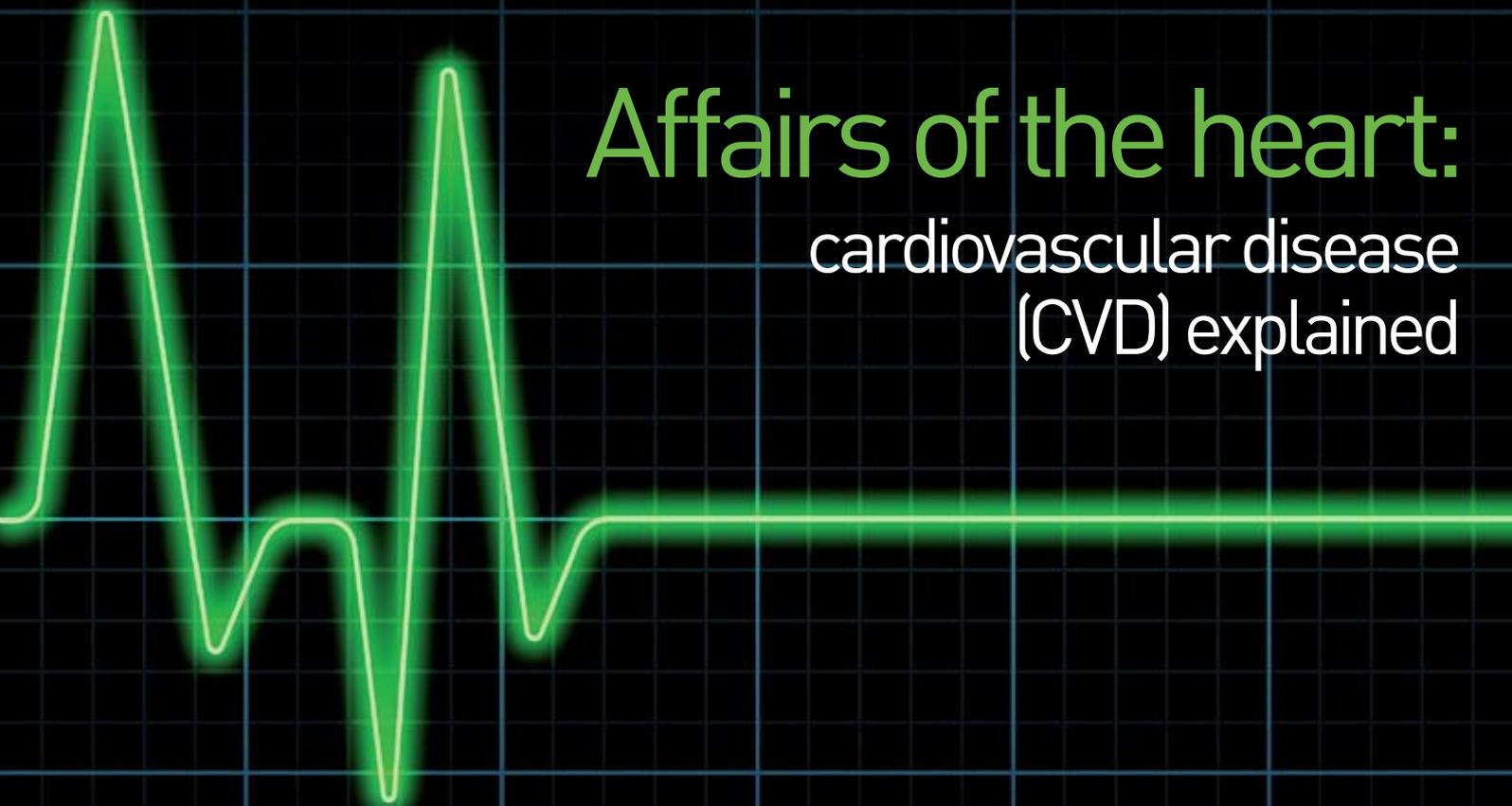


IMPACT

THE NEWSLETTER OF THE MACFARLANE BURNET INSTITUTE
FOR MEDICAL RESEARCH AND PUBLIC HEALTH | AUTUMN 2008



Affairs of the heart: cardiovascular disease (CVD) explained

NEW TREATMENTS FOR HIV

An investigation into reverse transcriptase inhibitors

POWER THROUGH KNOWLEDGE

Harm reduction techniques for the police





DIRECTOR'S REPORT

Welcome to the autumn issue of *IMPACT*. It's always exciting to be able to share with people what we do as an organisation, and the difference we make to the lives of people around the world.

The Institute has undergone a significant transformation over the past few years, increasing its capacity to undertake a broader range of research and public health programs, and at the same time increasing the expertise of its staff. This growth has been recognised with a significant and valued increase in infrastructure support from the State Government of Victoria for 2007/08, and the recent awarding of a major contract by AusAID, the Federal Government's overseas aid and development agency, to assist in the response to HIV and AIDS in China.

