who we are

Our mission
Our mission is to improve the health of millions of people worldwide.

We will achieve this by:
• Providing the best evidence to guide critical health decisions
• Engaging with decision makers to enact real change
• Targeting global epidemics, particularly chronic disease and injury
• Focusing on vulnerable populations in both rich and poor countries

The George Institute for Global Health is a global, not-for-profit organisation located in Australia, China, India and the United Kingdom. We are a registered charity in Australia and the United Kingdom.

Our ten-year vision

Research
To be the world’s leading research centre dedicated to developing effective and affordable solutions for the healthcare challenges of the 21st century, especially in resource-poor environments.

What we might look like in 2023
• 500-700 research staff and 150-200 students across five locations
• Three surplus-generating enterprises
• $150 million in turnover
• $50 million in retained earnings
• $50 million in real estate and buildings

Enterprises
To have a suite of health enterprises providing affordable, high-quality services and products for consumers, businesses and governments globally.

How will we measure success?
• Impact as judged by changes in policy, practice and health status
• Reputation as judged by documented views of stakeholders
• Satisfaction as judged by staff retention rates, student numbers and completions
• Sustainability as judged by retained earnings

Our values

Our humanitarian commitment will spur us to tackle the health issues affecting high-risk and disadvantaged people worldwide.

Our focus on excellence will produce scientific evidence that is ethical and of the highest quality.

Our creativity will challenge traditional thinking and provide an impetus for new and innovative solutions to the world’s leading health problems.

Our integrity will underpin all our work and interactions, including our collaborations with partner organisations worldwide.

Our ‘can do’ approach will produce timely, effective action, even in the face of adversity or other barriers to implementation.

Our emphasis on impact will ensure our work has real consequences for those who are most vulnerable to disease and injury.

Our affiliations

Around the world, 20 people die prematurely every minute.
The George Institute for Global Health is aiming to reduce this figure by providing research evidence and using 21st century technologies and innovations to ensure more people live longer, healthier lives.

Since 1999, we have undertaken research on the world’s leading causes of death and disability—especially common chronic diseases and injuries—to transform policy and practice and health outcomes for people all over the world.

We’re creating big change.
Sustainable healthcare for the 21st century requires us to think big and challenge existing ways of delivering healthcare.

Our activities and achievements in the past year show that not only are we focused fully and ready for this challenge, but that we are also making a significant impact on the way the world thinks about and delivers healthcare. We are ranked among the top 10 research institutions in the world for scientific impact by the Scimago Institutions Rankings (SIR) World Reports in 2011, 2012 & 2013.

Findings from our landmark study-INTERACT-2 on the management of stroke, were published in The New England Journal of Medicine and widely disseminated and showed that the use of intravenous heparin or tissue plasminogen activator thrombolytics in patients with intracranial haemorrhage was not associated with increased disability. Our study showed that early intensive blood pressure lowering, using widely available therapies, can significantly improve the risk of major disability and improve chances of recovery by as much as 20%.

The findings of another major study-CHEST, focusing on the use of resuscitation fluids in intensive care, were also published in The New England Journal of Medicine. Rather than providing evidence about new treatments, this study showed an existing treatment was associated with no clinical benefit and potential harms, leading the European Medicines Agency to recommend the suspension of marketing intravenous resuscitation fluids containing hydroxyethyl starch.

Our biggest year ever in securing research funding
The past 12 months have been a particularly impressive year for the Institute in terms of securing major research funding, thus ensuring our continued ability to produce research findings that will impact global healthcare. In Australia alone, over $30 million was secured from the National Health and Medical Research Council (NHMRC).

A major proportion of this funding ($18 million) was awarded for continued support of our vascular research and development program—this was the third time in which our senior researchers secured five-year funding for their work—reflecting both the successful outcomes of the past years and their vision for the work planned for the future.

Other research funding was secured to support a range of extremely diverse topics. This included research on the management of heart failure in the United Kingdom; the development, implementation and evaluation of a family-led, home-based stroke rehabilitation program in India; a large, cluster randomised study aimed at examining the impact of salt reduction on stroke in China; and a large trial to be conducted in China, India and Australia, examining the impact of steroids on the prevention of kidney failure.

Additional Australian-based research was supported by the Institute included: better pain management for scoliosis; the prevention of falls and injuries in cancer patients; text messaging to prevent the occurrence of second heart attacks; the use of antithrombotic strategies to lower the risk of heart attacks and strokes in patients of general practitioners and indigenous medical services; and continued support for our research focused on the prevention of injuries among Aboriginal and Torres Strait Islander people.

Attracting global leaders and playing a global leadership role
These are two of the strategies we employ to ensure that we can ask the most important research questions and to impact healthcare globally. In early 2013 we were fortunate to be able to attract to the Institute Professor Vivekanand Jha, as Executive Director of The George Institute in India. Professor Jha is an international renowned nephrologist who previously worked at the Post Graduate Institute of Medical Research and Education in Chandigarh, one of the most prestigious medical research institutions in India. We were also pleased to attract to the institute in Sydney, Professors Norbert Berend and Christine Jenkins, both global leaders in respiratory medicine and formerly based with the Woolcock Institute in Sydney. Their success in securing major funding to examine the impact of low-dose corticosteroids and thiophylline in the treatment of chronic obstructive airways disease signals the expansion of the Institute’s work into one of the major health challenges facing many individuals in both the developed and developing world.

During 2012-13, the Institute also formally established a Food Policy Program, led by Professor Bruce Neal, and in early 2013 the program was designated by the World Health Organization (WHO) as a Collaborating Centre on Population Sodium Reduction. The Centre, led by Dr Jacob Webster, is charged with providing technical advice and support to member states, particularly low- and middle-income countries, on the development and implementation of salt reduction strategies.

Financial sustainability
Financial sustainability is also key to our continued ability to address our mission. To this end, George Clinical—the commercial arm of the organisation—has once again played a major role in generating financial returns to support the work of the Institute. Additionally, George Clinical continues to provide both academic and operational leadership not only for our commercial studies but also for a significant number of our academic trials. During the year we were pleased to welcome Philip Gregory and Dr Gopalakrishna Pai as the General Managers of George Clinical India and India respectively.

As in previous years, we recognise the financial contribution of those individuals, trusts and foundations, that have provided philanthropic support for the organisation. We are especially pleased to acknowledge the growing number of business organisations that are supporting us by engaging in corporate partnerships and sponsorships.

Overall, the Institute had another financially successful year, with a solid surplus, which, as in previous years will be used to strengthen the financial reserves of the organisation.

Our partners and supporters
Our partners and supporters play a significant role in ensuring the ongoing success of our organisation, and we would like to acknowledge their important roles. We particularly recognise our key university partners: the University of Sydney, Peking University and the University of Oxford. During this year we were pleased to become a formal affiliate of Peking University Health Science Center in China, cementing our already strong and longstanding relationship.

Our key financial supporter within the University of Oxford is the Oxford Martin School and it is with great sadness that during the year we learnt of the death of James Martin, the founder of the School, who was visionary in his approach to addressing the challenges of the 21st century have inspired us in seeking sustainable solutions to the challenges of providing healthcare for all in the 21st century.

The Institute’s Research and Development Advisory Committee (RADAC), comprising eminent international academics, met in Sydney at the end of 2012. This committee meets every five years and provides the Board with its views on the scope, content and quality of the Institute’s research. As always, the committee’s recommendations were insightful and invaluable and we were pleased that overall the committee members commended the Institute on the quality and breadth of its research and development activities.

At the time of RADAC’s meeting we hosted the inaugural John Yu AC Award and Citation, in recognition of the contribution made by the previous Chairman of the Board, both to the Institute and also to building relationships between Australia and Asia. The recipient of the Award was Professor Ten Chor Chuan, President of the National University of Singapore, who provided an inspirational oration, focusing on the need for innovative approaches to meet healthcare challenges in Asia.

We were pleased to welcome Catherine Livingstone AO as a new Board Director, recognising especially her experience in both the business world and in particular her links with the wider medical community. As usual, other board directors were incredibly supportive of the organisation during the year and we very much appreciate the contributions they made.

Big Change
The theme of ‘Big Change’ will continue to be the organisation’s focus for the coming year. Making a significant impact on how the world provides healthcare is crucial if we are to achieve our mission. We are fortunate and privileged to have dedicated staff in each of our offices. Without their support for our mission and without their incredible energy, we would not have achieved the successes of the past year. Together we look forward to ensuring that over the next 12 months we continue to undertake world-leading research that, in the short to medium term, improves the lives of millions of people worldwide.

Michael Hawker AM (Chair)
Professor Stephen MacMahan (Principal Director)
Professor Robyn Norton (Principal Director)
The 2010 Global Burden of Disease Study predicted that by 2030, non-communicable diseases such as cardiovascular disease, diabetes and stroke will claim more than 50 million lives a year. In 2010, the global economic burden of non-communicable diseases was estimated at US$6.3 trillion. By 2030, it is expected to rise to US$13 trillion.

Our research aims to reduce this burden and slow the rise of these chronic and critical conditions through innovative research and the use of low-cost technologies.

The George Institute is harnessing the innovative ways of preventing and treating chronic and critical conditions through the power of technology.

**The ATTEND Trial: Family-led rehabilitation after stroke in India**

Eighty-seven percent of the people with stroke in the world come from low- and middle-income regions in countries such as India, where each year more than 1.5 million people suffer a stroke. In a health system with very few resources, it is the families of stroke survivors that bear the burden of care, particularly in rural areas.

“We are adapting the best evidence-based components of Western-style rehabilitation to create a low-cost model, where a family member is trained to provide the essential stroke rehabilitation strategies and support,” says Professor Richard Lindley from The George Institute and the University of Sydney.

Professor Jayaram Durlal Pandian from Christian Medical College in Punjab adds that the trial is well suited to Indian family structures.

“A majority of Indian families have different generations living together in the one household,” he says. “The ATTEND Trial takes advantage of this social structure to ensure stroke survivors receive the treatment they need.”

If the findings are positive, the trial will pave the way for major changes in stroke rehabilitation practice, both in developed and developing economies.

**AT A GLANCE**

- 1,200 study participants in India with a mild to moderate disability
- Determining whether stroke rehabilitation at home, conducted by a trained family member, is an effective and affordable strategy for those with disabling stroke in India, when compared to usual care
FoodSwitch: Smartphone app fights heart attack and stroke

Since its launch in January 2012, Australia’s most popular food-scan app, FoodSwitch, has gone from strength to strength. Developed in conjunction with Bupa, the app is the result of three years of research by pre-eminent food and health policy experts from The George Institute. FoodSwitch allows users to scan the barcode of packaged foods using their smartphone or tablet and receive immediate, easy-to-understand nutritional advice. The app displays healthier food choices based on the nutritional value of close to 40,000 packaged food products found in Australian supermarkets. In early 2013, due to popular demand, FoodSwitch was updated to include new functions that allow consumers to measure salt and gluten in packaged food products. Professor Bruce Neal from The George Institute believes the app has made a healthier diet more accessible.

“Good eating habits are one of the best ways to prevent disease,” he says. “FoodSwitch will be here to help Australians do what they can to reduce the risk of dying early from heart attack and stroke.”

Interact2: Increasing the chance of recovery for stroke victims

The George Institute’s landmark study, Intensive Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial (INTERACT2), has revealed a new way to treat intracerebral haemorrhage.

The most serious type of stroke is intracerebral haemorrhage—spontaneous bleeding in the brain most often due to hypertension. It affects over one million people globally each year, kills 30–40% of sufferers and leaves 50% of survivors disabled.

INTERACT2 found that early intensive blood pressure lowering treatment in patients with intracerebral haemorrhage reduced the risk of major disability and improved chances of recovery by as much as 20%.

Patients who suffered an acute intracerebral haemorrhage and received the blood pressure lowering treatment within seven hours were better off from both a physical and psychological perspective.

“The study findings will mean significant changes to guidelines for stroke management worldwide,” says study lead and neurologist Professor Craig Anderson from The George Institute, Royal Prince Alfred Hospital and the University of Sydney.

“The results show that early intensive blood pressure-lowering methods, using widely available therapies, can significantly improve the outcome of this illness. We hope to see hospital emergency departments around the world implement the new treatment as soon as possible.”

By lowering patients’ blood pressure, doctors can slow bleeding in the brain, reduce damage and enhance recovery. The only treatment option to date has been risky brain surgery, making this research a very welcome advance.

Changing the way patients are treated in intensive care

A landmark study—CHEST (Crystalloid versus Hydroxyethyl Starch Trial)—has contributed to restrictions on resuscitation fluid containing hydroxyethyl starch (HES).

Conducted by the Australian and New Zealand Intensive Care Society Clinical Trials Group and The George Institute for Global Health, CHEST demonstrated that the use of HES for resuscitation in intensive care patients showed no clinical benefits—nor did it result in an increase in the use of kidney dialysis and increased risk of death.

In June 2013, the European Medicines Agency recommended the suspension of marketing of intravenous resuscitation fluids containing HES. In the same month, the US Food and Drug Administration issued a package warning against its use for resuscitation of critically ill patients in intensive care units (ICU), and for patients undergoing cardiac surgery.

