



The 2019
Annual Report

The
George
Institute
for Global Health



20
years
1999 – 2019



About us

Our Mission

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

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

Table of contents	02	About us
	04	A message from the Chairman and Principal Directors
	06	At a glance
	07	Our strategy
	08	Driving global impact
	12	Global advocacy highlights
	14	Thought leadership – ideas and impact
	16	Promoting lifelong health among women
	18	The George Institute Australia
	24	The George Institute China
	28	The George Institute India
	32	The George Institute United Kingdom
	36	George Health
	42	Our people
	48	Our funders and supporters
	50	Our finances



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.

The George Institute for Global Health – global headquarters

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We are a registered charity in Australia and the United Kingdom.
All currency is in Australian dollars unless otherwise indicated.



A message from the Chairman and Principal Directors

In 2019, we celebrate the 20th anniversary of The George. Since 1999, we have grown from three to more than 700 people globally, headquartered in Sydney, with major centres in China, India and the UK, and affiliations with leading universities. We have raised \$1 billion for research, changed traditional ways of treating chronic health conditions, and become a leading voice for the biggest health challenges of the 21st century – the scourge of non-communicable diseases and injuries.

It is fitting that in our 20th year we are beginning a new phase in the evolution of The George Institute with Strategy 2025 – our ambitious plan that will guide our growth and development over the next six years (page 7). Strategy 2025 is all about maximising our impact – especially on the health of millions of people, particularly those living in disadvantaged circumstances in rich and poor countries alike.

While our focus remains the prevention and treatment of the biggest killers and causes of disability, this new roadmap will direct us to have an even greater impact globally. As such, we are delighted to have

appointed Professor Anushka Patel as the first Vice-Principal of The George Institute, in addition to her role as Chief Scientist, to steer us in this new direction.

As each year passes, we are proud of all that we have achieved. This year is no different.

Our researchers have continued to surpass their peers with prestigious accolades for their research leadership. Our work has been published in the best medical journals, helping build much-needed evidence to effectively and sustainably transform care and health systems. We identified landmark treatments, resolved medical debates, and highlighted gaps for which new approaches to prevent and manage chronic conditions are urgently required.

Expanding our focus on low- and middle-income countries, we established more partnerships, collaborations and projects that look beyond single diseases to examining multi-morbidities, across the life course and all aspects of the health



twenty years

For 20 years at The George, extraordinary people have been doing extraordinary things.

Professor Robyn Norton AO
Principal Director and Co-Founder
The George Institute for Global Health



Professor Robyn Norton AO & Professor Stephen MacMahon AO, Principal Directors and Co-Founders of The George Institute for Global Health.

“ twenty years 20 years ago, we were one of the first institutions of any kind to directly address the emerging problem of non-communicable diseases and injuries in low- and middle-income countries.

Professor Stephen MacMahon AO
Principal Director and Co-Founder
The George Institute for Global Health

system, to identify people-centred, affordable and scalable solutions.

To have an even greater research impact on policy and practice, we have increased our thought leadership and advocacy activities, engaged with more regional and multilateral stakeholders, and convened more critical conversations than ever before in the history of The George Institute.

We are building on our record in disruptive entrepreneurship with new ways to fast-track the development of innovative and affordable solutions in partnership with the private sector. Our commercial enterprise, George Health, is making inroads in its efforts to commercialise the research of The George Institute and deliver new treatments and care to the millions of people who need it most.

We would not be here today if it were not for the shared vision and support of our Board, staff, funders, partners and friends. In early 2019, we farewelled Mike Hawker AM, as Chairman of our Board, acknowledging his tremendous support and leadership over the previous eight years. However, we are thrilled that David Armstrong accepted the invitation to become our new Chair. We also farewelled Paul McClintock AO, but welcomed Catherine Brenner, and for the first time attained gender parity on our Board.

In August 2019, Professor Vlado Perkovic, Executive Director of The George Institute, Australia, resigned to take on the role of Dean of Medicine at UNSW Sydney. Vlado has played a significant role in the success of our Australia program and George Clinical, and we look forward to supporting him in his new role. We were delighted to appoint Professor Bruce Neal as the new Executive Director.

Needless to say, we are extremely proud and humbled by the success of The George Institute in its relatively short history but there’s much more to be done. It is unacceptable that each year 41 million people die from non-communicable diseases and 5 million from injury, or that half the global population lacks access to essential health care. As we look to the next 20 years, we are determined to have even more impact and continue to improve the health of millions of people around the world.



David Armstrong
David Armstrong
Chairman



Robyn Norton
Professor Robyn Norton AO
Principal Director & Co-Founder



Stephen MacMahon
Professor Stephen MacMahon AO
Principal Director & Co-Founder



At a glance

In 2019, The George Institute for Global Health celebrated 20 years of ground-breaking research and influencing policy and practice worldwide.

Since 1999

8000+

peer-reviewed publications and other academic outputs

159,000+

publication citations

\$1B

raised for research

In 2018–19

700+

people globally

66%

of staff are women

\$100M+

in total revenue

90+

academic appointments

57%

of people managers are women

50+

countries hosting our projects

426

peer-reviewed publications

“ **twenty years**

It's difficult to think of another institute which has had the impact on global health that The George Institute has had.

Professor Emeritus Norbert Berend
Head of Respiratory Research
The George Institute for Global Health



Highlighting art and culture during the annual Aboriginal and Torres Strait Islander celebrations in Australia.

Our strategy

On July 1, 2019 we launched *Strategy 2025*, a plan that will guide the Institute's growth and development over the next six years.

Each year, 41 million people die from non-communicable diseases while injuries kill 5 million.



At its core, Strategy 2025 is all about impact – specifically, The George Institute's impact on the health of millions of people, particularly those living in disadvantaged circumstances in rich and poor countries alike.

It focuses on three key research priorities:

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

To maximise our impact we are driving:

- **Advocacy and thought leadership:** Effective advocacy and thought leadership to improve health, aligned to our research goals
- **Disruptive entrepreneurship:** Game-changing entrepreneurship to improve health, aligned to our research goals

Strategy 2025 is a major new phase in the evolution of the Institute, and we look forward to the new opportunities it provides for us to improve the world's health.



twenty years

The end game is improving lives.

Professor Anushka Patel
Vice-Principal
and Chief Scientist
The George Institute
for Global Health





Driving global impact

The George Institute for Global Health is focused on creating better treatments, providing better care and enabling healthier societies. We are leading world-class clinical trials that are transforming treatments globally; working with health systems and communities to address local priorities; mining big data to answer big questions; and developing low-cost and innovative solutions to the biggest health challenges of our time. Through research, advocacy, thought leadership and disruptive entrepreneurship, The George Institute is driving global impact.

At The George Institute, we know that changing policy and practice requires more than just generating great evidence. Our researchers are working across countries and regions, and with communities, partners, industry and governments, to identify solutions to the biggest burdens of disease, along with the best ways to implement these at scale, with lasting impact.

For the past 20 years, we have been transforming the way health care is delivered and finding new and better ways to prevent and treat chronic diseases and conditions, with a focus on under-served populations.

This year, for example, we identified the first new treatment for diabetic kidney disease in 20 years (page 18). We also showed that our innovative 'Triple Pill' treatment significantly lowers blood pressure, contributing to our growing evidence on polypills that is influencing international guidelines and practice.

We are closer to delivering the world's first affordable dialysis system (page 40), and our FoodSwitch program, launched in nine countries with three more underway, is empowering consumers and improving the global food supply.



Vincent Garvey, inventor of the Ellen Medical Affordable Dialysis System being developed by our social enterprise, Ellen Medical Devices (page 40).

Half the world's population lacks access to essential health services.



Our SMARThealth application is a patient-centred, cost-effective and scalable approach to strengthening primary health care systems.

Our SMARThealth program is building capacity to assist millions of people with elevated blood pressure in low- and middle-income countries and is being commercially scaled in Australia, China and India (page 38).

In June 2019, we received Global Alliance for Chronic Disease funding through the Australian National Health and Medical Research Council (NHMRC) to work with governments to scale up our diabetes and hypertension projects in Indonesia, China and the Pacific region, which have the potential to save hundreds of thousands of lives.

As a World Health Organization (WHO) Collaborating Centre on Population Salt Reduction, we are supporting governments to improve the food supply. For example, we evaluated Malaysia's strategy to meet salt targets by 2025, and in Vanuatu we are contributing to a national multi-sectoral food policy. In November 2018, The George Institute was designated a WHO Collaborating Centre for Injury Prevention and Trauma Care, enabling us to develop and implement effective strategies for prevention, as well as deliver affordable and accessible care globally.



twenty years

Doing research itself isn't enough. At The George Institute, we aspire to having an impact – not just in terms of research publications, citations, and so forth, but an impact on policy, clinical practice, and ultimately, the lives of people. This means not only doing the research, but also working with governments, funders, providers and communities so that research findings filter into practice.

Professor Stephen Jan
Co-Director Health Systems Science
The George Institute for Global Health



Professor Stephen Jan.



Alliance to tackle sepsis in Asia



Sepsis survivor Matthew Ames.

Our researchers, whose landmark clinical trials have transformed intensive care globally, are addressing the under-recognised burden of sepsis through research and advocacy. In October 2018, they were instrumental in establishing the Asia Pacific Sepsis Alliance and the Bangkok Declaration – a call to action for a regional alliance to reduce the burden of sepsis following the 2017 WHO resolution that made sepsis a global health priority. Professor Simon Finfer of The George Institute, Australia, is a member of the executive committee of the Global Sepsis Alliance, which initiated the push for the WHO resolution. See page 19 for more on sepsis.

Improving cancer care in Southeast Asia

Our ACTION study, the first of its kind, examined the economic impact of cancer on households across eight countries in Southeast Asia. It found that 75% of patients either died or had suffered financial catastrophe a year after diagnosis, with people in low-income groups hit hardest. Since the results were published in 2015, the study continues to contribute to improving cancer care in these countries. For example, in October 2018, the Senate in the Philippines cited the study when passing a motion to establish a national cancer program. This includes improvements in health insurance benefits, the establishment of a Philippines Cancer Centre for treating and accommodating patients, and research. The study also contributed to successful advocacy efforts to exempt cancer drugs from a goods and services tax in Malaysia, and the development of cancer treatment guidelines and reimbursement decisions for cancer drugs in Indonesia.

