

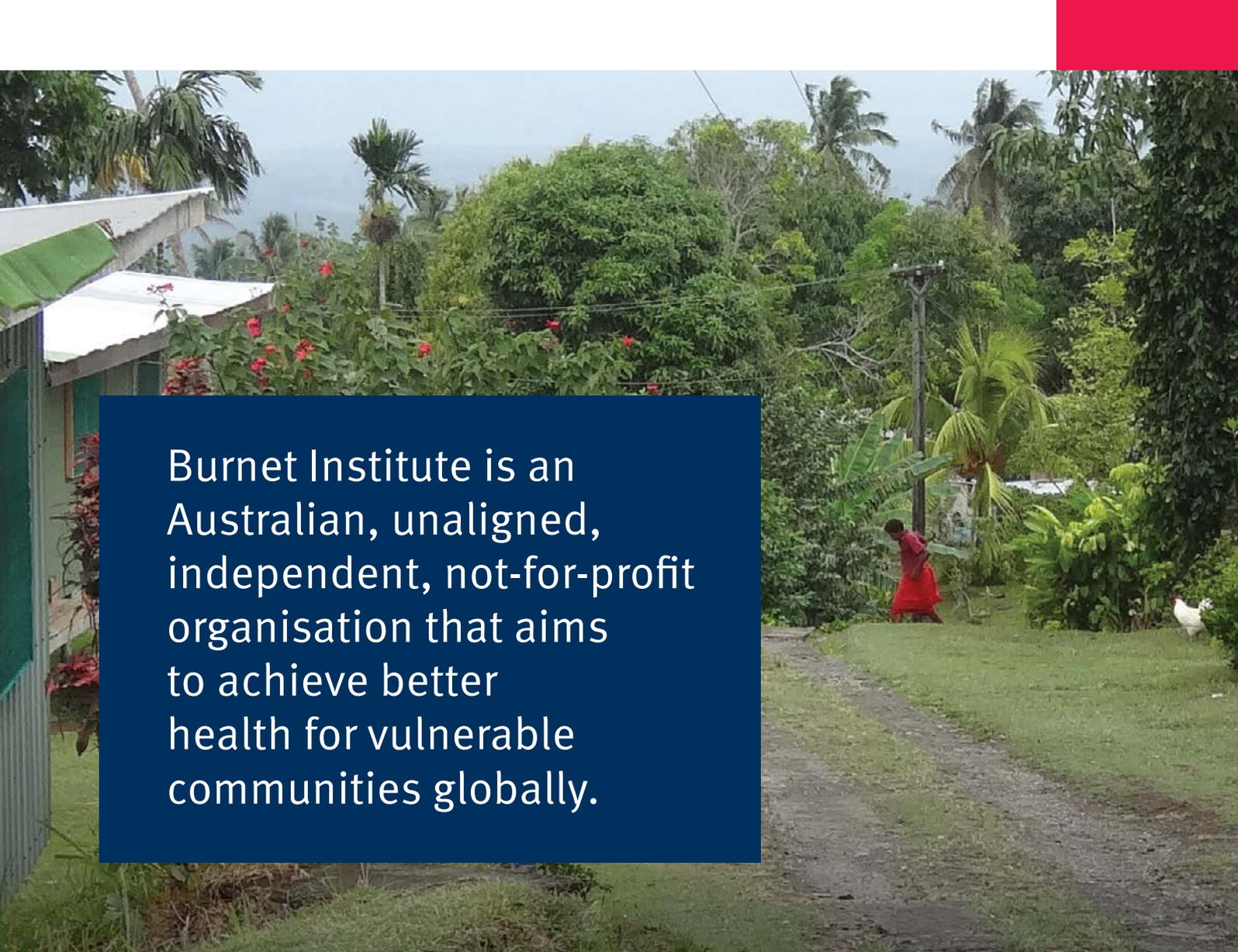


Burnet Institute
**Annual
Report**
2020

A year of challenges
during a global
pandemic



Burnet Institute
Medical Research. Practical Action.



Burnet Institute is an Australian, unaligned, independent, not-for-profit organisation that aims to achieve better health for vulnerable communities globally.

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OUR VISION

Equity through better health

OUR MISSION

To achieve better **health** for vulnerable communities in Australia and internationally by accelerating the translation of research, discovery and evidence into sustainable health solutions.

OUR GLOBAL IMPACT

Our priority countries are:

- AUSTRALIA
- PAPUA NEW GUINEA
- MYANMAR

We support research and public health programs in other countries in the Asia-Pacific Region and Africa including Cambodia, China, India, Indonesia, Kenya, Lao People's Democratic Republic, Malawi, Pacific Islands, South Africa, Thailand, Timor-Leste, Vietnam and Zimbabwe.

Our Leadership Team



Mary Padbury

Ms Mary Padbury

CHAIRMAN

BA, LLB(Hons)

Chairman of Burnet Institute from 2019. Director since 2011. Chair, Clinical Genomics Technologies Pty Ltd. Non-Executive Director, Commonwealth Bank of Australia. Former Chair, Trans-Tasman IP Attorneys Board. Former Chairman of Blake Dawson/Ashurst Australia and Vice Chairman of Ashurst LLP.

CHAIRMAN'S MESSAGE

The past year has been extremely challenging. The onset of the COVID-19 pandemic has emphasised the critical importance of medical research and the role Burnet can play. While we had to reduce research activity in some areas, especially our international work, we were able to pivot to focus our efforts on the response to COVID-19.

Our scientists have been heavily involved in laboratory-based vaccine and rapid diagnostics research, as well as the public health response through modelling and research focused on the prevention of new infections, and reducing the health, societal and economic impacts of COVID-19 restrictions. In addition, a number of staff were extremely active in advisory roles, in advocacy and communications, and in supporting the Federal and Victorian Departments of Health.

.....

»» *I have been extremely proud of all our people. Their resilience and ability to adapt to changing circumstances and make a very positive contribution has been inspiring.*

.....

Preparation of the Institute's new strategic plan is well underway. While the vision and purpose of the Institute will not alter, additional activities that strengthen our indigenous health programs and health issues associated with a rapidly changing world will be incorporated. In addition, the newly announced Australian Institutes of Infectious Diseases and Global Health and the proposed relocation of Burnet to the Parkville Precinct, will play a large part in the Institute's long-term development and strategic collaborations.

The sale of Burnet's 'real estate' assets at Commercial Road in 2020 helped place the Institute in its strongest ever financial position. This position should be further enhanced with the proposed sale of the Institute's shareholding in 360biolabs, enabling the Institute to focus on advancing a number of new initiatives.

A special thank you to my fellow board members and to our wonderful Director and CEO, Professor Brendan Crabb AC and his talented and hard-working executive team for their outstanding leadership during this period.

I would also like to thank our many supporters who extended their giving to fund many of Burnet's COVID-19 programs, as well as continuing to support our ongoing work. Your support is essential and greatly valued and appreciated by all at Burnet.

DIRECTORS

The richness and diversity of expertise and skills amongst our Board and Executive leadership team is matched by their dedication and commitment to lead Burnet's mission. Our Board's expertise spans medical research, public health, medicine, law, business development, advocacy, communications, finance, corporate governance and innovation.



Mr Robin Bishop

LLB(Hons), BCom, BA



Professor Peter Colman AC

PhD, FRS, FAA, FTSE



Professor Sandra Eades

BMed, PhD



Associate Professor Helen Evans AO

BA, BSocAdmin



Mr Benjamin Foskett

BBus(Acc), FAICD

DIRECTOR'S MESSAGE

From an Institute perspective, 2020 will be remembered as one of the most challenging in our history, but also one of our most successful. The onset of the COVID-19 pandemic required a complete reassessment of the Institute's priorities and operations, to maximise our contribution to the local, national and international response, and ensure the safety and wellbeing of our staff.

»»» *Our focus on mathematical modelling, public health responses, behavioural science, vaccines and rapid diagnostics delivered enormous value for the country and the region.*

Information sharing through our purpose-built Know-C19 Knowledge Hub initiative, and extensive private and public advocacy, provided up-to-date and timely information for everyone – governments and public – and contributed significantly to the amazing 'COVID-zero' outcome for Australia. The centrepiece was beating the Victorian second wave in a complete way not seen in any other jurisdiction in the world.

Our international operations in Papua New Guinea (PNG) and Myanmar have been significantly impacted by the pandemic, but more recently, sadly complicated by the political unrest in Myanmar.

In PNG, the health system is under significant pressure with increasing COVID-19 cases, and resources have been redirected to support the national and provincial health authorities. The situation in Myanmar is very concerning, and where possible, we continue to maintain contact and provide support to our staff.

Despite the challenges, the Institute continued to perform exceptionally well against key indicators. Competitive grants and peer-reviewed publications were at record levels, and our national and international collaborations strengthened. We continue to grow our operations, while at the same time, create an improved financial base. The Institute was also awarded an Athena SWAN Institutional Bronze Award from Science in Gender Equity (SAGE), acknowledging the significant commitment and work undertaken to address gender equity including diversity and inclusion.

I am very grateful to all the Burnet staff for their incredible commitment and contributions to the Institute, especially in such trying times. Many have worked extremely long hours in making a huge impact to the national and international response to the pandemic. My thanks to the Board, especially to our Chairman, Mary Padbury who works furiously and expertly for our benefit, and to our brilliant Executive. And finally, a special acknowledgement of the Coronavirus Management Team who were crucial in steering the Institute through this most challenging time.



