MYANMAR: SUPPORTING A HEALTHIER FUTURE
NEW HORIZONS: CD4 TEST ON THE FRONTLINE
REACHING OUT: WORKING WITH MELBOURNE’S MOST VULNERABLE
DIRECTOR’S REPORT

Welcome to the summer edition of IMPACT, highlighting the incredible work undertaken by our talented scientific and public health staff at Burnet.

Much has happened at the Institute and in the medical research and public health sectors over the past few months. Most importantly, a draft version of the long-awaited McKeon Review into medical research was released and welcomed as a powerful blueprint for the future of Australia’s health and medical research sector. The Review focuses on the need to better target investment in the medical research sector to deliver improved health and economic outcomes.

The Review highlights the clear public benefits of a strong and globally competitive Australian medical research sector and delivers a strong business case for continued and increasing investment in Australian medical research.

Some of the key recommendations include a stronger connection between research and healthcare, including; clinical practice being increasingly based on research evidence; increasing investment in research by two to three times over the next 10 years; and reform of the National Health and Medical Research Council (NHMRC) to streamline, empower and better resource it as the nation’s leading research body. From a Burnet perspective, it was wonderful to see specific reference to the importance of research to improve the health of people living in developing countries. It is the first in-depth strategic review of the sector in 15 years and so it’s crucial that we get the response right. We, and the rest of the research community, look forward to renewed and ongoing bipartisan government support of the Review’s recommendations.

In a major new initiative, we launched the Sir Zelman Cowen Fellowship Fund at Parliament House in Canberra. The Fellowship Fund aims to raise funds to provide our young researchers with fellowships to focus on bold new research programs to address major global health issues. We urgently need to undertake research to identify the best ways to tackle problems such as the incredibly high numbers of women and children who still die in childbirth, the increasing threat to society from drug-resistant tuberculosis and malaria, and to reduce the spread of HIV from mother to child. We would welcome your support of the Fellowship Fund and I would be happy to personally discuss this with you should you wish to contact me.

I would like to take this opportunity to thank you once again for your support of the Institute and on behalf of all at Burnet, to wish you and your family a safe and happy festive season.

Best wishes,

Professor Brendan Crabb, Director and CEO
The Fund named in honour of former Burnet Institute Patron and former Governor-General, the late Sir Zelman Cowen AK, GCMG, GCVO, QC, DCL, will raise money to provide fellowships for young Australian medical researchers to tackle major global health issues, especially those facing women and children.

Cabinet Secretary, the Hon. Mark Dreyfus QC, MP and Leader of the Opposition the Hon. Tony Abbott MP were among the key speakers at the recent launch of the Fund at Parliament House in Canberra.

Mr Ben Cowen, youngest son of Sir Zelman, encouraged those who had been touched by his father or his work and want to remember him or his contribution in a meaningful way, to support the Sir Zelman Cowen Fellowship Fund.

Burnet Institute Director and CEO, Professor Brendan Crabb, said the Fellowships would provide a much-needed boost for mid-career researchers who face a significant lack of career funding opportunities.

Patron-in-Chief of the Sir Zelman Cowen Fellowship Fund is Her Excellency Ms Quentin Bryce AC, CVO, Governor General of the Commonwealth of Australia, and Lady Anna Cowen is supporting the initiative as Fund Ambassador.

For further information about the Sir Zelman Cowen Fellowship Fund or to make a donation, go to our website www.zelmancowenfund.org.au or call Head of Public Affairs and Development, Paul Rathbone on (03) 9282 2113.

“The Sir Zelman Cowen Fellowship Fund is an important initiative of the Burnet Institute and will enhance its significant efforts to improve maternal and child health,”

PATRON IN CHIEF, HER EXCELLENCY MS QUENTIN BRYCE AC CVO, GOVERNOR-GENERAL OF THE COMMONWEALTH OF AUSTRALIA.
NEW MICROSCOPE IS VITAL TO OUR RESEARCH
We’ve almost reached our target of $360,000 for a new super-resolution microscope, one of the most critical pieces of equipment needed by our research scientists. We’re just $35,000 short.