The number of new cancer cases is expected to rise by up to 70% in Southeast Asia by 2030.





Dr Parisa Glass – Deputy Director of The George Institute, Australia and Director of Social Entrepreneurship and Innovation, The George Institute for Global Health.

Challenging the status quo with disruptive entrepreneurship

The George Institute is fast-tracking the development of innovative and affordable solutions by harnessing the power of the private sector. This year, we established a new social entrepreneurship and innovation program, Genovate, to facilitate disruptive entrepreneurship. In March 2019, together with UNSW Sydney, Genovate launched its first initiative, Health 10x Accelerator. This program provides tailored business acceleration and incubation support to entrepreneurs, teams and start-up companies with products or services aimed at improving health outcomes in under-served populations.

UNSW SYDNEY | Australia's Global University

COULD YOUR HEALTH STARTUP TRANSFORM LIVES IN DEVELOPING COUNTRIES?

The Health 10x Accelerator initiative, a collaboration with UNSW Sydney, Genovate and the Institute.



Global advocacy highlights

The George Institute for Global Health is engaging with multilateral agencies and key global and regional stakeholders to increase the impact of our research on policy and practice, and ensure our work has real consequences for those most vulnerable to chronic diseases, injuries and inequity.

Our focus is on country-driven, evidence-based, cost-effective interventions to address the burden of non-communicable diseases (NCDs) and injuries. This past year, our global advocacy and engagement work prioritised building momentum to address NCDs, a life-course approach to women’s health and NCDs and injury, and universal health coverage (UHC).

A priority has also been growing our global partnerships, participating in multilateral meetings and consultations, and delivering evidence-based advocacy campaigns to impact global commitments driven by the United Nations (UN), WHO and others towards the Sustainable Development Goals set by the UN General Assembly in 2015. We convened events to drive conversations at multilateral fora and elsewhere, with partners such as the NCD Alliance and the Taskforce on Women and NCDs; and our experts were panellists, moderators and speakers at numerous international events.

ADVOCACY HIGHLIGHTS

“ twenty years

Our advocacy aims to ensure that The George’s expertise drives real, evidence-based change at the global level. Our impact is growing as a voice for the many millions of people who don’t have access to basic healthcare.

Emma Feeny
Head of Global Advocacy
The George Institute for Global Health
and Co-Chair of the Taskforce on Women and NCDs

In the lead-up to the UN High-Level Meeting on the Prevention and Control of NCDs in September 2018, our ‘Call to Action’ set out five priorities for government to commit to in tackling the rising burden of NCDs. Principal Director, Professor Robyn Norton AO, and Professor Stephen Jan, Co-Director Health Systems Science of The George Institute, attended the High-Level Meeting during the UN General Assembly in New York.

In January 2019, we launched a new partnership with the NCD Alliance to foster dialogue, disseminate research to inform evidence-based policy interventions, and mobilise leadership and action in the fight against NCDs and injury.



Priorities for the UN High-Level Meeting on Non-Communicable Diseases (NCDs) 2018 

The George Institute for Global Health calls on governments to commit to:

- 1 Universal health coverage** 

Prioritise the achievement of **universal health coverage**, making appropriate national investments supported by **transparent, evidence-based processes for setting health priorities**, in order to ensure:

 - **equitable access** to quality health services
 - availability of **essential medicines and technologies**
 - integrated models of healthcare to address the prevention and management of **multiple health conditions**, focusing on patients and not isolated diseases
- 2 A focus on women’s health** 

Recognise that NCDs impose a particular burden on **women’s health**, and prioritise closing **unacceptable health disparities** between genders, by:

 - **disaggregating data** to understand the roles that sex and gender play
 - adopting a **life-course approach to women’s health and NCDs**
 - **integrating** the prevention and treatment of NCDs into reproductive, maternal, child and adolescent health services
- 3 Address unhealthy environments** 

Adopt a **wide-ranging, enforceable, health-in-all-policies approach**, focusing on solutions that **address the unhealthy environments** which engender obesity, physical inactivity and the harmful use of tobacco and alcohol, including by:

 - **increasing taxes** on tobacco, alcohol and processed foods high in salt, fat or sugar
 - prioritising **salt intake reduction**
- 4 Address the burden of mental illness** 

Address the enormous burden of **mental health conditions** on all segments of society, and the strong interaction between mental health conditions and other NCDs
- 5 Identify implementation strategies** 

Convene researchers, implementers, policymakers and funders to identify effective, evidence-based **strategies to implement and scale-up solutions**

The George Institute For Global Health: We’re improving the lives of millions of people worldwide through innovative health research. Working across a broad health landscape, the Institute conducts clinical, population and health systems research aimed at changing health practice and policy worldwide.

Contact: To find out more please contact: Emma Feeny +44 (0) 7864 632607 or email emma@georgeinstitute.org

www.georgeinstitute.org www.georgeinstitute.org www.georgeinstitute.org

NCDs are responsible for over 70% of deaths globally. More than 85% of premature NCD deaths occur in low- and middle-income countries.



Professor Robyn Norton AO speaking at the UN Commission on the Status of Women. Photo: Dora Madariaga/NCD Alliance.

In March 2019, at the UN Commission on the Status of Women (CSW64), and ahead of the first UN High-Level Meeting on UHC in September 2019, we co-hosted a side event, *NCDs, UHC, and Empowering Women*, together with the Permanent Missions of Uruguay and Thailand, the WHO, NCD Alliance and the Taskforce on Women and NCDs.



twenty years

We really must do more to understand the gender determinants of NCDs – whether biological, social, cultural or economic – if we are going to achieve effective universal health coverage.

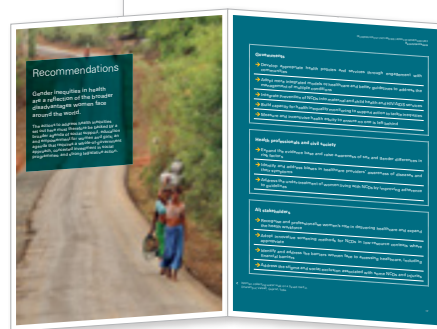
Professor Robyn Norton AO
Co-Founder & Principal Director
The George Institute for Global Health



DELIVERING HEALTHY LIVES AND WELLBEING FOR WOMEN AND GIRLS

Noncommunicable Diseases and Universal Health Coverage

In June 2019, we launched our first joint policy brief with NCD Alliance, *Delivering Healthy Lives and Wellbeing for Women and Girls*, outlining the gender-specific dimensions of NCDs that UHC must address; and recommendations to improve the health and wellbeing of girls and women.





Thought leadership – ideas and impact

How can we think differently about health? How do we end preventable illnesses? How do we improve the lives of millions of people worldwide? These are among the questions driving The George Institute’s unique global health policy Thought Leadership program. Established in 2017 to complement the research of the Institute, this program aims to challenge the status quo and foster conversations and debates that lead to better health outcomes.

In 2018–19:

- 40+ fora, seminars, workshops and conferences globally
- 35+ collaborating organisations
- 7 Distinguished Fellows appointed in 7 countries

Our focus:

1. Promoting healthy environments, specifically food policy and injury
2. Transforming health systems
3. Women’s health equity
4. Harnessing evidence for better health
5. Leveraging social enterprise

Our five focus areas are closely aligned with the Institute’s Strategy 2025 (page 7). We are working with some of the world’s leading health voices from The George Institute and non-resident Distinguished Fellows to help amplify our work in NCDs and injury, and improve systems for prevention and treatment.

This past year, we worked with our Australia, China, India and UK centres to expand our reach, including commissioning new reports and data visualisations, building collaborations and hosting events. Highlights include: a symposium on preventing falls among older people in China (page 26); expert discussions to explore food regulation in Australia and the UK (page 35); a roundtable on the role of the frontline health workforce in India; a report on new solutions to prevent drowning in Bangladesh; and the appointment of new Distinguished Fellows from Australia, India, Europe, Mexico, the US and the UK.



George Institute
Global Health



Some of our Distinguished Fellows, from left: Trish Greenhalgh, Michael Moore AM, Shekhar Saxena, Corinna Hawkes, Juan Rivera, Rejani Ved, Göran Tomson and Carolyn A Reynolds.



twenty years

The mental health care system is starved of human and financial resources. Although there has been progress, improvements are taking time. Mechanisms to help strengthen the mental health care system are extremely important.

Dr Shekhar Saxena

Distinguished Fellow, The George Institute for Global Health
Psychiatrist, and former Director of the WHO Department of Mental Health and Substance Abuse

Much more needs to be done to enact real change. In the coming year, we will continue working across our regions to expand collaborations, optimise the reach of our Distinguished Fellows program, launch new reports, host international events, and use innovative communication approaches to highlight the true cost of the biggest burdens and the benefits of effective prevention interventions.



In June 2019, Professor Robyn Norton AO, delivered the keynote speech at the 2019 Women and Heart Disease Forum in Sydney – a collaboration between The George Institute and the Australian National Heart Foundation.



Promoting lifelong health among women

NCDs and injuries are the leading causes of death and disability for women in almost every country. Our Global Women's Health Program recognises that women's health issues extend long beyond a woman's reproductive years. We are promoting a life-course approach to address women's health issues throughout all stages of life, with a focus on NCDs and other important women-specific health issues, including gender equity and human rights. We have a bold vision, aligned with the UN Sustainable Development Goals – to improve the health of women worldwide, achieve gender equity and empower all women by 2030.

The Global Women's Health Program is pushing for greater equity in women's health, from access, to treatments, to outcomes, across high, low- and middle-income countries. This year has been an exciting period of growth and engagement as highlighted throughout this report. New research, collaborations, academic appointments, publications, reports, multilateral engagement and events have helped build evidence and drive conversations to change policy and practice. To bolster our impact and reach, we are collaborating globally and across our programs in Australia, China, India and the UK, with leading academic and advocacy partners (page 13).

Our focus

- Sex- and gendered-disaggregated research
- Pregnancy and the prevention of NCDs and injury
- Gynaecological cancers and morbidity
- Women as healthcare workers and carers
- Menstrual hygiene and the environment
- Gender-based violence



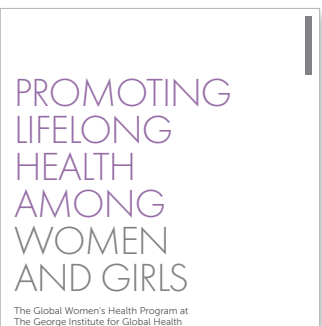
twenty years

We need to address the lack of knowledge around clinically meaningful sex differences in health, disease and response to treatment to improve the health of women and men alike.

