In the spirit of respect, Menzies School of Health Research acknowledges the people and elders of the Aboriginal and Torres Strait Islander Nations who are the Traditional Owners of the land and seas of Australia.

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At the Menzies School of Health Research we believe that quality of life is grounded in wellbeing and good health.

We seek solutions to problems that matter, and that when tackled, have the potential to make an immense difference to the quality of lives in Australia and abroad.

Our independent medical research institute has a 27-year history of scientific discovery and public health achievement. Our talent pool compromises over 380 staff, including many award-winning researchers from around Australia and the region. Most of our work is funded through competitive research grants, and we have an annual income of approximately $38 million.

What we do

Menzies is a national leader in Indigenous and tropical health. Our aim is to improve and advance health. We endeavour to break the cycle of disease and to reduce the health inequities in Australia and the Asia Pacific region, particularly for disadvantaged populations.

We set our sights on fostering excellence and leadership in scientific research and education. We also strive to increase the capacity of health service providers, professionals and researchers – to help them deliver better services based on evidence about what works, and what doesn’t.

Menzies’ research extends across four areas:

• Child Health
• Global and Tropical Health
• Mental Health, Wellbeing and Chronic Diseases
• Epidemiology and Health Systems

We also have a strong emphasis on Education and Training.

Our world-class laboratory research includes the analysis of life-threatening bacteria, malaria, staphylococcus, snake venom and scabies mites.

Menzies’ approach is look both at and beyond disease. In addressing the urgent disparity between the health of Indigenous and non-Indigenous Australians, for instance, we take into account wide-ranging social factors – such as child development, education and housing, employment and the environment.

We believe in the strength of collaboration. We partner with leading global health and research organisations – and with the communities we hope will gain from our projects – to not only expand the expertise contributing to Menzies’ work, but to ensure that our findings reach the widest audience and deliver the greatest possible benefit.
This year saw the completion of Menzies’ five year Strategic Plan (2007–11). The new Strategic Plan (2012 to 2016), follows five years of rapid growth as well as impressive achievement across all of our research themes.

The next five years will be a period of consolidation and carefully targeted growth. These strategic priorities will ensure that our existing research and education themes and teams are strengthened and sustainable, and that we focus on developing and supporting the people who make up Menzies. We will pay attention to excellence and seek depth over breadth, and quality over quantity.

Vision
To improve health outcomes and reduce health inequity for populations in Australia and the Asia–Pacific region, particularly Aboriginal and Torres Strait Islander communities, through excellence and leadership in research, education and capacity development.

Ways Of Working
Collaboration: We seek to partner with communities, health and other service providers, policy-makers and other researchers.
Responsiveness: Our work is informed by health needs and shared priorities of the people and communities with whom we work.
Innovation: We embrace and develop new approaches and technologies.
Taking a chance: We ensure that high risk/high reward projects are part of our research portfolio.
Building research capacity: We foster and develop the researchers of the future, with a particular emphasis on Aboriginal and Torres Strait Islander researchers and researchers from developing countries.
Communication: We maintain an ongoing dialogue with partners, stakeholders and the local and national community during the research process, from conception through to completion and the translation of results. We enhance our communication and marketing expertise to increase our public profile and raise awareness of Menzies within the community.
Integrity: We are open, honest and transparent and maintain the highest standards of governance, accountability and ethics.
Quality: We strive for excellence and rigour in everything we do.
Integration: We build on and share the skills, knowledge, information, systems and learnings that we and our stakeholders already have.

Strategic Priorities
1. Excellence in community based research
Menzies will develop new methodologies and extend its partnerships to position itself as the leader in community-based health and wellbeing research.

2. Creating the workforce of the future
Menzies will support, develop and provide career pathways for its staff, and for the researchers of the future.

3. Building on our strengths in postgraduate education and research training
Menzies will build on its existing strengths in postgraduate education and higher degree research training.

4. Increasing and diversifying funding
Menzies will enhance its public profile with the aim of diversifying its funding base and increasing the proportion of Menzies’ income that is not restricted to specific projects.

5. Enhancing the work environment
Menzies will further enhance a work environment (physical, systemic and social) that sustains high morale, increases productivity, efficiency and quality, enhances staff supervision, recruitment and retention, and that operates to the highest standards of governance, management and accountability.

6. Translating research into action
Menzies will excel in translating research outcomes into policy and practice.

7. Working with health care providers
Menzies will better integrate our research with service providers and their priorities.

8. Making better use of our laboratories
Menzies will increase its capacity in laboratory research, with a continuing focus on infectious diseases and immunology, including applying emerging biomedical research technologies to its research projects.
2011 at a glance

Total income
In 2011, Menzies received total income of $37.9m, including $4.2 million in research funding; $10.6m in non-research funding; and $1.8m in NT Government core funding.

Number of staff (FTE)
In 2011, Menzies had 389 staff, made up of 236 full-time equivalent staff.

Employees by category
In 2011, 8/10 of Menzies staff were engaged in Research and Education roles.

*This organisational chart changed in 2012 following a restructure*
a message from the chair and director

The Menzies School of Health Research (Menzies) continues to experience enormous development and growth, allowing us to deliver outstanding research performance.

The impact of our contribution is demonstrated in a new report by Deloitte Access Economics entitled Economic and social contribution of Menzies School of Health Research to the NT, Australia and the Asia Pacific. The report found Menzies made a social and economic contribution of $393 million to Australia and the Asia Pacific – $87 million to the Northern Territory (NT) alone – from 2002 to 2010.

The total benefit cost ratio was 5:12, 44% higher than the return on each $1 investment in Australia’s health research and development as a whole (2:17).

Menzies has maintained its excellent reputation as a source of quality research, producing 155 peer reviewed publications, a 52% increase from 2010. Our researchers have received a number of prestigious acknowledgements and awards for their work, as outlined later in this report.

We also grew our reputation in Education and Training, starting a new Graduate Diploma in Health Research during 2011, increasing enrolments and graduands across all postgraduate courses, and bringing the number of Charles Darwin University (CDU) Higher Degree Research students supervised by Menzies academics to a total of 49.

We continue to provide advice to stakeholders at all levels – from government to Indigenous communities. A major highlight of 2011 was our launch of the Centre for Primary Health Care and Indigenous Health, which was awarded the 2011 Menzies Medallion for her significant contribution to primary health care and Indigenous health.

We offer our thanks to the amazing staff and students who make up Menzies, and to the communities, collaborators and friends who lent, and continue to lend, their support to Menzies, and we are pleased to note that the search has already begun for the next Director.

Once again we reflect on another successful year for Menzies. We offer our thanks to the amazing staff and students who make up Menzies, and to the communities, collaborators and friends who lent, and continue to lend, their support to our search for the evidence and solutions needed to improve the health of our nation and of our region.