“CHEST trail results showed that in ICU patients, there was no significant difference in the risk of dying within three months between starch and saline,” explains Professor John Myburgh, Director of Critical Care and Trauma at The George Institute.

“However, resuscitation with starch resulted in an increased number of patients being treated for kidney failure, primarily through the use of acute renal replacement therapy.”
Injuries account for over 5 million deaths a year, almost one out of every 10 in the world and a number greater than the combined deaths from HIV/AIDS, tuberculosis and malaria. A significant proportion of these are caused by falls, largely because of the world’s increasing elderly population, which is also a major factor in the growing burden of chronic disease and disability worldwide. A major focus of The George Institute’s research is on the prevention and management of falls in older people and the management of chronic disease in these populations.

Each year **540,000 deaths** occur from number has increased by over **50%** over falls and this the decade

**Yoga helps older people improve balance and prevent falls**

According to the World Health Organization (WHO), falls are the second most common cause of death from unintentional injuries, accounting for 11% of all unintentional injury-related deaths worldwide. Falls among older people are a common occurrence. At least one-third of people aged 65 and over fall each year, and more than 50% of fall-related deaths worldwide occur among people aged 60 and over.

The George Institute is conducting research in Australia and India, which is showing the potential of yoga to help older people improve their strength and mobility. This, in turn, is helping to reduce their risk of injury and death caused by falls.

**AT A GLANCE**

- Indians aged 60 and over
- Evaluating the likely impact, acceptability and feasibility of a yoga-based program aimed at improving balance and mobility for older residents in urban India

Falls are common among older Australians. The Ambulance Service of New South Wales attends approximately 42,000 fall-related callsouts for older people each year.

The George Institute conducted a study between December 2011 and June 2012. The study participants showed significant improvements following a 12-week program of Iyengar yoga, a branch of Hatha yoga that focuses on balance, precision and alignment.

“This study demonstrates the need for further investigation into yoga for preventing falls,” says study lead Dr Anne Tiedemann from The George Institute and the University of Sydney.

**AT A GLANCE**

- Evaluating the effect on balance and mobility of a 12-week Iyengar yoga program, as well as program feasibility in terms of uptake, adherence and safety

Preventing falls and promoting healthy ageing in India

As the birthplace of yoga, India is the natural setting for further trials on its effectiveness to prevent falls among older generations.

In Hyderabad, Andhra Pradesh, The George Institute conducted a trial to evaluate the effects of yoga on balance and mobility in Indians aged 60 and over. Participants attended yoga twice a week for three months. The results showed that yoga significantly improved balance and mobility, a promising sign that yoga can reduce their risk of falls, and therefore injury.

“I used to not have strength to stand,” says one female participant. “I used to get tired when I walked. But after doing yoga I’m feeling far better. I can walk and move my legs freely - I have balance.”

Study lead Dr Lisa Keay of The George Institute and the University of Sydney, notes that the trial also resulted in significant weight loss among participants.

“The rate of Type 2 diabetes among people in urban India is extremely high, the engagement in physical activity and control of obesity through regular yoga may also be beneficial to controlling chronic diseases,” she says.
Finding smarter ways to manage kidney disease in the elderly

Kidney disease is a major cause of social and economic burden worldwide. For the past 20 years the number of people with kidney disease in the developed world has steadily increased, particularly in people aged 65 years and over. "Elderly sufferers of kidney disease often have other health issues that impact on their survival," says Associate Professor Martin Gallagher, Director of The George Institute’s Renal and Metabolic Division. "If they are on dialysis, their health outcomes are generally poor. It’s a big undertaking and it affects not only the patients, but also their families as well. The costs and risks of interventions through dialysis are very high, but there is very little data that looks at the outcomes of elderly patients and the impact dialysis has on them."

To fill the knowledge gap, in 2013 the Renal and Metabolic Division commenced planning for new research. Led by Dr Meg Jardine and Dr Celine Foote, the study will focus on developing data sets that can inform the care of elderly and frail patients with end stage kidney failure. By collating and integrating data on these patients’ health outcomes, the George Institute can develop a clearer understanding of which supportive care treatments and therapies are of most benefit to individual patients.

The George Institute and collaborators from the Australian and New Zealand Society of Nephrology will begin research in 2016.

Giving older heart patients confidence through follow-up care technology

The 2012 National Heart Failure Audit Report found that approximately half of all patients hospitalised with heart failure in the United Kingdom will either die or be readmitted within one year. Outside of hospitals and general practitioner surgeries, the provision of care for patients with chronic heart failure is often fragmented and inadequate. According to Dr Kazem Rahimi, Deputy Director of The George Institute UK, this is because these patients spend 99% of that following year in their home environment, and yet 1% with a healthcare provider.

"Once discharged, the patient has minimal exposure to face-to-face health services," explains Dr Rahimi. "Their medical needs may change but their healthcare providers cannot track their progress from a single source of information."

To overcome the fragmentation and continuously connect healthcare providers with patients, The George Institute and the National Institute for Health Research’s NHS Biomedical Research Centre are developing an open-source software app called SUPPORT-HF (Seamless User-centred Proactive Provision of Risk-stratified Treatment for Heart Failure). SUPPORT-HF runs on a tablet PC and can be used anywhere, at any time, by discharged patients. It comes with a Bluetooth-enabled blood pressure-monitoring cuff and a stethoscope, and includes fields to track patients’ weight, oxygen levels and symptoms. Patients enter their information, which is automatically sent to healthcare providers, who can use it to continuously monitor symptoms and provide feedback.

"This system is giving me confidence knowing that somebody is overseeing me if anything drastic happens," says one trial patient. "If you can keep your confidence about your health, you’re going to be more determined to put up your own fight and lead a healthy and fitter life.”

AT A GLANCE

- 400,000 Britons are affected by heart failure with an average age of 75 years
- Streamlining the provision of healthcare to chronic heart failure patients by developing and evaluating a simple heart failure monitoring and risk prediction system that patients can use in their own homes
- Establishing a system that creates early prediction of risks to patient management is proactive
- This research is supported by the National Institute for Health Research, United Kingdom
Disadvantaged populations suffer a disproportionate share of the burden of disease. In low- and high-income countries alike, they are poorly served by existing health systems.

Our research aims to find practical ways to improve the health of disadvantaged people and to help close the gap.

Controlling chronic disease in northern China & Tibet

Smartphone app helps medical team manage high-risk patients

In late 2011, The George Institute launched the Simplified Cardiovascular Management in India and China Study (SimCard). This project involved designing, piloting testing and evaluating a simple program to reduce and prevent heart disease in low-resource areas.

The initial trial included 18 villages in India and 32 villages in Tibet’s Linchi region and its capital of Uzara. Based on a 2x2 model, the program involved giving high-risk residents two medications: aspirin and low-dose diuretics—and encouraging two lifestyle modifications: stopping smoking and reducing salt intake.

In collaboration with telecommunications company China Mobile, the team developed a smartphone app that allowed community health workers to record and monitor the progress of high-risk patients. Each month, health workers visited villages to support local doctors in educating residents and reviewing patients’ progress.

With an average height of 3,600 metres above sea level, Tibet’s location presented challenges for the project team. “Many of the villages are perched high on mountains and are very difficult to reach,” says Mary Tian from The George Institute at Peking University Health Science Center in Beijing. “Our dedicated team traveled by motorbike, horse and even on foot to reach the villages each month.”

AT A GLANCE

- Developing, testing and evaluating a simple, low-cost program, delivered by primary healthcare providers and community health workers for managing cardiovascular disease in resource-scarce regions
- This research is supported by a partnership with China Mobile

Chronic illnesses such as stroke and heart disease are a major threat to the lives of people in rural northern China and Tibet. Our research has shown that around one-third of these populations have high blood pressure and are at high risk of cardiovascular disease. This is primarily caused by two lifestyle factors: smoking and high salt diets.

Around 30% of people in northern China smoke. In Tibet, people drink up to seven litres of yak butter tea a day, which is made with tea leaves, yak butter and salt. These lifestyle factors, combined with high altitude living conditions, have given rise to populations in great need of support.
From A to B: a program that’s Driving Change

Aboriginal and Torres Strait Islander people are two to three times more likely to die in car crashes and 10% more likely to suffer a serious injury from a road crash than other Australians. Yet Aboriginal people are less likely to hold a current driver’s licence. Having a licence increases people’s opportunities for employment, enables them to travel around their community and introduces them to important road safety messages. It also allows them to more easily access health services, particularly if they live in remote areas.

In May 2013, The George Institute launched the Driving Change program with funding partner AstraZeneca. Driving Change is a driver licensing support program that aims to increase the number of licensed drivers in Aboriginal communities across NSW. With support from the New South Wales Government, the initiative funds positions for local Driver Licensing Champions, creates driver mentoring opportunities, and links young people with relevant services and information.

Melissa Carnay, the first Driver Licensing Champion for Sydney’s Redfern area, belives many local young people will benefit from the program. “As a youth worker and a mother, I can see that this will not only help open doors and improve independence for our young people, it will also help them get a better understanding of how important road safety is.”

Getting smart about healthcare

In 2012, The George Institute ran the SMARTHealth India pilot study, which used seven inch tablet devices to improve screening and treatment of cardiovascular risk factors. Based on the findings, we are now planning to launch a large-scale trial in March 2014.

The SMARTHealth involved engaging Accredited Social Health Activists (ASHAs) employed by the Indian Government’s National Rural Health Mission. ASHAs are trained female community health workers who we believe can play a key role in improving primary healthcare.

The ASHAs used the SMARTHealth tablet app (previously known as HealthTracker) to ask patients questions to assess and record their blood pressure, blood glucose, weight and height. The app calculates a comprehensive risk profile that is uploaded to a secure electronic health record, which doctors can access. High-risk individuals are then referred to a doctor who follows management plans for the patients’ long-term care.

ASHAs provided positive feedback about being empowered with greater health knowledge, and being able to pass this on to patients. “This is very useful for the community as we now know how to measure blood pressure and sugar levels,” says Ms Shinsha, an ASHA who participated in the pilot. “I have noticed and identified three people among 20 participants who did not know about their health status.”

However, the pilot highlighted that high-risk patients referred to primary healthcare centres often had difficulty accessing doctors and the medication they needed. Thus we identified staff capacity and supply chain management as two key issues to overcome in the 2014 trial.

Closing the.................gap

Aboriginal and Torres Strait Islander people face numerous health challenges, and can expect to live roughly 10 years less than non-Indigenous Australians. Road traffic injuries are one of the top 10 contributors to the life expectancy gap.

At The George Institute, improving the health of Aboriginal and Torres Strait Islander people is a priority. We run a number of community programs and research initiatives to facilitate this process.

AT A GLANCE

- www.drivingchange.com.au
- Increasing the number of licensed drivers in Aboriginal communities across NSW
- This research is supported through partnerships with AstraZeneca and the NSW Government

An urgent need for health innovation

With a population of around 1.27 billion people, India needs 3 million doctors to provide adequate healthcare—but it only has 500,000. People living in rural India have limited access to primary healthcare, and the quality of this care does not meet their needs.

Innovative ideas for improving the health system are desperately needed.
Early in 2013, The George Institute’s Board of Directors approved the establishment of George Health Enterprises as a separately incorporated entity responsible for all commercial activities arising from the Institute’s research programs.

George Health Enterprises consists of three divisions:
- George Technologies
- George Medicines
- George Clinical

Each division provides commercial expertise, strategic direction and policy advice to develop new projects that will finance the George Institute.

**George Technologies**

George Technologies focuses on creating affordable healthcare technologies for emerging economies. It focuses on two streams of development: clinical software for primary care providers and consumers, and therapeutic devices for the management of chronic diseases.

**Clinical software for primary care**

For many remote and rural communities across the world, access to a qualified medical practitioner is limited. Often the only source of care is a non-physician health worker. George Technologies has developed SMARTHealth, an integrated software platform that provides evidence-based personalized guidance for the Systematic Medical Appraisal, Referral and Treatment (SMART) of patients with common serious conditions. The system, which will run on low-cost tablet computers, is designed to identify people with or at high risk of the conditions most likely to cause premature death or disability. In the first instance, the focus is on the management of cardiovascular diseases that cause heart attack and stroke. However, in the future, the focus will be extended to other long-term conditions such as chronic obstructive lung disease, chronic pain and depression. In addition, infectious diseases that are common in emerging markets will also be a target for SMARTHealth. The system is designed for out-licensing to a wide range of providers of primary healthcare in emerging markets such as India. To find out more about SMARTHealth, read Getting smart about healthcarecare on page 16.

**Therapeutic devices**

One of the biggest challenges facing healthcare systems worldwide is maintaining long-term adherence to the medications necessary for chronic disease prevention and control. George Technologies is therefore developing a pipeline of devices that will provide drug-like treatment effects without the requirement for daily medication. The first device, for which trials will start in 2014, is an electronic micro-implant that monitors and controls blood pressure.

