Cover Art
Patrick Tjungurrayi
djirrigi
dated 2008
Acrylic on linen
Papunya Tula Artists,
Alice Springs, NT

This painting depicts designs associated with the rockhole site of Wirrilpinya, south-west of Jupiter Well in Western Australia. This is the artist's father's country. In the mythological times a group of ancestral Tingari men camped at this site before travelling east to the rockhole site of Naru. The lines running through the painting are the tracks of the men as they passed between the sandhills, while also representing body paint work by the men during ceremonies. This mythology forms part of the Tingari song cycle.

Since events associated with the Tingari cycle are of a secret nature no further detail was given.

Generally the Tingari are a group of mythical characters of the Dreaming who travelled over vast stretches of the country, performing rituals and creating and shaping particular sites. The Tingari men were usually followed by Tingari women and accompanied by novices and their travels and adventures are enshrined in a number of song cycles. These mythologies form part of the teachings of the post initiatory youths today as well as providing explanations for contemporary customs.

This artwork is one of 14 sold at the OCHRE Supporting Indigenous Health Through Art Auction in October 2008 which raised over $250 000 for Indigenous child health research at Menzies.
The Menzies School of Health Research was established in 1985 as a body corporate of the Northern Territory (NT) Government under the Menzies School of Health Research Act 1985. This Act was amended in 2004 to formalise the relationship with Charles Darwin University (CDU). Menzies is now a school within CDU’s Institute of Advanced Studies.

In the spirit of respect, the 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.

For the purposes of this document, ‘Indigenous’ refers to Australia’s Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander peoples please be advised that this publication may contain images of deceased persons.
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Through scientific excellence, education and research the team at Menzies is discovering ways to reduce the impact of disease and improve the health and well-being of people living in Australia and beyond.

As the nation’s leader in Indigenous and tropical health research, our discoveries are being used to better prevent, treat and diagnose disease. Our researchers are also making a difference by showing how the social and physical environments in which we live and in which health care is delivered can be improved for better health outcomes.

The problems associated with poor health and disease don’t stop at international borders – that is why Menzies’ researchers work with governments and communities in our region and across the globe to offer their expertise and contribute our unique perspective gained from over twenty years of ground-breaking research.

At Menzies we are passionate about using our unique knowledge and solutions to discover a healthy tomorrow for all.

Working within our Divisions our expertise includes:

- **Child Health** – we are working to combat ear, lung and skin infections that affect the healthy development of Indigenous children and are focusing on the links between health and education from pre-birth to leaving school.
- **Education and Training** – we are training the researchers, clinicians and policy makers of the future to help to improve the quality of life of disadvantaged people across our region.
- **Healing and Resilience** – our researchers are helping to prevent, diagnose and treat mental illness and substance misuse in Indigenous people.
- **International Health** – we are world leaders in research into major health problems in our region including rheumatic heart disease, malaria and tuberculosis.
- **Preventable Chronic Disease** – we are working to discover the causes of chronic disease including diabetes, heart and kidney disease, and find the best ways to diagnose and prevent them.
- **Services, Systems and Society** – our researchers are finding out what we are doing right and what can be changed so we can improve the health care system and the social and physical environments in which people live and in which health care is delivered.
- **Tropical and Emerging Infectious Diseases** – the Menzies team are unearthing new health threats so we can improve treatments, prevent the spread of disease and help develop vaccines.
With its main base on the Royal Darwin Hospital campus in Darwin, Northern Territory, Menzies employs over 200 staff, a significant proportion of whom are Indigenous. We also operate a smaller unit in Alice Springs and have a joint facility with the Indonesian Department of Health in Timika, Indonesia.

At Menzies we have world-class laboratory facilities where we conduct ground-breaking research including analysis of snake venom, soil samples for melioidosis, scabies mite drug resistance, malaria and deadly bacteria.

We work in many Indigenous communities across Australia and our work touches the lives of many. Our researchers are discovering better ways to treat common problems and we are working with local people to help them improve the health of their communities.

Menzies employs some of the nation’s best researchers and we are recognised as a regional leader in education and research. We are using our unique knowledge and know-how to discover solutions and help disadvantaged people around the world.
At the core of the Menzies Strategic Plan is Menzies' commitment to research, education and training, and transfer of research outcomes into policy and practice.

Our research activities continue to be focused on Indigenous health and are housed in six research Divisions – Child Health; Healing and Resilience; International Health; Preventable Chronic Diseases; Services, Systems and Society; and Tropical and Emerging Infectious Diseases.

The Strategic Plan also addresses the urgent need to improve recruitment, development and retention of Indigenous staff and research leaders of the future.

The Plan outlines our strong commitment to working hand in hand with Indigenous communities through the establishment of community based ‘Research Hubs’ and the development of a Menzies Indigenous Development Unit.

Health education and training will continue to be central to everything we do and the Plan outlines our commitment to not only broadening the range and scope of the courses on offer, but also increasing the numbers of students enrolled at all levels, particularly Indigenous students.

There are many challenges and opportunities over the next few years and the Menzies Strategic Plan is a blueprint to enable the Board and staff of Menzies to achieve our vision and goals for research, education and Indigenous development and capacity building.
vision

To improve health outcomes particularly for Aboriginal and Torres Strait Islander communities and disadvantaged populations through excellence and leadership in research and training.

values

**Innovation**
To be willing to take risks, embrace new approaches, and pursue ground-breaking research.

**Responsiveness**
To be responsive to health needs and shared priorities, particularly of Indigenous Australians, disadvantaged populations and others living in central and northern Australia.

**Quality**
To be excellent in everything we do.

**Collaboration**
To work in partnership with communities, other researchers, policy-makers, and those who deliver health and other services.

**Integrity**
To act with honesty and according to our values.

**Relevance**
To concentrate on solving problems that matter, whether they be big or small.

**Building research capacity**
To foster and develop researchers of the future, with a particular emphasis on Indigenous researchers.

**Communication**
To undertake an ongoing dialogue with partners and stakeholders during the research process, from conception to completion.

goals

To meet the challenges of today and tomorrow, Menzies has set out four strategic goals in our Strategic Plan. These are:

**Goal 1**
Excellence in health research.

**Goal 2**
Excellence in health education and training.

**Goal 3**
Strengthened capacity of researchers, particularly Indigenous researchers, and improved engagement of Indigenous communities across the research process.

**Goal 4**
Improved income generation and services to support research and education activities.
Research and Education Highlights

- It was an outstanding year for NHMRC success with a total of almost $7.5 million from project grants. This is an astounding 50 per cent success rate and the best performance by the Menzies team ever.
- Six Child Health Division projects were allocated funds from the $250,000 raised from the Ochre art auction.
- Four Menzies projects were successful in Channel 7 Children’s Research Foundation grants totalling almost $200,000.
- The International Health Division received confirmation that Menzies was one of three organisations tasked by AusAID to form a ‘Knowledge Hub’ in Women’s and Children’s Health. This Hub comes with core funding to allow us to build capacity in this area and build a centre of expertise which will be recognised across the world.
- Significant research was published by Menzies International Health Division on the association of *Plasmodium vivax* malaria with severe and fatal disease and also its importance in pregnancy.
- The International Health Division received $2.1 million core funding from AusAID to support the Timika Research Facility in Timika, Papua, Indonesia.
- Researchers from the International Health Division identified a novel mechanism of endothelial activation which predicts death in severe malaria and commenced a clinical trial of a nutritional intervention to improve blood vessel function and outcomes.
- Child Health Division established an Indigenous Reference Group with support from Menzies’ Indigenous Development Unit. This group will help to guide child health research priorities and advise the Division on cultural and ethical issues.
- The establishment of a dedicated ‘Substance Misuse’ unit within the Healing and Resilience Division will enhance the capacity of Menzies to respond to key issues in substance misuse including evaluation of alcohol management plans and development of new understanding related to community-wide interventions. This unit has a strong partnership with the NT Government and is well positioned to influence policy and practice.
• Publication of two new educational flipcharts for substance misuse titled ‘When Boys and Men Sniff’ and ‘When Girls and Women Sniff’.
• The Healing & Resilience Division received a funding boost from the NT Community Benefit Fund to continue to explore community attitudes to gambling in NT remote communities. This work will commence in 2009.
• Completion of qualitative research about Aboriginal perceptions of why people smoke and quit, and of effectiveness and acceptability of different tobacco control activities. This research found that there is a complex interplay of historical, social, cultural, psychological and physiological factors which influence the smoking behaviours of Indigenous adults in remote communities.
• Work with Outback Stores on tobacco control led to their decision to remove tobacco from public display in all their stores. Outback Stores are now amongst the best in the country in protecting children from this form of tobacco advertising.
• After many years of supporting Galiwin’ku community with health promotion initiatives, Menzies researchers completed a three year community development project as part of the Australian Government Building Healthy Communities Initiative. This long standing partnership with Galiwin’ku community has contributed to building local research capacity and a strong relationship with the community that has assisted many other research projects within the community and beyond.
• A Business Case for a proposed ‘National Centre for Quality Improvement in Indigenous Primary Health Care’ was completed, and funding partners will be secured in 2009.
• A study published by the Services, Systems and Society Division found that despite the good level of access to primary health services for Aboriginal children living in remote areas of the NT, their health outcomes were significantly worse than for Aboriginal children living in other regional areas of Australia.
• The ‘Implementing the Aboriginal and Torres Strait Islander Adult Health Check’ project included a community intervention focused on tobacco cessation. This successful intervention decreased tobacco consumption by 8 per cent.
• A review of the incidence, aetiology and outcomes of cancer for Indigenous Australians by members of the Services, Systems and Society Division was published in the Lancet Oncology. The paper described that patterns of Indigenous cancer incidence and mortality are largely explained by the higher prevalence of risk factors, most notably smoking, and by inadequate health–system performance.
• Development of a new ‘high resolution melt’ – based method for the genetic fingerprinting of bacteria. This has been proven particularly successful and applied to a range of bacterial pathogens including Staphylococcus aureus (golden staph) and group A Streptococcus.
• The determination of a unique evolutionary pathway for the newly discovered Staphylococcus lineage ‘CC75’ that is prevalent in the Northern Territory.
• Publication of research describing a growing problem with community-associated Methicillin-resistant Staphylococcus aureus (MRSA) in Aboriginal communities across northern Australia. Researchers believe the growing epidemic is particularly related to continuing poor skin health and poor quality and overcrowded housing.
• A new collaboration was established with the Katherine West Health Board that saw the commencement of web-based teaching sessions to staff of remote Aboriginal communities.
• More than 25 Menzies staff members were involved in teaching and tutoring for coursework and short course activities – more than ever before.
People and Community Highlights

- There were several senior and significant appointments and departures during the course of the year. Assoc Professor Phil Giffard took up the newly created post of Head of Laboratory Science. Assoc Professor Adam Tomison was appointed as Head of Child Protection Research. Professor Sven Silburn was appointed as Leader for Early Learning and Parenting program and the Transforming Indigenous Education initiative.

- Dr Kate Senior moved from Menzies’ Education and Training Division to take up the role of Head of the newly formed Substance Misuse Unit and long term collaborator of Menzies, Ms Louise Clark, was appointed as Head of the Education and Training Unit and will take up her position in early 2009.

- Professor John Condon stepped down from the position of Deputy Director but thankfully remains part of the Menzies team. Professor Ross Spark took up the Deputy Director post in late 2008.

- Menzies’ Director, Professor Jonathan Carapetis participated in the Prime Minister’s 20:20 Summit.

- Dr Ngiare Brown departed Menzies to take up a position as Co-Director at the Poche Institute for Indigenous Health at the University of Sydney.

- Professor Anne Chang and Assoc Professor Joan Cunningham were successful in NHMRC Fellowship applications and Dr Kerry-Ann O’Grady and Dr Sue Skull were awarded NHMRC Training Fellowships.

- Three Scholarships – the Menzies Scholarship, Gurdiminda Indigenous Health Scholarship and the Alan Walker Scholarship, were established for students showing exceptional research promise in their fields of study. Recipients of the Gurdiminda and Alan Walker Scholarships were Dr Jaqui Hughes and Mr Tom Snelling.

- Ms Leisa McCarthy won the Ian Potter Indigenous Research Fellowship and commenced her PhD with the Preventable Chronic Diseases Division.

- Mr Mark Mayo was the recipient of the 2008 Ryan Family Prize for his work in Melioidosis research.

- Dr Alice Rumbold and Dr Shelley Walton were shortlisted as finalists in the NT Research and Innovation Awards in the ‘Next Generation’ and ‘Tropical Knowledge’ categories.

- Mrs Sue Hutton was named as one of five recipients in the 2008 Tribute to Territory Women – qualifying Sue as an official Living Legend of the NT.

- Two long term Menzies employees celebrate their 20 year anniversaries – congratulations to Gabby Falls and Amanda Leach.

- Menzies’ Director, Professor Jonathan Carapetis, was named a member of the Chief Minister’s ‘2030’ Steering Committee which has been charged with developing a 20 year strategic plan for the NT.
Corporate Highlights

- The value of funding from NHMRC, our main funding body, increased by a massive 58 per cent from 2007 to over $7m, helping to increase the organisation's total income by 11.5 per cent from 2007, to more than $27 million.

- Professor Helen Garnett stood down from the Menzies Board following her retirement from her position of Vice Chancellor of CDU. The Board welcomed her replacement, Professor Barney Glover, in early 2009.

- Menzies launched its first ever print newsletter, 'Discover Menzies', with excellent feedback from the community.

- The Communications and Development team helped to raise a total of $626,360 for Menzies in cash and in kind donations. This exceeded the fundraising target of $213,000 by $413,360.

- The Inaugural 'Ochre' auction raised over $250,000 for Indigenous child health research at Menzies.

- The 2008 Menzies Oration was successfully delivered by World Vision Australia CEO, Rev Tim Costello. Over 250 people were in attendance at the new Darwin Convention Centre.

- A successful event was held on the Tiwi Islands in which Menzies staff took the opportunity to thank the Tiwi people for their involvement and assistance over the past 20 years.

- The year saw an overall staff growth rate of 15 per cent. However, this increase does not accurately depict the recruitment activity level for the year. One hundred and eighteen new employees commenced at Menzies during 2008 – almost ten new employees per month.

- The Menzies Development Committee was established. A Committee of the Board, the Development Committee has the role of enhancing the profile of Menzies' work in the general community and overseeing fundraising activities.

- This year also saw the beginning of a three year partnership with Hawthorn Football Club and the Rioli Fund for Aboriginal Health, in which Menzies is one of their community partners.

- Menzies media activity increased during 2008 with 361 mentions of Menzies, Ochre and the Rioli Fund for Aboriginal Health. This is a 60 per cent increase year on year and the quality of the coverage received was consistently high.

- Planning commenced for the forthcoming Menzies Quinquennial Review which is due to take place in early 2009.

- The Executive Team took part in a 'Progress against the Strategic Plan' planning retreat to report on progress and look forward to 2009. Progress was reported to the Board.

- Plans were developed to move over 70 Menzies staff to a satellite office in Winnellie, Darwin to allow for more growth during 2009.
financial and corporate overview

VALUE OF NHMRC FUNDING

NUMBER OF STAFF (FTE)

INCOME
(does not include building grants)
A Message from the Chair

For the last few years Menzies has been in an extraordinary growth phase. Ever since the completion of its 2007 – 2011 Strategic Plan the organisation has outstripped all expectations. Our growth is a means towards improving health outcomes, particularly for Aboriginal and Torres Strait Islander communities, not an end in itself; but it has helped to shape a year where the Menzies Board is extremely pleased with the achievements of the Director, Professor Jonathan Carapetis, his senior staff and Menzies as a whole.

The value of funding from the National Health and Medical Research Council, our main funding body, has increased by a massive 58 per cent from 2007 to $7m, helping to increase the organisation’s total income by 11.5 per cent from 2007, to more than $27 million. This has provided the resources for some significant achievements described elsewhere in this report, enabling Menzies to remain the nation’s leader in Indigenous health, as well as a major contributor to tropical health, health education and training, and international health.

This year has seen a continuation of the Federal Government’s Northern Territory Emergency Response, accompanied by parallel responses from the Northern Territory Government. One of Menzies’ strengths is its desire and ability to translate research into changes to policy and practice. These Government programs have provided an important opportunity for Menzies to partner with Governments to provide the evidence base for, and monitor and evaluate, Government activity in Indigenous health and education.

Three Australian Government reviews have the potential to significantly affect the policy environment within which Menzies works. Venturous Australia: Building Strength in Innovation (the Cutler Review of the National Innovation System), the Bradley Review of Australian Higher Education, and O’Kane’s Collaborating to a Purpose: Review of the Cooperative Research Centre Program all contain recommendations relevant to Menzies’ operating environment. Particularly of relevance is the very positive recommendation that Government grants in future fund the full cost of research. This year will also see decisions on the future of the Cooperative Research Centre for Aboriginal Health (CRCAH), of which Menzies is a core partner and Centre agent, after the result of the CRCAH’s funding bid to extend for another five years is known.

Other events external to Menzies have been less positive. The global financial crisis has emerged as a crucial factor in our forward planning, as it has with everyone. Menzies will need to prepare for the likelihood of reduced research funds from both Governments and the community.

The Menzies Board has an outcomes-focused orientation, and is pleased to be able to focus on a clearly articulated Strategic Plan (for 2007-2011) and use it as a living document, to not only plan ahead but to monitor and assess the performance of the organisation.

The Board is preparing for Menzies’ external review of academic and scientific activities which is to take place in early 2009. We look forward to receiving independent external advice on the performance of our research and education divisions.

The Menzies Board established a Development Committee in 2008. The Committee’s role is to enhance the profile of Menzies’ work in the general community, and to oversee its fundraising activities. In no small part thanks to this Committee, Menzies continues its innovations in the fundraising sphere.

This year Menzies held a unique fundraising event called ‘Ochre – Supporting Indigenous Health Through Art’, which raised over $250 000 towards our child health research agenda. Ochre was also highly successful in raising awareness about Indigenous child health amongst some of Melbourne’s most prominent and generous philanthropists. Mr David Smorgon OAM was Ambassador for the event, and MC for the evening was Mr Ray Martin, a long time friend of Menzies.

Ochre took a very unique approach to the way in which it acquired art works for the event. Rather than asking for artists and performers to donate their works or services for free, Menzies secured sponsorship and donations to allow us to purchase artworks direct from remote community art centres therefore ensuring that the money is kept in the local economy and no agents or commercial gallery fees were paid.
This year also saw the beginning of a three year partnership with Hawthorn Football Club and the Rioli Fund for Aboriginal Health, in which Menzies is one of their community partners.

There have been two departures from the Board this year; Ms Roslynnne Bracher unfortunately left us due to her increasing work and travel commitments, and Professor Helen Garnett retired as Vice Chancellor of Charles Darwin University and from the Menzies Board. We also said farewell to the outgoing staff representative on the Board, Mr Trevor Hopps. On behalf of the Board I would like to thank them all for their contributions and wish them well for the future.