The difference this new machine will make to our work will be enormous. For the first time, our scientists will be able to get detailed close-up images of cells and microbes such as HIV and malaria, and use the information in the development of new therapies and vaccines against infectious diseases and cancers.

We appreciate the support of all our donors and the Harold and Cora Brennen Trust.

BECOME A BURNET HEALTH CHAMPION TODAY!
Making an affordable gift month-by-month is one of the best ways of helping Burnet achieve its mission of improving the health of poor and vulnerable communities in Australia and internationally.

Monthly giving is easy to set up, tax deductible and a great way of showing your commitment to Burnet’s ongoing work to translate cutting-edge laboratory research into effective public health programs. Knowing we can count on these funds each month is crucial to our planning.

As a Burnet Health Champion, you will also receive regular updates on our medical research and public health work, and invitations to our special supporter events.

MEDICAL STUDENTS GET BEHIND BURNET
Burnet Institute would like to acknowledge the generous support of ASPIRE, the University of New England’s global health group for medical students, who organised a series of events to raise funds for the Institute’s work. The results exceeded all expectations with more than $3,500 donated.

For more information about ways to support the Burnet Institute please contact Development Manager, Jason Smith on (03) 8506 2401 or visit burnet.edu.au.
A woman in Myanmar is 45 times more likely to die due to pregnancy complications than a woman in Australia, but you can help turn things around.

“With some of the worst health indicators globally and a population of 50 million people, we simply cannot turn our backs and do nothing. It is our duty to do what we can to improve the health of Myanmar’s women and children,” – Professor Brendan Crabb.

This is why we are seeking your support of the First Chance for Mothers and Children Appeal.

Burnet’s First Chance Appeal is about giving mothers and newborns a first chance – to access improved health care, to have a healthy pregnancy and to learn about good nutrition – all fundamental to a healthy community.

Your gift will help us train local health workers, upgrade local health facilities in desperate need of renovation, and buy equipment and medicines. All these activities are critical to give the women and children of Myanmar the healthy future they deserve.

Please consider making a gift today by visiting www.burnet.edu.au/appeals, or by completing the donation coupon in this magazine.

A $200 donation funds a refresher-training program for midwives

Khin Moe Kyi, midwife, Thanlyin township, Myanmar.
After six years of development in the laboratory, Burnet scientists have developed the VISITECT® CD4, an affordable point-of-care (POC) test aimed at reaching HIV patients around the world.

Burnet Institute Deputy Director, Head of the Office for Business Development, Innovation and Research, and part of the brains trust behind VISITECT® CD4, Associate Professor David Anderson said the test development was a lot like a relay race.

“We had the technical capability of developing the test in the lab, validating it with help from The Alfred hospital, through to the business development office to identify the right partner to commercialise, manufacture it and get it out into the field,” he said.

The baton is now passed to Co-Head of the Centre for Virology and infectious diseases physician, Professor Suzanne Crowe AM and Professor Stanley Luchters, acting Co-head of Burnet’s Centre for International Health, to undertake field validation studies to determine the feasibility of the test.

“What I really hope is that in five years time we could go into a remote setting anywhere in Africa and see people actually being tested with the VISITECT® CD4 test and getting appropriate care as a result,” Associate Professor Anderson said.

“It’s easy to diagnose HIV but it’s hard to identify those who need therapy. Our test will change that, providing cost-effective testing for up to 33 million patients worldwide.”

— Associate Professor David Anderson, Burnet Institute
FROM LAB TO VILLAGE

Professor Luchters, Professor Crowe AM and other Burnet public health specialists are now rolling out research projects using the VISITECT® CD4 test in sub-Saharan Africa and Papua New Guinea.

The first of these projects to begin in 2013 is supported by a USD$250,000 grant from the Grand Challenges Saving Lives at Birth Initiative, jointly funded by USAID, the Government of Norway, the Bill & Melinda Gates Foundation, Grand Challenges Canada and the UK’s Department for International Development (DFID). The VISITECT® CD4 test was one of 15 innovations to receive the award from more than 500 applications worldwide.

Over 15 months, the project will involve 275 HIV-infected pregnant women, with 150 women taking part from South Africa and 125 from Kenya.

