



## Realising the Rights to Health and Development for All

**A**n International Conference and Research Symposium on Realising the Rights to Health and Development for All, was co-hosted by UNSW's Initiative on Health and Human Rights and the Central Commission for Popularization and Education of The Communist Party of Vietnam, in October in Hanoi. The Conference examined access to basic health services, public health challenges and looming health emergencies, with a view to creating a comprehensive analysis of how these issues - that have been largely addressed in isolation of one another - actually interplay, and how they can be best addressed through rights-based approaches. Professor Peter Smith, Dean of the Faculty of Medicine at UNSW, spoke at the opening ceremony of the Conference.

"Realising the rights to health and development for all necessitates bold actions on concurrent crises facing the world. Public health emergencies, economic globalization and climate change figure prominently among them," says Associate Professor Dr Dao Duy Quat, of the Central Commission

for Popularization and Education of the Communist Party of Vietnam.

Over 300 health, development and human rights experts and officials from 30 countries and over 50 academic institutions, international agencies and NGOs called for a new global health strategy. They observed that the world's most intractable health and development crises – including HIV, newly emerging public health threats and the alarming, persistent level of preventable maternal deaths – could not be solved by looking at each challenge in isolation.

"Every single one of these challenges is very important, but if we address each separately we cannot achieve the elimination of maternal mortality, or sufficient progress in other major areas of ill health and premature death," said conference Co-Chair, Daniel Tarantola, Professor of Health and Human Rights at the UNSW School of Public Health and Community Medicine. He added: "The basic human right to health and economic development are inextricably linked, so we have to understand this

complex relationship if we are going to turn Asia's growing wealth into better health."

The Conference also highlighted the way in which unprecedented resources mobilised to fight HIV/AIDS worldwide had made steady, but insufficient, inroads into controlling the epidemic, with 2.7 million new cases every year. On the other hand, low and middle income nations remain at considerable

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## ► Rights to Health

risk from pandemics, such as H1N1 and avian flu, because vaccines and medicines are largely stockpiled by wealthy nations. Climate change, the mass people movements and environmental degradation of rapid industrialisation and the current global economic downturn are compounding existing health problems.

“If we re-frame the global health agenda and emphasise the right to both health *and* development we have the best chance of successfully confronting multiple health challenges,” said conference Organizing Committee Co-Chair, Dr Cao Duc Thai, former Director of the Vietnamese Institute of Human Rights.

Professor Tarantola said the resilience and creativity of local communities – not more global health policies and funds - were the key to new health and development models. More information will be available soon about the outcomes of the Conference and Symposium at: <http://www.ihhr.unsw.edu.au>.

**The International Conference on Realising the Rights to Health Development for All was co-organised by the University of New South Wales and the Central Commission on Popularisation and Education of the Communist Party of Vietnam. The Atlantic Philanthropies, USAID/PEPFAR, AusAID, the United Nations and the Levi Strauss Foundation, and the Australian Federation of AIDS Organisations provided technical, financial and scholarship support.**

## Training Workshop on Infectious Diseases in India



James Wood and David Philp recently returned from running their first training workshop on infectious disease modelling in India at the Christian Medical College (CMCV) in Vellore, one of the top medical schools in India.

The hard work of organising it was in the able hands of Padmanesan Narasimhan (currently doing his PhD at UNSW on transmission of Tuberculosis) and Solomon Christopher, a biostatistician at CMCV who visited our school for four months earlier in the year. The workshop was supported by the Australia-India council, the department of Community Medicine and the Infectious Diseases Training and Research Centre at CMCV.

The workshop attracted about 25 students and faculty both from within CMCV and from other parts of India (one attendee came from Nepal). The aim of the course was to expose the students to the simplest mathematical models and get them to build and do some basic interpretation of them in Excel spreadsheets. In addition, the workshop aimed to give insights into how modellers go about designing and testing models and gave students the opportunity to critique modelling papers.

James Wood says: “We deliberately designed the course to have an even split between lectures and practical sessions, and despite concerns we’d made the practicals too hard, in fact most students completed them with time in hand. Feedback from students after the course was generally good but a common complaint was that it was too short – they wanted more!”