The Board has tightened up a number of its processes in 2008, with risk assessment procedures, a Board Charter, an annual Board calendar and annual Board evaluation processes now engaged.

On behalf of the Board I would like to congratulate Professor Carapetis both personally for his year as Northern Territorian of the Year; and together with all Menzies’ staff and students for their continued outstanding contributions to improving the health outcomes of Indigenous and other Australians and those of our near neighbours in the Pacific and South East Asia. Many thanks also to the numerous community and other partners across the country and beyond. The new year ahead is full of challenges and uncertainties, as well as excitement; what we can know for sure is that the need for our work will continue.

Professor Simon Maddocks, Chair
Each year that I write this message I talk of unprecedented growth and success and this year is no different. It has been quite a year for Menzies with growth in all areas of the organisation. From people to projects, budgets to buildings, 2008 has seen the rewards and challenges that come with success.

I am extremely proud of the esteem in which Menzies research is held by the wider community and the recognition which is bestowed upon Menzies and its team of highly trained and qualified staff. It is a credit to the staff and Board that we have come through this period of growth as a stronger and more cohesive organisation with a clear focus and an achievable vision.

There were plenty of comings and goings in 2008 to keep the Menzies Human Resources Department busy with several senior and significant appointments and departures during the course of the year.

Associate Professor Phil Giffard took up the newly created post of Head of Laboratory Science and Associate Professor Adam Tomison was appointed as Head of Child Protection Research. Professor Sven Silburn was appointed as Professor of Education and Child Development (bringing to fruition our strategy of moving Menzies’ child health research into the education domain) and Dr Kate Senior moved from our Education and Training Division to take up the role of Head of the newly formed Substance Misuse Unit. Long term collaborator of Menzies, Ms Louise Clark, was appointed as Head of the Education and Training Unit. A number of these people will begin their appointments in early 2009.

Professor John Condon stepped down from the position of Deputy Director but thankfully remains part of the Menzies team and Director but thankfully remains part of the Menzies team and Professor Ross Spark took up the Deputy Director post in late 2008. We also sadly farewelled Associate Professor Ngiare Brown, who moved on to become Co-Director of the new Poche Centre for Indigenous Health at the University of Sydney. Ngiare joins the legion of Menzies alumni who have gone on to positions of leadership and considerable influence around this country.

All in all, the year saw a staff growth rate of 15 per cent. However, this increase does not accurately depict the recruitment activity level for the year. One hundred and eighteen new employees commenced at Menzies during 2008 – almost ten new employees per month.

It was an outstanding year for NHMRC success with a total of almost $7.5 million from new project grants. This represents an astounding 52 per cent success rate – by far the best performance by the Menzies team ever. The competitive grants process is not an easy journey and this success is not a coincidence. It is testament to the hard work and high quality of Menzies researchers and support staff, particularly our Research Administration team.

Notable research outcomes for the year included the publication of data by our International Health Division confirming that a strain of malaria thought previously to be ‘benign’ was potentially fatal. The research, conducted at the joint Menzies/Indonesian Department of Health ‘Timika Research Station’ in Papua, Indonesia has shown that *P. vivax* is far from benign, but is responsible for a significant amount of illness with high rates of severe disease and death.

Qualitative research was published by the Preventable Chronic Diseases Division about Aboriginal perceptions of why people smoke and quit, and of effectiveness and acceptability of different tobacco control activities. This research found that there is a complex interplay of historical, social, cultural, psychological and physiological factors which influence the smoking behaviours of Indigenous adults in remote communities.

Researchers from the Tropical and Emerging Infectious Diseases Division reported a growing problem with community-acquired Methicillin–resistant *Staphylococcus aureus* (MRSA) in Aboriginal communities across northern Australia. Researchers believe the growing epidemic is particularly related to continuing poor skin health and poor quality and overcrowded housing.

A review of the incidence, aetiology and outcomes of cancer for Indigenous Australians was published in the Lancet Oncology by members of our Services, Systems and Society Division. The paper described that patterns of Indigenous cancer incidence and mortality are largely explained by the higher prevalence of risk factors, most notably smoking, and by inadequate health–system performance.

The newly established ‘Antibiotic resistance’ team led by Assoc Professor Phil Giffard has developed a new ‘high resolution melt’–based method for the genetic fingerprinting of bacteria. This has been proven particularly successful and applied to a range of bacterial pathogens including *Staphylococcus aureus* (golden staph) and group A *Streptococcus*.

The year saw a number of prizes and awards bestowed upon Menzies staff and once again Menzies researchers were invited to speak at some of the world’s most prestigious scientific meetings and conferences. Particularly worth noting was our strong presence at the ‘Sixth International Symposium on Pneumococci & Pneumococcal Diseases (ISPPD6)’ in Iceland.
Other noteworthy awards include Mr Mark Mayo who was the recipient of the 2008 Ryan Family Prize. Dr Alice Rumbold and Dr Shelley Walton were shortlisted as finalists in the NT Research and Innovation Awards in the ‘Next Generation’ and ‘Tropical Knowledge’ categories. And Mrs Sue Hutton was named as one of five recipients in the 2008 Tribute to Territory Women – qualifying Sue as an official Living Legend of the NT.

One of my personal highlights of the year was the presentation of ‘Healthy Skin Training Certificates’ to 15 women from Eastern Arnhem Land at the Menzies AGM in May. I think that all those present would agree that this marked a critical moment in Menzies’ history. Providing our collaborators in Aboriginal communities with accredited training qualifications must surely become standard practice, and we are instituting processes to ensure that this continues to happen.

We were also very privileged when several ladies from Eastern Arnhem Land were able to attend the inaugural ‘Ochre’ art auction in Melbourne which raised over $250,000 for Menzies’ child health research. The event, the biggest and best in Menzies’ history, was a huge success thanks to the hard work and dedication of Mr David Smorgon OAM and the Ochre Committee.

Several community and corporate partnerships were developed during 2008 resulting in a highly successful year on the fundraising front. Over $600,000 was raised for Menzies in cash and in kind donations. That’s a staggering 500% per cent increase on the previous year. I would like to take this opportunity to thank all supporters, donors, funders and collaborators for their ongoing support and contributions without which we would not be able to carry on conducting our ground-breaking research.

Menzies’ links with Indigenous people, organisations and communities continued to strengthen during 2008 and we were very pleased to be able to specifically thank the Tiwi people during a special ‘thank you’ event held on Bathurst Island in conjunction with the National Rugby League. We very much value the relationships we have with the Tiwi Islanders and all of the other communities in which we work.

One of the most moving and poignant moments of 2008 for everyone at Menzies was the Prime Minister’s official apology to the Stolen Generations. At Menzies, we marked the occasion with a morning tea organised by our Indigenous staff and many of those present recounted stories from their family members.

With a global economic crisis looming in 2009 it will be interesting to see how the political and economic landscape changes over the coming year and how this may affect Menzies and its work. Looking forward, 2009 will be a time for consolidation for many areas of the organisation. Our aim is to ensure that existing and new research teams have time, space and resources to continue to produce high quality research outcomes and to plan for sustainable productivity into the future. This is not to say that we won’t continue to expand into new areas and we are becoming more strategic in our plans to improve the development of Indigenous researchers as well as our engagement with Aboriginal communities. One priority in terms of providing a good environment for research is expansion of our headquarters at the John Mathews building. We are bursting at the seams, and in addition to securing a lease on an office building nearby to accommodate a number of staff in the short to medium term, we hope to begin construction as soon as possible on extensions to the John Mathews Building. Early 2009 will also see Menzies undergo a ‘Quinquennial Review’ of our scientific and academic activities. We have assembled an excellent team, whose guidance and advice I eagerly await.

This has been one of our best years yet. To everyone involved – staff, students, board and committee members, collaborators and community members who are involved with our wonderful organisation – I thank you for your contributions and I very much look forward to the rewards and challenges that the coming year may bring.

Professor Jonathan Carapetis, Director
It has been another productive year at Menzies, with an emphasis on growth and development. Indigenous staff continue to contribute their unique expertise to a broad range of research programs and projects spanning the spectrum of Menzies’ work.

The year included a significant focus on consultation and strategic planning for the Indigenous Development Unit which was undertaken to identify priorities, strengths, gaps and new challenges.

We have accomplished some outstanding outcomes in 2008 which have emphasised the important roles that Indigenous staff play in the organisation both in research and non-research roles and it is evident that Menzies’ commitment to supporting and nurturing Indigenous leadership and building expertise in the sector is now paying dividends.

A highlight of the year for me was the success of the ‘Doing It Right’ workshop on Cultural Protocols for Working in Aboriginal Communities in partnership with Menzies’ Education and Training Division. This program has been a resounding success with plans in place for further workshops in 2009.

In May 2008 the Indigenous Development Unit took the opportunity to travel to the Tiwi islands with many Menzies Indigenous and non-Indigenous staff to thank the Tiwi people for their contribution to our work over the past 23 years. This was held in conjunction with a National Rugby League ‘tackle health head on’ event which included NRL skills clinics for Tiwi kids and the delivery of healthy lifestyle messages in conjunction with a give away of over $10,000 worth of NRL merchandise.

The Menzies ‘Strengthening Indigenous Health Research Capacities’ project, funded by the Menzies Foundation, continues to progress well. Menzies have worked hand in hand with the existing research hub at Tangentyere Council in Alice Springs and discussions continue with communities for further hubs which will allow community members to input more into the research needs of their communities.

In partnership with the Ian Potter Foundation, Menzies has created the position of ‘Indigenous Research Fellow’. One of the key principles behind the formation of this position was to encourage the development of Indigenous researchers undertaking indigenous health research. The aim of this fellowship is to allow an Indigenous person with an established professional qualification to experience working in a research environment, and hopefully to encourage them to undertake further studies with a view to a longer-term career in research. The successful 2008 applicant, Ms Leisa McCarthy, has commenced her work within the Preventable Chronic Diseases Division.

During the course of 2008 the Menzies Indigenous Development Unit established an Indigenous Staff Network to provide a framework for enhanced representation, support and participation of its Aboriginal and Torres Strait Islander staff and students. The Network meets once a month to discuss their involvement in Menzies’ activities and provides targeted professional development opportunities for its members. The group also provides an understanding of local Aboriginal history and culture to ensure that research outcomes will be readily accepted by Aboriginal and Torres Strait Islander communities, and ultimately, to improve the health of Aboriginal people.

The Australian Indigenous Doctors Association (AIDA) held its 10th Anniversary Symposium in Darwin in October 2008 with more than 120 Aboriginal and Torres Strait Islander doctors and students in attendance. The Indigenous Development Unit attended the event and took the opportunity to talk to those present about research at Menzies and career opportunities.

Menzies Indigenous staff attended many festivals, open days, careers fairs and other public events throughout the year ensuring that the Menzies’ message and Menzies’ opportunities were communicated to Indigenous communities, networks and individuals.

I would like to take the opportunity to acknowledge the efforts of our Aboriginal and Torres Strait Islander staff and students, our community partners and their representatives and the Indigenous organisations and individuals who, not only facilitate our research, but are the heart of our culturally rich environment – those who offer us generosity, trust and friendship above and beyond the workplace.

Bilawara Lee
Manager, Menzies Indigenous Development Unit
“I would like to take the opportunity to acknowledge the efforts of our Aboriginal and Torres Strait Islander staff and students, our community partners and their representatives and the Indigenous organisations and individuals who, not only facilitate our research, but are the heart of our culturally rich environment – those who offer us generosity, trust and friendship above and beyond the workplace.”

Below: Menzies Indigenous Development Unit with Ms O’Donoghue at the AIDA Symposium.
Professor Anne Chang
Divisional Leader, Child Health Division
The building blocks for good health are laid early in life. That is why Menzies researchers are striving to discover ways to prevent and treat conditions which are affecting the health of Indigenous children.

It’s a sad fact that young Indigenous people are more likely to suffer from diseases such as pneumonia and that four in five children in remote Indigenous communities have hearing loss because of severe ear infections. Young Indigenous children are more likely to be hospitalised than non-Indigenous kids, and seven out of every ten Indigenous children can expect to have scabies and skin sores in the first year of their life.

Poor health and poor education are strongly linked. A child suffering from poor nutrition or multiple ear infections will have poor concentration and learning ability which can seriously affect the way they live their lives into the future.

Here at Menzies, we want to help the Indigenous children of today become the healthy adults of tomorrow. Our researchers are discovering better ways to prevent and treat common problems and we are working with local people to help them gain the skills to improve the health of the next generation of Indigenous adults.
Research Priorities

The aim of the Child Health Division is to bring together existing Menzies’ child health research, increase research into immunisation and vaccine-preventable disease and intervention studies to prevent infections and improve management of common diseases affecting Indigenous children.

The Division has continued to develop a new research agenda examining the links between education and health and novel approaches to improving health and developmental outcomes in early childhood.

The landmark Aboriginal Birth Cohort (ABC) study continues to provide unparalleled insights into the links between early childhood experiences and chronic disease in later life. Research into ear, oral, respiratory and skin health continues to be a major focus of the Division’s work and a new and exiting research area was added to the Child Health Division’s portfolio during 2008 – Child Protection.

Research Projects

**Rheumatic Heart Disease**
- Screening for rheumatic heart disease in Indigenous children.

**Immunisation**
- Effectiveness and use of the 23-valent pneumococcal polysaccharide vaccine in Indigenous adolescents and adults.
- Evaluation of the role and function of the PneuMum Study Indigenous Reference Group as a model for conducting research involving children in the Northern Territory.
- PneuMum: a randomised controlled trial of pneumococcal polysaccharide immunisation for Aboriginal and Torres Strait Islander mothers to protect their babies from ear disease.
- TROVE – Case control study of rotavirus vaccine effectiveness in the NT.

**Early Learning & Parenting**
- Mobile Preschool Program.
- Developmental Screening Tool Evaluation.

**Respiratory Health**
- Burden of influenza and other respiratory viruses among Aboriginal children in the Top End.
- Multicentre evaluation of a clinical pathway for chronic cough in children – can it improve clinical outcomes?
- Randomised controlled trial of azithromycin to reduce the morbidity of Indigenous and non-Indigenous infants hospitalised with bronchiolitis.

Looking Forward

As with many other Divisions across the organisation, 2008 was a period of significant growth for Child Health Division both in terms of people, budgets and projects. Looking ahead to 2009, the Division will focus on consolidating its research agenda and the professional development of existing researchers and support staff to ensure that the Division can continue to deliver relevant, quality research hand in hand with the communities in which it works.
Ear Health
- Azithromycin versus placebo in the treatment of asymptomatic acute otitis media in young Aboriginal children.
- Defining the interaction between respiratory viruses and bacteria as an important cause of acute tympanic membrane perforation in Indigenous infants (VIABLE).
- Implications of nonencapsulated *Streptococcus pneumoniae* carriage for maintenance of antibiotic resistance genes and the efficacy of pneumococcal conjugate vaccine (Prevenar) for pneumococcal disease (SPINICA).
- MICROBIOME – Microbiological investigations of Otitis Media ecology.
- Pneumococcal Epidemiology.

Oral Health
- A community-randomised controlled trial of fluoride varnish application to children’s teeth and health promotion to prevent dental decay in Aboriginal pre-school children (Strong Teeth for Little Kids).

ABC
- Aboriginal Birth Cohort Study: from childhood to adulthood.
- ABC Top End Cohort.
- Prevalence of iodine deficiency in NT Aboriginals of reproductive age.

Skin, Strep & Scabies
- Global GAS vaccine based on the M-Protein.
- Filling in the gaps in the healthy skin program – additional laboratory, clinical and epidemiological components.

Highlights of 2008
- The Division appointed Associate Professor Adam Tomison as Head of Child Protection Research. Adam is one of Australia’s leading thinkers in child protection and will take up his post in early 2009.
- Professor Sven Silburn was appointed as Head of Early Learning and Parenting Research Program and Transforming Indigenous Education initiative in December 2008.
- It was an outstanding year for successful NHMRC project applications for Divisional staff with 5 projects receiving funding, plus one in collaboration with the Chronic Diseases Division.
- The ABC ‘Top End Cohort’ project was initiated. This project examined the physical and emotional wellbeing of adolescents born in Darwin between the years of 1987 – 1990. The data collected will help to provide researchers with information about the early determinants of chronic diseases including the consequences of smoking and being overweight in young Australians. It will also give valuable insights into the current state of vascular, renal, metabolic and emotional health in this age group.
- The 2008 Menzies AGM saw a number of ‘Healthy Skin Training Program’ participants awarded with their certificates.
- A Large contingent of researchers from Child Health Division attended the ‘Sixth International Symposium on Pneumococci & Pneumococcal Diseases (ISPPD6)’ in Iceland and many were invited to present and submit posters.
- The Strong Teeth for Little Kids Study data collection and final assessments were completed. The Division is now looking to expand this research and hoping to appoint a Research Fellow in Oral Health during 2009.
- Dr Ngiare Brown joined the team early in 2008 and provided invaluable input with child health projects and more. She then departed in September to take up a position as Co-Director at the Poche Institute for Indigenous Health at the University of Sydney.
- Professor Mathu Santosham visited the Division in November to assist with planning a head to head post-licensure trial of alternative pneumococcal conjugate vaccines within the NT.
- Child Health Division established an Indigenous Reference Group with support from Menzies’ Indigenous Development Unit.
- Completion of a randomised controlled trial which showed that additional education provided by Indigenous Health Workers improved asthma outcomes in Indigenous children with asthma.
The Division published 56 papers during 2008. Highlights included (a full list of Child Health Division publications can be found on page 84):

- Leach AJ, Morris PS, Mathews JD. Compared to placebo, long-term antibiotics resolve otitis media with effusion (OME) and prevent acute otitis media with perforation (AOMwP) in a high-risk population: a randomized controlled trial. BMC Pediatr 2008;8:23.

Awards and Achievements

- Dr Gurmeet Singh completed her Paediatrician training in 2008 and was awarded her FRACP and PhD from the University of Queensland.
- Dr Kerry-Ann O’Grady was awarded her PhD from the University of Melbourne.
- Dr Nicholas McTurk was awarded his PhD from the University of Aberdeen.
- Dr Kerry-Ann O’Grady and Dr Sue Skull were awarded NHMRC Training Fellowships.
- Dr Tom Snelling coordinated the successful Alan Walker seminar series for 2008.
- Nicholas Wood awarded Rue Wright Best PhD Presentation (ABC study) at the College of Physicians Scientific Group Annual Meeting.
Gabby McCallum may well be the most widely travelled woman in the Northern Territory. During her eight years at Menzies, this registered nurse has travelled tens of thousands of kilometres across the length and breadth of the Territory in the course of her work on ear health, bacterial drug resistance and – most recently – the prevalence of chronic lung disease (bronchiectasis) among Indigenous children.

“I have always had a passion for kids and knew it was an area I always wanted to work in. I also really enjoy working with families and health professionals in transferring knowledge and building capacity in communities.”

