



# George

## RESEARCH

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## The George Institute, China launched

An opening ceremony to mark the launch of The George Institute, China was held on 22 May 2007.

The new Institute is a significant milestone in the development of research and capacity building in support of China's health priorities. Based in the Haidian District of Beijing, the facility will address major health problems in China such as hypertension, stroke, coronary heart disease, obesity, diabetes and injury.

Special guests included Professor Han Qide, Vice-Chairman of the Standing Committee of the China National People's Congress; Professor Huang Jiefu, the Vice-Minister of Health, China; His Excellency Dr Geoff Raby, Australian Ambassador to People's Republic of China; Professor Ke Yang, Executive Vice-President of Peking University; and Professor Bruce Robinson, Dean of the Faculty of Medicine at The University of Sydney.

Guests were welcomed by Dr John Yu, Chairman of the Board of The George Institute, and were introduced to the Institute's future plans in China by its Director, Professor Wu Yangfeng. Professor Wu outlined the considerable achievements made over the past five years, which have placed the Institute in a favourable position to establish a permanent presence in China.

Distinguished guest, Professor Han Qide noted that 80% of deaths in China are caused by chronic disease, an unprecedented health challenge yet providing a huge opportunity for real health improvements in such a highly populated country. Professor Han was pleased that the new Institute in Beijing is so well equipped to provide high-quality research for the benefit of the Chinese people.

Vice-Chairman of the Standing Committee of the China National People's Congress, Prof Han Qide (left) and Chairman of the Board of Directors of The George Institute, Dr John Yu

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COMMENT BY DR JOHN YU  
CHAIR, THE GEORGE INSTITUTE

The George Institute in China



I am pleased that my first comments in *George Research* should follow the opening of the Institute's China office in Beijing on 22 May 2007. The George Institute's Principal Directors, Professor Robyn Norton, Professor Stephen MacMahon and I were delighted to host many distinguished guests at the event, including the new Australian Ambassador to China, Dr Geoff Raby, Professor Han Qide, Vice-Chairman of the Standing Committee of China National People's Congress and the Chair of the Institute's China Advisory Board as well as Professor Huang Jiefu, the Vice-Minister of the Ministry of Health, China. We were also honoured by the presence of the new Dean of the Faculty of Medicine at The University of Sydney, Professor Bruce Robinson, who shares our vision of friendship and collaboration with the Asia-Pacific region.

The event was a significant step in the Institute's commitment to our Chinese partners and our diverse research projects in China. It also marked the extension of our Memorandum of Understanding with Peking University and its Health Science Center.

Later in the year, the George will be opening, with an equal measure of excitement, the new George Institute, India which is nearing completion in Hyderabad.

China and India both offer extensive collaborative research opportunities and our presence in these countries helps to identify, more accurately, the areas where research into chronic illness and injury can best be addressed. This collaborative approach to research will enable us to reach answers more quickly and allow us to develop approaches that are applicable and culturally relevant to not only China and India, but to our own Australian community as well.

Australia has a proud record of medical research achievements, but both China and India have



Above: Special guests and speakers at the opening ceremony included Prof Robyn Norton, Prof Bruce Robinson, Prof John Hearn, Prof Ke Yang, Prof Huang Jiefu, Dr John Yu, Prof Han Qide, Ambassador Geoff Raby, Prof Stephen MacMahon, Prof Mark Stevenson and Prof Wu Yangfeng

a rapidly growing research capacity supported by excellence in their research scientists. This means strong and equal partnerships in our combined efforts.

With these developments, I am pleased to welcome to the George team, Professor Lalit Dandona, Senior Director of The George Institute, India and Professor Wu Yangfeng who heads The George Institute, China. Their appointments will substantially underpin the planning of new initiatives in these countries.

Since the last issue of *George Research*, Mrs Joanna Capon OAM has joined the Board. As many of you will know, Joanna has been very active in the visual arts world and is credited with the establishment of the arts program at the Children's Hospital at Westmead. She has also published a guide to the museums of China. It is anticipated that several additional Board members for the Institute will be appointed before the end of the year.