B Crabb

Professor Brendan Crabb AC

DIRECTOR AND CHIEF EXECUTIVE OFFICER

PhD, FAHMS

Director and CEO of Burnet Institute since 2008. Chair of the Pacific Friends of Global Health, Chair of VicAAMRI, Member of National Health and Medical Research Council (NHMRC) of Australia, Member of the National COVID-19 Health and Research Advisory Committee (NCHRAC).



Mr John Georgakis
BBus(Acc)



Mr Leigh Jasper
BE(Hons), BSc



Ms Alison Larsson
BEc, CPA, GAICD



Professor Sharon Lewin AO
MBBS(Hons), PhD, FRACP



Professor Christina Mitchell AO
MBBS, PhD, FRACP



Ms Miche Paterson



Dr Serge Scrofani
BSc(Hons), PhD,
MBA, GAICD



Mr Michael Ziegelaar
LLB(Hons), BEc, LLM

Program-led Institute

Institute-wide interdisciplinary health programs are at the heart of our daily decision-making.

Each thematic program represents the breadth of our technical skill base that fosters a collaborative approach to tackle some of the most challenging global health issues.

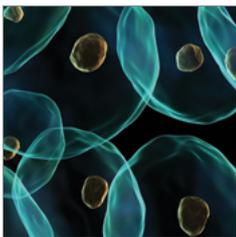
470

SCIENTISTS,
PUBLIC HEALTH
PROFESSIONALS
AND SUPPORT STAFF

26

WORKING
GROUPS

4 THEMATIC PROGRAMS



DISEASE ELIMINATION

Program Goal:

To eliminate disease to achieve good health for all throughout life



MATERNAL, CHILD AND ADOLESCENT HEALTH

Program Goal:

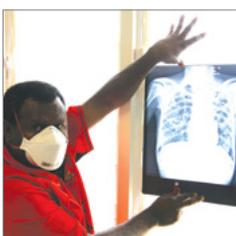
Equity in maternal, child and adolescent health



BEHAVIOURS AND HEALTH RISKS

Program Goal:

To promote equity, health behaviours, and reduce risks to improve health and wellbeing in key populations



HEALTH SECURITY

Program Goal:

Improved health security through supporting community and health system resilience to address public health threats in our region

BURNET – A FOUNDATION PARTNER IN AN INFECTIOUS DISEASE GLOBAL HEALTH HUB

Burnet Institute welcomed the Victorian Government's funding to create the Australian Institutes of Infectious Diseases and Global Health (AIIDGH) that will significantly enhance the capacity to respond to critical global health issues such as pandemics.

The AIIDGH will maximise the strengths of Burnet Institute, Doherty Institute and the University of Melbourne, and scale up preparedness for infectious diseases of national and global significance. It will also address the gaps identified in the COVID-19 response.

The funding of \$150 million announced by the Premier of Victoria, the Hon Daniel Andrews MP, will enable the creation of a purpose-built facility adjacent to the Doherty Institute in Parkville. It will become the new home of Burnet Institute.

The AIIDGH will have the largest Australian collaboration of more than 1,500 experts including scientists from other partners CSL, WEHI, and the Murdoch Children's Research Institute.

Congratulations

We are very proud of our outstanding Burnet team who remained dedicated throughout 2020 to achieve our mission to create better health for those most vulnerable. It was a very challenging time for many, including our staff, and yet they achieved outstanding results during the uncertainty of a global pandemic, COVID-19.



The Global Citizen Prize: Country Hero Award for Australia

*Professor
Brendan Crabb AC*



Mr Chad Hughes

*Recipient of the
Frank Fenner Award*



Associate Professor Joshua Vogel

Recipient of the Alastair Lucas Prize for Medical Research



Professor Leanne Robinson

Gust-McKenzie Medallist

AWARDS

Jim and Margaret Beaver Fellowship:
Dr Hayley Bullen,
Dr Joshua Hayward

Thrasher Research Fund Early Career Award:
Dr Liriye Kurtovic

Gust-Translational Fellowship 2020:
Dr Jo-Anne Chan

2020 Nature Research Award for Driving Global Impact:
Associate Professor Joshua Vogel

Australian Sexual Health Alliance Mid-Career Interdisciplinary Achiever Award 2020:
Dr Elissa Kennedy

Recognition as a global leader in the field of pregnancy and childbirth, The Australian newspaper:
Professor Caroline Homer AO

Hepatitis Victoria's LiverWELL Individual Contribution Award for 2020:
Dr Alisa Pedrana

TRAVEL AWARDS

Crockett-Murphy Travel Award:
Nomin-Dora Temakanai,
Dr Win Lei Yee

Domestic Travel Award:
Michelle Wong

Dora Lush Travel Fellowship:
Dr Linda Reiling

Gender Equity, Diversity and Inclusion Travel Fellowship:
Dr Megan Lim

Geoffrey J Stewardson Fund Travel Fellowship:
Michael Traeger

Harold Mitchell Foundation Postdoctoral Travel Fellowship:
Dr Angela Davis

Harold Mitchell Foundation Postgraduate Travel Fellowship:
Caitlin Douglass

Hon Geoffrey Connard Travel Fellowship:
Dr Jo-Anne Chan

Jean Hailes for Women's Health Travel Fellowship:
Associate Professor Joshua Vogel

Judith Moore Travel Fellowship:
Dr Alyce Wilson

Miller Foundation Public Health Travel Award:
Dr Michelle Scoullar

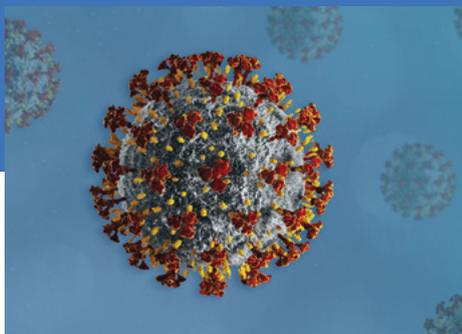
Miller Foundation Biomedical Research Travel Award:
Joey McGregor

Pauline Speedy Biomedical Research Travel Fellowship:
Madeline Dans

2020

at a glance

RESEARCH, RAPID RESPONSE AND IMPACT



JANUARY

WHO declares a 'public health emergency of international concern'. Burnet establishes Coronavirus Management Team and begins pivoting scientific resources and expertise to assist any local and global response.

FEBRUARY

Nigeria approves a Burnet-developed diagnostic, the Omega VISITECT® CD4 350 test, for National HIV Control Program.

MARCH

The Victorian Government announces \$4 million for a Burnet Institute and Doherty Institute-led consortium to develop COVID-19 novel diagnostics and point-of-care tests, new therapeutics, and support clinical trials and COVID-19 public health initiatives.



APRIL

Burnet launches Know-C19, a flagship research initiative focused on its breadth of COVID-19 expertise, research and community outreach. Know-C19 releases its first COVID-19 Global Trends and Analysis report.

Associate Professor Joseph Doyle and Associate Professor Joshua Vogel appointed to the National COVID-19 Clinical Evidence Taskforce.

A Burnet/CSIRO study led by Professor Gilda Tachedjian reveals a new virus in bats linked to AIDS-like disease decimating koalas in Australia.

293

Peer-reviewed publications

\$13

million (AUD) in MRFF and NHMRC grants and fellowships

\$69

million (AUD) spent on improving health for vulnerable communities



Professor Margaret Hellard AM and Dr Angela Davis lead the COVID-19 Self-isolation Study to understand people’s experiences, needs and ability to successfully self-isolate.

Every Day Matters Now. Burnet calls for an immediate nationwide lockdown of non-essential services to combat the spread of COVID-19 in Australia.



MAY

Led by Burnet and Doherty Institutes, the Optimise Study focuses on how Victorians are experiencing and responding to COVID-19, with the data informing policy and public health measures.

Burnet is awarded \$6 million in NHMRC grants for research into malaria, HIV, viral hepatitis, and health of pre-term newborns.

JUNE

Led by Professor Heidi Drummer, the Novel Inhibitors of SARS Coronaviruses Targeting ACE2 project shares in \$7.3 million from the Medical Research Future Fund for new COVID-19 antivirals.

A Burnet study in *The Lancet Global Health* attracts interest from global policymakers for identifying cost-effective ways to improve the delivery and management of the hepatitis B (HBV) vaccine.



JULY

Know-C19 researchers issue a policy brief calling for the wearing of face coverings in high-risk settings in Melbourne to reduce community transmission of COVID-19. Compulsory masks in Melbourne are introduced.



Burnet receives \$2.5 million boost from the Medical Research Future Fund to fight drug-resistant tuberculosis in Indo-Pacific region.



AUGUST

Burnet research in the *Medical Journal of Australia* shows the timely introduction of Stage 3 COVID-19 restrictions in Victoria averted almost 20,000 new infections in July.



OCTOBER

Burnet scales up face-to-face and virtual COVID-19 and TB education in Daru, Papua New Guinea ahead of an expected rise in cases.