“I grew up on a farm in country South Australia so I’m used to driving long distances,” she says. Gabby spends less time behind the wheel these days in her current role mentoring and advising multiple respiratory and ear studies in the Child Health Division in addition to coordinating the Australian leg of the multicentre bronchiectasis study.

“It’s a collaborative study involving researchers from New Zealand and Alaska as well as us here at Menzies, with the common thread being that chronic lung disease (leading to Bronchiectasis) is still harming mainly Indigenous kids living in remote communities in our otherwise affluent societies,” she says.

Bronchiectasis is a chronic infection of the lung airways caused by bacterial agents which leads to abnormal and permanent dilatation of the medium and smaller airways. This allows mucus to accumulate and remain stagnant, and subsequently become infected, leading to repeated lung infections and permanent damage to the lungs and main airways.

The study involves two stages, the first being an observational study of children aged from six months to eight years, and the second being a randomised controlled trial involving a 24-month antibiotic intervention for children aged from 12 months to eight years.

The Australian arm of the study is the only one involving both stages – and Gabby is the national coordinator.

“The observational side began two years ago and the randomised trial began in November 2008,” she says. “The study is taking place in Aboriginal communities here in the Northern Territory and in South Australia, and should finish up in 2011.

“If the azithromycin antibiotic proves effective, we hope that eventually it will change clinical practice and evidence based guidelines for these children. That would be fantastic.”

Strangely enough, Gabby says the research was her least favourite component of her original nursing studies at Adelaide’s University of South Australia. Now she has a Masters of Public Health, with her graduation due to take place in May 2009.

“I have always had a passion for kids and knew it was an area I always wanted to work in. I also really enjoy working with families and health professionals in transferring knowledge and building capacity in communities.”

One day she hopes to travel overseas and combine that with work in other disadvantaged communities, but that’s a way off yet. Besides, she admits, “I’ve yet to check out the Barkly Tablelands – it’s the only part of the Territory I haven’t been to!”

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Visit www.menzies.edu.au for more information about employment and education opportunities.
Many Indigenous people live their lives whilst suffering from mental health problems and Indigenous people are at a higher risk of developing a mental disorder than other Australians. Whilst Menzies is looking for ways to improve mental health we are also looking at mental health prevention by examining the tools which a person or community needs and ways for people and communities to stay socially, spiritually, emotionally and mentally strong.

Research has shown that Indigenous people go to hospital for help with mental disorders linked with alcohol, kava, petrol and marijuana use. Indigenous people die from mental disorders linked with substance misuse at more than 11 times the rate of non-Indigenous people.

At Menzies we are striving to communicate ‘two-way’ mental health messages and to discover ways to overcome barriers caused by language and literacy.

Menzies' Healing and Resilience Division tackles these challenges by empowering Indigenous people to make them strong in mind and body.

Our researchers give people the tools to recognise and overcome the problems causing mental illness, such as social, work and family stress.
Research Priorities

The establishment of a Division dedicated to healing and resilience research represents a new research direction for Menzies. With a focus on Indigenous wellbeing, this Division includes existing research into mental health and substance misuse as well as an ambitious research agenda into social and family structures and function, factors that promote resilience and good mental, physical and emotional health and how those factors differ between individuals and communities in Indigenous and non-Indigenous settings. The Division is exploring new approaches to delivering mental health care and substance misuse prevention and evaluation programs and developing practical strategies to improve mental health and wellness in an environment that accommodates cultural diversity and respect.

Looking Forward

In the coming year the Healing and Resilience Division plans to consolidate its staff of Indigenous and non-Indigenous researchers and to explore Indigenous wellbeing related to substance misuse, gambling, palliative care, chronic disease and mental illness and to continue to promote capacity in Indigenous mental health research and service delivery. Several new and significant projects will commence in 2009 and there will be a renewed focus on substance misuse with the establishment of a dedicated substance misuse unit in 2008.

Research Projects

Mental Health
- AIMHI NT – Australian Integrated Mental Health Initiative, NT.

Substance Misuse
- Neurocognitive and social changes associated with unleaded petrol sniffing and abstinence from further sniffing.
- The development of culturally-appropriate cognitive assessments with applications in substance abuse and mental health with Indigenous clients.
- Best practice guidelines for evaluation of Indigenous residential alcohol and drug programs.
- Evaluation of the Alice Springs and Tennant Creek Alcohol Management Plans
- Alcohol, Drugs and the Brain: Evaluation of health communication strategies.
- Community understanding of substance misuse.
- Changing patterns of substance misuse.
- Developing appropriate evaluation strategies for Indigenous rehabilitation services.

Youth Health
- Development of a research project to examine sexual decision making among youth in remote Aboriginal communities in NT, WA and SA, in collaboration with the sexual health and Blood borne diseases unit of the Northern Territory Dept of Health and Families.
- Development of a project to investigate the dynamics of gang membership in a remote Aboriginal community.

Palliative Care
- Quality of life and palliative care for clients in remote communities in the Northern Territory.
Highlights of 2008

- The establishment of a dedicated ‘Substance misuse’ unit within the Division and the appointment of Dr Kate Senior as its head. This new unit will enhance the capacity of Menzies to respond to key issues in substance misuse including evaluation of Alcohol management plans and development of new understanding related to such community–wide interventions. This unit has strong partnership with the NT Government and is well positioned to influence policy and practice.
- Publication of two educational flipcharts titled ‘When Boys and Men Sniff’ and ‘When Girls and Women Sniff’.
- Over 500 Aboriginal adults and adolescents were assessed using ‘CogState’ computerised cognitive assessment.
- The ‘Strong Souls’ assessment of social and emotional wellbeing was developed and validated for use with Indigenous Australians.
- The assessment of 72 ex-petrol sniffers and healthy controls, over 10 years since the baseline research was conducted.
- Increasing national interest in the AIMHI training and research findings as shown by significant increases in invited presentation and media activity throughout the year.
- The year saw the ‘winding down’ of the AIMHI project as funding came to an end. It also saw the development of proposals to allow the various elements of AIMHI continue beyond the life of the funding.
- The duration of the AIMHI project saw employment of eight Indigenous people with AIMHI NT over the five years.
- The results of a randomised controlled trial in two remote communities suggest that motivational care planning (MCP) is an effective treatment for Indigenous people with mental illness and comorbidity.
- Evaluation of training of 259 service providers in the course of 17 workshops using the tools developed through the AIMHI ‘story telling project’ was highly positive.
- Dr Kate Senior and Dr Richard Chenhall’s paper ‘Lukumbat marawana: a changing pattern of drug use by youth in a remote Aboriginal community’, received national media attention and resulted in a change to NT Government Policy regarding substance misuse.

Publications

The Division published 10 papers during 2008. Highlights included (a full list of Divisional publications can be found on page 84):

Awards and Achievements

- The duration of the AIMHI project saw four out of five Indigenous researcher officers engaged in further tertiary study including Carolyn Thompson completed her Associate Diploma of Community development at Curtin University. Indigenous researchers presented research papers at international (Canada, New Zealand and Australia) and national conferences, and conducted workshops in three states as well as Darwin, Alice Springs, Gove and Katherine.
- Dr Trish Nagel was awarded her PhD from Charles Darwin University, was also appointed as Alumnus of Australian Academy of Science and was promoted to Associate Professor at James Cook University.
- The Division received a significant funding boost from the NT Community Benefit Fund to continue to explore community attitudes to gambling in NT remote communities. This work will commence in 2009.
- Received funding from the Lord Mayor’s Charitable Fund (Victoria) to work with St. Vincent’s Health, Addiction Medicine Centre to develop two more educational flipcharts on alcohol and cannabis and their impact on the brain.
- Dr Sheree Cairney was awarded a Scientific Grant scholarship for a 40 day visit to Brown University in Rhode Island (USA).
As a young St. John’s College student growing up in Darwin, Carolyn had always wanted to be a nurse. But when she got to university the financial struggle – she was a single mother by that stage – proved too much.

Menzies Staff under the Microscope

Ms Carolyn Thompson – Research Assistant, Healing & Resilience Division

“Dr Tricia Nagel approached me to work on the AIMhi [Australian Integrated Mental Health Initiative] project as part of the Top End study team, which was conducting research in parallel with a north Queensland study team. Our aim was to improve outcomes for Aboriginal people with chronic mental health conditions in remote areas.”

Having dealt with many seriously ill Aboriginal patients while working within the inpatient unit at Cowdy Ward, Carolyn says it was great to get involved with a project that had the potential to slow down the number of Aboriginal people needing institutional treatment for mental health conditions.

“It’s a real buzz to continue learning new things and, after so many years wanting to, it’s really satisfying to finally complete a university degree. It just shows that, if you really want something, you can get it.”

It wasn’t until 1996 that she finally decided to pursue her early interest in health by studying for a Certificate III in behavioural and social issues at Batchelor Institute.

That led directly onto a career as an Aboriginal Mental Health Worker at Tamarind with Top End Mental Health Services and, eventually, to her current role as a Senior Indigenous Researcher in Menzies’ Healing and Resilience Division, where she started in 2003.

“From my own personal experience, I know there are so many issues that weigh Aboriginal people down. My mother, who was of mixed Warlpiri and Gurindji descent, was born at Mount Doreen Station outside Yuendumu and taken away as a child to Garden Point Mission on the Tiwi Islands along with all the other Stolen Generation kids.”

Carolyn is also in her final year of a three-year Indigenous Community Management and Development course at Perth’s Curtin University and, all things going well, will graduate with a degree next year.

“During AIMhi we did surveys and we found that people had concerns about their lack of knowledge in dealing with mental health issues. As a result we’ve been able to develop tools and provide training for primary health care workers and other service providers to give them the basics for working with Aboriginal clients suffering from mental health issues.”

“Other services we’ve now linked up with include addiction counselling service Amity, Central Australian community health group Waltja Tjutangku Palyapayi and the Nganyatjarra Pitjantjatjara Yankunytjatjara Women’s Council, who are all working with our tools to explore mental health and gambling in remote communities.”

“We’ll also continue testing the brief intervention and developing best practice protocols, and providing training and ‘train the trainer’ workshops in Indigenous mental health. We’ve just got funding for three years to progress our work, so that’s very good news.”

Carolyn says that one of the best things about AIMhi was the chance to get out to communities and talk about mental health issues.

“Out on the communities life is much more difficult for young people growing up. There’s not much out there and boredom is a big thing, there’s a lot of loneliness and despair.”

Carolyn says that one of the best things about AIMhi was the chance to get out to communities and talk about mental health issues.

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Professor Nicholas Anstey
Divisional Leader, International Health Division
Each year around the world, millions of people die from diseases which thrive in disadvantaged populations in tropical environments.

Working with our regional partners, our researchers are striving to improve the health of our neighbours and discover better ways of preventing disease and developing affordable treatment regimes which will help millions of people live a healthier tomorrow.

Our global health research spans some of the major public health problems in our region – malaria, tuberculosis and severe bacterial infections – diseases which kill millions in countries to our north with worsening drug resistance posing a major threat to controlling these diseases.

Our researchers work with partners in many countries across South East Asia and the Pacific, including Indonesia, Thailand, Fiji, Papua New Guinea and East Timor.
Research Priorities
The establishment of a stand alone International Health Division has increased the scope of Menzies’ international research activities. The Division has four major research and training themes. The first three involve the prevention and treatment of infections of major public health importance in the region – malaria, tuberculosis and bacterial infections and their complications. The fourth theme is research and training to improve women and children’s health in our region.

Research and Training Projects

Malaria
- Evaluating the impact and cost-effectiveness of widespread deployment of artemisinin combination therapy on malaria morbidity and mortality in Papua, Indonesia.
- Defining the burden and pathogenesis of severe disease in vivax malaria.
- Reducing the burden of malaria in pregnancy and infancy in Papua, Indonesia.
- Optimising the identification and management of drug resistant vivax malaria in Papua, Indonesia.
- Microvascular dysfunction and the pathogenesis of severe malaria.
- Investigation of intravenous arginine for adjunctive treatment of severe malaria.
- Understanding cellular immune responses to malaria and sepsis.

Tuberculosis
- A randomised controlled trial of L-arginine or Vitamin D to improve outcomes in pulmonary tuberculosis.

Women and children’s health
- Women and Children’s Health Knowledge Hub established with workplan and operational framework developed during 2008.
- Impact of malaria on women’s and infant health and strategies for its prevention.

Looking Forward
During 2009 the International Health Division plans to consolidate and support current work and research in Timika, Papua Indonesia as part of our ongoing collaborations. The division will also be diversifying in several ways: expanding our regional scope through establishing new research and field sites and Sabah, developing a nutritional focus in women’s and children’s health where we will undertake a pilot for a nutritional critical appraisal tool to assist governments and donors in assessing the value of nutritional programmes. This is proposed for Timor Leste and one other country in the region and is part of the workplan of the Women’s and Children’s Health Knowledge Hub.

During 2009 the International Health Division will also be expanding our networks and horizons through the development of a Malaria Vivax focus group as part of the Asia Pacific Malaria Elimination Network which will be hosted at Menzies, and coordination of the World Wide Antimalarial Resistance Network (WWARN). These additional activities and the establishment of the Women’s and Children’s Health Knowledge Hub will see a growth in staff numbers during 2009.

Bacterial infections and their complications
- World Heart Federation Rheumatic Fever Secondary Prevention Program in the Pacific Island Nations.
- Auscultation and Echocardiography of primary ages children in Fiji for the detection of rheumatic heart disease.
- Development and evaluation of a continuous quality improvement model for rheumatic heart disease control and prevention in Fiji.
- Fiji group A streptococcal project – a comprehensive disease epidemiological study with a view to eventual clinical trials of a new rheumatic fever vaccine.
- Fiji Rheumatic Heart disease screening – exploring a feasible and sustainable model for a resource poor setting.
- Sepsis – epidemiological, pathophysiology and adjuvant treatment.
- The role of arginine and tryptophan metabolism in sepsis.
- Do statin drugs improve endothelial function in sepsis? The STREAMS study.
- Prospective Epidemiology of Sepsis in the Top End – PRESTO.
Significant research published on the association of *Plasmodium vivax* with severe and fatal disease and also its importance in pregnancy.

Researchers from the International Health Division identified a novel mechanism of endothelial activation which predicts death in severe malaria and commenced a clinical trial of a nutritional intervention to improve blood vessel function and outcomes.

Commencement of a randomised controlled trial of adjunctive L-arginine in severe falciparum malaria, the culmination of 12 years of severe malaria pathophysiology research at Menzies.

Professor Nick Anstey and Dr Ric Price were invited speakers at 6 international malaria meetings, including a symposium on severe vivax malaria at the American Society of Tropical Medicine and Hygiene Annual Scientific Meeting.

Ongoing surveillance of severe and uncomplicated malaria in Timika following changes to antimalarial policy.

Ongoing pathophysiology studies identifying the correlates of endothelial dysfunction in severe malaria. Pivotal description of angiopoietin-2 published in Proc Natl Acad Sci USA.

Start of a major clinical trial of adjunctive treatment for pulmonary TB using Vitamin D and/or arginine.

The first full year of operation for the Women’s and Children’s Specialist Knowledge Hub. The Hub has been tasked to contribute to achieving the Millennium Development Goals of reducing childhood mortality by two thirds, and reducing maternal mortality by three quarters and aiming for universal access to reproductive health care.

The Division was awarded an NHMRC grant of $2.5 million for a trial on the ‘Impact of DTP schedules on the immunogenicity of 2 doses of 13v-PCV followed by an early booster’ to be conducted in Fiji.

$2.1 million core funding from AusAID was awarded to support the Timika Research Facility in Timika, Papua, Indonesia.

Work continues on a NHMRC program grant for Immunity and Pathogenesis in Tropical and Infectious Diseases: Implications for Vaccine and Drug Development in collaboration with the Queensland Institute of Medical Research.

International Health researchers played a significant role in the 2nd World Heart Federation and World Health Organisation RHD prevention and Control Workshop for Pacific Island Countries.

Commencement of a student project looking at how an established CQI process can be adapted for rheumatic heart disease control and prevention in Fiji.

Work continued on RHD screening program in Fiji with more than 20 community and school nurses trained in basic auscultation and almost 2,000 primary aged children screened by auscultation and echocardiography for RHD. Data collection phase of this study will be completed in early 2009.

A remodelled and expanded website was developed – Rheumatic Heart Disease Network (RHDnet) including establishment of a members’ discussion forum.

**RHDnet**

www.worldheart.org/rhd
The Division’s output of peer reviewed publications continues to rise, with 20 peer reviewed papers published during 2008. Highlights included (a full list of Divisional publications can be found on page 84):


### Awards and Achievements

- Dr Tsin Yeo completed his PhD ‘The Role of Endothelial Dysfunction and L-Arginine in the Pathogenesis of falciparum Malaria’, with a commendation.
- Dr Rini Poespoprodjo was awarded an Australian Leadership Award and the Alison Sudrajat award for the best PhD research proposal from Indonesia.
- Sarwo (Menik) Handayani completed her MSc thesis entitled ‘Deformability of *Plasmodium vivax* infected red blood cells.’
- Dr Jutta Marfurt was awarded a Swiss National Foundation (SNF) research fellowship and Professor Nick Anstey was awarded a NHMRC Practitioner Fellowship ‘Pathophysiology and treatment of malaria and other tropical infectious diseases in our region.’
- Professor Nick Anstey was co-convenor (and presenter): Keystone Malaria Meeting in Austria: Malaria Immunology, Pathogenesis and Vaccine Perspectives.
- Dr Ric Price was elected to the Planning Board of the World Antimalarial Resistance Network and Chair of the Clinical Subgroup.
- Dr Ric Price, a member of the WHO expert panel investigating Artemisinin drug resistance confirmation and characterisation, attended a clinical trials meeting in Bangkok.
Menzies Staff under the Microscope

Dr Tsin Yeo – Research Fellow, International Health Division

Now that he’s into his fourth year of working with malaria sufferers in Papua’s rugged interior, Menzies Research Fellow Tsin Yeo makes it all sound like a walk in the park.

Despite making a home in Darwin with his wife and young son on joining Menzies in 2004, since 2005 Tsin has spent “close to 20 months” working in the town of Timika on the southern side of the Indonesian province’s central highlands, about 60km from the giant Freeport Grasberg copper mine.

"It’s pretty basic but the advantage is we’re right next to a hospital,” Tsin says. “Our field site is a joint venture with Indonesia’s National Institute of Health Research and I work with 20 Indonesian staff.”

“Collaborating with the Indonesian doctors at the Rumah Sakit Mitrya Masyarakat hospital has been great, and the local Papuan and Indonesian population have also been fantastic in the way they have participated in our studies and taught me about their culture.”

“However, the work can be fairly isolating, made worse by occasional tribal conflicts which can see us confined to the research and hospital areas for days at time.”

Tsin was born in Singapore and grew up speaking English, Mandarin Chinese and Malay, which is very similar to Indonesia’s Bahasa and which he now also speaks fluently. In his role at Menzies’ International Health Division, Tsin is part of a 12-strong malaria research team and the main person on the ground in Papua.