Australian Ambassador Geoff Raby and Prof Han Qide 'dot the eyes' to wake the lions for their dance and (above) Dr John Yu and Prof Ke Yang unveil a plaque in honour of the Memorandum of Understanding between The George Institute and Peking University Health Science Center

Seat belt intervention points to lower deaths on China's roads



Members of the China Seat Belt Intervention Steering Committee announce the results of the Intervention at a press conference in Beijing

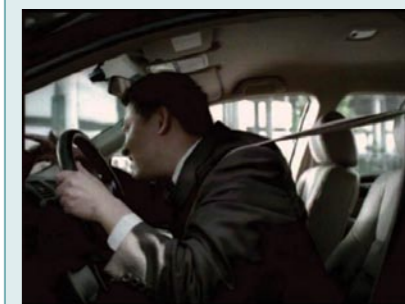
With more than 100,000 road deaths per year, China accounts for around 15% of the world's annual fatalities from traffic crashes. Motor vehicle production has increased seven-fold since 1992, and despite the availability of seat belts in almost all passenger cars in China and laws requiring restraint use, their habitual use by the population is low. Given the large human toll from road traffic injuries in China, there is an urgency to promote seat belt use in China's major urban centres.

Against this backdrop, results of a study designed to increase seat belt use in China were recently announced in Beijing. The China Seat Belt Intervention was a co-operation between the Chinese government, The George Institute, the World Health Organization (WHO) and BP China, and was the first large-scale program in the country aimed at increasing seat belt use among drivers and front seat passengers.

The intervention was implemented over a 12-month period (August 2005-August 2006) by the Guangzhou Traffic Command and Control Centre of Guangzhou Municipal Bureau of Public Security, funded and supported by BP China and evaluated by The George Institute. The successful intervention is expected to be applied nationwide.

Results clearly showed the potential for significantly increasing the use of seat belts in motor vehicles. Senior Director at The George Institute and lead investigator of the intervention, Professor Mark Stevenson, said that the risk of death is reduced by up to 60% when drivers use seat belts. "Prior to the intervention, around half of all drivers and 40% of passengers in Guangzhou used seat belts. Our study shows that, since implementation of the intervention, 62% of drivers and 53% of front-seat passengers in Guangzhou are now wearing a seat belt (with an even greater improvement among taxi drivers - more than 26% increase in seat belt use). This translates into the equivalent of 530 Disability Adjusted Life Years (DALYs) saved as a result of the intervention. The China Seat Belt Intervention has demonstrated how simple, cost-effective strategies can save lives in highly populous regions".

According to Mr Wu Guanghui of Guangzhou's Municipal Bureau of Public Security, "Activities to increase seat belt use, awareness and compliance have been implemented with great success. We accomplished significant improvements in Guangzhou city with seat belt law enforcement training for traffic police



The China Seat Belt Intervention included a social marketing campaign involving television, radio and newspapers; intensive enforcement; training of traffic police and internal management of taxi enterprises.

The highly popular TV commercial for the intervention, developed by collaborators and CECF (Chinese Export Commodities Fair) Advertising Co Ltd, recently won Bronze Prize at the 13th Guangdong Advertising Collection in 2006.

officers in conjunction with the intensive enforcement program. Enhanced police enforcement and road safety communication strategies contributed to raising the prevalence of seat belt use in the city and reducing road traffic injuries."

Dr Zhang Li from the China Ministry of Health said: "Raising the use of seat belts will significantly reduce road traffic deaths and injuries. We are extremely pleased with the outcome of this study which involved strong collaborations of government, scientists, and industry."

The WHO Representative in China, Dr Henk Bekedam believes that the results of the intervention set a good example for other cities in China. "Interventions such as this can save lives. Preventing road injury requires a sustained cross-sectoral effort and the China Seat Belt Intervention has been successful in bringing together a range of important government, community and private sector partners committed to reducing death and injury on China's roads. WHO is proud to have been part of this effort. The next challenge is replicating these great results around China."

# Effective policies crucial to addressing high smoking-related death toll in Asia

New research has highlighted the importance of developing effective tobacco control policies and campaigns to curb the high smoking levels in Asia. Failure to do so could see 160 million current smokers die before 2050, with the vast majority of these deaths occurring in China.

The research, conducted in the Asia-Pacific region, confirms that cigarette smoking substantially increases the risk of lung cancer in both Australia/New Zealand (ANZ) and Asia. It also highlights the continuing popularity of cigarette smoking across large parts of Asia, including China, where the harmful effects of smoking are still not widely understood or appreciated.

The research paper's lead author, Dr Rachel Huxley, Acting Director of Nutrition and Lifestyle Division at The George Institute, said that "Poor knowledge of both the harmful effects of cigarette smoking and of the benefits associated with quitting is likely to explain much of the continuing popularity of smoking among men in China, where there are an estimated 320 million smokers. There are huge numbers of lives to be saved through strategies that both alert current smokers to the dangers of smoking and encourage them to quit the habit."

"Effective action in Asia would help to avoid a significant number of the projected one billion premature deaths from smoking that would otherwise occur around the world by the end of the 21st century," added Dr Huxley.