Various types of health facilities will enrol study participants including a large reference hospital in South Africa with a high patient load, and in Kenya, a low-level, health centre-type facility, a rural public district hospital and a private health clinic.

The project will gather information from health care workers about how feasible it is to use the test in the field, how well it works in practice, how easy it is to read the results, and then compare the results to the highly technical reference flow cytometry test.

“In southern Africa, about half of maternal mortality and a third of infant mortality can be attributed to HIV infection. Nearly half a million babies are born each year with HIV – almost all children under 15 with HIV have got it from their mothers,” Professor Luchters said.

“If this new test is carried out at the first antenatal visit after HIV-infection has been detected in pregnant women, it could allow for rapid initiation of antiretroviral interventions and save the lives of thousands of HIV-infected pregnant women and prevent infection in their newborn infants.”

Professor Luchters said in Sub-Saharan Africa HIV-infected women usually come late to antenatal clinics and often only come once. They need treatment to prevent mother-to-baby transmission but many rural settings don’t have a laboratory close by so it can take weeks for the results to come back, and you need to rely on the mother to return to the clinic.

“Of course, discovering a vaccine or a cure would be better, but in the meantime we need to make best use of the antiviral drugs that are available, and that means CD4 testing,” Associate Professor David Anderson.

WHAT’S AHEAD?

Associate Professor Anderson and his team are now planning for a test that can be used in a similar way to the VISITECT® CD4 diagnostic to determine when hepatitis B-infected patients need to go on antiviral therapy.

“In China there are about 250 million people suffering from chronic hepatitis B with very few of them being regularly tested for the amount of virus (viral load) or liver disease (ALT) because it’s just too difficult,” he said.

“At the moment the test for viral load and ALT need a lab – developing a viral load test for hepatitis B is going to be challenging for us but we have a novel idea and given the time and significant funding this project is achievable in two years.”

Hepatitis B is a blood-borne virus that attacks the liver causing both acute and chronic disease. Two billion people worldwide are infected with the virus, 350 million live with chronic infection and 600,000 people die each year due to HBV related illness.

BURNET LICENCES CD4 TEST

Burnet has licensed the VISITECT® CD4 test to global diagnostics organisation, Omega Diagnostics Group PLC for its manufacture and sale throughout the world, and this relationship was officially announced at AIDS 2012, the International AIDS Society Conference in Washington.

Although VISITECT® CD4 is designed to be instrument-free, Burnet has developed a complementary test reader in collaboration with Axxin Pty Ltd in Melbourne. The AX-2 reader allows the test results to be stored and transferred electronically, as well as providing training and objective test analysis, which will be very useful in the training of health-care workers and in validation trials.

VISITECT® CD4 aims to reach millions of HIV patients around the world currently not receiving treatment.
In the year 2000, the World Health Organization ranked the health systems of 190 countries – Myanmar (Burma) was among the lowest.

For a nation with 50 million people, the outlook was a major global health concern, with women’s and children’s health demonstrating some of the worst outcomes in the world.

Since then, health outcomes have improved marginally, but it’s the monumental changes in the political landscape that paint a positive picture for Myanmar’s future.

Burnet’s Myanmar Country Representative, Dr Karl Dorning first started working there in 1995 and says it is still in a transitional phase towards democracy, but the possibilities are now more evident.

“Back then, we were all thinking it would never change for Burmese people. Now, they have a voice,” he said.

“There is a real hunger that people want to learn and I think Burnet is a conduit for bringing good learning on public health and generally continuing to help develop civil society that’s thoughtful, reflective and respectful of people and their different needs.”

The Burnet Institute Myanmar Program has been in operation since 2003, starting out in capacity building of HIV prevention, care and support, and more recently moving into maternal and child health, and education.

In the early years, there were very few international, non-government organisations in the country and Burnet’s approach of working directly with local partners was unique.

“There was a newly emerging local NGO sector but it was very small,” Dr Dorning explained. “So we chose to work with local partners from the beginning and have since built on that approach, we now have agreements with 30 other organisations.