“We enrol local people who present at the hospital with malaria into two research studies that we are running concurrently. The first is a study into the pathogenesis of malaria, where we’re looking at the interaction between blood vessels and parasites. The second is a trial of an agent that acts on the blood vessels to hopefully reduce the damage done by the malaria parasite.”

Both parts of Tsin’s research have been running since 2005 and so far about 200 people have been recruited into the studies, with a further 100-200 likely to take part before the research winds up in three years’ time.

“I’ll be spending a lot of time in Timika for a while yet, but fortunately I have strong support from my family,” Tsin says.

Tsin’s interest in international health issues came to the fore after he spent several months working in India and Nepal while still a student at the National University of Singapore. After graduating with a Bachelor of Medicine and Surgery, he decided to specialise in infectious diseases through study at University of Utah in the US. It was at University of Utah that Tsin bumped into Nick Anstey, the head of Menzies’ International Health Division, who was in the US on a sabbatical, and the chance meeting resulted in an invitation to come and join Menzies as a malaria researcher. Tsin came to Darwin at the end of 2004 and has since completed a PhD focused on malaria pathogenesis.

Despite a significant research effort over the past decade there are still some 500-750 million cases of malaria worldwide each year, resulting in about two million deaths. In Indonesia alone it is estimated there are close to a million people diagnosed with malaria each year and about 30,000 deaths.

“If you diagnose malaria early enough, there are now some very effective drugs that help reduce its severity. The problem in places like Papua is that people don’t seek treatment until they’re very ill, and that’s the group we’re trying to help.”

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Dr David Thomas
Divisional Leader, Preventable Chronic Diseases Division
Alarmingly, Indigenous people die 15 to 20 years younger than other Australians and more than half of this health ‘gap’ is caused by chronic diseases such as heart disease, stroke, diabetes, chronic respiratory disease and kidney disease.

Most chronic diseases are preventable and our Preventable Chronic Diseases Division researches ways to reduce risk factors such as smoking, prevent and treat conditions such as diabetes and chronic kidney disease, and promote healthy eating and active lifestyles in Indigenous communities.

We are researching both the causes and prevention of chronic disease and we work at all levels from influencing policy with our findings to transferring those findings into workable, everyday solutions in clinical settings.

Our researchers work in both urban and remote Indigenous communities to introduce solutions to reduce the risk and impact of chronic diseases.
Research Priorities

The Preventable Chronic Diseases Division’s research is focusing on treatment and prevention of diabetes, tobacco control interventions and promotion of healthy eating and active lifestyles within Indigenous communities.

Looking Forward

The next couple of years will be particularly exciting for the PCD division. Following great NHMRC funding success by all three research programs, we will be doubling the number of staff in the division in early 2009. This work will bring us exciting new projects, new faces at Menzies, and new places where we will be working. The Tobacco Control research team has also begun discussions that may lead to Indigenous tobacco control research collaborations New Zealand and Canada.

We will also continue to work with local policy makers and practitioners so they can use research findings to improve current policies and practices, and so make a difference to Aboriginal health. We are also working hard with our Indigenous PhD students and Indigenous research staff to improve their training and development opportunities whilst at Menzies.

Research Projects

Clinical Research

- Tiwi Pakajura Primary Prevention Program.
- The relationship of body composition, renal impairment and inflammatory cytokines in Indigenous people with diabetes.

Tobacco

- Monitoring and Evaluating Aboriginal Tobacco Control.

Nutrition

- The evaluation of a remote Indigenous store-based budgeting tool (FOODcard) and income management on buying patterns, usage and customer satisfaction.
- Supporting the Yolngu Life: Yolngu Walngakum Building healthy Communities.
Highlights of 2008

- The Division was successful in three out of three NHMRC Project Grants as well as gaining further significant funding from the Rebecca Cooper Foundation and a CVLPfizer grant.
- Completion of the Evaluation of the 18-month ‘Tobacco Project’ in six remote Aboriginal communities. Final report submitted to Northern Territory Government and stakeholder feedback workshop held. In early 2008 the Australian government announced it would spend $14.5m over the next four years on Indigenous tobacco control – it is anticipated that Menzies work will play a major role in this important strategy.
- Completion of qualitative research about Aboriginal perceptions of why people smoke and quit, and of effectiveness and acceptability of different tobacco control activities. This research found that there is a complex interplay of historical, social, cultural, psychological and physiological factors which influence the smoking behaviours of Indigenous adults in remote communities. Specifically, this research supports the development of family-centred tobacco control interventions alongside wider policy initiatives to counter the normalisation of smoking amongst remote Indigenous communities, in addition to supporting individuals to quit.
- Work with Outback Stores on tobacco control led to their decision to remove tobacco from public display in all their stores. Outback Stores are now amongst the best in the country in protecting children from this form of tobacco advertising.
- Completed significant proportion of data collection in Top End for ‘eGFR Study’ and received community support to expand study to Central Australia, Far North Queensland and Western Australia in 2009.

- Tiwi Pakajura (kidney) Primary Prevention Program (TiwiPPPP) established which will undertake a randomised controlled trial. The trial will evaluate whether the development of albuminuria (kidney disease), hypertension (high blood pressure) or diabetes can be delayed or postponed in adults in the Tiwi community.
- In collaboration with ALPA and Yalu’ Marrnggithinyaraw, completion of the evaluation of the ALPA ‘FOODcard’ being used in association with the Australian Government welfare reform income management strategy.
- The RIST store monitoring tool we developed in 2007 is now being trialed in the NT, WA and QLD. We provided training to more than 40 Nutritionists across Australia in the use of the tool and have created a website for the tool and offer a helpdesk.
- After many years of supporting Galiwin’ku community with health promotion initiatives, Menzies researchers completed a three year community development project as part of the Australian Government Building Healthy Communities Initiative. This long standing partnership with Galiwin’ku community has contributed to building local research capacity and a strong relationship with the community that has assisted many other research projects conducted by Menzies and external to Menzies.
- Publication of several key findings from the DRUID study related to diabetes and its complications such as cardiovascular disease in international journals.
Publications

The Division published 18 papers during 2008. Highlights included (see page 84 for full list of Divisional publications):


Awards and Achievements

- Dr Vanessa Johnston and Dr Julie Brimblecombe were both awarded NHMRC postdoctoral fellowships.

- Dr Jacqui Hughes, Australia’s first Indigenous nephrologist, commenced as a PhD student with the Division and was awarded Douglas and Lola Douglas award for highly ranked NHMRC PhD scholarship application.

- Dr Julie Brimblecombe was invited by the Prime Minister’s SEIC working group on Indigenous health to provide a briefing paper on work on nutrition in remote communities and was invited to speak on food security issues for Aboriginal communities at the RANZCOG conference and annual scientific meeting of the nutrition society of Australia.

- Ms Leisa McCarthy won the Ian Potter Indigenous Research Fellowship and commenced her PhD with the PCD division in September 2008.

- The eGFR study team presented two poster presentations at the Australian and New Zealand Society of Nephrology Annual Scientific Meeting.

- Dr Vanessa Johnston attended Murdoch Children’s Research Institute Public Health Leadership Forum.

- Mr Mark Lock, an Aboriginal University of Melbourne student supervised by Dr David Thomas, submitted his PhD thesis ‘The participation of Indigenous people in national Indigenous health policy processes’.
As a doctor’s daughter, Vanessa Johnston felt the call of a life in medicine from an early age. She graduated with a medical degree from Monash University in 1996 and seemed set to follow in her father’s footsteps.

“I always thought that working in health was a very privileged role – very demanding, but very rewarding,” she says.

“However, the more I worked in medical practice the more I became interested in the social aspects of health, in particular the social determinants of health among disadvantaged and marginalised communities.”

To satisfy this interest she embarked on a Masters of Public Health in 2001 and began working in the public health arena for the first time, on multi-centre paediatric vaccine trials. From there she moved onto studying for a PhD in Public Health, focusing on the links between health and human rights in the context of Australian asylum seeker policies.

“The whole area of public health has been a revelation to me, partly because it’s opened my eyes to the very real physical ramifications of social injustice and partly because of the lure of exciting and innovative research,” she says.

“In public health research you don’t necessarily get the immediate results like you do in clinical practice, but you do feel much more connected to the bigger picture and the influence you can have on public policy.”

Vanessa arrived at Menzies in February 2007 as a Post-doctoral Research Fellow, drawn by the opportunity to engage in the area of Indigenous health. Initially she worked half time with David Thomas on the Tobacco Control Research Program and half time in early childhood education, but tobacco has since become her principal focus.

“The need is absolutely huge – research shows that 17 per cent of the gap between the health of Indigenous and non-Indigenous Australians is due to higher smoking rates,” she says.

“Initially my role was to visit remote communities in the Top End, to conduct research to better understand the reasons why Aboriginal people smoke and the drivers and barriers to quitting.”

“We believe this research gives us a better understanding of the social factors that influence Indigenous people to take up smoking. The ultimate goal is to develop more effective tobacco control programs targeted at Indigenous people.”

With her ongoing research activities slated to last four years, that leaves a lot of time to explore and enjoy Darwin.

“I always considered myself a big city girl and didn’t think living in a regional area would suit me, but I’m really pleasantly surprised at how well I’ve adjusted to Darwin.”

“I love the big thunderstorms and the dry season is great, and I especially love the fact that in Darwin, people are really taken at face value – it’s very refreshing after Melbourne!”

Just as exciting is recent news that the Tobacco Control Research Program has won NHMRC funding to trial the effect of a family-centred program about second-hand smoke on respiratory health outcomes among Aboriginal infants.

“We’ll be conducting a randomised controlled clinical trial of the program, and we’re about to hire another four staff to help us conduct the research.”

“Through this trial and our ongoing research program, we now have a real chance to impact on policy direction in the NT and nationally, and for me that’s really what it’s all about.”

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Visit www.menzies.edu.au for more information about employment and education opportunities.
To improve Indigenous health we need to find out what we are doing right and what needs improving. Not just in the health care system but in the social and physical environment – housing, social justice, employment, women’s and environmental health.

Our Services, Systems and Society Division looks behind the symptoms to determine the causes of ill health – if our systems are not working, we want to know why and how to fix them.

We are striving to address poor health outcomes with better health, social and other services, including better access and coordination of services and research into the different ways people use health services.

Menzies researchers work alongside the staff of hospitals, clinics and local government councils to discover the best way to deliver health care across Australia.
Research Priorities

The work of the Services, Systems and Society Division is highly applied, with an underpinning philosophy of promoting health equity and social justice. This includes adding value through the analysis of existing datasets or documents as well as the collection of new data from individuals, groups and organisations.

The Division’s applied research program aims to improve access to and use of affordable health and social services, improve the quality and coordination of health and social systems, improve our understanding of how social contexts, processes and socioeconomic factors can impact upon individual health and well being and develop and improve information systems to enable monitoring of performance outcomes and to support evidence-based decision making.

Looking Forward

With several senior researchers relocating interstate during 2008, the coming year will see the Division focusing their attention on ensuring that communication channels between research groups and individuals remain clear and open. It is also a time for consolidation within the Division with several years of growth under their belts. The coming year will be a challenging one for the ABCD team with funding coming to an end in its existing form and a requirement to find new partners to take forward a business case to establish a ‘National Centre for Quality Improvement in Indigenous Primary Health Care’.

Research Projects

Comprehensive Primary Health Care
- Audit and Best Practice for Chronic Disease Extension.
- Implementing the Aboriginal and Torres Strait Islander Adult Health Check.
- How do we facilitate the development, implementation and evaluation of sustainable strategies for integrating key concepts for working in an Indigenous primary health care context into the curricula of universities and in the wider academy?

Services & Systems for Chronic Disease
- Healthy for Life program – the Support, Collection, Analysis and Reporting Function (SCARF).
- A structured systems approach to improving health promotion practice for chronic disease prevention in Indigenous communities.
- Improving health promotion practice for chronic disease in Indigenous communities through CQI.
- Examining a core assumption of policy and services for older Indigenous Australians.
Highlights of 2008

- An invited review of the incidence, etiology, and outcomes of cancer for Indigenous Australians by members of the Division was published in the Lancet Oncology.
- Dr. Alice Rumbold was part of a team (led by the National Centre for HIV Epidemiology and Clinical Research) awarded $1.7 million from the NHMRC to undertake a new trial aimed at reducing sexually transmitted infections.
- The main results of the DRUID study (investigating diabetes and related diseases in urban Indigenous people) were published, as were several other DRUID publications.
- The CIPHER program, which is building capacity in Indigenous policy-relevant health research, conducted a very successful research dissemination forum in Canberra with staff of several Australian Government agencies.
- The SISTER study team reached 400 of its targeted 525 recruits.
- Dr. Yin Paradies was a key contributor to the landmark 2007 VicHealth report ‘More than Tolerance: Embracing Diversity for Health’.
- Commencement of a project investigating the views of Indigenous women, their families and their health service providers about screening for fetal anomalies; and investigating the cultural, awareness, and systemic factors that influence Indigenous women’s uptake of screening tests. This study will help to ensure that Aboriginal women are accessing the same standard of care during pregnancy as other Australian women.
- Publication of the Cooperative Research Centre for Aboriginal Health Discussion Paper: ‘The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda’.
- A Business Case for a proposed ‘National Centre for Quality Improvement in Indigenous Primary Health Care’ was completed, and funding partners will be secured in 2009.
- The ‘Implementing the Aboriginal and Torres Strait Islander Adult Health Check’ project included a community intervention focused on tobacco cessation. This successful intervention decreased tobacco consumption by 8 per cent.

Social Epidemiology
- Using environmental health indicators to promote healthy living environments in remote Indigenous communities
- Research to develop children’s environmental health frameworks, indicators and survey tool
- The Better Environmental Health, Housing and Child Health Study (BEHHICH)
- CIPHER: Capacity Building In Indigenous policy-relevant health research
- The DRUID Study: Diabetes and Related disorders in Urban Indigenous people in the Darwin region
- Health system performance and outcomes for Indigenous Australians with cancer: a national study
- Racism and health.

Women’s Health
- An epidemic of vulvar cancer in young women: investigating the role of Human Papillomavirus and genetic susceptibility
- Antenatal screening for fetal anomalies in Indigenous women: views of Indigenous people and their health care providers
- Can fetal fibronectin predict labour at term?
Publications

The Division published 26 peer reviewed papers during 2008. Highlights included (see page 84 for a full list of Divisional publications):


Awards and Achievements

- Dr Fay Johnston completed her PhD on the health effects of bushfire smoke in the Australian monsoon tropics.
- Dr Alice Rumbold was a finalist in the NT Research and Innovation Awards New Investigator Awards.
- Assoc Professor Joan Cunningham received a NHMRC Research Fellowship.
- Dr Yin Paradies was appointed to the VicHealth Advisory Committee on Promoting Cultural Diversity and Reducing Discrimination and to the Australian Institute of Health and Welfare Ethics Committee Expert Panel on Research.
- Several Menzies representatives were speakers at the RANZCOG Indigenous Women's Health Meeting including Dr Alice Rumbold, Dr Julie Brimblecombe, Dr Ngiare Brown, Maria Nickels, Debbie Taylor-Thompson, Dr Jacqueline Boyle, Dr Sue Sayers and Dr Gurmeet Singh. RANZCOG have subsequently invited Dr Jacqui Boyle and Dr Alice Rumbold to submit a publication of their work.
- Dr Jacqui Boyle and Dr Alice Rumbold made a major contribution to the new edition of the ‘Women’s Business Manual’, which was published during the year.
- The Smokebusters project, led by Dr Paul Burgess, received several awards in the National Heart Foundation 2008 Annual Awards.
Menzies Staff under the Microscope

Ms Maria Nickels – Indigenous Project Officer, Services, Systems and Society Division

Arriving in Darwin in the immediate post-Cyclone Tracy years, Maria Nickels could never have imagined what the future held. Back then this Noongar woman from Northam in Western Australia’s wheat belt area was in her early 20’s and working as a hairdresser, and a career in health research was the last thing on her agenda.

Thirty years on, she’s a fully trained Aboriginal Health Worker employed by Menzies as an Indigenous Research Assistant on a number of projects. She’s also a wife, mother and grandmother who has well and truly made Darwin her home.

“We’d go out for a week at a time visiting communities. We probably covered about 10–11 communities over a 14-month period and ended up seeing 525 women.”

“I worked for 23 years as a hairdresser in Darwin and it did me well, it’s a good profession,” Maria says. “But I always wanted to do something to help my people”.

“One of my friends did the Aboriginal Health Worker course and said to me, ‘if I can do it, so can you’. That was a bit confronting because I hadn’t studied for so long, I didn’t know if I could cope with the study.”

“In the end I did the course through Danila Dilba Health Service, which took me 12 months full-time while I kept working part-time as a hairdresser. I had a great lecturer and a great boss, who were extremely supportive.”

Maria finished her course in 1997 and soon found a job at Danila Dilba, where she worked for the next nine years in a variety of roles. She developed a particular interest in women’s health, and spent several years in the Gumileybina Women’s Health Unit.

But by 2007 Maria was ready for a change. When she was approached by Menzies to join the Services Systems and Society Division as an Indigenous Project Officer, she jumped at the chance. The first project she worked on was the SISTER Study vulvar cancer project, which required plenty of travel throughout the East Arnhem region doing well-women checks.

“We’d go out for a week at a time visiting communities. We probably covered about 10–11 communities over a 14-month period and ended up seeing 525 women.”

“For me it was a bit of an eye-opener as I’d never experienced much of the Territory outside Darwin. Seeing how Top End Aboriginal people live and learning about their culture, and especially about women’s business, was an amazing experience.”

With the SISTER Study now winding down, Maria has moved on to two other projects: Antenatal Screening for Foetal Anomalies in Indigenous Women, and the Accurate Assessment of Renal Function and Progress of Chronic Kidney Disease in Indigenous Australians (known as the eGFR Study).

“On the antenatal screening project I’m developing resources around the screening and diagnostic tests available in the first trimester of pregnancy. These resources will help service providers explain these tests to Indigenous women, so that the women can make an informed decision about whether or not to choose screening tests for fetal anomalies.”

“The chronic kidney disease project represents a fresh challenge for me, and I’m learning new skills around measuring obesity and diabetes risk. Kidney disease is a huge problem for Aboriginal and Torres Strait Islander people, with diabetes being the leading cause of kidney failure within this population.”

“By assessing kidney function in high-risk Aboriginal and Torres Strait Islander populations from northern Queensland, the Territory and Western Australia, we aim to determine a validated and practical measure of GFR (glomerular filtration rate) suitable for use in all Indigenous Australians.”

Both projects run for 12 months but Maria says she’s confident more work will come her way once the projects end. In the meantime she’s setting her sights on doing an Indigenous midwives course at CDU next year, which will open up still more career options.

“Whatever happens I’ll be staying in Darwin. I love the lifestyle up here and I love the work.”

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Visit www.menzies.edu.au for more information about employment and education opportunities.
Professor Bart Currie
Divisional Leader, Tropical and Emerging Infectious Diseases Division
The north of Australia may be a tropical paradise, but it also boasts some of the deadliest creatures in the world and its climate provides a fertile breeding ground for many tropical infectious diseases.