Other important success for Menzies in 2011 included:

- Further strengthening of global health research, diversifying from Indonesia’s West Papua into new countries – Sabah (Malaysia), Vietnam, Timor-Leste and numerous Pacific countries.
- Menzies gains new Indigenous cancer research team. Currently no national statistics on cancer in Indigenous Australians exist. To broach this knowledge gap, we have extended our reach to include psycho-oncology and cancer epidemiology research with Indigenous people, and welcomed two esteemed cancer researchers, Associate Professors Gail Garvey and Patricia Valery and their staff to our Brisbane Office.
- Twinning with Timor-Leste. A Memorandum of Understanding was signed with the Timor-Leste Ministry of Health with the aim of founding a long-term partnership for health development that fosters mutually beneficial cooperation.
- Menzies/CDU rated as ‘above world class standards’ by the Australian Research Council’s Excellence in Research for Australia (ERA) initiative process in the categories of clinical sciences and medical microbiology.

In December, Director Jonathan Carapetis announced his decision to leave Menzies in mid-2012 to take up a new position as Director of the Telethon Institute for Child Health Research in Perth. The 2011 outputs reported in this document highlight the strong position in which he leaves Menzies, and we are pleased to note that the search has already begun for the next Director.

Once again we reflect on another successful year for Menzies. We offer our thanks to the amazing staff and students who make up Menzies, and to the communities, collaborators and friends who lent, and continue to lend, their support to our search for the evidence and solutions needed to improve the health of our nation and of our region.
In 2011, 71% of Menzies’ applications to the National Health and Medical Research Council (NHMRC) for grants to support research and education activities were successful.

In 2011, a majority of Menzies research income came from the Australian Government, followed by the Northern Territory Government.

In 2011, almost half of Menzies’ awarded grants were project grants, followed by contract, fellowship and award and scholarship grants.

In 2011, Menzies researchers produced 155 peer reviewed publications, a 52% increase from 2010. This reflects our emphasis on high quality research outputs, further illustrated by our annual citations of Menzies-authored journal articles (3,371 in 2011, up from 3,025 in 2010).

In 2011, there was an increase in both the number of students graduating from higher degrees by research (PhD and Master by Research) and the number of students enrolled on a full-time basis.

In 2011, participation in the Graduate Diploma, Master and Doctor of Public Health continued to increase.
When it comes to health, first impressions count; none more so than those made on a young life. It’s a sobering fact that when compared with their mainstream counterparts, Indigenous children are more likely to suffer from conditions that disadvantage not only their formative years, but their subsequent adult lives, too.

Menzies is committed to research and solutions that aim to reverse this trend. Our work is focused on helping the Indigenous children of today become the healthy adults of tomorrow.

New guidelines to tackle middle ear infection

In the remote Northern Territory and some parts of Western Australia, up to 20% of children suffer from Chronic Suppurative Otitis Media, a form of middle ear infection. Menzies’ researchers led a team of leading Otitis Media and hearing experts to update the evidence-based clinical guidelines, arming practitioners with the latest science to help deliver high-quality care to Otitis Media sufferers. These were launched by the Australian Government.

LungInfoNet

Respiratory illness is the most common reason Indigenous Australians are hospitalised. In partnership with Edith Cowan University, an Indigenous respiratory disease web resource called LungInfoNet was created. This one-stop-shop provides information for people addressing respiratory disease among Indigenous people, and now has new flipchart resources for respiratory diseases such as chronic obstructive pulmonary disease, chronic suppurative lung disease and bronchiolitis. These will help health professionals and others to provide improved health education to Indigenous patients.

Chronic cough study

Cough is the most common symptom of respiratory disease. To improve the treatment of chronic cough in children, Menzies’ researchers embarked upon a study of 346 children. After adopting a child-specific ‘cough pathway’ for the diagnosis and management of childhood chronic cough, the researchers found that children, who were previously coughing for an average of 16 weeks, stopped coughing after four weeks. The ‘cough pathway’ will be incorporated into Australian and international guidelines.

Reducing infant ear disease: PneuMum

Researchers completed a study known as PneuMum, which aimed to find out if pneumococcal vaccination of mothers during pregnancy could help prevent the chronic ear infections that lead to impaired hearing and deafness in Indigenous children and adults. The clinical trial demonstrated that vaccinating mothers during pregnancy leads to antibodies being passed onto the baby, both through cord blood and breast milk. The infants of mothers who were vaccinated during pregnancy also had lower rates of carriage of pneumococcal bacteria, and breast milk. The infants of mothers who were vaccinated during pregnancy leads to antibodies being passed onto the baby, both through cord blood and breast milk.

The Centre for Child Development and Education (CCDE)

Launched in September 2011 by Northern Territory Chief Minister, the Hon Paul Henderson MLA, this ground-breaking Centre is a partnership between Menzies, Charles Darwin University (CDU) and the Northern Territory Government (NTG). Its work focuses on boosting development, wellbeing, education and opportunities among children, particularly Indigenous Australian children.

In its short life, the Centre has already spearheaded the following key initiatives:

Evaluating mobile preschools: a potential solution for remote Aboriginal children

Preschool participation is known to have dramatic, long-term positive effects on health and social and emotional wellbeing. The NTG’s Menzies’ Mobile Preschool Program uses a roaming preschool teacher to provide support and professional development to community-based education and up to 300 students in very remote small communities. Findings from this National Health and Medical Research Council–funded study showed that children with between six and 12 months’ program experience were 97% more likely to be ready for school learning when compared with children with less than six months’ experience of the program.

Informing policy: youth suicide

In the past decade rates of suicide have doubled among Northern Territory (NT) children aged less than 18. Menzies gathered findings from a case audit of the NT Coroner’s records on self-inflicted deaths of persons under the age of 18 years over the period 2006 to 2010. All but one of the Indigenous children suicides investigated occurred via hanging.

The study findings and recommendations were provided in a report to the NT Child Death Review and Prevention Committee. This evidence also informed a Menzies submission to the recent Parliamentary Select Committee into Indigenous Youth Suicide in the NT. The Select Committee has since recommended a comprehensive set of actions for a new NT Suicide Prevention Strategy, including Menzies’ suggestions. These included establishing an epidemiological register for monitoring suicide trends and developing a better understanding of key risk associations in order to inform prevention and to monitor strategy outcomes.

Research to guide the NT’s Early Childhood Development Plan

In 2011 the NTG commissioned Menzies to produce a series of four discussion papers to inform public consultations for the NT Early Childhood Development Plan. The first paper reviewed the issues that need addressing in the NT. The second outlined evidence in support of investing in a child’s early years as the most effective strategy for reducing inter-generational disadvantage. The third presented the case for a ‘whole of government’ and ‘whole of community’ approach to early childhood services. And the fourth outlined the economic, health and social benefits of investment in a child’s early years. An NTG proposal for a comprehensive, across-government early childhood development strategy is expected shortly.

RHD Australia

Acute Rheumatic Fever (ARF) is a significant cause of disease among Indigenous children, often leading to Rheumatic Heart Disease (RHD), a chronic heart condition in which the heart valves are damaged. Approximately 1% of all school-aged Indigenous children in the Northern Territory, rising to 2% of young adults, suffer the disease and its long-term complications that include heart failure, strokes and premature death.

To address this issue, a National Coordination Unit called RHD Australia was founded as part of the Australian Government’s Rheumatic Fever Strategy. It is led by the Menzies School of Health Research in partnership with Baker IDI and James Cook University. RHD Australia’s role is to establish a national central data repository, to develop and implement education and training resources and to review and disseminate a best practice clinical guideline.

