OUR ORGANISATION

Our mission

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

Our strategy

**RESEARCH GOALS**

- **Better Treatments**
  Finding better treatments for the world’s biggest health problems
- **Better Care**
  Transforming primary health care to support better health for more people
- **Healthier Societies**
  Harnessing the power of communities, governments and markets to improve health

**IMPACT GOALS**

- **Advocacy & Thought Leadership**
  The growth of effective advocacy and a thought leadership program aligned to our research and entrepreneurship objectives
- **Disruptive Entrepreneurship**
  The growth of a disruptive entrepreneurship program aligned to our research goals

Our values

- **Humanitarian commitment**
  Spurs us to tackle the health issues affecting high-risk and disadvantaged people worldwide
- **Focus on excellence**
  Ensures we will produce scientific evidence that is ethical and of the highest quality
- **Creativity**
  Encourages us to challenge traditional thinking and provides an impetus for new and innovative solutions to the world’s leading health problems
- **Integrity**
  Underpins all our work and interactions, including our collaborations with partner organisations worldwide
- **A ‘can-do’ approach**
  Helps produce timely, effective action, even in the face of adversity or other barriers to implementation
- **Emphasis on impact**
  Will ensure our work has real consequences for those most vulnerable to disease and injury
Acknowledgement of Country

The George Institute acknowledges the Gadigal People of the Eora Nation as the Traditional Custodians of the land on which our Australia office is built and this report was written. We pay our respect to Elders past, present and emerging.

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We are a registered charity in Australia and the United Kingdom. All currency is in Australian dollars unless otherwise indicated.
From the terrible bushfires in Australia and elsewhere in the world, to the COVID-19 pandemic, global health has emerged as one of the biggest issues of our time, in terms of the size of the problem, the responses of governments and the resulting social changes.

Despite these extraordinary circumstances, The George Institute and our social enterprise George Health have remained operational globally – an extraordinary testament to the commitment and resilience of our staff worldwide.

As the virus spread, we rapidly developed a program of COVID-19 research. From conducting clinical trials into new treatments, developing digital apps to assist with screening, supporting community health workers and applying a gender lens to health outcomes, we have re-oriented our research to focus on ways to reduce the human impact of the pandemic (see page 6).

With the pandemic highlighting weaknesses and inequalities in global health systems, our role has never been more important as we continue to implement our long-term strategy. Strategy 2025 was a major turning point for the Institute and an ambitious guide for our growth and development over the next five years.

Strategy 2025 is all about maximising our impact. Our three strategic research priorities – Better Treatments, Better Care and Healthier Societies – have been integrated into each of our regional programs (see pages 10–22) and provide us with the focus and flexibility to take on new global health challenges, while continuing to address those with which we are already very familiar. During the next five years, we will develop expertise across a broader range of medical conditions and increase our focus on ‘multimorbidity’ – the co-existence of multiple diseases in a single person.
There have been many research achievements during the last year of which we are particularly proud. Our researchers continued to generate groundbreaking evidence for disease prevention and treatment, with new breakthroughs in the treatment of kidney disease and cerebrovascular disease, among others.

We have also identified gaps for which new approaches to prevent and manage chronic conditions are urgently required, and continued to highlight the need to consider gender equity in research and health care. There were many other major research discoveries – only a few of which are highlighted in this report.

To further increase our impact on policy and practice, we expanded our advocacy and thought leadership activities, engaged with an increasing number of regional and multilateral stakeholders, and convened more discussions about ideas than ever before in the history of The George Institute. Our Disruptive Entrepreneurship program continues to identify new ways to fast-track the development of innovative and affordable solutions, in partnership with the private sector (see page 24).

2019 drew to a close with events to mark our 20th anniversary. During an event at NSW Parliament House in Sydney, we were extremely pleased to welcome NSW Minister for Health and Medical Research, the Hon. Brad Hazzard MP, who delivered remarks on the Institute’s achievements over the last two decades.

In February 2020, we were delighted to receive the internationally recognised Athena SWAN Institutional Bronze Award for advancing gender equity and diversity, which was further underscored by our participation this year in the Panel Pledge, calling for gender balance and diversity in event panellists.

In May 2020, we announced our intention to explore new partnerships and opportunities in the UK after a 10-year affiliation with the University of Oxford. We were thrilled to then announce in August 2020 our new collaboration with Imperial College London, which will focus on utilising the strengths of both organisations to address the major health challenges facing the world in the years to come.

This past year was also a game changer for George Health, which successfully completed an incredible $53-million fundraising campaign in November 2019. The investment will allow us to accelerate the commercial development of several innovative drug treatments and technologies generated by the Institute’s research programs (see page 25).

As we have said many times before, The George Institute is no more than the people who commit so much to our mission. We would not be here today were it not for the shared vision, commitment and passion of our staff, funders, partners, friends and Board.

So, once again, we thank them all for their commitment during this very difficult time. As is so often the case, it is in situations of adversity that we see the best of people. We feel extremely fortunate to work with a team that is so caring and compassionate in such challenging circumstances.
COVID-19 RESPONSE

Researchers at The George Institute have been mobilising to lessen the unprecedented human costs of the pandemic. From conducting clinical trials into new treatments, developing digital apps to assist with screening, supporting community health workers and applying a gender lens to health outcomes, our work is contributing to global efforts to combat COVID-19.

Gender equity required in pandemic response and research

The George Institute joined 600 organisations across 100 countries calling on global decision-makers to put gender equality at the centre of COVID-19 preparedness, response and recovery. The Deliver for Good campaign urges governments to apply a gender lens to all health guidance, programs and investments related to COVID-19.

The campaign also calls for gender-based violence services and interventions to be maintained and expanded, and for pandemic responses to uphold women’s and girls’ human rights as providers and recipients of health care. Furthermore, inclusive and diverse representation in decision-making and leadership should be guaranteed, as should equitable and quality education during and after the pandemic.

In support of the campaign, a study by The George Institute UK of more than 1,000 publications relating to COVID-19 since January 2020 found women were significantly under-represented as authors, with only 34% having female authors.

“Our findings mean that women’s views are not equally shaping the response to the pandemic,” said Dr Ana-Catarina Pinho-Gomes of The George Institute UK, who led the analysis.

“In response to the immense direct and indirect impacts of COVID-19 on human health, our researchers have rapidly pivoted to help respond to the pandemic at the clinical, community and technological levels.

Professor Anushka Patel
Vice-Principal Director & Chief Scientist
Reducing the severity of COVID-19

Interventions that can alleviate COVID-19’s severity in any way are desperately needed to save lives and reduce pressure on national health systems. Repurposing safe, effective and common existing drugs for treating the disease will significantly speed up the introduction and availability of new treatments.

Researchers from The George Institute’s Australia and India offices are leading a trial to establish whether Angiotensin Receptor Blockers (ARBs) reduce the impact of COVID-19 in people at high risk of the disease. As the risk of severe COVID-19 appears to vary in people of different ethnicities, the trial will also contribute evidence on whether ARBs function similarly among people of different ethnic backgrounds.

ARBs were originally developed to reduce blood pressure and have been used for over 30 years by millions of patients globally. As the drugs are very well understood, widely available and cheap, if proven effective for treating COVID-19, they could be rapidly integrated into clinical care globally.

Community health workers lack mental health support

More resources are needed to support the mental health of community health workers in low- and middle-income countries during the COVID-19 pandemic, according to a survey conducted by The George Institute India, the Global Health Workforce Program of The George Institute Australia, and Health Systems Global.

The study found that 57% of organisations surveyed identified mental health symptoms among community health workers, and 55% were providing support via mechanisms such as online training and peer support. However, these interventions have yet to be evaluated and major gaps in evidence-based support persist.

“Health systems have been so focused on caring for those with COVID-19 that supporting the mental health of community health workers has been neglected,” said Deputy Director and Director of Research at The George Institute India, Dr Pallab Maulik. “A mental health response is needed to support these workers, which recognises the unique needs and challenges of service providers.”
Supporting India’s poor and vulnerable during COVID-19

In addition to conducting projects that aim to reduce the impact of COVID-19 on people’s lives, such as a trial of hydroxychloroquine prophylaxis for health workers, The George Institute India is undertaking studies to evaluate the effect of the pandemic on non-communicable diseases and India’s poor and vulnerable. This has included adapting guidelines, providing quarantine advice, and sharing evidence on the best practices and preparedness to minimise the vulnerability of people with chronic diseases, such as kidney disease and those on dialysis, to COVID-19. The Institute’s researchers have also produced helpful guidance for rural frontline health workers during the pandemic.