“We are very much seen as one of the key agencies that builds local civil society and capacity to respond not just to HIV but in general to public health.”
RESPONDING TO CYCLONE NARGIS

One of the many success stories of Burnet’s involvement in Myanmar was a project Dr. Dorning helped set up as part of the response to the devastating Cyclone Nargis in 2008, the Local Resource Centre or LRC.

Funded by AusAID, the LRC acted as a resource tool for local civil society groups to develop healthcare capacity and humanitarian assistance, and has now become its own NGO.

Burnet Institute Director and CEO, Professor Brendan Crabb says the Institute is well accepted and respected in Myanmar.

“It’s a real testament to our approach that we have been there so long, through difficult years, and I think the reason we have stood the test of time is that we have always done just what we said we were going to do,” Professor Crabb said.

“There is nothing else to Burnet, we are not there to make money or to influence the political or social agenda, we are there to improve the well being of the people by improving their access to good health, that’s it.”

Professor Crabb believes with the shift in political circumstances, organisations like Burnet will have more freedom to build better links and capacity to strengthen government health systems, not just non-government.

“Burnet is working closely with government health staff utilising them as trainers in programs, while also facilitating partnerships between private sector businesses and government health facilities to increase the involvement of men in maternal and child health. These two elements would not have been possible 12 months ago,” he said.

FOCUS ON EDUCATION

The Institute has also been heavily involved with the education sector, particularly the Monastic School system (similar to the Catholic school system in Australia) since Cyclone Nargis.

“We got involved with a lot of health-focused areas after Nargis, training teachers how to deal with trauma in the classroom, and also helping to re-build schools, making sure they had good water and sanitation systems,” Dr. Dorning said.

The Institute is also a member of the Myanmar Education Consortium, a multimillion dollar fund from AusAID and other donors, that will provide support to non-state education and will help scale up the school water, sanitation, hygiene and nutrition program.

Dr. Dorning said from a public health perspective, teaching kids about health is one of the fundamental building blocks of a democratic society.

“So through training in basic hygiene, sanitation and nutrition, teachers can be a real key in changing the basic patterns of preventable diseases – simple things like washing your hands after you go to the toilet or before you eat.”

BURNET HELPS TRAIN MIDWIVES AND COMMUNITY WORKERS TO IMPROVE HEALTH OUTCOMES FOR MOTHERS AND THEIR CHILDREN.

LOOKING AHEAD

Burnet will be working towards engaging with a multi-donor funding mechanism prioritising, maternal and child health, HIV, malaria and tuberculosis, and health systems strengthening.

This opportunity will pave the way for Burnet to make the most of the increased options for capacity building and health service delivery.

“We will be able to do some really innovative work with the government and local NGOs in new geographic areas,” Dr. Dorning said.

More access to funding and the political changes has also opened the door for Burnet’s Myanmar office to develop its research profile.

“It’s been difficult in the past to do research in the country because it has been viewed as sensitive, the government didn’t want information getting out that could be viewed as critical,” he said.

“We don’t want to criticise, we just want to collect evidence to decide on the best way forward to achieve better health outcomes in Myanmar. We want to work with government, so we’re collaborating with the Department of Medical Research on a number of research programs.”

CURRENT PROJECTS

IMPROVING MATERNAL AND CHILD HEALTH (MCH) OUTCOMES THROUGH INCREASING HEALTH SEEKING BEHAVIOURS AND ACCESS TO QUALITY MCH SERVICES.

This project supports increased community demand for health services through better health knowledge of mothers about pregnancy, delivery and postpartum care by supporting facility-based care, with essential equipment and commodities.

MALE PARTICIPATION IN IMPROVING MATERNAL AND NEWBORN HEALTH: A COMMUNITY-BASED INTERVENTION.

Increasing men’s knowledge about ways they can support the health of their partners and children is vital. Men are encouraged to come to antenatal clinics and the clinics are made more male-friendly, and health care workers are given the skills and confidence to engage with men more effectively.

IMPROVING COMMUNITY-BASED NEONATAL CARE IN MYANMAR.

Improving the skills of basic health staff, auxiliary midwives and community birth assistants and provides higher quality neonatal care.
PEOPLE WHO INJECT DRUGS ARE AT MUCH HIGHER RISK OF INFECTION WITH HEPATITIS VIRUSES THAN THE REST OF THE AUSTRALIAN POPULATION.