“From our own side, we struggled through the humidity and a bout of Velly Belly but were pleasantly surprised at how well our presentations were received and have plenty of ideas for how to develop and expand the course in the future. We also have to thank Padma’s family for feeding us to the brim with tasty south Indian cuisine and giving us the chance to explode a bootload of fireworks during the Diwali festival. We hope to be back next year to run the workshop again in an extended format.”



James Wood and Padmanesan Narasimhan on a house visit

# New programs in International Health

The University of New South Wales (UNSW) has provided postgraduate coursework degrees and qualifications in International Health for over 25 years. A major re-organisation of postgraduate coursework teaching in the SPHCM was undertaken in 2009 to produce stimulating and relevant courses arranged into various degree options.

Coursework qualifications related to international health available in 2010 through the SPHCM are: Master of International Public Health (MIPH) and Diploma (GradDip) and Certificate (GradCert); and the Master of Public Health (MPH), Master of Health Management (MHM) and other postgraduate degrees with international health electives. Combined degrees are also possible.

Richard Taylor, Professor of Public and International Health at SPHCM, says: "These postgraduate coursework degrees provide the basic professional training for graduates to work internationally in health departments, with non-government organizations, and with international and bi-lateral aid agencies."

All courses are 6 units of credit (UoC). From 2010, options are available for a 48 UoC (8 course) Masters (2 or 3 Semesters full-time) for those with at least a 3 year degree and experience or at least a 4 year degree (or equivalent). Candidates may also undertake a Graduate Diploma (36 UoC) or Graduate Certificate (24 UoC), which articulates with the Masters degree.

The MIPH, and MPH or MHM with international electives, can be completed over 12 months full-time for local and international students. Part-time options are available for local students. Besides the Semesters commencing in March and July, a Summer Semester is also available with most taught coursework in November-December in block/workshop format.



Enrolment can be commenced in the March or July Semesters. The fees for Masters Coursework degrees are competitive with other major Australian universities. Commonwealth Supported Places (CSP) funded through the Commonwealth Department of Education, Employment and Workplace Relations are available for local students (formerly the Higher Education Contribution Scheme or HECS). The Master degrees can be completed by coursework only or include a Project equivalent to one taught course.

Taylor says: "The MIPH, or MPH or MHM degrees with international electives, equip students with the knowledge and competencies to contribute to disease control and health promotion across a wide range of populations and countries. These extend from the least developed and post-conflict countries, still afflicted by infection and malnutrition; through middle income countries, experiencing increases in cardiovascular disease, cancer and injuries, in addition to the persistence of a communicable and under-nutrition disease burden; to more developed countries where the major challenges are non-communicable disease, although threats from infectious disease persist - such as in Russia and countries of Eastern Europe and Central Asia.

Coursework covers the transitions in human populations and health: the demographic transition (from high to low fertility and mortality), the epidemiological transition (from infectious disease and under-nutrition to non-communicable disease and injury), the nutrition transition (from energy and vitamin/mineral deficiencies to over-nutrition, obesity and chronic disease), and the accompanying cultural, social and economic transitions associated with development."

The International coursework offered by SPHCM include: epidemiological and demographic analysis; disease control and health promotion; health systems and policy; and sociology and economics. This reflects a multi-disciplinary approach to international health that integrates the physical environment with the biology of disease and human behaviour with its socio-economic and cultural determinants.

## ENQUIRIES

### Application queries and advice:

Postgraduate Coursework Office  
Email: [postgrad-sphcm@unsw.edu.au](mailto:postgrad-sphcm@unsw.edu.au),  
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# Aileen Plant Memorial Prize in Infectious Diseases

*Professor Aileen Plant was a renowned Australian infectious diseases epidemiologist, whose sudden passing on 27 March 2007 at the age of 58, while working in Jakarta, was an enormous loss to global and Australian public health. She was a medical epidemiologist, as well as Professor of International Health at Curtin University of Technology and one of the World Health Organization's leading experts in outbreak investigation. Professor Plant also held the position of Deputy Chief Executive Officer of the Australian Biosecurity CRC for Emerging Infectious Diseases. To honour her legacy to infectious diseases epidemiology, the University of New South Wales and the Department of Health and Ageing have together created an annual National competition for the Aileen Plant Memorial Prize in Infectious Diseases.*

## James McCaw awarded the 2009 Aileen Plant Memorial Prize in Infectious Diseases Epidemiology

Inaugural winner, August 2009 for the paper McCaw JM, Wood JG, McCaw CT, McVernon J, *Impact of emerging antiviral drug resistance on influenza containment and spread: influence of subclinical infection and strategic use of a stockpile containing one or two drugs*, PLoS ONE 3(6): e2362, doi:10.1371/journal.pone.0002362 (2008).

