Our mission is to improve the health of millions of people worldwide
"I am The George because I’m passionate about healthcare research."

Mohammed Alim, Research Fellow, The George Institute, India
WHO WE ARE

Established in 1999, The George Institute for Global Health is a global, not-for-profit medical research organisation, affiliated with leading academic partners, with major centres in Australia, China, India and the United Kingdom. We have been 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 & 2014.

OUR MISSION

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

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

OUR AFFILIATIONS

[Images of university logos]

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GROWTH FOR GREATER IMPACT
The escalating burden of chronic disease and injury worldwide continues to drive our diverse research program and global growth. With this burden falling disproportionately on low- and middle-income countries and disadvantaged populations in high-income countries, affordable solutions are urgently needed and on a global scale. Innovation and the willingness to challenge the status quo are fundamental now more than ever before.

Our continued commitment to address these issues has been reinforced over the past year, with both the Board and senior management agreeing to our next five-year strategic plan. As outlined in greater detail later in this report, our vision is for an expanded, strengthened and more influential organisation by 2020. This will be necessary if we are to facilitate the changes that will be required to impact and improve the health of millions of people worldwide.

A YEAR OF HIGHLIGHTS
During the past year The George Institute has continued to prioritise its efforts to conduct world-class research to help people live healthier. Research teams in each of our regional offices have had success in securing research funding from a diverse range of funders. As shown by the many examples provided throughout the report, we are engaged in both discovery research, that is, research aimed at finding new causes, new prevention strategies and new treatments for the leading causes of chronic diseases and injuries, as well as implementation research, that is, research aimed at identifying strategies to get evidence into practice and improve healthcare delivery.

The outputs of our research continue to be published in the leading medical journals in the world and once again, The George Institute was listed as one of the top 10 global research organisations in terms of its impact. We have had many examples of our research findings being cited by the mainstream media, clinical guidelines and policy papers. We have also made significant strides in building relationships with national and state governments, with multilateral organisations such as the World Bank and UNICEF, and with commercial partners like Qualcomm and Telstra.

As in previous years, we have been privileged to attract and retain some of the world’s leading experts to work with us and during the year many staff have been recipients of prestigious accolades for their research. We were especially pleased to welcome Glenn Kerkhof as Executive Chairman of George Clinical, Professor Terry Dwyer as Executive Director of The George Institute, UK and Dr John Wastell as Director, Global Information and Technology.

We were also pleased to finalise the appointment of Professor Zhi-Jie Zheng as Executive Director of The George Institute, China. Professor Zheng joined us in early September 2015, while also continuing in his role of Distinguished Professor of Public Health and Medicine and Dean of the School of Public Health at Shanghai Jiao Tong University Medical Center.

Non-communicable disease are the leading causes of death globally, killing more people each year than all other causes combined, with 80% of these deaths occurring in low- and middle-income countries.
As ever, our financial performance is critical for the stability, impact and ultimately the mission of the Institute. This year we have recorded our largest ever annual income and produced a significant surplus, primarily as a result of the significant financial contribution from George Clinical. We have also continued to develop and grow our program of social enterprises, under the auspices of George Health Enterprises, to ensure continuing contributions to the financial wellbeing of the Institute and to expedite the translation of our research into practice.

OUR THANKS

The past and future success of the Institute reflects the tremendous efforts of our Board of Directors and staff, and the generosity and unyielding support of our partners, collaborators, and funders. In particular, we recognise the importance of the partnerships with our university affiliates—the University of Sydney, Peking University Health Science Center and the University of Oxford, through the Oxford Martin School.

The following pages showcase examples of how, thanks to this support, we are addressing some of the biggest health challenges of the 21st century, so that we can help people live healthier lives, today and in the future.

Michael Hawker AM
Chair

Professor Stephen MacMahon
Principal Director

Professor Robyn Norton
Principal Director

"I am The George because I get to work on projects across the Institute and ride on the coat-tails of some of the best health researchers in the world."

Professor Stephen Jan, Head of Health Economics Program & Senior Health Economist, The George Institute, Australia

"I am The George since long before it was called 'The George'; back in 2000, being given the opportunity to work for this organisation on the ADVANCE study was my dream job and it still remains a highlight of my career."

Helen Monaghan, Head Academic Project Management, The George Institute, Australia
The 2014 John Yu Oration was delivered by Sir Gustav Nossal AC CBE, an internationally renowned scientist and leader in the Australian medical and scientific community. Sir Gustav was awarded the John Yu Medal in recognition of his life-long dedication to medical research and leadership. The Award, established by The George Institute in recognition of Dr John Yu AC, celebrates the former Institute Chair’s leadership and passion for improving global health.

In September 2014, the President of the World Bank Group Dr Jim Yong Kim and Executive Director of The George Institute, Australia, Professor Vlado Perkovic discussed global health and development issues including Ebola in West Africa, at an event hosted by The George Institute in Sydney ahead of the G20 Finance Ministers and Central Bank Governors meeting in Cairns. President Kim emphasised the importance of healthcare delivery systems in developed, emerging and low-income countries.

In September 2014, staff from The George Institute, China promoted heart health knowledge as part of World Heart Day. For those who spend most of their working time sitting at their desks in office buildings, it is very common to ignore one of the risk factors of heart disease, being inactive. In order to draw people’s attention to heart health and advocate a heart-healthy environment, staff adopted creative ways to encourage people to take an outdoor walk during their lunch break.

In September 2014, Professor Robyn Norton, Principal Director of The George Institute for Global Health and James Martin Professorial Fellow at the University of Oxford, gave the inaugural Oxford India Lecture in New Delhi, India. Professor Norton’s lecture focused on the importance of harnessing science, technology, and entrepreneurship to facilitate major changes in the delivery of healthcare worldwide, especially in resource-poor settings.

The China Center for mHealth Innovation (CCmHI) was established in November 2014 by The George Institute at Peking University Health Science Center and Qualcomm® Wireless Reach™. CCmHI aims to improve community healthcare in China through the study of affordable, sustainable mHealth interventions, which target the nation’s leading causes of premature death and disability, while supporting the Chinese government’s deepened commitment to healthcare reform. (See page 20 for more information.)
A two-day workshop on mHealth in January 2015 at the University of Oxford, hosted by The George Institute, UK and the Skoll Centre for Social Entrepreneurship, Said Business School, brought together a network of government, academia, private sector and civil society representatives to discuss how to best use mobile technology to improve the care of people who suffer from cardiovascular disease and hypertension. The workshop was held in partnership with the World Health Organization and International Telecommunication Union as part of the Be Healthy Be Mobile Initiative.

As part of the SMART Mental Health Project, The George Institute, India organised eight community-based mental health awareness and anti-stigma campaigns in several villages in the state of Andhra Pradesh between January and March 2015. These included discussions around common mental disorders, a drama performance by an acclaimed troupe on issues around mental health and stigma, video shows highlighting mental health problems faced by people with mental illness, and community-based awareness messages shared via direct interactions. Each campaign was well received by the community and was actively supported by the local administration.

The George Institute, India has partnered with UNICEF, University of Oxford and Reuters to create a program aimed at improving health journalism in India, especially around public health issues like childhood immunisation. The program aims to strengthen the media’s critical role in taking an evidence-based approach to writing health stories, ensuring that proper and informed debates on public health issues take place.

The George Institute, Australia held a World Health Day event in April 2015 where the keynote address was given by the Federal Minister for Health, The Hon. Sussan Ley, who announced a major reform process to Medicare, Australia’s healthcare scheme. A panel followed with leading health experts discussing solutions for improving the effectiveness and efficiency of the Australian healthcare system.

In June 2015, The George Institute for Global Health and the Chinese College of Cardiovascular Physicians (CCCP) signed a Memorandum of Understanding that will provide Chinese doctors with world class clinical research training at George Institute offices in Australia and the United Kingdom. Under the agreement, The George Institute and CCCP will also hold regular clinical research training workshops in China for scientists participating in the CCCP Future Star research training program.
In June 2015 The George Institute launched its 2015-2020 strategic plan, which provides a road map for the next five years for the Institute to follow in pursuit of its mission of improving the health of millions of people around the world. The plan will require staff to build on the current strengths of the Institute and its world leading track record in research, as well as focused efforts to catapult this research into policy and practice through even more innovative approaches, including the development of a range of advocacy initiatives. The plan also outlines strategies for the expansion of our social enterprises providing both social and financial dividends to the organisation.

**OUR VISION**
An expanded, strengthened and more influential organisation

**OUR STRATEGY**
Research
- Our research and geographical focus expanded
- Impact of our research findings maximised
- Next generation of world’s best researchers and research support staff developed and trained

Governance & Management
- Globally connected and engaged Board and regional advisory councils
- Strong academic and entrepreneurial leadership and passionate committed employees
- State of the art collaboration and knowledge sharing
- Year-on-year sustainable revenue growth and increased earnings

**OUR FOCUS**
Growth for greater impact

Enterprises
- Several profitable commercial ventures diversified by focus, service and products
- Commercial and scientific expertise to manage our enterprises globally
- Commercial businesses that support and grow the Institute’s mission

Development & Communications
- Regular and diversified growing funding development activities
- Engaged and committed development supporters and employees
- Globally recognised as a world class research organisation
- Strong stakeholder partnerships and programs

*Jacqui Webster, Centre Director, World Health Organization CC Salt Reduction, The George Institute, Australia*
Our research is helping people all over the world to lead healthier lives, be it by transforming the way healthcare is delivered or by identifying the most effective, safe and affordable ways to prevent and treat chronic disease and injury. The George Institute is at the forefront of finding healthcare solutions with a single goal in mind: to improve the lives of millions of people around the world, today and in the future.

You won’t find us in laboratories or working with microscopes, but instead we work with communities, clinics, hospitals, healthcare providers, governments and other organisations engaged in the business of delivering healthcare. We conduct large-scale clinical trials, epidemiological studies, health services research and other innovative studies, looking for ways to directly impact health outcomes and save lives within a relatively short time frame. We publish our research findings extensively, but also engage in a systematic program of advocacy to promote uptake into policy and practice.

The escalating burden of chronic disease and injury falls disproportionately on low- to middle-income countries and disadvantaged populations. As such a major focus of our work is on affordable and scalable healthcare solutions that transcend social and economic and geographical barriers, typically leveraging technology and innovation.