This alternative to antihypertensive drug therapy has several potential advantages: first, it avoids entirely the problem of poor adherence to medications; second, it should improve overall blood pressure control by linking the electronic control of blood pressure directly to the measured level, thereby minimizing the risk of both low and high blood pressure; and finally, since there are no recurring costs and minimal healthcare requirements after placement of the implant, it may be well-suited to the needs of emerging markets where healthcare expenditure is largely out-of-pocket and access to qualified medical practitioners is limited. Other devices targeting other common chronic conditions are planned.
George Medicines

George Medicines focuses on the development of low-cost and highly effective drug treatments for the world’s emerging markets. “We cannot assume that drugs developed for established markets such as Australia or the United Kingdom are necessarily suitable for use in emerging markets such as China or India,” explains Professor Stephen MacMahon, Principal Director of The George Institute. “In emerging markets there is a much wider range of community healthcare providers, as well as a much greater variation in relationships between providers and consumers. In general, there is a need for simple, effective treatments that do not require a great deal of healthcare provider involvement.”

Polypills—giving medicines a social context

George Medicines is re-engineering and reformulating essential drugs to accommodate the different requirements of emerging markets. The first example is two polypills developed for the management of patients who have had a heart attack or a stroke. Each single tablet contains several different drugs that taken together once a day produce large reductions in the risk of further complications. The George Institute has conducted a large clinical research program that has shown these polypills produce better adherence and bigger risk reductions than usual care with multiple individual drugs. These benefits were observed in established and emerging markets. Since emerging markets generally have greater problems maintaining long-term adherence, polypills may have a particularly important role in the care of these high-risk patients. Other polypills targeting common chronic conditions are planned.

George Health Enterprises provides financial support to The George Institute and healthcare enterprises by nurturing social entrepreneurship.
george clinical

Established in 2005, George Clinical provides clinical trial management for commercial entities and medical research organisations, and for The George Institute.

Scientific and Operational Excellence in Clinical Trials

In the 2012-13 financial year, George Clinical’s net profit of $3.5 million was used to support The George Institute’s research work.

The organisation continued its successful track record of 10% annual revenue growth, achieving a turnover of $16.2 million. This was similar to our solid performances in the previous two years.

During the year, the team grew from 137 to 163 people, reflecting strong growth in China and East Asia.

New partnership agreements

In addition to organic growth, in November 2012, we entered into two new formal partnerships with contract research organisations (CROs) based in Taiwan and South Korea.

The partnerships are designed as in-sourcing agreements and will see George Clinical take responsibility for training and managing the quality of all CRO employees in Taipei and Seoul who are directly engaged in research with us.

"These partnerships are very important for George Clinical as they allow us to work with established organisations in two large and growing markets for clinical research," says Dr Marius Petersen, Managing Director of George Clinical.

"Taiwan and South Korea enjoy strong government support for clinical trial development, and are important to our commercial customers, making them ideal locations for expansion."

Dr Jack Lee, President of LSK Global Pharma Services, says “We particularly value the nature of the relationship we have with George Clinical as it makes both teams more energised, dedicated and the partnership more productive and creative than other more hierarchical agreements. We know that George Clinical appreciates and values the partnership very highly and has invested in our training and quality management. In turn, we know we are appreciated and we ensure that our team pay great attention to the needs of George Clinical’s projects."

Legal entities established

In 2012-13, George Clinical established itself as a legal entity in China, Hong Kong, India and Malaysia. The organisation can directly employ staff in those countries and act as a sponsor for clinical trials on behalf of our clients.

In December 2012, Mr Philip Gregory joined George Clinical as the General Manager of our China office. In June 2013, we welcomed Dr Gopalkrishna Pai as our General Manager in India.

Scientific leadership: our point of difference

For clinical trials in therapeutic areas aligned with The George Institute, George Clinical can provide strong scientific leadership as well as operational support for trial management.

"Where appropriate, academics from The George Institute get involved in protocol development and lead steering committees for these trials," explains Dr Petersen. "They can directly engage with clinicians and contribute to the clinical relevance of the study in their country. Their continuing engagement with investigators throughout the trial enhances investigator motivation with flow-on effects to trial recruitment and subject retention."

The George Institute Annual Report 2012-13
In 2012–13, George Clinical’s net profit of $3.5 million went towards funding The George Institute’s research.

Support to Research

Global trial management contracts continue to grow

George Clinical’s clients benefit from our strong base of more than 12 years experience in cardometabolic studies. In January 2013, we signed a new contract worth $20 million over four years for a global outcome study to identify hard clinical endpoints in renal disease.

George Clinical is responsible for trial management in the Asia-Pacific region, as well as the collection and analysis of endpoints for the study globally. Recruitment has commenced for the 1,000 patients required for the study in our region.

Our work on large outcome studies illustrates our goal of contributing to the body of scientific evidence to support new therapies and supporting The George Institute through our profits. George Clinical’s role in the scientific leadership and operational management of one such trial was pivotal to the compound’s approval by the US FDA (U.S. Food and Drug Administration) this year.

In addition to our scientific leadership and operations roles in projects aligned with the research interests of The George Institute, our teams are providing clinical trial management services for a wide range of registration and pivotal studies in the Asia-Pacific region. These studies are in diverse therapeutic areas including oncology and immunology.
The George Institute’s people are our strongest asset.

We are committed to attracting, developing, rewarding and retaining the world’s leading minds in health research. This ensures we can continue our mission to improve the health of millions of people worldwide.

Academic leaders

The George Institute employs a strong team of academic leaders who are dedicated to the institute’s mission and its values. We also pride ourselves on nurturing future leaders across our offices in Australia, China, India and the United Kingdom.

Organisational Structure 2012–13

Board of Directors

Principal Directors

Stephen MacMahon and Robyn Norton

Research and Development Advisory Committee (RADAC)

GLOBAL

Regional

ENTREPRISES

George Health Enterprises

CEO, George Health Enterprises - TBA

George Clinical

Executive Director - Viola Parkes
Managing Director - Mark notoriously
Scientific Director - Bruce Neal
Senior Director, Operations - Denise Clarke-Hendry
Director, Business Development - Jacqueline Thorn
Director, Compliance - Deborah Fox
Associate Director, Projects - Amanda Jobs
Head of Data Management - Paul Donnelly
General Manager, China - Philip Gregory
General Manager, India - Gopalkrishna Pai

George Ventures

Executive Director - Anthony Rodgers

George Institute, Australia

Executive Director - Viola Parkes
Senior Director, Professional Unit - John Clarke
Senior Director, Food Policy - Bruce Neal
Senior Director, Neuroradiological & Mental Health - Craig Anderson
Director, Cardiovascular - Graham Hills
Director, Critical Care & Trauma - John Myburgh
Director, Injury - Rebecca Jones
Director, Musculoskeletal - Chris Magus
Director, Rural & Metabolic - Martin Gallagher
Business Manager - Patra Glanis

George Institute, China

Executive Director - Yinglong Wu
Deputy Director & Head R&D - Liying Tan
R&D, Finance & Administration - Yijian Zhang

George Institute, India

Executive Director - Vinothambardhan
Deputy Director & Head R&D - Pathak Mavir
Director, Finance & Operations - Ashutosh Amam

George Institute, UK

Co-Executive Directors - Robyn Norton and Stephen MacMahon
Deputy Director - Karamchari Rahimi
Executive Manager - Paul Ryder
Board of Directors

The George Institute for Global Health’s Board of Directors is charged with setting the strategic direction of The George Institute, and overseeing and monitoring its performance against agreed objectives.

The Board protects and promotes the goals of the organisation, ensuring robust governance and management.

Its membership includes academic and business leaders who are considerate of the ethical, social and cultural interests of our wide range of stakeholders.

The Board supports key academic organisational values including, scholarly academic freedom and scientific integrity while overseeing compliance with the Australian Corporations Act 2001 (Cth) and the Australian Charters and Not-for-profit Commission Act 2012 (Cth).

Michael Hawker AM (A)
Chair
Michael is a Non-Executive Director of Axa-PIF Group (UK), The Macquarie Group and Washington H. Soul Pattison. His former executive roles include CEO and Managing Director of Insurance Australia Group (IAG). Executive Director of Business and Consumer Banking at Westpac, Executive Director of Citibank International in Europe, and Deputy Managing Director of Citibank in Australia. He has been Chair of the Insurance Council of Australia, the Financial Services Council and the Australian Financial Markets Association, a Board Member of The Geneva Association, and a Member of the Financial Sector Advisory Council. He is a Senior Fellow of the Financial Services Council of Australia and a Fellow of the Australian Institute of Company Directors. Michael joined the Board in February 2011.

Russell Alford (A)
Non-Executive Director
Russell has worked in the global investment industry both domestically and internationally for over 27 years. He spent the majority of his career at the global investment bank UBS as a Managing Director in Sydney and London. Currently, Russell is the Executive Chairman and a founding partner of Manxlay Partners, a New York-based multi-strategy global investment firm. Former appointments include Non-Executive Director of the Australian Securities Exchange, Chairman of Ord Minnett and Senior Advisor to JP Morgan (Australia). Russell has an MBA from the University of Sydney and was involved in medical practice prior to joining the investment industry. Russell joined the Board in August 2013.

Gina Anderson (D)
Non-Executive Director
Gina brings 12 years of experience as a Director serving in both Non-Executive and Executive Director capacities. She is currently an Advisory Board Member of the Australian Charters and Not-for-profits Commission (ACNC). Chair of Women’s Community Shelters Limited, a Philanthropy Fellow at the Centre for Social Impact at the University of New South Wales and a Member of the Sydney Appeals Committee of the Salvation Army. Gina was Executive Director and CEO of Philanthropy Australia from 2005 to 2010. Her previous roles at St Hiliers and Westpac included senior general management, corporate affairs, human resources and executive responsibilities. Gina joined the Board in February 2012.

Elsa Atkin (A)
Non-Executive Director
Elsa is a Company Director and management professional. Her experience in the not-for-profit sector, change management, advocacy, media and corporate relations sectors was gained through her previous roles as Executive Director of the National Trust of Australia (NSW), Deputy Director of the Ernst Foundation and a senior executive at the Australian Broadcasting Corporation (ABC). She has served on a variety of government and non-government boards and committees, including Symphony Australia, University of Western Sydney Nepean Campus, the Heritage Council of NSW, the NSW Library Council, and the Immigration Review Panel. Elsa’s current Non-Executive Directorships include the National Trust of Australia (NSW) and Synergy & Telco Ltd. Elsa joined the Board in July 2007.

Joanna Capen OAM (A)
Non-Executive Director
Joanna is a Board Member of the Sydney Children’s Hospital Network (Randwick) and Member of Women’s Community Shelters Ltd. She is also a Director of the Sydney Children’s Hospital Network. She is also Chair of Operation Art and Member of the Editorial Advisory Board of Art and Australia. She is a former Board Member of the Royal Easter Show. Joanna is a researcher in the field of mental health. Joanna was awarded the Order of Australia in 2006 for services to health and education, and in 2013 was awarded the Order of Australia (OAM) for services to children and young people. Joanna joined the Board in March 2007.

Peter Church OAM (A)
Non-Executive Director
Peter is Group Chair of Allianz Venture Group, an Asia- and Australia-based corporate advisory and consulting firm. Previously he was the Regional Managing Partner for Asia at the law firm Freshfields. His other current directorships include Special Counsel to the law firm Stephenson Harwood, Chair of Bangkok International Enterprises Limited and the Indo-China Starfish (Australia) Foundation, and Director of O&M Holdings Limited and the Singapore International Chamber of Commerce. Peter is also Chair of the Asia Pacific Business Advisory Group, the International Award for Young People (DUKE of Edinburgh Award, a Member of the Advisory Board of Akara Foundation, Indonesia, and Chair of the Australian Institute of Company Directors’ Singapore Committee. Peter joined the Board in June 2004.

Will Delaet AM (A)
Non-Executive Director
Will stepped down on the 30 April 2013.

Catherine Livingstone AO (A)
Non-Executive Director
Catherine spent 20 years working in the field of implantable medical devices, including six years as CEO and Managing Director of Cochlear Limited. She is Chair of Testra Capital Limited and a Non-Executive Director of the Macquarie Group, WCL Funeral and Goldfields Medical Pty Ltd. She is also a Member of the South Wales Innovation and Productivity Council. Catherine’s former roles include Chair of the Commonwealth Scientific and Industrial Research Organisation (CSIRO), President of Chief Executive Women, and Chair of The Australian Business Foundation. She also served on the Boards of Goodman Fielder Limited, Rural Press Limited, the Sydney Institute and Macquarie Graduate School of Management. Catherine joined the Board in August 2012.

Paul McGintick AO (A)
Non-Executive Director
Paul is Chairman of Myer Holdings Limited, Thales Australia, NSW Ports and iMED Network, and a Director of St Vincent’s Health Australia Limited. Paul has served as the Secretary to Cabinet and Head of the Cabinet Policy Unit reporting directly to the Prime Minister as Chair of Cabinet, with responsibility for supervising Cabinet processes and acting as the Prime Minister’s most senior personal adviser on strategic directions in policy formulation. Former positions include Chairman of MediaWorks Private Limited, the COAG Reform Council, the Expert Panel of the Low Emissions Technology Demonstration Fund, Infotel Management Limited, Symbion Health, Affinity Health, Ashton Mining, Platou Resources and the Woolcock Institute of Medical Research. Paul graduated in Arts and Law from the University of Sydney and is an honorary fellow of the Faculty of Medicine. He is a Life Governor of the Woolcock Institute of Medical Research. Paul joined the Board in October 2013.

