

*Beyond discovery:
shaping global health*

Annual Report 2010-11



THE GEORGE INSTITUTE
for Global Health

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Front cover: Drummers in the township of Lianghu, China welcome participants of the third Annual Forum on the Prevention and Management of Chronic Disease in June 2011 hosted by The George Institute, China.

We conduct research that shapes global health. Our research takes place across a broad health landscape, underpinned by a desire to have the highest impact on healthcare for disadvantaged populations across all corners of the world.

The George Institute for Global Health

Since 1999, our work has seen countless discoveries that have shaped global health plans, decisions and outcomes for millions of people.

We house internationally renowned medical experts and top clinical trialists, and work with a remarkable list of collaborators who share a vision for a healthier world.

Our mission

To improve the health of millions of people worldwide.

We will achieve this by:

- providing the best evidence to guide critical health decisions
- engaging with decision makers to enact real change
- targeting global epidemics, particularly of chronic diseases and injury
- focusing on vulnerable populations in both rich and poor countries.

Our values

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

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

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

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

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

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

Highlights of the year



• Hosting an exclusive tour of The First Emperor: China's Entombed Warriors at the Art Gallery of NSW in December 2010 to highlight the rural China LifeSeeds project to members of the Australian Chinese community.



• The George Institute, China hosted the third Annual Forum on the Prevention and Management of Chronic Disease in Shanxi, China in June 2011.



• A visit by Her Excellency, Governor-General of the Commonwealth of Australia, Ms Quentin Bryce AC in July 2010, who is now the Patron of The George Institute for Global Health.



• Awarded \$18.3 million in new grants from Australia's National Health and Medical Research Council, Australian Research Council and other funding agencies towards projects focused on improving the health of millions.



· Founded the George Centre for Healthcare Innovation, a joint venture between The George Institute for Global Health and the Oxford Martin School of the University of Oxford



· The world's first international polypill trial demonstrated a 50% reduction in heart disease and stroke risk.



· Released results of the first study in over 25 years to reveal the importance of clothing as a safety precaution for motorcycle riders. The research demonstrated the protection power of wearing gloves, jackets, pants and boots.



· After five years as Chair of The Institute's Board of Directors, Dr John Yu AC stepped down in December 2010, and international company director, Michael Hawker AM, was appointed as the Institute's new Chair in February 2011.

Chair and Principal Directors' Report

Since our establishment in 1999 the Institute has embraced global health as its overarching focus. Our research activities have been directed towards the leading causes of death and disability across the world and our research findings have helped shape healthcare solutions for millions of people affected by these conditions. A very early vision for the Institute was to become a global operation, building on our Australian-based origins. This vision was articulated in our strategic plan three years ago, and as we come to the close of our 2009-2011 strategic plan, we can celebrate a strong global presence. Not surprisingly, then, an important focus for us over the past year has been directed towards achieving this vision.

Going global

Over the last twelve months the Institute has undergone a significant operational shift from an Australian-centric organisation to working as a global entity, with robust offices in China, India and the United Kingdom in addition to our strong Australian base. While our research continued to maintain its already strong global focus, in the last year we have implemented efficiencies in our infrastructure services that have enabled the Institute to operate as a truly global organisation.

In a move that intensely supported this strategic vision, we acknowledge the significant funding received from the Oxford Martin School at the University of Oxford for the establishment of the George Centre for Healthcare Innovation at Oxford. In partnership with the Oxford Martin School. With a small team based in Oxford, we have commenced working on a program of work that will develop innovative and affordable global strategies for chronic and complex disease prevention and management. The Centre's establishment is timely given the universal urgency for healthcare reform, as government budgets constrict and health demands rise. We believe this initiative will prove an invaluable move for the future of global health.