The China-Australia Health and HIV/AIDS Facility is funded by AusAID. It is a flexible AUS\$24.4 million funding scheme that allows for the development of a range of activities responding to current and emerging issues dealing with HIV and AIDS, emerging infectious diseases, and health system strengthening.

This new facility will allow specific health projects to be identified that will promote China's response to HIV and AIDS, readiness for pandemics and improve health services to address the needs of 'at-risk' populations. The facility will also help to improve rural and urban access to essential health-care services and related aspects of policy, planning, financing and management for rural and economically disadvantaged urban residents.

The awarding of this contract to the Burnet's Centre for International Health is a reflection of the leadership and expertise shown by the Institute on issues dealing with major infectious diseases such as HIV and avian influenza in the Asia and Pacific regions.

Finally, I am delighted to be able to announce that Professor Brendan Crabb has been appointed as the new Director for the Burnet Institute and will be commencing his new role in March. Brendan has an extensive medical research background in infectious diseases and has worked at the Walter and Eliza Hall Institute for Medical Research for many years. I know Brendan is very much looking forward to taking the Institute into the next phase of its growth and to ensuring that the Institute continues to be a major force in medical research and public health both in Australia and internationally.

Professor P. Mark Hogarth, Acting Director

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Where possible people who appear in images included in this newsletter were photographed with their permission. There is no implication that these people have any infectious diseases. Where special purpose appeals included in this newsletter are oversubscribed, excess funds

will be allocated to projects of a similar nature at the discretion of the Director of the Burnet Institute. Contributors will be notified of the specific project that funds are redirected to.



Human immunodeficiency virus type 1 (HIV-1) and the acquired immune deficiency syndrome (AIDS) is a major public health problem affecting an estimated 33 million individuals worldwide. Currently there are no effective vaccines for the prevention of HIV. Apart from public health prevention strategies such as advocating condom use, the only means currently available to control infections is with antiretroviral drugs.

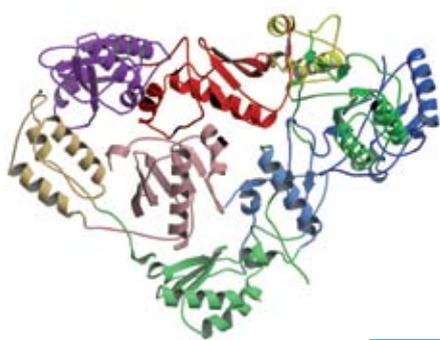
NEW TREATMENTS FOR HIV

an investigation into reverse transcriptase inhibitors

Antiretroviral drugs can be used to treat HIV positive individuals and are also being developed in the form of topical microbicides that can be applied by women to prevent the sexual transmission of HIV. While an armoury of antiretroviral agents is currently available, new drugs must be developed to combat the eventual emergence of drug-resistant strains of HIV-1.

A possible weakness of the virus that has been exploited as a viable drug target is the HIV-1 enzyme, reverse transcriptase. Reverse transcriptase is critical in the virus life-cycle, converting viral RNA into an appropriate genetic blueprint that can be read by the cell to produce more viral particles. Currently there are two classes of reverse transcriptase inhibitors (drugs that are licensed for use in HIV-infected individuals). These are the nucleoside reverse transcriptase inhibitors (NRTIs), and the nonnucleoside reverse transcriptase inhibitors (NNRTIs). Emergence of resistance to a drug in one of these reverse transcriptase classes results in cross-resistance to drugs in the same class and can stop the clinical effectiveness of many of these drugs.

The Molecular Interactions Group (MIG) at the Burnet Institute, headed by Dr Gilda Tachedjian is seeking to



Structure of the HIV-1 Reverse Transcriptase.

identify small molecules that block the reverse transcriptase from acting, using a mechanism that is distinct to the two classes of drugs. These molecules would be expected to block HIV that is resistant to existing antiviral drugs. In order to function effectively, reverse transcriptase requires the combination of two proteins to generate a fully active enzyme. Research at Burnet has identified areas of the enzyme that enable the proper assembly and activity of these proteins. In collaboration with AVEXA, a biotech company in Melbourne, and the Victorian College of Pharmacy, one strategy being pursued is to identify a variety of inhibitors that prevent the two proteins from combining. We do this by screening a large number of small molecules using

a computer to 'dock' the molecules into pockets that we have defined that are important for assembly of these proteins. Molecules that demonstrate the best 'fit' in these pockets are then tested for their inhibitory activity against the reverse transcriptase.

The team has already identified several molecules that block the function of reverse transcriptase in the test tube and studies are in progress to determine their specificity and activity against blocking HIV replication in cell culture.

