantage are disproportionately affected by preventable or treatable diseases.

Even when science produced advances at lightning speed to respond to COVID-19, gains have not been equally distributed. Only one in five people globally has ever had their first dose of a COVID-19 vaccine. In Australia, people born overseas are almost three times more likely to die from the disease as people born in Australia.

If health solutions are to be equitable, affordable and accessible to all, medical research and action must work as one.

A more equitable world is about prioritising the needs of overlooked communities. Addressing intractable global health problems means looking at multiple factors at play, including gaps in systems that we are not always aware of.

At Burnet, there is no separation of medical research and action. Our core strengths in science and evidence go hand in hand with our community collaborations and field partnerships to ensure the knowledge we create is translated and delivered to those who need them.

It's only when scientific innovation is purposeful and responds to the needs of all people, can we truly ensure no-one is left behind.

VOICE
Building on pandemic lessons and community strengths

The VOICE project will build on good practices forged during the pandemic and better connect Victoria's multicultural communities with the services they need.

For Burnet Institute, part of strengthening public health practice post-COVID-19 restrictions is more equitable access to health and support services for disadvantaged communities.

The **Victorian Online Initiative for Community Engagement (VOICE)** project, being run by Burnet in partnership with community organisations, will consolidate the work of Victoria's multicultural communities in responding to the COVID-19 pandemic and use that to tackle other health challenges.

The COVID-19 pandemic was a public health emergency that exposed cracks in support for multicultural communities.

Language barriers were just one factor. Members of these communities were also more likely to be short-term casual workers or temporary migrants excluded from JobKeeper payments or working multiple low-paid jobs. Some avoided COVID-19 tests because a positive result meant they couldn't work and earn money.

An independent report into Australia's pandemic response, led by Peter Shergold AC, noted that by January 2022, the COVID-19 death rate for Australian residents born overseas was almost three times as high as for those born in Australia. Among people born in the Middle East, it was more than 12 times as high.

But there were also moments of success. The huge lift in vaccination rates among multicultural communities in Melbourne, for example, came when health authorities worked with community groups to disseminate culturally appropriate health information.

VOICE will build on community strengths and good practices during the pandemic to build better connections between researchers, government and multicultural communities.

"The overall aim for the program is that we create something sustainable," explained Amy Kirwan, Burnet Institute's Senior Research Fellow, Social Impact and Innovation, who is leading the project.

"We draw on the things we learned with the pandemic, take those lessons forward and think about how we can apply them to strengthen public health practice with multicultural communities. It's also about how we can use digital technology to support us to enhance that sustainability."

> “It’s really about bringing together a whole lot of different bits of expertise and seeing what we can create together.”
>
> Amy Kirwan, Burnet Institute, Senior Research Fellow, Social Impact and Innovation

WHAT WILL VOICE DELIVER?

VOICE is starting with three projects: one with the Muslim community in Darebin LGA, and two in partnership with the Centre for Multicultural Youth, connecting with Pasifika and Sudanese young people in Melbourne’s south-east.

Community partners and researchers will gather data to identify priorities and unmet needs, whether that’s in mental health, education, employment or other areas. Several workshops continue to be held with community members and Monash University’s Action Lab to co-design useful programs and tools.

These tools and other resources will be available through the VOICE’s open-access online platform which can be used by support workers, health researchers, community leaders, policy makers and others.

Building stronger connections and skills is at the heart of the VOICE project.

“Everyone has got something to teach everybody else,” said Ms Kirwan. “It isn’t about researchers teaching community organisations how to do a certain thing or government teaching researchers. We want to connect government better with communities. Communities know what’s happening in their communities, so it’s sharing that information with the right parties at the right time to get responses resourced appropriately.

“At Burnet Institute, we’re subject matter experts on public health research. But the community organisations we’re partnering with are subject matter experts on their communities and their communities’ needs.

“It’s really about bringing together a whole lot of different bits of expertise and seeing what we can create together.”

HOW VOICE CAN ASSIST MULTICULTURAL COMMUNITIES

Victoria is Australia’s most culturally diverse state, with almost one-quarter of its population born overseas.

But multicultural communities face barriers in accessing mainstream supports including language, knowledge of Australia’s health systems, and their visa status.

It’s a situation seen often by Dylan Wolfgramm, an Itaukei Fijian (Indigenous Fijian) who is Pasifika Project Officer for VOICE and a bicultural worker with Le Mana Pasifika at the Centre for Multicultural Youth.

Many Pasifika people who have come to Australia on a Special Category Visa cannot access Centrelink payments, so think they can’t get a Medicare card even though they may be eligible.

“Community members have not really been educated or informed on how to access these services,” Mr Wolfgramm said. “They don’t know they can get a Medicare card. They don’t know their child born here becomes a citizen after 10 years living in Australia.

“There is a lot of information that the community is just not aware of. And it’s not something we’ve seen focused on by service providers and government. And that’s something, hopefully, this VOICE project can change.”

He also sees an urgent need for a digital tool that maps mainstream service providers who can assist individuals regardless of a Medicare card or immigration status.

He recalls having to work through a spreadsheet of 400 health providers, phoning each individually, to find out if they could offer services to a client.

“It was very time-consuming and not something you’d think you’d have to do in 2022,” he said.

“I hope it can be a tool where workers like myself from a multicultural community, or community members, can connect directly to service providers, and not just go through Google.

“It can be a first step in making things easier.”

Every stillbirth is a tragedy.

Help us reduce the rate of stillbirth in India and around the globe.

In 2019, it was identified that by altering maternal sleep behaviour in late pregnancy here in Australia, nearly 6 per cent of stillbirths could be avoided. But in many other countries sleep position advice is not common.

Your gift today will mean that we can test sleep position advice for the prevention of stillbirth in India and Bangladesh in 2023, and send more babies home with their parents - where they should be.

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Head Office
85 Commercial Road
Melbourne, Australia, 3004

ABN 49 007 349 984

Tel: +61 3 9282 2111
Email: info@burnet.edu.au

burnet.edu.au

burnet.edu.au/support
/burnetinstitute
@BurnetInstitute
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