The Tropical and Emerging Infectious Diseases Division at Menzies is world renowned for its pioneering work in preventing and treating tropical infections and life threatening stings and bites and tracing the natural history of microscopic and macroscopic killers.

Our state-of-the-art laboratory equipment and methods are used to unravel the mysteries of infectious diseases in our region and to guard against new and expanding threats to our health in the light of environmental challenges such as climate change.
Research Priorities

The Tropical and Emerging Infectious Diseases Division will continue to investigate specific illnesses of priority and monitor emerging infectious diseases in Indigenous people and others living in tropical and remote environments. The Division's research portfolio covers skin health, scabies and streptococci; melioidosis and emerging infectious diseases; local impacts of global climate change; adult respiratory health; and tropical toxinology.

The Division will focus on the prevention, diagnosis and treatment of current and emerging diseases. Epidemiology, clinical observations and basic laboratory work are interlinked with our multi-discipline approach to seeking a better understanding of the underlying disease processes and the complex influences over our unique and changing environment.

Importantly, the research of this Division, along with that of the International Health Division, will continue to strengthen Australia's capacity to prevent and respond to emerging tropical health threats in our region.

Looking Forward

The Division is moving into particularly productive and exciting times. Divisional tropical toxinology researchers are coordinators of the prospective Australian Snake bite project, which will translate recent results into revised guidelines for the use of antivenoms in the treatment of snake bite and improved methods of first aid.

Melioidosis researchers will continue to consolidate their position as world leaders in the understanding and treatment of this disease. Research to be carried out in the next 1–2 years and funded by the US National Institutes of Health will make use of the superb collection of Burkholderia pseudomallei isolates held at the Menzies to identify genes associated with virulence and different forms of melioidosis. This will form the basis of gene-based smart diagnostics that can be used directly on clinical samples.

The other major direction of the melioidosis group is the identification of environmental drivers of this disease. The 'melioidosis' map will be refined and factors, both natural and non-natural, that impact on the risk of disease will be identified. This work will be translated into guidelines for rural and urban land use and development.

Research into the major skin pathogens continues apace, with the principal focus in the immediate future being the commercialisation of a scabies immunodiagnostic, and the determination of the genome make ups, population structures and patterns of dissemination of the two major community acquired Staphylococcus aureus strains in the Top End.

Finally, Divisional researchers have developed a rapid approach to genotyping bacteria. It is very cheap and robust, and the results can be thoroughly analysed and put into context using bioinformatics. The aim is that this will be transferred to end users, and underpin the development of a unified web-based bacterial genotyping method that is routinely used by most if not all health departments. If possible and appropriate, this will involve commercial arrangements.

Research Projects

Melioidosis and Emerging Infections

- Melioidosis clinical and diagnostic studies in the NT.
- Molecular studies of Burkholderia pseudomallei.
- Presence of the Melioidosis bacterium in bore water in rural Darwin.
- Risk assessment for presence of Burkholderia pseudomallei in NT waters.
- Using real time PCR to detect the ecological niches of Melioidosis bacteria Burkholderia pseudomallei in endemic tropical Australia.
- High–resolution/highly sensitive assays for forensic analysis and attribution of bacterial biothreat agents.
- Surveillance for emerging infectious diseases.

Tropical Toxinology

- Australian Snakebite Project.
- Top End Prospective Jellyfish Study.
- Prospective evaluation of terrestrial and marine envenoming in humans: clinical effects, predictors of severity, toxicokinetics and potential treatments.
- Molecular toxinology of Australian box jellyfish venoms.
- A randomised controlled trial of factor replacement therapy in snake bite coagulopathy.

Adult Respiratory Health

- Selective use of long-term antibiotics for chronic lung obstructive disease in Aboriginal adults.
Antibiotic Resistance

- lactamase mediated antibiotic resistance in Gram-negative pathogens: How does genotype relate to phenotype?

Genetic structures that support copy number plasticity of plasmid-borne blaSHV genes in Klebsiella pneumoniae.

Skin Pathogens

- An Immunodiagnostic Assay for Scabies.
- Australian Leishmania lifecycle investigation.
- Characterising the biological role of Sarcoptes scabiei aspartic proteases.
- Community-associated methicillin-resistant Staphylococcus aureus (MRSA) in Aboriginal communities across northern Australia. Researchers believe the growing epidemic is particularly related to continuing poor skin health and poor quality and overcrowded housing.
- A new genetic structure has been developed that supports the rapid amplification of gene copy number in bacteria. This can have a great effect on antibiotic resistance if the amplified gene is a resistance gene.

Skin Pathogens

- The determination of a unique evolutionary pathway for the newly discovered Staphylococcus lineage ‘CC75’ that is prevalent in the Top End of the Northern Territory.

- Rapid diagnostic tests developed for the highly virulent Staphylococcus clone Sf93 as well as for two genetic polymorphisms that modulate drug resistance in enteric bacteria.

- Publication of research describing a growing problem with community-associated Methicillin-resistant Staphylococcus aureus (MRSA) in Aboriginal communities across northern Australia. Researchers believe the growing epidemic is particularly related to continuing poor skin health and poor quality and overcrowded housing.

- A new genetic structure has been developed that supports the rapid amplification of gene copy number in bacteria. This can have a great effect on antibiotic resistance if the amplified gene is a resistance gene.

- Using known scabies patients and uninfested controls it has been shown that a cocktail of scabies proteins can very specifically and sensitively detect antibodies to scabies mite proteins in scabies infested people. In collaboration with the Burnett Institute in Melbourne we have been investigating the adaption of this laboratory method into a rapid test strip format. It is hoped that this test will be adapted into a rapid and robust strip style test and we plan to validate the test in a community setting over the next two years.

- Divisional researchers have conducted experiments in scabies mites with a range of drug tolerances to determine the activity levels of key enzymes thought to be involved in the drug resistance process. They have identified a single nucleotide polymorphism in the ‘knockdown resistance gene’ in drug resistant scabies mites and have developed a rapid and robust test to screen mites for this mutation using high resolution melt technology.

- Australian Leishmania lifecycle investigations continued with ongoing phlebotomine sand fly trapping in the Darwin region and Leishmania screening of biting midges. The team diagnosed cutaneous leishmaniasis in black wallaroo and agile wallabies and continued surveillance for Leishmania in common native mammals from the Darwin rural area.

- The Melioidosis team developed and published a novel molecular typing technique called ‘MLVA-4’. This test will be used to help rule out within 24 hours that a melioidosis outbreak is occurring in the community.

- Development of environmental prediction maps for the presence of B. pseudomallei for the Rural Darwin region.

- Further expansion of the Menzies Burkholderia pseudomallei strain collection and development of new insights into the origins of melioidosis and it’s links to the ancient Australian continent.

Highlights of 2008

- Arrival of Assoc Professor Phil Giffard as the Head of Laboratory Science bringing with him two PhD students and significant expertise in the field of antibiotic resistance.

- Development of a new ‘high resolution melt’-based method for the genetic fingerprinting of bacteria. This has been proven particularly successful and applied to a range of bacterial pathogens including Staphylococcus aureus (golden staph) and group A streptococcus.

- A new genetic structure has been developed that supports the rapid amplification of gene copy number in bacteria. This can have a great effect on antibiotic resistance if the amplified gene is a resistance gene.

- The determination of a unique evolutionary pathway for the newly discovered Staphylococcus lineage ‘CC75’ that is prevalent in the Top End of the Northern Territory.

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- Publication of research describing a growing problem with community-associated Methicillin-resistant Staphylococcus aureus (MRSA) in Aboriginal communities across northern Australia. Researchers believe the growing epidemic is particularly related to continuing poor skin health and poor quality and overcrowded housing.

- A new genetic structure has been developed that supports the rapid amplification of gene copy number in bacteria. This can have a great effect on antibiotic resistance if the amplified gene is a resistance gene.
Publications

The Division published 49 papers during 2008. Highlights included (see page 84 for a full list of Divisional publications):


Awards and Achievements

- Mr Mark Mayo was the recipient of the 2008 Ryan Family Prize for his work in Melioidosis research.
- Dr Geoff Isbister was awarded the Informa Health Care Award for Best Scientific Presentation at the International Congress of the European Association of Poison Centres and Clinical Toxicology.
- Dr Kate Mounsey was awarded an NHMRC training fellowship to continue her work studying the molecular basis of emerging drug resistance in scabies mite.
- The Skin Pathogens Laboratory hosted a three day workshop at Menzies on the current status of scabies research in Australia. The workshop had 21 participants from five institutions in three different states and was funded by the award of a grant from the ARC/NHMRC Network for Parasitology.
- Mr Wahajat Mahmood was awarded a Pakistan Higher Education Commission scholarship to undertake his PhD studies on the functional analysis of a scabies mite aspartic protease in the Skin Pathogens Laboratory.
Mirjam (pronounced Miriam) works in Menzies’ Tropical and Emerging Infectious Diseases Division as a senior research officer, and has just finished a large pilot study on the environmental habitat of the melioidosis bacterium *Burkholderia pseudomallei* in the Top End.

To be fair, Mirjam has spent time in other tropical areas, notably Papua New Guinea where she did fieldwork for her PhD research into malaria. At the time she was studying at the Swiss Tropical Institute in Basel, one of Europe’s foremost research institutions in the area of tropical diseases.

Once she finished her PhD she decided to concentrate on lesser known tropical diseases, and melioidosis (caused by the bacterium *Burkholderia pseudomallei*) was the one that pricked her interest.

“I approached Bart Currie and he invited me to join a study of the bacterium’s habitat in the soil,” she says.

Mirjam works in a team of seven and is the lead author of a recently published paper detailing the pilot study’s findings regarding the occurrence of *B. pseudomallei* in Top End soils.

“Not much is known about the natural habitat of the bacterium, and it’s not really clear why it occurs in some spots and not in others,” she says.

“We know that it occurs in moist tropical soils spread between 20°N and 20°S, especially in Australia and South East Asia. More than a thousand melioidosis cases occur every year mainly among rice farmers in Thailand. *B. pseudomallei* also has the ability to infect a lot of animals including livestock, other mammals, birds and reptiles.”

Melioidosis is very difficult to treat and is most likely to occur in people with diabetes, chronic renal or lung disease and other conditions that weaken the immune system. Indigenous people account for half of the melioidosis patients in the Top End. This probably relates to an increased exposure to the melioidosis-causing bacterium.

“We’re all accidental hosts – the bacterium lives in soil around the roots of plants and, while we still don’t know what the relationship is between *B. pseudomallei* and plants, we know that its purpose in life is not to infect us,” Mirjam says.

In the pilot study, some 809 soil samples from the Darwin area were screened for the presence of the melioidosis-causing bacterium. One of the key outcomes is that, in areas of disturbed soil such as on farms or residential properties, *B. pseudomallei* was associated with irrigated lawns and the presence of animals. The highest *B. pseudomallei* counts were retrieved from paddocks, pens and kennels holding livestock and dogs.

“This has implications for how we manage development activities, with the main concern being that the melioidosis-causing bacterium could spread due to changes in land management,” Mirjam says.

When she’s not at work Mirjam is a keen sailor, scuba diver and bushwalker and this year aims to go skiing in the Snowy Mountains.

Melioidosis is a severe disease with an often poor response to therapy; that’s why, prevention of infection is important and the knowledge about where in the environment the melioidosis-causing bacteria live is the foundation for effective prevention strategies to reduce the burden of this emerging disease.”

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Dr Kate Senior
Divisional Leader, Education and Training Division
The Education and Training Division offers a unique range of training and education options which focus primarily on Indigenous and tropical health. The programs attract students locally, nationally and internationally from a range of backgrounds which adds to the multicultural and diverse flavour of the courses on offer.

Areas of expertise include:

- Public health coursework options with a focus on Northern Australia and tropical public health
- Postgraduate research opportunities
- A range of short courses

Students locally, nationally and internationally are attracted to the unique focus on Indigenous and tropical health which Menzies’ training and education programs offer. Our programs are taught by active researchers who deliver topical and stimulating content to a diverse range of participants.
Menzies offers a range of courses for all academic levels and areas of interest. This includes Public Health Coursework targeting people currently working or moving into a public health environment. It enables them to develop their professional skills in the field of Indigenous, International, tropical and remote health. Our program comprises Graduate Diploma, Master and Professional Doctorate levels. Our coursework program is accredited through Charles Darwin University, and Menzies’ membership of the Australian Network of Academic Public Health Institutions (ANAPHI) ensures our coursework is competitive nationally.

We oversee postgraduate research students, and provide these students with the skills necessary to complete their projects, in partnership with our supervising senior research staff.

We engage leading Australian researchers to develop and deliver topical short courses to enhance the range of electives available to our public health students, the professional development of Menzies staff and the wider public health workforce. These short courses also attract interstate participants including postgraduate public health students enrolled elsewhere in Australia.

**Key Achievements in 2008**

- Exploring Public Health is an undergraduate unit which was developed by Menzies for the Charles Darwin University Bachelor of Biomedical Science. This initiative will provide an additional pathway for students to enter public health training and will be offered for the first time in Semester 1, 2009.
- The Division employed two new part-time Indigenous lecturers with the aim of increasing the Indigenous content in all units, recruiting Indigenous students and providing support for Indigenous students.
- Long-term funding has been secured for the development and delivery of a Menzies Research Support and Education Program in collaboration with the NT Department of Health and Families and the NT Clinical School. It will involve development and delivery of research education, including short courses, modules and formally-assessed study units, development of a network of research experts and academics within Menzies, and access to this network for 1:1 consultations for every step of the research process.
- Through Menzies’ ongoing relationship with the Batchelor Institute of Indigenous Tertiary Education we conducted a residential workshop at Menzies in March 2008. This is one of our key strategies for developing pathways into postgraduate education and it included sessions on epidemiology, public health and evidence-based practice with eight Menzies-based guest lecturers.
- In March 2008 Alyson Brown was announced as the winner of the 2007 Val Asche Prize for Academic Excellence. Her public health coursework program was outstanding. In early 2009 Dr Val Asche generously increased the size of this prize for future recipients.
- This year two core units previously purchased from the University of Queensland were extensively rewritten and brought in-house. A new unit, Public Health Anthropology, was also developed and delivered.
- A new collaboration was established with the Katherine West Health Board that saw the commencement of web-based teaching/tutorial sessions to staff of remote Aboriginal communities.
- More than 25 Menzies staff members were involved in teaching and tutoring for coursework and short course activities – more than ever before.
- The Population Health Education and Research Program (PHERP) committed to supporting our core funding for public health teaching activities as part of a five year program.
The 2008 short course program covered a wide range of issues. There were 15 courses, seven with formal assessment available, with close to 300 participants.

The short course program has provided a greater opportunity for Aboriginal Health Workers and other Indigenous health professionals to participate in public health education and get a “taste” of the material before making a commitment to degree studies.

Three Scholarships – the Menzies Scholarship, Gurdiminda Indigenous Health Scholarship and the Alan Walker Scholarship, were established for students showing exceptional research promise in their fields of study. The Menzies Scholarship was not awarded this year but the recipients of the Gurdiminda and Alan Walker Scholarships were Jaqui Hughes and Tom Snelling respectively. MPH Treatise Scholarships were awarded to Catherine Marshall and Anthony Draper.

Skills workshops in 2008 included essay, thesis and scientific paper writing, quantitative and qualitative data analysis, and presenting at scientific meetings.

The introduction of fortnightly research seminars for Menzies students gave students the opportunity to present their own work and discuss the process of conducting research with their peers and senior research staff.

The Division developed the new professional doctorate program, Doctor of Health, in collaboration with the Graduate School of Health Practice. This is ready for delivery in Semester 1, 2009. It is offered as an alternative to a PhD and designed to attract senior public health professionals in the Northern Territory and beyond.

Major collaborators in developing and delivering our education programs have included the Menzies Indigenous Development Unit, the other Menzies research divisions, the Centre for Military and Veterans Health, the General Practice Network NT, AMSANT, James Cook University, Katherine West Heath Board, the Rural Health Education Foundation and Royal Darwin Hospital.
Looking Forward

Louise Clark, a long term friend and collaborator of Menzies, will take up the position of Education and Training Divisional head in March 2009.

The Research Support and Education Program will be launched, initially in collaboration with the NT Department of Health and Families, the NT Clinical School and the Royal Darwin Hospital.

Menzies will continue to develop short courses that are responsive to the training and professional development needs and interests of our students, staff and other stakeholders.

The Education and Training Division will continue to foster greater Menzies staff involvement in teaching and course development and will endeavour to recruit more Indigenous staff and develop ways to attract more Indigenous students working hand in hand with the Menzies Indigenous Development Unit.

An enhanced online and print marketing program will improve the marketing of our public health course work program and research training opportunities during 2009.

Thanks to a generous donation received from Ms Ros Bracher, the Bracher Scholarship was advertised for the first time in 2008 and will be awarded on an annual basis commencing in 2009.
It’s been a long and circuitous route to Menzies for this researcher and lecturer, who was born by the shores of Lake Victoria, grew up in Nairobi, trained as a scientist in the US, ran a mineral water business in Zambia and worked at a bank in Alice Springs before arriving in Darwin in February 2008.

“Alice Springs may sound a strange choice for someone from Africa migrating to Australia but that was where my wife’s parents were working, and we wanted to be close to them because we’d just had a baby,” Georges says.

“We arrived in July 2006 and I decided to complete a Masters of Public Health through Menzies.”

On completing his Masters in 2007, Georges applied for a job in Menzies’ Education and Training Division, where he now works as a part-time assistant lecturer. His other job is a research assistant on the Invisible Parents Project at Charles Darwin University.

“The workload is exactly 50:50. The course I lecture in is an introduction into the world of public health. It’s great to have the diversity of two jobs. The Menzies role allows me to interact with students and pass on my knowledge of public health whilst at the same time learning more about the complexities of Indigenous health.”

His research job, which started in April 2008, involves exploring the barriers to parents’ involvement in schools. The research sites are three primary schools in Karama, Palmerston and Katherine, all in the Top End of the NT.

When he’s not researching or lecturing, Georges is a keen participant in Menzies’ corporate soccer and hockey teams. It may come as a surprise to his team-mates to learn that they have a potential Olympic gold medallist in their midst.

“When I was studying for my science degree at the Morris Brown College in Atlanta, Georgia, I was part of the university’s athletics team, where I specialised in the 800m and cross-country events. In 1996 I had one of the best times in the world over 800m, good enough to have won the gold medal at Beijing in 2006!”

“It would have been nice to be a part of the Kenyan national team but the reality is that there is so much long-distance running talent in Kenya, I was only ever on the fringes.”

Georges describes Darwin as “very beautiful and tolerant”.

“It was very easy for me and my family to settle in – a city of this size is great for its lifestyle,” he says. “We want to keep living here no matter what, and I’ve just been accepted to do a Masters of Science at CDU researching the experiences of African migrants in Darwin and how they become acculturated.”