As part of ongoing work with waste picking communities in Vijayawada, Bangalore and Shimla, The George Institute India’s Accountability for Informal Urban Equity (ARISE) team is undertaking a case study to explore how the pandemic has impacted people living and working in informal urban spaces, with a particular focus on their health and wellbeing. The case study will explore how specific policy directions and social inequalities shape their experiences. It also aims to identify accountability and governance deficits exposed by COVID-19 to inform strategic responses by organisations across local, municipal, national and global levels.

COVID-19 apps lack linkages to public health responses

A review of 50 COVID-19 mobile apps conducted by The George Institute India in April 2020 found that there is an urgent need for such apps to be directly linked with health system responses, and for integrated teleconsultations to be created within these apps to ensure quality healthcare services, including for patients with pre-existing conditions.

The study found that on-demand information services through chatbots or telephonic helplines were available in 38% of the apps, while 30% provided users with a self-risk assessment function based on a set of screening questions. Information on the availability of COVID-19 testing facilities was available in 12% of the apps and only 8% had a provision for booking teleconsultations or testing appointments.

“While there is a huge emphasis on the use of these apps as self-protection tools, there is little scientific evidence that these apps alone are likely to be beneficial without linkages to robust public health responses,” said co-author of the study and Senior Research Fellow at The George Institute India, Dr Oommen John.

Using local government guidelines, researchers at The George Institute developed a COVID-19 community-based screening and referral app for Malang district health authorities in Indonesia. The app acts as an extension to the already existing screening platforms within government primary care facilities.
Strengthening Australia’s research capability
Crucial to the speed and quality of health system responses during an acute crisis, such as the COVID-19 pandemic, is the ability to rapidly engage with large numbers of people across the community. In Australia, patient recruitment and retention is a major barrier to medical research, with only one in five trials meeting deadlines for recruitment.

With work beginning on the project in March 2020, Join Us is an online disease-agnostic national research register developed by The George Institute Australia, in collaboration with UNSW Sydney, that can quickly and easily engage and mobilise people in the research process. Australians 18 years and over are being invited to join the register, with the aim of reaching 1 million participants. Participants consent to be contacted about research projects relevant to them and can agree to have their routinely collected health data de-identified and stored long-term for medical research purposes.

By providing access to pre-consented research participants and linked data, Join Us will strengthen clinical and public health research in Australia and save lives by facilitating faster and more efficient research breakthroughs.

The challenge
Patient recruitment is a major barrier to doing human research in Australia. Less than 1% of the population are ever involved in a clinical trial and only 1 in 5 trials meet planned recruitment timelines. Participant recruitment is repeatedly identified as a primary barrier to doing research in Australia.

The opportunity
At the same time the great majority of the Australian population indicate a willing to take part in medical research, with a very high-quality research infrastructure. The recruitment challenge is substantial because there is an enormous scope to do more research more efficiently – delivering better outcomes for research, leaders, policy makers and the wider community.

What is Join Us?
Join Us is a national research register designed to engage the Australian community in diverse forms of medical research. Using a similar approach to the SHARE program, which has recruited more than 250,000 volunteers in Scotland, the Australian community will be asked to engage actively in the national medical research agenda.

More specifically, the Join Us research register will:
-consent community members to be contacted about research projects relevant to them;
-permit research participants to use their routinely collected health data to match them to the most appropriate projects;
-consent Australian researchers on volunteering for a disease-agnostic recruitment option for their studies, and
-allow researchers to use the wealth of routinely collected health data available in Australia.

Expected outcomes
The project is intended to become a piece of national research infrastructure available to all. It is hoped that Join Us will bring significant new efficiencies to the Australian research sector, facilitate more research on scale and improving the quality of medical research. Join Us is also designed to save lives by facilitating faster and more efficient research breakthroughs, with increasing Australian access to new treatments.

Current status
The initial development work has been done; start-up funding secured; ethical approval obtained and the Join Us website has been deployed and soft-launched at www.joinus.org.au.
Our team in Australia continues to identify new and better ways to prevent and treat chronic disease and injury, improve health outcomes and equity across Australia, as well as to address health disparities by working with Aboriginal and Torres Strait Islander communities. In the past year, our program focused on the biggest health challenges and continued to build more partnerships with our Indo-Pacific neighbours to tackle shared health concerns. For more on our COVID-19 response, please see page 6.

Improving aftercare following burn injury for Aboriginal and Torres Strait Islander children

Australia’s First Nations children experience burns at a rate at least double that of non-Indigenous children and ongoing care is a complex issue with multiple barriers, according to research by The George Institute Australia. “Burn injuries can be devastating not only for the injured child but also for their family and their community,” said Dr Julieann Coombes, Research Fellow in the Aboriginal and Torres Strait Islander Health Program at The George Institute Australia, who completed her PhD as part of the research.

The study explored the experiences of First Nations families in accessing appropriate burn aftercare by listening to the voices of children and their families through yarning (dialogue) and Dadirri (deep listening). It found that a lack of cultural safety in the health system and adequate communication were major barriers to accessing healthcare services. Additional funding has now been secured to develop a culturally appropriate discharge model from hospital to home for First Nations children and families.

In the past year, our researchers focused on the biggest health challenges facing Australia and the Indo-Pacific region. In a rapidly changing and incredibly challenging environment, they have delivered pivotal studies with major impact.

Professor Bruce Neal
Executive Director
The George Institute Australia
Cultural safety in chronic disease management for Aboriginal women

There is a need for more culturally secure resources and social services to be accessible to Aboriginal women to help them better manage their own health needs, according to research by The George Institute Australia.

The study, authored by UNSW Scientia Fellow Dr Anne-Marie Eades, looked at the psychosocial factors affecting Aboriginal women’s ability to manage chronic disease in the context of the multiple caring roles they play within their families and communities.

“Aboriginal women have long played important roles in their communities, which often include responsibility for the care of many others within their families, as well as caring for their own health,” said Dr Eades. “We found that in juggling these multiple roles and responsibilities, they are less able to focus on their own health, which may become compromised as a result.”

Funding to address burden of sepsis

There are three times as many cases of sepsis and almost twice as many Australians dying from it each year than previously thought, according to the Global Burden of Disease Study published in the Lancet in 2020.

Sepsis occurs when the body’s response to an infection damages its own organs. The condition affects people of all ages but particularly the very young, the very old and Aboriginal and Torres Strait Islander peoples. There are an estimated 100,000 episodes of sepsis in Australia each year and at least 13,000 cases will result in death.

Contributing author to the study, Professor Simon Finfer AO from The George Institute Australia, said it was concerning that so many lives were being lost to a condition that is largely preventable.

“We urgently need a coordinated national approach that addresses pre-hospital and in-hospital recognition and treatment to address the significant death and disability caused by sepsis in Australia,” he said.

In September 2019, The George Institute helped secure new funding. The Minister for Health, the Hon. Greg Hunt MP announced $1.5 million to improve sepsis outcomes in Australia. The funding will enable The George Institute and the Australian Sepsis Network to work with the Australian Commission on Safety and Quality in Health Care to develop much needed clinical guidance on sepsis management, and support a targeted communication and awareness campaign to improve the identification, diagnosis and treatment of sepsis.
Reducing kidney failure from diabetes

Kidney failure is a common consequence of diabetic kidney disease, a serious complication of type 1 and type 2 diabetes. Currently, over 3 million people worldwide are receiving treatment for kidney failure, which is predicted to increase to over 5 million by 2035.

A study led by The George Institute Australia found that SGLT2 inhibitors (canagliflozin, empagliflozin and dapagliflozin) reduced the risk of dialysis, transplantation or death due to kidney disease by about 30%, reduced the risk of kidney failure by 30% and reduced the risk of acute kidney injury by 25%.

The study was a meta-analysis of approximately 40,000 participants, pooling data from four major randomised controlled trials of SGLT2 inhibitors that reported effects on kidney outcomes in people with type 2 diabetes.

“We found SGLT2 inhibitors clearly and powerfully reduce the risk of kidney failure,” said lead author Dr Brendon Neuen from The George Institute Australia. “These findings confirm those of the recently reported CREDENCE trial, where canagliflozin was shown to prevent loss of kidney function and kidney failure in people with type 2 diabetes.”

“The results are very encouraging for people with diabetic kidney disease and can mean a lower percentage of patients requiring invasive and costly interventions such as dialysis and transplantation,” commented Associate Professor Meg Jardine, one of the authors of the study.