With major centres in Australia, China, India and the United Kingdom, and offices around the world, The George Institute operates globally as well as locally to target the biggest health priorities plaguing our time.

The following pages showcase examples...
WHAT ARE SOME OF THE BIGGEST CHALLENGES FACING GLOBAL HEALTH?
Despite a century of incredible advances in medicine and science, it’s estimated that in the next decade 100 million people will die from chronic disease before they turn 60. Research shows that lifestyle-related diseases are playing a big part in this, and are growing rapidly. We urgently need to move away from archaic models of care and work out what an optimal, 21st century healthcare system looks like, both in countries like Australia and in resource-poor settings, and find a way to put a stop to the scourge of chronic disease and injury.

HOW CAN AUSTRALIA HELP?
Australia is home to some of the world’s best in research and innovation, with medical research being one of our biggest exports. This expertise, along with our close ties to Asia, gives us a unique opportunity to foster these relationships and use innovation to develop new effective ways to prevent and treat disease, and to deliver affordable healthcare. As the largest burden of disease globally is in Asia, this is a major responsibility for our country. Furthermore, much of what we learn from these cross-country collaborations will help to improve healthcare here in Australia.

WHAT IS THE GEORGE INSTITUTE, AUSTRALIA FOCUSED ON?
We continue to focus on finding the most effective ways to prevent and treat the leading causes of death and disability, and help Australians live healthier lives. We’re also increasingly looking for ways to integrate research into health reform, influence health policy and create a sustainable health system able to effectively support the complex needs of people with chronic disease. Our research is looking at a wide range of areas like heart, kidney, and respiratory diseases, stroke, back pain, injury and falls, intensive care, food policy, health economics and e-health.

I SEE THE BIGGEST SUCCESS OF

THE GEORGE...
Being ranked among the top 10 research institutes in the world for impact for several years now is no small feat, especially for such a young organisation. Our many partnerships around the globe with local hospitals, academic institutions and commercial organisations are central to this success as are our ambitious large-scale, international clinical trials. Our research is shaping healthcare in Australia and around the world.

WHERE TO FROM HERE?
More of the same, and extra emphasis on research that can bring about real and affordable change within a few years—from individual medicines to healthcare delivery. This will mean an even bigger focus on technology and innovation in how healthcare is delivered, population-based and scalable approaches to prevention and treatment, and more collaborations with the private and public health sector. And, supporting our staff through their careers so they can become the next generation of leaders in health.

WHAT MOTIVATED YOU TO JOIN THE GEORGE?
I trained in nephrology in Melbourne but always wanted to make a difference on a global scale which was not easy from Australia. I joined the Institute to learn how to run clinical trials, loved the work and the people, and that it was one of the few Australian organisations having a major global impact on health, and haven’t looked back!

WHAT IF?
It would be wonderful to have a pool of untied funds to support the best researchers in the country, and to fast track research that targets the biggest health priorities in Australia, like reducing the disproportionate burden of chronic disease and injury that falls on Aboriginal and Torres Strait Islander people, and around the world.

I Q & A WITH PROFESSOR VLADO PERKOVIC
Patients in the public healthcare system often have lengthy wait times before cataract surgery, and between first and second eye surgeries, drastically increasing their risk of a fall during that time. The good news is that surgery as a treatment for cataract is known to be highly successful and cost-effective, with sight often being fully restored. The first of its kind, a long overdue investigation of falls risk and fall-related injury in older Australians is underway to understand this health priority. Associate Professor Lisa Keay of The George Institute, Australia says “We anticipate the results of this research will have a real impact on people’s lives by providing the evidence for policy reform and timely cataract surgery in public hospitals in Australia. Reducing falls is a priority for older people and drastic improvements to their wellbeing will be possible through better cataract surgical services.” The study aims to identify patients who are most at risk of a fall and inform policies for fall-related injuries, visual impairment, restricted socialisation and depression associated with cataract.

“Stay focused to reduce risk of falls”

Fact: 30% of people over the age of 65 fall every year and falls cost Australia more than $1 billion in medical treatment.

“How does back pain impact global health?”

In Australia, billions of dollars are spent annually on healthcare and missed work due to low back pain and yet in many cases back pain is preventable through simple, cost-effective treatments. In a global first, our research has found that even brief exposure to a range of physical and environmental factors can considerably increase the risk of back pain. The research also showed that attacks of back pain are more likely to begin in the morning, or when fatigued or distracted while performing a manual task. Associate Professor Manuela Ferreira of The George Institute, Australia says the results of the study are unique. “Identifying the factors that trigger back pain and, which are more likely to cause harm than others can help health professionals and the wider public to better understand and avoid situations where there is a higher risk of triggering back pain. This research has challenged the idea that long-term stress on the back leads to back pain and disability, when in many cases it is consistent, acute exposures that create long-term issues.”

Fact: Back pain is the leading cause of disability worldwide, with 25% of the world’s population suffering from the effects every day.

“Can low-cost video game technologies improve rehabilitation outcomes?”

Consistent repetitive exercises that mimic normal functional movement are essential to improved rehabilitation outcomes. However, providing a high dose of these exercises is challenging, both during inpatient rehabilitation and when the person returns home. The AMOUNT rehabilitation trial, led by The George Institute, Australia, is the world’s largest study of video and computer-based technology, and will evaluate how affordable games on systems like the Nintendo Wii and the Xbox Kinect can be utilised for hospital and at home rehabilitation. By evaluating the rehabilitation merit of various games already on the market, the trial can assess the impact and effectiveness of this type of intervention on the physical activity and mobility of people admitted for aged care and neurological rehabilitation. Importantly, if found appropriate, the program could be implemented internationally with ease, enabling health professionals to choose the most appropriate device for an individual patient from a suite of currently available and affordable technologies.

Fact: Repetitive functional exercise is a crucial part of rehabilitation for people with mobility limitations resulting from various diagnoses including stroke and hip fracture.
In Australia, mortality as a result of septic shock, a full body inflammation from infection that causes organ failure, is approximately 3.5 times the annual national road toll, exceeding the tolls of breast and colon cancers. Treatment for septic shock in intensive care units (ICU) with corticosteroids has long been advocated for by ICU doctors as a way to modulate the inflammation process and control infection, however despite many trials there is no consensus as to the effectiveness of this kind of therapy. Dorrilyn Rajbhandri of The George Institute, Australia says of the Adrenal project, “Thanks to funding from the NHMRC, New Zealand Medical Research Council and the National Institute for Health Research, United Kingdom, this research will be able to address a fundamental knowledge gap in intensive care medicine and resolve current clinical uncertainty around the effectiveness of corticosteroids.” The aim of this project is to provide unequivocal evidence regarding treatment, which can then go on to inform clinical practice in Australia, as well as globally.

Fact: Septic shock continues to increase worldwide, with mortality rates ranging from 33-61%.

World Bank President Dr Jim Yong Kim speaking to Professor Vlado Perkovic, Executive Director of The George Institute, Australia at an event hosted at Bloomberg’s Sydney office, ahead of the 2014 G20 Meetings.
INTEGRATing evidence-based treatments to prevent cardiovascular disease

Cardiovascular disease (CVD) poses a huge burden on the Australian healthcare system, as well as other health systems around the world, and while there have been multiple studies to focus on CVD risk management and prevention, there is a gap in implementing long-term strategies that have the most impact on prevention. The INTEGRATE study has established an evidence-based model of care that can be utilised as a long-term prevention strategy for patients at a high risk of heart attack and stroke. Dr Ruth Webster of The George Institute, Australia says research that looks at novel strategies for translating treatments that we know work and are effective for prevention is crucial with the escalating burden of chronic disease around the world.

“By integrating three proven interventions into a package of care, supported by cutting-edge healthcare technology, we believe that we can improve current management of cardiovascular risk and ensure patients have the best treatment available, thus reducing its detrimental impact on the lives of so many Australians.”

Fact: Cardiovascular disease accounts for 18% of the overall burden of disease in Australia.

THE ASThma AUSTRALIA Program EVALUATION

Fact: An estimated 300 million people worldwide suffer from asthma and there are approximately 250,000 premature deaths each year from this disease, most of which are avoidable.

Australia has made considerable progress in the treatment of asthma over the last 20 years, most notably the marked decrease in asthma-related deaths and hospital admissions. Yet there are still areas of need; of the 389 people who died from asthma in 2013, 60% were over 55 years old. The George Institute is conducting an evaluation, in conjunction with Zest Healthcare Strategies, which will play a pivotal role in assessing the process, impact, reach and accessibility of the Community Support Program (CSP) currently being run by Asthma Australia, and funded by the Commonwealth government. A particular focus will be on the improvement of the delivery of education, support and training services, especially to older Australians, Aboriginal and Torres Strait Islander people, rural and remote populations and those with limited literacy. Professor Christine Jenkins, Director of Respiratory Research at The George Institute, Australia says “Outcomes for people with asthma living in areas of socio-economic disadvantage and rural and remote areas are poor. This evaluation will assess the impact of a range of community education initiatives on the quality of life of people with asthma and their carers, and accessibility of the CSP where it is needed most.”

FACT: An estimated 300 million people worldwide suffer from asthma and there are approximately 250,000 premature deaths each year from this disease, most of which are avoidable.
The George Institute for Global Health

2014-15 Annual Report

I am The George because I want nothing short of the best possible outcomes for the communities we work with.

Jake Byrne, Project Manager, The George Institute, Australia

FACT: Aboriginal and Torres Strait Islander children have more than double the hospitalisation rates for burn injury and experience significantly more serious burns than other Australian children.

Caroline Lukaszyk

1 DEADLY STEP

Through strong community engagement, the ‘1 Deadly Step’ program aims to use a culturally appropriate, community-based model to increase awareness of chronic diseases and to promote prevention in Aboriginal and Torres Strait Islander communities of NSW. The program utilises a rugby league theme to engage local communities to participate in an eight-step process that provides health checks, referrals and follow-ups, where cultural ambassadors are present to promote the importance of looking after our health. According to Lachlan Wright of The George Institute, Australia “The platform of using a rugby league theme at a health screening event allows people to feel comfortable and encourages community engagement in healthcare.” The partnership between NSW Agency for Clinical Innovation and the Country Rugby League seeks to address the high prevalence of chronic diseases among NSW Aboriginal and Torres Strait Islander communities. This research will assess the effectiveness of community engagement on health. The program has been running for several years and is currently managed by the NSW Agency for Clinical Innovation.