RHD Australia, and the National Rheumatic Fever Strategy, is an end result of almost two decades’ work by Menzies researchers and our research collaborators and service delivery partners.

2011 highlights

• Finalisation of ARF/RHD guideline

The review, update and release of The Australian Guideline for Prevention, Diagnosis and Management of Acute Rheumatic Fever and Rheumatic Heart Disease (2nd edition) will help ensure best practice and significantly assist with improving diagnosis, management and clinical practice throughout Australia. Quick reference guides and an application for use with iPhone, Android and iPad were developed to ensure clinicians have easy access to key information from the guideline. These will be released in early 2012.

• New tools for education and training

National education, training and self-management resources were developed to assist with the detection and treatment of Acute Rheumatic Fever and Rheumatic Heart Disease.

• Improving data collection

Working closely with stakeholders RHD Australia developed an ARF/RHD dataset and key performance indicators. The collection of accurate and consistent data across jurisdictions will assist with resource allocation and with measuring the quality of local health service delivery.

Professor Sven Silburn, Associate Professor Fional Arney, Associate Professor Gary Robinson, Georgie Nutton and Professor Jonathan Carapetis at the launch of the Centre for Child Development and Education, Darwin, NT
Research highlights — epidemiology and health systems

The disease burden borne by Indigenous Australians is two and a half times greater than that of the mainstream population. Menzies’ Epidemiology and Health Systems division seeks to improve Indigenous health by investigating what our community and society is doing well in our bid to improve health, and which areas urgently need attention.

The team’s research focuses on the effectiveness of Australia’s health care system (primary and tertiary), and also the influence of our social and physical environment – such as housing, social justice, racism, employment, women’s and environmental health.

New cancer research team, headed by leading researchers

The survival rate for cancer patients is one of the most widely used measures of a health system’s performance, yet currently no national statistics on cancer in Indigenous Australians exist. To bridge this knowledge gap, the division extended its reach to include psycho-oncology and cancer epidemiology research with Indigenous people. It facilitated the relocation of two key cancer researchers, Associate Professors Gill Gaye and Patricia Valery – as well as their staff – to its Brisbane Office.

This team has commenced work using national cancer registration data to calculate survival rates for Indigenous people with cancer, and to compare Indigenous survival rates to rates for other Australian cancer patients. The team is also working on mechanisms on how it can assist these patients to reduce their cancer support needs and, in turn, improve patient outcomes.

— Investigating Indigenous cervical cancer screening participation

Indigenous women are 2.7 times more likely to develop cervical cancer and they have 5.2 times higher mortality rates from this cancer than non-Indigenous women do. In 2011, the division embarked on a cervical cancer data linkage project delving into cervical cancer screening participation and outcomes for Indigenous women. The study will address a major deficiency in the National Cervical Screening Program, which is currently unable to report on cervical screening participation, abnormalities or outcomes for Indigenous women.

— Diabetes exploration goes urban

The high occurrence of diabetes among Indigenous people in Australia’s urban areas – and how we can reduce the disease’s incidence in these populations – is a neglected area of research. In 2011, Menzies gained funding and ethics approval to conduct a 7-year follow-up of the DRUID Study cohort, a partnership between researchers, health service providers and an Indigenous steering group whose members come from Darwin’s Indigenous community. This project will serve as the largest study of urban Indigenous adults in Australia, helping establish risk factors for premature mortality, heart disease, stroke, diabetes and related conditions in Indigenous Australians.

Primary Health Care Systems

Now in its second year of operation, the Centre for Primary Health Care Systems conducts research and translates this into action, helping create healthy communities through locally supported and effective primary health care systems.

In 2011, the Centre had the following achievements:

— Boosting health care quality

• The Audit and Best Practice for Chronic Disease Project (ABC) National Research Partnership – a network of research, government and community organisations committed to improving primary health care quality for Indigenous Australians – continued to build momentum. The Partnership in South Australia (SA) was strengthened by SA Health’s commitment to support local health centres to subscribe to One2seventy, adding to long-standing commitments from the Northern Territory (NT) and Queensland (QLD) Governments.

• One2seventy is a Continuous Quality Improvement (CQI) system that helps deliver quality comprehensive primary health care for Aboriginal and Torres Strait Islander people. It has provided training to more than 500 primary health care staff since its commencement in 2009, and is working with over 850 Indigenous primary health centres across QLD, NT, SA, New South Wales and Western Australia.

• The Improving Health Promotion through Quality Improvement project was completed in 2011. It successfully developed and tested an audit tool which is now being refined for use nationally as part of the One2seventy package of CQI tools. It’s expected to be of interest to a range of community services as well as primary health care centres.

• A research project applying CQI to the management of Acute Rheumatic Fever and Rheumatic Heart Disease was completed. The project produced an audit tool already in use by more than 40 health centres to improve the standard of care for ARF/RHD patients.

— Supporting major policy initiatives

• The Centre completed the five-year Support, Collection, Analysis and Reporting Function (SCARF) project, designed to support continuous quality improvement in chronic disease management and maternal and child health care for 100 Aboriginal and Torres Strait Islander services participating in the Australian Government’s Healthy for Life program. The project significantly improved the capacity of Indigenous health services to report against key clinical indicators and to use them to inform action planning to improve service delivery.

• Successful progress continued for the Centre’s three-year formative evaluation of the Australian Government’s Indigenous Chronic Disease Package (ICDP) through the Sentinel Sites Project. Menzies provides regular feedback and informs the ongoing roll-out of this significant investment in national Indigenous health programs. The ICDP is part of the Council of Australian Government’s National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.
The Asia Pacific region is home to over 50% of the world’s population, including substantial groups who live in poverty. Each year, millions die from malnutrition and infectious diseases such as malaria, tuberculosis and bacterial infections. In exploring ways to prevent these deaths, Menzies’ Global and Tropical Health division partners with regional health services and institutes in the Asia-Pacific.

The division pursues a research agenda that includes work on bacteria, parasites, viruses and fungi – all of which pose serious threats to international health. A primary objective is to examine and develop solutions for hazards posed by the tropical environment of northern Australia. Nationally, the team’s work includes research on the agents of skin disease, such as the bacteria Staphylococcus aureus and Streptococcus pyogenes (Group A strep or ‘GAS’) and the parasitic mite which causes scabies; the soil and water-borne bacterial disease, melioidosis; and on other severe infections resulting in community-acquired pneumonia and/or sepsis.

Malaria treatment and policy breakthroughs

Malaria is a major cause of death in the Asia Pacific, infecting around 300 million people annually. Menzies’ researchers in Papua, Indonesia work closely with local and national policy-makers to optimise treatment guidelines for both uncomplicated and severe malaria. The program continues to monitor the impact of policy change – which has so far included a large reduction in the cases of the most severe malaria (falciparum malaria), perinatal mortality, infections at birth and an improvement in birth weight. Clinical and laboratory studies are ongoing. These investigate novel therapeutic approaches such as new antimalarial drugs, additional therapies and more efficient ways of delivering healthcare. With collaborators in the Papua Health and Community Development Foundation and the Liverpool School of Tropical Medicine, Menzies has secured Medical Research Council (United Kingdom) funding to develop and deliver new antimalarial drugs to the people of Timor-Leste and Vanuatu.