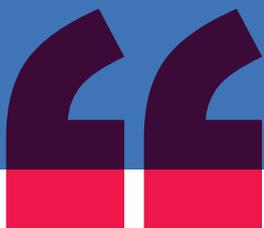
A study focused on 40 low- and middle-income Asia-Pacific countries led by Dr Elissa Kennedy reveals early adolescence as the period where gender inequalities most markedly emerge.

traQ Study

Transparent Risk Assessment of Quarantine

NOVEMBER

Burnet's traQ Study uses mathematical modelling to examine if quarantine for COVID-19 could be reduced from 14 days without substantially increasing the risk of virus transmission.

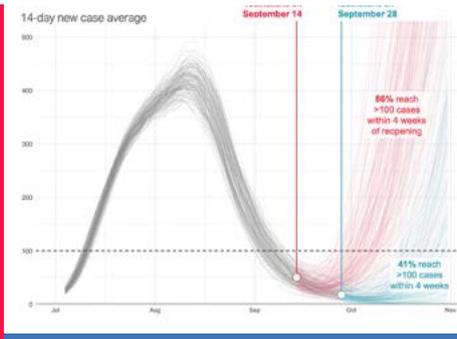


UNDOUBTEDLY, 2020 WILL BE REMEMBERED AS ONE OF THE MOST CHALLENGING IN BURNET'S HISTORY, BUT ALSO ONE OF OUR MOST SUCCESSFUL. OUR FOCUS ON MATHEMATICAL MODELLING, PUBLIC HEALTH RESPONSES, BEHAVIOURAL SCIENCE, VACCINES AND RAPID DIAGNOSTICS DELIVERED ENORMOUS VALUE FOR THE COUNTRY AND THE REGION.

Professor Brendan Crabb AC
DIRECTOR AND CEO



Professor Brendan Crabb AC confirms a COVID-19 vaccine is possible within six months. Calls for equity in vaccine rollout to vulnerable communities in our region.



SEPTEMBER

COVASIM modelling highlighted by Victoria's Deputy Health Officer, Professor Allan Cheng, warns of the risks of opening up too quickly, helping to inform the reshaping of COVID-19 restrictions by the Victorian Government.



A Burnet-designed HIV rapid point-of-care diagnostic, the VISITECT® CD4 Advanced Disease Test, accepted for the WHO's list of prequalified in-vitro diagnostics.



Burnet Institute joins Doherty Institute and the University of Melbourne as Foundation Partners in the Australian Institutes of Infectious Diseases and Global Health.

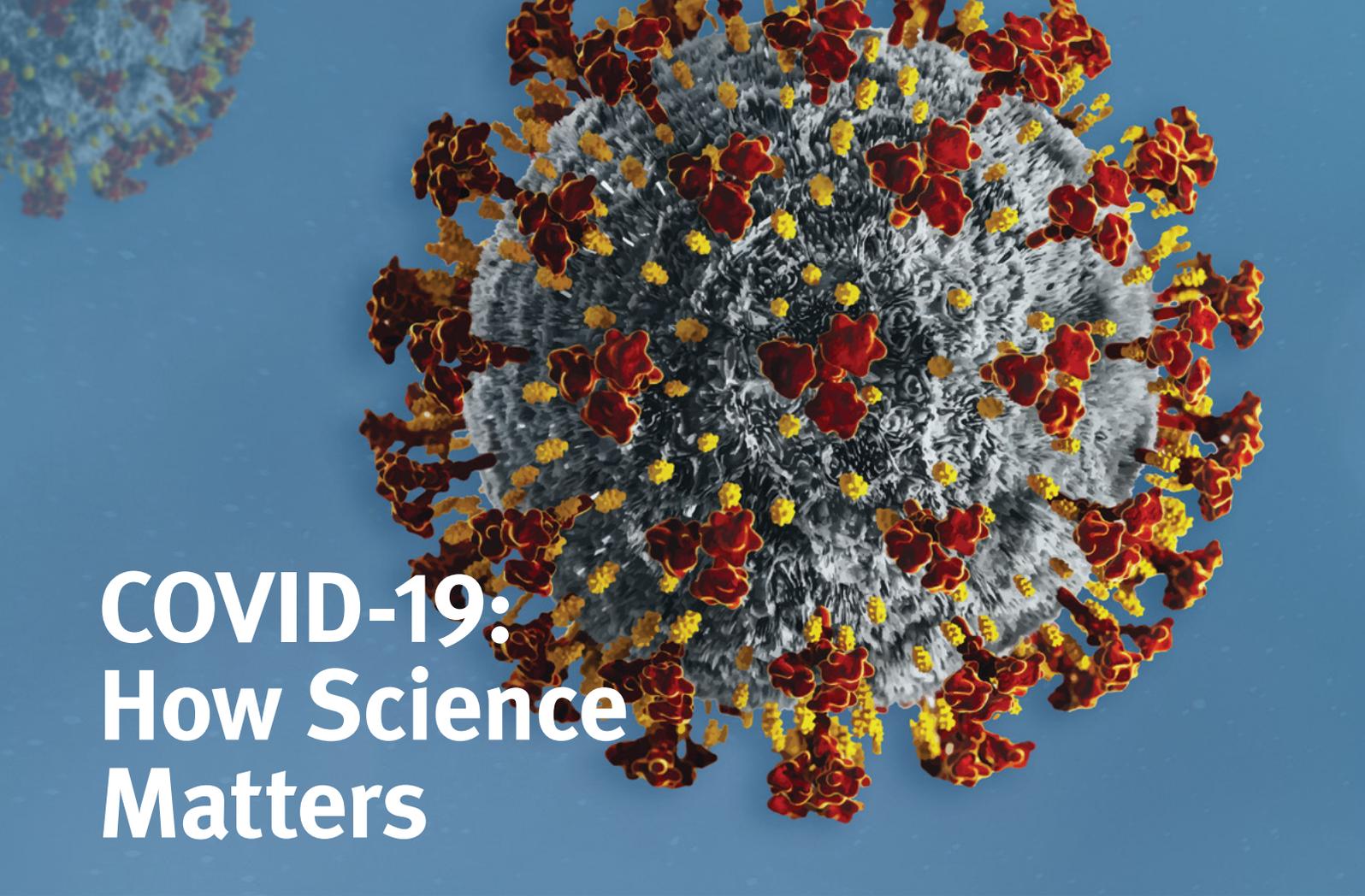


Led by Associate Professor Vogel, an evaluation in the journal *Birth* endorses the World Health Organization's Labour Care Guide for its feasibility and acceptability across a range of clinical settings.



DECEMBER

Research into the impact of COVID-19 restrictions on people who use drugs, along with research into malaria, hepatitis and adolescent menstrual health, attracts AUD\$3.5 million NHMRC Ideas Grants funding.



COVID-19: How Science Matters

When the world first faced the threat of SARS-CoV-2 (COVID-19) in 2020, it looked to science to solve it.

A globalised, highly-connected world was unprepared for an unprecedented infectious disease pandemic that would have a devastating impact on their health systems, social connections and economies. The science community responded quickly, pivoting resources and their brightest minds to find answers to a very complex problem. Innovative scientific and public health research was fast-tracked, leading to the discovery of efficacious vaccines, new treatments, life-saving patient care, and new public health measures to protect communities – testing and contact tracing systems, modelling, social distancing guidelines and mask use.

While the world is not COVID-free and people are still dying in many countries, the global vaccine rollout gives hope that “we are at the beginning of the end”. What is unknown is the indirect impacts on our wider health and prevalent infectious diseases threats such as malaria and tuberculosis, and the setbacks to development gains in health prevention and disease elimination efforts throughout our region and the world. Science has led the way to solving the COVID-19 threat, but there is still a way to go.

BURNET'S RESPONSE TO A GLOBAL PANDEMIC

Burnet Institute has a significant history in disease elimination and infectious diseases, with our legacy grounded in our work during the height of the HIV/AIDS epidemic. Over the last 30 years, Burnet has become a leader in the elimination of the world's most devastating infectious disease threats – malaria, tuberculosis, viral hepatitis, HIV and now, COVID-19.

Utilising our breadth of technical expertise and experience with longstanding collaborations and networks, Burnet stayed true to its mission throughout 2020 – achieving better health for vulnerable communities – in contributing not only to the Australian COVID-19 response but also globally.

New COVID-19 flagship initiative



Know-C19



60
per cent of staff
working on COVID-19

44
COVID-19
research projects

31
COVID-19
peer-reviewed
publications

2,410
media mentions of
advocacy work

10
secondments to
Victoria's DHHS and DoH

59
Global Analysis Reports,
Policy Briefs and
Technical Reports

The establishment of a **new Burnet flagship research initiative, Know-C19**, and the generous funding support from Victorian Government, NHMRC and our valued donors, paved the way for our researchers to innovate, inform, and harness our expertise in virology, diagnostics development, evidence-based public health, epidemiology, modelling and the understanding of human behaviour to make a tangible impact in the response to the global pandemic.

DIAGNOSTICS:

Development of a rapid point-of-care test to identify people who have been infected and cleared the virus.

ANTIVIRALS:

Screening of novel drugs with antiviral action for their ability to prevent or treat COVID-19 infection.

VACCINES:

Development and evaluation of antibody assays to understand the immune response to COVID-19 in humans.

ADVOCACY:

Providing strategic advice to Australia's Chief Medical Officer, State Chief Health Officers and Departments of Health, and to the community.

PUBLIC HEALTH:

Improving our knowledge through public health measures to strengthen care and stop community transmission of COVID-19.

INTERNATIONAL HEALTH:

Supporting COVID-19 responses in Papua New Guinea, Myanmar and other countries through modelling and other strategies.