HEPATITIS B
- National surveillance data indicate that 50 per cent of all new hepatitis B infections occur in people who inject drugs.
- Without appropriate treatment, 25 per cent of people with chronic hepatitis B will die from liver cancer or liver failure.

HEPATITIS C
- Chronic hepatitis C is most often acquired through injecting drug use, and the disease is now the most common indication for a liver transplant.
- Hepatitis C infection can be treated, but treatment is debilitating and not always successful. No preventative vaccine exists but Burnet’s Associate Professor Heidi Drummer and others are making great strides towards this goal.

SUPPORT BURNET’S MOBILE OUTREACH
Burnet’s vans are essential to our outreach work; they enable us to cover large distances across metropolitan Melbourne, and are great platforms for research and delivering services. Our second van is nearing the end of its useful life, and we need funds for a replacement. For information on how to help us obtain this vital piece of equipment, please contact Professor Paul Dietze on (03) 9282 2111.

OUTREACH AND RESEARCH
The Burnet’s Centre for Population Health works with vulnerable people in Melbourne and elsewhere in Victoria through several field-based research projects. The largest of these projects is the Melbourne Injecting Drug Users Cohort Study (MIX).

OUTREACH – meaning engaging people in their own environments, on their own terms, to help them improve their health and well-being – has been a major feature of the Burnet Institute’s epidemiological research program for more than two decades.

HIGHLY VULNERABLE AUSTRALIANS
People who inject drugs are among the most vulnerable and marginalised Australians. Compared with the rest of the population, they experience higher rates of incarceration, poverty, homelessness, ill-health, educational disadvantage, unemployment, violence and sexual abuse, social disconnectedness, and family breakup. Head of Burnet’s Centre for Population Health, Professor Margaret Hellard points out that using illicit drugs such as heroin or methamphetamines can be as much a response to these social, health and economic problems as a cause of them.

“The poor health status of people who inject drugs is one of Burnet’s key research priorities, especially their risk of drug overdose and exposure to infectious diseases such as hepatitis B and C,” Professor Hellard said.

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MIX involves six field researchers who travel across Melbourne to locations where people who inject drugs congregate. The brainchild of Burnet’s Professor Paul Dietze, MIX’s chief investigator, the study aims to radically improve our understanding of the life trajectories of people who inject drugs, with particular emphasis on their use of health services and patterns of hepatitis B and C infection.

“With over 700 participants, MIX is the largest cohort study (following the same group of people over time) of people who inject drugs ever conducted in Australia, giving it a unique ability to make accurate measurements and draw valid conclusions,” he said.

MIX began in 2008 and builds on previous long-running studies, so Burnet’s researchers are well known on Melbourne’s streets. Professor Dietze noted, “This recognition factor, the services offered by our researchers, and the knowledge that we apply the highest standards of ethical practice, give us access to disadvantaged populations that are simply impossible with traditional epidemiological approaches.”

**MOBILE OUTREACH**

MIX operates two vans specially fitted out for outreach research purposes; they allow researchers to engage people on the street but in privacy. The vans carry all the equipment necessary to collect blood samples hygienically and confidentially, and are useful spaces for interviewing research participants about sensitive behaviours such as sex and drug use.

“In late 2012 we began offering free hepatitis B vaccinations (the B-VAX project) from the vans in an effort to increase immunisation rates among people who inject drugs in Melbourne. An effective hepatitis B vaccine has been available for 30 years, but many people who inject drugs miss out on vaccination due to homelessness, absence from school, and other factors associated with disadvantage,” Professor Dietze said.

Burnet researchers aim to vaccinate 150 people in 2013, while assessing the relative effectiveness of an opportunistic accelerated schedule (3 doses over 3+ weeks) and the standard schedule of vaccination (3 doses in 6 months). As research nurse Danielle Collins notes, “B-VAX is a great opportunity to improve participants’ health; the fact that we’re evaluating the acceptability and effectiveness of an assertive method of vaccine delivery is an added bonus.”