Controlled Clinical Trials

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Mental illness and wellbeing concerns are one of the fastest growing health problems nationwide, and Indigenous Australians are at high risk. Subject to a number of complex social factors such as substance misuse, violence and chronic disease, day-to-day living can be a struggle for many in remote communities.

Menzies tackles these challenges by empowering Indigenous people through strengths-based research approaches. Menzies’ projects focus on picking up problems early, and developing tools for communities and individuals to stay strong – socially, spiritually, emotionally and mentally.

Of equal gravity is the number of early deaths that Indigenous Australians experience as a result of chronic diseases. One in four Australians experience as a result of chronic diseases. On average, illnesses such as heart disease, stroke, diabetes, chronic respiratory disease and kidney disease account for over half of the health “gap” between Indigenous and non-Indigenous populations. Menzies looks to advance the health of Indigenous Australians by researching both the causes and prevention of chronic disease – focusing on how this can be translated into everyday solutions.

**Beating Depression**

Menzies’ BEAT depression project aims to promote social and emotional wellbeing by working with remote communities to strengthen access to care and support for people at risk of depression and substance misuse. The project tests the effectiveness of brief, early intervention strategies for depression and the misuse of drugs and alcohol. Importantly, BEAT depression works to strengthen the Indigenous wellbeing workforce, empowering and training staff in screening and follow-up strategies. The project runs from 2011 to 2014, and expects to map community pathways to care that can translate to other settings; it also expects to design a brief evidence-based treatment for those in remote communities.

**Better access to nutritious foods**

Good nutrition throughout life is fundamental to the maintenance of wellbeing and the prevention of disease. It plays a vital role in pregnancy and early childhood, prevents obesity and type 2 diabetes and can lower the risk of recurrent heart disease by up to 70%. However, remote communities face many barriers to healthy eating, including isolation, the high cost of food, short-term interventions and limited access to resources to improve decision making. The Good Food Systems: Good Food for All project helps to empower four communities to improve the capacity of their community groups, store committees and other stakeholders to improve the supply of food and local’s access to food.

Continuous quality improvement (CQI) tools that support decision-making at the community level were developed together with community members and combined with findings from systematic literature reviews. These are currently being piloted. They include a capacity assessment tool, food system assessment tool, monitoring and feedback systems for store sales data, and a store checklist for community member use. The project also supports local project officers to drive the quarterly CQI meetings, and a facilitation guide describing the CQI steps and tools is in development.

**Kidney health (eGFR study)**

The landmark eGFR study completed its baseline phase in 2011, assessing the accuracy of the standard test of kidney function in 600 Indigenous Australian participants across remote, regional and urban regions of NT, Far North Queensland and Western Australia. The study team found that the current standard test underestimates kidney function in Indigenous Australians and has supported the move to the use of a revised formula to assess kidney function in all Australians. The team were successful in securing National Health and Medical Research Council funding for 2012-2014 to assess the progression of markers of kidney damage in this cohort of Indigenous Australians.

**Extinguishing the smokes**

In Australia, half of Indigenous people smoke – more than double the rate in non-Indigenous people. Tobacco smoking is responsible for one in five of all Indigenous deaths and is one of the main causes of chronic disease amongst Indigenous Australians, and of the “gap” in life expectancy. Talking About the Smokes is a national project to understand which tobacco control policies and programs are successful in reducing Indigenous smoking. In 2011 the research protocol, the research team and partnerships were finalised and the project received $3.5 million funding from the Australian Government’s Department of Health and Ageing.

**Improving sexual health services for Australia’s youth**

High rates of Sexual Transmissible Infections (STIs) are a major contributor towards infertility, long-term disability and poor pregnancy outcomes among young Indigenous people. Although there are many interventions addressing this issue, Indigenous youth continue to bear a significant burden of sexual ill health. The Our Lives project, through its range of innovative research methods, will provide in-depth knowledge and understanding of how sexuality and relationships are understood and negotiated by young people aged 16-25 across three states: the Northern Territory, Western Australia and South Australia. This knowledge will be used to inform the development of effective and sustainable youth-friendly services and resources that help young people make positive decisions regarding sex and relationships. This project is well established in Alice Springs, Darwin and Broome (NT), and will commence in Broome (WA) and Ceduna (SA) in 2012.
Menzies’ Education and Training team coordinates and delivers the Charles Darwin University (CDU) postgraduate coursework in public health and research methodology training, and it administratively supports Higher Degree Research students.

In 2011, Menzies developed the new Graduate Diploma in Health Research. This course focuses on developing competencies in health research design and the advanced skills of interpreting health information, epidemiology, statistical methods and qualitative research methods. The Graduate Diploma in Public Health (GDPH) and Master of Public Health (MPH) were revised and reaccredited as external courses. New units were developed to introduce students to the areas of Health Promotion, Indigenous Health Research, Research Design and Research Skills. The last cohort of Doctor of Health students commenced in Semester 1, 2011.

Enrolments and graduands across all postgraduate courses continued to increase in 2011. Eight people were awarded a Master of Public Health, ten people were awarded a Graduate Diploma of Public Health and three were awarded a Graduate Certificate of Public Health.

This year the Education and Training team developed a short course in Sexual and Reproductive Health. This course presented a comprehensive public health approach to managing sexual and reproductive health through the lenses of human rights, culture and diversity. Participants rated the course as an outstanding success.

Enrolment in the Master by Research and Doctor of Philosophy increased in 2011, bringing the number of CDU Higher Degree Research students supervised by Menzies academics to 49, up from 40 in 2010. A Menzies sub-committee of the CDU Research Committee was established to consider research student matters, such as supervision, monitoring progress, scholarship outcomes, confirmation of candidature and awards.

Successful scholarship recipients
Menzies had a number of successful scholarship recipients. Please see the index at the back of the report for a full listing.

Awarded a Doctor of Philosophy (PhD) in 2011:

Dr Jacqueline Boyle: Polycystic Ovarian Syndrome in Indigenous women (University of Adelaide)

Dr (Christopher) Paul Burgess: Where the dreaming changed shape: The Aboriginal and Torres Strait Islander Adult Health Check in a Remote Aboriginal Community

Dr Christabelle Darcy: The Role of Arginine and Tryptophan Metabolism in Sepsis

Dr Joshua Davis: SEPSIS in Tropical Australia: Epidemiology, Pathophysiology and Adjunctive Therapy

Dr Kylie Dingwall: Monitoring Cognitive and Psychological Changes for Indigenous Australians Following Petrol and Alcohol Abuse

Dr Jeanne (Rini) Poespoprodjo: Maternal and Child Health in Papua Indonesia: the Epidemiology of Malaria and Strategies for its Treatment and Prevention

Senior researcher Mark Mayo and Ian Harrington sampling for melioidosis bacteria, NT

Senior research officer Kim Hare conducting lab work at Menzies, Darwin, NT
Menzies congratulates the following 2011 award winners:

**External Awards:**

**Child Health**
- Associate Professor Amanda Leach and Associate Professor Peter Morris received the MJA/Wyeth Award for the best original research article published in the Medical Journal of Australia.
- Kim Hare received the NHMRC’s Gustav Nossal Postgraduate Scholarship. This is allocated to the top ranked applicant in the Biomedical category.
- Lesley Versteegh received the Thoracic Society of Australia and New Zealand (TSANZ) Indigenous Respiratory Nurse Career Development Award, enabling attendance at the 2011 Annual Scientific Meeting.
- Dr Nilin Kapur (Menzies PhD scholar) was awarded Best Postgraduate Student by the Queensland’s Children’s Medical Research Institute.
- Jana Lai won the Endeavour Research Fellowship and was the reserve candidate for the Prime Minister’s Australia Asia Awards.