Know-C19 Hub



Sharing research findings, global analysis, policy briefs and technical reports, as well as the latest news about Burnet's COVID-19 work to inform the pandemic response.

Due to the unprecedented nature of the COVID-19 pandemic, public health and policy responses were, and still are, based on a limited, yet rapidly evolving knowledge and evidence base, including research findings, analysis and early experience from around the globe.

Burnet's Know-C19 Hub was a high-impact initiative in our thought leadership strategy throughout 2020. It remains a gateway to our research findings, actively seeking to address gaps in knowledge, and collate and provide novel strategic information on COVID-19 to inform the Australian and international response.

KEY AREAS OF IMPACT:

»»» Analysis of global epidemiology trends and data to share lessons learned from around the world, strengthening Australia's response.

»»» Mandating mask use throughout Australia, with a focus on Melbourne, Victoria.

»»» A community-based response to COVID-19 to increase uptake and timeliness of the COVID-19 public health response by the Victorian government.

»»» Informing through detailed reports on vaccine research progress to reduce vaccine hesitancy.

»»» Mathematical models outlining rationale for public health recommendations.

»»» Shining a light on indirect challenges as a result of COVID-19 – maternal health, refugee health, other infectious diseases elimination goals, and economic impact.

THOUGHT LEADERSHIP

- Member of the National COVID-19 Health and Research Advisory Committee

- Strategic advice to Australia's Chief Medical Officer, State Chief Health Officers, and Departments of Health

- Expertise of our epidemiologists and scientists featured extensively in national and international media coverage

- 10 secondments to Department of Health and Victoria's DHHS



MASKS: EVIDENCE-BASED ADVOCACY

The issue of whether masks were an effective preventative tool for community transmission of COVID-19 was hotly debated throughout 2020 before evidence-based reporting emerged. Burnet focused on sharing key scientific knowledge and learnings from rapid developments in research surrounding COVID-19, including mask use, to inform policy and practice.

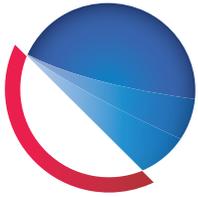
Evidence-based reports compiled by Burnet's Know-C19 leading epidemiologist, Professor Mike Toole AM, reaffirmed the effectiveness of mask use in reducing the transmission of COVID-19.

From 15 June 2020, Burnet's Know-C19 researchers released the first of eight reports and articles outlining the efficacy of face masks and advocating for their use. Over the next month, Burnet publicly advocated

MODELLING BY BURNET REVEALED THAT THE WEARING OF MASKS PLAYED A SIGNIFICANT ROLE IN THE ELIMINATION OF COVID-19 IN VICTORIA – REACHING ZERO CASES OF COVID-19 FOR 30 CONSECUTIVE DAYS ON 26 NOVEMBER 2020.

for mandating of masks in Melbourne, Victoria during a critical point in the second wave of COVID-19 cases. Professor Toole, Professor Brendan Crabb AC and Dr Suman Majumdar outlined the evidence in high-profile media appearances and published an opinion piece in The Age. They also published reports on the Know-C19 Hub and briefed directly through government networks and channels.

On 22 July 2020, masks were mandated in Melbourne and Mitchell Shire to help contain the spread of COVID-19 during Victoria's deadly second wave. Later modelling by Burnet revealed that the wearing of masks played a significant role in the elimination of COVID-19 in Victoria – reaching zero cases of COVID-19 for 30 consecutive days on 26 November 2020.



Optimise

The Optimise Study, a partnership between Burnet Institute and Doherty Institute,

collects strategic information and develops models to predict the impact of isolation, quarantine and physical distancing measures, testing and vaccination.

With community needs at the core, the study, led by Professor Margaret Hellard AM, has recruited participants from a wide range of cultural and socio-economic backgrounds (healthcare and aged care workers, regional, metro, CALD community), and is engaging with government, community organisations, advocates, and leaders to ensure strategies and interventions are informed by the diverse needs of our society.

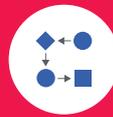
The study provides real-time information through short, effective research sprints. This ensures that in a time of constantly evolving data and knowledge, timely, accurate information is helping to inform national policy and response strategies, in alignment with community needs, to restore economic activity while keeping new infections of COVID-19 at a low level.



COLLECT STRATEGIC INFORMATION



INFORM NATIONAL POLICY AND PRACTICE



UNDERSTAND AND PREDICT THROUGH MATHEMATICAL MODELLING



OPTIMISE PROVIDES
GOVERNMENTS WITH TIMELY AND
HIGH-QUALITY DATA TO MAKE
PRECISE, IMPACTFUL POLICY
DURING THE COVID-19 RESPONSE
TO SUPPORT COMMUNITY NEEDS.

Professor Margaret Hellard AM



The Power of Modelling

Australia's response to the COVID-19 pandemic compared to many other nations, has been outstandingly successful.

This is a direct result of our national leaders, policy decision-makers and the community supporting and responding to evidence-based scientific research and public health interventions. Proudly, Burnet Institute's mathematical modelling team has played a critical role.

Throughout 2020, the COVASIM model had a significant impact in informing public health policy by examining how early restrictions could be fine-tuned to alleviate the social and economic burden of lockdowns, but without compromising suppression of community transmission of the virus.

The COVASIM model was fundamental in helping to shape the outcome of Stage 4 lockdown during Victoria's second wave. The model warned of the risks of opening up too quickly, helping to inform the two-week extension of Stage 4 restrictions in late September 2020 by the Victorian Government. This extension saw the 7-day average fall from 53 daily COVID-19 cases on 14 September to 19 cases, opening the door for Victoria to achieve elimination on 26 November 2020.



COVASIM: Developed by Burnet Institute and the Institute of Disease Modelling in the USA, COVASIM is an individual-based simulation model that can be applied around the world and in all Australian jurisdictions, providing governments with more specific and precise data to inform their COVID-19 responses.

WHAT THE MODELLING SHOWS IS THAT IF WE OPEN THINGS ALL AT ONCE WHEN THERE IS A LOT OF VIRUS STILL IN THE COMMUNITY, THE RISK OF RESURGENCE IS HIGH. THESE RISKS ARE SIGNIFICANTLY REDUCED AS VIRUS LEVELS DECREASE.

Dr Nick Scott

Burnet Institute discussing COVASIM results on the Stage 4 restriction modelling.

If we opened up, our research predicted

86%

CHANCE OF A THIRD WAVE



14 September 2020

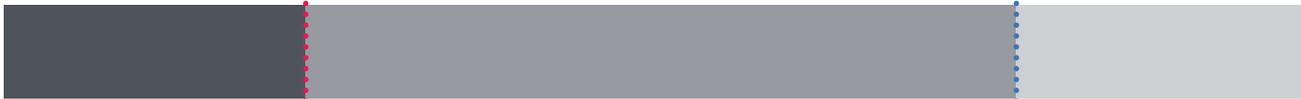
If we opened up, our research predicted

41%

CHANCE OF A THIRD WAVE



28 September 2020





BOOSTING COVID-19 AWARENESS IN PAPUA NEW GUINEA

As the COVID-19 pandemic began to spread globally, Burnet Institute responded in Papua New Guinea (PNG) by pivoting our in-country resources and efforts to help the local health authorities engage with the most vulnerable communities.

Our staff in Daru, Western Province, developed COVID-19 educational flipcharts to improve awareness of the novel coronavirus, how to prevent infections, and address common myths and misinformation about COVID-19. The content reflected key information by the PNG National Department of Health and the World Health Organization.

After one education session, a Daru community member said:

“The information is very clear and answers a lot of the questions I had. I can understand this well because the pictures are self-explanatory, and the information is simple to understand. Thank you.”

The COVID-19 education initiative was an adaptation of an existing project, supported by the Australian NGO Cooperation Program (ANCP), empowering those within the TB-affected community to support their peers through treatment and health promotion.



BURNET IS ACTIVELY ENGAGED AND WILL KEEP WORKING WITH OUR PARTNERS TO IDENTIFY THE MOST USEFUL WAY WE CAN SUPPORT PNG IN THEIR COVID-19 RESPONSE.

Professor Brendan Crabb AC
DIRECTOR AND CEO



Innovation: In the Pipeline

COVID-19 VACCINE DEVELOPMENT

Burnet's Viral Entry and Vaccines Group led by Professor Heidi Drummer and Dr Andy Poubourios is taking a unique approach to vaccine development, tweaking the spike protein to attract more focused attention from the immune system, without sending the response into overdrive.

“Our approach is to change the structure of the spike protein into one that will generate an antibody response that will be protective but have no ability to cause antibody-dependent enhancement (ADE), where the disease is worse in vaccinated people.”

– Professor Heidi Drummer

RAPID COVID-19 POINT-OF-CARE ANTIBODY TEST

Our Global Health Diagnostic Development Group, led by Associate Professor David Anderson, is developing a rapid point-of-care test to identify people who have been infected and cleared the virus enabling them to safely return to work post-infection.

“This diagnostic development is another important milestone in Burnet’s research translational pathway. We are uniquely placed because of novel technology already developed, our partnerships over the years, and the breadth of skills and experience that we bring to this from addressing the HIV epidemic and hepatitis C over the past three decades.”