**ETHICAL PRACTICE**

Conducting research and outreach with disadvantaged and marginalised people brings unique ethical challenges. ‘Do no harm’ is the standard injunction, but the best ethical practice involves making a positive difference. According to Professor Hellard, hepatitis B vaccinations are one way Burnet’s outreach work directly benefits research participants. But Burnet staff also offer invaluable support to also help smooth participants’ access to legal advice and representation, housing and income support, and primary health care and drug treatment.
Created by Co-head of Burnet’s Centre for Virology Professor Suzanne Crowe AM, in answer to Australia’s need for HIV testing, the Clinical Research Laboratory was the first lab to bring HIV viral load and CD4 testing to Victoria.

It measured the viral load of all HIV patients at The Alfred (as well as from some other hospitals and clinics in Victoria, NSW and Tasmania) from 1996 to 2012 and is accredited by the National Association of Testing Authorities.

In February this year, Burnet handed over HIV viral load testing to The Alfred hospital allowing the CRL to focus on the growing demand of strengthening laboratories in other countries in the Asia and Pacific regions.

In this role the iCRL develops new, simpler tests to determine whether HIV strains are susceptible to anti-HIV drugs and performs surveillance in the region as well as research into drug resistance.

Ms Lee-Wriede spent a week at the University of Indonesia in early 2012 training staff in HIV drug resistance and performing an audit of their laboratory as part of the laboratory’s work with the WHO.

“‘In the scientific community we are always striving to do better by the patients and trying to develop the best possible, and most affordable, test without forgetting that the major burden of disease is in developing countries,” Ms Lee-Wriede said.

“‘In the scientific community we are always striving to do better by the patients and trying to develop the best possible, and most affordable, test without forgetting that the major burden of disease is in developing countries,” Ms Lee-Wriede said.
“In order to develop and implement national testing strategies these countries need laboratories with trained technicians and appropriate infrastructure to support that. So, we are bridging a gap between the laboratories in developed countries and the resource-poor ones.”

The work of the iCRL includes expanding clinical HIV training programs for doctors, nurses and laboratory technicians in resource-limited countries.

An internationally recognised HIV scientist, Professor Crowe is also a highly respected HIV clinician, starting the first HIV clinic at Fairfield Hospital with her colleague Associate Professor Anne Mijch OAM in the early 1980s and has remained at the forefront of HIV clinical management.

Professor Crowe has organised and conducted more than 60 HIV clinical training programs in the Asia and Pacific regions where she and a team of Australian HIV clinicians train local doctors in HIV clinical management.

“We cover everything from stigma to discrimination, to the toxicities of HIV drugs. “On our recent trip to Myanmar (Burma) we tailored our program to complement the national guidelines, working with the local Burnet office and the Myanmar Medical Association so what we teach can be sustained.

“HIV can present in so many different ways, we have doctors attending our courses with a special interest not just in HIV medicine, but also obstetrics, paediatrics, neurology, psychiatry or respiratory medicine.

“When many of these doctors went to medical school there was no HIV education because the infection didn’t exist in their country,” Professor Crowe said.

“The management of these patients is very complicated and trying to diagnose their illness is often very difficult. These doctors can’t afford to go to conferences in the USA, Europe or Australia, so it’s up to us to go there and provide them with training,” she said.

### Conducted more than 60 PROGRAMS in resource-limited countries – India, Indonesia, Fiji, Macedonia, Myanmar and Lao PDR.

NURSES, PHARMACISTS and LABORATORY TECHNICIAN TRAINING in HIV

<table>
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<tr>
<th>Nurses</th>
<th>Pharmacists</th>
<th>Laboratory staff</th>
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<td>500</td>
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Over 2000 medical personnel have trained in these programs.

Lectures have been translated into Hindi, Bahasa and Lao.
At AIDS 2012 – the International AIDS Society’s Conference in Washington – a large team from Burnet shared the same stage with many illustrious names. Professor Sharon Lewin, also Co-chair of AIDS 2014 to be held in Melbourne, who followed a rousing speech by former US President Bill Clinton, told delegates that Washington would be a hard act to follow, “...up there with speaking after Bill Clinton I think...” she joked. “...but together with my wonderful Co-chair Françoise Barré-Sinoussi, we are ready and up for the challenge. AIDS 2014 will be a regional conference with a strong focus on the Asia and Pacific regions,” she said.