Jason Yatess (A)
Non-Executive Director
Jason is a founding partner and the CEO of Yatess Associates, a corporate advisory and investment firm based in Beijing. He was Head of China Strategy and Head of Sustainability for Insurance Australia Group, and a lawyer with Davis Polk & Wardwell in New York and Coors Chambers Westgarth. Jason was also a Director of the Sydney Institute, the National Centre for Volunteering, the NSW Government’s Sydney Metropolitan Strategy Group and the China-Australia Chamber of Commerce (in Beijing), and a Governing Member of The Smith Family. Jason joined the Board in June 2007.

Professor Stephen MacMahon
Principal Director
Please see bio on page 32.

Professor Robyn Norton
Principal Director
Please see bio on page 32.

Carolyne Rodger (A)
Company Secretary and Legal Counsel
Carolyne Rodger was appointed Company Secretary on 22 February 2013. She is also Company Secretary of George Clinical Pty Ltd, and The George Foundation for Global Health. Carolyne is admitted as a lawyer with the Supreme Court of NSW and is a member of the Law Society of NSW. She holds a Bachelor of Business, a Bachelor of Laws, and Graduate Diplomas in Applied Finance, Investment and Legal Practice. Prior to joining The George Institute, Carolyne held senior roles in corporate governance, risk management, legal and compliance with Platinum Asset Management and Perpetual Investments, and was Company Secretary for the Charter Hall Group. She has over 20 years of practical corporate governance experience.
Board & Research Committees

To assist the Board with the execution of its responsibilities, a number of Board committees meet regularly on specific issues. Board committee meetings are reported to the Board of Directors following each committee meeting.

<table>
<thead>
<tr>
<th>Board committee</th>
<th>Description</th>
<th>Membership</th>
</tr>
</thead>
</table>
| Finance, Risk and Audit Committee | Advises the Board on financial reporting, risk management systems and internal controls, and external audit functions. | Don Green (Chair)  
David Clark  
Robyn Norton                                                                 |
| Development Committee      | Provides strategic direction on philanthropic plans and activities.          | Gina Anderson (Chair)  
Elza Atkin  
Joanna Capon  
Stephen MacMahon                                                                 |
| George Health Enterprises Committee | Provides strategic direction and policy advice to foster social entrepreneurship and social enterprises that enhance the financial stability of The George Institute. | Peter Church (Chair)  
Don Green  
Jason Yet-ven Li  
Stephen MacMahon                                                                 |
| Nominations Committee      | Advises the Board on the appointment and nomination of Directors and Officers of the Company and members of Board committees. | Michael Hawker (Chair)  
Catherine Livingstone  
Stephen MacMahon  
Robyn Norton                                                                 |
| Remuneration Committee     | Reviews the remuneration framework for the Principal Directors and strategies for the recruitment and retention of key executives. | Michael Hawker (Chair)  
Catherine Livingstone  
Don Green                                                                 |
| Research Committee         | The Constitution requires the establishment of a Research Committee with a membership comprising a majority of suitably qualified individuals to assess the relevant area of health and medical research. | Michael Hawker (Chair)  
Joanna Capon  
Stephen MacMahon  
Robyn Norton  
Anushka Patel  
Vlado Perkovic                                                                 |

The Research and Development Advisory Committee (RADAC) is an independent body, constituted by and providing advice to the Board of Directors at The George Institute for Global Health.

RADAC members are invited to provide an independent assessment of the scope, content and quality of The George Institute’s research and development activities as well as its future global and regional research strategies, within the context of the Institute’s mission and vision. RADAC members are invited to assess the Institute’s past performance as well as provide advice on future directions.

RADAC members are especially invited to advise on capacity development, management and maintenance of research quality, maximising research funding and the translation of research findings into policy and practice.

Professor Terry Dwyer AO (Chair)  
Senior Fellow, Centre International Agency for Research on Cancer, Lyon, France  
Honorary Professor of Paediatrics, University of Melbourne, Melbourne, Australia

Professor Deborah Cook  
Canada Research Chair of Research Transfer in Intensive Care, McMaster University, Hamilton, Canada

Professor Gary Jennings AO  
Director and CEO, Baker IDI Heart and Diabetes Institute, Melbourne, Australia

Professor Michael Merson  
Director, Duke Global Health Institute, Durham, USA

Professor Vikram Patel  
Professor of International Mental Health, London School of Hygiene and Tropical Medicine, London, UK

Professor Tan Chook Chuan  
President, National University of Singapore, Singapore

Professor Wang Hai Yan  
Director, Peking University Institute of Nephrology, Beijing, China

A world-class Board working with leading researchers to create big change.
Senior Management Committee

The Senior Management Committee is staffed by regional and department heads within The George Institute and George Clinical. The Committee meets regularly to review and discuss our work and future plans.

Professor Stephen MacMahon (1)
Principal Director
Together with Stephen MacMahon, Robyn founded The George Institute. She is a Principal Director of The George Institute ( Honourary), and an Executive Director of a number of its subsidiary companies, including George Clinical. She is Professor of Medicine and a James Martin Professorial Fellow at the University of Oxford, and Professor of Cardiovascular Medicine at the University of Sydney, and Visiting Professor of Clinical Epidemiology at the University of New South Wales. She is an Honorary Professor of the University of Queensland, and is an Honorary Consultant at the Royal Prince Alfred Hospital (Sydney).

Professor Robyn Norton (2)
Principal Director
Together with Stephen MacMahon, Robyn founded The George Institute. She is a Principal Director of The George Institute (Honorary) and an Executive Director of a number of its subsidiary companies, including George Clinical. She is Professor of Public Health at the University of Sydney Medical School, and Professor of Global Health and a James Martin Professorial Fellow at the University of Oxford. Robyn holds an Honorary Professorship at The George Institute for Global Health, Science Center, and is an Honorary Consultant at the Royal Prince Alfred Hospital (Sydney).

Professor Anushka Patel (3)
Chief Operating Officer, The George Institute India
Anushka is a Professor of Medicine at the University of Sydney and a cardiologist at Royal Prince Alfred Hospital (Sydney).

Tim Regan (4)
Chief Operating Officer

Tim is the Chief Operating Office and Chief Financial Officer of The George Institute. He has extensive experience in the services, property and construction industries, including as former CEO of Mirvac Group, CEO of TJS Services, Commercial Manager for Centre and Professor of Epidemiology in the Department of Epidemiology and Biostatistics at The George Institute. Yangfeng has made valuable contributions to the predicts the impact of cardiovascular disease in the region as a result of her previous work at the Cardiovascular Institute, a major public health department, and the World Health Organization Collaborating Center in Cardiovascular Disease Prevention, Control and Research in China, and her current work at The George Institute.

Professor Yangfeng Wu (5)
Executive Director, The George Institute China
Professor Yangfeng Wu is the Executive Associate Director of The George Institute. Yangfeng is the Executive Associate Director of the Clinical Research Institute at The University of Health Science Center and Professor of Epidemiology.

Dr Marisa Petersen (6)
Managing Director, George Clinical
Marisa is the Managing Director of George Clinical, the clinical trial delivery arm of The George Institute. Marisa has a PhD in Clinical Pharmacology and Pharmacokinetics and worked for over 20 years in the pharmaceutical industry. Prior to joining George Clinical, Marisa was the Vice President for Asia Pacific for Omnicare Clinical Research, taking responsibility for the delivery of trials in the Asia-Pacific region.

Professor Vivekanand Jha (7)
Director, The George Institute India
Vivekanand is the Director of The George Institute India and a member of the Pharmacological Industry Council BCO Taskforce.

Peter Delnix (8)
Director of Research Services
Peter’s career has spanned both the academic and research management sectors. For the last 25 years he has worked in research management in a number of senior roles. In 2005 he joined The George Institute as the Head of Research Services. Key responsibilities associated with this role included contributing to the strategic planning process, developing policies on research management, and pursuing opportunities for growth and funding.

Mark Botos
Director, Global Information Technology

Sarah Hazell
Director, Global Human Resources

E. Richard Mills
Director, Global Communications
The George Institute is grateful for the generosity of our supporters in the philanthropic and corporate sectors. Together, we are improving the health of millions of people worldwide.

In 2012–13, we collaborated on projects that encompassed Aboriginal and Torres Strait Islander health programs, capacity building through fellowships and scholarships, social impact investing and innovation in health technology.

From the prevention of foetal alcohol syndrome in Aboriginal communities in Australia, to the treatment of cerebral haemorrhage in China, the Institute’s impact is truly global.

Together, we’re improving the health of millions of people worldwide

The call to action

The world urgently needs innovative new ways of providing essential healthcare. If we do nothing, by 2020 over 100 million people aged 60 and under will be killed or permanently disabled by medical conditions that are entirely avoidable.

The George Institute is pioneering bold new strategies to provide financially sustainable healthcare for billions of people. This mission requires the support of governments, industry, foundations and individuals who understand that big change is needed, right now.

The solution

The George Institute applies the highest levels of transparency and accountability to our partnerships. Our supporters can feel confident their gifts are being used according to their wishes.

The George Institute is committed to formulating, evaluating and implementing innovative new approaches to healthcare. To deliver these projects, we work closely with hospitals, primary care clinics and community health services around the world

From rural India to downtown London, we target the most common causes of premature death and disability, focusing on chronic disease pandemics such as diabetes, heart attack and stroke.
A thank you to **our supporters**

The George Institute for Global Health would like to sincerely thank our supporters.

ANZ Trustees
The J.O. & J.R. Wicking Trust

Dr James Martin
Oxford Martin School

Bupa and
Bupa Health Foundation

Australian Physiotherapy
Association

Motor Accident
Insurance Commission

King & Wood
Mallesons

Oxford Academic
Health Science Network

NSW Parliamentary
Lions Club

HCF Health and Medical
Research Foundation

Motor Accidents
Authority

GE Healthcare

American Physical
Therapy Association

Transport Accident
Commission

Cages
Foundation

AstraZeneca

Oxford
Biomedical
Research Centre
Net surplus

In the 2012-13 financial year The George Institute consolidated its financial position, reporting a net surplus of $1.6 million, which is consistent with the previous year. The Institute’s investment portfolio also performed well.

Operating revenue in Australia was the main focus of our activity, followed by China, India and the UK. The Institute carefully managed its costs across all activities to produce another solid financial performance.

At the end of the financial year, The George Institute had $12.4 million of cash and $11.8 million of trade and other receivables. The investment portfolio rose to finish the year at $71 million. Deferred income, representing unused funding received for projects, increased to $16.6 million. Overall retained earnings increased to $9.7 million, placing the Institute in a financially sound position.

Peer-reviewed funding

The Institute continued to successfully secure Australian and non-Australian peer-reviewed grants. In Australia, the Federal Government’s National Health and Medical Research Council and Australian Research Council provided grants.

Government funding

Based on the Institute’s successful grant income, Australia’s Federal and New South Wales Governments provided grants to support the Institute’s infrastructure and administration. A range of federal, state and territory governments also provided support for specific research projects undertaken by the Institute. Despite this, funding the overall costs of running a global operation cannot be met by infrastructure income alone and each division aims to secure additional funding to its grant income.

Clinical research

Several years ago, the Institute realised that government funding was insufficient to support its global activities. To meet the shortfall, the Institute established the clinical research organisation George Clinical Pty Ltd. As well as managing the Institute’s research projects, George Clinical manages commercial trials for global pharmaceutical companies, of which 100% of the profits are devoted to supporting the Institute’s global research. During 2012-13, George Clinical invested in corporate governance and new offices to aid future growth.

Donations & sponsorship

Donations and sponsorships are a small but important source of funding for the Institute. During the year, the Institute received donations from a small yet valuable group of supporters.