Shaping financial sustainability

In an increasingly challenging financial environment, particularly so for research institutes, The George consistently works towards achieving financial sustainability. Tough budgetary management saw the Institute close its financial year on 30 June 2011 in a strong position. This result was underpinned by our commitment to maintain a best practice, non-for-profit funding model, pooling financial support from a range of sources. Our major strategic enterprise, George Clinical, produced a healthy surplus, which was injected into the core academic research programs at The George. This coupled with successful funding applications to Australia's National Health and Medical Research Council and other global funding agencies will ensure the further growth of our research activities in the coming year.

Charged with identifying fundraising opportunities through partnerships and philanthropy, The George Foundation was reinvigorated this year, with the appointment of Sue Murray, an expert in the Australian non-profit arena, as Foundation Director in February 2011. The Foundation is implementing a robust plan of fundraising, marketing and advocacy that will support the breadth of research being undertaken at the Institute. We look forward to reporting successes from this area in next year's report.

Global events

A number of global events at the Institute in the past year have reinforced our focus on rural and regional populations across the world. The 3rd Annual Forum on the Prevention and Management of Chronic Disease was hosted by The George Institute, China in Shanxi in June 2011. Involving eminent Chinese and international policy makers, academics, industry experts and opinion leaders, the forum featured progress with our LifeSeeds project, a landmark study that promises to change the patterns of ill health in rural China.

In India, we cemented our important relationship with the University of Hyderabad in the signing of a Memorandum of Understanding (MOU). This significant step will assist us in working together with the University and Indian governments on the issues that are facing India, including rural, urban and adolescent health.

In Australia, Her Excellency, The Governor General of Australia has agreed to become the Patron for The George Institute and recently visited the site of our Marulu study in central Australia. Her Excellency has been a long time supporter of Aboriginal and Torres Strait Islander health issues and her visit to the remote community in the Fitzroy Valley will be cherished by the local teachers, nurses and researchers working on this vital study to address Foetal Alcohol Spectrum Disorders.

Major new research, shaping global health

The cornerstone of the Institute continues to be our high-quality, high-impact research, which is outlined in more detail in the coming pages. Three key pieces of work, that received major publicity during the year, exemplify the breadth and strength of our research. The largest ever study into chronic kidney disease came to fruition this year. Our renal research team, working collaboratively with partners across the world, published major results in *The Lancet*, demonstrating the clear benefits of cholesterol lowering in patients with kidney disease, including the potential to prevent a quarter of all deaths in this patient population.

A study of motorcycle protective clothing, provided new evidence to show that wearing such clothing can reduce injury to riders; the results from this research were promoted widely across the world. Finally, in May 2011, we released new results from a global trial that showed patients who adhere to the polypill long term can halve their predicted risk of heart disease and stroke. These results directly support the World Health Organization's goals for reducing non-communicable diseases.

Farewell, welcome and thanks

We farewelled Dr John Yu AC who stepped down as Chairman in December 2010. John made a remarkable contribution to the growth of The George over his five-year tenure, in particular strengthening our relationships in China and aiding our establishment in India. Although we shall miss his direct involvement in the Institute, we look forward to continuing an ongoing association with him.

As always, we thank the other Board and committee members for their continued commitment to the mission of the Institute and their input over the year. Importantly, we also take this opportunity to acknowledge the spectacular efforts of our staff across all our offices in Australia, China, India and the United Kingdom, as well as those working from bases in other parts of the world.

As we near the end of our current three-year strategic plan and look back over our performance, we can clearly see significant progress against these objectives. Work will soon commence on the next three-year strategic plan. We anticipate that the United Nations Summit on Non-Communicable Diseases, held in September 2011, will sharpen the world's focus on global health, and particularly its focus on many of the issues on which we are already working at The George Institute. The outputs of the Summit will no doubt ensure that there is much for us to focus on in the year ahead.