Reducing salt to save lives

Most people receive a blood pressure-lowering benefit from eating less salt, and the less they eat, the more they benefit. However, for older people and those who already have high blood pressure, the effect is even greater, according to a study by The George Institute Australia that was conducted as part of an international collaboration. The study also found that the longer salt intake is reduced, the larger the fall in blood pressure.

“Our study showed the benefits of lowering salt intake are seen across the board, not just in those with already high blood pressure,” said lead author Polly Huang, PhD candidate and data analyst at The George Institute Australia. “However, if you’re older and already have high blood pressure – and are therefore at greater risk of associated conditions such as stroke and heart disease – there is an even greater effect on blood pressure from the same amount of salt reduction.”
Supporting healthy ageing in Fiji

Between 2020 and 2050, the number of people aged 60 years and over in many Pacific Island countries will almost triple. This will lead to increasing numbers of people living with chronic diseases, placing strain on health systems and presenting significant challenges for Pacific Island governments across the region.

A George Institute Australia project, led by Senior Research Fellow Dr Anna Palagyi, is assessing how prepared Fiji’s health system is for an ageing population. Through a combination of health system mapping, population data analyses and community and government consultations, the project will generate crucial evidence to support recommendations on effective healthy ageing policies, programs and services. It will also evaluate community perspectives on the appropriateness and acceptability of health system responses to ageing and identify how best to address areas of unmet need.

Treating depression important after stroke, but caution needed

Stroke is one of Australia’s biggest killers and a leading cause of disability. Recognising and managing depression is an important part of post-stroke treatment, but some treatments should be used with caution as it is difficult to know if the benefits outweigh the risks, according to a review by The George Institute Australia.

The review analysed the results of 49 trials involving more than 3,300 people with depression following a stroke. It found that while psychological therapy or medication could be useful, the latter comes with some potentially harmful side effects.

Led by Professor Maree Hackett and Dr Sabine Allida, the analysis found an increase in side effects for antidepressant medications such as confusion, sedation and gastrointestinal problems.

“More research is needed before recommendations can be made about the routine use of such treatments,” said Professor Hackett. “In the meantime, there are many options to manage depression and depressive symptoms – not just antidepressants.”
This year has been another period of continued growth and world-class research for The George Institute China. Our researchers received several large grants to identify ways to improve health outcomes, and collaborations were strengthened with the Beijing Municipal Health Commission, Chinese government agencies, universities, media and other partners to tackle some of the biggest health priorities in China.

"World’s largest stroke trial to improve treatment"

Cardiovascular diseases, including stroke, are the leading cause of death worldwide, taking up to 20 million lives each year. The George Institute China and West China Hospital collaborated to conduct the world’s largest trial in the field of the most serious and difficult-to-treat types of stroke – acute intracerebral haemorrhage.

Through their hard work, dedication and spirit of co-operation, our staff have continued to make significant progress to better understand the health needs of the people of China and find effective solutions – both here and elsewhere in the world.

Professor Craig Anderson
Executive Director
The George Institute China

The trial will determine whether a package of treatments, or ‘care bundle’, results in better functional outcomes compared to usual care.

“This trial will provide evidence to improve acute stroke treatments not just in China, but also for stroke patients worldwide,” said Dr Lily Song, Head of Stroke at The George Institute China.
Strengthening China’s rural public health services

Over the last few decades, non-communicable diseases have become the main cause of death and disease burden in China. In response, the Chinese government launched reforms to provide an essential public health service package for primary care activities, however uptake of services varies, and large quality gaps exist.

In 2019, The George Institute China launched a five-year project to strengthen primary health care systems and enhance uptake of the government’s essential public health services package for hypertension and type 2 diabetes in three regions in China. The SAPPHIRE study will provide robust evidence on scalable strategies to strengthen the management of hypertension and diabetes. Through close collaboration with government and service providers, the project aims to facilitate improvements to delivering health care for millions of people across China.

Reducing salt intake through school-based education

High salt consumption contributes to high blood pressure and increases the risk of heart disease and stroke. Salt intake in China is among the highest in the world and is the leading dietary cause of death in the country.

In 2019, The George Institute China, the Chinese Center for Health Education, and Queen Mary University of London launched a four-year school-based education program to reduce salt intake in three cities, with the aim of scaling up the project across China in collaboration with the existing school health education system. Building upon previous research, the project will use a combination of innovative online and offline methods to create standardised, adaptable and enjoyable health courses for children and their parents, and will be implemented with strong support from local education and health authorities. The project aims to reduce salt intake in schoolchildren and their families, with the ultimate goal of lowering the risk of developing hypertension and cardiovascular disease in the Chinese population.

Salt intake reduction apps presented at YIXI Media event

Associate Director of The George Institute China, Associate Professor Puhong Zhang spoke to an audience of 1,000 in November 2019 at an event organised by YIXI Media in Suzhou regarding the need to reduce population salt intake in China. He also introduced salt intake reduction apps designed by the Institute and spoke of ways to reduce salt intake through community education and by working with the food industry. A recording of the presentation posted online has been viewed by more than 100,000 people.
New study to provide evidence on link between nuts and cardiovascular disease

Nuts have long been considered a type of food that reduces the risk of cardiovascular disease; however, there is limited evidence for determining whether increasing nut intake can prevent serious cardiovascular disease events like heart attacks or strokes.

In 2019, The George Institute China, Ningxia Medical University, Tufts University’s Friedman School of Nutrition Science and Policy, and Peking University Clinical Research Institute launched a six-month pilot study in six rural villages of Ningxia to assess the feasibility of conducting a nut supplement clinical trial in China.

“High-quality randomised controlled trials are needed to specifically determine whether nut consumption reduces the risk of cardiovascular disease,” said Yishu Liu, doctoral researcher at The George Institute China. “We expect our project will provide the necessary solid foundations for future research.”

Sex differences in the prevention of cardiovascular disease in China

There are clear differences in the risk of cardiovascular disease between men and women in China, according to a study by researchers from Beijing Anzhen Hospital, Heart Health Research Center and The George Institute China. The study analysed data from a national epidemiological study conducted between 2014 and 2016, which targeted 47,841 participants in 14 cities and 25 villages in China. It found that women were less likely to achieve desirable levels of blood pressure, lipids and body weight control for primary prevention, and were less likely to receive guideline-recommended therapy for secondary prevention.

“There is an urgent need to develop effective cardiovascular disease prevention strategies, especially for women, so that the health condition of the country’s population can be improved,” said Professor Du Xin, one of the lead authors and Honorary Research Fellow of The George Institute China.

Building bridges between health care, people and media

In November 2019, the second academic symposium on health care, people and media – the Healthy China Initiative and the Multiple Approaches to Health Communication – was held by the School of Journalism and Communication, Peking University, and The George Institute China.

More than 100 people from government, universities, media, hospitals, enterprises and public institutions attended the forum. Participants discussed numerous issues relating to new technology and the future of health communication, as well as the role health communication and innovation could play in addressing particular health challenges.

“Mobile health based on disease management big data is bound to have a profound impact on our health systems and related interventions,” said Dr Maoyi Tian, Senior Research Fellow at The George Institute China, during his presentation at the forum. “The George Institute China looks forward to multidisciplinary collaborations to help achieve the Healthy China 2030 goals.”
Examining quality of life in patients with kidney disease in India

It is commonly believed that patients with chronic kidney disease are generally well in the early stages. However, data from 2,919 patients enrolled in the Indian Chronic Kidney Disease (ICKD) study showed that even the early stages of the disease negatively impact an individual’s quality of life.

The ICKD project, funded by the Department of Biotechnology of the Government of India, is a collaboration between researchers from 11 major kidney centres in India. The study found that between 15 and 22 of every 100 Indian patients with mild-to-moderate chronic kidney disease had significant impairment in at least one of the five following areas: mental health, physical health, burden of kidney disease, symptoms and problems of kidney disease, and effects of the disease.

“We are in an exciting phase of change in the way health care is delivered in India. The George Institute is participating in this process through the generation of actionable evidence and finding pathways to sustainable implementation and impact by engaging with all stakeholders.”

Professor Vivekanand Jha
Executive Director
The George Institute India

“"The Indian Chronic Kidney Disease study is the only large, multicentric prospective cohort of patients with the disease representing all parts of India,” said the Executive Director of The George Institute India, Professor Vivekanand Jha. “These findings point to the need to prioritise interventions targeted at these outcomes, which are very important to patients.”
Harnessing economic analysis to improve TB and immunisation services in India

India has the world’s highest incidence of tuberculosis (TB), with 2.8 million cases annually, and accounts for more than a quarter of the global TB burden. Increased investment is required to combat the disease; however, the economic analysis required to support increased investment in TB remains in its infancy.