Funding sources for 2012-13

- Peer review
- Infrastructure grants
- Donations received
- Other government
- Other
- Contract research
- George Clinical
### Statement of Comprehensive Income
for the year ended 30th June 2013

<table>
<thead>
<tr>
<th>Consolidated</th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>48,380,991</td>
<td>51,149,906</td>
</tr>
<tr>
<td>Other Income</td>
<td>1,992,930</td>
<td>1,804,333</td>
</tr>
<tr>
<td>Employee Benefits Expense</td>
<td>(27,186,012)</td>
<td>(34,666,685)</td>
</tr>
<tr>
<td>Depreciation and Amortisation Expense</td>
<td>(518,258)</td>
<td>(449,627)</td>
</tr>
<tr>
<td>Impairment of Intangible Assets</td>
<td>(36,856)</td>
<td>(36,856)</td>
</tr>
<tr>
<td>Rental Expense</td>
<td>(1,976,511)</td>
<td>(2,476,410)</td>
</tr>
<tr>
<td>Administration Expense</td>
<td>(1,891,426)</td>
<td>(2,567,378)</td>
</tr>
<tr>
<td>Study Contract Fees</td>
<td>(6,316,033)</td>
<td>(5,401,055)</td>
</tr>
<tr>
<td>Patient Recruitment Expense</td>
<td>(869,349)</td>
<td>(6,677,964)</td>
</tr>
<tr>
<td>Consultants’ and Sub-contractors’ Fees</td>
<td>(3,910,149)</td>
<td>(6,824,338)</td>
</tr>
<tr>
<td>Travel/Accommodation Costs</td>
<td>(2,237,046)</td>
<td>(2,200,949)</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>(3,550,799)</td>
<td>(3,973,990)</td>
</tr>
<tr>
<td>Total Other (Expenses)</td>
<td>(924,536)</td>
<td>(712,695)</td>
</tr>
<tr>
<td>Surplus for the Year</td>
<td>1,592,653</td>
<td>1,410,825</td>
</tr>
</tbody>
</table>

### Statement of Financial Position
as at 30th June 2013

<table>
<thead>
<tr>
<th>Consolidated</th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>12,368,584</td>
<td>16,183,038</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>11,811,022</td>
<td>7,971,412</td>
</tr>
<tr>
<td>Other Assets</td>
<td>1,375,687</td>
<td>543,778</td>
</tr>
<tr>
<td>Accrued Income</td>
<td>1,128,340</td>
<td>16,989</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>26,683,633</td>
<td>24,906,477</td>
</tr>
<tr>
<td>NON-CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>7,117,975</td>
<td>6,109,537</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>1,889,601</td>
<td>917,894</td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>9,007,576</td>
<td>7,027,431</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>35,691,009</td>
<td>31,933,808</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>18,633,446</td>
<td>16,529,129</td>
</tr>
<tr>
<td>Provisions</td>
<td>3,328,065</td>
<td>2,962,352</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>25,337,511</td>
<td>24,491,481</td>
</tr>
<tr>
<td>NON-CURRENT LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>607,214</td>
<td>805,467</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td>607,214</td>
<td>805,467</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>25,944,725</td>
<td>24,386,948</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>9,746,284</td>
<td>7,546,860</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign Currency Translation Reserve</td>
<td>(329,432)</td>
<td>(459,829)</td>
</tr>
<tr>
<td>Available for Sale Financial Asset Reserve</td>
<td>54,098</td>
<td>(929,313)</td>
</tr>
<tr>
<td>Accumulated Surplus</td>
<td>8,429,271</td>
<td>8,429,271</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>9,744,591</td>
<td>7,040,129</td>
</tr>
</tbody>
</table>
Statement of Cash Flows for the year ended 30th June 2013

<table>
<thead>
<tr>
<th>Consolidated</th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Flow from Operating Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipt of Grants and Contract Revenue</td>
<td>54,227,191</td>
<td>56,580,507</td>
</tr>
<tr>
<td>Payments to Suppliers and Employees</td>
<td>(55,698,272)</td>
<td>(53,103,264)</td>
</tr>
<tr>
<td>Dividends Received</td>
<td>236,472</td>
<td>327,248</td>
</tr>
<tr>
<td>Interest Received</td>
<td>267,569</td>
<td>347,561</td>
</tr>
<tr>
<td>Net Cash Generated from (used in) Operating Activities</td>
<td>(967,459)</td>
<td>4,151,670</td>
</tr>
<tr>
<td>Cash Flow from Investing Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payment for Purchase of Plant and Equipment</td>
<td>(1,485,070)</td>
<td>(481,274)</td>
</tr>
<tr>
<td>Proceeds from Sale of Available-for-Sale Financial Assets</td>
<td>4,693,345</td>
<td>4,757,632</td>
</tr>
<tr>
<td>Payment for Available for Sale Investments</td>
<td>(5,355,249)</td>
<td>(4,544,754)</td>
</tr>
<tr>
<td>Receipt of Held-to-Maturity Investments</td>
<td>310,000</td>
<td>–</td>
</tr>
<tr>
<td>Payment for Held-to-Maturity Investments</td>
<td>(1,010,000)</td>
<td>(310,000)</td>
</tr>
<tr>
<td>Net Cash Generated from (used in) Investing Activities</td>
<td>(2,846,995)</td>
<td>(600,397)</td>
</tr>
<tr>
<td>Net increase (decrease) in cash and cash equivalents held</td>
<td>(3,916,456)</td>
<td>3,551,273</td>
</tr>
<tr>
<td>Cash and Cash Equivalents at the Beginning of the Financial Year</td>
<td>16,183,038</td>
<td>12,631,451</td>
</tr>
<tr>
<td>Cash and Cash Equivalents at the End of the Financial Year</td>
<td>12,368,584</td>
<td>16,183,038</td>
</tr>
</tbody>
</table>
Ranked among the top 10 research institutions in the world for scientific impact by the *ScImago Institutions Rankings (SIR)* World Reports in 2011, 2012 & 2013.
The George Institute for Global Health

BIG CHANGE: SUSTAINABLE HEALTHCARE FOR THE 21ST CENTURY

Annual Report 12–13
Publications, Presentations & Collaborations
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Ranked among the top 10 research institutions in the world for scientific impact by the *SCImago Institutions Rankings (SIR)* World Reports in 2011, 2012 & 2013.


Fathima FN, Joshi R, Agrawal T, Hege S, Xavier D, Misquith D, Chidambaram N, Kalantir SP, Chow C, P. Journal Articles


The measurement of lipids currently and 9 years ago - Tenckhoff catheter insertion.

Journal Articles

American Journal of Kidney Disease

Jagnoor J, Keay L, Ivers R


Masterson R, Fooite C. Perspective - the issues surrounding ESKD and dialysis in the elderly and those with co-morbidities. Nephrology (Carlton). April 2013. [Epub]


study in patients undergoing non-cardiac surgery. BMJ Open. 2012;2(4)e001474. [Epub]


Books and Book Chapters


Peiris D. Clinical Editor, National Aboriginal Community Controlled Health Organisation (NACCHO), Royal Australian College of General Practitioners (RACGP). National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander people, 2nd edition. South Melbourne: The Royal Australian College of General Practitioners (RACGP), 2012.


Reports to Government and Non-Government Organisations


Conferences

Conference Proceedings/Abstracts


Machado L, Couto FG, Mendes LP, Miranda VS, Ferreira PH, Ferreira M, Dias JM, Dias RC. Care seeking and health care utilization among Brazilian elders with low back pain. The PAINEL Study. Proceedings of the Primary Care Research on Back Pain International Forum XII. Odense, Denmark, October 2012; pp 140.


The George Institute for Global Health.

Publications, Presentations & Collaborations 2012–13


Conferences

CRAIG ANDERSON

How to organise a large clinical trial [invited speaker]. Tiantan International Stroke Conference. Chaoyang, China, June 2013.

ESC highlights and interpretation of INTERACT2 results [invited speaker]. Takeda Critical Care Summit. Kunming, China, June 2013.

Implications and implementation of INTERACT2 [invited speaker]. Takeda Critical Care Summit. Kunming, China, June 2013.


Depression after stroke. 8th World Stroke Congress. Brasilia, Brazil, October 2012.

Disorders of emotional control expression. 8th World Stroke Congress. Brasilia, Brazil, October 2012.


Should we routinely use hyperacute advanced CT in the selection of patients for acute reperfusion therapy or just do a plain CT and get on and treat everyone? Stroke Society of Australasia (SSA) 2012 Annual Scientific Meeting and the 8th Smart Strokes Australasian Nursing and Allied Health Stroke Conference. Sydney, Australia, August 2012.

HISATOMI ARIMA


ALAN CASS
RENAL study investigators association of ACEI use and AKI outcomes: an observational analysis of the Randomised Evaluation of Normal vs. Augmented Level of replacement therapy (RENAI) trial. The World Congress of Nephrology. Hong Kong, June 2013.

The Cardiovascular Polypill. The University of Western Australia Cardiovascular Group Seminar. Perth, Australia, August 2012.

Challenges to the provision of sustainable and appropriate renal services to Aboriginal people from remote communities. Western Australia Renal Forum. Perth, Australia, August 2012.

Closing the gap: too many Indigenous Australians are dying too young with chronic disease. The Sir Charles Gairdner Hospital Grand Rounds. Perth, Australia, August 2012.


Renal results from the ADVANCE study. The Royal Perth Hospital Endocrinology Seminar. Perth, Australia, August 2012.

Research to improve health outcomes for Aboriginal people with complex chronic disease. The Derbarl Yerrigan Aboriginal Health Service. Perth, Australia, August 2012.


JOHN CHALMERS


Main results of the INTERACT2 trial [invited speaker]. 23rd European Meeting on Hypertension and Cardiovascular Protection. Milan, Italy, June 2013.

Symposium dedicated to results from INTERACT2 (panel member). 22nd European Stroke Conference. London, United Kingdom, May 2013.


PRAVEEN DEVARSETTY

ELIZABETH DUNFORD
Nutritional quality of Australian breakfast cereals - are they improving? The 16th International Congress of Dietetics. Sydney, Australia, September 2012.

BEVERLEY ISSUE

How are household economic circumstances affected after a stroke? The Psychosocial Outcomes In StrokE (POISE) study. Stroke 2012 Conference. Sydney, Australia, August 2012.

MARTIN GALLAGHER


RAMA GUGGILLA
Are current initiatives in urban health research in India sufficiently geared towards the growing burden of non-communicable diseases in urban Indian population? European Urban Health Conference 2012 (EURO-URHIS 2). Amsterdam, Netherlands, September 2012.

MAREE HACKETT
Depression. Teaching Session on ‘Behaviour, cognitive and other disorders after stroke’. 8th World Stroke Congress. Brasilia, Brazil, October 2012.

Predicting who will return to paid employment after stroke: the Psychosocial Outcomes In StrokE (POISE) cohort study. Stroke Society of Australasia Annual Scientific Meeting Sydney. Australia, August 2012.

NAOMI HAMMOND

JUN HATA
Systolic blood pressure variability predicts both macrovascular and microvascular complications in type 2 diabetes: the ADVANCE trial [on behalf of the ADVANCE Collaborative Group]. 24th Scientific Meeting of the International Society of Hypertension. Sydney, Australia, October 2012.

Visit to visit variability of systolic blood pressure predicts macrovascular and microvascular events in patients with type 2 diabetes: the ADVANCE trial [on behalf of the ADVANCE Collaborative Group]. 23rd Stroke Society of Australasia Annual Scientific Meeting. Sydney, Australia, August 2012.

STEPHANE HERITIER
Efficient penalised likelihood estimation for the Cox model. 20th Conference in Computational Statistics (COMPSTAT 2012). Limassol, Cyprus, August 2012.

JAGNOO JAGNOOR
A qualitative study on the perceptions of preventing falls as a health priority among older people in Northern India. South-East Asia Regional Public Health Conference. Kolkata, India, February 2013.


Road traffic injuries in India: Results from Million Death Study. Road Traffic Injury Research Network Meeting. Wellington, New Zealand, October 2012.

MEG JARDINE
Antithrombotic agents in chronic kidney disease (CKD) [invited speaker]. NSW Endocrine Renal Scientific Meeting. Sydney, Australia, June, 2013.


MIN JUN

LISA KEAY


SRADHA KOTWAL
The impact of patient location on outcomes in AMI patient with kidney disease [poster]. The World Congress of Nephrology. Hong Kong, June 2013.

MARY ANNE LAND

STEPHEN MACMAHON


CHRIS MAHER
Primary care management of acute back pain [invited speaker]. Joint Symposium on Current Health Research by the Faculties of Medicine of the University of Sydney and the University of Chile. Santiago, Chile, September 2012.

Primary care management of back pain [invited speaker]. Joint Symposium on Current Health Research
Presentations

by the Faculties of Medicine of the University of Sydney and the City University of Sao Paulo. Sao Paulo, Brazil, September 2012.

Primary care management of acute back pain [invited speaker]. Joint Symposium on Current Health Research by the Faculties of Medicine of the University of Sydney and the University of Sao Paulo. Sao Paulo, Brazil, September 2012.

Primary care management of back pain [invited speaker]. Joint Symposium on Current Health Research by the Faculties of Medicine of the University of Sydney and Federal University of Minas Gerais. Brazil, September 2012.

Low back pain: basic mechanisms, treatment and management. 14th World Congress on Pain. Milan, Italy, August 2012.

ALEXANDRA MARTINIUK


PALLAB MAULIK


DANIELLE MILLICAN


JOHN MYBURGH


Further results from the CHEST trial. Australian and New Zealand Intensive Care Society Annual Scientific Meeting. Noosa, Australia, March 2013.

Type of intravenous fluids [invited speaker]. Conferences de soins intensifs et de medecine d’urgence, Hospital Erasme. Brussels, Belgium, November 2012.


Fluid resuscitation with 6% HES (130/0.4)/vs normal saline: the CHEST trial [plenary speaker]. European Society of Intensive Care Medicine Annual Scientific Meeting. Lisbon, Portugal, October 2012.


BRUCE NEAL


The work of The George Institute for Global Health, including reducing salt in the Australian diet. Food Standards Australia And New Zealand (FSANZ) Board Meeting. Canberra, Australia, May, 2013.


ROBYN NORTON


ANUSHKA PATEL


Multi-sectoral approaches to affordable healthcare delivery in resource-poor settings [chair of roundtable discussion]. Official roundtable meeting at the American Heart Association Scientific Sessions. Los Angeles, USA, November 2012.