– Associate Professor David Anderson

ACE2 inhibitors for treatment of COVID-19

With Monash University, Department of Pharmacology and Department of Biochemistry, Burnet’s Professor Heidi Drummer and her team are screening ACE2 inhibitors for their ability to prevent viral entry and replication, examine their mechanism of action and optimise the best performing candidates for formulation as an inhalant treatment.

Anti-COVID-19 biological drugs for prevention and treatment

In a major development, Burnet’s Immune Therapies Group, led by Dr Bruce Wines and Professor Mark Hogarth created a set of biological medicines that completely inhibit the COVID-19 virus. They are now enhancing these ‘first generation’ drugs by applying discoveries from their cancer and inflammation research to direct the immune system to kill the virus and the infection.

Changing Lives



Improving the health of vulnerable communities and changing lives is at the heart of what we do and who we are.



EC Australia

Partnering to eliminate hepatitis C

A national collaborative partnership to eliminate hepatitis C as a public health threat in Australia by 2030 and ensure high numbers of Australians access treatment.



- Evaluation and Surveillance:**
 More than 82,000 Australians received direct-acting antiviral therapy by the end of 2019, as reported in the second annual 'Australia's progress towards hepatitis C elimination' report by Burnet and Kirby Institutes.
- Workforce Development and Health Service Delivery:**
 The first National Reference Group meeting involving NACCHO and representatives from other jurisdictional peak affiliates delivered a culturally appropriate online training package for health workers in partnership with ASHM.
- Aboriginal Health Strategy:**
 Funded 21 partner organisations to implement projects increasing access to hepatitis C testing and treatment through training and education programs, quality improvement projects, and peer-led models and incentives programs.
- Implementation Research:**
 Leading the development of a NHMRC Partnership Grant to undertake national capacity-building to integrate routine follow-up of hepatitis C diagnoses as part of government public health notification systems.



Healthy Mothers Healthy Babies

A flagship collaborative research program, defining the major causes of poor maternal, newborn and infant health in Papua New Guinea and is implementing strategies to improve the health of women and their newborns.

- Family Planning and Reducing Unintended Pregnancies:**
 The team successfully identified the key needs and priorities for family planning and reducing unintended pregnancies in PNG to reduce risks in mothers and newborns, including the urgent need for gender-inclusive approaches such as involvement of male partners.
 - Strengthening routine immunisation:**
 The assessment of frontline immunisation services in rural PNG found opportunities to boost coverage and quality, especially through better population-based local planning and stronger community engagement.
- The proposed actions are included in PNG's national immunisation strategy (SIREP) but will require commitment for resourcing.
- M. genitalium and Other Reproductive Tract Infections (RTIs) in Pregnant Women:**
 Our study revealed a high prevalence of infection under-recognised by syndromic management guidelines, negatively affecting sexual and reproductive health. Urgent action towards ensuring access to affordable prevention, diagnosis, and treatment of RTIs in communities in PNG and similar settings is essential.

PRINCIPAL SUPPORTER



PARTNERS



PAPUA NEW GUINEA
INSTITUTE OF
MEDICAL RESEARCH



EAST NEW BRITAIN
PROVINCIAL GOVERNMENT



NATIONAL
DEPARTMENT OF HEALTH



The
UNIVERSITY OF
PAPUA NEW GUINEA



Kirby Institute

TOWARDS ELIMINATING MAJOR INFECTIOUS DISEASES



MALARIA

- **Real-World Effectiveness of Repellent Distribution:**
For the first time, Burnet researchers established the real-world effectiveness of repellent distribution in large-scale disease prevention programs in Myanmar, and demonstrated that it can prevent a third of new malaria infections.
- **Malaria Vaccine RTS,S – New Ways to Enhance Effectiveness:**
Burnet’s research findings provided the first evidence that multiple functional antibody responses are important in RTS,S vaccine immunity and preventing malaria infection.

HIV

- **VISITECT® CD4 Advanced Disease Test:**
A Burnet-designed rapid point-of-care test for HIV was included in the WHO’s list of prequalified in-vitro diagnostics enabling aid agencies to use the test to put more people onto HIV treatment sooner.
- **Testing Support Vital for Post-Lockdown PrEP:**
Our research highlighted the need to support gay and bisexual men in their re-engagement with health services after Australia’s COVID-19 restrictions were eased to access HIV prevention medication, PrEP, and HIV tests.

TUBERCULOSIS (TB)

- Burnet staff in Daru, Western Province, PNG continued to work during COVID-19 towards improving patient outcomes through educating and empowering the TB-affected community, counselling, contact tracing, screening of close contacts including referring children aged under 5 years for preventative therapy, and reporting on testing results.



The
Fleming
Fund

Fleming Fund Country Grant PAPUA NEW GUINEA

Burnet Institute is leading the implementation of the Papua New Guinea Country Grant component of the Fleming Fund, a £265 million UK aid program helping to tackle antimicrobial resistance (AMR) in low- and middle-income countries.

Burnet has established a unique collaboration of experts in animal and human health, microbiology, surveillance, information technology and construction. Despite the challenges of COVID-19, the grant made significant progress on its aims to strengthen:

- International, national and subnational approaches to sharing AMR information using a One Health approach.
- Human and animal sector surveillance and monitoring for antimicrobial use and AMR.

Activities included renovating and equipping laboratories with new diagnostics, improving laboratory management, establishing new information and surveillance systems, and building the capability of local staff.



Translating our Research

Translation of research and knowledge generation is core to Burnet's Mission.

A key consideration across all program and technical areas is how our work can be best utilised. This influences our decisions in what work we choose to undertake and how we approach that task, whether it be lab-based discovery research, public health research or international health and development programs.

Our experience shows us that having utilisation objectives central in our research and program design greatly assists the translational process to deliver those goals. It also helps streamline the effective transition to the next phase of translation with partners who have the specialist complementary expertise necessary to progress the development process. There are often several options to consider with tailoring and selecting the appropriate mechanism to most effectively translate our work, and collaborating with the right partners, being key to a successful outcome.

BURNET DIAGNOSTICS INITIATIVE (BDI)



THE CREATION OF THE BURNET DIAGNOSTICS INITIATIVE IS A FORWARD-THINKING STEP FOR THE INSTITUTE AND IT'S A RARE AND EXCITING OPPORTUNITY TO BE PART OF.

Jennifer Barnes
DIRECTOR, BURNET DIAGNOSTICS INITIATIVE

The ambitious and multidisciplinary BDI will build on our long-term capacity for engagement in the point-of-care In Vitro Diagnostics (IVD) industry and 15-year track record in diagnostic development focused on unmet health needs. The COVID-19 pandemic has further highlighted the need for innovative, scientific solutions to the health challenges we face now and, in the future, and establishing the BDI is a forward-thinking step for the Institute.



360biolabs supports the first Australian COVID-19 clinical vaccine trials

A Burnet Institute joint initiative, 360biolabs is Australia’s most comprehensive speciality laboratory services organisation for therapeutic, vaccine and diagnostic development. Accredited to GLP, ISO17025 & ISO15189, 360biolabs houses cutting-edge technology and laboratories, including a Physical Containment 3 (PC3) specialist biosecurity facility. US-based clinical-stage biotechnology company, Novavax chose Australia as a location to conduct their Phase I COVID-19 vaccine trial and 360biolabs to support virological and immunogenicity testing. 360biolabs was perfectly placed to support the Phase I-III clinical trials of Novavax’s SARS-CoV-2 recombinant spike protein nanoparticle vaccine, NVX-CoV2373, delivering high-quality, robust and reliable data for one of the first COVID-19 clinical vaccine trials.

360biolabs’ important role is also evident in the expected UK and US Food and Drug Administration (FDA) approval for the Novavax vaccine in Quarter 2, 2021.



EVE-M

The Enhancing the Vaginal Environment and Microbiome (EVE-M) initiative is a bold and innovative, multidisciplinary program that aims to transform the sexual and reproductive health of women globally. Led by Professor Gilda Tachedjian, EVE-M was one of only 10 projects awarded Medical Research Future Fund (MRFF) Frontier Program Stage One funding to develop a five-year business case. It focused on harnessing the health promoting properties of an optimal vaginal microbiome to develop innovative devices and knowledge to combat conditions affecting women’s sexual and reproductive health, such as Bacterial Vaginosis (BV) and preterm birth. Developing the business case was a highly collaborative process that ensured a user- and market-led approach. We are committed to EVE-M and are exploring funding avenues for this important new frontier in women’s health.

The Institute’s translational portfolio and spin-off entities are advancing technologies and providing highly specialised services.



Studying during COVID-19



During the COVID-19 pandemic, Thorey Jonsdottir began digital sketching as a way to connect with other scientists and people in the Twitter community.



A message from Dr Raffi Gugasyan

CHAIR, EDUCATION AND RESEARCH INTEGRITY

73

STUDENTS

50

PHD STUDENTS

13

MASTERS STUDENTS

10

HONOURS STUDENTS

In a year severely impacted by the COVID-19 pandemic, our students in Melbourne were often required to work from home. Critical laboratory research and field work were halted due to Victoria's COVID-19 public health measures. The students and their supervisors needed to adapt quickly. Regular virtual meetings kept them in touch with research Working Group Heads and their colleagues. Student representatives and committees also ensured sustained connection through successful virtual social functions. Our students went well beyond expectations, and each is to be commended on rising to the challenge.