**Global and Tropical Health**
- Dr Steven Tong received the inaugural Fulbright Northern Territory Scholarship.
- Dr Tsu Yeo received the 2011 Northern Territory Chief Minister’s Research and Innovation Award, and the 2011 Australian Institute of Marine Science Tropical Knowledge Research Award for Improving the Recognition, Understanding and Treatment of Severe Malaria in our Region.
- Professor Bart Currie was awarded the 2011 Northern Territory Postgraduate Medical Council Clinical Educator of the Year Award.
- Dr Annette Dougall was a finalist in the 2011 NT Tall Poppy Award for her work on the parasite leishmania, which causes significant diseases in humans and other animals.

**Mental Health, Wellbeing and Chronic Disease**
- Carolyn Griffin won the Chronic Disease Network Recognition award for Aboriginal and Torres Strait Islander Health Leadership.
- Dr Kylie Dingwall was a finalist in the NT Young Tall Poppy Award for her work on cognitive impairment and recovery from petrol sniffing and alcohol abuse among Indigenous Australians.
- Dr Vanessa Johnston was the Northern Territory finalist for the Australasian Faculty of Public Health Medicine Gerry Murphy Oral Presentations.

**Epidemiology and Health Services**
- Professor Joan Cunningham was awarded the Australasian Epidemiological Association Mentoring Award for her significant role in the professional development of several early career researchers.

**Charles Darwin University Awards**
- The CDU Vice Chancellor’s Award for Exceptional Performance in Research—Research Team Category to two Menzies teams:
  - Healthy Skin Research Team, including Associate Professor Ross Andrews, Teresa Kearns, Leanne Bundala Dhurrkay, Roslyn Gundjirirr Dhurrkay, Marilyn Dhurrkay, Janice Djilirri, Terry Garrawarra, Veronika Gondarra, George Gurrumul, Grennady Wiranata, Thomas Yalanthu, Dr Asha Bowen, Dr Debra Holt, Associate Professor Shelley Walton, Dr Malcolm McDonald, Dr Steve Tong, Professor Jonathan Garapetis.
  - Severe Malaria Research Team, including Professor Nicholas Amstey, Professor Ric Price, Dr Tsu Yeo, Dr Tonia Woodberry, Dr Gabriela Minigo.

**Fellowships**
- Associate Professor Amanda Leach: NHMRC inaugural Elizabeth Blackburn Fellowship, awarded to three outstanding female Research Fellows who excel in biomedical, clinical and public health research.
- Robyn Marsh: NHMRC Frank Fenner Fellowship, awarded to the highest ranked applicant from the Public Health Early Career Fellowship category whose international public health research best reflects the qualities Professor Fenner exemplified throughout his career.
- Dr Rachael Hinton: NHMRC Early Career Fellowship
- Professor Ric Price: Wellcome Trust Senior Fellowship
- Dr Heidi Smith-Vaughan: NHMRC Career Development Fellowship
- Dr Jutta Marfurt: Swiss National Science Foundation Fellowship
- Heather Grieve: Australian Leadership Award Fellowship through AusAid.

**Internal Awards**
- Stephanie Bell, CEO of the Central Australian Aboriginal Congress, was awarded the Menzies Medal for her significant contribution to health in the Northern Territory.
- Maria Scarlett, from Menzies’ ethics team, won the Ryan Family Award, recognising excellence from a Menzies staff member.
- Master of Public Health student Alexandra Sticpewich and Graduate Diploma in Public Health student Philip McMahon won the Val Asche Award for academic excellence in public health.
- Robyn Marsh (Menzies PhD scholar) received the Future Leaders Award which recognises young Australians who show strong leadership and potential.
Beyond its commitment to research excellence, Menzies sets its sights on solutions — using our research findings to kick-start and sustain positive change. Formally, this is known as “knowledge translation”: the exchange, synthesis and ethically-sound application of knowledge derived from research to improve services and products, strengthen the health care system, and ultimately, improve health.

This snapshot highlights just a few of the many areas in which Menzies’ knowledge has been transformed into practical, tangible outcomes.

**Campaigning for child health and delivering effective youth services**

The Australian Early Development Index (AEDI) Champions Program developed a range of culturally appropriate resources to support community understanding of the AEDI results. The AEDI is a national survey of children in their first year of school that measures how well they are developing, and ultimately, improve health.

Similarly, the ‘it’s just so Important’ community discussions developed by Centre for Child Development and Education researchers saw Aboriginal people engage parents in the ‘early development story’. The importance of focusing on healthy brain development in early life is a new idea for many parents in remote communities and they were thirsty for this information.

**Tracking food sales to improve nutrition support**

Menzies’ Keeping Track of Healthy Foods tool (RIST tool) has enjoyed steady uptake among nutritionists working in Indigenous health. Though initially designed to assist store managers, the resource has reportedly enhanced the capacity of community-based nutritionists, and dieticians — as well as those working in health strategy and support roles — to deliver tailored advice that improves food supply and diet. Because it provides real-time information on the quality of the food supply, in addition to feedback on how the food supply is tracking, the tool has been embraced by store committees and other members of remote communities, too.

The RIST tool generates reports on sales of key foods in remote stores. It also offers nutritional analysis of food sales, thus identifying the main sources of ‘nutrients of concern’: mainly sugar, saturated fat and salt. Menzies’ nutrition team aims to convert the tool into a web-based application to further expand the resource’s benefit, utility and reach, and from 2012, the team hopes to offer training in the use of the tool.

**Understanding trends in tobacco consumption in remote communities**

Menzies’ tobacco control research team monitored tobacco sales in 24 remote communities in a project funded by the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health and National Health and Medical Research Council. This directly translated into health policy change. The Northern Territory Government (NTG) announced that tobacco monitoring now forms part of the requirements of all Tobacco Retail Licenses from 31 December 2011. This follows the trend set with the collection of alcohol wholesale data: a procedure that has been routine for the past decade.

Menzies will continue to assist and work with the NTG on the management and analysis of this tobacco wholesale data to describe trends in tobacco consumption and the impact of new tobacco control policies and activities. This routine monitoring of tobacco wholesale data is a world-first, an achievement that results from Menzies’ close collaboration with policy makers, dating from the project’s inception.

With the aim of raising the standard of health service delivery, One21seventy works with over 180 Indigenous primary health care services in the Northern Territory, Queensland, Western Australia, NSW and South Australia.