Dr Sanne Peters
Research Fellow
The George Institute, UK



Professor Robyn Norton AO, Praveen Devarasetty, Program Head, Primary Health Care Research, Jane Hirst, Senior Fellow in Perinatal Health, and Shobhana Nagraj, Clinical Research Training Fellow, with community healthcare workers in India.



Women account for 70% of the health and social care workforce.



We are working with the world's best in integrating sex and gender into research, and leveraging the expertise of The George Institute in large-scale clinical, epidemiological and health systems research. We have produced several high-impact publications in journals such as *The Lancet* and *The BMJ*, calling for sex- and gender-disaggregated data to be mandated in research and policy. In China we have a new collaboration with Shenzhen Maternity and Child Hospital, examining how to lower the risk of cardiovascular disease in women after pregnancy; and in India we have launched SMARThealth Pregnancy (page 28) as part of our growing focus on community health workers in primary health care service delivery, the majority of whom are women.

Building a global community to drive change

As part of our global thought leadership efforts to improve women's health and gender equity, we established a new online Community on Women and NCDs in January 2019, in partnership with the WHO. The community brings together diverse global experts and promotes evidence-based, scalable best practices in implementing a life-course approach to women's health and NCDs. In March, we launched a webinar series examining topics such as *Why focus on women and NCDs?* and *Integrating NCD care into pre-conception and maternal health services*. Future initiatives will include a framework on the gendered determinants and impact of NCDs, podcasts, reports and blogs.

Why focus on women and Noncommunicable Diseases (NCDs)?
The determinants and impacts of NCDs and injuries are different for women and men. Sex and gender play a role through:

- Access to health services
- Physical environment
- Genetic factors
- Personal behaviour and coping mechanisms
- Cultural practices
- Social, economic and political inequalities

MARCH 5 We need a better understanding of how these factors shape women's experiences of NCDs and injuries in order to reduce mortality and morbidity. Share your insights – join the launch webinar for the Community on Women and NCDs at 11.00 GMT on Tues 5 March! #WomenandNCDs

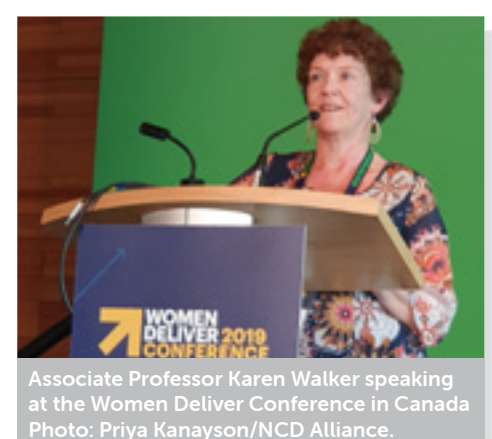
World Health Organization | The George Institute for Global Health

Addressing gender inequities

NCDs cause two of every three deaths of women each year.



In June 2019, Associate Professor Karen Walker, Program Manager for Global Women's Health at The George Institute, Australia, opened and moderated a session at the Women Deliver Conference in Canada, the world's largest conference on gender equality and the health, rights and wellbeing of girls and women. Associate Professor Walker provided an overview of the gender dimensions of NCDs and what's needed to empower women and girls and address gender inequities.





The George Institute Australia

Proudly affiliated with



Our program in Australia continues to grow in reach and impact. This past year, our researchers were recognised for conducting clinical trials with global impact, received the largest ever NHMRC project grant for kidney disease, and continued to identify ways to improve health outcomes and equity. Building more partnerships with our Indo-Pacific neighbours to tackle shared health challenges is also a growing focus.

Major medical breakthrough offers hope to hundreds of millions of people

Study findings

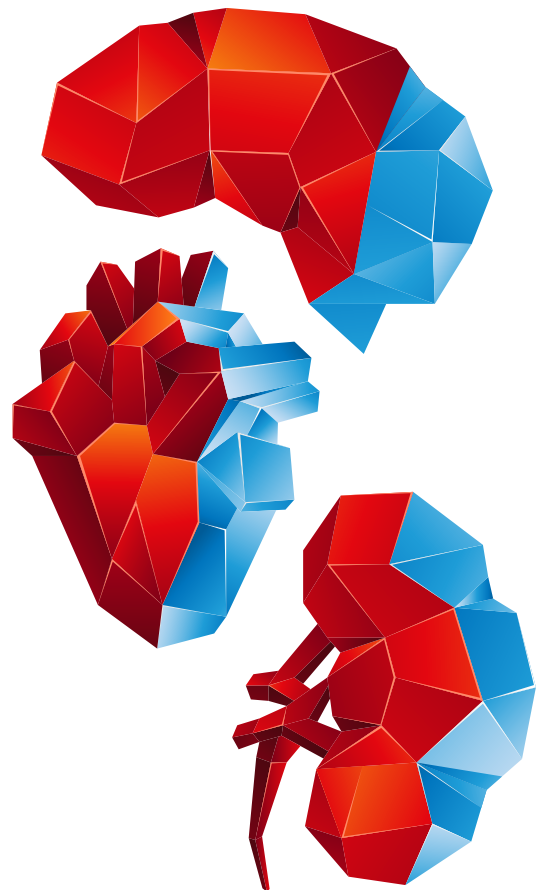
30% drop in kidney failure.

Heart failure reduced by over 30%.

Major cardiovascular events down by about 20%.



Around half a billion people worldwide have diabetes, the leading cause of kidney failure. According to landmark research published in *The New England Journal of Medicine*, a new treatment for diabetes and kidney disease reduces kidney failure rates by a third. The drug canagliflozin, developed to lower glucose levels in people with diabetes, has been shown to protect against kidney failure and cardiovascular disease. Lead author Professor Vlado Perkovic of The George Institute, Australia said: "For almost two decades there have been no new treatments to protect kidney function. People with diabetes and kidney disease are at extremely high risk of kidney failure, heart attack, stroke and death, and we now have a very effective way to reduce this risk using a once-daily pill."





Aboriginal children's injury rates higher than those of non-Aboriginal children

Aboriginal children are almost twice as likely to be hospitalised for unintentional injuries than non-Aboriginal children, and inequalities in overall injury rates remain unchanged over the past decade, according to new research. The findings highlight the need for Aboriginal-led injury prevention programs. "Children should not be turning up at hospitals with preventable injuries – we need holistic programs that address underlying health and social inequalities, and ensure families can access services and programs that make a real difference," said Dr Holger Möller, research lead at The George Institute, Australia. The study was the result of a collaboration between The George Institute, UNSW Sydney and the University of Wollongong.

Australian rates of sepsis hugely underestimated

The number of people treated for sepsis in Australian intensive care units is 50% higher than previously thought, with death rates also underestimated by 10%. Findings published in The Medical Journal of Australia present a clearer picture of sepsis in Australia, where it costs at least \$1.5 billion each year to treat the acute problem and its longer-term health effects. "It's essential that the public and policymakers are aware of how many people are affected and die each year. Any delay in treatment increases the risk of organ failure and death. These findings further inform our global efforts to reduce the burden of this under-recognised and life-threatening condition," said senior author Professor Simon Finfer of The George Institute, Australia.



Korina Valentine, a sepsis survivor and quadruple amputee, and her family, as featured in the Australian TV program, The 7:30 Report, on ABC.

Death rates from sepsis in Australian intensive care units are underestimated by 10%.





Cost a barrier for life-saving asthma treatments in Australia

Research by The George Institute and the Woolcock Institute of Medical Research has shown that half of adults and a third of children with asthma are missing out on essential treatment due to costs. This is especially concerning, as around two-thirds of adults and children had poorly controlled asthma. "Asthma affects around one-in-nine Australians and is a leading cause of death and disability globally. Preventer inhalers are incredibly effective at controlling symptoms and preventing hospitalisation or even death, yet costs are leading people to decrease or skip doses to make them last longer," said Dr Tracey-Lea Laba, Senior Research Fellow at The George Institute, Australia.



Diabetes raises risk of cancer, more for women than men

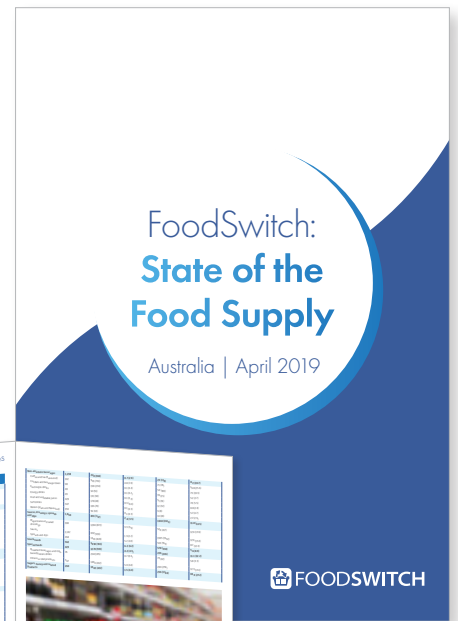
Global research involving almost 20 million people has shown that having diabetes significantly raises the risk of developing cancer, and this increase is greater for women. Diabetes also puts women at greater risk of developing kidney, oral and stomach cancers and leukaemia than men. Lead author Dr Toshiaki Ohkuma of The George Institute, Australia said: "The number of people with diabetes has doubled globally in the last 30 years. It's important for women with and without diabetes, and the medical community, to be aware of the heightened cancer risk for women from diabetes, and to try to prevent the onset and progression of diabetes." The findings highlight the need for more sex-specific research into the role of diabetes in developing cancer.

Diabetes affects more than 415 million people worldwide, with five million deaths every year. In Australia, it's the fastest growing chronic condition.



Healthiness of Australian food supply revealed

Almost half of packaged food on leading supermarket shelves are discretionary foods, i.e. not a necessary part of a person’s diet, according to the FoodSwitch: State of the Food Supply report. The report, which ranks leading food and drinks manufacturers based on the healthiness of their products, revealed serious shortcomings. “Getting healthier foods on shelves and less junk is key to curbing the obesity epidemic and diet-related ill health blighting Australia. Every day of inaction is putting the health of millions of Australians at risk,” said Professor Bruce Neal of The George Institute, Australia. The study was done in collaboration with the Global Obesity Centre at Deakin University.