We congratulate our students for their strength, resilience and determination during a very testing year and wish them the best of success in their future endeavours.

Congratulations to our students awarded PhDs:

Dr Frances Ampt
Dr Jasper Cornish
Dr Angela Davis
Dr David Jose Delgado-Diaz
Dr Stelliana Goutzamanis
Dr Win Han Oo
Dr Tafireyi Marukutira
Dr Chris Morgan
Dr Maria Ome-Kaius



THE CONTACT WITH MY SUPERVISORS HAS BEEN VIA ZOOM AND EMAIL. I'VE FELT SUPPORTED DURING THIS TIME BY THEM, BUT ALSO BY MY FELLOW STUDENTS WHO ARE GOING THROUGH THE SAME STRESSFUL TIMES.

During the COVID-19 pandemic students supported each other and found ways to stay connected through online student trivia nights, Zoom catch-ups, virtual scavenger hunts as well as communicating via platforms such as Slack.

Without my fellow peers and colleagues at Burnet, 2020 would have been even harder, especially for an international student like myself, being so far from home. I am especially grateful to be a part of this wonderful community and have an immense sense of gratitude toward my fellow staff and students at Burnet.

Thorey Jonsdottir

PHD CANDIDATE, MALARIA VIRULENCE AND DRUG DISCOVERY GROUP

Key Publications



293

peer-reviewed publications

180

Burnet authors appearing on these publications

103

female Burnet authors

77

male Burnet authors

Agius PA, Cutts JC, Oo WH, Thi A, O'Flaherty K, Aung KZ, Thu HK, Aung PP, Thein MM, Zaw NN, Htay WYM, Soe AP, Razook Z, Barry AE, Htike W, Devine A, Simpson JA, Crabb BS, Beeson JG, Pasricha N, Fowkes FJ

Evaluation of the effectiveness of topical repellent distributed by village health volunteer networks against Plasmodium spp. infection in Myanmar: A stepped-wedge cluster randomised trial.

PLoS Medicine 2020 17(8):e1003177

PRIMARY

Mosquito repellents reduce malaria and can be effectively provided to communities by village health volunteers; this is a strategy that could help achieve malaria elimination.

Health program – Disease Elimination

Pham MD, Wise A, Garcia ML, Van H, Zheng S, Mohamed Y, Han Y, Wei WH, Yin YP, Chen XS, Dimech W, Braniff S, Technau KG, Luchters S, Anderson DA

Improving the coverage and accuracy of syphilis testing: The development of a novel rapid, point-of-care test for confirmatory testing of active syphilis infection and its early evaluation in China and South Africa.

EClinicalMedicine 2020 24:100440

PRIMARY

A new test to diagnose syphilis was developed and showed promising results in clinical studies.

Health program – Maternal, Child and Adolescent Health

Kennedy E, Binder G, Humphries-Waa K, Tidhar T, Cini K, Comrie-Thomson L, Vaughan C, Francis K, Scott N, Wulan N, Patton G, Azzopardi P

Gender inequalities in health and wellbeing across the first two decades of life: an analysis of 40 low-income and middle-income countries in the Asia-Pacific region.

The Lancet Global Health 2020 8(12): e1473-88

PRIMARY

This global study reveals major gender inequalities and disadvantage, especially in adolescent girls.

Health program – Maternal, Child and Adolescent Health

Hayward JA, Tachedjian M, Kohl C, Johnson A, Dearnley M, Jesaveluk B, Langer C, Solymsi PD, Hille G, Nitsche A, Sánchez CA, Werner A, Kontos D, Cramer G, Marsh GA, Baker ML, Poubourios P, Drummer HE, Holmes EC, Wang LF, Smith I, Tachedjian G

Infectious KoRV-related retroviruses circulating in Australian bats.

Proceedings of the National Academy of Sciences 2020 117(17):9529–36

PRIMARY

A new type of virus was identified in bats, important knowledge that is needed to safeguard against future pandemics.

Health program – Health Security

Ampt FH, Lim MSC, Agius PA, L'Engle K, Manguro G, Gichuki C, Gichangi P, Chersich MF, Jaoko W, Temmerman M, StooVé M, Hellard M, Luchters S

Effect of a mobile phone intervention for female sex workers on unintended pregnancy in Kenya (WHISPER or SHOUT): a cluster-randomised controlled trial.

The Lancet Global Health 2020 8(12):e1534-45

PRIMARY

Health and behaviour messages delivered by mobile phones were not effective in reducing unplanned pregnancies, highlighting the need for more comprehensive approaches.

Health program – Behaviours and Health Risks

Chan JA, Loughland JR, de Labastida Rivera F, SheelaNair A, Andrew DW, Dooley NL, Wines BD, Amante FH, Webb L, Hogarth PM, McCarthy JS, Beeson JG, Engwerda CR, Boyle MJ

Th2-like T follicular helper cells promote functional antibody production during Plasmodium falciparum infection.

Cell Reports Medicine 2020 1(9):100157

PRIMARY

Discovered how the immune system functions to generate effective immunity to malaria to accelerate the development of highly protective vaccines.

Health program – Disease Elimination

Saul A, Scott N, Crabb BS, Majumdar SS, Coghlan B, Hellard ME

Impact of Victoria's Stage 3 lockdown on COVID-19 case numbers.

Medical Journal of Australia 2020 231(11):494-6

COMMENTARY

Timely analysis of the COVID-19 pandemic informed decisions about Victoria's public health response.

Health program – Disease Elimination, Health Security

Seaman CP, Morgan C, Howell J, Xiao Y, Spearman CW, Sonderup M, Lesi O, Andersson MI, Hellard ME, Scott N

Use of controlled temperature chain and compact prefilled auto-disable devices to reach 2030 hepatitis B birth dose vaccination targets in LMICs: a modelling and cost-optimisation study.

Lancet Global Health 2020 8(7):e931-41

PRIMARY

Identified new strategies that could be implemented to greatly increase hepatitis B vaccine coverage among newborns, which is currently low globally.

Health program – Maternal, Child and Adolescent Health

Wade AJ, Doyle JS, Gane E, Stedman C, Draper B, Iser D, Roberts SK, Kemp W, Petrie D, Scott N, Higgs P, Agius PA, Roney J, Stothers L, Thompson AJ, Hellard ME

Outcomes of treatment for hepatitis C in primary care compared to hospital-based care: a randomised controlled trial in people who inject drugs.

Clinical Infectious Diseases 2020 70(9):1900-6

PRIMARY

Providing hepatitis C treatment through primary care services is an effective strategy to increase treatment uptake and accelerate elimination.

Health program – Disease Elimination

Thank you

to our supporters

Thank you

Fiona Athersmith,
Research Action Partner



The COVID-19 Emergency Fund

When COVID-19 emerged, we adapted quickly to focus our research on the response to the pandemic, both in Australia and globally. The response from our supporter base was just as quick and decisive. Our COVID-19 Emergency Fund appeal raised more than three times the usual amount. That truly magnificent and generous support made a significant difference to what Burnet was able to contribute.

With special thanks

to everyone who supported our COVID-19 Emergency Fund.

We would like to especially thank the Orloff Family. They generously supported new equipment for our Physical Containment level 3 (PC3) lab for studies with SARS-CoV-2 and establish assays to measure SARS-CoV-2 viral load and immunological factors associated with COVID-19.

Research Action Partners program launched

Thanks to the 116 generous individuals who came on board as Research Action Partners. They have committed to a monthly donation to support our brilliant scientists, researchers, public and health specialists, as they work to eliminate the most devastating diseases and world's health conditions. Their support helps turn medical research into action, so that we can end the suffering caused by disease sooner.

Support for International Programs

Despite the challenging year, many donors continued throughout to give to keep our critical work in Papua New Guinea (PNG) and Myanmar on track. The Healthy Mothers, Healthy Babies program in PNG entered its seventh year, and our dedicated donors have continued to support this project even during the pandemic. Our supporters also responded strongly to our appeal for our Adolescent Health Programs in Myanmar, which focused on menstrual health and education in Monastic Schools.

With special thanks

to everyone who supported our work in PNG and Myanmar throughout an especially difficult year.

In appreciation

TRUSTS AND FOUNDATIONS

Thank you to the charitable trust and foundations that support us:

- Australian Academy of Science (acting on behalf of the Department of Industry, Science, Energy and Resources)
- Bagot Gjergja Foundation
- The Campbell Foundation
- The Hon Geoffrey Connard AM Travelling Scholarship
- D & X Williamson Family Charitable Fund
- Eirene Lucas Foundation
- Estate of GWA Griffiths
- The Financial Markets Foundation for Children
- Finkel Foundation
- Gilead Sciences, Australia and New Zealand
- Goldschlager Family Charitable Foundation
- Guthrie Family Charitable Trust
- Harbig Family Foundation
- Harold and Cora Brennen Benevolent Trust (managed by Equity Trustees)
- Harold Mitchell Foundation
- Harry Secomb Foundation
- HMA Foundation Pty Ltd
- Jack and Hedy Brent Foundation
- Jasper Foundation
- Joe White Bequest
- Joyce Adelaide Healey Charitable Trust Fund
- June Canavan Foundation
- Macquarie Group Foundation
- Margaret and John Crutch Bequest
- Margaret Mackay of the Netta and Norman Niven Endowment at the APS Foundation
- Mark Sullivan & John Reeder (donation of prize from Mitchell Humanitarian Award)
- Marshall Fund (a charitable fund account of Lord Mayor's Charitable Foundation)
- Nancy E Pendergast Charitable Trust Fund
- Naylor-Stewart Ancillary Fund
- Orloff Family Charitable Trust
- Percy Baxter Charitable Trust
- The Peter Leith Riddell Memorial
- Philanthropy Australia / Paul Ramsay Foundation
- State Trustees Australia Foundation - Ruby C Thomas and Ronald R Fraser
- Thomas John Beresford Will Trust
- Thrasher Research Fund
- Upotipotpon Foundation
- William and Georgena Bradshaw Charitable Trust
- William Angliss Charitable Fund

GIFTS IN WILLS

Leaving a gift in your will can provide a lasting legacy to help vulnerable people in need. We hope those who were close to the thoughtful benefactors who left a gift in their Will to the Burnet Institute take comfort knowing their legacy lives on through our work.