One21seventy continues the work of the highly successful Audit and Best Practice in Chronic Disease (ABCD) project — this addressed improvements within health centre systems. On completion of the research into the latter project’s effectiveness, stakeholders requested continued access to its suite of tools and processes.

One21seventy now offers practical resources designed to boost health care delivery in the areas of child, maternal and mental health, as well as preventive care and vascular and metabolic syndrome. Resources include web-based data and information services, training, facilitation and evidence-based support systems that are regularly updated to reflect best practice standards.

**Unravelling the Melioidosis story**

With considerably more melioidosis cases reported in the last few years, our environmental research aims to improve melioidosis prevention measures by reducing the risk of exposure to the public. Burkholderia pseudomallei, the soil bacterium causing melioidosis, Menzies is particularly interested in the influence of human activity-related changes on the occurrence of B. pseudomallei in the environment of the Top End. By screening soils, plants and water at residential properties and construction sites, Menzies aim to discover which factors contribute to the persistence of B. pseudomallei in these areas. Our findings have directed changes in the Northern Territory’s Centre for Disease Control’s health messages and in media warnings that advise the public on how to decrease exposure to the melioidosis bacteria. The Menzies Infectious Diseases physician–researcher group also provides the Royal Darwin Hospital Infectious Diseases Department with clinical services. This has been pivotal in the substantial decrease in death rates among melioidosis patients treated at Royal Darwin Hospital.
Over the past year, Menzies has progressed its new multi-million dollar building project, which will enable us to continue our vital medical research in world class facilities.

The project includes a new building and an upgrade to our existing facility at Royal Darwin Hospital (RDH) and a new building on Charles Darwin University’s (CDU) Casuarina campus. Menzies’ new building project was jointly funded by the Australian Government, the Northern Territory Government and CDU.

The architects, Hames Sharley, designed two impressive, modern and ecologically sound buildings. At a cost $45.4 million, the project will deliver across both campuses 5,275m² of new space; refurbishment of our existing John Mathews Building, creating capacity for 446 staff; and a 200-person auditorium on the RDH campus to support Menzies’ teaching and learning activities.

The project’s iconic and contemporary designs will allow Menzies to support the Australian Government objective of providing research facilities that are integrated with improving clinical care and with health workforce training.

Construction is expected to begin in the first half of 2012, with staff planned to move into the new buildings after September 2013.

The tremendous support and assistance provided by the Staff User Group, research heads and theme leaders was invaluable in assisting the architects to deliver designs that are truly iconic, tremendously flexible and functional.

This project will secure Menzies’ long-term, productive future, and allow Menzies to continue to improve the health of Australians and those in our region.
A Tribute to Mr Magic

The inaugural ‘A Tribute to Mr Magic’ dinner was held at Kantilla’s restaurant on 18 March 2011. Hosted by the Rioli Fund for Aboriginal Health, which raises funds for Menzies’ child and mental health research, the night paid tribute to sporting legend Maurice Rioli. It was attended by valued sponsors and successfully raised funds for Indigenous health research.

Rally for Research

Menzies staff joined other scientists, doctors, nurses, patients and people from the Darwin community in attending the Rally for Research ‘Discoveries Need Dollars’ on 15 April 2011 at the Smith Street Mall. The rally opposed the Australian Government’s plans to cut funding to the National Health and Medical Research Council by $400 million in the May 2011 budget.

AGM 2011

The Menzies Annual General Meeting was held on 11 May 2011, attended by supporters and staff. Several awards were presented, including the Ryan Family Award, recognising excellence from a Menzies staff member and the Val Asche Award for academic excellence. A special presentation also took place recognising Sue Bradley’s long-term philanthropic support for Menzies.

NAIDOC Week

NAIDOC week celebrates Aboriginal and Torres Strait Islander culture, providing the opportunity to recognise contributions made by Indigenous Australians in various fields. Menzies staff in Adelaide participated in a march for NAIDOC Week – as did staff in Darwin, where Professor Sven Silburn also gave a public update about the Centre for Child Development and Education’s work.

Health Inequalities Address

Director of the International Institute for Society and Health and Medical Research Council Research Professor in Epidemiology at University College London (UCL), Professor Sir Michael Marmot addressed the Darwin public on 29 July 2011 at the city’s entertainment centre. Sir Marmot presented findings from his report ‘Fair Society, Healthy Lives’, a review of health inequalities.

Teddy Bears’ Picnic

Menzies School of Health Research staff attended the annual Teddy Bears’ Picnic on 21 August 2011 at the Darwin Botanical Gardens. Hundreds of local parents and children came along, many of whom visited the Menzies’ stand. This offered free health checks for teddy bears, ran a colouring-in competition and distributed information about Menzies studies into child health and nutrition.

Menzies Open Day

Kick starting National Science Week in Darwin, Menzies Open Day on 12 August 2011 lent years 10 to 12 students the opportunity to delve deeply into the world of tropical health research. Students attended workshops about snake bites, the bacterial disease melioidosis, malaria, tobacco control, sexual health and healthy living. They also toured our laboratory facilities and were briefed on career options for pursuing a future in health research.

Menzies Scientific Colloquium and the Menzies Medallion Presentation

The Menzies Scientific Colloquium 2011 was held at Charles Darwin University in Darwin on 16 September 2011. Leading medical researchers gave a series of lectures called ‘Indigenous Voices on Indigenous Research’. Topics covered included Fetal Alcohol Spectrum Disorder, cancer and early childhood development. The event provided occasion to present Stephanie Bell, CEO of the Central Australian Aboriginal Congress, with the Menzies Medallion – the highest award offered by the Menzies Board.

Menzies Oration

Menzies School of Health Research held its annual Oration on 9 November 2011 at the Darwin Entertainment Centre. Her Honour the Honourable Sally Thomas AM, Administrator of the Northern Territory, was this year’s guest speaker. Her oration was entitled: ‘Health, Crime and Unsung Heroes.’ Her honour is best known for her role as Judge of the Supreme Court of the Northern Territory from 1992–2009 and then as Chancellor at Charles Darwin University. She became the 20th Administrator of the Northern Territory on 31 October 2011 and currently serves as a Menzies patron.
Major Fundraising Event

Greek Glenti 2011
Menzies thanks the Darwin community – particularly the Greek community – for their support at the 2011 Greek Glenti. Generous donations helped us raise almost $50,000. These funds went towards the purchase of a flow cytometer, sophisticated equipment that better allows our researchers to examine cells that the body uses to fight infections.

Major Donors
Menzies is grateful to the following donors for their philanthropy.