The study of 500,000 adults, published in the *American Journal of Epidemiology*, by the Asia Pacific Cohort Studies Collaboration (APCSC) also found that the risks of dying from lung cancer were about twenty times higher among women who smoke compared with male smokers, a worrying finding given the increasing trend for young women to take up the habit in many countries.



The APCSC is conducting the largest ever study of cardiovascular and other non-communicable diseases in the region. Project partners include many medical institutions in the Asia-Pacific.

The Collaboration's primary goal is to provide direct, reliable evidence about the determinants of stroke, coronary heart disease, and other common causes of death in Asia-Pacific populations. It aims to produce region, age and sex specific estimates of the cardiovascular disease risks associated with blood pressure, smoking, cholesterol, diabetes and other major risk factors.

This APCSC research project was funded by the National Health and Medical Research Council, Australia and an unrestricted educational grant from Pfizer Inc.

## George Rural Health collaboration

A proposed formal collaboration between the School of Rural Health at The University of Sydney and The George Institute will focus on clinical trials and establishing a vascular clinic at the School of Rural Health.

The vascular clinic would be based on an integrated, multidisciplinary approach to vascular risk management, achieved by the involvement of multiple specialty groups (cardiologists, neurologists, nephrologists) and allied health professionals (nutritionists, exercise specialists, smoking cessation specialists). In addition to providing a specialised clinical service, the vascular clinic would also provide training and research.

"We believe the need for a specialist integrated vascular risk management service is possibly even greater in regional centres such as Dubbo," says Professor Joe Canalese, Acting Associate Dean of the School of Rural Health, "and the establishment of such a facility would substantially enhance the training and clinical research capacity of the School of Rural Health."

The collaboration outlines activities initially proposed for the Dubbo campus of the School, with a view to possible future expansion to other rural campuses (Orange and Bathurst).

## Passengers also contribute to road crashes

New research in the area of driver distraction has shown that drivers carrying two or more passengers are twice as likely to crash as unaccompanied drivers.

The study, by the injury prevention team at the George, determined the risk of a crash associated with passenger carriage compared with using a mobile phone while driving. Both carrying passengers and having a larger number of passengers in the car were related with an increased likelihood of a crash. However, this was not to the same extent as mobile phone use. Earlier studies at the George found that a driver's use of a mobile phone was associated with a four-fold increase in the likelihood of crashing.

Lead investigator Dr Suzanne McEvoy, said that carrying passengers has a number of potentially distracting effects that also occur with mobile phone use while driving. Moreover, carrying passengers may have additional effects on the driver, including peer influence.

"Drivers with passengers were almost 60% more likely to have a motor vehicle crash resulting in hospital attendance. The likelihood of a crash more than doubled in the presence of two or more passengers."

However, passenger-related risk was found to be considerably lower than that associated with mobile phone use while driving. The George Institute's Professor Mark Stevenson suggested that "In contrast to mobile phone use, passengers, with some exceptions, are generally aware of the road conditions and can moderate their conversation as needed."

"Although the risk associated with carrying passengers is lower than that associated with mobile phone use, it is likely to have a higher contribution to accidents because of the higher occurrence of drivers taking passengers as opposed to using a mobile phone when driving," Professor Stevenson noted.

While the body of evidence is increasing in relation to the road safety risks associated with mobile phone use and passenger carriage, questions remain about how these factors impact on driving behaviours. That each contribute to driver distraction is irrefutable. However, passenger carriage by young drivers may have additional effects, as recent studies have indicated. Teenage passengers may increase the risk of crash for young drivers by multiple pathways, which include not only driver distraction, but also peer influence.

"Further research to investigate these risk factors can provide an excellent basis for examining road safety policy, with the opportunity to reduce both mobile phone-related and passenger-related crashes and injuries," noted Dr McEvoy.

## The Bulletin's Smart 100



Senior Director at The George Institute, Professor John Chalmers was recently nominated as a finalist in *The Bulletin's* Smart 100 for 2007 in the health and medicine category.

The judge for the category, Sir Gustav Nossal, a distinguished Australian research biologist, selected Professor Chalmers as one of ten leaders in the health and medical field in Australia. The Smart 100 aims to identify, with the help of respected judges in each field, the smartest, most innovative and most creative people working in Australia.

The health and medicine finalists were published on June 6, with a special Smart 100 edition of *The Bulletin* to be published on June 20.

Nossal describes John Chalmers as "one of the icons of Australian medicine." John is Emeritus Professor of Medicine at The University of Sydney and also Emeritus Professor of Medicine at Flinders University in South Australia, where he was previously Foundation Professor of Medicine and Dean. His ground-breaking research on the role of the brain in the development of hypertension helped establish Flinders as a leading international centre in hypertension research and in the neurosciences. He's been extensively honoured for his research into hypertension and the prevention of stroke and heart attack, influencing the treatment of countless patients.