In a second study, the MIG team has defined small proteins that also act at the level of enzyme assembly, and studies are required to determine where these proteins bind to the reverse transcriptase by a technique called X-ray Crystallography. Understanding how these proteins bind to the enzyme could lead to the development of drugs that not only mimic the effects of the proteins but are also more potent inhibitors of reverse transcriptase activity.

Funding for the reverse transcriptase inhibitor studies has been gratefully received from the Australian Centre for HIV and Hepatitis Virology Research. Additional funding to continue this work is needed and donations can be made by contacting the Burnet Institute on (03) 9282 2113.

Affairs of the heart

cardiovascular disease
(CVD) explained



Cardiovascular Disease (CVD) encompasses heart, stroke and blood vessel disease and is the leading cause of death in Australia, accounting for 36 per cent of all deaths. Apart from the personal toll, CVD costs the Australian health system \$7.6 billion each year, and is deemed one of Australia's largest health problems¹. Burnet scientists are looking at ways by which CVD can be prevented using novel approaches to understand blood clot formation and how these can be prevented.

Cardiovascular disease affects more than 3.5 million people in Australia, and is responsible for one death every 10 minutes in this country. In 1994, CVD killed almost 11,500 Australian women, more than four times the number who died from breast cancer. Risk factors for heart disease include a person's genetic makeup, family history, cigarette smoking, high blood cholesterol levels, physical inactivity, diabetes, high blood pressure and being overweight. Maintaining a healthy heart by choosing to live a healthy lifestyle is vital to reducing the risk of CVD.

In heart disease, the gradual clogging of the arteries that supply blood to the heart occurs through a process of fatty, scar-like deposits called atherosclerosis. These deposits build up on the inner wall of the arteries causing them to narrow and restrain the flow of blood, which results in the activation of blood platelets and produces blood clot formation.

A heart attack occurs when the coronary artery is suddenly blocked by a blood clot and the heart muscle becomes deprived of oxygen, leading to permanent damage. This is often a life threatening event requiring urgent medical attention.

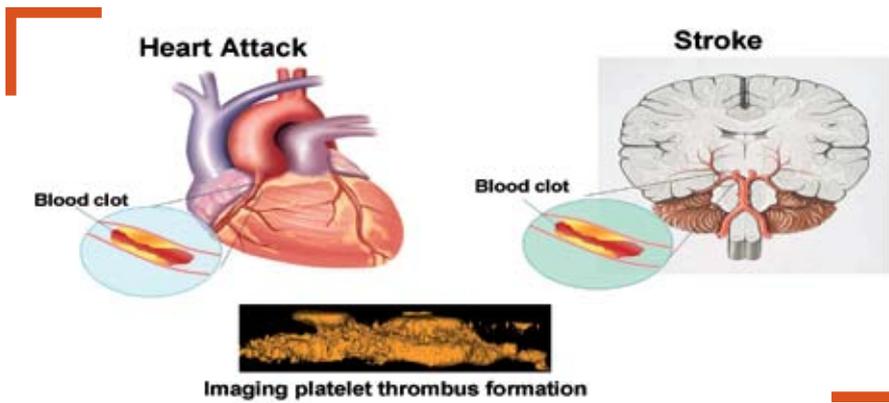
Approximately 40,000 Australian men and women have strokes every year, making it the third most common cause

of death in this country. Risk factors for stroke include: a family history, smoking, physical inactivity, diabetes, high blood pressure, age, high alcohol intake, high cholesterol and being overweight.

Stroke is a significant health burden to the community – out of every 100 stroke patients, approximately 30 die in the first year after the stroke, and of the remaining 70 per cent who survive, at least half have permanent disability². Cerebral ischaemic stroke occurs from occlusion of a blood vessel or artery, due to the development of a platelet-rich thrombus (blood clot), the brain becomes deprived of oxygen, leading to brain cell (neuronal) death. This blockage of a blood vessel, particularly involving the middle cerebral artery, interrupts blood flow to the brain.

Ischaemic stroke is the most common form of stroke occurring five times more often than haemorrhagic stroke. Currently, the only established treatment for acute ischaemic stroke is dissolving the blood clot, which is associated with the risk of severe, life-threatening haemorrhage. It is of critical importance that we develop new treatments and therapies for cerebral ischaemic stroke.

The central role of blood cells known as 'platelets' in the development of arterial thrombosis and CVD is now well established. Following blood vessel



CYNDI WONG

A combined image of the brain and heart adapted to include the alterations in function that result in a heart attack or stroke, which are different from structural defects (pathophysiology).

injury or onset of disease, particularly atherosclerosis, platelets are deposited on the exposed inner blood vessel wall and start to accumulate into a blood clot that can result in vessel blockage. Platelets are now recognised as an important target for therapeutic intervention.