Fact: Aboriginal and Torres Strait Islander peoples experience around five times greater cardiovascular disease burden than other Australians.

THE COOLOMON PROJECT

Having consistent access to high-quality care is fundamental to good outcomes for burns patients. While there are well documented barriers to access to healthcare for Aboriginal and Torres Strait Islander people in urban and rural or remote areas, there is no research examining the care received or how these barriers impact on health outcomes of Aboriginal and Torres Strait Islander children. “Burns in children can be a devastating injury, causing life-long scarring and severe psychological trauma”, says Dr Kate Hunter, The George Institute, Australia. “This study is looking to address this gap in research by identifying the burden of burns among Aboriginal and Torres Strait Islander children with serious burns, and the data will be used to develop appropriate, best-practice, models of care.” The study is governed by an advisory group comprising representatives from the investigators, Aboriginal community members, and Aboriginal health organisations and peak bodies. Participants will be from New South Wales, Queensland, South Australia and the Northern Territory.
The ‘Can’t Even Quit’ program is the first of its kind in Australia and is using mobile health technologies as a cost-effective and easily accessible strategy to lower smoking rates in the Aboriginal and Torres Strait Islander community. The pilot study uses a smartphone application available on Android or iOS platforms to assist people in giving up smoking. In order to increase motivation to quit, features include a personalised profile, a quit plan customised to each user’s behavioural patterns, motivational messages and the ability of users to ‘compete’ with others on a personalised challenge. Study Lead Lachlan Wright says that the app is an empowering way for people to be in control of their quit program: “Quitting smoking for good is difficult, and the ‘Can’t Even Quit’ app gives people a personalised and hands-on approach to giving up smoking permanently using what we know is an effective tool.” While the damage to health due to smoking is well documented, mHealth approaches like the ‘Can’t Even Quit’ app can provide people with a simple, free and supportive quit program, while also relieving the burden of disease associated with smoking.

Fact: In 2012-13, 41% of Aboriginal and Torres Strait Islander people over 15 smoked cigarettes daily. 

“I am The George because I recognise the importance that equal opportunity has on living a healthy life.”

Caroline Lukaszyk, Project Manager, The George Institute, Australia
WHAT MOTIVATED YOU TO JOIN THE GEORGE?
The George Institute is a truly global organisation that draws on top medical researchers worldwide to drive changes in health systems and healthcare to improve peoples’ health, not only in China but globally. With so many young and promising researchers at The George Institute, China I am sure it will bring vitality and energy to China’s academic research work.

WHAT ARE THE BIGGEST HEALTH CHALLENGES IN CHINA?
The burden of non-communicable diseases is soaring because of changes in lifestyle and demographics across China. Disease prevention and control systems in China, especially the primary care system, are relatively weak and a real priority because that is where we can help lessen this burden.

HOW IS OUR RESEARCH IN CHINA ADDRESSING THESE?
The goal of our research is to explore cost-effective, easy-to-implement, population-based health interventions that can be scaled up. With the support of innovative technology, we can improve the delivery and quality of healthcare in large scale and make it accessible to more people who really need it.

WHAT ARE EXAMPLE FLAGSHIP PROJECTS?
The China Center for mHealth Innovation (CCmHI), supported by Qualcomm Wireless Reach, is looking to improve health using sustainable mHealth interventions that target China’s leading causes of death and disability. Another example is Lifeseeds, The China Rural Health Initiative, which focuses on how to improve population health via strengthening the primary health system and reducing unhealthy lifestyle factors such as excessive salt intake. This is part of the China Center for Excellence - one of the 11 centres worldwide, initially supported by the National Heart, Lung and Blood Institute, a part of the US National Institutes of Health, to combat non-communicable diseases.

HOW CAN THESE PROJECTS CONTRIBUTE TO CLINICAL PRACTICE AND POLICY?
The results of The China Rural Health Initiative could help improve performance and capacity across China’s primary care system, as well as demonstrate how to reduce population salt intake. The findings have also demonstrated that global collaboration is a feasible and effective way to prevent and control non-communicable diseases, for example, by building up strong local networks and working closely with them, and by actively engaging with government and other stakeholders to get your research disseminated.

WHERE TO FROM HERE?
We will strengthen our collaboration with Peking University Health Science Center, especially in public health policy, rural health, and clinical trials, while also establishing and expanding our new partnership with Shanghai jiao Tong University, for example, in clinical and population research. We will continue our focus to address some of China’s biggest health priorities through high impact research.
Establishing the Evidence: Diabetes Research in China

Diabetes is the leading cause of end-stage kidney disease and blindness in China with adequate blood glucose control being essential to preventing complications associated with the disease. For diabetes sufferers, insulin treatment is an effective therapy and is often the only way to control blood glucose. However, the longer someone is uncontrolled, the greater the challenge in treating them, increasing the pressure on families and the healthcare system. To better understand how the condition is affecting the Chinese diabetic population, The George Institute, China has established a new diabetes study, ORBIT. Chief Scientist, Professor Linong Ji, and Associate Research Professor Puhong Zhang have said the insights we are set to learn from the ORBIT study will improve healthcare for Chinese diabetes patients by contributing to new guidelines and regulations for the use of insulin. “Thanks to support from Chinese Diabetes Society and Sanofi this study will help guide intelligent use of insulin,” Professor Ji says.

Fact: In China there are over 100 million people living with diabetes. Treatment costs around US$26 billion a year.

Can Children Change the Course of Cardiovascular Disease in China?

While high rates of hypertension are closely associated with high rates of cardiac disease throughout the world, hypertension is often avoidable through simple lifestyle changes. Raised blood pressure is particularly prevalent in China, where extreme levels of salt intake occur among both adults and children. The School-EduSalt program, conducted by The George Institute, China in collaboration with Queen Mary University of London, Peking University Health Science Center and Changzhi Medical College, is a novel approach to tackling this issue: a child-led, school-based, salt reduction program. The program taught children in northern China how to persuade their families to reduce the amount of salt used at home, resulting in a quarter reduction in daily salt intake in those families. These results advocate for this program to be implemented in schools across China, where a major reduction in death associated with raised blood pressure and cardiac disease is probable.

Fact: 80% of deaths from cardiovascular disease occur in low-to-middle-income countries. Raised blood pressure accounts for 62% of strokes and 49% of coronary heart disease worldwide.

"I am The George to improve the health of people in resource-poor environments."

Ying Cai 蔡颖 Clinical Trial Assistant, The George Institute, China
Effective use of medication to control hypertension among people with high salt intake

China has an estimated 270 million patients with hypertension. Generally speaking, the population average salt intake in China is very high with almost all people consuming more than their recommended daily salt intake. While the most cost-effective way to prevent hypertension is to lower salt consumption, it is also essential for treatment that effective medications are easily accessible for such patients who are already consuming high amounts of salt.

This research, with the support of mobile technology, aims to identify effective anti-hypertensive medicines and treatment strategies for such patients where high salt intake is prevalent. Associate Professor Puhong Zhang says “The study has the potential to help guide clinical practice, as well as demonstrating the important role and efficiency of using mobile technology in clinical research.”

Fact: In China, over 50% of cardiovascular diseases are attributable to hypertension.

Families to help stroke patients recover

Stroke is the second leading cause of mortality and disability among adults worldwide. In China, however, stroke rehabilitation programs and services are scarce, particularly in rural and resource-poor areas. Researchers from the RECOVER project are looking to develop, implement and evaluate an evidence-based, caregiver-delivered stroke rehabilitation program where patients will receive stroke care from a family-nominated caregiver. Caregivers will be trained by a specially trained nurse and guided by an easy-to-understand rehabilitation manual. Professor Lijing Yan, Honorary Professorial Fellow at The George Institute, China, says the program may provide a cost-effective, feasible way to help improve the health and quality of life for stroke patients. “By relieving caregiver burden and identifying effective ways to enhance access to needed care, for example by training caregivers, stroke patients will receive better care where rehabilitation programs aren’t available.” If effective, the RECOVER project can potentially guide future programs and policies that can improve health outcomes for stroke patients in resource-scarce settings.

“I am The George to help people around the world to have a healthy life.”

Aihua Zhang 张爱华, Project Manager, The George Institute, China

“I am The George because it brings a breadth of vision to me and teaches me not to be afraid of disease.”

Xiaoyun Li 李晓韵, Communication Coordinator, The George Institute, China
"I am The George, that is my warm family, who make me not fear any difficulty."

Jing Zhang 张京, Research Fellow, The George Institute, China

World Heart Day celebrations at The George Institute for Global Health at Peking University Health Science Center
The use of mobile technology to improve access to healthcare and health outcomes is booming worldwide, yet inadequate focus on health system strengthening is one of the biggest barriers to mHealth having a transformative effect on health outcomes. mHealth can include anything from appointment reminders, call centres and emergency telephone services to text messaging health tips, mobile telemedicine and highly sophisticated real-time decision support for doctors and other health practitioners. The George Institute is committed to finding innovative ways for mobile technology to improve access to affordable and effective healthcare, to connect communities to their healthcare providers and services, and to promote community and patient-centred care.

With the population in China predicted to exceed 1.4 billion by 2050, the urgency to develop new and innovative approaches to healthcare delivery, especially in resource-poor settings, has never been greater. To address this need, The China Center for mHealth Innovation (CCmHI) was launched in November 2014, hosted by The George Institute, China at Peking University and with support from Qualcomm® Wireless Reach™. Upon launching, CCmHI focused on a landscape analysis of digital health policies, laws, standards, programs and research activities in China. CCmHI also aims to improve community healthcare in China through the study of affordable, sustainable mHealth interventions that target the nation’s leading causes of death and disability.

“The George Institute is proud to partner with Qualcomm in the establishment of CCmHI as a world-class centre for mHealth innovation,” says Professor Stephen MacMahon, Principal Director of The George Institute and Honorary Professor at the Peking University Health Science Center.