John was made a Companion of the Order of Australia in 1991 and awarded the Centenary Medal in 2003 for his contribution to society and science. He is a former Chair of the National Health and Medical Research Council and former President of the Australian Society for Medical Research and the International Society of Hypertension.

John now heads The Institute's research advisory unit, where according to Sir Gustav Nossal he has "turned his attention to international health and the imperative need to improve the health of peoples in developing countries."

## Australians smart on salt but slow to act: The George Institute launches the 'Drop the Salt!' campaign

A five-year salt reduction campaign that will unite health professionals, food industry, government, scientists and consumer organisations was launched on 15 May in Australia. The 'Drop the Salt!' campaign aims to reduce salt intake in Australians over a five-year period, lowering their likelihood of suffering from strokes and heart disease.

The campaign organisers also released the results of a new survey showing that, while most Australians know too much salt is bad for health, they are not doing much about it.

The new survey, commissioned by the Australian Division of World Action on Salt and Health (AWASH), based at The George Institute, shows that most Australians are 'salt smart' and recognise that most of their salt intake comes from processed foods. The majority are also aware that salt can cause high blood pressure and serious illnesses. However, few were regularly checking food labels for salt content and even fewer were acting on what they found.

According to AWASH Chair and Senior Director at The George Institute, Dr Bruce Neal, Australians are consuming far too much salt and not nearly enough is being done to reduce salt in food. "Most Australians are eating well above the six grams per day recommended by the National Heart Foundation of Australia. It is not well understood that almost everyone's health is being adversely affected by the salt they eat."

Whilst many Australian companies have already made real improvements to the salt content of their products, more still needs to be done. The 'Drop the Salt!' campaign is the first cohesive national salt reduction effort in Australia. The campaign unites a broad range of organisations in a commitment to reduce salt intake in the Australian population to six grams a day by 2012. Dr Neal believes this would prevent about one-fifth of all strokes and heart attacks in Australia each year and is now probably the most cost-effective approach to cardiovascular disease prevention.

AWASH will work with industry to try and reduce the amount of salt in processed foods



Clockwise from above: Chair of the AWASH and George Institute Senior Director Dr Bruce Neal; Chairman of Unilever Australasia, Peter Slatore; Senior Food Policy Officer, CHOICE, Clare Hughes



by a quarter, and to get the catering industry to take a similar amount out of takeaway foods. There will be a concurrent consumer awareness campaign, plus research into new food labelling to make salt content in food more understandable.

The salt reduction campaign already has the support of leaders in the medical profession and the food industry. Professor Stephen Harrap, President of the High Blood Pressure Research Council said: "Excess salt consumed throughout life causes blood pressure to rise with age. There is strong evidence that reducing salt consumption could lower blood pressure and reduce the risks of heart attack and stroke for most Australians."

"I believe the food industry has a key role to play in reducing the salt intake of the population," said Chairman of Unilever Australasia, Mr Peter Slatore. "Improving the nutritional value of our products is at the heart of Unilever's business. We have been reducing salt for several decades now and are committed to further action."

AWASH has taken its motivation from the success of the UK-based group, Consensus Action on Salt and Health (CASH). In 2006, around 194 medical experts from 48 countries around the world joined together to launch World Action on Salt and Health, in a concerted effort to reduce dietary salt intake, and thus lower blood pressure globally.

AWASH will be working to 'Drop the Salt!' by promoting the benefits of salt reduction and engaging the participation of all sectors of the Australian community; this will also extend into schools, consumers, healthcare workers, regulatory bodies and professional organisations. Regular monitoring of progress towards the goal and careful scrutiny of the development of each strategy will be undertaken throughout the campaign.

AWASH is currently expanding its network of supporting individuals and organisations who are concerned with salt and its effects on health. Visit [www.awash.org.au](http://www.awash.org.au) for more information and for a full list of advisors and supporters.

## An introduction to the application of cost effectiveness analysis in health

FRIDAY 26 OCTOBER, 2007

THE GEORGE INSTITUTE FOR INTERNATIONAL HEALTH, CAMPERDOWN, SYDNEY

Across the globe, health sector organisations, both public and private, are increasingly required to take economic considerations into account in their decision-making. This one-day course provides an introduction to the use of economic analysis in evaluating health programs, and will use real examples from a variety of health settings. It will equip participants with an understanding of the role of cost effectiveness analysis in their own work.

