To begin, can you elaborate on how your background and experience led you to your current position as Executive Director for The George Institute for Global Health, Australia?

I trained in nephrology in Melbourne, but always wanted to make a difference, which was not easy in a hospital setting. I joined the Institute in 2003 to learn how to run clinical trials and loved the work, the people and the location, so have stayed ever since. As my research career progressed, I developed a keen interest in clinical trials and epidemiology, initially focusing on the cardiovascular risk associated with kidney disease and the methods of reducing this. Prior to becoming Executive Director in 2012, I had a leadership role in the Renal Division of the Institute, before becoming the Executive Director of George Clinical in 2009.

The Institute has established offices all over the world. How is the research that it conducts unique?

Since its establishment in Sydney in 1999, the Institute has grown to encompass centres in China, India and the UK, as well as offices throughout Asia-Pacific, with over 450 global staff and projects in over 50 countries. Our research is focused on finding solutions to the leading causes of death and disability within a relatively short timeframe – whether it be for the individual patient or populations – so people around the world, whether in low- or high-income countries, have access to the treatment they need when they need it.

Our research isn’t done in laboratories, but directly with people, local communities and through collaborations with hospitals and universities. We believe this approach is central to influencing policy and practice, by working directly at the ‘coalface’, allowing us to find practical ways to relieve the burden of chronic diseases and injury on the health system. This is especially important in vulnerable communities and low-middle income countries where the burden is greatest.

Australia remains the headquarters of the organisation. Why is this location significant for the Institute and its leading scientific research centres?

The Institute is an Australian success story. Sydney continues to be the location of our head office and is the largest of our research centres. As well as the exceptionally high-quality research undertaken in Australia, our position as part of Asia-Pacific and close ties with researchers and other key stakeholders in the region help us to partner effectively to improve outcomes for people across the country, region and the world. As Asia experiences the largest disease problem worldwide, this close association is crucially important in helping us to reduce the global burden of disease.
In line with its mission to improve the health of millions of people across the world, The George Institute for Global Health is:

• Preventing heart disease in India
• Improving healthcare for Aboriginal and Torres Strait Islander Australians
• Closing healthcare gaps in China
• Making roads safer around the world
• Preventing the complications of diabetes
• Changing decades-old thinking about intensive care
• Improving outcomes among stroke survivors
• Using mobile technology to make healthcare accessible worldwide
• Developing tools to empower people to improve their own health

Can you provide an overview of the key areas of focus for the organisation in Australia?

The Institute’s programme in Australia is broadly targeting the country’s biggest killers and causes of premature death and disability – including stroke, kidney disease, heart disease, diabetes, hypertension and injury. We are working to remove inefficiencies in the health system and also identify population-based prevention strategies; for example, in cardiovascular conditions, respiratory diseases and ill health caused by diet. The Institute is also looking at ways to improve healthcare delivery; for instance, by making it easier for doctors to provide the best evidence-based healthcare possible. The health of Aboriginal and Torres Strait Islander people, who are disproportionately affected by chronic conditions and injury such as cardiovascular and kidney disease, are integral to the Institute’s research programme and mission. Thus, many of our projects focus on these communities through collaborations with them.

How does the Institute remain focused when approaching the monumental task of improving health of vulnerable populations?

The very nature of the Institute’s work is to look for solutions that are implementable at a patient and population level. Operating from both these vantage points keeps our work focused on solutions that are sustainable and scalable to ensure the delivery of affordable, high-quality healthcare, regardless of the setting. We aim to focus on the most important problems in health, which cause the greatest burden of disease, and develop the best research possible to allow these to be addressed. The issues we tackle are universally relevant to low-, middle- and high-income countries.

Faster results and better health outcomes are key goals for the Institute. Can you highlight some crucial achievements towards this end?

The Institute has developed new treatments for stroke; demonstrated that lowering blood pressure in people with diabetes reduces the risk of cardiovascular disease (CVD); empowered shoppers to make healthier food choices using our internationally award-winning app, FoodSwitch; and made transport safer on roads. Most recently, our research has shown that significant health system savings can be achieved by implementing a cardiovascular polypill that combines heart, stroke, blood pressure and cholesterol-lowering medications for those at high risk of CVD (saving up to AUS $789 per year of Medicare expenditure per person). Given that there are around 600,000 individuals at high risk of CVD in Australia, the widespread availability of such a pill could potentially save millions. In tandem, our work has also demonstrated that the use of the polypill also increases patients’ adherence to their medication, thus reducing their risk of CVD.

You played a key part in the development of George Clinical. How does this organisation fit within the wider parent organisation?

In an increasingly competitive and limited funding environment, the Institute has a unique funding model with a significant proportion of its income derived from George Clinical, the Institute’s commercial arm. In 2005, the Institute centralised our clinical trial implementation activities, which soon evolved into George Clinical in 2008 – a contract research organisation that has been at the forefront of developing new drugs and treatments, managing clinical trials for the Institute and its commercial customers around the world.

George Clinical leverages the Institute’s internationally recognised scientific expertise and track record in trial delivery within the Asia-
Pacific region to deliver excellence in clinical trials. George Clinical uses methodologies that decrease the cost of clinical development while ensuring trials still operate to the highest standards and meet regulatory requirements and stringent standards of research design. George Clinical therefore helps the Institute to achieve its aims regarding health, while also helping to grow our capacity and infrastructure.

In what ways are your own research projects contributing to clinical practice?

I am involved in a range of clinical trials aiming to prevent kidney failure and its complications, as well as preventing CVD. Some of these are looking at novel drugs that offer exciting new opportunities, while others are assessing whether different treatment strategies or old, cheap drugs might be used in different ways to improve outcomes. I am also leading research that is helping to understand the global burden of kidney disease.

Are there any collaborations or partnerships to which you would particularly like to draw attention?

The Institute has formal affiliations with a number of leading universities: the University of Sydney in Australia, the University of Oxford in the UK and Peking University in China. In addition, we have partnerships with universities, hospitals, individual researchers and a range of commercial entities around the world.

The type of ambitious, large-scale research undertaken by the Institute is only possible through the collaboration of a large number of researchers, often thousands. Our partnerships and collaborations are therefore central to our success.

Looking ahead, what are your goals for the Institute over the next few years?

5 billion people have no reliable access to essential healthcare and it is estimated that in the next decade 100 million people will die from chronic diseases before they reach the age of 60. Despite the wonderful medical advances we have seen in the last century thanks to health and medical research, clearly much more work is required if we are to reduce this impending toll. Our strategy over the coming years is to stay focused on research that has real impact on the community – be it for patients or populations, low- or high-income countries. The Institute’s research will continue to focus on the biggest causes of death and disability, finding improved ways to deliver healthcare and research that can bring about real and affordable change within just a few years – from individual medicines to healthcare delivery strategies and health system reform. This will no doubt require an even bigger focus on technology and innovation; increased collaborations and partnerships with government, business and other research groups; expansion of our advocacy efforts to influence health policy and practice at the coalface; and improved support for our team through their careers so that they can become the future leaders of the research community.