Many anti-platelet drugs have been developed, particularly against the major platelet surface proteins but they have had significant drawbacks in relation to efficacy, safety, and bleeding complications. Furthermore, selective targeting of pathological blood clots or thrombosis, without disturbing normal blood clotting, has remained elusive. Current research is seeking to understand the molecular events regulating the formation of blood

clots to aid the development of new treatments and drugs. Associate Professor Denise Jackson's team at the Burnet Institute is taking novel approaches to understanding the importance of major platelet surface proteins, and the molecular events that regulate the formation of blood clots. They are investigating a combination of platelet functional studies, both in test tubes, mouse models of thrombosis in blood vessels, and clinical studies in human patients. The team has identified several key platelet surface proteins and molecular pathways, which could be key targets for therapeutic intervention. They are studying the dynamics of blood clot formation within living blood vessels

by using different models of chemical induced injury and laser-induced injury to understand the process of blood clotting. In addition, they are looking at cerebral ischaemic stroke in mouse models where novel therapeutics can be tested.

Funded by the National Health and Medical Research Council, National Heart Foundation, and other Trusts and Foundations, Associate Professor Jackson and her team have undertaken new and insightful studies into platelet surface proteins and their signaling pathways. By examining these proteins at various levels, from their initial discovery, through genetic, functional and structural studies, the team has been able to identify possible therapeutic entities which are being used to define the crucial role of platelet surface proteins in inflammation and blood clots.

¹ Heart, Stroke and Vascular Diseases. Australian Facts (2004)
² Brain Foundation Report (September 2003)

In order to further develop critical ongoing research in CVD, the Burnet Institute is seeking your financial support to help expand these studies. For more information about this project or to make a donation, please contact the Burnet Institute on (03) 9282 2111.



DR. JANET O'CONNOR

Pictured back row far left, Eman Aleksic with staff from Tunguru Hospital, Kiribati.

Burnet support for the Pacific

A week-long workshop was recently run by Burnet's Clinical Research Laboratory in Kiribati. The workshop was conducted by Research Assistant Eman Aleksic, in conjunction with Secretariat of the Pacific Community's tuberculosis (TB) specialist Dr Janet O'Connor. It is estimated that Kiribati has 300 cases of TB per 100,000 people a year, placing it in the highest TB category in the Western Pacific region. Staff from Tunguru Hospital, including doctors, TB nurses and laboratory staff, were trained on the importance of recruiting and consenting patients for a study aimed at assessing drug-resistant strains of TB. The study will use epidemiology techniques to define the epidemiology of Kiribati's TB outbreak and assess transmission rates. In addition, training was provided in data collection, database development, sputum collection and logistics for an ongoing study into the causes of the large tuberculosis problem in Kiribati.

Burnet laboratory receives international accreditation

The Burnet Institute's Clinical Research Laboratory (CRL) has received World Health Organization (WHO) accreditation as the WHO Regional HIV Drug Resistance Laboratory for the Asia-Pacific region.

The accreditation provides recognition and status to the Institute, and imparts responsibility to support countries in our region to establish HIV drug-resistance testing for surveillance and monitoring.

This includes genotyping (resistance testing) of specimens for countries within the region that do not have accredited National Drug Resistance Laboratories; providing training and technical assistance to countries without accredited National Drug Resistance Laboratories; assisting in the development of training materials and educational programs for labs and providing specialised training; assisting to organise workshops at a regional level, as appropriate; contributing to operational research with WHO aimed at improving and validating



VICKI GREENGRASS

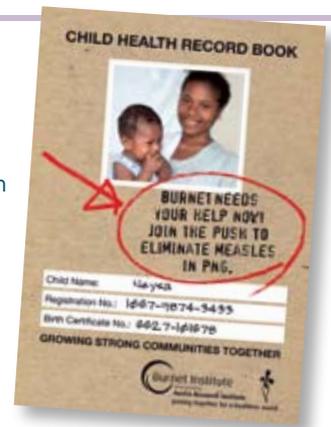
CRL's Pauline Steele provides training in low-cost HIV monitoring assays to Andrew Darcy, a lab technician from Mataika House, Tamavua Hospital, Suva, Fiji in low-cost HIV monitoring tests.

methods for HIV drug-resistance testing.

CRL has around 10 years experience in providing HIV genotyping to Australian physicians, and collaborates with the National Reference Laboratory and Burnet's Centre for International Health to provide extensive overseas training in low-cost HIV monitoring assays to countries that include India, Malaysia, Indonesia, Fiji and China.

CHRISTMAS APPEAL THANKS

Sincere thanks to all those who supported the 'Break the cycle - no more outbreaks' Christmas Appeal, which has so far raised \$40,000. Your generous donations will be used by Burnet's Centre for International Health to help eliminate measles in Papua New Guinea (PNG). Forty per cent of children in PNG miss out on routine vaccinations, thereby exposing them to this vaccine-preventable disease. There is still time to support this appeal and help Burnet rid PNG of this deadly infectious disease, a \$50 donation could help to protect around 50 children. Take action today by calling (03) 9282 2111 and your donation will help to save the lives of infants in PNG.