The George Institute India is conducting a study to estimate the costs of a range of TB services from a health provider’s perspective. Another large-scale ongoing study aims to estimate the economic burden of TB and will collect data from 1,536 drug-susceptible TB patients throughout their treatment, and six months post-treatment, to calculate out-of-pocket expenses related to the disease. The information will be helpful for designing any benefit package for TB patients in the future.

Another study examined the cost and efficiency of the Intensified Mission Indradhanush (IMI) program, which aimed to achieve 90% full immunisation coverage by 2018 in areas with persistently low levels of coverage. By examining the actual resource requirements of a special initiative like IMI, the study will help policymakers allocate resources more effectively for similar programs in the future.

Improving health services in the urban slums of Vijayawada

The George Institute India has begun research into the health challenges faced by people residing in 10 urban slums of Vijayawada. By examining the needs of the community, patterns of disease and health service uptake, the project aims to identify gaps in the healthcare delivery system and develop innovative ways to address the associated challenges.

The project also aims to positively influence the health-seeking behaviour of residents by strengthening the outreach services provided by local health services. Community engagement activities such as comic workshops have been held, and health camps conducted regularly to provide general health check-ups and consultations with specialists for all age groups.

Rapid evidence synthesis to strengthen public health systems

In India, evidence-informed decision-making is crucial for strengthening public health systems and better delivering on the goals of the government’s national health strategy. Access to timely and contextualised evidence on critical public health concerns enables rapid policy responses by decision-makers.

A collaborative project between a team from The George Institute India (pictured above) and the National Health Systems Resource Centre, supported by the WHO Alliance for Health Policy and Systems Research, aims to provide reviews of health policy and systems research evidence to decision-makers, equipping them with relevant and actionable evidence at every step of the decision-making process. Since its inception, the project has produced 11 rapid evidence synthesis products to support the evidence needs of government agencies at the state and national levels in India, as well as WHO guidelines and policy notes.
A community-based strategy to expand mental health care

Approximately 150 million people in India are affected by common mental disorders like depression, anxiety, stress and associated risks of self-harm; however, only about 5%–10% receive medical care. Innovative strategies are required to increase access to mental health care.

The SMART Mental Health trial is examining the clinical and cost-effectiveness of using community health workers to screen and refer individuals using tablet-based apps, and reduce stigma related to mental health. The aim of the trial, conducted across 44 primary health centres in Andhra Pradesh and Haryana, is to provide better mental health care to people in rural areas.

“This study has paved the way for exploring a community-based solution which can help in situations when the healthcare system is challenged like the one we face today,” said Dr Pallab Maulik, Deputy Director and Director of Research at The George Institute India.

Raising the profile of women leaders

Women account for approximately 38% of India’s workforce, 30% of which comprise nurses and midwives, alongside approximately 1 million frontline health workers. However, women do not usually fill senior health positions in the country, with only 16% of doctors in the country being women, which falls to 6% in rural areas.

The George Institute India sought to highlight the contributions of women health leaders and facilitate discussions regarding their challenges and accomplishments. Fifteen women health leaders in Kerala were interviewed for the project, with roles ranging from senior leadership to frontline health workers.

Participants were asked to reflect on their journeys to leadership positions, as well as recognition in the workplace, work-life balance, leadership styles and their visions for health in the state. A film was made on the women’s work and lives, and the research team contributed a chapter for a book being produced by the RinGs consortium on women leaders in global health, slated for an early 2021 release.
More understanding needed of sex-specific symptoms following heart attacks

New research shows that, while there is substantial overlap in symptoms of acute coronary syndrome experienced by women and men, such as chest pain, continuing to simply label symptoms as ‘typical’ or ‘atypical’ could contribute to delayed treatment and poorer health outcomes.

An analysis by The George Institute UK of 27 studies comprising more than 1.2 million individuals who had experienced a heart attack found that women were more likely to display symptoms of fatigue, pain between the shoulder blades, neck pain, nausea, vomiting and shortness of breath than men. These symptoms are often labelled ‘atypical’ as they are different to those generally experienced by men. “To ensure timely diagnosis and treatment of acute coronary syndrome, medical professionals need to be familiar with sex differences in symptoms,” said research lead Dr Sanne Peters.
Early detection needed to address chronic disease in pregnant women

A major study exploring the views and knowledge of women and healthcare providers around the long-term risks associated with conditions such as hypertension and diabetes in pregnancy underlined an urgent need to focus on early detection and awareness-raising. Researchers from The George Institute in India and the UK, in partnership with colleagues from the University of Oxford, conducted the study in rural Andhra Pradesh and Haryana, two states that have a growing burden of type 2 diabetes and cardiovascular disease in women.

To better integrate early detection mechanisms within existing health systems, this study, and related further work, is helping to strengthen the diagnostic and treatment capacity of community health workers and doctors at primary health centres to detect anaemia, hypertension and gestational diabetes during and after pregnancy, and provide adequate training and education to community health workers and those caring for pregnant women.

Lessons for the health of people and planet

Dr Renzo Guinto, Chief Planetary Doctor of PH Lab, shared lessons and experiences from the Philippines on the threats posed by global environmental change to the health of future generations during a seminar organised by The George Institute UK.

The seminar explored how in recent years, planetary health has evolved not just as an emerging field of scientific inquiry, but also as a means of defining policy, practice and action that integrates the health of both people and planet. Dr Guinto made a powerful case for planetary health transformation that demands human activity, sustains the world’s natural resources and provides a safe and healthy future for the planet and its inhabitants.

Obesity linked to broad range of life-threatening health conditions

The health implications of obesity extend much further than diabetes and heart disease, with obese individuals more likely to be affected by chronic diseases of the kidneys, lungs and liver, according to research by The George Institute UK.

The study of over 423,000 UK adults found that obese individuals were more likely to be affected by chronic obstructive pulmonary disease, chronic kidney disease, liver diseases and lung cancer. It also revealed that the effects of obesity differed between women and men, with women at greater risk of type 2 diabetes than men, while men were at greater risk of chronic obstructive pulmonary disease and chronic kidney disease.

“This research highlights how being obese leads to a wide range of life-threatening conditions, and because the impact differs between women and men, sex-specific measures should be included in preventative approaches,” said co-author of the study Dr Sanne Peters.
Towards ending child deaths from drowning in the Sundarbans

Researchers from The George Institute in India and the UK conducted a survey, supported by the Royal National Lifeboat Institution, of 205 villages in the Sundarbans, India and found that 65%–75% of deaths of children aged one to nine were due to drowning.

The survey findings underscore the need for community-based interventions to end drowning in the region, with recommendations including structured child supervision, restricting access to ponds, and community-based first responder training.

“Around 150,000 children die from drowning each year globally and 17% of these deaths are in India,” said Dr Jagnoor Jagnoor, Research Fellow and Head of the Injury Division at The George Institute India. “Drowning needs to be seen as a preventable public health issue or the gains from good immunisation rates and infection controls will be lost to child drownings.”

The promise of digital health to address non-communicable diseases in LMICs

The George Institute UK and Wilton Park co-hosted an event to discuss how digital technologies could address non-communicable diseases in low- and middle-income countries (LMICs). The George Institute’s Vice-Principal Director and Chief Scientist, Professor Anushka Patel and Director of the Global Primary Health Care Program, Professor David Peiris were participants at the event, which convened government, health and private sector stakeholders to devise models to unlock the potential of digital health care to facilitate disease prevention, treatment and management.

“At a basic level, digital health is trying to improve health and health care and in doing so it has potential to change the way things are done in healthcare facilities and change the behaviour of healthcare providers,” said Professor Peiris. “Developing strategies that can effectively address health system complexity is where digital health has its promise but also where it has its challenges.”
Our research is focused on improving the health of millions of people worldwide by delivering better treatments, better care and healthier societies. Supporting our research are a series of cross-cutting global programs to drive our impact and facilitate translation of our findings into policy and practice.

**Accelerating new treatments for kidney disease**

Kidney disease is recognised as a global health problem due to its increasing prevalence and the high burden it places on individual patients and healthcare budgets. Patient recruitment and retention is a major challenge in clinical research, and new structures that facilitate access to trials for interested patients are urgently needed to speed up the discovery of novel treatments.