Unhealthy diets are a leading contributor to poor health globally. In Australia, poor diet accounts for at least 25,000 deaths each year.





AUSTRALIA HIGHLIGHTS

The George Institute recognised for global impact

In August 2018, The George Institute was ranked the top independent research organisation in Australia, and 33rd overall in the world, recognising the quality, importance and impact of the Institute's research. The review of the world's non-university and non-commercial research organisations was produced by Times Higher Education.



Our global head office in Sydney, Australia.



twenty years

For 20 years, the Institute hasn't stopped looking for new ways to influence global health decision-makers. To maximise the numbers of lives transformed, our research programs address not just the scientific discoveries but also the realities of changing things in practice – we want to understand how to help people be healthier and how to enable them to access and afford life-saving treatments.

Professor Bruce Neal, Executive Director, The George Institute, Australia

Recognising health impact in Asia

In December 2018, Gabi Hollows AO, Founding Director of The Fred Hollows Foundation, delivered the 2018 John Yu Oration and was awarded the John Yu Medal for her significant impact on ensuring access to the prevention and treatment of curable blindness. Established in 2012, the John Yu Oration and Medal honours individuals who have made a significant contribution to global health, and in particular, to building relationships between Asia and the rest of the world.



Gabi Hollows AO, Founding Director of The Fred Hollows Foundation, delivering the 2018 John Yu Oration.



Senior Research Fellow, Dr Tamara Mackean and Keziah Bennett-Brook, Program Manager, Aboriginal and Torres Strait Islander Health of The George Institute with the Hon Ken Wyatt AM MP, Minister for Indigenous Health at Parliament House, Canberra in December 2018.

Experts talk biggest health challenges

In 2018–19, we hosted legislators, political leaders, bureaucrats and leading national and international experts for health and equity discussions as part of our thought leadership event series in Sydney and Canberra. Guest speakers included Minister for Indigenous Health, the Hon Ken Wyatt AM MP; Shadow Minister for Health and Medicare, the Hon Catherine King MP; Chief Medical Officer, Professor Brendan Murphy; Leader of the Greens, Senator Richard Di Natale; Chief Executive Officer of Austrade, Dr Stephanie Fahey; General Director of the Research Center in Nutrition and Health at Mexico’s National Institute of Public Health, Dr Juan Rivera; and PATH Global Program Leader and Director of Maternal, Newborn, Child Health and Nutrition, Dr Cyril Engmann.



twenty years

The Institute today is an incredibly exciting place to be – we’ve made a really broad contribution to global health over the past two decades, and it’s just the beginning.

Professor Vlado Perkovic
former Executive Director
The George Institute, Australia
and Dean of Medicine
UNSW Sydney



Panellists from left: Head, Public Health Advocacy and Policy Impact at The George Institute, Dr Jacqui Webster; Director of the Health Program at the Grattan Institute, Professor Stephen Duckett; consumer advocate, Karen Carey; presenter of ABC TV program *Ask the Doctor*, Dr Sandro Demaio; and journalist and event MC, Laurie Wilson. Photo credit: Lyn Mills, National Press Club of Australia.

Panel outlines election priorities

In March 2019, The George Institute and the Consumers Health Forum of Australia co-hosted a panel discussion at the National Press Club in Canberra to outline national health and research priorities ahead of the federal election. Panellists said political leaders must embrace changes and invest to create an equitable, consumer-centred, 21st century health system.



The George Institute China

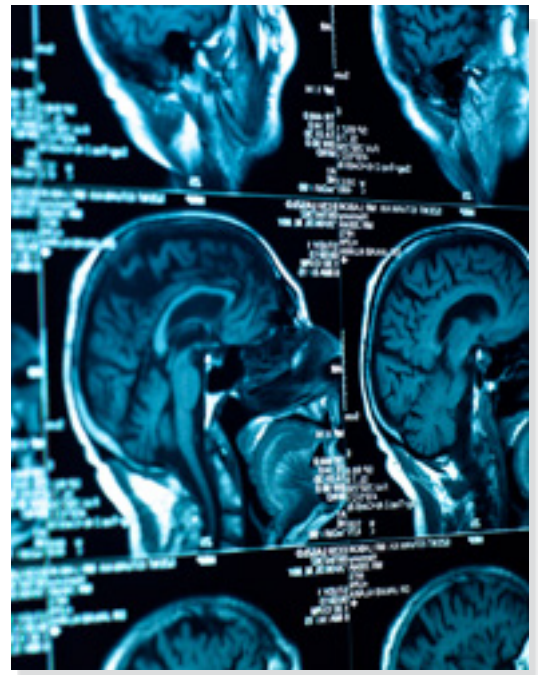
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Our China team is continuing to grow its world-class research track record with publications in high-impact journals such as The Lancet, The BMJ and Journal of the American Medical Association. This past year, team members have been recognised as being at the forefront of research in cardiovascular disease, and are working with the Beijing Municipal Health Commission, Chinese government agencies, universities and other research partners to tackle some of the biggest health priorities in China.

Global study
resolves debate
around stroke
treatment

A multi-country clinical trial has shown the safety and potential benefit of more intensively controlling blood pressure in patients who receive 'clot-busting' thrombolysis treatment for acute ischaemic stroke, the most common form of stroke. Lead investigator, Professor Craig Anderson of The George Institute, China said: "There has been much debate over whether any benefits are offset by the potential harms of intensive blood pressure lowering early after the onset of strokes due to blockage of a blood vessel in the brain. Our study now clearly shows that more intensive blood pressure control than is currently recommended has the potential to make thrombolysis treatment safer, by reducing the risk of serious bleeding in the brain."



On average, one-in-four people around the world will suffer a stroke. In many parts of Asia and Eastern Europe, the figure is as high as one-in-three, and stroke is the leading cause of death and disability in China.



Population growth coupled with ageing will contribute at least another 3.4 million deaths from cardiovascular disease over the next two decades, and costs are projected to increase by US\$7.8 trillion by 2030.



Tackling cardiovascular disease no small feat

Targeted prevention and workforce capacity-building are key to solving the challenges of the rapidly increasing burden of cardiovascular disease in China, according to a major review published in the Journal of the American College of Cardiology. Associate Professor Xin Du, Honorary Senior Research Fellow at The George Institute, China and cardiovascular specialist at Beijing Anzhen Hospital said: "Population-level strategies to control risk factors and reforms to strengthen the primary health system are urgently needed for China's large and rapidly aging population. The current primary care workforce is insufficient to deliver effective care to the approximately 200 million people at high risk, with health and community services facing immense pressure."

Surging rates of diabetes, new model of care needed

China has the largest number of people with diabetes globally. To prevent complications from diabetes, the Chinese government is proposing a hierarchical service model for managing diabetes. "Our ROADMAP study is exploring a new economic and effective model for hierarchical diabetes management in primary care settings that is widely applicable to China's health system," said Associate Professor Puhong Zhang, Associate Director of The George Institute, China. "Our study is also building workforce capacity and strengthening links between doctors in villages, towns and country regions, which is helping to standardise diabetes management." ROADMAP is a collaboration between The George Institute, China, Shanghai Sixth People's Hospital, the Chinese Diabetes Society and Bethune Charitable Foundation, under the guidance of the National Health Commission.



twenty years

Since the commencement of our work in China, we are proud of our significant contributions and capacity to undertake high-quality, impactful clinical research in chronic disease and injury. Over the next 20 years, we have a strategy to expand our programs and develop novel ways to manage patients, and be part of China's efforts to make people healthier by strengthening its primary health and chronic disease care sectors.

Professor Craig Anderson
Executive Director, The George Institute, China





CHINA HIGHLIGHTS

Falls risk among older people a real concern

Falls are the leading cause of injury and death among the elderly in China, and an increasing economic burden for the country. In September 2018, The George Institute co-hosted a high-level symposium on falls prevention among older people in China with the National Center for Chronic and Non-communicable



Disease Control and Prevention (NCNCD) of the China Center for Disease Control and Prevention in Beijing. The symposium facilitated discussions and knowledge exchange between various multidisciplinary experts covering biomedical engineering, health policy, public health, geriatrics and orthopedics, and identified a priority research agenda for falls prevention. The event is part of The George Institute's efforts to highlight our research to stakeholders within our Thought Leadership program (page 14).

Communication for creating a healthy China

In November 2018, The George Institute and Peking University hosted the *Healthcare, People and Media – Healthy China Initiative and the Multiple Approaches to Health Communication* forum in Beijing, with approximately 100 participants from government, universities, media, hospitals, enterprises and public institutions. Dr Maoyi Tian of The George Institute, China, delivered the keynote address on the role of health communication in strengthening the Chinese healthcare system for better chronic disease prevention and management.



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 twenty years
 The role of health communication in chronic disease prevention and management is important. We look forward to a multidisciplinary collaboration with experts in health communication to achieve the Healthy China 2030 goals.

Dr Maoyi Tian

Senior Research Fellow The George Institute, China



Lily Zhu, Finance and Operations Director at The George Institute, China and Changning Li, Director of China Center for Health Education at the 11th China Health Education and Promotion Conference.

Collaboration to strengthen health education and promotion

In November 2018, The George Institute, China and the China Center for Health Education announced a cooperative agreement during the 11th China Health Education and Promotion Conference to help improve the health of people in China. Building on previous collaboration on the Action on Salt China program, the new cooperation will focus on health promotion and education in areas such as nutrition, lifestyle, prevention and control of chronic diseases, maternal and child health, injury and mental health.



twenty years

The WHO has recommended a 30% reduction in salt intake for the global population by 2025, so an economical and effective health strategy for the Chinese population is becoming increasingly important and urgent for government and society as a whole.

Associate Professor Puhong Zhang
Associate Director
The George Institute, China



Professor Longde Wang, President of the China Preventive Medicine Association (CPMA), and member of the Chinese Academy of Engineering speaking at the China Conference on Maternal and Child Health.

Academic exchange to improve maternal and child health

The China Conference on Maternal and Child Health, co-hosted by the China Preventive Medicine Association, The George Institute and United Nations Population Fund, was held in Beijing in May 2019. The conference focused on a life-course approach to safeguard maternal and child health. Over 100 domestic and international experts in maternal and child health, reproductive health, and vaccination and immunisation presented their research.