“That will take me a while, and hopefully it will lead onto a PhD.”

When Barack Obama won the US presidency late last year, all the people in Georges Oteng’s home town of Ugenya, Siaya in western Kenya came out to celebrate.

“We are Luo and Barack’s father is Luo, and his home town of Kogelo, Siaya is only 10km from my home town, so for us it was huge,” Georges says. “The local joke is that we couldn’t get a Luo elected as president in Kenya, so we had to be satisfied with having a Luo as US President instead!”

Want to work or study at Menzies?
Visit www.menzies.edu.au for more information about employment and education opportunities.
Ensuring that the Menzies research divisions have first class support services is just one of the many roles of the Corporate Services Division. Balancing budgets, coordinating grant applications, communicating our work and engaging corporate and philanthropic partners are just a few of the varied and crucial services which this Division delivers.
It was a challenging year for Corporate Services with unprecedented growth in both budgets, projects and people putting strain on the hard working teams. It was with sadness that we farewelled our leader, John Condon to cooler climes and anticipated the arrival of our new Deputy Director & Division Leader Ross Spark in late 2008.

Research Administration and Ethics

During the year the research administration team were saddened by the departures of Jill Albion – RAO to the Tropical and Emerging Infectious Diseases Division for the past 7 years – and Kalotina Halkitis, RQF Project Manager. Following Jill’s departure, we welcomed Rachel Mayhead to the team.

Significant events in 2008 included the success of NHMRC grant applications. We were absolutely delighted when ten out of 19 NHMRC Project Grants submitted in 2008 were awarded funding to commence in 2009. We were further delighted at the success rate of applications to the Fellowships, Training Fellowships and Scholarships schemes.

The year saw the completion and implementation of Menzies Information Privacy and Peer Review policies. In order to comply with the Australian Code for the Responsible Conduct of Research (2007), further policies are currently being drafted, including Responsible Research Conduct and Data Management, due for completion in early 2009.

Post-award management of scholarships was transferred to the Education & Training Division of Menzies during 2008. With the creation of a Scholarships Officer position, research students can now get a range of support for ongoing enrolment and scholarship issues from the one person.

During the course of the year the “RAISE (Research Admin Information Systems Enhancements) Project” commenced. In response to the 2007 review of procedures and information systems, and following completion of an organisation-wide IT review, we have recently contracted a service provider to assist with this. The aim of this project is to enhance the functionality of our electronic systems and streamline workflows to create time efficiencies in data entry and reporting.

Ethics Administration continued to be ably provided by Maria Scarlett. The focus for 2008 was on ensuring committee membership remained compliant with regulatory requirements; raising awareness of ethical standards amongst academic staff, students and reference groups; and reviewing the HREC policy and procedures manual to ensure compliance with the revised National Statement released in 2007. Maria, in conjunction with the Education & Training Division, was also responsible for bringing the Monash Bioethics Workshop to Darwin during April.

This was attended by many members of the ethics committees, and it is hoped that this may again take place with broader involvement of academic staff in 2010.

Research and Ethics Administration staff also participated in professional development activities, including attendance at conferences, seminars and workshops.

Challenges for the Research and Ethics Administration Team during 2009 include increased staff workload, completion of policies and procedures, implementation of awareness raising activities for researchers, and the RAISE project.
Financial Services

It was a demanding year for Financial Services as Menzies growth continued with an increased volume in financial transactions, increased payroll activity due to new staff, contract extensions and staff turn over. Also the number of new projects commencing, grants submitted and an ever increasing number of active projects to manage.

The year started with the arrival of Mr Shane Smith CPA, Financial Controller and Ms Debbie Wang, Finance Assistant. During the year Mr Smith acted as Team leader of Corporate Services in the absence of a Deputy Director.

During the year Financial Services provided legal advice on contracts, commercialisation support to successful research projects and the provision of business development advice and support to Menzies. Financial Services also continued to work closely with other sections of Corporate Services Division to improve the efficiency and effectiveness of services provided.

Other challenges throughout the year included the treasury function with rising and then falling interest rates to manage and contend with, updating the Finance Committee Terms of Reference for the first time since 1991, assisting with the leasing of office space in Winnellie to house 77 staff, commencing functional design on the building extension work and internal reviews of travel arrangements and salary packaging.

Financial Services also continued as Centre Agents for the Cooperative Research Centre for Aboriginal Health in providing financial management services and advice on a wide range of matters.

Human Resources

The Human Resource Unit has experienced a significant turnover in its staff in 2008 with new staff commencing in all three HR roles.

Recruitment was the biggest priority for the Unit again this year with a 15 per cent increase in overall staff numbers. However, this increase does not accurately depict the recruitment activity level for the year. One hundred and eighteen new employees commenced at Menzies from 1 January 2008 to 31 December 2008. Of these employees there were fifty-eight casuals, forty-nine full-time staff and eleven part-time staff – almost ten new employees per month to be recruited and loaded onto the payroll system.

Indigenous staff numbers remained steady from last year at thirty one. Unfortunately, this does represent a fall from 17.5 per cent of all Menzies staff to 14.5 per cent because of the increase in overall staff numbers. It is expected that targeted recruitment campaigns in early 2009 will begin to increase the numbers of Indigenous employees at Menzies.

The Human Resources Unit continues to service and support a large interstate workforce. Over 20 per cent of all Menzies staff work either from Alice Springs or interstate.

The Employee Assistance Program with EASA has been utilised by 17 employees in 43 counselling sessions throughout 2008. This amounts to an uptake of the service by 8 per cent of employees throughout the first full year of the Program.

Despite the heavy recruitment load, the HR unit was able to implement some exciting new services in 2008 including the purchase of a suite of training materials for the delivery of training to work teams in areas such as assertiveness, team building, conflict resolution, counselling skills for managers, providing feedback and coaching. In early December the Senior HR Officer travelled to Newcastle to deliver the first of the new training services in a teambuilding activity for the SCARF team’s quarterly meeting.

The roll out of the Menzies Performance Development System to all staff was another significant accomplishment for 2008. The system will be further enhanced next year with the implementation of the Aurion Career Manager Module (a module of Menzies payroll system) which will allow performance development to be managed electronically.

Updating policies was another priority for 2008 with the Staff Representative, Termination, Professional Development Recruitment and Selection Kit, General Staff Reclassification, Honorary Appointments and the TOIL (time off in lieu of overtime) policies all updated.

Operations

The year brought new staff to the Operations team who managed to recruit and retain a new Receptionist and also a part-time Corporate Services Support Officer.

Management of Menzies laboratory facility benefitted immensely with the appointment of a Laboratory Support Assistant & the arrival of Assoc Professor Phil Giffard as Head of Laboratory Science.

Both appointments and the upgrading of the IT Co-ordinator’s position to IT Manager thus releasing the Operations Manager from related role–specific duties has improved efficiencies in Operations.

With the rapid increase in new staff and students coming on–board workspace, provision of infrastructure resources & travel requisitions have multiplied exponentially.

A new e–form and Travel Policy are being developed and by early 2009 leased premises in Winnellie will have been fitted–out to accommodate an extra 70 people.
Information Technology

The Information Technology team serves Menzies staff, researchers and project teams through a series of services that includes integrating computer systems, coordinating and providing training, negotiating and managing information technology related contracts, and technology assistance and support. The team creates the technological environment that enables Menzies employees to quickly access vital information using the most efficient and cost effective system hardware and software. The team provides leadership as an active partner in the regional Northern Territory telecommunications and data-sharing networks.

Last year saw some significant upgrades to the IT system as well as some major challenges. Menzies network infrastructure was obsolete. Old cabling/technologies with low bandwidth switching. Network equipment was upgraded in 2008 including some major upgrades including replacement of all of Menzies Switch infrastructure to new 1 Gigabit per second, Power over Ethernet (PoE) technology switches significantly enhancing the desktop experience and providing for the possibility of exploring Voice over IP (VOIP) trails in 2009.

Internet Bandwidth was increased between Menzies and the rest of the world from 100 Megabits per second to 1 Gigabit per second to cater for research tools/collaboration that required high speed connections.

KnowledgeTree Document Management Pilot conducted and implemented as an Enterprise Document Management solution in 2008. To date this system has had low take up, however, has had some success for remote collaborators.

There was significant investment in video conferencing in 2008 and early 2009 including linking the new Menzies offices at Winnellie with the John Mathews Building via seminar recording, and early 2009 including linking the new Menzies offices at Winnellie with the John Mathews Building via seminar recording, web streaming, and local video conference facilities.

Biostatistics and Database Management

Menzies is currently conducting a large number of projects on a wide range of topics including Indigenous health, malaria, melioidosis and the relationship between low birth weight and chronic disease in later life. The biostatistician and database manager provide assistance with writing grant applications and in the planning, design and implementation of individual projects. We are responsible for the maintenance of the databases (using Access and/or MySQL), providing assistance with data input and analysis, interpreting results and for archiving the data when a project is complete. We also offer training courses in the use of the statistical package Stata. Menzies also works with health professionals working at the Royal Darwin Hospital, CDU and other external agencies.

Communications and Fundraising

It was a big year for the Communications and Development team.

Early 2008 saw the publication of Menzies first newsletter, Discover Menzies, which is now published twice a year and distributed to almost 1500 people across the nation. It also saw the publication and distribution of a series of fact sheets about each research Division, Education and Training and the Indigenous Development unit and corresponding posters to be used at conferences and community events.

The organisation continued to adopt the new branding which was created in 2007 and a series of templates were developed to allow staff to accurately reflect the new style guide in all correspondence and publications.

Menzies media activity increased during 2008 with 361 mentions of Menzies, Ochre and the Rioli Fund for Aboriginal Health. This is a 60 per cent increase year on year and the quality of the coverage received was consistently high. The Communications and Indigenous Development teams developed an in house media training course available to all staff. This was successfully run in 2008 and more sessions are planned in 2009.

The year saw planning for the new Menzies website which will ‘go live’ in early 2009. This will include the ability to accept online donations and information about the many ways in which the community can support Menzies’ work.

The communication team worked in conjunction with the National Rugby League and Velocity Brand management to take NRL football to the heartland of the AFL… the Tiwi Islands. The ‘Tackling Health Head On’ event not only gave the Tiwi kids the chance to improve their skills but also delivered important health messages and rewarded them with some NRL merchandise for taking part. It is hoped that this event will be repeated in another location in 2009.

Menzies fundraising team had a huge year which commenced with the establishment of the Menzies Development Committee – a sub committee of the Menzies Board. Membership of the committee is currently at six and includes expertise in digital technologies, law, philanthropy, business and sport. The committee is brimming over with ideas and enthusiasm and has already contributed a great deal to Menzies’ fundraising programs. This is set to continue in 2009.

The major event on fundraising calendar for Menzies in 2008 was the establishment of ‘Ochre – supporting Indigenous health through art’ a major fundraising event which was held in Melbourne in October 2008. This event helped to raise over $250,000 for Indigenous child health research at Menzies and also brought on board hundreds of new supporters thanks to the support and enthusiasm of Mr David Smorgon as Ochre Ambassador and the Ochre Committee chaired by Ms Liza Boston.
Menzies and the Rioli Fund for Aboriginal health were thrilled to secure the services of Mr Kevin Sheedy as Official Ambassador for the Fund and the ongoing commitment and enthusiasm of Mr Dean Rioli as founding Chair and driving force behind the initiative. The Fund established its own website during 2008, www.rioli.org.au, which will be further enhanced during 2009.

As a result of many of the above initiatives, the Communications and Development team helped to raise a total of $626,360 for Menzies in cash and in-kind donations. This exceeded the fundraising target of $213,000 by $413,360.

The coming year will be another challenging one for the Communications and Development Unit with the global financial crisis likely to impact on people’s ability to donate to and sponsor our research and other activities. There are several major events and initiatives planned for the year including an Ochre fundraising lunch, a new Ochre website, a new and exciting partnership with Territory Discoveries and NT Tourism and several Rioli Fund and Hawthorn FC activities.
Supporters, donors and sponsors in 2008

Visionary Discovery Partners
Arnhemland Progress Association
Cabiri Health Australia
Channel 7 Children’s Research Foundation
Children’s First Foundation
Diabetes Australia Research Trust
GlaxoSmithKline Australia
Ian Potter Foundation
Kidney Health Australia
Kiwianis
Menzies Foundation
National Heart Foundation
National Rural Health Alliance
Pfizer
Pratt Foundation
Sidney Myer Fund
UNICEF
Wellcome Trust
World Heart Foundation
Vodafone

Discovery Partners
Clive and Vera Ramaciotti Foundations
Dame Elisabeth Murdoch, AC DBE
Financial Markets Foundation for Children
Harold Mitchell Foundation
Paspaley Pearls
Royal Australasian College of Physicians
Telstra

Platinum Friends of Menzies
Alcohol Education and Rehabilitation Foundation
BHP Billiton
Boston Digital
Castan Family
Connie and Craig Kimberley
Cutting Edge
Cracked Pepper Communications
David Smorgon OAM
Fox Family
Helen and Bori Liberman Family
Jack and Robert Smorgon Families Foundation
Mossgreen Auctions
Northern Territory Convention Bureau
Orion Cruises
Pinnacle Printing
Roslyn Bracher
Rebecca Cooper Foundation
Sprout
Trust Company Limited
Tudor Foundation
Velocity Brand Management

Gold Friends of Menzies
Australian Football League
Anne Pitt
Australia Post
Joshua and Karen Liberman
Max and Lorraine Beck
Peter and Alla Lew
Ray Martin
Ray and Margaret Wilson Foundation
Richard and Trish Ryan
Ricoh Australia
Robyn and Ross Wilson
Samantha Pizzi
Victor Smorgon Charitable Fund

Silver Friends of Menzies
Adam Knight
Adrian Hansen
Airthor
Australian Rotary Health Research Fund
Australasian Society for Immunology
Barbara and Andrew Hardeman
Barry Levy
Bernadette McLennan
BMP Printing
Casuarina Shopping Square
Darwin Hawks Supporter Group
Essendon Football Club
Erin Lawson
Gabriella Roy
Great Southern Railways
Gloria Richards
Helen Rysavy
Heng W The
Ian Jeffrey
John Launder
Leonda by the Yarra
Medhurst Wines
Nick Paspaley
Peter Hylands
Sax International
Scholastic Publishing
Shaun Dennison
Sheila Frey
Simon George and Sons
SJ Design
Skinnyfish Music
Splitrock
Tatjana Plitt
Territory Discoveries
TIO
Tiwi Travel
Tjanabi
Tommy Collins Events
Variety Australia

Friends of Menzies
AB Cole
Alison McElroy
Area 9 IT Solutions
Aunty Doreen Garvey-Wandin
Austin Health Clinical School, Melbourne University
Barbara Hopkins
Bronwen Perry
Chapman and Bailey
Charlotte Ho
Christine and John Collingwood
Interested in supporting Menzies’ research?
Visit www.menzies.edu.au for more information about how to donate.
Menzies Staff under the Microscope

Rachel Mayhead – Research Administration Officer, Corporate Services Division

As a Research Administration Officer for three Menzies’ divisions and an assistant to divisional heads Bart Currie and Nick Anstey, Rachel Mayhead has a lot of ground to cover in a working week.

“The majority of my work is to support researchers get their grant applications together,” Rachel says. “I do all the fiddly bits – I probably do about 30-40 applications in a year.”

“Long term I’d like to get into something a bit more active, like field work or project management, but the work suits me down to the ground. The Research Admin Team is a great little team. It’s nice to work somewhere where I feel I’m making a positive difference to the world I live in. I love the collegiate working environment of Menzies and love the camaraderie.”

“I also help out with travel arrangements, conference attendance and publications, collate progress and final reports to funding partners.”

Rachel trained as a teacher in her native Tasmania but chucked it all in to follow her partner – a pilot – up to Darwin in 1994. It proved a good decision.

“It was an absolutely atrocious Wet the year we arrived, the worst since Tracy. We lived in a backpackers for three months and absolutely fell in love with the liveliness of the place. People seemed a lot friendlier than in Tassie.”

Over the ensuing years Rachel worked in hotels, did some relief teaching in Timber Creek, helped out at the local pub, taught in primary and high schools, then worked at Airnorth, before finally settling down in 2000 at Charles Darwin University where she worked on course promotions, research student administration and international student marketing.

In April 2008 Rachel made the move to Menzies, where she now works for the Tropical and Emerging Infectious Diseases, International Health, and Child Health divisions. Despite already having a year under her belt, Rachel says it will take another three years to even become comfortable in what she is doing.

“Long term I’d like to get into something a bit more active, like field work or project management, but the work suits me down to the ground. The Research Admin Team is a great little team. It’s nice to work somewhere where I feel I’m making a positive difference to the world I live in. I love the collegiate working environment of Menzies and love the camaraderie.”

For the moment the active part of Rachel’s nature is satisfied by her beloved dogs Gus and Jackie, her road trips, her Top End camping expeditions, overseas travel and sailing.

“The Territory is built for road trips and camping. It’s like a whole community on the move, especially in the Dry.”

She admits that there is also a more academic side to her. “I’m on the verge of finishing a Masters in International Management at CDU and once I’ve done that, I’m going to indulge myself by taking tennis lessons and learning Tandoori cooking.”

“I’d love to travel to India and really want to go walking in the foothills of the Himalayas but my partner isn’t as keen as me, so I’ll have to make do with some Indian cuisine for a while.”

Rachel says she sees herself staying in Darwin for the long term.

“I’ve watched Darwin grow and there are so many opportunities here for working and living. We’ve bought a house and I just can’t see us moving anywhere else.”

She admits to sometimes missing the cold, but she’s even got a plan for that.

“One day I’m going to start the Darwin Alpine Club, where like-minded people can get together in a refrigerated container and wear winter woollies and watch Warren Miller films!”

Want to work or study at Menzies?
Visit www.menzies.edu.au for more information about employment and education opportunities.
Menzies is active in the community at a local and national level. If your community group is interested in raising funds for Menzies research please go to www.menzies.edu.au and download our Community Fundraising Pack.
The Menzies School of Health Research operates as an independent body corporate under the control of a Governing Board. Menzies is a controlled entity of Charles Darwin University.

Menzies School of Health Research is required to furnish an annual report and audited financial statements to an Annual General Meeting of the School, with financial results consolidated within those of Charles Darwin University.

Menzies accounts are subject to audit by the Auditor General of the Northern Territory.
1. **Professor Simon Maddocks (Chair)**

Professor Maddocks is the South Australian Chief Scientist, South Australian Research Development Institute Livestock Systems, Roseworthy Campus, University of Adelaide. His research interests are in reproductive immunology and cell biology, and epigenetic influences on foetal development. Professor Maddocks is a Director of the Board of the Sir Robert Menzies Memorial Foundation, and is the Menzies Foundation nominee to the Menzies Board.

2. **Mr Peter Carew, AM (Deputy Chairman)**

Peter Carew is Director – Technical Group for Regional and Northern Maintenance Services Pty Limited. A Fellow of the Australian Institute of Company Directors, Peter is Chairman of Group Training NT, Australian Technical College – Darwin, as well as the NT Executive of the AICD. Peter is a past President of the Chamber of Commerce NT and in 2003 was appointed a Member of the Order of Australia.