This work examined strategies for wide-spread deployment of antiviral agents during an influenza pandemic, accounting for the possibility of emergent drug-resistant strains.

McCaw says: "Our previous research had demonstrated the public health benefit of a policy based around post-exposure prophylaxis, in addition to treatment of symptomatic individuals.

We asked the question: Are there strategic ways of using a stockpile of antiviral drugs to minimise the negative impact of drug-resistance? We accounted for the fact that there are two drugs available: oseltamivir and zanamivir."

The approach was to develop a mathematical model of how influenza is transmitted in the population, capturing how antiviral agents modify that transmission and how those same drugs change the probability of the selection and subsequent transmission of a drug-resistant strain of influenza.



Through computer simulation, it was demonstrated that the outcomes under a drug-cycling strategy can be highly variable and often counter-productive. Conversely, a policy of "random" allocation of oseltamivir or zanamivir at the individual level leads to a predictable and potentially substantial delay to the peak of the epidemic. However, it was conclusively demonstrated that a policy of reserving one drug for post-exposure prophylaxis of contacts and the other for treatment of primary cases resulted in the longest delays to the peak of the epidemic and the longest delays to wide-spread drug-resistant strain emergence. As such, the research demonstrates that a treatment-drug and prophylaxis-drug policy may prove optimal in a pandemic outbreak.

The result is intuitively reasonable. Treatment is typically provided to individuals with an established infection, hence those with relatively high viral loads. As such, selective pressure by the antiviral drug increases the likelihood of a resistant strain being transmitted to the individual's contacts. By providing a different antiviral agent to the primary cases' contacts, the drug-resistant strain can still be controlled, helping to slow the population-level selection and subsequent spread of drug-resistant strains.

## ► Aileen Plant Prize

McCaw says: "The translation of "theoretical results" from models into public health policy is as challenging a prospect as development of the models themselves. Our research team includes people with backgrounds in physics, epidemiology, clinical medicine, computer science and public health. Such a cross-disciplinary group is, I believe, key to successfully contributing to the public health debate in Australia. Without such a team, there is a risk that what is produced by models is "elegant, but

irrelevant" results that don't address a pragmatic question, or fail to account for the health (or political!) realities.

This is a point I feel Aileen would agree with. She was a wonderful critic and devils-advocate in the few years I had the pleasure of knowing her while she was a senior investigator on the NHMRC Capacity Building Grant in Population Health that provides the funding for my post-doctoral position in Melbourne. She impressed upon me, and my fellow "mathematical-

sciences" colleagues, all plunging into the world of infectious diseases, and public health more generally, that models needed to offer decision makers with practical and reasonable advice.

It is my hope that our research on antiviral distribution fulfils these requirements, or that at least, in light of the 2009 outbreak, we can continue to refine it so that it does in the future."

## SPHCM staff sprinting for improved responses in crises

Including sexual and reproductive health care in emergency responses is crucial for the well-being of people surviving crises, especially women and girls. Research has shown that reproductive health problems are the leading cause of women's ill health and death around the world, and that reproductive health needs increase during crises. AusAID have provided \$3m in funding to the International Planned Parenthood Foundation for an initiative which works to increase access to priority sexual and reproductive health services in crises; this initiative is being studied in depth by UNSW SPHCM PhD students.

Known as *SPRINT*, the key element of the initiative is to increase the regional capacity of organisations to deliver the "Minimum Initial Service Package" (MISP) for reproductive health in crisis situations. The MISP is an international standard and should be implemented at the onset of a natural disaster or conflict. It aims to reduce excessive mother and newborn death and disability, decrease transmission of HIV and other sexually transmitted infections, prevent sexual and other gender based violence and provide care and support to survivors.