“There is a pressing need for fresh approaches to community healthcare in China and globally, particularly in resource-poor areas. CCmHI will address this need by developing new mHealth strategies designed to improve care for individuals at high risk of stroke and other important causes of premature death and disability,” Professor MacMahon says.

Combined with consumer applications that provide tools for self-care, CCmHI will assist with the integration of mHealth strategies into national and provincial policies and guidelines.

Steve Mollenkopf, CEO of Qualcomm Incorporated, says “Since 2006, Wireless Reach has led programs that leverage advanced wireless technologies to achieve economic and social impact in underserved areas throughout China. To date, these programs have directly or indirectly benefited nearly 850,000 people. Our investment in CCmHI is part of our continuing commitment to improve the lives of Chinese citizens and contribute to the creation of an innovation-based economy in China.”

Fact: By 2020, there will be an estimated 1.2 billion users of 3G and 4G mobile technology in China.
While mHealth has the potential to be transformative globally, low- and middle-income countries have the greatest potential to benefit from such innovation. In countries like Australia, with sizeable rural and remote communities, the potential for mHealth and associated technologies to reduce intrinsic barriers to healthcare access is also substantial.

The partnership between The George Institute and Telstra Health will focus on projects that are addressing key health system challenges such as reducing pressure on the hospital system, improving outcomes for people with chronic disease, new ways for communities to access GP care, remote management of common mental health problems among people living in rural communities and integrating care between hospitals and community healthcare providers.

In October 2014, The George Institute for Global Health and Telstra Health announced an official partnership to bring innovative e-Health solutions to some of Australia’s most pressing healthcare challenges and improve healthcare delivery and outcomes in Australia.

Associate Professor Fiona Tumbull of The George Institute said cross-sector partnerships like this are critical for bringing about transformative change to the health system. “We need to harness science, technology and entrepreneurship in order to create safe, sustainable solutions that can address the escalating burden of chronic disease.”

Shane Solomon, Telstra Health Managing Director, said that Telstra’s vision for a more connected healthcare system could only be achieved by working with funders, providers, government and research organisations such as The George Institute. “We want to bring together leading e-Health technologies to create new solutions that are simple for clinicians and patients to use.”

"I am the George because as a beginner I have been embraced and encouraged to be a better me."
Lei Sun, Research Assistant, The George Institute, China

"I am The George to prevent cardiovascular diseases caused by hypertension."
Jesse Hao, Senior Project Manager, The George Institute, China
WHAT'S THE GEORGE INSTITUTE, INDIA FOCUSED ON?
The George Institute, India is focused on developing high-quality evidence to improve healthcare delivery at the bottom of the ‘pyramid’ and reduce premature death and disability. We’re working to change policy, improve stakeholder communication across the health system, and develop models of care that apply to other resource-poor settings.

WHAT ARE THE HEALTH CHALLENGES IN INDIA?
The biggest health challenge facing India is delivering evidence-based healthcare with consistent quality to reduce the major causes of death and disability.

HOW IS OUR RESEARCH IN INDIA ADDRESSING THIS?
By developing and implementing new ways to deliver healthcare and using innovations in technology and workforce (e.g. task sharing between doctors and non-physicians) to develop sustainable, affordable and scalable models of healthcare delivery.

WHAT IS AN EXAMPLE FLAGSHIP PROJECT?
Our SMARTHealth approach uses an electronic decision support system in a clinical setting to help detect, refer and follow up patients at high risk of developing cardiovascular and mental health. It’s being implemented in close collaboration with doctors in remote Andhra Pradesh, along with the state government.

WHAT IF MONEY WASN’T AN ISSUE?
I’d like to develop an integrated model of patient-centred healthcare delivery to tackle the top 10 causes of premature death and disability in India, using such a system to inform mechanisms (for example, a micro-insurance scheme) to fund the system.

WHAT ARE THE BIGGEST STRENGTHS OF THE INSTITUTE AS...
Being able to draw on a global research talent pool to address local challenges, using the best available research methodologies, and influencing policy changes based on research.

WHAT ARE THE BIGGEST HEALTH CHALLENGES FACING THE GLOBAL COMMUNITY?
Ensuring there are mechanisms to deliver healthcare equitably, shifting some primary care roles from physicians to non-physician workers, and developing scalable healthcare delivery models.

HOW CAN INDIA HELP?
India possesses the ideal combination of the right skill sets and testing environments to generate innovative and disruptive models of healthcare delivery, and evaluate their scalability and affordability in real life situations. Such models can be replicated with some modifications in countries with similar healthcare challenges.

WHAT ARE SOME OF THE GROWTH PRIORITIES OVER THE NEXT 5 YEARS?
Expanding our ambit of research into more areas such as women’s health and other disadvantaged populations; and training early and mid-career researchers to deal with the most pressing global health challenges, providing career pathways to develop their own programs of research.
**IMPACT OF ROAD TRAFFIC INJURY**

Injury as a result of a road traffic crash can have a significant impact on the social and economic functionality of an individual, their family and their community. Despite the growing burden of road traffic injury in India, an effective national prevention strategy has yet to be implemented. This in part is due to lack of data on the personal and financial impact on the individual, as well as society. To address this burden, the ‘Impact of Road Traffic Injuries’ study is underway. “The objective of this research is to measure the impact of road traffic injuries on health-related quality of life in urban settings in India,” says Study Lead, Jagnoor Jagnoor of The George Institute, Australia. “We will also measure the social impact of road traffic injuries on victims and their families including their participation in and uptake of health and social services.” The study results will provide the first comprehensive estimates of the burden of serious road traffic injury in India, including economic and social costs and the impact on individuals and families.

**TACKLING HYPERTENSION IN RURAL INDIA**

Hypertension affects a large number of people in rural India, and with over 70% of Indians living in rural India, the burden of chronic disease resulting from hypertension is huge. Despite this, very few people actually know what to look for and even fewer have their blood pressure checked regularly. Researchers from The George Institute, India are conducting investigations to identify barriers / facilitators in hypertension control in rural communities of India. The results will be used to develop strategies to better manage hypertension in these areas and prevent chronic disease that emerges as a result of hypertension. Dr Rama K. Guggilla of The George Institute, India says “An improved understanding of the awareness of hypertension in different settings and the barriers / facilitators to prevention, diagnosis and treatment, will provide the critical knowledge base we need to help prevent this life-threatening condition.” The study is part of a coordinated funding effort by member organisations of the Global Alliance for Chronic Diseases and the National Health and Medical Research Council of Australia to address hypertension in low- and middle-income countries through community-based research projects.

**DATA COLLECTION TO ANALYSE DIALYSIS OUTCOMES IN INDIA**

While long-term studies on health outcomes for dialysis patients are common throughout the world, there is limited data that indicates the specific benefits and outcomes for patients with end-stage kidney disease in India. To address this knowledge gap, researchers from The George Institute, India have established the ‘Dialysis Outcomes Study’. This study will collect clinical and economic data measuring the outcomes for kidney failure patients who are started on dialysis in India. This data could potentially be useful to inform the policy for a comprehensive and consistent national program for dialysis treatment. Executive Director of The George Institute, India Professor Vivek Jha says it has become necessary to measure how patients are progressing under dialysis using national and international benchmarks. “The information on the economic impact of dialysis on patients and their families will provide one of the first detailed insights into this critical aspect of dialysis services.” The study is a pilot being conducted in northern India with a view to develop a national dialysis registry.

Fact: Cost associated with road traffic injuries in India is nearly 3% of the GDP, which is more than the total health budget for the country.

Fact: Hypertension kills 170,000 people in India each year.

"I am The George, armed with a research team to make the world free from disease.”

George Clinical staff in India
A NATIONAL SALT REDUCTION PROGRAM FOR INDIA

With over 1.25 billion people in India, and a projected 1.69 billion by 2050, the need to tackle India’s key healthcare issues is apparent. Excessive salt consumption is a leading cause of hypertension and can lead to other chronic illnesses including stroke, heart attack and kidney disease. The National Salt Reduction Project will assess the current level of salt intake in the general adult population, as well as attitudes and behaviours relating to sodium intake in India, to obtain the evidence needed to establish a national salt reduction program and provide a comprehensive health policy framework and scalable program for the Indian government. According to Research Associate Sudhir Raj Thout at The George Institute, India, “Simple measures like implementing a National Salt Reduction Program for India are key in reducing preventable death and diseases associated with hypertension.” It is anticipated that the program will include advocacy strategies and action plans that span grocery stores, street vendors, chain restaurants, food manufacturers, and consumers for reducing the salt intake in India.

Fact: Over 142 million people are suffering from hypertension in India.

"I am The George because I like freedom—freedom to think beyond the box and freedom to act."
D Praveen, Program Head, Primary Health Care Research, The George Institute, India

SMALL STEPS TO “BIG DATA” IN INDIA

There are over 25,000 hospitals in India, yet current evidence on the quality of healthcare and its outcomes throughout India are limited, with information rarely being shared between the public and private healthcare systems. With much needed reform in healthcare delivery and financing, government and policy makers can benefit from better information on the burden of disease. The ‘Big Data’ project aims to bridge the knowledge gap by applying proven methodologies in health services research with routinely captured clinical and non-clinical data to generate a body of evidence and a reliable health database and help build capacity in the healthcare system in India. Early findings from publicly available hospital claim data for all surgical procedures conducted from across the states of Telangana and Andhra Pradesh in India have shown that even when free or subsidised access to surgery is made available by the state, allied costs pose a barrier to surgery. “It came as a surprise to us that despite universal access to surgery, the uptake was still at the level of a low-income country,” said Dr Maaz Shaikh of The George Institute, India. “Just making a scheme available doesn’t automatically mean utilisation will happen. By developing a health database, as well as data processing and other analysis tools, evidence created from this project such as this can help policy makers and other health administrators, to identify ways to improve healthcare delivery, while also making it more cost-effective and accessible.”