Michael Hawker AM
Chair

Professor Robyn Norton
Principal Director

Professor Stephen MacMahon
Principal Director

Shaping global health

Partnering with rural Chinese villages

Following the launch of the China International Center for Chronic Disease Prevention in 2009, the flagship project of the Center – LifeSeeds – was launched in November 2010. It is designed to truly transform rural health in China. There are 120 villages involved in the project, to train local village doctors in the management of patients who are at a high risk of experiencing a heart attack or stroke and given resources to help screen, treat and manage patients through the course of their lives. A specific salt reduction program was launched in May 2011, where 60 rural Chinese villages will receive training for local health educators and education for villagers to understand the impact of salt on their health. Salt substitutes have been made available and regular health promotion will continue to take place until October 2012. Previous research has proven the benefits of salt reduction and this intervention allows for testing in real-world settings to deliver these long-term benefits.

Improving health for generations of Aboriginal and Torres Strait Islander Australians

Imagine a generation of children disabled due to the alcohol their mothers consumed whilst pregnant. In a small Aboriginal and Torres Strait Islander community in far Western Australia, this is the story for many families. Foetal Alcohol Spectrum Disorders are a range of irreversible conditions caused by the toxic effect of alcohol on the brain of an unborn child. With support from the Australian Government, researchers have conducted the very first study to gain a true understanding of the impact of these conditions. The Marulu study is now working with the Aboriginal and Torres Strait Islander communities in Fitzroy Crossing to get their health back on track. They have identified the kids and conducted complex testing, and now they are taking the best medical cavalry along the red dusty roads of north-west Australia. Speech therapists, occupational therapists, nurses, pediatricians and researchers are working closely with the community to build up local healthcare and teaching skills to manage and treat this condition and change the future of generations to come. Indigenous health is a global problem, and this team is setting an international example of how good quality research can inform culturally appropriate health programs that lead to improved health.



Addressing injury in young children in India

While unintentional injuries are low among children under five in developed countries, the rate remains high in developing settings. Among children younger than five years, India alone accounts for one-fifth of the global deaths due to injury. Nationally, children under five account for 20% of all deaths in India. Recent research by The George Institute revealed that among young children in India, there is a high incidence of death due to injury including drowning, falls and road traffic injuries. In fact, 82,000 deaths were linked to these types of injuries in just one year.

Internationally, substantial progress has been made toward reducing the risk and rate of injury among young children, but action has not been taken to implement risk reduction measures in developing countries. Researchers believe that this has been due to the lack of data on the rate of childhood injury in these settings. This new research, that has quantified the true burden of injury among young children in India, will help determine the local risk factors associated with injury so that policies can be established to prevent and manage injuries.