VLADO PERKOVIC


KAZEM RAHIMI


Health and high density living. World Economic Forum Summer Davos. Tianjin, China, September 2012.

JULIE REDFERN


LYNSEY WILLENBERG
Variation of acute treatment costs of trauma in high-income countries. London Trauma Conference. London, United Kingdom, November 2012.

MARK WOODWARD

YANGFENG WU

Research on secondary prevention of non-communicable diseases. The 8th NHLBI-UHG (UnitedHealth Group) Centres of Excellence Semi-Annual Steering Committee Meeting. Beijing, China, April 2013.


Globalisation of biomedical research – a response from China. 2012 Peking University Health Science Center – University of Michigan Health System Joint Institute Symposium: Ann Arbor, USA, November 2012.


The growing burden of cardiovascular diseases in rural China. The 23rd Great Wall International Congress of Cardiology and Asia Pacific Heart Congress. Beijing, China, October 2012.


LIJING YAN


Global networks to improve global health outcomes: the NCD perspective. 8th Biennial Joanna Briggs International Colloquium on ‘Channelling the River of Knowledge to Improve Global Policy and Practice’. Chiang Mai, Thailand, November 2012.

Our Collaborators

Australia and New Zealand

Aboriginal Health & Medical Research Council of NSW
Aboriginal Medical Service Western Sydney
Ambulance Service of NSW
ANZAC Research Institute
AstraZeneca Australia
Auckland City Hospital
Auckland MRI Research Group
Austin Hospital
Australasian Kidney Trials Network
Australian Academy of Science
Australian and New Zealand Dialysis and Transplant Registry
Australian and New Zealand Intensive Care Research Centre
Australian and New Zealand Intensive Care Society Clinical Trials Group
Australian and New Zealand Society of Nephrology
Australian Cardiovascular Health and Rehabilitation Association
Australian Commission on Safety and Quality in Health Care
Australian Food and Grocery Council
Australian Institute of Health and Welfare
Australian Medical Association
Australian National University
Australian Physiotherapy Association
Australian Practice Nurses Association
Australian Primary Health Care Research Institute
Australian Society of Teachers of the Alexander Technique
Baker IDI Heart and Diabetes Institute
Bankstown-Lidcombe Hospital
Bathurst Hospital
Blacktown Mt Druitt Hospital
Boden Institute of Obesity, Nutrition, Exercise and Eating Disorders
Brain and Mind Research Institute
Bupa Australia
Cairns Base Hospital
Calvary Health Care
Calvary Mater Newcastle Hospital
Campbelltown Hospital
Canberra Hospital
Cancer Council NSW
Canterbury Hospital
Cardiac Society of Australia and New Zealand
CARI Guidelines
Central Australian Aboriginal Congress
Centre for Accident Research & Road Safety – Queensland (CARRS-Q), Queensland University of Technology
Centre for Eye Research Australia
Centre for Health Economics, Research and Evaluation, University of Technology Sydney
Centre for Health Innovation and Partnerships
Centre for Primary Health Care and Equity, University of New South Wales
Charles Darwin University
Christchurch Public Hospital
Coalition for Research to Improve Aboriginal Health
Coles Supermarkets
Commission for Safety and Quality in Healthcare
Commonwealth Scientific and Industrial Research Organisation (CSIRO)
Community Transport Association NSW
Concord Hospital
Cooperative Research Centre for Aboriginal Health
Curtin – Monash Accident Research Centre
Deakin University
Dietitians Association of Australia
Domino’s Pizza
Dora St Physiotherapy
Double Bay Physiotherapy
Dubbo Hospital
Dunedin Hospital
Eastern Clinical Research Unit (Box Hill)
Edith Cowan University
Epilepsy Action Australia
Flinders Medical Centre
Flinders University, Department of Medicine
Florey Neurosciences Institute, Melbourne
Food Standards Australia New Zealand
Fred Hollows Foundation
Fremantle Hospital
Garvan Institute of Medical Research
Geelong Hospital
George Weston Foods
Goodman Fielder
Gosford Hospital
Guide Dogs NSW/ACT
Healthways
Healthy Kids School Canteen Association NSW
Heart Foundation
Heart Research Centre, Royal Melbourne Hospital
High Blood Pressure Research Council of Australia
H.J. Heinz Co Australia Ltd
Honda Australia Rider Training
Hornsby Ku-ring-gai Hospital
Hutt Hospital
Inala Indigenous Health Service
Indigenous Health Service
IRF Foundation
James Cook University
John Hunter Hospital
Kellogg’s, Australia
Kidney Health Australia
Kids and Traffic Early Childhood Road Safety Education Program, Macquarie University
Kolling Institute, University of Sydney
Launceston General Hospital
Lithgow City Council
Liverpool Hospital
Lyell McEwin Hospital
Maai Ma Health Aboriginal Corporation
Macarthur Physiotherapy and Sports Injury Centre
Macquarie University
McCain
McDonald’s
Melbourne Renal Research Group
Ménière’s Support Group of NSW Inc
Menzies Centre for Health Policy, University of Sydney
Menzies School of Health Research
Middlemore Hospital
Ministry of Health, New Zealand
Monash Medical Centre
Monash University Accident Research Centre
Monash University School of Epidemiology and Preventive Medicine
Monstrer Muesli NSW
Motor Accident Insurance Commission QLD
Motor Accidents Authority of NSW
Nambour General Hospital
National Aboriginal Community Controlled Health Organisation
National Heart Foundation of Australia
National Injury Surveillance Unit
National Institute for Health Innovation, The University of Auckland
National Prescribing Service
National Stroke Foundation
National Stroke Research Institute, Melbourne
National Trauma Research Institute
Nepean Blue Mountain Local Health Network
Nepean Hospital
Neuroscience Research Australia
New South Wales Food Authority
New South Wales Ministry of Health
New Zealand Food Safety Authority
Ngaanyatjarra Health Service
Nganampa Health Council
Ngaanyatjarra Health Service
Nepean Blue Mountain Local Health Network
Nepean Hospital
Neuroscience Research Australia
New South Wales Food Authority
New South Wales Ministry of Health
New Zealand Food Safety Authority
Ngaanyatjarra Health Service
Nganampa Health Council
North Ryde Physiotherapy
North Shore Hypertension Service
NSW Agency for Clinical Innovation
NSW School Canteen Association
Nutrition and Wellbeing Clinic
Orange Hospital
Penrith Physiotherapy Sports Centre
PepsiCo
Physiotherapy New Zealand
Port Macquarie Hospital
Prince of Wales Hospital
Preventive Medicine
...
Private Healthcare Australia
Queensland Aboriginal & Islander Health Council
Queensland Health
Renal Research
Repatriation General Hospital
Research Australia
Roads and Traffic Authority, NSW
Roads and Traffic Authority, Sydney Region
Royal Adelaide Hospital
Royal Australasian College of Physicians
Royal Australian College of General Practitioners
Royal Brisbane Hospital
Royal Hobart Hospital
Royal Melbourne Hospital
Royal North Shore Hospital
Royal Perth Hospital
Royal Prince Alfred Hospital
Royal Rehabilitation Centre Sydney
Royal Victorian Eye and Ear Hospital
Royal Perth Hospital
Royal Prince Alfred Hospital
Royal Southwestern Hospital
Salute! Matters
Sanitarium Health Food Company
Save Sight Institute, University of Sydney
Sax Institute
School of Optometry and Vision Science, University of New South Wales
Servier Australia
Shoalhaven Hospital
Sir Charles Gardiner Hospital
South Australian Health and Medical Research Institute (SAHMRI)
Special Spinal Rehab
St George Hospital
St Vincent’s Hospital, Melbourne
St Vincent’s Hospital, Sydney
Statewide Stroke Services, NSW
Stroke Society of Australasia
Subway Systems Australia
Sydney Adventist Hospital
Sydney Children’s Hospital
Sydney Eye Hospital
Sydney Magnetic Resonance Imaging
Sydney South West Area Health Service
Sydney Specialist Physiotherapy
Sydney Spine Physiotherapy
Tamworth Hospital
Tangentyere Council Inc
Tauranga Hospital
Tharawal Aboriginal Corporation
The Alfred Hospital
The Children’s Hospital at Westmead
The Food Group
The John Curtin School of Medical Research, Australian National University
The Parents’ Jury
The Prince Charles Hospital
The Royal Australian College of General Practitioners, Melbourne
The Smith’s Snackfood Company
The Townsville Hospital
The Trust Company
The University of Auckland
The University of Melbourne, Department of Psychiatry
The University of Newcastle
The University of Queensland
The University of Queensland, School of Health and Rehabilitation Sciences
The University of Sydney
The University of Western Australia
The University of Western Australia, School of Population Health
Transport Accident Commission
Transport and Road Safety, University of New South Wales
Unilever Australasia
University of New South Wales
University of Wollongong
Urapuntja Health Service
Victorian Aboriginal Health Service
Waikato Hospital
Wagga Wagga Hospital
Wellington Hospital
Western Desert Ngnanampa
Westmead Hospital
Whitlam Orthopaedic Research Centre
Wollongong Hospital

Woolworths
WorkCoverSA
Wuchopperen Health Service Limited
Wuyang Hospital
Xyris
Yoga to Go
Yum! Restaurants

Australia
Allgemeines Krankenhaus Linz
Medizinische Universität Graz
Medizinische Universität Innsbruck, Neurologische Universitätsklinik
Physio Austria

Bahamas
Bahamas Association of Physiotherapists

Barbados
National Chronic Non Communicable Diseases Commission of Barbados

Belgium
Axxon, Physical Therapy in Belgium
AZ-VUB
Clinique de l’Europe
Erasmus Hospital
UCL Bruxelles
University Hospital, Gasthuisberg University
Hospital of Liege
University of Leuven

Brazil
Hospital das Clínicas de Porto Alegre
Hospital do Coração, São Paulo
Universidade Cidade de São Paulo
Universidade de Sao Paulo
Universidade Estadual Paulista Júlio de Mesquita Filho
Universidade Federal de Minas Gerais

Cambodia
Ministry of Health
National Institute of Public Health
Nutrition Center

China

Canada
Canadian Physiotherapy Association
Center for Science in the Public Interest
The International Association of Consumer Food Organizations
Centre for Hip Health and Mobility, University of British Columbia
Centre Hospitalier de l’Université de Montréal
CLARITY Research Group, McMaster University
Dalhousie University, Faculty of Medicine
Faculty of Nursing, University of Alberta
Hamilton Health Sciences
Health Canada
Hôtel-Dieu Medpharmgen Inc
Population Health Research Institute, McMaster University
Prognomix Inc
Sunnybrook Health Sciences Centre, Department of Critical Care Medicine
Toronto Western Research Institute
University of Alberta
University of Calgary
University of Ottawa
University of Toronto

Chile
Clínica Alemana
Clínica Alemana, Temuco
Colegio de Kinesiólogos de Chile
Complejo Asistencial Dr.Victor Rios Ruiz Hospital Naval
Liga Ciudadana

China
1st Affiliated Hospital of Xiamen University
2nd Affiliated Hospital of Dalian Medical University
2nd Hospital of Pingdingshan City, Henan Province
301 Hospital, Cardiology Department, Beijing
3rd affiliated Hospital of Southern Medical University, Guangzhou, Guangdong Province
3rd People’s Hospital of Luoyang city, Henan Province
4th Hospital of Jilin University
4th People’s Hospital of Dalian City, Liaoning Province

Clinical Research Partners

The George Institute
Publications, Presentations & Collaborations 2012-13

The University of New South Wales

The University of Sydney

The University of Western Australia,

School of Population Health

Transport Accident Commission

Transport and Road Safety, University of New South Wales

Univer Australasia

University of New South Wales

University of Wollongong

Urapuntja Health Service

Victorian Aboriginal Health Service

Waikato Hospital

Wagga Wagga Hospital

Wellington Hospital

Western Desert Ngnanampa

Westmead Hospital

Whitlam Orthopaedic Research Centre

Wollongong Hospital

Woolworths

WorkCoverSA

Wuchopperen Health Service Limited

Wuyang Hospital

Xyris

Yoga to Go

Yum! Restaurants

Australia

Allgemeines Krankenhaus Linz

Medizinische Universität Graz

Medizinische Universität Innsbruck, Neurologische Universitätsklinik

Physio Austria

Bahamas

Bahamas Association of Physiotherapists

Barbados

National Chronic Non Communicable Diseases Commission of Barbados

Belgium

Axxon, Physical Therapy in Belgium

AZ-VUB

Clinique de l’Europe

Erasmus Hospital

UCL Bruxelles

University Hospital, Gasthuisberg University

Hospital of Liege

University of Leuven

Brazil

Hospital das Clínicas de Porto Alegre

Hospital do Coração, São Paulo

Universidade Cidade de São Paulo

Universidade de Sao Paulo

Universidade Estadual Paulista Júlio de Mesquita Filho

Universidade Federal de Minas Gerais

Cambodia

Ministry of Health

National Institute of Public Health

Nutrition Center

China

Canadian Physiotherapy Association

Center for Science in the Public Interest

The International Association of Consumer Food Organizations

Centre for Hip Health and Mobility, University of British Columbia

Centre Hospitalier de l’Université de Montréal

CLARITY Research Group, McMaster University

Dalhousie University, Faculty of Medicine

Faculty of Nursing, University of Alberta

Hamilton Health Sciences

Health Canada

Hôtel-Dieu Medpharmgen Inc

Population Health Research Institute, McMaster University

Prognomix Inc

Sunnybrook Health Sciences Centre, Department of Critical Care Medicine

Toronto Western Research Institute

University of Alberta

University of Calgary

University of Ottawa

University of Toronto

Chile

Clínica Alemana

Clínica Alemana, Temuco

Colegio de Kinesiólogos de Chile

Complejo Asistencial Dr.Victor Rios Ruiz Hospital Naval

Liga Ciudadana

China

1st Affiliated Hospital of Xiamen University

2nd Affiliated Hospital of Dalian Medical University

2nd Hospital of Pingdingshan City, Henan Province

301 Hospital, Cardiology Department, Beijing

3rd affiliated Hospital of Southern Medical University, Guangzhou, Guangdong Province