Established by The George Institute, the Global Kidney Patients Trial Network is an international collaborative initiative to improve patient outcomes by facilitating the generation of evidence in a more timely and efficient manner. The platform recruits people living with kidney disease who are interested in participating in clinical research, and then provides them rapid access to trials as they become available. By bringing patients and trials closer together, the network aims to strengthen the global kidney disease research community’s capacity to facilitate more rapid translation of new interventions from research into practice.

**United Nations High-Level Meeting on Universal Health Care**

In September 2019, The George Institute joined heads of state, policymakers, health leaders and universal health coverage champions to advocate for health for all at a high-level meeting on universal health coverage at the United Nations General Assembly in New York.
**SMARThealth recognised by the Indonesian government**

The Malang district government in Indonesia received the Best Health Services Innovation Award 2019 from the Indonesian Ministry of Health for its pioneering role in strengthening community-based health care through the SMARThealth Extend program, which was implemented in collaboration with The George Institute.

The SMARThealth program involves providing primary healthcare workers with a mobile device-based clinical decision support system to help in the screening and management of chronic diseases across a number of countries (see page 26).

SMARThealth Extend was a demonstration project that aimed to determine whether SMARThealth could be appropriately and rapidly customised, and then successfully implemented in a rural community in the Indonesian province of East Java.

The program was implemented to serve a population of 48,000 and resulted in a significant increase in the use of optimal combinations of preventive medications among high-risk people – 15.5% in SMARThealth villages compared to 1.0% in villages without the intervention. In particular, SMARThealth resulted in large increases in the use of blood pressure-lowering drugs in the intervention villages compared to the control villages – 57% compared to 16% respectively – resulting in large reductions in blood pressure. This program is currently being scaled up in the Malang district of Indonesia by local authorities.

**Driving impact in gender equity and women’s health**

The George Institute’s Global Women’s Health Program commenced research to improve reporting of sex- and gender-specific health data in the medical research sector in Australia. This policy research is informed by extensive evidence of sex differences in health outcomes between women and men, including new discoveries by our staff that women with diabetes are at a higher risk of heart failure compared to men and that in China, women are far less likely than men to receive cardiovascular disease prevention strategies. In India, our research demonstrating that early detection of anaemia, high blood pressure and diabetes in pregnant women is vital to avoid long-term health complications will be scaled up to a definitive implementation trial in 2021.

**Disruptive Entrepreneurship**

In 2019–20, The George Institute’s entrepreneurship program, Genovate, continued its work supporting the development and incubation of innovative and evidence-based ideas. In February, we kicked off the second year of Health 10x in collaboration with UNSW Sydney. The accelerator attracted 45 new high-impact start-ups from around Australia (39 teams) and internationally (six teams) that focused on addressing health challenges in under-served communities – double the number of participants from 2019.

In March, The George Institute India contributed to the Government of India’s Ministry of Human Resource Development Innovation Cell, serving as mentor and juror for the Fight Corona Ideathon. This online hackathon saw 5,000 entries designed to solve challenges posed by the pandemic.

In June, the Institute entered into the Researcher Exchange and Development Initiative (REDI) in partnership with MTPConnect, which will support the development of our key initiatives and training programs. REDI will support us as we create an ecosystem of entrepreneurship aligned with The George Institute’s mission.

**Thought Leadership**

Our Thought Leadership initiative strengthened food policy work in Australia with an exploratory report, *Sweet Transition: Priorities for collaborating to transform the food system in Australia*, holding a stakeholder forum on sugar and the food system (see page 13), and investigating the economic and social impact of salt reduction. We showcased the Institute’s leading role in examining sex differences through a data visualisation demonstrating how women and men with cardiovascular disease in low- and high-income countries are affected differently, and launched a call for a policy on sex- and gender-disaggregated data in Australia. Convening the National Symposium on Evidence Synthesis in India reinforced connections and expertise in health systems strengthening, and our work also drove discussions on a range of topical items, including COVID-19, through podcasts, blogs and briefs. Our Distinguished Fellows network strengthened global connections and now comprises nine renowned experts from eight countries.
George Health

George Health is combining the $53 million of new financing with over two decades of The George Institute’s unparalleled world-leading research to accelerate the commercialisation of affordable and practical treatment, technology and service solutions to tackle the growing huge global burden of non-communicable diseases. There is increasing demand for new treatments and ways to manage chronic disease, driven by a growing ageing population and lack of access to appropriate medical care and services globally.

As investors, key areas of interest for Bupa Australia, Federation Asset Management and the Australian government-backed Medical Research Commercialisation Fund Biomedical Translation Fund (MRCF BTF), managed by Brandon Capital Partners, were George Health’s exclusive commercialisation rights and access to all The George Institute’s intellectual property, scientific expertise and global networks.

“We’re delighted that such a strong group of investors share our impact vision and are putting their money where it will make a difference to the health of millions of people, as well as delivering globally competitive financial returns,” said Staph Leavenworth Bakali, Chief Executive Officer and President of George Health.

George Health has a disruptive business model. It leverages the Institute’s focus on late-stage clinical research for chronic disease, whereby medicines and technologies are proven before George Health commercialises them. This results in improved time-to-market, a higher probability of success, and less capital requirements than is usual in the industry.

George Health has four businesses that are poised for significant growth – George Clinical, George Medicines, George Health Technologies and Ellen Medical Devices. All are developing exciting and innovative treatment and care solutions for the global US$500-billion chronic disease market, particularly for under-served populations.
George Clinical

George Clinical is a leading global clinical research organisation driven by scientific expertise and operational excellence. With offices in 13 countries across 38 geographic locations in the Asia-Pacific region, Europe and the US, George Clinical combines scientific and expert clinical trial delivery to create a distinctive world-class service.

The past year has seen George Clinical further expand its operational footprint into more countries in Asia, Europe and Latin America and establish a Global Kidney Patient Trial Network in conjunction with The George Institute to build on its strength in renal trials. The company consolidated its global oncology offering to become its second-largest therapeutic area of expertise and executed a groundbreaking agreement to establish a top-tier clinical research collaboration with a major hospital in China.

While not without challenges due to COVID-19, the past year has also seen George Clinical remain committed to ensuring that all clinical projects progressed to the best extent possible in the midst of the global pandemic.

The company has been able to successfully overcome these challenges by employing new technologies and delivering creative remote monitoring solutions for its clients. George Clinical is also playing a role in finding solutions to this pandemic and has commenced two COVID-19 trials, recruiting patients across nine countries.

In 2019–20, George Clinical enjoyed rapid growth in sales and continued to expand its global footprint, diversify its client base, and position itself for future growth. In August 2019, George Clinical moved into a larger office in the UK and a new EU entity was established, providing a platform for an expansion of services in Europe.

In December 2019, George Clinical and The George Institute were recognised as finalists in the 2019 Premier’s NSW Export Awards, and in March 2020, the organisation was recognised by PharmaTech Outlook in its annual listing of the top 10 companies operating in the Asia-Pacific region.

George Health Technologies

George Health Technologies uses clinically proven digital health algorithms to cut through complexity and transform the management of chronic diseases. George Health Technologies’ clinical intelligence platform – SMARThealth – is a low-cost, clinical intelligence decision tool developed over 10 years and based on research by The George Institute.

By enabling early detection of multiple chronic disease risks, creating personalised, guideline-based care plans, and managing follow-up to improve treatment adherence, including in limited resource settings, SMARThealth closes the critical gap between the care that patients should be getting and the care they actually receive.

The platform addresses multiple challenges affecting a health system, including doctor shortages, and patient education and engagement. By enabling frontline community healthcare workers to screen and manage patients with multiple chronic diseases and conditions, doctors can focus on priority tasks and the highest-risk patients.

SMARThealth is designed to manage the most complex patients suffering from multiple conditions, such as cardiovascular, kidney and respiratory diseases, diabetes, mental health, HIV and high-risk pregnancies, and is being extended to other conditions. It has been tested in multiple clinical studies involving more than 350,000 patients across Asia and Australia, especially in rural settings with community workers. SMARThealth has been shown to be highly cost-effective using WHO guidelines, result in significant improvements in patient outcomes, and reduce the need for hospitalisation.
George Medicines

George Medicines is helping extend the lives of millions of people by combining existing drugs in new ways to create treatments that are better, faster and at a lower cost to develop than traditional alternatives.

George Medicines is an innovative late-stage drug development company focused on the large, expanding and under-served market for the management of non-communicable diseases. In particular, George Medicines is developing treatments designed to provide improved clinical outcomes among patients with cardiometabolic diseases such as heart disease, hypertension and diabetes, which remain the leading causes of premature death and disability worldwide.