Share your good fortune with Burnet

Why not start the New Year with a brand new method of supporting Burnet? By donating small holdings of your shares, particularly those which are not worth selling because they would be difficult or too expensive to trade. All proceeds from the sale can be used to support the Institute.

ShareGift Australia is a new not-for-profit charity share donation scheme created to encourage Australian shareholders to sell their shares and donate the proceeds to their favourite charities, such as the Burnet Institute, without

paying brokerage fees. Donors can also claim a tax deduction on gifts over \$2.00 to ShareGift Australia. All you need to do is complete a sales donation form and return it to ShareGift Australia instructing them to sell your donated shares with all proceeds directed to the Burnet Institute.

ShareGift Australia is an independent Charitable Fund with tax concession charity (TCC) and DGR status.

For more information visit www.sharegiftaustralia.org.au or contact the Burnet Institute on (03) 9282 2111.

Power through knowledge

Harm reduction techniques for the police

→ Injecting drug use is the major cause of the HIV epidemic in China and some countries of South East Asia, mainly driven by the sharing of contaminated injecting equipment. In this region the traditional approach to addressing drug use has been through: law enforcement efforts on reducing the supply of illicit drugs; the eradication of poppies; prohibition along drug smuggling routes; and by reducing the demand for drugs through compulsory detoxification. However, these strategies have been shown to have limited impact on both drug use and HIV-related risk behaviour.

As part of its response to the HIV epidemic in this region, the Australian Agency for International Development (AusAID), funded the Asia Regional HIV/AIDS Project (ARHP) from 2002 – 2007. ARHP was designed to promote regional action to strengthen the capacity of countries and stakeholders to take a more strategic and evidence-based approach to policy making, planning and programming in relation to HIV and injecting drug use.

A focus of ARHP, which made it unique in comparison to similar projects, was the emphasis of working with law enforcement agencies in order that they develop a more considered and strategic response to the issue of HIV and injecting drug use. Police support for harm reduction is essential in creating a supportive and 'enabling environment' for services such as needle and syringe programs, methadone treatment and outreach work.



Mr Duo Lin from ARHP talking to CHR's Greg Denham, as a police officer looks on.

Research suggests that one of the most significant determining factors for people accessing harm reduction services is the role played by police. Indeed, without the active support and leadership from police it is very difficult for harm reduction projects to operate successfully.

Police actions can impact significantly on the delivery of services to drug users and their injecting practices. It is therefore important that police adopt policies and practices that support harm reduction.

From February 2005 to July 2007 the Centre for Harm Reduction's (CHR) Greg Denham – a former Victorian police officer, worked as the Law Enforcement Adviser with ARHP, based in Hanoi, Vietnam. During Greg's period of involvement with ARHP he undertook a range of activities with police officers within the region that aimed to address some of the issues confronting policing in dealing with the spread of HIV. Notably, he assisted police in developing policies and practices that supported harm reduction.

A key area of Greg's work involved training and developing resources for

police officers. This included developing resources for training of trainers, introducing pre-service curriculum at the police academy, developing an advocacy manual, and implementing a peer-based harm reduction education program within confined settings.

ARHP has supported and produced examples of good practice by police that enhance the delivery of harm reduction services. These include: police agreeing not to conduct patrols or target drop in centres to arrest users; diverting users from the criminal justice system to health and welfare agencies; not arresting outreach workers or peer educators distributing sterile injecting equipment; not arresting those in possession of condoms as evidence of sex work, and developing ongoing dialogue with health agencies around information sharing and problem solving.

Since returning from Hanoi, Greg has taken up the position of Senior Technical Adviser – Law Enforcement with CHR. In this role he will work closely with law enforcement agencies wherever there is a need. He has already provided inputs into the AusAID funded 'Xinjiang HIV/AIDS Prevention and Care' project in Xinjiang, China. Greg will now broaden his role to include all aspects of the criminal justice system to enhance the responses of police and similar agencies towards reducing drug related harm in their communities.

For more information about this project or to make a donation, please contact Greg Denham on (03) 9282 2197.

words from around the world

Papua New Guinea | DR CHRIS MORGAN

As you would know from our recent Christmas Appeal, the Burnet Institute has been involved with women's and children's health in Papua New Guinea (PNG) for many years. One of the major issues that we have been working to address is the cyclical epidemic of measles in this country. This is mainly a problem in regional and remote areas, with the deaths of an estimated 500 children each year.