The George Institute India

This year has been a period of continued growth and consolidation for The George Institute, India. We broadened our program to generate more high-quality evidence to strengthen primary health care systems, achieve universal health coverage and address neglected health conditions. Our teams are directly influencing policy and practice by engaging with the central and state governments, civil society organisations and multilateral organisations such as the WHO and the UN. We are building new and important partnerships, and using advocacy and thought leadership to achieve greater impact.

Tackling NCDs during pregnancy



Our SMARThealth Pregnancy program aims to reduce premature deaths by helping community health workers identify women at risk and manage their health care, especially during and after pregnancy. "Some of the risks women face during pregnancy are diabetes and high blood pressure, which can lead to cardiovascular problems later on. Sadly, women in rural India are unaware of such complications and don't seek postnatal preventative treatment," said project lead, Dr Shobhana Nagraj, of The George Institute, India. The SMARThealth Pregnancy app helps identify and manage the care of pregnant women with high blood pressure, gestational diabetes and anaemia. Providing women with high-quality treatment during and after pregnancy, reduces their risk of heart disease, stroke and long-term high blood pressure and diabetes. See page 38 for more information on SMARThealth.

Women with high blood pressure during pregnancy are four times more likely to develop chronic hypertension.





Over half of the world's population lives in cities.



Addressing urban health inequity

In low- and middle-income countries, one-in-three city dwellers live in informal settlements, where they experience high rates of ill-health, inequity, insecurity and poor governance structures. In India, the ARISE project is focused on understanding the health and wellbeing challenges faced by waste pickers in urban settlements and facilitating changes for improvements. Lead investigator, Dr Surekha Garimella of The George Institute, India said: "Governance mechanisms are almost non-existent for waste pickers. Our research will inform much-needed policy changes that can facilitate and enhance governance accountability for these marginalised communities, and make cities and communities liveable for all". The study is part of a global consortium, Accountability for Informal Urban Equity (ARISE), addressing accountability for health, equity and security in informal urban settlements in low- and middle-income countries.

Snakebite – a neglected tropical NCD disease



Snakebites lead to 125,000 deaths globally each year. About 46,000 people die annually in India alone. Snakebites also cause long-term health effects, and have a high social and economic impact in affected communities as most deaths occur among children and young adults, who often are the primary family income earners. Researchers at The George Institute are developing a policy and systems response to address this largely neglected public health challenge in India. "We hope to identify policy gaps nationally using two eastern states – Odisha and West Bengal – as exemplars. Study results will inform the design of health system interventions and plans to address this burden at national and state levels," said lead researcher, Dr Soumyadeep Bhaumik of The George Institute, India.



INDIA HIGHLIGHTS

Executive Director leads global effort to tackle kidney disease

In April 2019, Professor Vivekanand Jha, Executive Director of The George Institute, India became President of the International Society of Nephrology (ISN), which is a testament to his world-leading expertise in kidney disease and its socioeconomic impact on low- and middle-income countries. Professor Jha is the first Indian and second person from Asia to be ISN President in its 59-year history.



Professor Vivekanand Jha.



twenty years

The George Institute, India has established a culture of high-quality research and translating this evidence into action through effective communication and advocacy. We use multidisciplinary, participative approaches to tackle the important causes of death and disability in India, address unmet health needs and reduce inequities. Our focus is on developing affordable, sustainable and scalable solutions that bring essential health care to the community – to the doorsteps of those who need it – and minimise out-of-pocket expenditure.

Professor Vivekanand Jha, Executive Director, The George Institute, India



Former Minister of State for Health and Family Welfare Anupriya Patel with dignitaries at the International Digital Health Symposium.

Digital health transforming healthcare delivery

The George Institute, India has been actively engaged in global digital health policy and guideline development. Dr Oommen John, Senior Research Fellow at The George Institute, India, serves on the WHO Digital Health Guidelines Development Group. We facilitated a ministerial side meeting on digital health for Sustainable Development Goals during the World Health Assembly in May 2019. We also supported the Indian government as a knowledge partner for the Global Digital Health Partnership Summit and International Digital Health Symposium held in New Delhi in February 2019, which saw participants gather from across 35 countries. Frontline healthcare workers from our study site in Haryana demonstrated the use of SMART $health$ for NCD screening to the visiting former Minister of State for Health and Family Welfare Anupriya Patel and Health Secretary Preeti Sudan and their delegations during the Symposium.



From left: Professor Vivekanand Jha, Professor Ian Jacobs, and the Australian High Commissioner to India Harinder Sidhu at the Evidence2Policy lecture.

Evidence2Policy lecture

Vice-Chancellor of UNSW Sydney, Professor Ian Jacobs delivered the first Evidence2Policy (E2P) lecture, *Evidence base and case for action in the screening and prevention of ovarian and cervical cancers*. During the lecture, Professor Jacobs described how using systematic and evidence-driven approaches to the screening and prevention of ovarian and cervical cancers has brought down the number of deaths due to these conditions globally. He also described the steps needed to make prevention of the conditions as successful in low- and middle-income countries as in high-income countries.

Evidence-based universal health coverage

“ twenty years

Informed decision-making can help policies have greater, sustainable impact. We are helping policymakers know what works so universal health coverage becomes a reality and no-one is left behind.

Dr Devaki Nambiar
Program Head
Health Systems and Equity
The George Institute, India

The Indian government is leading major national health system reforms to deliver UHC, such as in primary health care and health insurance. In support of these reforms, The George Institute, India, in collaboration with the National Health Systems Resource Centre, has established the country's first Rapid Evidence Synthesis (RES) unit. "The RES unit aims to provide timely and contextualised policy briefs that summarise the best available global or local evidence and contribute to good policy decisions. We aim to contribute towards a culture in which decision-makers and the public expect that decisions draw from evidence and link to local contexts and priorities," said project lead, Dr Devaki Nambiar of The George Institute, India. In May 2019, we delivered our first RES policy brief on the role of mid-level health providers in primary health care.



Dr Devaki Nambiar, Program Head, Health Systems and Equity, The George Institute, India.



The George Institute United Kingdom

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It was an exciting year of growth for our UK-based team. Expanded research programs, with a focus on low- and middle-income countries, were supported by an extensive program of advocacy and thought leadership events at our new, larger premises in the heart of Oxford. Professor Robyn Norton AO, Principal Director and Acting Executive Director, The George Institute, UK, with the senior leadership team, oversaw a program of collaborative work on cardiometabolic conditions, injury prevention, women's health, urban health and machine learning.

Inequity increases
risk of chronic
kidney disease



A study of 1.4 million people in England found that the most socioeconomically deprived individuals were 68% more likely to develop advanced chronic kidney disease than the least deprived. This presents a major challenge to individuals and the health system, as deprived individuals may have poorer access to high-quality care and treatments, including kidney transplantation, than their more advantaged peers. "Tailoring communications to socioeconomically deprived groups could help improve screening and treatment rates, post-diagnosis follow-up of patients, and raise awareness to reduce behavioural risk factors," said Dr Misghina Weldegiorgis, epidemiologist at The George Institute, UK.

The level of risk posed by known factors for cardiovascular disease – the biggest killer of both men and women in the UK – differs between the sexes. Our research identifies and highlights these differences, which are still not well understood.



Women disadvantaged by heart attack risk factors

New research shows that smoking, diabetes and high blood pressure increase the risk of a heart attack more in women than in men. While male smokers have over twice the risk of a heart attack than men who have never smoked, female smokers were found to have over three times the risk of women who have never smoked, giving them a so-called 'excess risk'. An excess risk was also identified among women with high blood pressure and diabetes. These findings highlight the importance of raising awareness about women's risk of heart attack, the need to ensure they have access to guideline-based treatments for diabetes and high blood pressure, as well as help to stop smoking.

Machine learning predicts unplanned hospital admissions

A large proportion of total emergency hospital admissions in the UK in 2017, nearly 6 million, were avoidable. New research shows that machine learning – a field of artificial intelligence that uses statistical techniques to enable computer systems to 'learn' from data – can be used to analyse electronic health records and predict the risk of emergency hospital admissions. "We want to provide healthcare workers with a tool that enables them to proactively and accurately monitor their patients' risks, help them make better decisions when screening patients, and reduce the burden of unplanned admissions, a major source of healthcare spending," said Professor Kazem Rahimi of The George Institute, UK.

Inactivity puts people with chronic disease at risk

A study of UK men and women with an average age of 64.5 years found that those with chronic conditions are spending much less time being active than their healthy peers, even if those conditions do not directly limit their capacity for exercise. With around 15 million people in England suffering from a chronic disease, the findings are concerning. "Increasing physical activity is important for both managing and preventing chronic diseases. Our data demonstrates too many people living with chronic disease are missing out on the important health benefits of physical activity, putting their lives at greater risk," said lead researcher, Professor Terry Dwyer at The George Institute, UK. The findings highlight the need for doctors to proactively ask patients about their activity levels.



twenty years

Our study shows that those already suffering from a chronic disease are putting themselves at high risk of getting another chronic disease. Engaging in more physical activity would help them avoid this double burden.

Professor Terry Dwyer
Epidemiologist
The George Institute, UK



UNITED KINGDOM HIGHLIGHTS

Oxford-India research delivers state-of-the-art health care

In October 2018, Professor Louise Richardson, Vice-Chancellor of the University of Oxford, visited a showcase of our SMART*health* technology in India. SMART*health* helps community health workers in primary care settings identify and treat people at high risk of chronic conditions, such as diabetes and heart disease. By doing so, it supports health systems to strengthen and progress towards UHC in under-resourced settings, including rural communities. See page 38 for more on SMART*health*.



Community health workers from Haryana with Vice-Chancellor of the University of Oxford, Professor Louise Richardson.



twenty years

The project demonstrates the power of partnership between knowledge from the field and research into medical care and technology. Its success is largely due to the extraordinary work of women community health workers, who are Accredited Social Health Activists, out in the field. Through their work in the community, they are also helping break down barriers to gender equality.

Professor Louise Richardson, Vice-Chancellor of the University of Oxford

Researcher receives prestigious global award



Dr Sanne Peters, Research Fellow at The George Institute, UK, has been awarded a place on the World Heart Federation's Salim Yusuf Emerging Leaders Programme in recognition of her research into cardiovascular disease and commitment to improving women's health. The program provides a unique opportunity to work alongside 24 experts from 18 countries to drive positive change in heart health.