"I am The George because I love what I do and I do what I love—improving the health of people, especially those who are vulnerable."
Dr Rama K Guggilla, Research Fellow, The George Institute, India

D Praveen Rama K Guggilla
While kidney disease is a leading cause of death and disability around the world, it is a vastly under-recognised health problem. Our research, published in *The Lancet* February 2015, has shown that each year, over 2.5 million people receive renal replacement therapy (dialysis or kidney transplant), yet double that number of patients need this life-saving treatment. While prevention measures are an essential factor in reducing the prevalence of kidney disease, the research highlights that there are now, and will continue to be, many millions of people who need dialysis but are unable to access it because of the associated costs. Sadly, most of these deaths are preventable and the biggest burden lies in low-to-middle-income countries where less than a quarter of people who need dialysis are actually receiving it. Executive Director of The George Institute, Australia, Professor Vlado Perkovic says the findings present a grim picture of the prevalence of kidney failure. “This could get worse—over coming decades, kidney failure rates are projected to grow rapidly and millions of people appear doomed to die without access to dialysis without specific action, with Asia being hit the hardest,” Professor Perkovic said. “We urgently need to find ways to get people the treatment they need by making dialysis affordable, and by implementing preventative measures so fewer people develop kidney failure in the first place.”

**FACT:** Two million people around the world die every year because they don’t have access to treatment for kidney failure.

Dialysis machines purify the blood, replacing an essential function of the kidneys, and can cost upwards of US $10,000, in addition to hospital and out-of-work costs associated with the illness. Additionally, dialysis machines require an elaborate water purification system which can often cost the same again. “Treatment of kidney failure with dialysis has been around for half a century, yet the technology hasn’t evolved substantively, remaining hugely expensive despite its simplicity,” explains Professor John Knight of The George Institute, Australia. “Computers have shrunk from the size of buildings to that of a watch in this time: that’s the kind of radical overhaul needed.” The world urgently needs an affordable dialysis machine, one that runs on solar power and can easily purify and use water from any source. Sponsored by The George Institute, the International Society of Nephrology and the Asian Pacific Society of Nephrology with support from the Farrell Family Foundation, the ‘Affordable Dialysis Machine’ competition will award a US $100,000 prize to the person who designs the most resource-efficient, cost-effective machine.
WHAT IS THE FOCUS ON THE GEORGE INSTITUTE, UK?

Here in Oxford we’re focused on obtaining important evidence for preventing and treating chronic diseases as well as how to best implement available evidence in lower-middle income countries. This work includes large international studies looking at data from birth to old age, and just this past year we have expanded the Institute’s research program to include a children’s research program, particularly focusing on childhood cancer.

WHAT ARE SOME EXAMPLES?

We have a major global birth cohort consortium that is looking for links between exposures in pregnancy and childhood cancer. By pooling data on one million mothers and babies, we hope to see connections that haven’t been evident before and find a way to prevent cancer in kids. We’re also using large international data to investigate causes of adult cardiovascular disease, as well as looking at implementing cost-effective ways to reduce the risk of cardiovascular disease and diabetes for at-risk adults in resource-limited countries like India.

WHAT ARE SOME OF THE BIGGEST HEALTH CHALLENGES WE ARE FACING?

For adults, a major challenge is finding the best way to make sure all those who can benefit from being less at risk of common diseases have access to the knowledge we already have about this. This is particularly true for low- and middle-income countries. For children, there is still much to learn about preventing the diseases they suffer from.

I SEE THE BIGGEST STRENGTH OF THE GEORGE AS...

Its ability to conduct large-scale epidemiological studies involving many countries across the globe. These studies have produced compelling evidence for preventing and improving outcomes from major diseases. There are relatively few health research organisations that have such high calibre researchers working alongside practically-oriented healthcare experts to target the burden of chronic disease.

WHAT MOTIVATED YOU TO JOIN THE GEORGE?

I’ve long been involved in attempting to improve health in low-middle and high-income countries by applying the results of medical research, and I see The George as the optimal place to do this. The opportunity to draw upon top notch UK researchers at Oxford as well as the work of colleagues in Australia, India and China means we can really advance solutions to key health dilemmas like childhood cancer as we obtain good evidence. A year on since joining, I can’t think of a better place to do the things that I am most motivated to do scientifically.
AUDITING THE MANAGEMENT OF INDIVIDUALS WITH HIP FRACTURES

With the number of older people increasing worldwide, the number of individuals sustaining hip fractures is likewise increasing. The George Institute, UK, in collaboration with partners in China, India and Australia is conducting research to assess and improve the quality of care for older individuals who sustain a hip fracture. The initial phase of the study, involving a retrospective audit of hospital records in China and a comparison of the findings with data from the UK Hip Fracture Audit, indicate the need for substantial improvements in care. A subsequent phase of this research involves assessing the feasibility of conducting similar, larger scale research in India, as well as in China, and in particular determining how best interventions to improve practice can be implemented. Lead Investigator Professor Robyn Norton says “We hope this research will identify the barriers and facilitators to improving care for individuals who sustain a hip fracture, resulting in better longer term patient outcomes.”

Fact: By 2030, 3.1 million people around the world will sustain a hip fracture and by 2050 this number will double.

UNDERSTANDING THE LINK BETWEEN CHILDHOOD AND CARDIOVASCULAR DISEASE LATER IN LIFE

A first-of-its-kind international study pooling together data from 40,000 people whose health has been tracked for up to 40 years since they were children is looking at connections between childhood and the risk of adult cardiovascular disease. By examining the lifestyle and biological risk factors that children are exposed to against incidents of cardiovascular disease later in life, researchers at The George Institute, UK are hoping to address a major knowledge gap in child health. Study Lead Professor Terry Dwyer says “Currently global health policies around prevention and treatment of cardiovascular disease are geared at adults and it’s time we found out whether there are extra gains to be had from combating factors like obesity, exercise, diet and blood pressure in childhood.” Professor Dwyer explains that what’s also exciting about this project is the scale and approach of this type of research. “By moving away from more traditional, country-based research and assembling all the available data globally, the large data pool will provide much clearer insights that can be used to inform global health policy and approaches to prevention.”

Fact: Worldwide, one in 10 school-aged children are estimated to be overweight, a major risk factor for cardiovascular disease.

“I am The George working to improve care for people with heart failure.”

Moira Allison, Research Nurse, The George Institute, United Kingdom

Moira Allison
Dementia is responsible for a growing burden of disease. Today over 44 million people have dementia, with these numbers predicted to increase sharply over the coming decades, approximately doubling every 20 years and reaching 136 million in 2050. Much of this increase will occur in low- and middle-income countries, where resources are limited, and dementia will pose a disproportionately high economic, social and public health burden.

Many factors that increase the risk of cardiovascular disease (CVD) including type 2 diabetes, cigarette smoking, and obesity are also associated with a higher risk of dementia. There is strong evidence to suggest that type 2 diabetes confers a greater risk of CVD in women than in men. Dr Sanne Peters of The George Institute, UK says “Determining reliably, whether there are clinically meaningful sex differences in association between diabetes and dementia is important to better understand the causes of dementia and its link to CVD.” If any sex differences can be proven, as there are for CVD, this study will provide evidence to revise clinical guidelines for the treatment and management of diabetes and dementia in both sexes.

Understanding how to treat patients with multiple chronic conditions is one of the most important priorities facing health systems today. Typically, those who suffer from prolonged illness suffer from more than one condition, which involves ongoing care with multiple healthcare professionals. While these diseases can have known effective treatments, single disease approaches to care for patients with multiple chronic illnesses are often inadequate and patients receive poorer quality of care as a result.

A large-scale study in the UK using the Clinical Practice Research Datalink, a database of over 15 million patients, is looking to specifically understand how multiple chronic conditions impact the risk of cardiovascular disease and how it is managed. Lead Investigator Associate Professor Kazem Rahimi of The George Institute, UK says “While there are several evidence-based approaches to measure quality of care, we need to identify the key determinants of clinical care for chronic disease patients, particularly for those with multiple chronic conditions. By accounting for this added complexity, we can reliably predict the onset of these conditions and improve patient care.”

Fact: By 2020, chronic diseases are estimated to account for 57% of the global burden of disease. In the UK, 2.9 million people are expected to have multiple chronic conditions by 2018.
Despite recent advances in diagnosis and treatment for heart failure, results are often unpredictable. The risk of premature death associated with heart failure is often higher than most types of cancer, and quality of life for heart failure patients is low. In recent years, the National Heart Failure Audit and the Clinical Practice Research Datalink, UK have become rich sources of information on care delivery and outcomes for patients admitted to hospital with heart failure and for those managed in the community. Associate Professor Kazem Rahimi of The George Institute, UK says “The UNVEIL-CHF project will use the available data to measure disparities in care pathways and outcomes for patients with heart failure in the UK. The findings will have immediate benefits to patients and providers and will guide future research into healthcare planning for the management of heart failure.”

Fact: Heart failure affects about 900,000 people in the United Kingdom, and more than half of those are over the age of 75.

The International Childhood Cancer Cohort (14C), an international alliance of studies on children has been helping researchers from The George Institute, UK unlock the mystery of the causes of childhood cancer, a topic of which surprisingly little is known. Recent findings from this data have shown that the incidence of childhood cancer rises with increasing birthweight. With so little being known about the causes of childhood cancer, these findings give researchers an important lead into prevention and treatment. Professor Terry Dwyer, Executive Director of The George Institute, UK, says “We know that there are no easy answers to childhood cancer, but we are assembling more clues, like this piece of evidence, which will help us fill in the puzzle. Additional research into childhood cancer is needed so that we can provide actionable solutions to improve outcomes for future generations.”

Fact: An analysis of global data has shown that along a continuum, a one kilogram birthweight increase correlates to a 26% increase in the risk of all childhood cancers.
Qualcomm and Telstra Health—partnerships with these two significant technology and communications companies were launched last year. These partnerships will expedite urgently needed innovations in mHealth, one of the most promising approaches to tackling gaps in healthcare and improving the prevention and treatment of chronic diseases, particularly where access to effective care is limited. (See page 20 for our partnerships with Qualcomm and Telstra Health.)

The HCF Research Foundation is supporting the development of the research skills required to improve the quality and efficiency of healthcare delivery in Australia. Driven by the shortage of skills focused in this area, the funding will help address the growing concern that Australia’s ageing population and increased life expectancy will demand more efficient and effective healthcare for chronic diseases.