While measles is readily preventable through a safe, effective, cheap vaccine that has been available for thirty years, PNG's geographical and social environment has created significant challenges for effective immunisation

programs. A range of partners, including Australia, have invested significantly in immunisation in PNG over the past decade and improvements have been seen, particularly since 2003.

Burnet's main partner in the measles immunisation project is the National Department of Health (NDOH). This partnership has enabled the Institute to draw on its public health expertise and links with the global immunisation community. The project was designed in mid 2004 through discussions with NDOH and consultations with a variety of interested agencies. Other partners in specific activities include the PNG Institute for

Medical Research. The aim of the project is to reduce the number of cases and deaths through vaccine-preventable diseases in the population of PNG. The project objective is that by 2010 the NDOH and at least 50 per cent of Provincial Health Offices will have the capacity and systems to manage and monitor their immunisation program, and the ability to control vaccine-preventable infections, with minimal external assistance.

The project commenced in August 2004 with an initial commitment for five years, which is reviewed annually. Further extensions are possible given satisfactory progress.

Mozambique | ROBYN WHITNEY

Mozambique is one of the poorest countries in the world and is ranked 171 out of 177 countries. Life expectancy at birth for women is 39 years, with HIV and AIDS a major contributing factor to worsening poverty. Infection rates are highest among young women at almost 19 per cent. Rural communities especially are in increasing distress as they try to cope with the many social and economic impacts of the HIV epidemic.

Burnet has been working in Mozambique for seven years and our focus is on developing the capacity of local organisations so they are better able to respond, alongside Government, to the increasing needs of AIDS affected communities in the central provinces, where HIV prevalence is highest. We take a holistic approach to capacity development and help local organisations acquire greater capability across a number of key areas such as management and governance, as well as HIV technical areas, so they can deliver effective HIV prevention, treatment, care and support services.

Formal and informal training, ongoing mentoring and support and the provision of resources form the core of our capacity development approach. The following provides an insight into the changes we have observed in our program location:

- Increased numbers of local NGOs in Manica province are now able to access funding from the Government's Provincial AIDS Commission
- Increased numbers of people undergoing HIV testing to know their status and commence treatment
- Improved quality of counselling services
- Communities with access to a night clinic where they can receive treatment for sexually transmitted infections
- Local NGOs in Manica beginning to professionalise their operational frameworks and prepare for official registration that will facilitate increased funding opportunities
- Local NGOs with increased capacity to undertake advocacy activities with communities
- Communities with increased knowledge of the causes and effects of stigma and discrimination
- Reports of decreased HIV related stigma and discrimination in communities
- Reduction in risk behaviours (e.g unprotected sex)
- People with increased knowledge of their rights under the law and how to seek compensation for unfair dismissal according to the 5/2002 law in Mozambique
- Local NGOs and communities starting to acknowledge and address cultural issues that increase vulnerability to HIV and AIDS
- Knowledge and skills acquired by participants of capacity development training filtering through organisations more broadly.



IAN HAIGH

Central Asia | PROFESSOR ROBERT POWER

The Central Asian HIV/AIDS Program (CARHAP) is a four year project funded by the UK's Department for International Development and implemented by GRM International, in partnership with the Soros Foundation Kyrgyzstan.

Professor Robert Power, Director of Burnet's Centre for Harm Reduction (CHR) is the Technical Director of CARHAP working closely with his colleagues at the Regional Office in Bishkek and with a range of partners and consultants from the Central Asia region.

CARHAP's main aim is to help prevent a generalised HIV and AIDS epidemic in the Central Asia region – in particular the regions (oblasts) and prisons in Kyrgyzstan, Tajikistan and Uzbekistan, while focusing on vulnerable groups, such as injecting drug users and sex workers.

While contributing to preventing HIV transmission into the general population, CARHAP also endeavors to stem the spread of hepatitis and other blood-borne infections; reduce the risk of overdose and other drug-related harms; and lessen the negative effects of drug use, such as poverty and crime that is experienced by individuals and their communities.

CARHAP's key activities include: the



ROBERT POWER

Bishkek, the capital and the largest city of Kyrgyzstan, where CARHAP is working to reduce the spread of HIV.

scale-up of comprehensive harm reduction activities targeting people who are engaged in high risk behaviour; building capacity of decision-makers; support for strengthening implementation of the United Nations' 'Three Ones' principles; and enhancing the policy and legal environment for effective awareness and prevention programs.

CARHAP has established a small grant program for service providers to augment existing project activities. This includes direct funding of staff, the production of behaviour-change materials and associated activities. It also supports management and organisational development in the form of consultant support and the provision of training and seminars.

I'm currently in the third year of my PhD, and loving every minute of it.

I was born in Ireland, but completed my undergraduate studies in the UK at Cambridge University. After finishing my degree, I set about exploring various parts of the world and I eventually came to Australia. I discovered the Burnet Institute when researching places I could gain some much-needed laboratory experience. I was immediately impressed by the variety of research carried out at Burnet, as well as the organisation's global focus on the most serious infectious diseases.