CORPORATE SUPPORT

- Arnold Bloch Leibler
- Ashurst
- Bank of South Pacific Limited
- Herbert Smith Freehills
- Lazard
- Tropicana Ltd

We thank the following people for generously supporting the Institute through their estate:

Mr Noel C Belcher
Mrs Shirley Carn
Mrs Jennifer Carra
Ms Donna Collidge
Professor Dame Leonie Kramer AC, DBE
Mr Geoffrey Mathison
Mrs Margaret Ilona Robson
Mr Alan Shaw



Vale

Mrs Shirley Carn, long-time supporter of our HIV research and generous bequester.



Financial Summary

The Institute spent AUD\$69 million on improving health for vulnerable communities in Australia and globally in 2020.

BASIS OF PREPARATION

The Statements of Financial Position and Consolidated Statement of Profit or Loss in this section were extracted from the audited general purpose financial statements of the consolidated operations of Burnet Institute.

The summary financial information does not include all the information and notes normally included in a statutory financial report.

The statutory financial report (from which the summary financial information has been extracted) was prepared in accordance with Australian Accounting Standards (AASBs) adopted by the Australian Accounting Standards Board (AASB) and the Australian Council for International Development Code of Conduct and the Australian Charities and Not-for-Profit Commission Regulations.

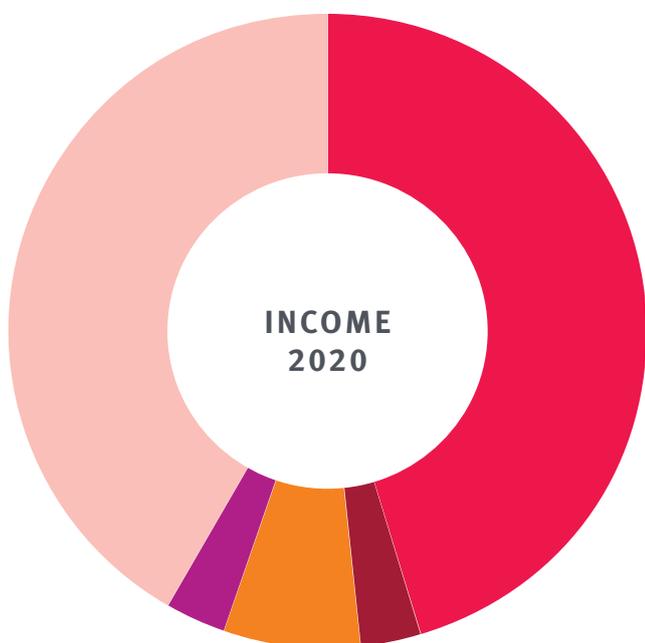
The Group recorded a surplus in the current year of \$60,688,036 (2019: surplus \$2,374,912). Depreciation and amortisation amounted to \$5,731,018 (2019: \$2,759,094). Other than for 360biolabs Pty Ltd and Biopoint Hong Kong Ltd, income tax is not applicable. The 2020 consolidated result includes a surplus of \$8,609,859 (2019: surplus \$3,613,192) from 360biolabs Pty Ltd.

For a full copy of the 2020 audited general purpose financial report please contact Burnet Institute.

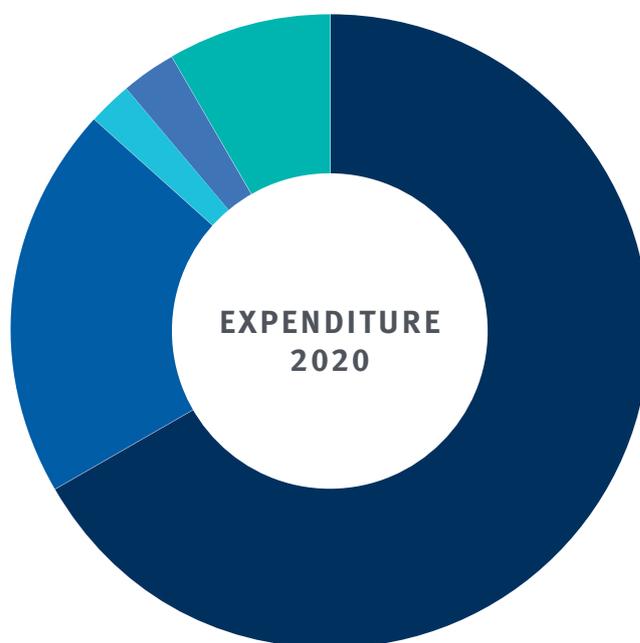
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- Competitive Grants/Contracts: **45%**
- Operational Infrastructure: **3%**
- Fundraising: **7%**
- Investments: **3%**
- Property Sale: **42%**



- Research / Health Programs: **66%**
- Facilities & Administration: **21%**
- Fundraising: **2%**
- Business Development: **3%**
- Amortisation / Depreciation: **8%**

Consolidated Statement of Profit or Loss and Other Comprehensive Income

(FOR THE YEAR ENDED 31 DECEMBER)

	NOTE	2020 \$'000	2019 \$'000
Revenue from continuing operations	3	68,567	53,488
Other income	3	63,570	5,429
Total Revenue and Other Income		132,137	58,917
Research and development laboratory consumables expenses		(6,223)	(7,012)
Personnel expenses	4	(31,558)	(26,447)
Depreciation and amortisation expenses	9	(1,576)	(1,474)
Depreciation and amortisation expenses – property management		(286)	(1,285)
Depreciation and amortisation expenses – ROU asset		(3,869)	–
Research and development non-laboratory expenses		(10,020)	(9,687)
Facilities and laboratory support		(6,658)	(5,918)
Other administration		(6,488)	(2,804)
Interest expense		(2,013)	(1,613)
Net Surplus for the Year		63,446	2,677
Share of gain / (loss) in associate		122	(124)
Net results of Equity Accounting		122	(124)
Surplus before income tax		63,568	2,553
Income tax expense		(2,955)	(192)
Surplus After Income Tax		60,613	2,361
Surplus After Income Tax Attributable to:			
Members of the Company		58,604	1,418
Non-controlling interests		2,009	943
Surplus After Income Tax		60,613	2,361
Other comprehensive income			
Foreign currency translation differences – foreign operations		75	14
Total Comprehensive Surplus for the Period		60,688	2,375
Total Comprehensive Surplus Attributable to:			
Members of the Company		58,663	1,430
Non-controlling interests		2,025	945
Total Comprehensive Surplus for the Period		60,688	2,375

The Consolidated Statement of Profit or Loss is to be read in conjunction with the Notes to the Consolidated Financial Statements.

The Group's total comprehensive surplus for the period includes the International programs deficit of \$774,000 (2019: deficit of \$389,000) and Domestic and other programs surplus of \$61,462,000 (2019: surplus of \$2,764,000). Refer to the Group's International Activities Statement of Profit or Loss and Other Comprehensive Income.

Consolidated Statement of Financial Position

(AS AT 31 DECEMBER)

	NOTE	2020 \$'000	2019 \$'000
Current Assets			
Cash and cash equivalents		15,984	19,488
Trade and other receivables	6	12,230	8,555
Financial assets	8	81,309	–
Inventories		50	28
Other assets – prepayments		458	448
Assets held for sale	7	–	52,653
Total Current Assets		110,031	81,172
Non-Current Assets			
Lease receivables		–	1,707
Financial assets	8	4,516	2,629
ROU asset	10	50,440	–
Property, plant and equipment	9	6,330	5,047
Deferred tax asset	11	118	–
Total Non-Current Assets		61,404	9,383
Total Assets		171,435	90,555
Current Liabilities			
Trade and other payables		3,033	2,716
Lease liabilities and borrowings	12	2,204	879
Current tax liabilities	11	4,127	536
Provisions	13	4,565	3,659
Deferred income	14	23,481	23,197
Total Current Liabilities		37,410	30,987
Non-Current Liabilities			
Lease liabilities and borrowings	12	50,418	31,189
Provisions	13	992	681
Deferred income	14	–	5,861
Derivatives	15	–	521
Deferred tax liabilities	11	611	–
Non-Current Liabilities		52,021	38,252
Total Liabilities		89,431	69,239
Net Assets		82,004	21,316
Equity			
Retained profit / (deficit)		78,609	(9,251)
Building reserve		–	29,256
Foreign Currency Translation Reserve		203	128
Non-controlling interests		3,192	1,183
Total Equity		82,004	21,316

The Consolidated Statement of Financial Position is to be read in conjunction with the Notes to the Consolidated Financial Statements.