George Medicines has a strong and diversified pipeline of affordable, effective and safe drug-combination products in late-stage development. These novel treatments, most of which are patent-protected, are designed to ensure maximum efficacy, safety, and adherence. The pipeline includes a medicine for the secondary prevention of cardiovascular disease (heart attack and stroke), a proprietary phase III medicine for the initial treatment of high blood pressure, and an innovative treatment for type 2 diabetes. These conditions remain among the biggest killers in both developed and developing countries and thereby represent a significant under-served market opportunity.

George Medicine’s business model avoids the early high-risk stages of drug discovery and development. By combining established drugs in innovative fixed-dose formulations, George Medicines is creating treatments that are more effective, safer and affordable than current alternatives.

George Medicines uses the research base and scientific expertise of The George Institute and the infrastructure and commercial expertise of George Health and George Clinical to fast-track the late-stage development of these products. Commercialisation and scale-up will be outsourced to carefully selected global, regional and national partners.

Ellen Medical Devices

It has been a year of major milestones for Ellen Medical Devices. The company is proud to report that it is moving steadily closer to making its treatments available to kidney patients around the world.

Ellen Medical is developing the world’s first affordable dialysis system to prevent millions of people dying unnecessarily each year because they cannot access treatment for kidney failure. Costing under $500 to build and just a few dollars a day to run, the Ellen Medical Dialysis System is a breakthrough in low-cost technology. It also radically reduces the greenhouse gas burden of dialysis treatment.

Focused on under-served populations, particularly in low- and middle-income countries, it will increase access to life-saving treatment and improve dialysis management and patient outcomes.

Thanks to a generous anonymous donation from an Australian philanthropic family, two new workshops were built and equipped at The George Institute, including state-of-the-art 3D printers that can make new parts in a matter of hours instead of the usual days or weeks.

Twelve different prototypes of our pure water distiller have been built in our workshops, each smaller, simpler and more inexpensive than the last.

During the past year, partnership agreements were signed with leading Australian regulatory, intellectual property, design, quality, manufacturing and sterilisation contractors, supported by multi-million dollar strategic grants from the Medical Devices Fund of the NSW Government and the Paul Ramsay Foundation.

These new partnerships will be key success factors as Ellen Medical Devices starts to manufacture the distillers and dialysis bags needed for its first human trials in 2021.
OUR PEOPLE

We hire and develop exceptional people, all focused on delivering our mission to improve the health of millions of people worldwide. It’s thanks to our 730+ people around the world that The George Institute has such a significant positive impact.

The George Institute is committed to being an outstanding and diverse employer. We focus on having a culture that leverages the diversity of our global workforce; supports and encourages the development of our people; celebrates success; and places an emphasis on flexibility and wellbeing.

We are proud to be a great place to work.

In the last year, our people have risen to the challenges posed by the global pandemic. Through strengthened engagement and communication, an increased emphasis on wellbeing, a new recognition initiative and additional connection programs, we are thriving in the ‘new normal’.

“In a year like no other, our people have continued to demonstrate their best selves, with enormous resilience, care for one another, a ‘can-do’ approach and commitment to our important work.

Erika Burmeister
Director
Global Human Resources

George women represent:

<table>
<thead>
<tr>
<th>Number/Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>730+</td>
<td>people globally</td>
</tr>
<tr>
<td>58%</td>
<td>of people managers</td>
</tr>
<tr>
<td>60+</td>
<td>collaborating Honorary Fellows</td>
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<tr>
<td>65%</td>
<td>of staff</td>
</tr>
<tr>
<td>50%+</td>
<td>of our Board</td>
</tr>
<tr>
<td>55%+</td>
<td>of our academic appointments</td>
</tr>
</tbody>
</table>
Our Board of Directors

**David Armstrong** BBus (UTS), FCA, MAICD
Chair / Non-Executive Director
- Non-Executive Director – National Australia Bank
- Chair – National Australia Bank Audit Committee
- Member – National Australia Bank Risk Committee
- Director – Opera Australia Capital Fund Limited
- President – Australian Museum
- Trustee – Lizard Island Reef Research Foundation

**Catherine Brenner** BE, LLB, MBA, FAICD
Non-Executive Director
- Non-Executive Director – Schools Plus
- Member – Finance & Audit Committee and Acquisitions & Loans Committee, Art Gallery of NSW
- Panel Member – Adara Partners

**Melinda Conrad** BA (Wellesley), MBA (Harvard), FAICD
Non-Executive Director
- Non-Executive Director – ASX Limited
- Non-Executive Director – Ampol Limited
- Non-Executive Director – Stockland Corporation Limited
- Non-Executive Director – The Centre for Independent Studies
- Advisory Board Member – Five V Capital
- Member – AICD Corporate Governance Council

**Dr Srinivas Akkaraju** MD, PhD
Non-Executive Director
- Board Chair – George Health Enterprises Pty Ltd
- Managing General Partner – Samsara BioCapital
- Director – Seattle Genetics
- Director – Syros Pharmaceuticals
- Director – Intercept Pharmaceuticals Inc.

**Yasmin Allen** BCom, FAICD
Non-Executive Director
- Chair – Advance.org
- Chair – Faethm.ai
- Non-Executive Director – ASX Limited
- Non-Executive Director – Cochlear Limited
- Non-Executive Director – Santos Limited
- Board Member – George Health Enterprises Pty Ltd
- Member – ASX Limited Clearing and Settlement Board and Audit Committee
- Director – National Portrait Gallery, Canberra
- Acting President – Federal Government’s Takeovers Panel

**Professor Rodney Phillips** MBBS (Melb), FRACP, MD (Melb), MA (Oxon), FRCP (London), FACad Medsci (London)
Non-Executive Director
- Professor Emeritus, University of New South Wales, Sydney
- Honorary Fellow – Pembroke College, Oxford
- Non-Executive Director – The National Drug and Alcohol Research Centre Advisory Board

**Melinda Conrad** BA (Wellesley), MBA (Harvard), FAICD
Non-Executive Director
- Non-Executive Director – ASX Limited
- Non-Executive Director – Ampol Limited
- Non-Executive Director – Stockland Corporation Limited
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- Advisory Board Member – Five V Capital
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**Professor Rodney Phillips** MBBS (Melb), FRACP, MD (Melb), MA (Oxon), FRCP (London), FACad Medsci (London)
Non-Executive Director
- Professor Emeritus, University of New South Wales, Sydney
- Honorary Fellow – Pembroke College, Oxford
- Non-Executive Director – The National Drug and Alcohol Research Centre Advisory Board

**Dr Meena Thuraisingham** PhD, GAICD, MAPS
Non-Executive Director
- Founder & Principal – BoardQ
- Founder & Principal – TalentInvest
- Member – International Women’s Forum

**Professor Stephen MacMahon AO** Principal Director & Co-Founder, The George Institute for Global Health
For full bio, see page 30

**Professor Robyn Norton AO** Principal Director & Co-Founder, The George Institute for Global Health
For full bio, see page 30
Senior Leadership Group

**Professor Stephen MacMahon AO**
Principal Director & Co-Founder, The George Institute for Global Health
- Professor of Cardiovascular Medicine, Faculty of Medicine, UNSW Sydney; Professor of Medicine and Oxford Martin Senior Fellow, University of Oxford; Honorary Professor, Peking University Health Science Center
- Fellow, Australian Academy of Science, British Academy of Medical Sciences, Australian Academy of Health and Medical Sciences, and the American College of Cardiology

**Professor Robyn Norton AO**
Principal Director & Co-Founder, The George Institute for Global Health
Acting Executive Director, The George Institute UK
- Professor of Public Health, Faculty of Medicine, UNSW Sydney; Professor of Global Health and Oxford Martin Senior Fellow, University of Oxford; Honorary Professor, Peking University Health Science Center
- Chair Emeritus, Road Traffic Injuries Research Network
- Fellow, Australian Academy of Health and Medical Sciences

**Professor Anushka Patel**
Vice-Principal Director and Chief Scientist
- Professor of Medicine, UNSW Sydney; PhD University of Sydney; SM (Epidemiology), Harvard University; MBBS, The University of Queensland; FRACP (Cardiology), Royal Australasian College of Physicians
- Cardiologist, Royal Prince Alfred Hospital and Central Sydney Cardiology
- Fellow, Australian Academy of Health and Medical Sciences

**Professor Craig Anderson**
Executive Director, The George Institute China
- Professor of Neurology and Epidemiology, Faculty of Medicine, UNSW Sydney
- Neurologist, Royal Prince Alfred Hospital, Australia
- Senior Investigator Fellow, National Health and Medical Research Council