It is targeted at policy makers, clinicians, researchers, managers and others working in the health sector who may be dealing with these economic issues. No previous knowledge of health economics is required.

Course leaders include experienced health economists (Health Economics Collaboration) from the School of Public Health, The University of Sydney, The George Institute for International Health, and the National Drug and Alcohol Research Centre, The University of New South Wales. The day will combine short lectures, case studies and practical class exercises, and will also help students with priority setting and the application of cost-effectiveness.

For further information, visit the events calendar at [www.thegeorgeinstitute.org](http://www.thegeorgeinstitute.org) or contact Stephen Jan on [sjan@george.org.au](mailto:sjan@george.org.au).

## Australasian mental health research needs a wider perspective

Without action, mental illness is set to become the second leading contributor to the overall disease burden in low to middle-income countries in the Asia Pacific region. Mental health is already a major issue for the 85% of the world's population that do not live in affluent countries, and by 2020 depression is expected to be the leading cause of disability worldwide.

A review at the George has found that mental health research published by Australian and New Zealand researchers lacks relevance to developing countries. While Australasian mental health researchers have an outstanding record of collaboration and publishing internationally, most of this activity relates to richer countries in the Americas and Europe, whilst mental health issues in the highly populated countries outside of these developed regions were found to be poorly addressed. Less than five per cent of Australasian research articles on mental health published in high-impact journals had relevance to the wider international community.

Author Professor Helen Herrman believes that ANZ, North America and Western Europe have the resources and expertise to play a greater role in improving mental health in less well resourced countries. "It is important that research includes culturally diverse countries at various stages of development. Low and middle-income countries urgently need evidence to set local, rational priorities, encourage quality interventions and allocation of resources."

Building the capacity of individuals and institutions in low and middle-income countries is a central focus of activities at the George. Professor Craig Anderson, Director of Neurological and Mental Health Division at the George, noted that "We are addressing the growing concern and implications for developing countries facing emerging epidemics of these conditions. It is clear that there are significant gaps in knowledge about mental disorders in the Asia-Pacific region, most notably how these disorders relate to other non-communicable diseases, and the efficacy and effectiveness of interventions for these disorders."

## Staff Profile



ASSOCIATE PROFESSOR STEPHEN JAN  
Senior Health Economist  
BSc, MEd, PhD

As a Health Economist, Stephen's career interest includes the socioeconomic impact of poor health on individuals and households. He says the issue has until now been explored mainly in developing countries. "In high income countries such as Australia there seems to be the assumption that because people are covered by Medicare this is not a serious problem. However, it is evident that disease and chronic illness can have crippling economic effects on Australian households, particularly in terms of lost employment and educational opportunities."

Stephen provides health economics support to a number of studies across various disease areas at the George.

Stephen also teaches health economics at The University of Sydney and contributes to a series of one-day health economics courses in association with colleagues from the Universities of Sydney and NSW.

Whilst undertaking his PhD, Stephen took great interest in issues of health system reform, particularly in relation to addressing social inequalities. "My PhD was about the economic analysis of institutional change in the health sector and touched upon issues such as the problems associated with translating research into practice and the evaluation of complex social interventions."

Prior to joining The George Institute, Stephen spent four years at the London School of Hygiene and Tropical Medicine (UK), where he conducted research in low and middle-income countries focusing on financing and the reform of health systems. "Coming here, I wanted to continue to do international research and was excited to be part of a newly established policy and practice program at The George Institute. To be given the opportunity to establish a new program of research in health economics here was a fantastic prospect."

In 2006, Stephen received a highly competitive NHMRC Career Development Award. The award enables Australian health and medical researchers to establish themselves as independent, self-directed researchers, and encourage the translation of research outcomes into practice.

"Ultimately I'd like to achieve some sort of positive change through my research in terms of policy development and health system reform, both here in Australia and internationally. These are areas in which health economists have much to contribute."

During his down-time, he loves nothing more than relaxing in front of the TV. "I'm a great believer in the restorative qualities of good television!"

## A global health dialogue with Richard Horton

The George Institute, in conjunction with The University of Sydney, recently hosted a special event with renowned editor of *The Lancet*, Dr Richard Horton. A Global Health dialogue with Richard Horton, was held on 12 April, 2007 at The University of Sydney, where over 60 students, researchers and health professionals gathered for an open discussion with the outspoken editor.

The opportunity facilitated a broad discussion on global health, publishing and the politics of being an editor.

To find out more about future George Institute events, or to join the event mailing list, please contact Evangelie Barton on 02 9657 0300 or email [ebarton@george.org.au](mailto:ebarton@george.org.au).

George Institute Principal Director Robyn Norton and *Lancet* editor Richard Horton



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