Area 9 Pty Ltd
Brilliant Kitchens
Channel 7 Children’s Foundation
Darwin Mining Club – Minerals Council of Australia
Darwin Olympic Soccer Club
Dr. Brandon Carp
Dr. Nicholas Ferris
Dr. Val Asche
Financial Markets Foundation for Children
Heart Foundation
Heart Kids
Hellenic Macedonian Association of North Australia
Maple-Brown Family Charitable Foundation
Minerals Council of Australia
Minter Ellison SA/NT Foundation
Mr. Andrew Israel
Mr. Chris Gabardi
Mr. David Metcalfe
Mr. Ian Marett
Mr. John Nikolakis
Mr. Steve Lobsey
Mr. Tom Pauling
Mrs. Heather Henderson
Mrs. Lynne Walker
Mrs. Margaret Wilson
Ms. Belinda Gibson
Ms. Margaret Brewster
Ms. Sheila Frey
Myer Family Company
NextGen Net Pty Ltd
Richard’s Crane Hire
Royal Darwin Hospital Department of Health
Sidney Myer Foundation
Sitzler Pty Ltd
The Hon. Sally Thomas
WA Hawks Supporters Club (inc)

Menzies wishes to thank the many individuals and communities who granted permission to use photographic images of themselves and their children throughout this publication.
Menzies would like to highlight four important stakeholders critical to our success—these names are derived from a long list of significant stakeholders.

**Aboriginal and Torres Strait Islander communities and their organisations**

Without the continued support of our community partners there would be no Menzies research. As we outlined in the plaque erected in honour of Menzies’ 25th Anniversary to thank the Aboriginal and Torres Strait Islander communities of Australia, they are our “participants, researchers, advisors, board members and collaborators, but most of all our teachers and mentors”. We particularly acknowledge our collaborations with the Aboriginal Medical Services Alliance of the NT (AMSANT).

**The National Health and Medical Research Council (NHMRC)**

The Commonwealth Government-funded NHMRC is by far Menzies’ biggest source of funding. Menzies will continue to value the constructive and open relationship we hold with the NHMRC.

**Charles Darwin University (CDU)**

Menzies is a major partner of CDU. Menzies operates as the equivalent of a faculty of CDU, most of our PhD students enrol through CDU, and our higher education funding comes via CDU. We will continue to value the importance of our ties to CDU.

**Northern Territory Government (NTG)**

As the sole medical research institute headquartered in the Northern Territory, Menzies has a privileged relationship with the NTG. The NTG has provided an untied grant to Menzies every year since its inception. Over the last five years we have broadened our collaborations beyond the Department of Health to include several other departments. We will continue as a trusted and valued, but independent, collaborator with the NTG.


McCallum, GB, Verstehge, LA, Macclennan, C, Wilson, CC, Pizzuto, S, Morris, PS, Chang, AB 2011, Randomised controlled trial to reduce morbidity of bronchiolitis in young children admitted to Royal Darwin Hospital in the NT, TSANZ Annual Scientific Meeting, Blackwell Publishing Asia, 16, 71


McDonal, EL, Stavin, N, Baille, RS, Shobben, 2011, No germs on me – a social marketing campaign to promote handwashing with soap in remote Australian Aboriginal communities, Global Health Promotion, 18(1), 62–65

McMeniman, E, Holden, L, Kearns, TM, Clucas, D, Carapetis, JR, McCallum, GB, Versteegh, LA, Maclennan, C, Wilson, CC, Pizzuto, S, Morris, PS, Chang, AB 2011, Randomised controlled trial to reduce morbidity of bronchiolitis in young children admitted to Royal Darwin Hospital in the NT, TSANZ Annual Scientific Meeting, Blackwell Publishing Asia, 16, 71


O’Grady, K, Tizolio, P, Ruben, A, Valery, P, Chang, AB 2011, Clinical signs and WHO-defined K-x ray confirmed pneumonia in Central Australian Aboriginal children, TSANZ Annual Scientific Meeting, Blackwell Publishing Asia, 16, 81


Price, RN, Douglas, NM, Anstey, N, Von Seidlein, L 2011, Plasmodium vivax tsetseAdson: what are we looking for? Current Opinion In Infectious Diseases, 24(6), 578–589

Priest, N, Paradies, Y, Gunthorpe, W, Cairney, SJ, Sayers, K 2011, Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth, Medical Journal of Australia, 194(6), 546–550


Sugiarto, P, Tjitra, E, Anstey, N, Price, RN 2011, Highly Effective Dihydroartemisinin-Piperaquine Versus Chloroquine in the Treatment of Plasmodium vivax Malaria in Thailand: A Randomised Controlled Trial, Clinical Infectious Diseases, 53(10), 977–984


Smith, D, Chang, AB, Bell, S 2011, Anti-inflammatory therapies in bronchiectasis, Bronchiectasis, European Respiratory Society, online, 52, 223–238

Brooke Barnett: What elements are fundamental in the transformative effect of music participation, to positive personal, spiritual, social, educational and community development for multicultural youth? University Postgraduate Research Scholarship.
Dr Anita D’Arcangelo: TRAK Study – talking about raising Aboriginal kids. Lowitja Institute Scholarship.
Delfín Ba Costa Ferreira: The evaluation of the availability of essential medicines (EM) at health facility level and assessment of the use of medicines at community level (SJCa post) in Timor-Leste. Charles Darwin University /Menzies PhD Health Scholarship for Timor-Leste.
Dr Jane Davies: The epidemiology and disease burden of Hepatitis B in the Northern Territory of Australia. Sidney Myer Health Scholarship and National Health and Medical Research Council Training Scholarship for Indigenous Australian Health Research.
Megan Ferguson: To describe the impact of improved affordability on food choices made by Indigenous customers in remote community stores in Australia. National Health and Medical Research Council Training Scholarship for Indigenous Australian Health Research.
Dr Matthew Grigg: Disease burden, risk factors and treatment of Plasmodium knowlesi malaria in a tertiary care hospital, Sabah, Malaysia. Emerging Infectious Diseases, 15(7), 1248-1255
Dr I-Lynn Lee: Diabetes in pregnancy in Northern Territory Women. Australian Postgraduate Award.
Dr J-Lynn Lee: Diabetes in pregnancy in Northern Territory Women: Australian Postgraduate Award.
Dr John Macdonnell: Exploring Indigenous Australians’ perceptions of health in relation to health promotion activities and type 2 diabetes. Menzies Foundation Memorial Research Scholarship and National Health and Medical Research Council: Public Health Postgraduate Research Scholarship.
Dr I-M cyan de Frisse: Exploring urban Indigenous youth’s perceptions of health in relation to health promotion activities and type 2 diabetes. Menzies Foundation Memorial Research Scholarship.
Evan McBobb: The application of whole genome sequencing to Burkholderia pseudomallei: The gateway to diversity and geographical understanding. University Postgraduate Research Scholarship.
Anna Nicholson: What works to reduce Aboriginal and Torres Strait Islander smoking? A national evaluation of tobacco initiatives for Aboriginal and Torres Strait Islander people. Sidney Myer PhD Scholarship.
Shirley Mipirapanyi: Dhinurupa dhuwu. Perpetual Scholarship and Lowitja Institute Research/Project Scholarship.
Dr Bruce Reynolds: Standardisation of diagnostic protocol for early detection of Rheumatic Heart Disease: closing the gap in Indigenous health outcomes. Lowitja Institute Scholarship.
Lisa Whap: A national data linkage approach to assess the effectiveness of cervical screening for Aboriginal and Torres Strait Islander women compared with other Australian women. Sidney Myer Health Scholarship.