I was lucky enough to be offered a position as a visiting scientist by Associate Professor Johnson Mak in the HIV Assembly Group. I enjoyed the vibrant and energetic lab atmosphere so much that I decided to come back to enrol in a PhD.

My research project focuses on one aspect of the HIV life cycle involved in the evolution of multiple drug-resistant strains of HIV. The aim of the study is to find a way to slow down the evolution of the virus, thereby prolonging the life of infected patients.

Although my PhD project takes up most of my time, when I do have a chance to relax I like nothing better than sitting down on a Saturday afternoon and reading the newspaper. I also have a big passion for travelling and, of course, going to the pub!

TALKING HEADS

Paul Rathbone, Director Public Affairs and Development

The Public Affairs and Development (PAD) team is responsible for helping to raise the profile and manage the 'face' of the Burnet Institute, as well as to raise funds to support the Institute's medical research and public health programs.

The PAD team is split into a number of roles which often cross over and cover fundraising, marketing communications, event management, grant applications to Trust and Foundations, media relations, website, database management, bequests and community relations, and internal and external communications.

We are always looking for innovative ways to raise additional funds and to promote the work of the Institute. This might be through a range of activities such as our annual media briefings, specific news items for radio, print or TV, holding awareness and fundraising events or corporate briefings. We often host tours or donor luncheons at the Institute and over time have developed strong relationships with the many generous people who support our work. In all of these areas we strive to communicate Burnet's overall aim of creating a healthier world.

Our new charity event, the Melbourne City



Romp has significantly raised the profile of the Institute as well as bringing in additional funds. It's in its early days but the 'Romp' is expected to become a major Melbourne event that will generate funds and raise our profile for many years to come (see story page 11).

working partnerships

→
Burnet's Centre for Harm Reduction helps Cambodia's response to HIV and AIDS

Cambodia's response to HIV and the subsequent reduction in adult HIV prevalence since 1997 represents one of the few 'success stories' in the region. Underpinning this success has been the Government of Cambodia's insistence on a collaborative and pragmatic approach to addressing the needs of those most at risk.

The potential for the impacts of increasing heroin and amphetamine use to undermine the past achievements has been a catalyst for research collaboration between the Burnet Institute's Centre for Harm Reduction (CHR), the National Centre for HIV, AIDS, Dermatology and Sexual Transmitted Infections (NCHADS), the National Authority for Combating Drugs (NACD), and the World Health Organization (WHO).

In conjunction with service providers, Friends International and Korsang, this group is conducting a behavioural survey among youth to gain an understanding of the culture and harms associated with Amphetamine Type Substance (ATS) use. The project, funded by AusAID under the Illicit Drug Initiative, aims to build drug-specific research capacity and create regional

linkages with satellite research activities in the Lao PDR and Thailand. The data from this project will provide policy-makers with the information to advocate for the support of alternative solutions to problematic ATS use, solutions that both protect communities and reduce the potential harms associated with drug use by youth.

The Government of Cambodia's involvement in this project is highly valued and is recognised as one of the most significant contributions to the project's ability to achieve its objectives. The relationships formed between NCHADS, NACD and CHR, coupled with complementary collaborations undertaken by the Centre for International Health, are enabling the Burnet Institute to make a successful contribution to Cambodia's national response to HIV and AIDS.

→
Burnet Institute's East New Britain Sexual Health Improvement Project (ENB SHIP)

The ENB SHIP aims to contribute to a reduction in the incidence and prevalence of sexually transmitted infections (STIs) in East New Britain, Papua New Guinea. Working closely with the ENB Division of Health and other partners over a 5-year period, the ENB SHIP will tackle the STI

problem from three different angles.

Firstly, communities will be engaged to prevent and manage STIs. This strategy seeks to increase the capacity of women and men to make positive and informed sexual and reproductive health decisions and to increase the use of health services for sexual health information and treatment. A range of village-level activities will be developed and implemented by local volunteer 'Street Tickers' (community activators) to promote greater awareness and knowledge of STIs, address inequality in relationships between women and men, promote healthy sexual behaviours, and improved links with health agencies for prevention, diagnosis and treatment.

Secondly, the STI response provided by the health sector, including health administrations, hospitals, health centers, aid posts and laboratories, will be strengthened. Good practice models for STI services in various types of health facilities will be developed. A capacity-building framework assisting the province to start building a comprehensive STI response will be documented. The focus will be to create appropriate and user-friendly STI services and provide an integrated STI service network.