The Macfarlane Burnet Institute for Medical Research and Public Health Limited is a signatory to the Australian Council for International Development (ACFID) Code of Conduct. The Code requires members to meet high standards of corporate governance, public accountability and financial management. In accordance with the ACFID code of conduct, the Institute had nil balances in the following categories as at the end of the financial year which are required to be disclosed separately:

- Current Assets: assets held for sale;
- Non-Current Assets: trade and other receivables, investment property and intangibles;
- Non-Current Liabilities: trade and other payables.

Burnet Institute International Development Activities Operating Statement

(FOR THE YEAR ENDED 31 DECEMBER)

	2020 \$'000	2019 \$'000
Revenue		
Donations and gifts – monetary	224	84
Donations and gifts – non-monetary	–	–
Bequests and legacies	–	–
Grants:		
– DFAT	6,492	5,832
– Other Australian	571	1,077
– Other Overseas	6,622	3,265
Investment Income	–	–
Commercial Activities Income	–	–
Other Income	1,287	792
Revenue for international political or religious proselytisation programs	–	–
Total Revenue	15,196	11,050
Expenditure		
International aid and development programs expenditure		
International programs:		
– Funds to international programs	14,552	9,895
– Program support costs	1,227	1,309
Community education	–	–
Fundraising costs:		
– Public	32	–
– Government, multilaterals and private	–	–
Accountability and administration	159	196
Non-monetary expenditure	–	–
Total international aid and development programs expenditure	15,970	11,400
Expenditure for international political or religious proselytisation programs	–	–
Domestic programs expenditure	–	39
Commercial Activities Expenditure	–	–
Other Expenditure	–	–
Total Expenditure	15,970	11,439
(Shortfall)/Excess of Revenue Over Expenditure	(774)	(389)
Other Comprehensive Income	–	–
Total Comprehensive Income	(774)	(389)

NOTES:

This operating statement represents IFRS financial information and is extracted specifically for the operations of the International Health Programs as required by the ACFID Code of Conduct. The deficit represents the Institute's additional financial contribution to the programs.



ACFID
MEMBER

www.acfid.asn.au
Tel: (02) 6285 1816
Fax: (02) 6285 1720

The Macfarlane Burnet Institute for Medical Research and Public Health Limited is a signatory to the Australian Council for International Development Code of Conduct. The Code requires members to meet high standards of corporate governance, public accountability and financial management. These financial statements have been prepared in accordance with the requirements set out in the ACFID code of conduct. More information about the ACFID Code of Conduct can be obtained from ACFID.



Independent Auditor's Report

To the members of Macfarlane Burnet Institute for Medical Research and Public Health Ltd

Opinion

We report on the **Summary Financial Statements** of Macfarlane Burnet Institute for Medical Research and Public Health Ltd (the Group) as at and for the year ended 31 December 2020. The Summary Financial Statements are derived from the audited financial report of the **Group** (the Audited Financial Report)

In our opinion, the accompanying Summary Financial Statements of the Group are consistent, in all material respects, with the Audited Financial Report, in accordance with the basis of preparation described in Note to the Summary Financial Statements.

The **Summary Financial Statements** comprises:

- i. Summary consolidated statement of financial position as at 31 December 2020.
- ii. Summary statement of profit or loss and other comprehensive income
- iii. Burnet Institute International Development Activities Operating Statement.
- iv. Basis of preparation note

The Summary Financial Statements are contained in the Audited Financial Report on pages 27,28 and 29. Page 26 has the Basis of Preparation note.

The **Group** consists of Macfarlane Burnet Institute for Medical Research and Public Health Ltd (the Company) and the entities it controlled at the year end or from time to time during the financial year.

Scope of the Summary Financial Statements

The Summary Financial Statements do not contain all the disclosures required by *Australian Auditing Standards* applied in preparation of the Audited Financial Report. Reading the Summary Financial Statements and this Auditor's Report thereon, therefore, is not a substitute for reading the Audited Financial Report and our auditor's report thereon.

The Audited Financial Report and our auditor's report thereon

We expressed an unmodified audit opinion on the Audited Financial Report in our auditor's report dated 27 April 2021.

Emphasis of matter – basis of preparation and restriction on use and distribution

We draw attention to the note to the Summary Financial Statements, which describes the basis of preparation.

The Summary Financial Statements have been prepared to assist the Directors of Macfarlane Burnet Institute for Medical Research and Public Health Ltd for the purpose of complying with the presentation and disclosure requirements set out in the Australian Council for International

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Development (ACFID) Code of Conduct. As a result, the Summary Financial Statements and this Auditor's Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

The Auditor's Report is intended solely for the Directors of Macfarlane Burnet Institute for Medical Research and Public Health Ltd for the purpose of complying with the presentation and disclosure requirements set out in the Australian Council for International Development (ACFID) Code of Conduct and should not be used by or distributed to parties other than the Directors of Macfarlane Burnet Institute for Medical Research and Public Health Ltd. We disclaim any assumption of responsibility for any reliance on this Auditor's Report, or on the Summary Financial Statements to which it relates, to any person other than the Directors of Macfarlane Burnet Institute for Medical Research and Public Health Ltd or for any other purpose than that for which it was prepared.

Other Information

Other Information is financial and non-financial information in Macfarlane Burnet Institute for Medical Research and Public Health Ltd's annual reporting which is provided in addition to the Financial Report and the Auditor's Report. The Directors are responsible for the Other Information.

Our opinion on the Financial Report does not cover the Other Information and, accordingly, we do not express any form of assurance conclusion thereon, with the exception of the ACFID Financial Statements and our related assurance opinions.

In connection with our audit of the Financial Report, our responsibility is to read the Other Information. In doing so, we consider whether the Other Information is materially inconsistent with the Financial Report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We are required to report if we conclude that there is a material misstatement of this Other Information, and based on the work we have performed on the Other Information that we obtained prior to the date of this Auditor's Report we have nothing to report.

Responsibility of the Directors for the Summary Financial Statements

The Directors are responsible for the preparation of the Summary Financial Statements in accordance with the basis of preparation described in Note to the Summary Financial Statements, including their derivation from the Audited Financial Report of the Group as at and for the year ended 31 December 2020.

Auditor's responsibility for the Summary Financial Statements

Our responsibility is to express an opinion on whether the Summary Financial Statements are consistent, in all material respects, with the Audited Financial Report based on our procedures, which were conducted in accordance with Australian Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

KPMG

Simon Dubois
Chartered Accountant
Partner
3 May 2021

Patron-in-Chief:

Victorian Governor, the Honourable Linda Dessau AC.

Director and CEO:

Professor Brendan Crabb AC, PhD, FAHMS.

Deputy Directors:

Associate Professor David Anderson, BSc(Hons), PhD; Professor Margaret Hellard AM, MBBS, PhD; Professor James Beeson, MBBS, PhD.

Company Secretary:

Mr Peter Spiller, BBus, CPA.
A.B.N. 49 007 349 984

Editorial Manager: Tracy Parish

Design: Francis Maurice Design



The Macfarlane Burnet Institute for Medical Research and Public Health Ltd (Burnet Institute) gratefully acknowledges funds received from the Victorian Government principally under its Operational Infrastructure Support Program, and from the Australian Government principally through the Department of Foreign Affairs and Trade, and the National Health and Medical Research Council.

Burnet places accountability at the forefront of our work and upholds the highest standard of practice. We are an active member of the Australian Council for International Development (ACFID) and are committed to full adherence to the ACFID Code of Conduct. Information about how to make a complaint on any breach of conduct can be found at www.acfid.asn.au.

We take all complaints seriously and will handle these in a timely and sensitive manner protecting the privacy of stakeholders. Complaints should be made by calling +61 3 9282 2111, emailing feedback@burnet.edu.au or in writing to EGM Public Affairs and External Relations, Burnet Institute, GPO Box 2284, Melbourne 3001.

People in local communities are at the centre of our work. Burnet has an organisational Safeguarding Code of Conduct with a strong commitment to child safeguarding and the prevention of sexual exploitation, harassment and abuse to ensure the wellbeing of our local partners and community members are always our priority.

Burnet Institute is a member of the Association of Australian Medical Research Institutes (AAMRI), the peak body representing Australia's pre-eminent independent medical research institutes. All members of AAMRI are internationally recognised as leaders in health and medical research. Burnet is fully accredited by the Australian Government's Department of Foreign Affairs and Trade. This status represents the Australian Government's confidence in our organisational effectiveness, governance and development programs.

A full copy of the Financial Report is available on our website. Alternatively, for a printed copy please call +61 3 9282 2111. The Financial Report has been prepared in accordance with the requirements set out in the *Corporations Act, 2001* and the ACFID Code of Conduct.

Auditors:

KPMG.

Partner:

Simon Dubois. Registered Company Auditor, 727 Collins Street, Melbourne VIC 3008.

Front cover image:

Shutterstock: Woman wearing face mask crossing Flinders Street, Melbourne.

For more information about our work, visit burnet.edu.au or call +61 3 9282 2111



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OVERSEAS

We have offices or representatives in Australia, Papua New Guinea and Myanmar, and also contribute to activities in other Asian, Pacific and African countries.

For more information contact us at info@burnet.edu.au or call + 61 3 9282 2111.

A.B.N. 49 007 349 984

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