Panellists from left: Associate Professor Jacqui Webster, Professor Corinna Hawkes, Dr Frances Hansford, Monica Gregory, Jamie Izzard and Dr Brian Cook discussing food policy during the Creating Healthy Sustainable Food Environments event at The George Institute, UK.

Creating healthy, sustainable urban food environments

How can researchers support city leaders, businesses and advocates to deliver a healthier urban food environment? This was the question discussed at our event in Oxford in June 2019 with a keynote address by Professor Corinna Hawkes, Director of the Centre for Food Policy at City, University of London, and Distinguished Fellow at The George Institute. Professor Hawkes stressed that the way people in cities access food is a significant factor in the obesity epidemic, and that lived experience must be at the heart of urban food policy. This event was part of our growing Thought Leadership program in the UK.

“ twenty years

We have a mission to improve the lives of millions of people. Underlying this is what motivated us 20 years ago when we established The George Institute, and still motivates us today – to make the world a better place. A big part of this is focusing on where inequity is greatest – in low- and middle-income countries.

Professor Robyn Norton AO
Co-Founder & Principal Director, The George Institute for Global Health and Acting Executive Director, The George Institute, UK

“ twenty years

Each year, the global injury epidemic kills five million people. Despite this, injury is often low on the list of global health priorities. We can save lives by transforming injury and trauma care with a focus on prevention, especially in low- and middle-income countries where this burden is greatest.

Dr Margie Peden
Head of Global Injury Program, The George Institute, UK and Co-Head of the WHO Collaborating Centre for Injury Prevention and Trauma Care





George Health

An initiative of
 The George Institute
 for Global Health

George Health is pioneering improved treatments, technologies and services to help address the huge burden of NCDs, based on 20 years of The George Institute's world-leading research. A 'profit with purpose' healthcare company, George Health aims to deliver sustainable impact with strong financial returns.

“
 twenty years

It was a visionary move when The George Institute established George Health as its commercial enterprise in 2014 to expedite solutions to the looming global NCD pandemic. Today, George Health is making this vision a reality and is poised for rapid growth and transformative impact on a global scale.

Staph Leavenworth Bakali
 President and CEO
 George Health

George Health's goal is to help people live longer and improve the sustainability of health systems. It focuses on bringing new cost-effective approaches to the management of patients with chronic disease to increase efficacy, safety, access and treatment compliance.

George Health has exclusive commercialisation rights to all the Institute's intellectual property and know-how, and access to its scientific expertise and global networks. The Institute's focus on late-stage clinical research means medicines and technologies are proven before being commercially developed by George Health, resulting in a much higher probability of success than is usual in the industry.

George Health has four complementary businesses – George Clinical, George Medicines, George Health Technologies and Ellen Medical Devices. Aligned with the United Nations Sustainable Development Goal of reducing premature death from NCDs by 30% by 2030, these

businesses are developing innovative treatment and care solutions, especially for under-served populations. Each has huge potential for growth in profit and impact, positioning George Health for significant global expansion into the US\$500 billion chronic disease market.

An experienced management team leads George Health with a long industry track record in drug development and commercialisation, biotechnology, healthcare delivery, and venture capital investment in established and emerging markets. Coupled with the global scientific leadership of The George Institute, George Health has potential for transformative social and economic impact.

In 2018-19:

- Simpler, affordable and innovative NCD treatments closer to market
- New commercial partners secured
- Scaling up our transformative health technology in three major countries
- World's first affordable dialysis almost a reality



George Clinical

George Clinical is a leading global contract research organisation founded by The George Institute in the Asia-Pacific, driven by scientific expertise and operational excellence. George Clinical combines scientific and expert clinical trial delivery to create a distinctive world-class service, and improve the health of millions of people worldwide.

At a glance:

- From its beginning, The George Institute has run clinical trials, and George Clinical was formed from those early teams
- 300,000+ patients globally
- 500+ global studies completed
- 38 geographic locations covered

With offices in 13 countries across 38 geographic locations in the Asia-Pacific region, Europe and the US, and operational reach and experience in nearly 40 countries, George Clinical's research team has access to a network of distinguished scientific leaders, and therapeutic strengths in chronic diseases, such as vascular, metabolic and respiratory diseases, and oncology. It provides global clinical trial services, with the highest scientific integrity, to biopharmaceutical, medical device and diagnostic customers, for all trial phases, registration and post-marketing trials.

This past year, George Clinical has enjoyed rapid growth in sales and continues to expand its global footprint, diversify its client base, and position itself for future growth. Around 70% of staff are based in the Asia-Pacific region, 25% in the US and 5% in Europe. In 2019, George Clinical established new operations in Singapore, the Philippines and the Netherlands. A strategic partnership was signed with EPS International (EPSI), Japan's largest contract research organisation. This partnership will enable George Clinical to extend its services in Japan, and provide EPSI's Japanese clients with access to George Clinical across Asia, Europe and the US.

In August 2018, George Clinical farewellled Executive Director, Dr Marisa Petersen, who retired. Dr Petersen has been instrumental to the growth and success of George Clinical. In January 2019, James Cheong joined as Chief Operating Officer, based in Singapore, and in June 2019, Meelian Hoh joined as Chief Financial Officer, based in Sydney.



twenty years

George Clinical is a landmark in the history of The George – it was founded to support the Institute's clinical trials and was one of the first organisations to truly embrace the opportunities of conducting clinical trials across the Asia-Pacific region. Today, our reputation in research and our scientific networks differentiate us from conventional contract research organisations.

Glenn Kerkhof
Executive Chairman
George Clinical



George Health Technologies

Poor-quality care can cause more deaths than a lack of access to care for many chronic conditions and wastes scarce health resources. George Health Technologies is transforming access to and delivery of essential care for chronic diseases. Its clinical experts have designed an intelligent clinical digital technology-based approach to make proven personalised healthcare plans widely accessible to patients, their physicians and carers, including in limited resource settings.

SMARThealth is a low-cost, clinical intelligence decision tool developed over 10 years and based on research by The George Institute. It enables early detection of multiple chronic disease risks, creates personalised care plans and manages follow-up to improve adherence. SMARThealth handles the growing complexity of treating patients with multiple chronic diseases and conditions, while achieving significant results with low or limited resources. Simply put, SMARThealth changes care from single disease management to holistic patient care.

SMARThealth improves care across the healthcare continuum and addresses the multiple problems affecting a health system, including doctor shortages, and patient education and engagement. By enabling frontline community care workforces to screen and manage patients with multiple chronic diseases and conditions, doctors can focus on priority tasks and the highest risk patients. With SMARThealth, non-physician trained workers can assess patients for risk and refer high-risk patients to a doctor.

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 pregnancy, and is being extended to other conditions. SMARThealth is currently being commercially scaled in Australia, China and India.



twenty years

We are improving patient outcomes by transforming the delivery of essential treatments for chronic diseases. The benefits for both emerging and established economies are tremendous.

Phil Offer
CEO, George Health Technologies



Clinical trials of SMARThealth have involved over 300,000 patients across Asia and Australia.

SMARThealth has been tested in multiple clinical studies involving more than 300,000 patients across Asia and Australia, especially in rural settings with community workers. It's been shown to be highly cost-effective using WHO guidelines, result in significant improvements in patient outcomes, and reduce the need for hospitalisation. In a recent study in Indonesia, SMARThealth increased guideline-based care from 1% to 16% in under 12 months, and achieved a 41% increase in the rate of at-risk patients achieving their blood pressure targets.



George Medicines

George Medicines is helping extend the lives of millions of people by developing innovative, affordable and proven drug treatments for the leading causes of death globally. By combining established drugs in new formulations, George Medicines is creating treatments that are more efficacious, safer and cost less to develop than the current alternatives.

George Medicines uses the research base and scientific expertise of The George Institute to identify new drug treatments, and the infrastructure and experience of George Clinical to fast-track their late-stage development. Commercialisation and scale-up is outsourced to our carefully selected global partners.

Our current focus is the development of innovative treatments for the management of hypertension (high blood pressure), cardiovascular disease and diabetes to help people live healthier lives.

Over the next two to five years, George Medicines plans a series of launches of fixed-dose combination treatments for cardiovascular disease (heart and vascular disease, including heart attacks and stroke), hypertension and diabetes. The initial commercial partners for the lead product have already been secured. The first of these products is due for launch in Europe in 2021, and the second is due for global launch in 2023. These will be followed by two treatments for diabetes, which are planned for commercialisation globally from 2023 onwards.

Plans are underway for the development of further products for other major NCDs based on the research of The George Institute such as respiratory, vascular, kidney and neurological diseases.



twenty years

Affordable and effective treatments are urgently needed to help the five billion people who have no reliable access to essential health care. We have to act.

Dr Karl Roberts

Chief Business Officer, George Medicines



twenty years

A billion people globally suffer from high blood pressure, the vast majority of whom have poorly controlled blood pressure. Our research has shown that our new low-dose three-in-one pill resulted in faster, better blood pressure lowering without an increase in side effects, compared to receiving normal care. This could transform the way high blood pressure is treated around the world.

Dr Ruth Webster,

Global Head of Medicine, George Health Technologies, and Head of Technical Transfer, The George Institute for Global Health



Ellen Medical Devices

Ellen Medical Devices is developing the world’s first affordable dialysis system to prevent millions of people dying unnecessarily because they cannot access treatment for kidney failure. The new dialysis system is a breakthrough in low-cost technology. Focused on under-served populations, particularly in low- and middle- income countries, the Ellen Medical Dialysis System will increase access to life-saving treatment and improve dialysis management and patient outcomes.

The Ellen Medical Dialysis System is portable, affordable and patient-centred. Costing under \$1,000 to build and \$5 a day to run, the system radically reduces costs for patients and payers. It uses peritoneal dialysis, which is as safe and effective as the better known haemodialysis, and is recommended by the International Society of Nephrology as the preferred choice for patients with kidney failure.

Our small pure water still makes sterile water to fill bags for dialysis at the point of care, in the patient’s home. Clinical and safety data are monitored remotely every day through the cloud.



The Ellen Medical Dialysis System – A portable, affordable, point-of-care peritoneal dialysis system.

This has been a milestone year for Ellen Medical Devices. Manufacturing of prototypes of the new dialysis system is underway and clinical trials will commence in 2020. Ellen Medical was awarded \$2.2 million from the NSW Medical Devices Fund and \$2.17 million from the Paul Ramsay Foundation. We are working in partnership with Australia’s leading biomedical engineering product development companies, while we search for global partners to help offer affordable dialysis to as many people as possible worldwide, and save millions of lives.