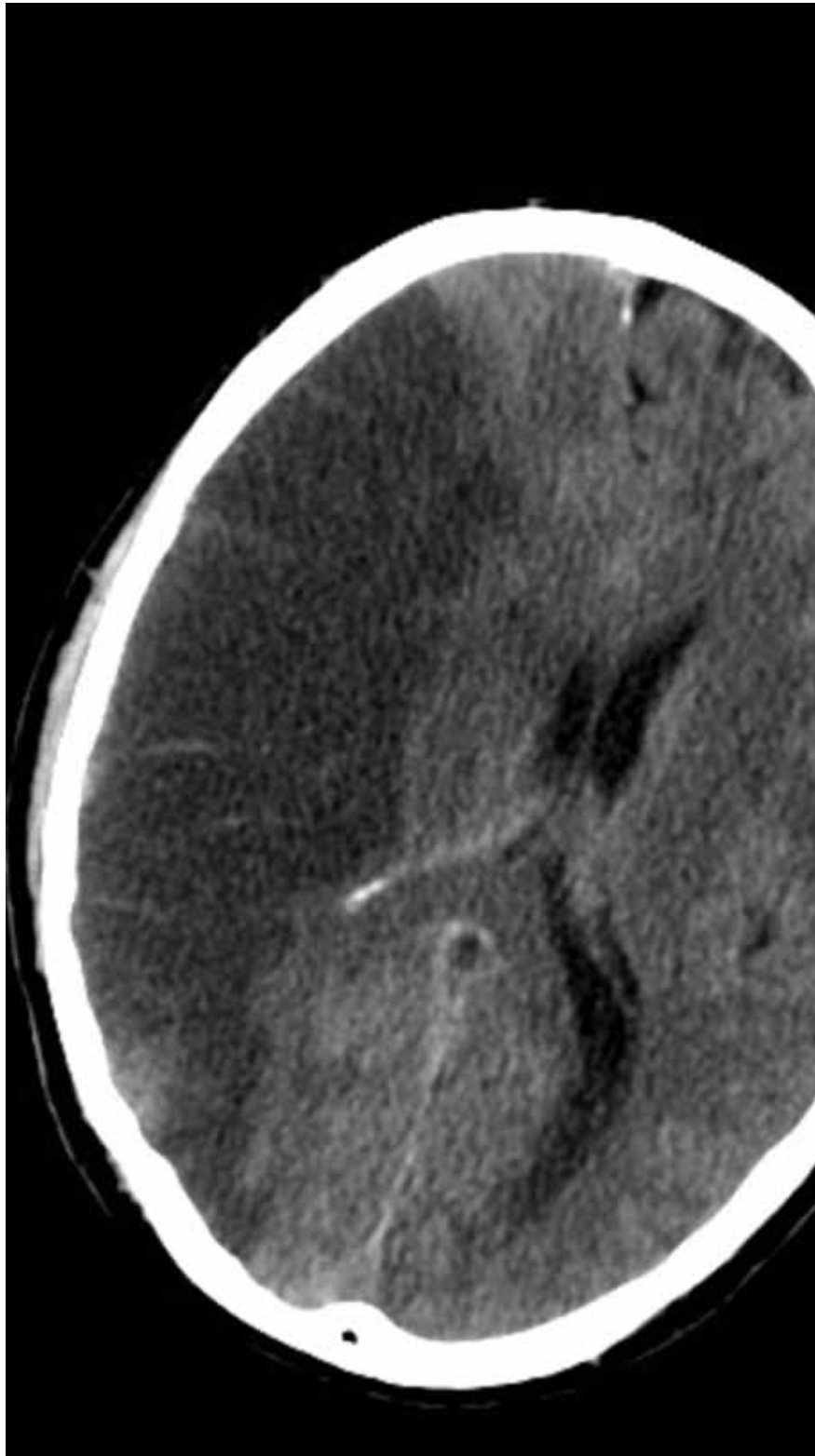
George Centre for Healthcare Innovation

In a high corner of the University of Oxford is a small team which over the past year has made the first substantive steps towards becoming the world's pre-eminent translational research facility devoted to global health. A joint venture between The George Institute and the Oxford Martin School of the University of Oxford, the George Centre for Healthcare Innovation was founded in 2010 with the remit to improve essential healthcare for disadvantaged people worldwide. Over the past twelve months, the Centre has focused on building a strong foundation by establishing networks, preparing project plans, proposals and strategies to set itself up for delivering some of the most powerful work yet to come in global health. The Centre has refined its plans to focus on three areas.

- **Essential Healthcare:** Identifying innovative approaches to deliver essential health services in primary care clinics and hospitals in resource-poor settings worldwide.
- **Affordable Health Technologies:** A focus on effective affordable healthcare products tailor-made for the world's major populations, including those of India and China.
- **Global Health Politics:** Looking at health policy and investment relevant to the control of chronic diseases, serious injuries and disability.



Chronic and critical conditions



The path from research to healthy hearts

These days we all know someone who is affected by heart disease, stroke, diabetes and kidney disease. They are conditions that are affecting our mothers, fathers, teachers and neighbours. The prevalence of these conditions is now so pronounced in western and developing worlds alike that chronic disease is an urgent global health priority. During the year we continued to look for new ways to address these leading causes of death.

Highlights 2010-11

Discoveries in heart care in China

In China, chronic diseases such as heart disease and stroke are killing more people every year. To address this The George Institute has established a series of studies to improve the delivery of healthcare. Researchers assessed how hospitals manage acute coronary syndromes and tested a tailored patient intervention designed to improve the rates of treatment. This is the first large study to test clinical pathways and involved 75 urban hospitals in China. The trial was completed in 2011 and the results will be due in the coming year. A follow-on study will be launched in July 2011 to assess evidence and treatment gaps in rural hospitals with potentially 20,000 patients participating. The George is working closely with Chinese Government, the Chinese Society of Cardiology and other local health advisors.