3. **Professor Jonathan Carapetis**

Professor Jonathan Carapetis is Director of the Menzies School of Health Research. He is a specialist paediatric physician, infectious diseases physician and specialist public health physician. Professor Carapetis’ wide range of research interests includes group A streptococcal and pneumococcal diseases, other vaccine preventable diseases, vitamin D deficiency in refugees, and urinary tract infections in children.

4. **Professor Bob Wasson**

Professor Bob Wasson is the Deputy Vice Chancellor Research Charles Darwin University (Since April 2004). Professor Wasson was educated in earth sciences, with a PhD in geomorphology and has subsequently developed his research skills in natural resource management, environmental change, environmental history, and interdisciplinary environmental studies. Professor Wasson has had substantial involvement with national committees in natural resource management and international global change programs, particularly IGBP (International Geosphere and Biosphere Program).

5. **Professor Shane Houston**

Professor Houston is a Gangulu man from Central Queensland. He has worked in Aboriginal Affairs for more than 30 years mainly in the health and employment areas and is currently Executive Director Systems Performance and Aboriginal Policy at the Northern Territory Department of Health and Families.

6. **Mr Michael Martin OAM**

Mr Michael Martin OAM is the Chairman of the Menzies Finance Committee and the Menzies Development Committee. Michael is currently Company Director and a Partner in MDS Partners and casual lecturer in Finance and Accounting at CDU. Michael is a Fellow of the CPA Australia and a Graduate Member of the Australian Institute of Company Directors.

7. **Ms Kate George**

Ms Kate George is from the Murchison District of Western Australia and belongs to the Putejura people. Kate is the Principal Consultant of Claypan Services Pty Ltd. Kate holds a law degree from the Australian National University and was admitted to practice as a barrister and solicitor in Western Australia (1992) and New South Wales (1989). Kate has provided national consultancy services to private and government sectors as well as Aboriginal communities.

8. **Mr Robert Wells**

Robert is Co–Director of the Menzies Centre for Health Policy and Executive Director of the College of Medicine and Health Sciences at the Australian National University, Canberra. He works on a range of health policy and systems issues, including primary care, private health insurance, rural health and health workforce. He has participated in national advisory committees on neuroscience research and attracting greater private sector investment in health and medical research.

9. **Mr Ken Davies**

Mr Davies is currently Deputy Chief Executive at the NT Department of the Chief Minister. In the past Ken has been the Deputy Chief Executive, Education Services, Department of Employment, Education and Training. He has worked in the Northern Territory for the past 29 years, having commenced his teaching career at Papunya in 1978 as a young graduate from Western Australia. He is the former Braitling Primary School Principal and has worked as Principal in Katherine and remote Central Australian community schools.

10. **Dr David Ashbridge**

David was appointed Chief Executive of the Northern Territory Department of Health and Families in March 2007. David has a long history of service to the Department dating back to 1998 when he commenced as a District Medical Officer in the Top End. He has held a number of senior management positions in the Department. David is a Fellow of Royal Australian College of Physicians (Public Health) and a Member of Royal College of General Practitioners. He holds a Masters Degree in Public Health and an MBBS as well as Diplomas in Child Health and Tropical Medicine. David also holds a Graduate Diploma from the Australian Institute of Company Directors.

11. **Professor David Celemajer**

Currently David is Scandrett Professor of Cardiology at the University of Sydney; Director of Echocardiography and Cardiologist at the Royal Prince Alfred Hospital; Clinical Director at The Heart Research Institute in Sydney; and Chairman of the Research Committee at the National Heart Foundation of Australia.

12. **Professor Helen Garnett (Until December 2008)**

Professor Helen Garnett was Vice–Chancellor of Charles Darwin University until December 2008 having commenced in that role in October 2003. Before taking this role, Professor Garnett was the Executive Director of the Australian Nuclear Science & Technology Organisation (ANSTO) from 1994.
Observers of the Board

Secretary to the Board
Mr Brendan Douglas (until May 2008)
Ms Adrienne Farago

CRCAH Chief Executive Officer
Mr Mick Gooda

MENZIES Staff Representative
Mr Trevor Hopps

Board Committees

The Governing Board was assisted by the following committees.

Finance Committee
Mr Michael Martin (Chair)
Mrs Sue Bradley (Independent member)
Professor Jonathan Carapetis
Mr Peter Carew
Mr Shane Smith (Secretary)

Academic Standing Committee
Professor Bob Wasson – Chair
Professor Jonathan Carapetis
Professor Robyn McDermott

Development Committee
Mr Michael Martin (Chair)
Mr Brandon Carp
Ms Pauline Wrobell
Mr Dean Rioli
Ms Lisa Boston
Mr Ben Rozenes
Ms Lisa Stapels (Secretary)
Mrs Julie Carmichael (Observer)

Other Committees

Child Health Division Indigenous Reference Group
Mr Marius Puruntatameri
Mr Dennis Booney
Mr Kane Ellis
Mr Lorna Murakami-Gold
Dr Ngiiare Brown

Human Research Ethics Committee
Dr Michael Nixon (Chair)
Mr Matthew Antcliff (from April 2008)
Ms Colleen Atkinson

Ms Ruth Billany (from April 2008)
Ms Denise Dickson
Dr Deborah Holt
Mr David Pryce
Ms Maria Scarlett (Secretary)
Dr Gurmeet Singh (from April 2008)
Dr Thomas Snellling (from April 2008)
Ms Helen Spiers
Ms Karyl Taylor
Dr Steven Tong
Ms Barbara Young (August/October 2008)
Major Geneen Wright
Ms Helen Wodak

Aboriginal Ethics Sub Committee
Dr Ngiiare Brown (Co Chair)
Ms Joanne Garnggulkpuy (Co Chair)
Mr Peter Panguee
Ms Kalinda Griffiths
Ms Diane Walker
Mrs Jennifer Ward
Maria Scarlett (Secretary)

Darwin Regional Institutional Biosafety Committee
Mrs Susan Hutton (Chair)
Dr Valerie Asche
Dr Lorna Melville
Dr Shelley Walton
Mrs Maria Scarlett (Secretary)
Ms Pamela Trotman
Mr Paul Southwell
Mr Michael Howard

Laboratory Safety Committee
Mrs Susan Hutton (Chair)
Ms Jo Bex
Ms Kim Hare
Mr Mark Mayo
Assoc Professor Phil Giffard
Ms Linda Vibe

Ochre Committee(s)
Dr David Smorgon QLM (Ambassador)
Ms Liza Bostom (Chair)
Mr Paul Summer
Ms Shareen Joel
Ms Connie Kimberley
Ms Helen Liberman
Ms Laini Liberman
Ms Jennifer Phipps
Ms Hayley Smorgon

Ms Robyn Wilson
Ms Pauline Wrobell
Ms Margie West
Ms Francesca Cubillo
Mr Shaun Dennison
Ms Lisa Stapels (Secretary)
Ms Susie Hopkins (Observer)

Patrons And Members

Official Patron
His Honour Mr Tom Pauling QC, Administrator of the Northern Territory

Patrons
The Hon Austin Asche AC QC
Mr Ron Archer AM
The Hon John Dawkins
Mr Charles Goode
Dr John Hargrave AO MBE
Sir Gustav Nossal AC CBE
Professor Lowitja O’Donoghue CBE AM
Mr William Scammell CBE

MENZIES Medallion Recipients
Dr Valerie Asche
Miss Margaret Brewster
Father Frank Flynn MSC AC* 
Mr Harry Giese AM MBE*
Professor Richard Gye AO
Dr John Hargrave AO MBE
Mrs Susan Hutton
Professor David Kemp FAA
Professor John Matthews AM
Mr Ray Norman AM
Dr Brian Reid
Dr KS Sripakash

Life Members
Dr Keith Fleming
Dr Ella Stack CBE

Menzies Ambassadors
Mr Dean Rioli
Mr Kevin Sheedy
Mr David Smorgon DAM

* Deceased
## Honorary Appointees

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<thead>
<tr>
<th>Name</th>
<th>Collaboration/Focus</th>
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<tr>
<td>Dr Brian ANGUS</td>
<td>Malaria and melioidosis collaboration</td>
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<td>Dr Ivan BASTIAN</td>
<td>IMVS facilities and expertise in research projects in East Timor and Indonesia</td>
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<td>Dr Craig BOUTLIS</td>
<td>Infectious diseases: Staphylococcus, malaria and pneumonia</td>
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<td>Assoc Professor Simon BROWN</td>
<td>Toxinology</td>
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<td>Dr Alex BROWN</td>
<td>Metabolic and vascular disease research</td>
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<td>Dr Alan CASS</td>
<td>Research into renal disease in Indigenous populations</td>
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<td>Dr Alan CLOUGH</td>
<td>Substance misuse</td>
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<td>Ms Samantha COLQUHOUN</td>
<td>International child health and rheumatic heart disease</td>
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<td>Assoc Professor Kate CONIGRAVE</td>
<td>Epidemiology and substance misuse</td>
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<td>Dr Christine CONNORS</td>
<td>Collaboration into remote area chronic disease</td>
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<td>Dr Yvonne CUNNINGHAM</td>
<td>Healthy for life and clinical audit protocols</td>
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<td>Assoc Professor Nigel CURTIS</td>
<td>Collaborative research into host factors responsible for rheumatic fever pathogenesis</td>
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<tr>
<td>Dr Peter D'ABBS</td>
<td>Collaboration on substance abuse</td>
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<tr>
<td>Mr Peter EBSWORTH</td>
<td>Collaborative research in international health projects</td>
</tr>
<tr>
<td>Assoc Professor Russell GRUEN</td>
<td>Population health and epidemiology</td>
</tr>
<tr>
<td>Professor Wendy HOY</td>
<td>Renal disease in Indigenous populations</td>
</tr>
<tr>
<td>Assoc Professor Paul KELLY</td>
<td>Collaborative research in international health projects</td>
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<tr>
<td>Dr Vicki KRAUSE</td>
<td>Collaborative research into infectious diseases</td>
</tr>
<tr>
<td>Mr Richard LUMB</td>
<td>Mycobacteriology at IMVS and IMVS labs for research in East Timor and Indonesia</td>
</tr>
<tr>
<td>Dr Dorothy MACKERRAS</td>
<td>Chronic Disease collaboration</td>
</tr>
<tr>
<td>Dr Graeme MAGUIRE</td>
<td>Lung Disease Collaboration, International and Indonesia</td>
</tr>
<tr>
<td>Dr Matthias MAIWALD</td>
<td>Tropical infectious diseases collaboration</td>
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<tr>
<td>Dr Joao MARTINS</td>
<td>Collaborative research efforts in public health</td>
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<tr>
<td>Professor John MATHEWS</td>
<td>Collaborative research and mentorship</td>
</tr>
<tr>
<td>Dr Lorna MEVILLE</td>
<td>Cooperation with Zoonotic Diseases</td>
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<tr>
<td>Dr Bridie O'REILLY</td>
<td>Public health coursework and teaching</td>
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<tr>
<td>Dr Barbara PATTERSON</td>
<td>Collaborative research and teaching</td>
</tr>
<tr>
<td>Dr Anna RALPH</td>
<td>International TB research</td>
</tr>
<tr>
<td>Professor Karl RIECKMANN</td>
<td>Collaborative research into tropical disease, particularly malaria</td>
</tr>
<tr>
<td>Assoc Professor Sue SAYERS</td>
<td>Aboriginal Birth Cohort study</td>
</tr>
<tr>
<td>Dr Steven SKOV</td>
<td>Collaboration with Substance Misuse team</td>
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<tr>
<td>Dr Cathy STILTON</td>
<td>Cooperation with Zoonotic Diseases</td>
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<tr>
<td>Dr Sri SRIPRAKASH</td>
<td>Streptococci</td>
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<tr>
<td>Dr Emiliana TITRA</td>
<td>Strengthening ties with Indonesia, especially in malaria collaboration</td>
</tr>
<tr>
<td>Dr Tarun WEERAMANTHRI</td>
<td>Preventable Chronic Disease program in the NT</td>
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<tr>
<td>Dr Richard WEIR</td>
<td>Cooperation with Zoonotic Diseases</td>
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<tr>
<td>Dr Al YONOVITZ</td>
<td>Audiology</td>
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<td>LEA Tess; BARCLAY Lesly; SENIOR Kate</td>
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<td>WALTON Shelley; CURRIE Bant; HOOT Deborah; KEMP David; FISCHER Katja; MOUNSEY Kate</td>
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<td>BRIMBLECOMBE Julie; GARINGGULKPUIY Joananne; BARNES Adam</td>
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<td>Australian Rotary Health Research Fund (Administered by Maari Ma Health Aboriginal Corporation)</td>
<td>BURKE Hugh; BAILIE Ross; LYDE D; WESTON Richard; KENNEDY Catherine; COOK Margaret-Anne</td>
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<tr>
<td>Alcohol and Other Drug misuse and Psychosis: Development of a Relapse Prevention Strategy in Remote Indigenous Communities</td>
<td>01-Jul-04</td>
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<tr>
<td>The invisible parents project — exploring the barriers to effective parental and community involvement in three Northern Territory schools</td>
<td>01-Jan-08</td>
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<td>Scabies workshop to be held in Darwin, 13-15 August 2008</td>
<td>01-Jul-08</td>
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<td>The evaluation of a remote Indigenous store-based budgeting tool (FOODcard) on buying patterns, usage and customer satisfaction</td>
<td>16-Jul-08</td>
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<td>Strengthening Public Health Research and Training Capacities in Timor Leste</td>
<td>01-Mar-07</td>
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<tr>
<td>Women’s and Children’s Knowledge Hub Initiative</td>
<td>07-Apr-08</td>
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<tr>
<td>Human immune recognition of Plasmodium hypoxanthing guanine xanthine phosphoribosyl transferase (HGXPRT) following natural parasite exposure</td>
<td>08-Jun-08</td>
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<td>Vaccination strategies to reduce ear disease in Aboriginal and Torres Strait Islander children in the Northern Territory</td>
<td>01-Jan-07</td>
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<td>Polycystic ovary syndrome, reproductive health and metabolic abnormalities in Indigenous women in the Northern Territory</td>
<td>21-Jun-06</td>
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<tr>
<td>Australian Leishmanina lifecycle investigation</td>
<td>03-Jul-06</td>
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<tr>
<td>“School Readiness” in Indigenous children — bringing together the health and education research agendas</td>
<td>01-Aug-07</td>
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<tr>
<td>A randomised controlled trial of L-arginine or vitamin D to improve outcomes in pulmonary tuberculosis</td>
<td>01-Jan-08</td>
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<tr>
<td>ABCD in a remote NSW context</td>
<td>01-Jan-08</td>
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<tr>
<td>What are the indicators of the key features of the physical environment that promote or impair children’s health and wellbeing?</td>
<td>01-May-08</td>
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<tr>
<td>Burden of severe disease due to influenza and other respiratory viruses in Aboriginal children in the Northern Territory</td>
<td>01-Jan-08</td>
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<tr>
<td>Prevalence of iodine deficiency in NT Aboriginals of reproductive age</td>
<td>01-Jan-07</td>
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<tr>
<td>An immunodiagnostic assay for scabies – Year 2</td>
<td>01-Jan-07</td>
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<tr>
<td>Getting Every Child’s Heart Okay (gECHO)</td>
<td>28-May-08</td>
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<tr>
<td>Assessment of cardiac autoantigens as markers to aid in the diagnosis of acute rheumatic fever</td>
<td>01-Jan-08</td>
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<tr>
<td>Filling the Gaps in the Healthy Skin Program: Additional laboratory, clinical and epidemiological components</td>
<td>01-Oct-05</td>
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<tr>
<td>Monitoring and Evaluating Aboriginal Tobacco Control</td>
<td>19-Feb-07</td>
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<tr>
<td>A structured systems approach to improving health promotion practice for chronic disease in Indigenous communities</td>
<td>01-Apr-07</td>
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<td>Audit and Best Practice for Chronic Disease Extension</td>
<td>01-Jan-05</td>
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<td>Community consultation at Galiwinku for an ivermectin-based treatment intervention to reduce scabies and strongyloloides</td>
<td>12-Aug-08</td>
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<td>Australian Integrated Mental Health Initiative— NT</td>
<td>01-Jul-03</td>
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<td>Audit and Best Practice Chronic Disease Extension</td>
<td>01-Jul-05</td>
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<tr>
<td>Yolngu Life : Yolnguy Walngakum.Building Healthy Communities – Phase 3</td>
<td>31-Oct-06</td>
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<tr>
<td>Using environmental health indicators to promote healthy living environments in remote Indigenous communities</td>
<td>01-Apr-08</td>
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<tr>
<td>The Healthy for Life Support, Collection, Analysis and Reporting Function</td>
<td>30-Mar-07</td>
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<tr>
<td>A randomised trial of rosiglitazone versus metformin monotherapy in Aboriginals with Type 2 Diabetes: effects on metabolic and cardiovascular parameters</td>
<td>01-Jan-07</td>
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<td>Evaluation of the role and function of an Indigenous Reference Group (IRG) as a model for conducting research involving Indigenous children in the Northern Territory</td>
<td>31-Dec-07</td>
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<tr>
<td>Effectiveness of rotavirus vaccine for the prevention of gastroenteritis among hospitalised children in the NT</td>
<td>13-Feb-08</td>
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<tr>
<td>Australian integrated mental health initiative in the Northern Territory (AIMHINT) DVD Training and education resources</td>
<td>01-Aug-07</td>
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<td>The Ian Potter Foundation Indigenous Research Fellowship</td>
<td>01-Jan-07</td>
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<td>Dowden Michelle</td>
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<td>National Heart Foundation</td>
<td>Baille Ross; Mcdonald Malcolm; Dowden Michelle; Carapetis Jonathan; Edwards Keith</td>
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<td>National Institutes of Health (Administered by Queensland Institute of Medical Research)</td>
<td>Good Michael; Carapetis Jonathan; Mulholland Edward; Batzloff Michael; Hiyer W; Mclean Allen; Olive C; Sripriakash Kadaba; Toth Istvan</td>
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<td>Keim Paul; Currie Bart; Mayo Mark</td>
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<td>Anstey Nicholas; Tijitra Emiliana; Weinberg J</td>
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<td>Nolan Terry; Carapetis Jonathan; Buttery J; Johnston I; Sawyer S; Mulholland Edward; Curtis Nigel; Oberklaid F</td>
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<tr>
<td>International Forum of Quality and Safety in Healthcare, Paris, France 22-25 April 2008</td>
<td>20-Apr-08</td>
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<tr>
<td>XVII Lancefield International Symposium on Streptococci and Streptococcal Diseases (USSSD), Porto Heli, Greece, 22-26 June 2008</td>
<td>22-Jun-08</td>
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<tr>
<td>Travel Grant for 6th International Symposium on Pneumococci and Pneumococcal Diseases (ISPPD6)</td>
<td>01-Jan-08</td>
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<td>Travel to attend 6th International Symposium on Pneumococci and Pneumococcal Diseases.Reykjavik, Iceland.08-12 June 2008.</td>
<td>08-Jun-08</td>
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<td>Travel to attend the 6th International Congress on Autoimmunity</td>
<td>10-Sep-08</td>
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<tr>
<td>Validating estimates of glomerular filtration rate (GFR) in Aboriginal and Torres Strait Islander Australians</td>
<td>01-Aug-07</td>
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<td>Strengthening Indigenous health research capacities</td>
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<td>Audit &amp; Best Practices in Chronic Diseases – Rheumatic Heart Disease Continuous Quality Improvement</td>
<td>31-Dec-07</td>
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<td>XVIIth Lancefield International Symposium on Streptococci and Streptococcal Diseases</td>
<td>21-Jun-08</td>
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<td>Investigation of human heart antigens identified by screening a cDNA library using ARF sera</td>
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<td>Global GAS vaccine based on the M-Protein</td>
<td>15-Sep-04</td>
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<td>Hyperphenylalaninemia in cerebral malaria</td>
<td>01-Jul-05</td>
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<td>Burkholderia: international collaborative development of novel diagnostics</td>
<td>10-Sep-07</td>
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<td>Nitric oxide and severe malaria (II)</td>
<td>01-Sep-03</td>
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<td>Remote Indigenous Stores Project</td>
<td>05-Feb-07</td>
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<td>Attendance at the Australian Academy of Science’s Annual Science at the Shine Dome</td>
<td>07-May-08</td>
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<td>Building capacity in policy relevant, quantitative, social analysis and research in Indigenous health</td>
<td>01-Jan-04</td>
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<td>Centre for Clinical Research Excellence in Childhood and Adolescent Immunisation</td>
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<td>Fellowship in Indigenous Environmental Health and Health Services Research</td>
<td>01-Jan-04</td>
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<td>Social and system determinants of Indigenous health</td>
<td>01-Jan-04</td>
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<td>Reducing the burden of infectious disease in young Aboriginal children – an evidence-based, multidisciplinary approach</td>
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<td>Research and training to reduce morbidity and mortality from malaria in Papua (Indonesia) and Papua New Guinea</td>
<td>01-Jan-04</td>
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<tr>
<td>The development of culturally-appropriate cognitive assessments with applications in substance abuse and mental health with Indigenous clients</td>
<td>01-Jul-04</td>
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<td>Applying molecular public health in Indigenous communities: Linking research to outcomes</td>
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<td>Tropical Infectious Diseases – Pathogenesis and Vaccine Research</td>
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<td>Aspiration lung disease and chronic cough in children – Novel and objective techniques</td>
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<td>Development and evaluation of a primary health care model to prevent dental decay in Aboriginal pre-school children</td>
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<td>Health Outcomes Monitoring and Evaluation : Learning about Activity, Nutrition, Diet and Social factors (HOMELANDS)</td>
<td>01-Jan-05</td>
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<td>Prospective evaluation of terrestrial and marine envenoming in humans: clinical effects, predictors of severity, toxicokinetics and potential treatments</td>
<td>01-Jan-05</td>
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<td>Best practice guidelines for evaluating Indigenous residential alcohol and drug programs</td>
<td>01-Jul-05</td>
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<tr>
<td>Healthy Land : Healthy People : Exploring the health benefits of Aboriginal natural resource management in northern Australia</td>
<td>06-Jun-05</td>
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<td>Implementing the Aboriginal and Torres Strait Islander Adult Health Check.Improving early detection and evaluating innovative prevention activities in remote areas</td>
<td>01-Apr-06</td>
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<td>Immunising Aboriginal mothers with pneumococcal polysaccharide vaccine to prevent infant ear disease and carriage</td>
<td>01-Jan-05</td>
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<td>Chief Investigators</td>
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<td>CONDON John; ANDERSON Ian; SMITH Leonard; CUTTER Philippa</td>
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<td>Strong Souls Study</td>
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<td>Continuation of the Darwin Prospective Melioidosis Study</td>
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<td>Neurocognitive and social changes associated with unleaded petrol sniffing and abstinence from further sniffing</td>
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<td>Strategies to Improve the Diagnosis, Prevention, Treatment and Control of Scabies</td>
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<td>Polycystic ovary syndrome, reproductive health and metabolic abnormalities in Indigenous women in the Northern Territory</td>
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<td>MULTICENTRE BRONCHIECTASIS STUDY: A collaborative and international study of bronchiectasis in Indigenous children</td>
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<td>Beta-lactamase mediated antibiotic resistance in Gram-negative pathogens: How does genotype relate to phenotype</td>
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<td>Molecular, spatial and mathematical techniques in the analysis of the epidemiology of tropical infectious diseases</td>
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<td>Examining a core assumption of policy and services for older Indigenous Australians</td>
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<td>A Healthy Start to Life: Targeting the year before and the year after birth in Aboriginal children in remote areas</td>
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<td>An Immunodiagnostic Assay for Scabies</td>
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<td>Mathematical modelling of bacterial carriage in children</td>
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<td>Aboriginal Birth Cohort Study: from childhood to adulthood</td>
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<td>An epidemic of vulvar cancer in young women: investigating the role of Human Papillomavirus and genetic susceptibility</td>
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<td>Health system performance and outcomes for Indigenous Australians with cancer: a national study</td>
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<td>Azithromycin versus placebo in the treatment of asymptomatic acute otitis media in young Aboriginal children: A RCT</td>
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<td>Endothelial function and adjuvant therapies in sepsis</td>
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<td>Rotavirus gastroenteritis in the Aboriginal population and the effect of immunisation</td>
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<td>Community-associated methicillin-resistant Staphylococcus aureus: epidemiology, emergence and treatment</td>
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<td>Investigation of cardiac autoantigens identified by screening a cDNA library with acute rheumatic fever sera</td>
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<td>Vaccination to reduce ear disease in Aboriginal and Torres Strait Islander children in the Northern Territory</td>
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<td>The nature of brain function recovery following abstinence from petrol sniffing</td>
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<td>Molecular toxicology of Australian box jellyfish venoms</td>
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<tr>
<td>Prevention of pneumococcal diseases, streptococcal disease and influenza among Indigenous populations</td>
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<td>Monitoring tobacco consumption to evaluate Indigenous tobacco control</td>
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<td>A structured systems approach for improving health promotion practice for chronic diseases in Indigenous communities</td>
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<td>A randomised controlled trial of factor replacement therapy in snake bite coagulopathy</td>
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<td>Pathophysiology and treatment of malaria and other tropical infectious diseases in our region</td>
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<td>Antenatal screening for fetal anomalies in Indigenous women: views of Indigenous people and their health care providers</td>
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<td>Do respiratory viruses explain high rates of acute otitis media with perforation in young Aboriginal children</td>
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<td>PneumMum: An RCT of maternal pneumococcal vaccination for protection of Indigenous children from ear disease</td>
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<td>Multicentre evaluation of a clinical pathway for chronic cough in children – can its use improve clinical outcomes</td>
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<td>The Better Environmental Health, Housing and Child Health Study (BEHHCH)</td>
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<td>Improving Health Promotion Practice through Continuous Quality Improvement</td>
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<td>The aetiology and prevention of pneumonia of Indigenous children in Northern Australia</td>
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<td>Nasopharyngeal metagenomics in Indigenous children: correlations with otitis media aetiology and treatment failure</td>
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<td>Optimising prevention and vaccination policy for pneumococcal disease, influenza and RSV in Indigenous Australians</td>
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<td>Molecular mechanisms of ivermectin resistance in the ectoparasitic mite, Sarcoptes scabiei</td>
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<td>The relationship of body composition, renal impairment &amp; inflammatory cytokines in Indigenous persons with diabetes</td>
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<td>Immunity and Pathogenesis in Tropical and Infectious Diseases: Implications for Vaccines and Drug Development</td>
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<td>Diagnostics for drug resistance in scabies</td>
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<td>Research to develop children’s environmental health frameworks, indicators and survey tool</td>
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<td>AIMHi(NT) Mental Health Care Planning Training</td>
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<td>MSHR Contribution to the Full Moon Strategy Evaluation</td>
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<td>Research to develop children’s environmental health frameworks, indicators and survey tool</td>
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<td>Aboriginal Birth Cohort Study</td>
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<td>Can fetal fibronectin predict labour at term?</td>
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<td>New approaches to improving health, developmental and educational outcomes for Indigenous children aged 0-8 years</td>
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<td>Screening for rheumatic heart disease in Indigenous children</td>
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<td>Extension of Selective use of long-term antibiotics for chronic lung obstructive disease in Aboriginal adults: A multi-centre trial</td>
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<td>The mechanism of acaricide resistance</td>
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<td>Accurate assessment of renal function in Indigenous Australians with diabetes</td>
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<td>Identify and evaluate relevant literature for Tender 0910708</td>
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<td>Identify and evaluate relevant literature, and review draft report for Tender 2631067</td>
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<td>Literature review of approaches to the prevention of alcohol and substance abuse for Aboriginal and Torres Strait Islander Austalians</td>
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<td>Literature review of the link between primary health care and health outcomes for Aboriginal and Torres Strait Islander Australians</td>
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<td>RHD Kimberley Project Officer position</td>
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<td>Vaccine Response Study</td>
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<td>Defining the bacterial cause of chronic ear disease in Indigenous infants</td>
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<td>Proposal for integrating the principles of the National Guidelines for Rheumatic Fever and Rheumatic Heart Disease into the Audit and Best Practice for Chronic Disease (ABCO) programme</td>
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<td>High-resolution/highly sensitive assays for forensic analysis and attribution of bacterial biothreat agents</td>
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<td>Research and training to reduce morbidity and mortality from malaria in Papua (Indonesia) and Papua New Guinea</td>
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<td>Optimising the management of drug resistant vivax malaria in Papua, Indonesia</td>
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<td>World Heart Federation Rheumatic Fever/ Rheumatic Heart Disease Secondary Prevention Programme in the Pacific Island Nations</td>
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<tr>
<td>Staying well, managing depression and avoiding drug and alcohol problems</td>
<td>01-Aug-07</td>
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Refereed Journal Articles