**Associate Professor Laurent Billot**
Director, Statistics
- MSc Statistics and Computer Science, University of South-Brittany; MRes Public Health (Biostatistics), University of Paris V

**Professor Kent Buse**
Director, Healthier Societies Program (from September 2020)
- Visiting Professor, School of Public Health, Imperial College London
- Conjoint Professor, Faculty of Medicine, UNSW Sydney
- Co-Director, Global Health 50/50
- PhD London School of Hygiene and Tropical Medicine

**Erika Burmeister**
Director, Global Human Resources
- Extensive experience in human resources in Australia, the US, Europe and Asia
- Previously held positions at AMP, Citigroup and Colgate-Palmolive

**Peter Dolnik**
Director, Centre for Operational and Research Excellence
- MPhil, Comenius University
- Extensive experience in developing and implementing strategic and business plans in complex organisations
- Extensive experience in research governance and management across various tertiary and research institutions
- Successful record in leading large multidisciplinary and virtual teams and creating high-performance culture

**Emma Feeny**
Director, Global Advocacy and Policy Engagement
- MA Social Anthropology of Development, School of Oriental and African Studies, University of London
- Co-chair, Taskforce on Women and NCDs; Chair, NCD Lab on Women and Girls
- Extensive experience influencing and driving impact in academia and the humanitarian and development sectors

**Dr Parisa Glass**
Deputy Director, The George Institute Australia
Director of Innovation and Enterprise
- PhD, Faculty of Science, University of Wollongong; MBA, Faculty of Business, University of Wollongong; B Med Chem (Hon 1), Faculty of Science, University
of Wollongong; Dip App Sci, Medical Radiation Technology, University of Sydney

- Senior Lecturer, Faculty of Medicine, UNSW Sydney
- Extensive experience in operational management in medical research and university sector

**Professor Hiddo L. Heerspink**  
Director, Better Treatments Program  
- Professor, Clinical Trials Department of Clinical Pharmacy and Pharmacology, University Medical Center Groningen, Groningen, Netherlands  
- Conjoint Professor of Medicine, UNSW Sydney  
- PhD University of Groningen

**Paul Hodgkinson**  
Chief Financial Officer  
- MA (Hons) Engineering, Cambridge University  
- Fellow of the Institute of Chartered Accountants of England and Wales, and member of the Institute of Chartered Accountants in Australia  
- 20 years’ international healthcare experience in global pharmaceutical sector working for AstraZeneca and Novartis as well as in the biotech industry in the field of cellular therapies

**Professor Vivekanand Jha**  
Executive Director, The George Institute India  
- Professor of Nephrology and James Martin Professorial Fellow, University of Oxford; Conjoint Professor of Medicine, UNSW Sydney  
- President, International Society of Nephrology; Member, WHO Expert Advisory Panel on Human Cell, Tissue and Organ Transplantation  
- Editor, Cochrane Kidney and Transplant Group

**E. Richard Mills**  
Director, Global Communications and Thought Leadership  
- Extensive senior level experience in global development communications  
- Former Director of Communications, The World Bank and spokesperson for the US government on trade and economic issues

**Helen Monaghan**  
Director, Global Project Operations, Centre for Operational and Research Excellence  
- Adjunct Senior Lecturer, Faculty of Medicine, UNSW Sydney  
- Extensive experience in the management of academic randomised controlled trials and other research projects

**Professor Bruce Neal**  
Executive Director, The George Institute Australia  
- Professor of Medicine, UNSW Sydney; MB ChB, University of Bristol, UK; MRCP, Royal College of Physicians, UK; PhD (Medicine), University of Auckland, NZ  
- Honorary Professor, Sydney Medical School, University of Sydney  
- Professor of Clinical Epidemiology, Imperial College London  
- Fellow of the Australian Academy of Health and Medical Sciences, the American Heart Association, United States, and Royal College of Physicians, United Kingdom

**Professor David Peiris**  
Director, Better Care Program  
Co-Director, Health Systems Science  
- Professor, Faculty of Medicine, UNSW Sydney, PhD University of Sydney; MIPH University of Sydney, FRACGP, Royal Australian College of General Practitioners  
- General Practitioner, Glebe Family Medical Practice

**Tim Regan**  
Chief Operating Officer  
- Bachelor of Economics, University of Sydney  
- Vice President & Treasurer, Australia China Business Council NSW  
- Former President, Financial Executives Institute of Australia  
- Fellow, Australian Institute of Company Directors, Institute of Chartered Accountants and Australian Property Institute

**Marna van Zyl**  
Legal Director  
- BLC, LLB, University of Pretoria (South Africa)  
- Post Graduate Certificate in Intellectual Property Law, University of Technology, Sydney  
- Solicitor and Trade Marks Attorney

**Dr John Wastell**  
Director, Global Information and Technology  
- PhD in nuclear physics from the University of Melbourne  
- Extensive IT leadership experience in multiple industries, including insurance, internet services, defence and aerospace, global professional services and medical research
Thank you to all our generous funders and supporters for your ongoing commitment to ensuring people around the world have better access to the prevention and treatment of the most common diseases and injuries.

With the onset of COVID-19, the importance of medical research has never been more important for global health and we are very thankful for all our generous supporters. We look forward to your continued support in improving the health of millions of people worldwide.

Tim Regan
Chief Operating Officer
• MTP Connect
• National Health and Medical Research Council, Australia
• National Health Systems Resource Centre, India
• National Heart Foundation of Australia
• National Institute for Health Research, United Kingdom
• National Institute of Neurological Disorders and Stroke, United States of America
• National University of Singapore
• Nielsen Company
• NITI Ayog, Government of India
• Norton Rose Fulbright
• NSW Centre for Road Safety, Australia
• NSW Ministry of Health, Australia
• Nuffield Department of Women’s & Reproductive Health, University of Oxford
• Nursing Research Institute, Australian Catholic University
• Oxford Martin School, University of Oxford
• Paul Ramsay Foundation
• Peking University Health Science Center, China
• Pfizer Foundation
• Postgraduate Institute of Medical Education and Research, Chandigarh, India
• Queen Mary University of London, United Kingdom
• Richard Mills
• Rob Allan
• Robyn Norton AO
• Royal Lifeboat Institution, United Kingdom
• Royal National Lifeboat Institution, United Kingdom
• Sanofi
• Servier
• Shanghai East Hospital, China
• St George’s University of London, United Kingdom
• Stephen MacMahon AO
• Sydney Health Partners, Australia
• Sydney Local Health District, Australia
• Takeda
• Telstra Health
• Tim Regan
• UK Medical Research Council, United Kingdom
• Universidad del Desarrollo, Santiago, Chile
• University of Edinburgh, United Kingdom
• University of Leicester, United Kingdom
• University of Newcastle, United Kingdom
• University of Nottingham, United Kingdom
• University of Oxford, United Kingdom
• University of Sydney, Australia
• University of Technology Sydney, Australia
• UNSW Sydney, Australia
• Victorian Health Promotion Foundation, Australia
• Wellcome Trust
• Wellcome Trust DBT India Alliance
• West China Hospital, Chengdu, China
• Western Sydney Local Health District, Australia
• World Health Organization
OUR FINANCES

Revenue
The George Institute’s Revenue grew by 26% to $64.4 million (2019: $51.1 million), although this dropped to $56.5 million after reclassification on adopting AASB15. Consolidated Revenue for The George Institute and George Health was $98.1 million (2019: $102.6 million). However, after reclassification on adopting AASB15, this dropped to $90.2 million.

Operating Result
The George Institute generated a surplus of $4.2 million for the year (2019: $4.7 million loss). However, the Consolidated entity generated a loss of $25.0 million (2019: $6.8 million loss), with George Health incurring a loss of $29.2 million (2019: $2.2 million loss).

A successful $53-million capital raise was completed by George Health in November 2019 using a combination of equity and debt to fund the pre-revenue business units within George Health. The significant increase in losses, funded by the capital raised, was due to a number of factors: planned increases in trial expenditure and a non-cash impairment charge on one of the polypill assets in George Medicines; planned increases in development costs for the dialysis program in Ellen Medical Devices; operating losses in George Clinical primarily due to a reduction in revenue following COVID-19 impacts and later-than-planned starts on a number of trials; and a planned donation to The George Institute following the capital raise.

At the end of 2019–20, the Institute had strengthened its balance sheet with $30.3 million of cash, $12.8 million of trade and other receivables, and an investment portfolio of $8.3 million. Whilst deferred income, representing funding received for projects in advance, increased to $40.7 million, the Institute retained a net current assets balance of $3.5 million. Equity also increased to $26.7 million at the end of 2019–20, in part reflecting the external equity investments made in George Health as part of the capital raise.