10 million people need dialysis every year. 2.5 million people receive it. Everyone else dies.



The Hon Brad Hazzard MP, NSW Minister for Health and Medical Research, awarding Vincent Garvey and Professor John Knight of Ellen Medical Devices, the developer of The George Institute’s affordable dialysis system, a grant from the 2018 NSW Medical Devices Fund. Photo: NSW Health.

In India, 1.3 million people need dialysis, yet only 120,000 can afford treatment. 70% of people with chronic kidney disease live in rural areas, with limited access to treatment.



The George Institute staff conduct a home visit to screen for kidney disease in the Indian state of Andhra Pradesh.



Professor Vivekanand Jha, Executive Director of The George Institute, India, with a dialysis patient.



Our people

Since 1999, The George Institute has been committed to building a dynamic team delivering global impact and providing a diverse working environment in which individual differences are respected and valued.

In our 20 years, The George Institute has grown to over 700 people across 13 countries. We are proud to be a great place to work, with a culture that celebrates and leverages the diversity of our global workforce; that supports and encourages the development of our people to be the best they can; and places an emphasis on flexibility and wellbeing because we know that there is more to a person than their job.

The Institute's success is driven by our smart and passionate team who consistently rise to the challenge of improving the health of millions of people worldwide. Our people are often recognised for innovation, excellence and impact, and are among the world's leading experts in their fields.

In 2018–19

700+
people globally

66%
of staff are women

60+
collaborating Honorary
Fellows, extending our impact

190+
new team members

57%
of people managers
are women

90+
academic appointments

50%+
of our Board are women
[as of August 2019]

50%+
academic appointments were
made to women

“ **twenty years**

The George Institute has been instrumental in undertaking great research during the last two decades. We've had publications in really high-impact journals, and changed and influenced clinical practice and guidelines. But what makes the Institute stand out is the passion and drive of its people to continue to have global impact.

Helen Monaghan
Director, Global Project
Operations, The George
Institute for Global Health



Scenes from Harmony Day celebrations at our New Delhi, India office.

Our Board of Directors

Michael Hawker AM BSc (Syd), FAICD, FAIM, SF Fin
Chair / Non-Executive Director (retired March 2019)



- Non-Executive Director – Aviva Plc Group (UK)
- Non-Executive Director – Macquarie Group Limited and Macquarie Bank Limited
- Non-Executive Director – Washington H. Soul Pattinson and Company Limited
- Chair – Australian Business and Community Network (ABCN) Foundation
- Non-Executive Director – Rugby World Cup Limited (RWC)
- Former Chair – Australian Rugby Union
- Former CEO / Managing Director – Insurance Australia Group
- Former President – Insurance Council of Australia
- Former Chair – Australian Financial Markets Association
- Former Board Member – Geneva Association
- Former Member – Financial Sector Advisory Council

David Armstrong BBus (UTS), FCA, MAICD
Non-Executive Director
Interim Chair (April – September 2019)
Chair (since October 2019)



- 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 of the Australian Museum
- Trustee of Lizard Island Reef Research Foundation

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.
- Director – Aravive
- Former Director – Principia BioPharma
- Former Director – aTyr Pharma, Inc.
- Former Director – ZS Pharma, Inc.
- Former Director – Eyetech Pharmaceuticals, Inc.
- Former Director – Synageva Biopharma Corp.
- Former Director – Barrier Therapeutics, Inc.
- Former Director – Amarin Corporation plc
- Former General Partner – Sofinnova Ventures
- Former Managing Director – New Leaf Venture Partners
- Former Co-Founder and Managing Director – Panorama Capital, LLC
- Former SVP Manager – Genentech, Inc.
- Former Partner – JP Morgan Partners

Russell Aboud MBBS (USYD)
Non-Executive Director (resigned August 2018)



- Executive Chair / Founding Partner – Manikay Partners (New York)
- Non-Executive Director – George Health Enterprises Pty Ltd
- Advisory Board Member – Adamantem Capital
- Former Non-Executive Director – Australian Securities Exchange Limited, and Former Member of its Clearing Board
- Former Chairman – Ord Minnett (Australia)
- Former Senior Advisor to JP Morgan Australia
- Former Member – Advisory Board UBS O'Connor
- Former Global Head of European Equities for UBS London, and former Board member of UBS Investment Bank (London)

Yasmin Allen BCom, FAICD
Non-Executive Director



- 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
 - Director – National Portrait Gallery, Canberra
 - Acting President – Federal Government Takeovers Panel
 - Former Non-Executive Director – Insurance Australia Group Limited (IAG)
 - Former National Director – Australian Institute of Company Directors
 - Former Chair – Macquarie Global Infrastructure Funds
 - Former Board Member – Export Finance and Insurance Corporation (EFIC)
 - Former Board Member – Film Australia Limited
 - Former Board Member – Red Cross Blood Service
 - Former Member – Salvation Army Advisory Board
 - Former Director of ANZ Investment Bank, Sydney
 - Former Vice President of Deutsche Bank
 - Former Associate Director of HSBC, London

Gina Anderson BA, GAICD
Non-Executive Director



- Chair – The George Foundation for Global Health Limited
- Chair – GDI Property Group and GDI Funds Management Ltd
- Former Founding Advisory Board Member – Australian Charities and Not-for-profits Commission (ACNC)
- Co-Founder and Former Chair – Women's Community Shelters Limited
- Former Philanthropy Fellow – Centre for Social Impact, University of New South Wales
- Former Executive Director and Chief Executive – Philanthropy Australia

David Baffsky AO LLB (Sydney University)
Non-Executive Director



- Chairman – Investa Property Group
- Chairman – Ariadne Australia Limited
- Honorary Chairman – Accor Asia-Pacific
- Board Member – Sydney Olympic Park Authority
- Board Member – Destination NSW
- Board Member – Australian Brandenburg Orchestra
- Former Chairman – Accor Asia-Pacific
- Former Director – SATS Limited
- Former Trustee – Art Gallery of NSW
- Chevalier in the Order of National Légion d'Honneur of France

Catherine Brenner BEcLLB, MBA, FAICD
Non-Executive Director (since August 2019)



- Non-Executive Director – SCEGGS Darlinghurst Limited
- Member – Finance & Audit Committee and Acquisitions & Loans Committee, Art Gallery of NSW
- Panel Member – Adara Partners
- Former Director – Coca Cola Amatil Limited
- Former Director – Boral Limited
- Former Chair – AMP Limited
- Former Trustee – Art Gallery of NSW Trust
- Former Trustee – Sydney Opera House Trust
- Former Director – Cryosite Limited
- Former Director – Centennial Coal Company Limited
- Former Director – Trafalgar Corporate Limited
- Former Member – Takeovers Panel
- Former Managing Director – ABN AMRO Australia & New Zealand (formerly BZW)
- Former Solicitor – Phillips Fox

Melinda Conrad BA (Wellesley), MBA (Harvard), FAICD
Non-Executive Director



- Non-Executive Director – ASX Limited
- Non-Executive Director – Caltex Australia Limited

- Non-Executive Director – Stockland Corporation Limited
- Non-Executive Director – The Centre for Independent Studies
- Advisory Board Member – Five V Capital
- Member – ASIC Director Advisory Panel
- Member – AICD Corporate Governance Council

Paul McClintock AO BA LLB

(USYD)

Non-Executive Director (resigned August 2019)



- Chairman of NSW Ports
- Chairman of I-MED Network
- Chairman of Broadspectrum
- Chairman of Laser Clinics Australia
- Chairman of Committee for Economic Development of Australia
- Chair of Sydney Health Partners
- Deputy Chair of St Vincent's Health Australia
- Former Secretary to Cabinet and Head of the Cabinet Policy Unit reporting directly to the Prime Minister as Chairman of Cabinet
- Former Chair – Myer Holdings, Medibank Private, Thales Australia, COAG Reform Council, Expert Panel of the Low Emissions Technology Demonstration Fund, Intoll Management, Symbion Health, Affinity Health, Ashton Mining, Plutonic Resources, and the Woolcock Institute of Medical Research
- Former Director – Australian Strategic Policy Institute and Perpetual
- Former Commissioner – Health Insurance Commission
- Former Member – Australia-Malaysia Institute Executive Committee
- Honorary Fellow – Faculty of Medicine of the University of Sydney
- Life Governor – Woolcock Institute of Medical Research

Professor Rodney Phillips

MBBS (Melb), FRACP, MD (Melb), MA (Oxon), FRCP (London)

Non-Executive Director



- Dean of Medicine, UNSW Medicine, UNSW Sydney (to September 2019)
- Director – Garvan Institute of Medical Research

- Director – Mindgardens Alliance
- Member of the Medical Deans Australia & New Zealand
- Honorary Fellow – Pembroke College, Oxford
- Former Professor – Clinical Medicine University of Oxford
- Former Director – Peter Medawar Building for Pathogen Research
- Former Chair – Research Assessment Exercise Working Group, Oxford
- Former Chair – Appointments Committee, Division of Medical Sciences
- Former Chair – Oxford Cancer Radiobiology Steering Committee
- Former Co-Director – Institute for Emerging Infections, James Martin 21st Century School, Oxford
- Former Chair – Biomedical and Neuroscience Institute, Oxford
- Former Adjunct Professor – Medicine, Duke University, USA

Dr Meena Thuraisingham PhD,

GAICD, MAPS

Non-Executive Director



- Founder & Principal, BoardQ
- Founder & Principal, TalentInvest
- Member, International Women's Forum
- Former Senior Executive, ANZ Banking Group

Professor Stephen

MacMahon AO

Principal Director & Co-Founder, The George Institute for Global Health



For full bio, see page 46

Professor Robyn Norton AO

Principal Director & Co-Founder, The George Institute for Global Health



For full bio, see page 46



GLOBAL
MANAGEMENT
COMMITTEE

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

- Senior Principal Research Fellow, National Health and Medical Research Council

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 – CORE (since July 2019)



- Extensive experience in research strategy, governance and management at various institutions including UNSW Sydney and the University of Sydney

Professor Robyn Norton AO

Principal Director & Co-Founder, The George Institute for Global Health



Acting Executive Director, The George Institute, UK (since March 2018)

- 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

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 Anushka Patel

Vice-Principal Director (since July 2019) 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 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