UNSW is involved in monitoring and evaluating the program, with four PhD students – Kristen Beek, Sarah Chynoweth, Carina Hickling and

Amy Watts - under the supervision of Associate Professor Anna Klinken Whelan, Prof Anthony Zwi and Dr Linda Kurti and Lois Meyer, researching various aspects of the program and its effectiveness.

The initiative is focused on the Asia-Pacific region and three Train the Trainer sessions were conducted in 2008: in Kuala Lumpur in May, Sydney in June-July, and Fiji in July. After the first training session in Kuala Lumpur, cyclone Nargis hit Myanmar and two participants returned there, armed with information and more confidence to argue a case for implementing the MISP. They raised concerns about women and children at all opportunities, in health cluster meetings, within government ministries and organised training for health staff working in the affected delta regions (over 2,500 trained). They also sourced the supplies required to implement the MISP, although problems were encountered in getting supplies out to where they were needed. Some key lessons learned are that local staff who are familiar with sexual and reproductive health issues in the country and are trained to support implementation of these services in a crisis, make a difference.

Anna Whelan says, "In general, development agencies feel they don't have a role in a crisis, when humanitarian agencies play a



Refugee camp in Asian region

greater role. The bridge between development and humanitarian organisations creates improved coordination and a space for advocacy, which should benefit women, children and men affected by natural disasters and armed conflict."

In 2010, the focus will also include post-conflict and protracted crisis situations. Lessons learned from this pilot initiative have been fed into a proposal for a global roll-out of this initiative into Africa, South and West Asia, the Middle East and North Africa and later into South America. SPHCM staff remain committed to ensuring research is rigorous and provides relevant and timely feedback to inform implementation.

# How to live to 100 years old

The Australian Centenarian Study under the leadership of Professor Robyn Richmond has won the prestigious UNSW Research Showcase for the best presentation. The research team in the School of Public Health and Community Medicine includes Dr Frances Kay Lambkin, post doc at NDARC, and Jenaleen Law, a BScMed Hons student working with Robyn Richmond. The study has been interviewing centenarians since 2007 and there will be around 200 centenarians in the study by the end of this year. The presentation on *Positive Ageing: How to live to 100 years* won the prize for the best presentation. It was delivered by Jenaleen Law.

Australians have the second longest life expectancy in the world. Centenarians are those who are 100 years or more and they are the fastest growing age segment in Australia, growing at a rate of 8.5% per year. In 1901 there were 50 centenarians and this had increased to more than 3,000 in 2006. NSW has the most centenarians with 1,058 people 100 years or more.

Centenarians have markedly delayed or escaped diseases that would otherwise be lethal at younger ages, such as cardiovascular diseases, cancers and Alzheimer's disease. They have a compression of morbidity in which

their illness occurs in a short period just before death.

Results were presented at the UNSW Research Showcase on 140 centenarians interviewed in NSW, Victoria, Queensland, ACT and South Australia on their lifestyle, personality and social and cognitive function.

Richmond says: "Our sample has a mean age of 101 years with the oldest centenarian, 108 years of age. Three quarters were born in Australia and 84% were female. We found that most had a medical history which was generally good. There were 29% of centenarians with heart disease, 18% with cerebrovascular disease, 29% with hypertension, 7% with cancer and 10% with diabetes. The age of onset of these diseases was between 85 to 95 years of age.

"We asked about lifestyle factors and found that only one third were current drinkers of alcohol, only two were smokers, and none were obese. Indeed, their current weight was close to what it had been for their entire adult life, a finding the Okinawan Centenarian Study has also reported. Centenarians are generally physically active and scored high on activities of daily living and independent functioning. Centenarians

are generally very positive and resilient people. They have very little depression or anxiety on HADS measure and were highly optimistic with high levels of confidence. Their mini mental scores were close to normal for someone who was 85 years of age. They were cognitively intact until well into their 90s."

Centenarians are socially connected with more than 70% of them having family contact at least one to two times a week. Two thirds of them believed that having a social group contributed to their longevity, and over half of them believed that their connectedness with their family contributed to living an extremely long life.