3rd People’s Hospital of Luoyang city, Henan Province

4th Hospital of Jilin University

4th People’s Hospital of Dalian City, Liaoning Province
Anguo County Center for Disease Control and Prevention
Anhui Province 1st Hospital Affiliated to Anhui Medical University
Anhui Province 2nd Hospital Affiliated to Anhui Medical University
Anhui Province Anqing City Shihu Hospital
Anhui Province Dongfang Hospital Group
Anhui Province Hefei City 2nd People’s Hospital
Anhui Province Mine Construction General Hospital
Anhui Province Tongcheng City People’s Hospital
Anhui Provincial People’s Hospital
Anur Banner Hospital, Inner Mongolia
Barin Left Banner Hospital, Inner Mongolia
Baotou Central Hospital
Beijing Chaoyang Hospital
Beijing Daxing People’s Hospital
Beijing Haidian Hospital
Beijing Jishuitan Hospital
Beijing Jingshan Hospital, Orthopaedics Department
Beijing Lu He Hospital
Beijing Pinggu County Hospital
Beijing Pinggu Hospital
Beijing Puren Hospital
Beijing Shijitan Hospital, General Railway Hospital
Beijing Shijitan Hospital, Neurology Department
Beijing Tongren Hospital, Neurology Department
Cangxi County People’s Hospital, Sichuan
Cardiovascular Hospital of Shanxi Province
Central Hospital of Changbaishan Protection Zone
Central Hospital of Changning District, Shanghai
Central Hospital of CNPC Daqing Petroleum
Central Hospital of Karamay Petroleum, Xinjiang
Central Hospital of Kuandian Manchuria Autonomous County, Liaoning
Central Hospital of Langfang City, Liaoning
Central Hospital of Minhang District, Shanghai
Central Hospital of Putuo District, Shanghai
Central Hospital of Tai’an
Central Hospital of Wafangdian City, Liaoning
Central Hospital of Xin’an
Central Hospital of Xiangfan
Central Hospital of Zhanghe City, Liaoning
Chang’an County Health Bureau
Changle Hospital, Fujian Province
Changsha Central Hospital
Changzhi Medical College, Shanxi
Chengdu Third People’s Hospital
Chengdu County People’s Hospital, Shandong
China Medical University, Shenyang, Liaoning Province
Chinese Society of Cardiology, Beijing
Chongqing City 1st Affiliated Hospital of Chongqing Medical University
Chongqing City 2nd Affiliated Hospital of 3rd Military Medical University
Chongqing City Bishan County People’s Hospital
Chongqing City Changshou District People’s Hospital
Chongqing City Donghua Hospital
Chongqing City Fuling Central Hospital
Chongqing City Liangping County People’s Hospital
Chongqing City Ziyang County Hospital
Chongqing Donghua Hospital
Dalian Jinhzhou District 1st People’s Hospital, Liaoning Province
Dalian Part Hospital
Daxing County Hospital
Datong County People’s Hospital, Sichuan
Dejiang County People’s Hospital, Guizhou
Dong’e County People’s Hospital, Shandong
Dongfeng County Hospital, Jilin
Dongguan County People’s Hospital
Donghai County People’s Hospital, Jiangsu
Fengcheng County Health Bureau
Fengxiang County Hospital, Shaanxi
Fifth Affiliated Hospital, Sun Yat-sen University
First Affiliated Hospital of Baotou Medical College
First Affiliated Hospital of Beijing University
First Affiliated Hospital of China
First Affiliated Hospital of Fujian Medical University
First Affiliated Hospital of Guangzhou Medical College (Respiration disease research centre)
First Affiliated Hospital of Haerbin Medical University
First Affiliated Hospital of Hebei Medical University
First Affiliated Hospital of Nanjing Medical University
First Affiliated Hospital of Shanxi Medical University
First Affiliated Hospital of the Medical College, Shibo University
First Affiliated Hospital of Wenzhou Medical College
First Affiliated Hospital of Xi’an Jiaotong University
First Affiliated Hospital of Xinning Medical University
First Affiliated Hospital of Zhengzhou University
First Hospital of Baotou Medical University
First Hospital of Changtu County, Liaoqing
First Hospital of Danjiangkou City, Hubei
First Hospital of Jiaxing
First Hospital of Nanjing
First Hospital of Shaoguan
First Hospital of Tongyu County, Jilin
First Hospital of Yudu City, Hubei
First People’s Hospital of Foshan
First People’s Hospital of Jiamian
First People’s Hospital of Wujiang
First People’s Hospital of Yuhang District
Fu Wai Hospital
Fu Xing Hospital, Capital Medical University
Fujian Province Geriatric Hospital
Fuping County Hospital, Shaanxi
Fuzhou 6th Hospital, Fujian Province
Fuzhou General Hospital, Nanjing Military Region
Gansu 1st People’s Hospital of Lanzhou City
Gansu 2nd Hospital of Lanzhou University
Gansu 3rd People’s Hospital
Gansu Lixin People’s Hospital
Gansu Lanzhou County Diabetes and Nephropathy Specialist Hospital
Gansu People’s Hospital
Gansu Provincial Hospital
Gaolan County People’s Hospital, Gansu
Gaoping County Health Bureau
Gaoping County People’s Hospital, Shanxi
Gaoyang County Hospital, Hebei
Gaoyou County People’s Hospital, Jiangsu
Geely District People’s Hospital, Luoyang, Henan Province
General Hospital of Changsha Iron and Steel Group
General Hospital of Shenyang Military Region
General Hospital of Tianjin Medical University
Gongli Hospital, Pudong of Shanghai
Gu County People’s Hospital, Shanxi
Guangdong Province Hospital of Traditional Chinese Medicine
Guangdong 3rd Affiliated Hospital of Zhongshan University
Guangdong 5th Affiliated Hospital of Zhongshan University
Guangdong Jiangmen City Central Hospital
Guangdong Province Hospital affiliated to Guangdong Medical College
Guangdong Province Huizhou 3rd People’s Hospital
Guangdong Province Zhanjiang City 2nd Hospital
Guangdong Province Zhuhai City 2nd People’s Hospital
Guangdong Provincial People’s Hospital
Guangdong Qingyuan City, Qingcheng District People’s Hospital
Guangdong Taishan City People’s Hospital
Guangdong Yubei People’s Hospital
Guangxi Province 1st affiliated Hospital of Guangxi Medical University, County Shanxi
Guangxi Province 303th hospital of PLA
Guangxi Province Affiliated Hospital of Guilin Medical College
Guangxi Province Affiliated Hospital of Youjiang Medical College
Guangxi Province Hechi City 1st People’s Hospital
Guangxi Province Hezhou City People’s Hospital
Guangxi Province Luizhou Worker’s Hospital
Guangxi Province Nanning City 8th People’s Hospital
Guangxi Province Pingguo County People’s Hospital
Guangxi Province People’s Hospital, Hubei
Guizhou Province Affiliated Hospital of Guizhou Medical College
Guizhou Province Guizhou City 1st People’s Hospital
Guizhou Province Guizhou City Guizhou County
Guizhou Province Guizhou Electric Power staff Hospital
Guangzhou People’s Hospital, Anhui
Haidian Hospital, Beijing
Hainan Province People’s Hospital
 Hankou Railway Hospital
 Harbin A Cheng District People’s Hospital, Heilongjiang Province
 Hebei Baoding First Central Hospital
 Hebei Baoding Gaoyang County Hospital
 Hebei Gaocheng City People’s Hospital
 Hebei Handan Central Hospital
 Hebei Langfang City People’s Hospital

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33 Collaborators
The George Institute
Publications, Presentations & Collaborations 2012-13

Collaborators

Hebei Province Luquan People's Hospital
Hebei Province Shijiazhuang Central Hospital
Hebei Provinical Center for Disease Control and Prevention
Hebei Qinghuangdao City First Hospital
Hebei Zhao County Hospital
Hei Longjiang People's Hospital
Hei'an Hospital, Hebei Province
Hejian Municipal People's Hospital
Henan Hongli Hospital
Henan People's Hospital Dengfeng County Hospital
Hu County Hospital, Shaanxi
Hua County People's Hospital, Henan
Huanta County People's Hospital, Shandong
Hubei Province Huangshi City 2nd Hospital
Hubei Province WISCO General Hospital
Hubei Province Wuhan City 7th Hospital
Hubei Province Wuhan City Central Hospital
Hubei Province Wuhan City Huangpi District People's Hospital
Hubei Province Wuhan City Pui Hospital
Hubei Province Wuhan City Wuchang Hospital
Hubei Province Wuhan University Zhongnan Hospital
Hubei Province Xiangfan City Guicheng County Hospital
Hubei Province Xiehe Hospital Affiliated to Tongji Medical College
Hubei Wuhan City 9th Hospital
Hunan County People's Hospital, Jilin
Hunan People's Hospital Brain Hospital
Hunan Province 2nd Xiangya Hospital of Zhongnan University
Hunan Province Changsha City 1st Hospital
Hunan Province Changsha City 3rd Hospital
Hunan Province Chengzhou City 3rd People's Hospital
Hunan Province Luyang City People's Hospital
Hunan Province People's Hospital
Hunan Province Xiangxiang City People's Hospital
Hunnan County People's Hospital, Shannxi
Huashan County People's Hospital, Anhui
Inner Mongolia Bayannur Hospital
Inner Mongolia Hospital
Inner Mongolia Ulter Frant Flag Hospital

Inner Mongolian Bayannaoer Wuyuan People's Hospital
Jiangning Hospital of Nanjing
Jiangsu Nanjing Xuanwu Hospital
Jiangsu Province Danyang City People's Hospital
Jiangsu Province Kunshan 1st People's Hospital
Jiangsu Province Nanjing Gulou Hospital
Jiangsu Province Nanjing Luhe People's Hospital
Jiangsu Province People's Hospital
Jiangsu Province Xuzhou Hospital Affiliated to Dongnan University
Jiangsu Province Zhejiangang 1st People's Hospital
Jiangsu Province Zhongda Hospital Affiliated to Dongnan University
Jiangsu Provincial Hospital of Traditional Chinese Medicine
Jiangsu Xuzhou Geriatric Hospital
Jiangsu Xuzhou Minable Group 2nd Hospital
Jiangsu Zhangjiangang Hospital of Traditional Chinese Medicine
Jiangxi Province 1st Affiliated Hospital of Nanchang University
Jiangxi Province 2nd Affiliated Hospital of Nanchang University
Jiangxi Province Jiujiang 3rd People's Hospital
Jiangxi Province Nanchang City 3rd People's Hospital
Jiangxi Province Nanchang Hospital of Nanchang University
Jiangxi Province Yushan County People's Hospital
Jianshi County People's Hospital, Hebei
Jilin Changchun 2nd People's Hospital
Jilin City Central General Hospital of Jilin Province
Jilin Province Yanbian City 2nd People's Hospital
Jilin Province Yilian County Hospital, Gansu
Jixi County Hospital,
Jilin Province Zhaoyang County Diabetes Hospital
Liaoning Wafangdian Central Hospital
Lingshi County People's Hospital, Shanxi
Lin County People's Hospital, Shandong
Linquan County People's Hospital, Anhui
Lintao County People's Hospital, Gansu
Linton County Health Bureau
Linyi People's Hospital
Lixin County People's Hospital, Anhui
Loufan County People's Hospital, Shanxi