Servier, GSK and staff of The George Institute—these three groups have provided generous funding for fellowships that will support some of our brightest minds to continue on their paths to addressing the biggest health challenges of our time. We are particularly pleased to have launched the John Chalmers Fellowship Program this year in recognition of Professor John Chalmers AC, a leading figure at The George Institute since it was founded in 1999. We have also established the John Yu Fellowship Program which will be launched in 2016. This program, developed in recognition of long-term chairman Dr John Yu AC, is a highly competitive postgraduate award for the brightest minds in Asia to study at one of The George Institute’s regional sites around the globe.

GlaxoSmithKline (GSK) has been a significant supporter of The George Institute for Global Health for a number of years. GSK has recently financially contributed to a postdoctoral respiratory fellowship, to foster excellence in respiratory research focused on achieving affordable and accessible health care for people in low- and middle-income countries, especially in the Asia-Pacific region. This fellowship will be implemented through the John Chalmers Fellowship Program and will enable the recipient to develop their skills and career potential in translational research. This generous contribution to respiratory research demonstrates GSK’s strong commitment to innovative, high-impact research and preventative solutions in the field of lung health and disease.

Servier’s relationship with The George Institute dates back to the 1990s with its support of two landmark trials conducted by the Institute. The PROGRESS trial demonstrated that blood pressure lowering prevented recurrent stroke and the ADVANCE trial demonstrated that more intensive blood pressure reduction and glucose lowering prevented serious complication of diabetes. Most recently, Servier provided support for long-term follow-up of patients in the ADVANCE-ON post-trial study, which showed the ongoing benefits of the treatments in reducing death and end-stage kidney disease 6 years after the cessation of treatment. Servier has provided a grant of $400,000 over 5 years to fund the John Chalmers Postdoctoral Fellowship. This recognises the significant contribution that John has made to clinical research in Australia with Servier, dating back to 1977.
THANK YOU TO OUR MAJOR FUNDERS

Abbott
AH&MRC of NSW
Alcohol Education & Rehabilitation Foundation
Amgen
ANZ Society of Nephrology
ANZ Trustees—The J O & J R Wicking Trust
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Wellington Hospital
World Health Organization

For a list of our collaborators visit www.georgeinstitute.org
George Clinical. Q & A with Dr Marisa Petersen

**WHY ARE CLINICAL TRIALS IMPORTANT?**

Clinical trials provide the evidence for new treatments or new uses of existing treatments— their efficacy and safety. Without this, new drugs and medical devices cannot be approved for use. So clinical trials lead directly to new and improved treatment options.

**WHAT'S THE MAIN FOCUS OF GEORGE CLINICAL?**

Our work is largely in global clinical trials for pharmaceutical companies and focused on new and improved treatments for a range of chronic diseases. These companies have a strong interest in improving treatments available for both common and niche diseases, and often focus on diseases causing the greatest burden around the world.

**HOW DOES THIS WORK CONTRIBUTE TO LOCAL HEALTHCARE?**

Apart from enabling new treatments to become available, the conduct of clinical trials also positively impacts the quality of healthcare in places where trials are run. They attract top tier clinicians and researchers, and embed a culture of evidence-based decision making in healthcare.

**WHY IS GEORGE CLINICAL SO CRITICAL FOR THE INSTITUTE?**

George Clinical donates all profits to support research at the Institute. It’s a social enterprise that the Institute established to support its scientific output as well as diversify its funding sources and contribute to its financial wellbeing. George Clinical also houses expertise in regulatory and safety requirements and quality management which are essential for both commercial customers as well as for the Institute’s programmatic trials.

**I SEE THE BIGGEST STRENGTH OF GEORGE CLINICAL...**

Is managing clinical trials to the highest international standards across the Asia-Pacific region.

**WHAT ARE SOME EXAMPLE SUCCESSES OF GEORGE CLINICAL?**

Broadly speaking, establishing the strongest independent Contract Research Organisation (CRO) presence in Asia. Also the quality of our service, which for example, saw us completing trials which resulted in FDA approval of new diabetes drugs and on another occasion completing ahead of schedule an oncology study in China.

**WHAT DO YOU SEE AS THE BIGGEST SUCCESSES OF THE GEORGE?**

The Institute’s work tackling questions affecting the health of millions of people in developing and developed nations is extraordinary. These are not just treatment questions, but questions around the prevention of disease and injury and the impact of evidence-based approaches to acute and chronic care.

**WHAT MOTIVATED YOU TO JOIN GEORGE CLINICAL?**

After 20 years working in drug development for the pharmaceutical industry and CRO’s, and experience in building and managing not-for-profit enterprises, I felt I could really contribute to the mission of the Institute by building a world class CRO. Knowing that the profits of George Clinical would 100% go to supporting the Institute’s research was very appealing.
Anne Sim

George Clinical was the first commercial enterprise launched by The George Institute. It was established to provide high-quality clinical research services and related capacity development across the Asia-Pacific region. George Clinical grew out of the Institute’s global clinical research program and now provides support to that program, as well as providing contract services to dozens of pharmaceutical, biotechnology and medical technology companies worldwide. In doing so, George Clinical has contributed directly to several landmark clinical trials, the results of which have changed clinical practice. It has also resulted in the training and employment of a large number of clinical research professionals across Asia. George Clinical is now the leading Contract Research Organisation (CRO) in the Asia-Pacific region with around 200 employees in Australia, China, India, South-East Asia, the United Kingdom, other European countries and the US. All profits generated by George Clinical are donated to The George Institute and this has enabled the Institute to invest in research staff, students and research projects in China and India, as well as its other social enterprises.

Scientific Impact through Clinical Research

Clinical trials pave the way to new and improved treatment options by providing clear and reliable evidence of both the efficacy and safety of drugs and medical devices. George Clinical combines its operational excellence with scientific leadership, drawing on the world leading academic expertise of The George Institute to deliver clinically relevant and operationally robust clinical trials for its customers.

George Clinical’s expertise spans a broad range of therapeutic areas with particular strengths in the same areas as The George Institute, including cardiovascular disease, kidney disease, stroke and other neurological conditions, respiratory disease, critical care and musculoskeletal conditions. It is now expanding into the area of oncology, in partnership with local and international oncology trial centres.

A Year of Growth

Over the past year, George Clinical has experienced growth across the organisation. With total revenue growth of 22%, George Clinical made a $4.8 million donation to The George Institute, its largest ever contribution. Operationally, George Clinical expanded with new teams established in Taiwan, USA, and Europe.

George Clinical bolstered its leadership with the appointment of Mr Glenn Kerkhof as Chairman of The George Clinical Board, and Dr Marisa Petersen as Executive Director (previously, Managing Director). Mr Kerkhof has over 20 years’ experience in the pharmaceutical services sector. His last role was Chief Executive Officer of Chiltern International and prior to this, Vice President of Global Operations for Clinical Research at Charles River Laboratories, and Vice President of Clinical Services for Europe and Asia at Inveresk Research.
George Medicines was established to develop safe and effective, low-cost drug treatments for serious chronic conditions, such as heart disease. Its primary goal is to develop drug treatments that are more practical for long-term use in resource-poor settings, as well as more affordable for those in need. Currently in most low- and middle-income countries, the large majority of people who have a serious chronic condition receive no treatment whatsoever. George Medicines aims to help bridge this gap between need and treatment. While the emerging markets are the principal target for George Medicines, its products also have a potential role in established markets.

The major initial focus of The George Medicines program is the development of “polypills” (single tablets containing multiple drugs) for the management of cardiovascular and metabolic diseases. This endeavour has grown out of a George Institute research program that, over the past decade, was instrumental in the development and evaluation of the first single pill to contain four proven drugs for the prevention of heart attack and stroke. Based on positive outcomes from this research program, George Medicines is now working on the development of a new polypill designed specifically for patients who have had a heart attack or a stroke in the past, or who are at very high risk of having one. George Medicines also has a significant pipeline of other products that it plans to develop.

I am George Clinical because scientific knowledge can transform the lives of millions

Daniel Astudillo, Marketing Communications Assistant, George Clinical

Looking Ahead

George Clinical is expanding its strategic focus beyond the Asia-Pacific region to enable the delivery of clinical trials globally. This will build on George Clinical’s extensive experience managing globally centralised services, such as in scientific leadership, data and project management, statistics and safety. The establishment of operational hubs in the US and Europe enables George Clinical to work more closely with its customers and build further operational teams to service these regions.

Asia will continue to be a major focus for George Clinical since it remains one of the key growth markets for clinical trials. Despite half of the world’s population living in Asia, only 15% of clinical trials are managed in the region. The rapidly growing burden of chronic diseases in this region and the changes in healthcare that necessitates position this region as a major market for new treatments and consequently more clinical trials involving patients from Asia are critical.
George Care was established to create an integrated, high-quality, low-cost system for the delivery of essential healthcare to patients with common chronic conditions in emerging markets. Like George Medicines, George Care has grown out of a George Institute research program and aims to help bridge the gap between patient needs and treatment availability.

For more than a decade, The George Institute has been at the forefront of efforts to develop innovative strategies for the more effective delivery of healthcare in hospitals and in community settings. Its work in rural India, China and Australia led to the development of SMART health, a comprehensive digital platform for the management of patients with diabetes, hypertension, heart disease or other related conditions. An early prototype produced clear improvements in the care provided to people at high risk of heart disease who were untreated or inadequately treated.

George Care is now building and evaluating a new comprehensive healthcare system comprising: an integrated digital suite of continuously updated clinical programs based on state-of-art research evidence and practice guidelines; an innovative workforce model that transfers all routine clinical tasks to teams of lower cost non-physician healthcare workers functioning remotely under the supervision of a doctor; and SMART health, a sophisticated “plug and play” IT system that provides healthcare workers and consumers with digital tools to guide and monitor all major aspects of healthcare management, and healthcare funders and managers with data on performance and a range of related operational factors. Various components of this system are currently being tested in both India and Australia.
Our People

At The George Institute, we pride ourselves on the calibre of expertise and diversity of our employees and their commitment to improve global health, a team that is the very core of our work, and a standard of excellence that underpins the principles of our governance and management. We have over 500 employees around the globe, ranging from world leading clinical and academic experts to some of the brightest PhD students in medicine and population health.