Among the 13 Burnet staff who attended the conference was promising young scientist, Ms Nitasha Kumar. Ms Kumar was awarded the prestigious International AIDS Society (IAS)/Agence National Recherche de SIDA (ANRS) Young Investigator prize at the conference. Her research on how dendritic cells assist the establishment of latency, achieved the highest scoring abstract in ‘cure research’ in the basic science track, securing a cash prize of $2000.

“It was really humbling, I’ve always been interested in the humanitarian side of things which is why I decided to focus on HIV research,” Ms Kumar said.

“...up there with speaking after Bill Clinton I think...”—Professor Sharon Lewin

“The pre-conference Towards an HIV Cure wrapped up completing a two-day event that culminated in the release of the Nature Reviews Immunology paper Towards an HIV Cure: a global scientific strategy, which was prepared by the IAS Scientific Working Group on HIV Cure. My colleagues, Professor Sharon Lewin and Associate Professor Melissa Churchill are both members of the working group and it’s a great testament to them and their pioneering work that they were selected to join this very important and instrumental group. Together the group undertook a comprehensive review of the research related to HIV cure and identified seven major themes going forward that will aid in the development of HIV cure and eradication strategies.

My presentation at the meeting was well received and generated a lot of discussion. I really enjoyed presenting at AIDS 2012, covering half of the poster session as a rapporteur at the pre-conference symposium and chairing another session with Nicholas Chomont. (Dr Nicolas Chomont is a principal investigator at the Vaccine & Gene Therapy Institute of Florida, USA and an internationally recognised scientist who specialises in HIV and AIDS research.)

We heard inspiring talks from Tony Fauci (Director NIAID), Phil Wilson (Black AIDS Institute), Hillary Clinton and Elton John.

My second presentation and chairing session went well and I met with a journalist from Nature and my co-chair Nicholas Chomont to discuss cure, latency and the Berlin patient.” (Timothy Ray Brown is known as the “Berlin patient”, because that’s where he received a bone marrow stem cell transplant in 2007 and has since claimed he is cured of HIV.)
Burnet Director and CEO elected AAMRI President

Professor Brendan Crabb has taken on the role of President of the Association of Australian Medical Research Institutes (AAMRI), the peak body that represents Australia’s independent medical research institutes.

Professor Crabb said he was honoured to be elected President.

“I see this appointment as an opportunity to ensure that government, business and the public are kept aware of the tremendous contributions that medical research makes to improving human health and to the economy, particularly through the activities of medical research institutes,” he said.

AAMRI represents 41 medical research institutes across Australia and has among its key goals the effective representation of medical research interests to government, industry and the public.

Historic moment in signing MOU in Papua New Guinea

The successful long-standing partnership between the Burnet Institute and the University of Papua New Guinea was formalised with the signing of a Memorandum of Understanding (MOU) in September.

Institute Director and CEO, Professor Brendan Crabb signed the MOU with the University of Papua New Guinea’s Dean of the School of Medicine and Health Sciences, Professor Sir Isi Kevau.

The MOU outlined locating the Institute’s Port Moresby office to the University’s campus, supporting the Public Health Program of the School of Medicine, and developing joint research activities.

“This MOU reflects our commitment to work closely with key local partners in PNG to help address some of the country’s most critical health issues,” Professor Crabb said.

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Your bequest will help transform lives.

At Burnet, we’re passionate in our commitment to a healthier world.

Whether it's researching and developing new approaches to the prevention and treatment of infectious diseases such as HIV, hepatitis, malaria or tuberculosis, understanding the factors underlying cancer, or building capacity and strengthening health services in the developing world, everything we do is focused on making a sustainable difference to people’s health in Australia and overseas.

For further information about including Burnet in your Will, please call our Planned Giving Manager for a confidential discussion.

Merrilyn Julian
Planned Giving Manager
Tel: (03) 8506 2338
Email: mjulian@burnet.edu.au

A gift in your Will may lead to the next breakthrough.

burnet.edu.au