Publications


Senior KA, Chenhall RD. ‘Walkin’ about at night’: the background to teenage pregnancy in a remote Aboriginal community. J Youth Studies 2008; 11 (3):269-281.


Tong SY, Anstey NM, Lum GD, Lalloo DG, Kirkpatrick CMJ, Duffull SB. Angiopoietin-2 associated with multidrug-resistant Staphylococcus aureus pneumonia after influenza. Med J Aust 2008; 188 (1):.


In Press / Accepted


Letters


Un-refereed

Journal Articles


Book Chapters


Reports


Allen CHENG, Conference – Convenor, Royal Australasian College of Physicians (NT Committee), Annual Scientific Meeting, Darwin 7–8 Nov 2008.


Barbara MOLANUS, Conference Speaker, Coalition for Research to Improve Aboriginal Health, Trials (and tribulations) in the Top End. Sydney, 29-30 April 2008.


Bart CURRIE, Conference – Invited Presentation, Australian Institute of Medical Scientists, National Scientific Meeting, Emerging Infectious Diseases in an Overpopulated Planet, Melbourne, 13-17 October 2008.


Bart CURRIE, Conference – Invited Presentation, Asia Pacific international conference on travel medicine, our region in focus, Title: General issues on vector borne diseases and Cutaneous Melioidosis in the Top End of Australia. 24-27 February 2008


Catherine MARSHALL, Conference – Invited Presentation, NT Centre for Disease Control, Annual Scientific Meeting, Title: APSGN – the NT in Review. Darwin, 11-13 November 2008.

Catherine MARSHALL, Conference – Invited Presentation, Royal Australasian College of Physicians (NT Branch), Annual Scientific Meeting, Title: Epidemiology of acute-post streptococcal Glomerulonephritis in the NT. Darwin, 7-8 November 2008.


Jonathan CARAPETIS, Australasian Society of Infectious Diseases Annual Scientific Meeting, Noosa, April 2008.


Jonathan CARAPETIS, Presentation at rheumatic heart disease education workshop, Alice Springs: Drivers and Burden of Disease, August 2008.


Joshua DAVIS, Conference – Invited Presentation, Royal Australasian College of Physicians (NT Branch), Annual Scientific Meeting, Title: Angiopoietin 2 – a novel biomarker providing insights into the pathophysiology of Sepsis. Darwin, 7-8 November 2008.

Joshua DAVIS, Conference – Invited Presentation, Royal Australasian College of Physicians (NT Branch), Annual Scientific Meeting, Title: An outbreak of Meningitis and a febrile vomiting illness due to a novel Enterovirus in the NT. Darwin, 7-8 November 2008.


Nicholas ANSTEY, Conference – invited presentation, American Society for Tropical Medicine & Hygiene (ASTMH), New Orleans, Title: Angiopoietin-2, an autocrine mediator of endothelial activation is associated with parasite biomass, endothelial dysfunction and mortality in falciparum malaria 11 Dec 2008.


Phil GIFFARD, Conference – symposium coordinator, International Symposium on Staphylococci and Staphylococcal Infections, Title: Molecular Diagnostic Assays and Recent Advances in Typing, Cairns, September 2008.


Therese KEARNS, East Arnhem Healthy Skin Program (EAHSP) 2004–2007, Health At The Heart of Australia Conference, 18th Annual Scientific Meeting and Exhibition of the Australian Cardiovascular Health and Rehabilitation Association & 12th Annual Conference of the Chronic Diseases Network of the NT, August 2008.


Tonia WOODBERRY, Conference – Invited Presentation, Royal Australasian College of Physicians (NT Branch), Annual Scientific Meeting, Title: Do regulatory T cells increase parasite proliferation and contribute to the development of severe malaria. Darwin, November 2008.

Vanessa JOHNSTON, Seminar – Australian Institute of Aboriginal and Torres Strait Islander Studies, Title: Tobacco control in Indigenous communities: an opportunity for ‘closing the gap’, Canberra, October 13 2008.


Aboriginal Health Branch NSW
Aboriginal Health Council of South Australia
Adelaide River Health Centre
Albany GSASH Health Service
Amoonguna Health Service Central Australia
Aboriginal Health Council Western Australia
Animal Management in Rural and Remote Indigenous Communities
Aboriginal Medical Services Alliance NT
Aboriginal Resource and Development Services
Alaska Tribal Consortium, USA
Alcohol Education and Rehabilitation Foundation
Alice Springs High School
Alice Springs Hospital
Ali Curung Health Service
Alphapharm
Amity Community Services
Angurugu Community Council
Angurugu Health Centre
Area 9 IT Solutions
Army Malaria Research Institute
Arnhem land Shire Council
Arnhem land Progress Association
Association for Relatives and Friends of the Mentally Ill
Auckland Hospital, NZ
AUSAID
Austin Hospital, Melbourne
Australasian Association of Cancer Registries
Australian Academy of Science
Australian Agency for International Development
Australian Centre for the Control of Iodine Deficiency Disorders
Australian College of Dermatologists
Australian Government Department of Health and Ageing
Australian Indigenous Health InfoNet
Australian Institute of Aboriginal and Torres Strait Islander Studies
Australian Institute of Family Studies
Australian Institute of Health and Welfare
Australian National University
Australian Primary Health Care Research Institute
Australian Red Cross
Australian Research Alliance for Children & Youth
Australian Research Centre for Population Oral Health
Australian Research Council
Australian Respiratory Council
Bagot Community Council
Bagot Community Health Centre
Baker Heart Research Institute
Balanu Foundation
Bamaga Health Service
Banyan House, NSW
Batchelor Institute for Indigenous Tertiary Education
Bawinanga Aboriginal Corporation
Belyuen Health Centre
Benelong’s Haven
Berrimah Prison
Berrimah Veterinary Laboratories
Bikerton Island Health Clinic
Boston Digital
Broome Regional Aboriginal Medical Service
Cabrini Hospital
Cairns Base Hospital
Calvary Mater, Newcastle
Camooveal Health Service
Canberra Hospital
Cancer Council NT
Cancer Council SA
Cancer Council Vic
Cancer Institute NSW
Catholic Education Office, NT
Central Australian Aboriginal Alcohol Programs Unit
Central Australian Aboriginal Congress
Central Australian Remote Health Development Services
Centre for Aboriginal Economic Policy Research
Centre for Adolescent Health
Centre for Chronic Disease – The University of Queensland
Centre for Community Child Health
Centre for Disease Control, NT
Centre for International Child Health
Centre for Mental Health
Centre for Remote Health
Centre for Vaccination and Child Health
Centre for Vaccinology & Tropical Medicine, UK
Channel 7 Children’s Research Foundation
Charles Darwin University
Children First Foundation
Children’s Dental Health Services, NT
Chinese University of Hong Kong
CogState Ltd
Cooperative Research Centre for Aboriginal Health
Council for Aboriginal Alcohol Services
Crocodylus Park, NT
CSL Ltd
Curtin University of Technology
Dajara Health Service
Daly River Health Centre
Darnia Diba Health Services
Daretton Health Service NSW
Department of Education and Training, NT
Department of Health & Families, NT
Department of Health, SA
Department of Health, WA
Department of Justice, NT
Department of Local Government and Housing, NT
Department of the Chief Minister, NT
Derbal Yerrigan Health Service
Derby Aboriginal Health Service
Diabetes Australia Research Trust
District Health Authority, Timika Papua
Indonesia
Drug and Alcohol Services Alice Springs
Duke University, USA
East Arnhem Shires
Edith Cowan University
Eijkiman Institute, Indonesia
Foundation for Children
Galiwinku Community Council
Gapuwiyak Community Council
Geneva International Solidarity Fund
George Institute of International Health
Geraldton Regional Aboriginal Medical Service
GlaxoSmithKline
Good Health Alliance NT
Gove District Hospital
Government of Samoa
Harold Mitchel Foundation
Herbert Karuiki Memorial University, Tanzania
Hermannsburg Community Council
Hopevale Health Service
Human Services Training Advisory Council
Ian Potter Foundation
Ilpurla Community Council
Imperial College, UK
Independent Grocers, NT
Institute of Clinical Pathology and Medical Research
Institute of Medical & Veterinary Science, SA
Institute of Medical Research, PNG
James Cook University
John Hunter Hospital
John Ratcliffe Hospital, UK
Katanning GSASH Health Service
Katherine District Hospital
Katherine West Health Board
Kidney Health Australia
Kiwanis Australia
KPHU Fitzroy Crossing
Land and Water Australia
Lanyhapuy Homelands
Liverpool School of Tropical Medicine, UK
London School of Hygiene and Tropical Medicine
Menzies wishes to thank the many individuals and communities who have granted permission to use photographic images of themselves and their children throughout this publication. In particular a big thank you to the communities of Nguiu, Galiwin’ku, Santa Teresa and Timika.
This artwork is one of 14 sold at the OCHRE Supporting Indigenous Health Through Art Auction in October 2008 which raised over $250,000 for Indigenous child health research at Menzies.