How can you live to 100 years or more? Here are some of the major findings from our research to date. Eat fresh food and vegetables, and try and avoid fast foods. Limit drinking alcohol and do not smoke. Maintain a healthy weight and a regular regime of exercise. Keep mentally active and interested in the world. All sound familiar? Well what about: maintaining an optimistic view of life. Be resilient in tough times. Develop and sustain a rich social and family network and work to maintain relationships and develop stress reduction strategies.

## Award Winners



**The Mental Health Matters Award for Research in 2009** was presented to Professor Robyn Richmond during the launch of Mental

Health Week in October by the Governor of NSW, Professor Marie Bashir, AC, CVO. The Mental Health Matters Award is a unique award that recognises the achievements of individuals and organisations who have worked to improve understanding, awareness, service provision and the general betterment of the mental health of our community, over the previous 12 months.

Robyn also received the **APSAD Senior Scientist award for 2009** "for excellence in science and research" in the alcohol and drug area. This award acknowledges significant contributions to alcohol and drug science and provides role models for future generations of Australian AOD scientists.



Congratulations to Jan Gralton who has received the Dean's Award for Excellence in Research. Jan Gralton is a PhD candidate based in the School of Public Health and Community Medicine.



Congratulations to Rosie Sadsad, who is in the last stages of her PhD candidature based with the Centre for Health Informatics, for her presentation on reducing the occurrence of Golden Staph infection. Rosie sang about her research to the tune of WHAM's 'Wake me up before you go go' at "Technology on Tap", a competition that formed part of AMP's 2009 Innovation Festival. Her performance, "Simulating the War on Superbugs" won first prize of \$5000.

# Report on MedEd 09

In October 2009 Dr Meredith Makeham, Course Convenor, Phase 3 Primary Care at SPHCM, attended the 'MedEd09' conference in Sydney, which was titled "Investing in our Medical Workforce".

This was the third in a biennial services of national meetings aimed at advancing medical education in Australia and New Zealand, and chaired by Professor Neville Yeomans, Dean of the University of Western Sydney. Attendees included Deans and educators from Medical Schools across Australia and New Zealand, representatives of state and federal departments of health, postgraduate medical education councils, medical colleges, and medical student organisations.

The focus of this conference was on finding solutions for the downstream problems and pressures being placed on the health system, as a result of the near doubling of undergraduate medical student numbers around Australia between 2005 and 2013. The continuum of medical education from university, the pre-vocational training years and through to vocational specialisation are all affected by this increase, and building training capacity was explored in all of these areas.

Some of the highlights included lessons shared from the UK's experience by keynote speaker Professor Sir John Tooke, and reflecting on our trans-

Tasman neighbour's perspectives from recent president of the RANZCOG Dr Ken Clark, who emphasised that every doctor is a doctor in training.

Makeham says: "A/Prof Richard Murray, Dean of James Cook University Medical School, turned us on our heads and made us look at Australia from a regional perspective. He emphasised that there is an imperative for regional Australia to capture a share of the medical graduate growth and this should be regarded as a national policy emergency."

There was a lot of discussion about the importance of supporting vocational training models for generalists, not just general practitioners but also general surgeons and general physicians, which will be in much greater demand as we move towards an ageing population with more complex health needs.

"I have left this meeting with many ideas about building training capacity in community settings, and hope that the increased number of graduates will result in great opportunities for improving our medical education and health system.

It was inspiring to see the good will and leadership displayed by the range of medical educators in attendance in partnership with other delegates, including representatives of college, governments and our medical students."

## Hand Hygiene

In collaboration with the Clinical Excellence Commission, Associate Professor Mary-Louise McLaws had four publications in a series in the MJA on hand hygiene intervention in all 208 NSW public hospitals. These articles are listed below and are available on the MJA website:

Pantle AC, Fitzpatrick KR, McLaws ML, Hughes CF. A statewide approach to systematizing hand hygiene behaviour in hospitals Clean Hands Save Lives Part I. MJA 2009; 191:S8-S12.

Fitzpatrick KR, Pantle AC, McLaws ML, Hughes CF. Culture change for hand hygiene: Clean Hands Save Lives Part II. MJA 2009; 191: S13-S17.

McLaws ML, Pantle AC, Fitzpatrick KR, Hughes CF. Improvements in Hand hygiene across NSW Public Hospitals: Clean Hands Save Lives Part III. MJA; 191: S18-S25.