Luquan County Center for Disease Control and Prevention
Medical University, Guangzhou, Guangdong Province
Medical University, Shenyang, Liaoing Province
Mian County Hospital, Shaanxi
Mianning County People's Hospital, Sichuan
Mudanjiaang Diabetes Hospital, Heilongjiang Province
Nanjing 1st Hospital
Nanjing Jiangning Hospital
Nankai Hospital of T.C.M Affiliated of Tianjin University of T.C.M
Navy General Hospital, Beijing
Ningxia Medical University, Ningxia
No. 260 PLA Hospital of China, Shijiazhuang, Hebei Province
Panjin 1st People's Hospital, Liaoning Province
Peking University First Hospital
Peking University Health Science Center
Peking University People's Hospital
Peking University Shouyang Hospital
People's Hospital of Beizhen City, Liaoning
People's Hospital of Guangdong Province
People's Hospital of Henan Province
People's Hospital of Homa City, Shanxi
People's Hospital of Hunan Province
People's Hospital of Jarud Banner, Inner Mongolia
People's Hospital of Jiangsu
People's Hospital of Lianzhou City, Guangdong
People's Hospital of Penglai City, Shandong
People's Hospital of Qingyan Manchu Autonomous County, Liaoning
People's Hospital of Shanxi Province
People's Hospital of Taoshan City, Guangdong
People's Hospital of Taiyuan
People's Hospital of Xinjiang Uyger Autonomous Region
People's Hospital of Xintai City, Shandong
People's Hospital of Yangcheng
People's Hospital of Yinan County, Shandong
People's Hospital of Yu County, Shanxi
People's Hospital of Zhongxiang City, Hebei
People's Hospital, Shanghai
Pingluo County Center for Disease Control and Prevention
Pingxiang County People's Hospital, Hebei
Pingyin County People's Hospital, Shan dong
Pingyuh County People's Hospital, Henan
Pu County People's Hospital, Shanxi
Puan County People's Hospital, Gui zhou
Qian’an County Hospital, Jilin
Qilu Hospital of Shandong University
Qinghai University Affiliated Hospital
Qinglong County Hospital, Hebei
Qingtongxia County Center for Disease Control and Prevention
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Quzhou County Hospital, Hebei
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Ruyang County People's Hospital, Henan
Second Affiliated Hospital of Guangzhou Medical College
Second Affiliated Hospital of Hebei Medical University
Second Affiliated Hospital of Soochow University
Second Affiliated Hospital of Suzhou University
Second Affiliated Hospital of Wenzhou Medical College
Second Affiliated Hospital of Zhejiang Medical University
Second Hospital of Hebei Medical University
Second Hospital of Qinghuangdao
Second Hospital of Shanxi Medical University
Second Hospital of Tianjin Medical University
Second People's Hospital of Hunan Province
Second Xiangya Hospital of Central South University
Shaanxi 141th Hospital of PLA
Shaanxi 451th Hospital of PLA
Shaanxi Fufeng County People's Hospital
Shaanxi Huan Shan Central Hospital
Shancheng County People's Hospital, Henan
Shandong Dong'e People's Hospital
Shandong Jinan the 3rd Hospital
Shandong Liaocheng People's Hospital
Shandong Provincial Hospital
Shandong Shouguang Municipal Hospital
Shandong Weifang People's Hospital
Shandong Wendeng Hospital
Shangcheng County People's Hospital, Henan
<table>
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<tr>
<th>Collaborators</th>
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<tbody>
<tr>
<td>Sichuan Province Affiliated Hospital of Luzhou Medical College</td>
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<tr>
<td>Sichuan Province Anyue County 1st People's Hospital</td>
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<td>Sichuan Province Chengdu City Longquanyi District 1st People's Hospital</td>
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<td>Sino-Japan Friendship Hospital, Beijing</td>
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<td>Songzi County People's Hospital, Hubei</td>
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<td>Southern Hospital, Southern Medical University</td>
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<td>Guangzhou, Guangdong Province</td>
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<td>Zhejiang Province Hangzhou city Yuhang District 5th People's Hospital</td>
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<td>Zhejiang Province Zhoushan City Putuo District People's Hospital</td>
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<td>Zhangjia County People's Hospital of Hebei Province</td>
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<td>Zhengzhou Fifth People's Hospital</td>
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Collaborators

Zhong Da Hospital, Southeast University
Zhongshan City People’s Hospital
Zhongshan Hospital Affiliated to Xiamen University
Zhongshan Hospital, Fudan University
Zhoukou Central Hospital of Henan Province
Zhoukou Hospital of Traditional Chinese Medicine, Henan
Zhuang Autonomous Region
Zhuanglang County People’s Hospital, Gansu
Zichang County Hospital, Shaanxi

Finland
Helsinki University Central Hospital
Suomen Fysioterapeutit – Finlands Fysioterapeuten

France
Ambroise Pare Hospital, University of Versailles St-Quentin
Centre Hospitalier de Calais
Centre Hospitalier de Meaux
Centre Hospitalier de Saint-Denis, Hôpital Delafontaine
Centre Hospitalier de Versailles
Centre Hospitalier Sainte Anne
CHU Bicêtre
CHU Nantes
Groupe Hospitalier Paris Saint-Joseph
Hôpital de la Cavale-Blanche
Hôpital Roger Salengro
Hôpital Tenon
INSERM RH
Lariboisière Hospital
Pitié-Salpêtrière Hospital
Service d’Endocrinologie Diabétologie Nutrition, Groupe Hospitalier Bichat-Claude Bernard
Servier International
Université Paris Descartes, Assistance Publique-Hôpitaux de Paris, Biostatistics and Epidemiology Unit, Hôpital Cochin

Germany
Charité Campus Benjamin Franklin (CCBF)
Deutscher Verband für Physiotherapie
Friedrich Schiller University of Jena
Halle University
Physio-Akademie des ZVK gGmbH
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Universitätssklinikum Hamburg-Eppendorf
Universitätssklinikum Mannheim
University of Leipzig
University of Ulm

Guatemala
Asociacion Nacional de Fisioterapistas de Guatemala
Universidad de San Carlos de Guatemala

Hong Kong
Hong Kong Physiotherapy Association
Prince of Wales Hospital
The University of Hong Kong

India
Aditya adhikari hospital, Myore
Aditya Bira Memorial Hospital, Chichwad, Pune
All India Institute of Medical Sciences, New Delhi
Apollo Gleneagles, Kolkata
Apollo Hospital, Hyderabad
Apollo Hospitals, Chennai
B.J. Medical College and Civil Hospital, Hyderabad
B.Y.L Nair Hospital, Mumbai
Baby Memorial Hospital, Kozhikode
Baptist Christian Hospital, Tezpur, Assam
Birla Institute of Technology and Science, Pilani, Hyderabad
BIRE, Hyderabad
CARE Foundation, Hyderabad
CARE Hospital, Banjara Hills, Hyderabad
CARE Hospital, Nampally, Hyderabad
CARE Hospital, Ramnagar, Vishakhapatnam
Centre for Chronic Disease Control, New Delhi
Chest Clinic, Sri Rama Krishna
Christian Medical College and Hospital, Ludhiana
Christian Medical College and Hospital, Vellore
Deccan College of Medical Sciences, Hyderabad
Department of Biotechnology, New Delhi
Dr. Shroff’s Charity Eye Hospital, New Delhi
Fortis Hospital, Kolkata
Fortis Hospital, New Delhi
Gandhi Medical College Hospital, Hyderabad
Ganga Ram Hospital, New Delhi
Global Hospitals, Hyderabad
GNRC Hospitals, Guwahati
Government Medical College Hospital, Thiruvananthapuram
Guru Teg Bahadur Hospital (GTB) and University College of Medical Sciences, Delhi

Indian Council of Medical Research, New Delhi
Indian Institute of Public Health, Hyderabad
Indian Institute of Technology Bombay
Jawaharal Nehru Institute of Post-Graduate Medical Education and Research, Puducherry
Jay Prakash Narayan Apex Trauma Center (JPNATC), AIIMS, New Delhi
Jehangir Hospital, Pune
Krishnarajendra Hospital, Mysore
Lalitha Super Specialities Hospital, Guntur
LV Prasad Eye Institute, Hyderabad
Lotus Diagnostic Centre, Bangalore
Mahavir Hospital & Research Center, Hyderabad
Maternal Health and Research Trust, Hyderabad
Medical Centre, Coimbatore
Mediciti Hospital, Hyderabad
Mulijbhai Patel Urological Hospital, Nadiad, Gujarat
National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore
Nizam Institute of Medical Sciences, Hyderabad
Osmania Medical College and Hospital, Hyderabad
P.D. Hinduja National Hospital and Medical Research Center, Mumbai
Peerless Hospital and B K Roy Research Center, Kolkata
PGIMER, Chandigarh
Post Graduate Institute, Chandigarh
PSG Hospital Coimbatore
Public Health Foundation of India, New Delhi
Rishi Valley Health Centre, Chittoor
Sangath, Goa
Sanjay Gandhi Post-Graduate Institute of Medical Science, Lucknow
South Asian Network of Chronic Disease, New Delhi
Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum
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St. John’s Medical College, Bangalore
St. Theresa’s General Hospital, Hyderabad
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The George Foundation, Bangalore
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Vijaya Health Clinic, Chennai
Vikaram Hospital, Mysore

Collaborators

Commonwealth of the Northern Mariana Islands
Ministry of Health

Costa Rica
Costa Rican Institute of Research and Education on Nutrition and Health (INCIENSA)

Cuba
Cubafoods

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Danske Fysioterapeuter
University of Southern Denmark

Ecuador
Cuenca University

Federated States of Micronesia
Ministry of Health

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Fiji National University
Fiji Physiotherapy Association
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Pacific Research Centre for the Prevention of Obesity and Non-Communicable Diseases, Fiji National University

World Health Organization, South Pacific Office
Welcome Trust -- Department of Biotechnology Alliance

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University College Dublin

Israel
Association for Physical Therapy

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Ospedale di Branca
Ospedale di Città di Castello
Ospedale San Giovanni Battista
Sapienza University of Rome
University of Rome

Japan
Shiga University of Medical Science

Korea
ASAN Medical Centre
Chungnam National University Hospital
Dong-A University Medical Center
Dongguk University Ilsan Hospital
Eulji General Hospital
Ewhawoman’s University Mokdong Hospital
Inha University Hospital
Inje University Busan Paik Hospital
Korea University Guro Hospital
Kyungpook National University Hospital
Seoul St. Mary’s Hospital
Soonchunhyang University Hospital

Laos
Ministry of Health

Latvia
Latvijas Fizioterapeitu Asociācija

Lebanon
Order of Physiotherapists in Lebanon

Lithuania
Lithuanian Kinezitherapy Association

Luxembourg
Association Luxembourgeoise Des Kinésithérapeutes

Malaysia
Cyberjaya University College of Medical Sciences
Hospital Kuala Lumpur
Hospital Kuala Terengganu
Hospital Melaka
Hospital Pulau Pinang
Hospital Raja Perempuan Zainab II
Hospital Selayang
Hospital Sultanah Aminah II
Hospital Taiping
Hospital Tengku Ampuan Rahimah
Hospital Tuanku Ja
Hospital Umum Sarawak
University Malaya Medical Centre

Mexico
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Instituto Nacional de Salud Pública
National Medical Science and Nutrition Institute

Montenegro
Ministry of Health

Namibia
Namibian Society of Physiotherapy

Nauru
Ministry of Health

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Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht
Koninklijk Nederlands Genootschap voor Fysiotherapie Maastricht University
The Dutch National Institute for Public Health and the Environment (RIVM)
UMC Utrecht, Utrecht University
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Nepal Physiotherapy Association

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Društvo Fizioterapeuta Srbije

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Hospital Universitari de Girona

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Chi Mei Medical Centre
Chinese Journal of Physiotherapy
Kaohsiung Chang Gung Memorial Hospital
Collaborators

Mackay Memorial Hospital Taipei

Thailand
King Chulalongkorn Memorial Hospital
Ministry of Health
Rajavithi Hospital
Ramathibodi Hospital
Siriraj Hospital
The Physical Therapy Association of Thailand

Tonga
Ministry of Health

United Kingdom
Barts and The London School of Medicine and Dentistry
British Heart Foundation Health Promotion Research Network
Chartered Society of Physiotherapy
Clinical Trial Service Unit, University of Oxford
Consensus Action on Salt and Health
Consumers International
ECOHOST, London School of Hygiene and Tropical Medicine
Imperial Clinical Trials Unit, Imperial College London
Imperial College London
Institute of Psychiatry, King’s College London
International Food Standards Agency
Leicester Royal Infirmary
London School of Hygiene and Tropical Medicine
Medical Research Council Human Nutrition Research
Nuffield Department of Clinical Neurosciences, John Radcliffe Hospital
Oxford Centre for Diabetes, Endocrinology and Metabolism
Oxford Stroke Prevention Unit
Queen Elizabeth Medical Centre
Queen Mary University of London
Royal Devon and Exeter Hospital
Royal United Hospital Bath
Royal Victoria Infirmary
St Thomas Hospital
The F.M. Alexander Trust
University of Aberdeen, Aberdeen Royal Infirmary,

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University of Aberdeen, Aberdeen
Royal Infirmary, Department of Clinical Biochemistry
University of Edinburgh
University of Glasgow, Department of Medicine
University of Leicester
University of Oxford

United States of America
American Physical Therapy Association
Case Western Reserve University, Department of Ophthalmology and Visual Sciences
Cochrane Eye and Vision Group, Baltimore
Dana Center for Preventative Ophthalmology,
Johns Hopkins University
Duke University
Duke University Medical Center and Health System
Group Health Research Institute
Harvard University
InterAmerican Heart Foundation
Johns Hopkins University
Mayo Clinic
Mount Sinai Medical School
Pan American Health Organization (PAHO)
United States Department of Veterans Affairs
Collaborative Studies Program
University of Minnesota
University of Washington
Veterans Administration

Vietnam
Fred Hollows Foundation
National Institute of Public Health
National Nutrition Centre
The People’s Hospital 115

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