Thirdly, coordination between organisations and individuals actively addressing STIs in ENB will be improved. Better coordination focused on STIs will enhance community engagement as well as levels of coverage and quality of service delivery. With ENB SHIP support, the province will develop an STI/HIV/AIDS Policy to guide coordination among stakeholders. An 'STI network' for the sharing, exchange and dissemination of information relating to STIs will also be established.

Through this multi-faceted and gender sensitive approach ENB SHIP hopes to leave a legacy of first class STI prevention and treatment strategies and services built on systems and processes that ENB can maintain and support for many years into the future.



CHR's Shaun Liddell and Andrea Fisher accompany Mr Lay Kimly from NACD, and staff on a visit to the Orkas Knxom rehabilitation centre, Phnom Penh, Cambodia.



10,000 Melburnians Romping for Burnet

More than 10,000 Melburnians took to the streets on Sunday 14 October in the first Go for your life/Yarra Trams Melbourne City Romp, making the event the most successful brand-awareness and fund-raising campaign for the Burnet Institute.

Teams of between two and six Rompers participated in this unique 'healthy, clean and green' event, which started at Federation Square. Victorians of all ages travelled by foot and tram from one checkpoint to another, answering cryptic questions at each checkpoint location. Teams used a map, clue sheet and mobile phone to plot their own course to the finish. On the day, some of Melbourne's most iconic historical and cultural locations opened their doors free of charge to Rompers, including National Gallery of Victoria, Melbourne Museum, Immigration Museum, Chinese Museum, State Library, St Patrick's Cathedral, Koori Heritage Centre and the Sidney Myer Music Bowl.

Approximately 2,200 teams entered the 2007 event that was billed as 'part treasure hunt, part Amazing Race, part puzzle'.

The next Melbourne City Romp is scheduled for 19 October, 2008. In addition, a Brisbane City Romp will be launched this year, taking place on 21 September. Further cities will likely be added to the City Romp stable in future years, helping to significantly raise the awareness nationally of Burnet and its various programs.

For more information visit www.cityromp.com or call Brendon Grail, the Event Director on (03) 8506 2329.



Justice Michael Kirby, AC CMG with SBS presenter Jenny Brockie at Melbourne's BMW Edge auditorium.

A Conversation with Justice Kirby AC

More than 300 people attended A Conversation with The Honorary Justice Michael Kirby AC CMG at Federation Square's BMW Edge auditorium – and converse they did! A valued Patron of the Burnet Institute, Justice Kirby was generous enough to take an evening out of his hectic schedule to show his support for our work.

One of Australia's most experienced and respected journalists, SBS broadcaster Jenny Brockie led Justice Kirby in a comprehensive and fascinating conversation about the law, the High Court, and his many years as one of Australia's most senior members of the judiciary.

Coming as it did at a time when a number of aspects of Australian judicial judgments were at a peak of public and media discussions, the evening was very informative – and entertaining. Look out for more high profile guest speakers as we continue our 'A Conversation With..' series. All proceeds raised from the event will support Burnet's Centre for International Health.

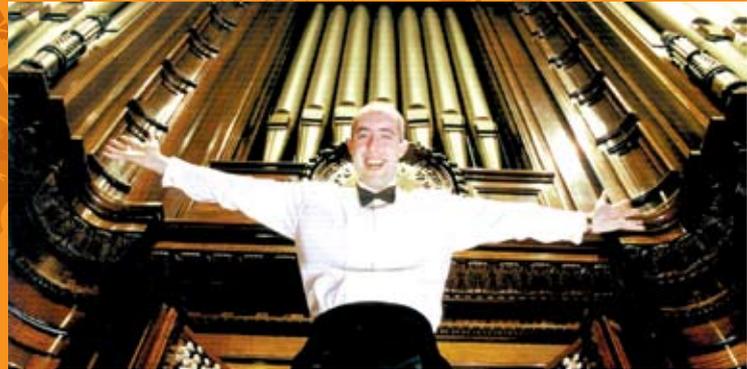


Cosima rocks the crowds at 2007 Melbourne World AIDS Day Concert

Saturday 1 December was the UN designated World AIDS Day, and for the fourth consecutive year the Burnet Institute held the Melbourne World AIDS Day Concert, as a free festival of music and information, in support of a healthier world. Former Australian Idol star Cosima De Vito took to the stage and performed a number of songs, and the crowds bopped along with the stage performers of Hairspray the Musical. YouTube was also at this event, going live with the biggest offline community gathering in Australia. Keep checking the www.worldaidsday.com.au for news and updates about the 2008 concert.

A concert with Thomas Heywood

Australia's
internationally
acclaimed organist



Date: Sunday 25 May 2008
Time: 2:30pm (start)
Venue: Toorak Uniting Church,
603 Toorak Road, Toorak
Cost: \$30; \$25 (concession)
(incl. refreshments)

Bookings essential
Contact: Public Affairs (03) 8506 2366

Brought to you by The Friends of Burnet

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