McLaws ML, Pantle AC, Fitzpatrick KR, Hughes CF. More than hand hygiene is needed to affect Methicillin resistant Staphylococcus aureus clinical indicator rates: Clean Hands Save Lives Part IV. MJA 2009; 19: S26-S31.

Mary-Louise has also joined the World Health Organization's First Global Patient Safety Challenge as Epidemiology Advisor on their seven country pilot project.

## COMMUNITY ENGAGEMENT AWARD



Anne Bunde-Birouste, President and Vice-Chancellor Fred Hilmer AO, Sally Nathan and The Football United Team at the Awards Ceremony

The Football United Team has been awarded a 2009 UNSW Staff Excellence Award in the category of Excellence in Community Engagement from the University of New South Wales. Anne Bunde-Birouste has also been the recipient of an award from the Faculty of Medicine for her outstanding contributions to the community. Anne says: "These awards mean more than they may appear on the surface; they honour all of the volunteers who put in thousands of hours. And importantly they reflect UNSW's recognition and support of the important role that universities can play in building equitable and just societies, and their recognition that academic excellence can be expressed in a variety of ways."

# SPHCM Postgraduate Research Student Conference



PhD student Ma Thin Mar Win looking at research posters



L to R: Sowbhagya Somanadhan, Prof Raina MacIntyre, Kate Crosbie and Prof Daniel Tarantola



Sarah Dennis and Assoc Prof Rohan Jayasuriya

The 7th Annual SPHCM Postgraduate Research Student Conference hosted by the School of Public Health and Community Medicine (SPHCM), in conjunction with the Centre for Primary Health Care and Equity (CPHCE) and the National Drug and Alcohol Research Centre (NDARC), was held in November.

This was a wonderful opportunity to share work, insights and perspectives on leading edge issues, to network with peers and experts, and to profile the work of research students in the SPHCM.

Raina Macintyre, Head of School and Professor School of Public Health and Community Medicine, says: "Research is a priority for us and our postgraduate students are part of our research culture. Doing a Master of Philosophy, a Master by Research, a PhD or a DrPH is often the first experience of research for many of us, and making your experience as a research student as rewarding and fulfilling as possible is important. This

conference is part of the experience of undertaking a postgraduate research program at SPHCM for both students and supervisors."

Prizes were awarded for the best oral presentations. The winner was Ms Sowbhagya Somanadhan (PhD) (primary supervisor: Prof Lisa Maher, co-supervisor: Prof Anthony Zwi). Title: Participation of People Living with HIV in Civil Society in India: Phase 1 Exploratory Research/Preliminary Findings.

The runner-up was Ms Bethany White (PhD) (primary supervisor: Prof Lisa Maher, co-supervisor: Prof Gregory Dore). Title: Low hepatitis B vaccine coverage in a cohort of young people who inject drugs in Sydney.

The award for the best poster presentation was won by Ms Maryam Sana (Masters by Research) (primary supervisor: Dr Susan Priest; co-supervisors: Dr Lucy Burns, Dr Julee Oei). Title: Effects on infant growth of exposure in-utero to drugs of dependency.

An honourable mention for presentation (runner-up) was awarded to Ms Emma Barrett (PhD) (primary supervisors: Dr Katherine Mills, Prof Maree Teesson). Title: From victim to victimiser: Violent crime among substance users with PTSD.

A special thanks to all of those who assisted in making the conference possible, including those who assisted in preparation: Ms Kate Crosbie, Dr Holly Seale, Dr Tony Newall, Mr Paul Nelson, Ms Christine Rousselis, and NDARC & CPHCE for their generous funding support; as well as those involved on the day, especially chairs & panel judges (Assoc Prof Mary-Louise McLaws, Prof Siaw-Teng Liaw, Dr Jo Mitchell, Dr Holly Seale, Prof Daniel Tarantola, Dr Handan Wand, Dr Elizabeth Denney-Wilson, Assoc Prof Juliet Richters, Dr Sarah Dennis & Dr Jack Chen), students & staff who attended, and industry representatives who participated in the career fair.

## Let's hear from you

We would like to keep in touch with former staff and students of the School. Please send your contributions to the editor, Kevin Forde: [k.forde@unsw.edu.au](mailto:k.forde@unsw.edu.au)

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