Peer Reviewed Publications

Weit, K., McMahon, S., Taylor, S., Chang, A.B 2011, Onopharyngeal Aspiration and Silent Aspiration in Children, Oest, 146(6), 589-597
White, M., Davis, J.S., Kittler, P., Currie, B 2011, Outpatient parenteral antimicrobial therapy-treated bone and joint infections in a tropical setting, Internal Medicine Journal, 41(9), 669-673
William, T., Menon, J., Rajahman, G., Chan, I., Ma, G., Donaldson, S., Khoos, S., Fredrick, C., Jelip, J., Anstey, N., Yeo, Y. 2011, Severe Plasmodium knowlesi malaria in a tertiary care hospital, Sabah, Malaysia. Emerging Infectious Diseases, 17(7), 1248-1255
Wurzel, D., Marchant, J., Masters, I., Yerkovich, S., Upham, J., Chang, A.B 2011, Risk for development of bronchiectasis in patients with Protracted Bacterial Bronchitis, TSANZ Annual Scientific Meeting, Blackwell Publishing Asia, 16, 72.
Wurzel, D., Marchant, J., Yerkovich, S., Upham, J., Masters, I., Chang, A.B 2011, Short courses of antibiotics for children and adults with bronchiectasis, Cochrane Database of Systematic Reviews(6).
### Income Statement for the year ended 31 December 2011

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2010</th>
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<td>Australian Government Financial Assistance</td>
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<td>NT Government Funding</td>
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<td>Fees and Charges</td>
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<td>Investment Income</td>
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<td>Consultancy and Contract Research</td>
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<td>Gain (Loss) on Disposal of Assets</td>
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<td><strong>Total Revenue from Continuing Operations</strong></td>
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<td>37,341,903</td>
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<tr>
<td><strong>Total Income from Continuing Operations</strong></td>
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<td>37,341,903</td>
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<td>Expenses from Continuing Operations</td>
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<td>Depreciation and Amortisation</td>
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<td>Bad and Doubtful Debts</td>
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<td><strong>Total expenses from Continuing Operations</strong></td>
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<td>Operating Result from Continuing Operations</td>
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<td>Operating Result Attributable to Members of MSHR</td>
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<td>4,778,684</td>
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### Statement of Comprehensive Income for the year ended 31 December 2011

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<tr>
<th>Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Result for the Year</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Gain (Loss) on Revaluation of Investments</td>
<td>(2935)</td>
<td>(26,951)</td>
</tr>
<tr>
<td><strong>Total Comprehensive Income</strong></td>
<td>3,785,715</td>
<td>4,753,733</td>
</tr>
<tr>
<td><strong>Total Comprehensive Income Attributable to the Members of MSHR</strong></td>
<td>3,785,715</td>
<td>4,753,733</td>
</tr>
</tbody>
</table>

The objective of these summary statements is to provide an overview of Menzies’ financial affairs for the year ending 31 December 2011. Readers may wish to obtain a copy of the full audited financial statements.
## Statement of Changes in Equity for the year ended 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>Reserves (Note 20)</th>
<th>Retained Surplus (Note 21)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 January 2010</strong></td>
<td>$3,159,484</td>
<td>$30,915,711</td>
<td>$34,075,194</td>
</tr>
<tr>
<td>Profit or Loss</td>
<td>-</td>
<td>$4,778,685</td>
<td>$4,778,685</td>
</tr>
<tr>
<td>Net Revaluation Loss on Investments</td>
<td>($24,951)</td>
<td>-</td>
<td>($24,951)</td>
</tr>
<tr>
<td>Total Comprehensive Income</td>
<td>$3,134,533</td>
<td>$35,694,396</td>
<td>$38,828,929</td>
</tr>
<tr>
<td>Transfers</td>
<td>$341,437</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Balance at 31 December 2010</strong></td>
<td>$3,475,970</td>
<td>$35,352,959</td>
<td>$38,828,929</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Reserves (Note 20)</th>
<th>Retained Surplus (Note 21)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 January 2011</strong></td>
<td>$3,475,970</td>
<td>$35,352,959</td>
<td>$38,828,929</td>
</tr>
<tr>
<td>Profit or Loss</td>
<td>-</td>
<td>$3,788,650</td>
<td>$3,788,650</td>
</tr>
<tr>
<td>Net Revaluation Loss on Investments</td>
<td>($2,935)</td>
<td>-</td>
<td>($2,935)</td>
</tr>
<tr>
<td>Total Comprehensive Income</td>
<td>$3,473,035</td>
<td>$39,141,608</td>
<td>$42,614,645</td>
</tr>
<tr>
<td>Transfers</td>
<td>$375,635</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Balance at 31 December 2011</strong></td>
<td>$3,848,667</td>
<td>$38,765,974</td>
<td>$42,614,646</td>
</tr>
</tbody>
</table>

## Statement of Cash Flows for the year ended 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Flow from Operating Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Government Grants</td>
<td>$18,767,675</td>
<td>$18,956,902</td>
</tr>
<tr>
<td>NT Government Funding</td>
<td>$6,139,977</td>
<td>$6,003,374</td>
</tr>
<tr>
<td>Receipts from Student Fees</td>
<td>$1,780,421</td>
<td>$2,244,895</td>
</tr>
<tr>
<td>Interest Received</td>
<td>$2,355,122</td>
<td>$2,158,220</td>
</tr>
<tr>
<td>Consultancies and Contract Research</td>
<td>$8,052,958</td>
<td>$3,301,134</td>
</tr>
<tr>
<td>Other Receipts</td>
<td>$255,895</td>
<td>$1,918,963</td>
</tr>
<tr>
<td>Payments to suppliers</td>
<td>($11,118,739)</td>
<td>($11,247,375)</td>
</tr>
<tr>
<td>Payments to employees</td>
<td>($21,742,196)</td>
<td>($20,421,880)</td>
</tr>
<tr>
<td><strong>Net Cash Provided by Operating Activities</strong></td>
<td>$4,491,115</td>
<td>$2,914,193</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Flow from Investing Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share Dividends Received</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Proceeds from Sale of Plant and Equipment</td>
<td>-</td>
<td>9,591</td>
</tr>
<tr>
<td>Payments for Work In Progress</td>
<td>($2,171,402)</td>
<td>-</td>
</tr>
<tr>
<td>Payments for Property, Plant and Equipment</td>
<td>($444,207)</td>
<td>($204,307)</td>
</tr>
<tr>
<td>Payment for Financial Assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net Cash Inflow (Outflow) from Investing Activities</strong></td>
<td>($2,615,609)</td>
<td>($194,716)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Increase (Decrease) in Cash and Cash Equivalents</strong></td>
<td>$1,875,506</td>
<td>$2,799,477</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash and Cash Equivalents at the Beginning of the Financial Year</strong></td>
<td>$36,712,767</td>
<td>$33,993,268</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash and Cash Equivalents at End of the Year</strong></td>
<td>$38,588,253</td>
<td>$36,712,767</td>
</tr>
</tbody>
</table>
Acknowledgements: Published in May 2012, this Annual Report was produced by the Communications and Development Unit of the Menzies School of Health Research with input and much welcomed assistance from the staff and students of Menzies.

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