Building a pipeline of talent and a workplace that nurtures career growth and development are a major focus for The George Institute. To adequately address the biggest health challenges facing future generations, a well-trained and sustainable research workforce around the world is critical, and it is thanks to our strong academic and entrepreneurial leadership and passionate employees that the Institute can contribute to this global health priority.

Career development opportunities for early and mid-career researchers and in-house education and training to facilitate collaboration and knowledge sharing are some of the ways in which we are working to create an engaging and supporting workplace culture. A focus on gender equity practices is another priority, and this year The George Institute has once again complied with the Australian Workplace Gender Equality Act (2012). Parallel to this, the Institute welcomes the increasing focus on gender equity as seen with the launch of the Australian National Health and Medical Research Council gender equity policy in March 2014 to support women in health and medical research.
The George Institute for Global Health
2014–15 Annual Report

• Professor Vivekanand Jha became Chair of the Education Committee of the International Society of Nephrology
• Professor Anushka Patel became a Council member of the Australian Academy of Health and Medical Sciences, and Professors Craig Anderson, John Chalmers, John Myburgh, and Simon Finfer joined the Academy as Fellows
• Associate Professor Kazem Rahimi became a Fellow of the Royal College of Physicians UK
• Lachlan Wright received the Thoracic Society of Australia and New Zealand President’s Award (Previous awardees include former Prime Minister of New Zealand Helen Clark, and former Minister for Health in Australia, Nicola Roxon)
• Professor Christine Jenkins received the Presidential Medal, Asia-Pacific Society of Respirology
• Dr Elizabeth Dunford received the World Obesity Federation’s New Investigator Award
• Professor Rebecca Ivers won AFR & Westpac Woman of Influence – Innovation for 2014
• George Institute Researcher Professor Mark Woodward was listed among Thomson Reuters Highly Cited Researchers

Investing in early and mid-career researchers is critical to the future of healthcare and a priority for The George. In September 2014 our staff in Australia participated in the Blackmores Sydney Running Festival to raise money for The George Institute Staff Fellowship, which was equally matched by the Institute. Dr Leanne Hassett was awarded the Fellowship for her outstanding work in the Musculoskeletal Division, which will help her build a career in rehabilitation research. “The research I’ll be able to conduct thanks to the staff funded scholarship will help to determine how best to use technology to increase the dose of rehabilitation exercise.”

Professor Rebecca Ivers, Director of the Injury Division at The George Institute, Australia, was hailed as Australia’s top female innovator in The Australian Financial Review and Westpac 100 Women of Influence Awards 2014. Among innovations for which Professor Ivers is responsible is Driving Change, a community-based Aboriginal driver licensing support program across 12 sites in NSW. Professor Ivers is a Professor at the University of Sydney, and a leading expert in unintentional injury in Australia and internationally.
Our Governance

OUR BOARD

MICHAEL HAWKER AM
Chair

Michael Hawker is a Non-Executive Director of Aviva Plc Group (UK), the Macquarie Group and Washington H. Soul Pattinson. His former executive roles include CEO and Managing Director of Insurance Australia Group, Group Executive 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 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 Institute of Australia and a Fellow of the Australian Institute of Company Directors. Michael joined the Board in February 2011.

RUSSELL ABOUD
Non-Executive Director

Russell Aboud has worked in the global investment industry both domestically and internationally for over 29 years, the majority of time as a Managing Director in Sydney and London for UBS. Currently, Russell is the Executive Chairman and a founding partner of Manikay 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 J P Morgan Australia. Russell joined the Board in August 2013.

YASMIN ALLEN
Non-Executive Director

Yasmin Allen is a Non-Executive Director of Insurance Australia Group Limited (IAG), where she is Chair of IAG’s Nomination and Remuneration Committee and a Member of its Audit and Risk Committees. She is a Non-Executive Director of Cochlear Limited, and Chair of its Audit Committee. Yasmin is also a Director of Santos Limited, a director at ASX Limited and a National Director of the Australian Institute of Company Directors. She is also a board member of the National Portrait Gallery of Australia. Prior to her directorships, Yasmin had an extensive career in investment banking, including as Vice-President of Deutsche Bank, Director of ANZ Investment Bank in Sydney, and Associate Director with HSBC in London. Yasmin’s previous directorships include Export Finance and Insurance Corporation (EFIC), Film Australia Limited and Chair of Macquarie Global Infrastructure Funds. Yasmin joined the Board in August 2014.

GINA ANDERSON
Non-Executive Director

Gina Anderson is an experienced company director. She is currently a Non-Executive Director of GDI Property Group and GDI Funds Management; Advisory Board Member of the Australian Charities and Not-for-profits Commission (ACNC); Chair of Women’s Community Shelters; Advisory Board Member, Initiative on Corporate Philanthropy; The Conference Board, USA; and Philanthropy Fellow, Centre for Social Impact, University of NSW. Gina was Executive Director and CEO of Philanthropy Australia from 2005 to 2010. She has held corporate affairs, human resources and general management roles, including seven years in senior management roles at Westpac. From 1992-1995 as personal assistant to the Crown Prince of Jordan she was involved in the peace treaty between Jordan and Israel. Gina joined the Board in February 2012.

DAVID ARMSTRONG
Non-Executive Director

David Armstrong is a Non-Executive Director of the National Australia Bank (since August 2014) and a member its Audit and Information Technology Committees. David is also a Director of the Opera Australia Capital Fund Limited (since May 2013), and a Trustee of the Australian Museum (since January 2014) and Lizard Island Reef Research Foundation (since April 2014). David has more than 30 years’ experience in professional services. As a Chartered Accountant and a former partner of PricewaterhouseCoopers, he has significant knowledge and understanding of banking and capital markets, real estate and infrastructure and is well versed in reporting, regulatory and risk challenges faced by the industry. In addition to Australia, David has lived and worked in London and New York at various stages of his career. David is a Fellow of the Institute of Chartered Accountants in Australia and a member of the Australian Institute of Company Directors. David joined the Board in October 2014, and is Chair of its Finance, Risk and Audit Committee.

ELSIA ATKIN AM
Non-Executive Director

Elsa Atkin’s experience in the not-for-profit sector, change management, advocacy, and media and corporate relations areas was gained through her previous roles as Executive Director of the National Trust of Australia (NSW), Deputy Director of the Evatt 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 University of Western Sydney (Nepean Campus), the Heritage Council of NSW, the NSW Library Council, and the Immigration Review Panel. Elsa joined the Board in July 2007.
JOANNA CAPON OAM
Non-Executive Director
Joanna Capon is a Board Member of the Sydney Children’s Hospital Network (Randwick and Westmead) and a Member of the Health Care Quality Committee 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 Museums and Galleries NSW and the Australia-China Council. Joanna joined the Board in March 2007 and retired from this role in February 2015.

JASON YAT-SEN LI
Non-Executive Director
Jason Li is a founding partner and the CEO of Yatsen Associates—a corporate advisory and investment firm based in Beijing—a member of the Global Agenda Council for China of the World Economic Forum, and a Governing Member of the Smith Family. He was Head of China Strategy and Head of Sustainability for Insurance Australia Group and Vice-Chair of the Australia-China Chamber of Commerce (in Beijing). He was a Director of the Sydney Institute, the National Centre for Volunteering, and the NSW Government’s Sydney Metropolitan Strategy Group. Jason joined the Board in June 2007.

CATHERINE LIVINGSTONE AO
Non-Executive Director
Catherine Livingstone spent 20 years working in the field of implantable medical devices, including six years as CEO and Managing Director of Cochlear Limited. She is Chairman of Telstra Corporation Limited, and a Non-Executive Director of Worley Parsons Limited and Saluda Medical Pty Ltd. She is President of the Business Council of Australia, a member of the Commonwealth Science Council, the Prime Minister’s Business Advisory Council, the Growth Centres Advisory Committee; and is President of the Australian Museum. Catherine’s former roles include Chair of the Commonwealth Scientific and Industrial Research Organisation (CSIRO), President of Chief Executive Women, Chair of The Australian Business Foundation, Non-Executive Director of the Macquarie Group; and a Member of the New South Wales Innovation and Productivity Council. Catherine joined the Board in August 2012.
SENIOR MANAGEMENT COMMITTEE

PROFESSOR STEPHEN MACMAHON
Principal Director
Co-founder of The George Institute for Global Health; Professor of Medicine and James Martin Professorial Fellow, University of Oxford; Professor of Cardiovascular Medicine & Epidemiology, the University of Sydney; Honorary Professor, Peking University Health Science Center; Honorary Consultant, Royal Prince Alfred Hospital (Sydney); Chief Executive, George Health Enterprises Pty Ltd; Fellow of the Australian Academy of Science, the British Academy of Medical Sciences and the American College of Cardiology.

PROFESSOR ROBYN NORTON
Principal Director
Co-founder of The George Institute for Global Health; Professor of Global Health and James Martin Professorial Fellow, University of Oxford; Professor of Public Health, the University of Sydney; Honorary Professor, Peking University Health Science Center; Honorary Consultant Epidemiologist, Royal Prince Alfred Hospital (Sydney); Member, Health Care Committee, NHMRC; Chair Emeritus, Road Traffic Injuries Research Network.

TI M R E G A N
Chief Operating Officer
Chief Financial Officer
Acting Executive Director, The George Institute, China (January 2014 to August 2015)
President of the Financial Executives Institute in Australia; Non-Executive Director of THO Services; Bachelor of Economics, the University of Sydney; Fellow of the Institute of Chartered Accountants and Australian Property Institute; Prior experience includes former COO and CFO of Mirvac Group; CEO of TJS Services; Commercial Manager for Sydney Organising Committee for the Olympic Games and Senior Manager at PricewaterhouseCoopers.

PROFESSOR ANUSHKA PATEL
Chief Scientist
Professor of Medicine, the University of Sydney; Cardiologist, Royal Prince Alfred Hospital (Sydney); Medical training obtained from the University of Queensland; Postgraduate research degrees from Harvard University and the University of Sydney; Fellow of the Australian Academy of Health and Medical Sciences.

PETER DOLNIK
Director, Research Services
13 years’ experience in research strategy and research management in senior roles, including at the University of New South Wales, and as lecturer in philosophy, logic and ethics at UNSW and the University of Western Sydney.