Kidney study results save lives

Following the completion of the world's largest study into kidney disease, researchers clearly demonstrated the benefit of treatments to reduce the very high risk of cardiovascular events for people living with chronic kidney disease. Researchers found that cholesterol lowering in patients with kidney disease could unblock arteries and prevent a quarter of deaths. These results were published in *The Lancet* and will shape the treatment regime for millions of people suffering from chronic kidney disease. Senior Director Renal & Metabolic Division, Alan Cass, will provide input on lipid lowering guidelines to The Kidney Disease International Guidelines Organization, following these new research findings.



Report reveals true cost of kidney disease

One in three Australians over the age of 25 are at risk of kidney disease. These and other exposing facts about Australia's kidney health were announced in a report for Kidney Health Australia in October 2010. The report outlined the true burden of kidney disease showing over 50 Australians die every day due to kidney-related disease. It also revealed that the annual cost of kidney treatments in Australia is over \$1 billion, and explores the benefits of increasing kidney transplantation and providing greater access to dialysis in the home, rather than hospital.

Landmark stroke research will shape critical care

The George was awarded an Australian National Health and Medical Research Council Project Grant to allow extension of recruitment and completion of what has been regarded as a flagship stroke study of early intensive blood pressure lowering in 3,000 patients with acute haemorrhagic stroke through 2011-2013. This substantial study will establish the role of surgery in intracerebral haemorrhage and early blood pressure lowering in the acute phase. This study is due to finish in 2012, with presentation of results in 2013.

Chronic and critical conditions

Our aims in

2010-11 were...

Develop new research focused on prevention, treatment and management of chronic and critical conditions.

Our results

- Launched flagship project under the Centre for Chronic Disease Prevention, LifeSeeds (see page 8).
- Established a new diabetes research team and launched two large-scale diabetes studies at The George Institute, China.
- Initiated a trial in acute ischaemic stroke testing a more affordable, safer treatment and early blood pressure management.
- Expanded the program of cardiovascular research into the prediction and prevention of cardiac events after non-cardiac surgery.
- Developed a pilot clinical trial to determine if an antidepressant improves recovery in 2,000 patients with stroke.
- Launched first ever salt targets for over 80 processed foods and meals for food industry to achieve.

Deliver a solid program of research identifying risks and possible treatments for patients with chronic disease.

- Achieved key milestones and performance parameters for all studies, including recruitment targets for what will be the two largest clinical trials in sleep apnoea and haemorrhagic stroke.
- Released landmark study findings confirming reduction in heart attacks and strokes with cholesterol lowering in people with kidney disease.
- Completed a large study that will provide a better understanding of clinical pathways in China for patients with an acute coronary syndrome in Chinese urban hospitals, results due next year.
- Completed the largest study of young stroke survivors that will reveal the true emotional and social impact of the condition, results due in the coming year.

Assess existing research findings to design new research that will inform practice and shape healthcare.

- Used best evidence to inform the design of new treatment research through innovative mobile phone healthcare, new health registries and several follow-up studies in cardiovascular disease and diabetes.
- Launched a new registry initiative to better understand the treatment of patients with stroke and heart attack in order to provide a unique insight into the management of these two closely related conditions.

Expand our international collaborations, strengthen research capacity and support student development.

- Established collaboration with United States Veteran Affairs group to begin a global trial of how to prevent severe kidney and heart complications in people with diabetes and kidney disease who undergo cardiac investigations.
- Commenced the Australian arm of a major international critical care study, established in Sweden. The trial compares survival difference in cardiac arrest patients by lowering temperature compared to normal temperature.
- Established a high-powered food database with the nutrient composition of over 10,000 processed food products with 20 other countries to track industry and government commitment to improving food supplies.
- Attracted internationally managed critical care and trauma studies to the Institute.
- Hosted a number of Chinese visiting specialists in Australia.
- Attracted new post-graduate students to the intensive care research program.