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

Glenn Kerkhof

Executive Chairman George Clinical Pty Ltd



- Bachelor of Commerce, Deakin University

- Masters in Business Administration, University of Edinburgh
- 25 years' healthcare services sector experience in leading global public and private clinical research organisations

Staph Leavenworth Bakali

President & CEO, George Health Enterprises Pty Ltd

- Bachelor of Arts, City of London Polytechnic
- Masters in Management, London Business School, University of London
- 30 years' healthcare sector experience in leading global public and private companies



E. Richard Mills

Director, Global Communications and Advocacy

- 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



Professor Bruce Neal

Executive Director, The George Institute, Australia (since September 2019)

- 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 Vlado Perkovic

Executive Director, The George Institute, Australia (until August 2019)
Honorary Professorial Fellow, The George Institute (since October 2019)

- Dean of Medicine, UNSW Sydney (since October 2019)



- Staff Specialist in Nephrology, Royal North Shore Hospital, Australia
- Member, National Health and Medical Research Council Principal Committee on Research Translation; Chair, International Society of Nephrology Advancing Clinical Trials Group
- Fellow, Australian Academy of Health and Medical Sciences, Royal Australasian College of Physicians and the American Society of Nephrology

Dr Marisa Petersen

Executive Director and CEO, George Clinical (retired September 2018)

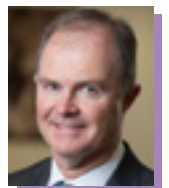
- Joined George Clinical in 2010 as General Manager
- PhD, Clinical Pharmacology and Pharmacokinetics (USYD)
- 30 years in clinical research management in the Asia-Pacific region, including with AstraZeneca and as Vice President Asia-Pacific for global CRO Omnicare Clinical Research



Tim Regan

Chief Operating Officer

- Bachelor of Economics, University of Sydney
- Director and former President, Financial Executives Institute of Australia
- Fellow, Australian Institute of Company Directors, Institute of Chartered Accountants and the 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





Our funders and supporters

Funders & Other Supporters

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.

- AbbVie
- Adelaide Institute for Sleep Health
- Ann Finlay
- Association Institute
- AstraZeneca
- Australian Embassy, China
- Australian High Commission, India
- Australian High Commission, United Kingdom
- Australian Research Council
- Baxter Healthcare Corporation
- Beijing Center for Disease Prevention and Control, China
- Bethune Charitable Foundation
- Bill & Melinda Gates Foundation
- British Heart Foundation
- Bupa Australia
- CardioUnion, China
- Carle King
- Changhai Hospital, Shanghai, China
- Chengdu Medical College Hospital, Chengdu, China
- Chinese Center for Disease Control and Prevention, China
- China Children and Teenage Fund
- Chinese Center for Health Education, China
- College of Health and Wellbeing, University of Central Lancashire
- Dan Martin
- Department of Biotechnology, India Alliance, India
- Department of Biotechnology, Ministry of Science & Technology, India
- Department of Health, Australia
- Department of Health, Medical and Family Welfare, Government of Andhra Pradesh, India
- Department of Science and Technology, Ministry of Science and Technology, India
- Egon Zehnder
- Elsa Atkin AM
- Erika Burmeister
- European Foundation for the Study of Diabetes
- Flinders University
- Florey Institute of Neuroscience and Mental Health
- Gary Wickham
- GlaxoSmithKline Australia Pty Ltd
- Global Alliance for Chronic Diseases
- Harvard University
- Heart Health Research Center, Beijing
- HCF Research Foundation
- HCL Foundation
- HWL Ebsworth Lawyers
- Indian Council of Medical Research
- Janssen

- John Chalmers AC
- Johns Hopkins University
- London School of Hygiene & Tropical Medicine
- Lynne Thompson
- Margaret McEvoy
- Margaret Tan
- Maridulu Budyari Gumal
- Martin Adams
- Medical Research Council, United Kingdom
- Medical Research Future Fund
- Medical University of South Carolina
- Ministry of Health and Family Welfare, Government of India, New Delhi
- National Health and Medical Research Council, Australia
- National Health Systems Resource Centre, Ministry of Health and Family Welfare, Government of India
- National Heart Foundation of Australia
- National Institute for Health Research, United Kingdom
- National Institute of Mental Health, United States of America
- National Institute of Neurological Disorders and Stroke, United States of America
- National University of Singapore
- NITI Ayog, Government of India
- Norton Rose Fulbright
- NSW Centre for Road Safety
- NSW Ministry of Health
- 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
- Pfizer Foundation
- Postgraduate Institute of Medical Education and Research, Chandigarh
- Qualcomm Wireless Reach
- Queen Mary University of London
- Richard Mills
- Rob Allan
- Robyn Norton AO
- Royal National Lifeboat Institution, United Kingdom
- Sanofi
- Servier
- Shanghai East Hospital, China
- Stephen MacMahon AO
- St George's University of London
- Sydney Health Partners
- Sydney Local Health District
- Takeda
- Telstra Health
- Tim Regan
- Universidad del Desarrollo, Santiago, Chile
- University of Edinburgh
- University of Leicester
- University of Newcastle
- University of Nottingham
- University of Sydney
- University of Technology Sydney
- UNSW Sydney
- Veronica Ascione
- Victorian Health Promotion Foundation
- Wellcome Trust
- West China Hospital, Chengdu, China
- Western Sydney Local Health District
- World Health Organization



Our finances

Revenue

Combined Operating Revenue and Other Income for both The George Institute and George Health** was \$103m for 2018-19 compared with \$100m for the previous fiscal year.

Operating Result

The net result for the consolidated entity was a loss of \$7.1m. For The George Institute, the operating revenue from research activities increased by 4.0% over the prior year which was exceeded by a 5.9% increase in research expenses. The George Institute, however, recorded a loss, primarily due to the non-receipt of an anticipated donation from George Health**.

Within George Health**, George Clinical continued to generate funds by managing commercial trials for its expanding number of global pharmaceutical and biotechnology companies. Despite a 4.6% reduction in external revenue and consequent reduction in profit, George Clinical continued to invest in business development, marketing and promotion, increasing its forward sales order book by more than 100% in comparison with the prior year. The pre-revenue entities within George Health** further increased their planned development expenditure by \$3.3m, adversely affecting profit over the prior year as they progressed their products towards commercialisation.

At the end of 2018-19, the Institute had \$24.0 million of cash, \$9.6 million of trade and other receivables, and an investment portfolio of \$8.0 million. Deferred income, representing funding received for projects in advance, increased to \$38.9 million. Overall, Net Equity was at \$15.5 million at the end of 2018-19, keeping the Institute in a financially sound position.

Peer-reviewed and government funding

Across the many divisions of the Institute, researchers have continued to receive highly sought-after peer-reviewed grants in Australia, UK and the US. 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 2018-19, we received donations from a number of valuable supporters.

Consolidated* Profit and Loss Account, by Segment for the year ended 30 June 2019

	2019			2018
	The George Institute	George Health**	Consolidated*	Consolidated*
	\$k	\$k	\$k	\$k
Operating Revenue	47,595	47,143	94,738	95,925
Other Income	1,048	6,782	7,830	4,389
Donation to TGI from George Clinical	-	-	N/A	N/A
Intersegment Revenue	2,434	1,742	N/A	N/A
Total Revenue			102,568	100,314
Employee Benefits Expense	(35,040)	(28,317)	(63,357)	(58,124)
Share Based Payment Expense	-	(3,794)	(3,794)	(3,061)
Depreciation and Amortisation Expense	(1,010)	(983)	(1,993)	(1,841)
Rental Expense	(2,154)	(1,547)	(3,701)	(3,356)
Administration Expense	(2,396)	(2,314)	(4,710)	(3,817)
Study Contract Fee	(872)	(7,302)	(8,174)	(9,913)
Patient Recruitment Expense	(2,068)	-	(2,068)	(1,122)
Consultants and Sub-Contractors Fee	(1,871)	(3,882)	(5,753)	(3,924)
Travel/Accommodation Costs	(2,662)	(1,247)	(3,909)	(3,420)
Other Expenses	(5,941)	(5,775)	(11,716)	(9,756)
Share of Loss of Jointly Controlled Entity	-	(237)	(237)	(464)
Donation to TGI from George Clinical	-	-	N/A	N/A
Intersegment Expense	(1,742)	(2,433)	N/A	N/A
Surplus before Income Tax	(4,679)	(2,164)	(6,844)	(1,516)
Income Tax	-	(237)	(237)	477
Surplus after Income Tax	(4,679)	(2,401)	(7,081)	1,039

Consolidated*
Balance Sheet
30 June 2019

	2019 \$k	2018 \$k
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	24,074	23,098
Trade and Other Receivables	9,617	16,759
Other Assets	2,688	3,839
Accrued Income	17,101	6,929
TOTAL CURRENT ASSETS	53,480	50,625
NON-CURRENT ASSETS		
Other Assets	1,190	1,211
Other Financial Assets	8,169	7,546
Investments Accounted for using Equity Method	-	1,449
Plant, Fitting and Equipment	5,845	6,137
Goodwill	11,563	7,307
Intangible Assets	15,380	1,963
TOTAL NON-CURRENT ASSETS	42,147	25,613
TOTAL ASSETS	95,627	76,238
LIABILITIES		
CURRENT LIABILITIES		
Trade and Other Payables	9,550	9,317
Deferred Income	38,867	36,295
Provisions	5,642	5,821
Borrowings	1,500	1,500
Other Liabilities	14,908	662
TOTAL CURRENT LIABILITIES	70,467	53,595
NON-CURRENT LIABILITIES		
Provisions	801	693
Borrowings	2,600	2,600
Other Liabilities	6,286	2,225
TOTAL NON-CURRENT LIABILITIES	9,687	5,518
TOTAL LIABILITIES	80,154	59,113
NET ASSETS	15,473	17,125
EQUITY		
ACCUMULATED SURPLUS	6,979	13,730
OTHER RESERVES	8,494	3,395
TOTAL EQUITY	15,473	17,125

Notes

The Statement of Financial Position provided above, together with the attached 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 = Consolidated Entity consisting of The George Institute for Global Health and the entities it controlled for the financial year ended 30 June 2019

**George Health = George Institute Ventures Pty Ltd and the entities it controlled for the financial year ended 30 June 2019; and The George Institute = The George Institute for Global Health and the Research Entities it controlled for the financial year ended 30 June 2019.

The
George
Institute
for Global Health



20
years
1999 – 2019