PROFESSOR TERRY DWYER AO
Executive Director, The George Institute, United Kingdom
Professor of Epidemiology and James Martin Professorial Fellow, University of Oxford; Chair of International Child Cardiovascular Cohort Consortium; Lead of the International Childhood Cancer Cohort Consortium; Member of the UK Biobank Scientific Advisory Board.

SARAH HAZELL
Director, Global Human Resources
Over 20 years’ experience in global, strategic human resources with employee engagement, talent management and succession planning her areas of strength; Previous experience includes time with Baxter Healthcare Inc, ResMed Ltd and the Australian Diabetes Council.
Professor Vivekanand Jha
Executive Director, The George Institute, India
Professor of Nephrology and James Martin Professorial Fellow, University of Oxford; Secretary of the Indian Society of Nephrology; Councillor from Asia in the International Society of Nephrology and the Transplantation Society; Deputy Editor of the Indian Journal of Nephrology; Subject Editor of Nephrology (the official journal of the Asian Pacific Society of Nephrology); Associate Editor of the American Journal of Kidney Diseases.

E. Richard Mills
Director, Global Communications and Advocacy
Prior experience includes as Director of Corporate Communications at The World Bank and as spokesman in the United States government, from Congress and the Executive Office of the President to the State Department.

Professor Vlado Perkovic
Executive Director, The George Institute, Australia
Executive Director, George Clinical (until October 2014)
Professor of Medicine, the University of Sydney; Staff Specialist in Nephrology at the Royal North Shore Hospital (Sydney); Member of the NHMRC Academy; Chair of the Scientific Committee of the Australasian Kidney Trials Network; Fellow of the Royal Australasian College of Physicians and of the American Society of Nephrology.

Dr Marisa Petersen
Executive Director, George Clinical (since October 2014)
Managing Director, George Clinical (until October 2014)
PhD in Clinical Pharmacology and Pharmacokinetics; 25 years in clinical research management in the Asia-Pacific region; Prior experience includes eight years as Vice President Asia-Pacific for Omnicare Clinical Research and five years as CEO of ARCS Australia; Member of the Pharmaceutical Industry Council R&D Taskforce.

Carolyne Rodger
General Counsel
Company Secretary for The George Institute, George Clinical, and The George Foundation for Global Health until November 2014
Lawyer with the Supreme Court of NSW; Member of the Law Society of NSW, the Australian Corporate Lawyers Association and the Governance Institute of Australia; Bachelor of Business, Bachelor of Laws, Graduate Diplomas in Applied Finance, Investment and Legal Practice, and a Certificate of Governance for NFPs; Over 20 years of practical corporate governance experience including senior roles with Platinum Asset Management and Perpetual Investments and Company Secretary for the Charter Hall Group.

John Wastell
Director, Global Information and Technology
PhD in nuclear physics from the University of Melbourne; Extensive experience in IT leadership roles in various industries, including insurance, Internet services, defence and aerospace and global professional services including as Head of Information Technology Services at the Walter and Eliza Hall Institute of Medical Research. (Joined the Senior Management Committee in August 2015.)

Professor Zhi-Jie Zheng
Executive Director, The George Institute, China (since September 2015)
University Distinguished Professor and Dean, School of Public Health, Shanghai Jiao Tong University, Shanghai, China; Doctor of Medicine, Shanghai Medical University, Shanghai, China; Master of Arts in Bioethics, Fudan University, Shanghai, China; MPH and PhD in Epidemiology, University of North Carolina at Chapel Hill, North Carolina, USA.

“I am The George because I recognise the breathtaking opportunities disguised as insoluble problems.”
Professor Jane Latimer, Principal Research Fellow, The George Institute, Australia

Dr James Fitzpatrick of The Telethon Institute for Child Health Research, Ms Maureen Carter of Nindillingarri Cultural Health Services and Professor Jane Latimer of The George Institute discussing research into fetal alcohol spectrum disorders in the Fitzroy Valley.
Our Financials

By obtaining grant funding, winning commercial contracts and controlling costs, The George Institute recorded a surplus of $1,246 million in 2014–15 from its activities across Australia, China, India, South East Asia and the UK.

At the end of 2014–15, The George Institute had $15.6 million of cash and $16.3 million of trade and other receivables. The Institute’s investment portfolio rose to finish the year at $8.6 million. Deferred income, representing funding received for projects in advance, increased to $27.8 million. Overall retained earnings increased by $1.3 million to $11.6 million, placing the Institute in a financially sound position.

Peer-Reviewed and Government Funding
The Institute continued to secure highly competitive and sought after peer-reviewed grants in Australia and other countries, such as the UK and USA. The Australian Federal and NSW State Governments also contributed funding for research projects and infrastructure support.

"I am The George since I graduated. I feel lucky to have joined a wonderful team."
Xuejun Yin 尹学瑾, Research Fellow, The George Institute, China

Clinical Research
George Clinical continued to generate funds by managing commercial trials for global pharmaceutical companies. This innovative funding approach resulted in George Clinical making a donation of $4.8 million to help fund The George Institute’s research activities globally.

Donations and Sponsorships
Donations and sponsorships are an important source of funding for The George Institute. In 2014–15, we received donations from a valuable number of supporters.

STATEMENT OF PROFIT & LOSS FOR YEAR ENDED 30 JUNE 2015

<table>
<thead>
<tr>
<th>CONSOLIDATED</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>61,111,674</td>
<td>57,204,483</td>
</tr>
<tr>
<td>Other Income</td>
<td>2,547,201</td>
<td>1,657,877</td>
</tr>
<tr>
<td>Employee Benefits Expense</td>
<td>(34,914,379)</td>
<td>(31,341,039)</td>
</tr>
<tr>
<td>Depreciation and Amortisation Expense</td>
<td>(1,011,803)</td>
<td>(762,237)</td>
</tr>
<tr>
<td>Rental Expense</td>
<td>(2,539,862)</td>
<td>(2,404,093)</td>
</tr>
<tr>
<td>Administration Expense</td>
<td>(1,865,458)</td>
<td>(1,692,036)</td>
</tr>
<tr>
<td>Study Contract Fee</td>
<td>(6,291,950)</td>
<td>(10,265,297)</td>
</tr>
<tr>
<td>Patient Recruitment Expense</td>
<td>(1,781,122)</td>
<td>(918,568)</td>
</tr>
<tr>
<td>Consultants and Sub-contractors Fee</td>
<td>(5,362,384)</td>
<td>(4,271,743)</td>
</tr>
<tr>
<td>Travel/Accommodation Costs</td>
<td>(2,324,283)</td>
<td>(2,351,630)</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>(6,058,461)</td>
<td>(4,632,202)</td>
</tr>
<tr>
<td>Realised Loss on Disposal of Financial Assets</td>
<td>(15,695)</td>
<td>-</td>
</tr>
<tr>
<td>Surplus/(Loss) before Income Tax</td>
<td>1,493,479</td>
<td>223,514</td>
</tr>
<tr>
<td>Income Tax</td>
<td>(247,071)</td>
<td>(206,689)</td>
</tr>
<tr>
<td>Surplus/(Loss) after Income Tax</td>
<td>1,246,408</td>
<td>16,825</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>127,860</td>
<td>(83,281)</td>
</tr>
<tr>
<td>Exchange Differences on Translation of Foreign Operations</td>
<td>11,178</td>
<td>580,505</td>
</tr>
<tr>
<td>Changes in the Fair Value of Available-for-sale Financial Assets</td>
<td>139,038</td>
<td>497,224</td>
</tr>
<tr>
<td>Total Other Comprehensive Income/(Expense) for the Year</td>
<td>1,385,446</td>
<td>514,049</td>
</tr>
</tbody>
</table>
**Statement of Financial Position as at 30 June 2015**

<table>
<thead>
<tr>
<th>CONSOLIDATED</th>
<th>2015</th>
<th>2014</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>15,629,134</td>
<td>14,704,240</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>16,328,599</td>
<td>11,671,671</td>
</tr>
<tr>
<td>Other Assets</td>
<td>1,228,509</td>
<td>827,139</td>
</tr>
<tr>
<td>Accrued Income</td>
<td>3,314,407</td>
<td>1,856,901</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>36,500,649</td>
<td>29,059,951</td>
</tr>
<tr>
<td>NON-CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>8,637,763</td>
<td>8,243,877</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>1,520,058</td>
<td>1,773,619</td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>1,088,100</td>
<td>717,640</td>
</tr>
<tr>
<td><strong>TOTAL NON-CURRENT ASSETS</strong></td>
<td>11,245,921</td>
<td>10,735,136</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>47,746,570</td>
<td>39,795,086</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>3,424,583</td>
<td>2,865,311</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>27,787,642</td>
<td>23,209,701</td>
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<tr>
<td>Provisions</td>
<td>4,198,811</td>
<td>2,825,294</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td>35,411,036</td>
<td>28,900,306</td>
</tr>
<tr>
<td>NON-CURRENT LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>689,448</td>
<td>634,141</td>
</tr>
<tr>
<td><strong>TOTAL NON-CURRENT LIABILITIES</strong></td>
<td>689,448</td>
<td>634,141</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>36,100,484</td>
<td>29,534,447</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>11,646,086</td>
<td>10,260,640</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign Currency Translation Reserve</td>
<td>(284,853)</td>
<td>(412,713)</td>
</tr>
<tr>
<td>Available-for-sale Financial Asset Reserve</td>
<td>645,781</td>
<td>634,603</td>
</tr>
<tr>
<td>Accumulated Surplus</td>
<td>11,285,158</td>
<td>10,038,750</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>11,646,086</td>
<td>10,260,640</td>
</tr>
</tbody>
</table>
Our mission is to improve the health of millions of people worldwide

Over 500 staff globally

Centres in Australia, China, India, the United Kingdom and global offices

Projects in over 50 countries

More than 5,800 publications

Research focused on changing policy and practice

Over 1100 collaborators, from local hospitals to world leading academic institutions

Raised over $550 million for health and medical research

A unique funding model assisted by our enterprises

Tackling the leading causes of death and disability—chronic disease and injury

Ranked among the top 10 research institutions in the world for scientific impact

www.georgeinstitute.org