Peer reviewed and government funding
Across the divisions of the Institute, researchers have continued to receive highly sought-after peer-reviewed grants from funding bodies in Australia, India, the UK, and elsewhere. The Australian Federal Government and NSW State Government also contributed crucial funding for ongoing research projects and infrastructure support for the Institute.

Donations and sponsorship
Donations and sponsorships are an important source of funding for the Institute. In 2019–20, we received donations from a number of valuable supporters.

Consolidated Profit and Loss Account by Segment for year ending 30 June 2020

<table>
<thead>
<tr>
<th></th>
<th>The George Institute</th>
<th>George Health</th>
<th>Consolidated</th>
<th>Consolidated</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>$k</td>
<td>$k</td>
<td>$k</td>
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</tr>
<tr>
<td>Operating Revenue</td>
<td>53,248</td>
<td>40,061</td>
<td>93,309</td>
<td>94,738</td>
</tr>
<tr>
<td>Other Income</td>
<td>2,720</td>
<td>2,050</td>
<td>4,770</td>
<td>7,830</td>
</tr>
<tr>
<td>Donation to TGI from George Health</td>
<td>6,000</td>
<td>-</td>
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<tr>
<td>Intergroup Revenue</td>
<td>2,398</td>
<td>1,640</td>
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<td>N/A</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>64,366</strong></td>
<td><strong>43,751</strong></td>
<td><strong>98,079</strong></td>
<td><strong>102,568</strong></td>
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<tr>
<td>Share Based Payment Expense</td>
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<td>(4,928)</td>
<td>(4,928)</td>
<td>(3,794)</td>
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<tr>
<td>Depreciation and Amortisation Expense</td>
<td>(2,995)</td>
<td>(2,152)</td>
<td>(5,147)</td>
<td>(1,993)</td>
</tr>
<tr>
<td>Rental Expense</td>
<td>(955)</td>
<td>(676)</td>
<td>(1,631)</td>
<td>(3,701)</td>
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<tr>
<td>Administration Expense</td>
<td>(2,446)</td>
<td>(2,115)</td>
<td>(4,561)</td>
<td>(4,710)</td>
</tr>
<tr>
<td>Study Contract Fee</td>
<td>(598)</td>
<td>(5,036)</td>
<td>(5,634)</td>
<td>(8,174)</td>
</tr>
<tr>
<td>Patient Recruitment Expense</td>
<td>(2,557)</td>
<td>(28)</td>
<td>(2,585)</td>
<td>(2,068)</td>
</tr>
<tr>
<td>Consultants and Sub-Contractors Fee</td>
<td>(2,698)</td>
<td>(3,759)</td>
<td>(6,457)</td>
<td>(5,753)</td>
</tr>
<tr>
<td>Finance Costs</td>
<td>(671)</td>
<td>(1,184)</td>
<td>(1,855)</td>
<td>-</td>
</tr>
<tr>
<td>Travel/Accommodation Costs</td>
<td>(2,119)</td>
<td>(868)</td>
<td>(2,987)</td>
<td>(3,909)</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>(7,201)</td>
<td>(8,360)</td>
<td>(15,561)</td>
<td>(11,716)</td>
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<tr>
<td>Impairment</td>
<td>-</td>
<td>(5,112)</td>
<td>(5,112)</td>
<td>(237)</td>
</tr>
<tr>
<td>Donation to TGI from George Health</td>
<td>-</td>
<td>(6,000)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Intergroup Expense</td>
<td>(1,640)</td>
<td>(2,398)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Surplus before Income Tax before Reclassification on adopting AASB15</strong></td>
<td><strong>4,245</strong></td>
<td><strong>(29,231)</strong></td>
<td><strong>(24,986)</strong></td>
<td><strong>(6,845)</strong></td>
</tr>
<tr>
<td><strong>Reclassification on adopting AASB15</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(7,898)</td>
<td>-</td>
<td>(7,898)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Surplus before Income Tax after Reclassification on adopting AASB15</strong></td>
<td><strong>(3,653)</strong></td>
<td><strong>(29,231)</strong></td>
<td><strong>(32,884)</strong></td>
<td><strong>(6,845)</strong></td>
</tr>
</tbody>
</table>
### Consolidated\(^1\) Balance Sheet  
30 June 2020

#### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2020 (Sk)</th>
<th>2019 (Sk)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>30,259</td>
<td>24,074</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>12,764</td>
<td>9,617</td>
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<tr>
<td>Other Assets</td>
<td>2,492</td>
<td>2,688</td>
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<tr>
<td>Accrued Income</td>
<td>20,737</td>
<td>17,101</td>
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<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td><strong>66,252</strong></td>
<td><strong>53,480</strong></td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
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<tr>
<td>Other Assets</td>
<td>2,030</td>
<td>1,190</td>
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<tr>
<td>Other Financial Assets</td>
<td>8,245</td>
<td>8,169</td>
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<tr>
<td>Plant, Fitting and Equipment</td>
<td>5,491</td>
<td>5,645</td>
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<tr>
<td>Goodwill</td>
<td>8,289</td>
<td>11,563</td>
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<td>Intangible Assets</td>
<td>13,172</td>
<td>15,380</td>
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<td>Right-of-use Assets</td>
<td>14,780</td>
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<tr>
<td>Deferred Tax Asset</td>
<td>5,022</td>
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<td><strong>TOTAL NON-CURRENT ASSETS</strong></td>
<td><strong>57,029</strong></td>
<td><strong>42,147</strong></td>
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<td><strong>TOTAL ASSETS</strong></td>
<td><strong>123,281</strong></td>
<td><strong>95,627</strong></td>
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#### LIABILITIES

<table>
<thead>
<tr>
<th>Description</th>
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<th>2019 (Sk)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
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<td></td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>10,395</td>
<td>9,550</td>
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<td>Deferred Income</td>
<td>40,680</td>
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<td>Lease Liabilities</td>
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<td>Provisions</td>
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<td>Borrowings</td>
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<td>14,908</td>
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<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
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<td><strong>70,467</strong></td>
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<td><strong>NON-CURRENT LIABILITIES</strong></td>
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<tr>
<td>Provisions</td>
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<tr>
<td>Borrowings</td>
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<td>2,600</td>
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<tr>
<td>Lease Liabilities</td>
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<td>Other Liabilities</td>
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<td><strong>TOTAL NON-CURRENT LIABILITIES</strong></td>
<td><strong>33,883</strong></td>
<td><strong>9,687</strong></td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>96,607</strong></td>
<td><strong>80,154</strong></td>
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<tr>
<td><strong>NET ASSETS</strong></td>
<td><strong>26,674</strong></td>
<td><strong>15,473</strong></td>
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<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td><strong>26,674</strong></td>
<td><strong>15,473</strong></td>
</tr>
</tbody>
</table>

**Notes**

The Statement of Financial Position provided above, together with the Income Statement, have been extracted from the audited general purpose financial statements of The George Institute for Global Health and its controlled entities. The summary financial information does not include all the information and notes normally included in a statutory financial report. The audited general purpose financial report can be obtained on www.georgeinstitute.org/annual-reports-and-financial-statements.

These financial statements (from which the summary financial information has been extracted) are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements, including the Australian Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board and the Australian Charities and Not-for-profits Commission Act 2012 as appropriate for not-for-profit oriented entities.

Consolidated\(^1\) = Consolidated Entity consisting of The George Institute for Global Health and the entities it controlled for the financial year ended 30 June 2020. 
George Health\(^2\) = George Institute Ventures Pty Ltd and the entities it controlled for the financial year ended 30 June 2020.

The George Institute\(^3\) = The George Institute for Global Health and the (Research) Entities it controlled for the financial year ended 30 June 2020.

Reclassification on adopting AASB15\(^4\) = The George Institute adopted AASB15 Revenue from Contracts with Customers and AASB1058 income of Not-for-Profit Entities from 1 July 2019, which resulted in $7.898m of infrastructure grants for FY20 being reclassified into prior year opening reserves as the grants were received in June 2019.
At a glance:

Raised $1 billion for research since 1999
Developed and own a number of social enterprises

730+ people globally
Projects in 45 countries
Headquartered in Sydney, with additional major centres in China, India and the UK

Affiliated with UNSW Sydney and Peking University Health Science Center
Working in collaboration with Imperial College London
9,000+ peer-reviewed publications and other academic outputs since 1999
Ranked #1 independent research institute in Australia 2018