Injury, ageing and disability



Beyond research to shape care and improve injury

The devastation of road trauma can be unbearable for survivors and their families, and the impact of a life of disability equally intolerable. As the rate of injury increases and the world's population ages, the result is a major health, social and economic challenge.

Our work aims to find new ways to prevent injury and manage the impact of ageing in an effort to avoid disability.

Highlights 2010-11

Improving protection for motorcycle riders

Published results of a major study into the effectiveness of motorcycle protective clothing that demonstrated clear benefits from wearing body armour such as jackets, gloves and padded pants. More than 200 motorcyclists die and a further 8,000 are seriously injured on Australian roads each year. With the increasing human and economic costs of motorcycle injuries around the world, research into the effectiveness of protective clothing is fundamental to improving road safety.

Aboriginal and Torres Strait Islander road safety solutions

Road injury is a leading cause of fatal and severe injury for Aboriginal Australians. To better understand why, the Institute secured funding for an Aboriginal road safety project, following a successful pilot study completed in Bourke in regional New South Wales. The Institute is now working with Aboriginal Community Controlled health services to develop a larger study to accurately record the factors that impact on road safety and driver licensing from the perspectives of Aboriginal people and their community. Researchers will determine the status of healthcare services to deal with these issues and build a bank of resources to help develop programs with the community.

A new focus on falls in India

In order to better understand how to reduce falls in older Indians, researchers conducted grassroots workshops with locals from Chandigarh, India. The workshop was held with both high and low-income residents to get a true understanding of how a program could best work. Researchers wanted to know how a falls program would be perceived and received by the locals. Would they be acceptable to attending and participating? The outcomes of the workshops are now being assessed and a report will help inform fall-related interventions in India.



Recommendations for a safer ageing population

Falls and fractures in older people can have a massive impact on their health, lifestyle, families, carers as well as health services. As the world's population ages, the impact from a million simple stumbles or broken bones will become substantial, and has forced falls prevention to become a public health priority. Researchers at The George Institute reviewed the best research in falls prevention to identify common themes and features for how best to prevent falls. They found that fundamental to avoiding falls is exercise, as results confirmed that well-designed exercise programs can prevent falls in older people and that there are bigger fall prevention effects from exercise programs that challenge balance. Based on these findings, researchers formulated eight recommendations that have since been adopted by NSW Health to roll out in practice in the coming year.

Our aims in 2010-11 were...

Our results

Conduct high-quality injury research that will add value to the injury evidence base and inform policy and change practice.

- Researchers assessed 212 motorcycle and scooter riders involved in accidents to establish the severity of injuries and better understand the role of protective clothing. Results of this study provided clear evidence that protective motorcycle clothing helps to avoid injuries and reduce the risk of hospital admittance.
- Established more research to better understand and help improve the safety of Aboriginal and Torres Strait Islander road users in Australia.
- Commenced a new program of work to increase the evidence on falls in elderly populations in India, including working with collaborators and hosting a workshop in India with older residents.
- Finalised research to understand the road risk and improve safety for road users in Vietnam. Results due in 2012.

Establish a better understanding of road injury and falls as causes of death and disability in Australia and South-East Asia.

- Conducted a major systematic review update that identified the common themes and features of how best to prevent falls. Researchers then developed eight recommendations on how to prevent falls via exercise programs for older populations, based on a large systematic review. Policy makers in Australia have since adopted these recommendations.
- Signed a Memorandum of Understanding (MOU) with the Public Health Foundation of India to develop a program of work in disability.
- Established new research that will add to the knowledge bank for preventing, treating and managing neurological conditions which often result in disability
- The division initiated a number of new trials that will provide vital new information for different types of stroke including subarachnoid haemorrhage in China, ischaemic stroke in patients across the world and strokes in young people due to a metabolic condition in their blood vessels.
- New research into multiple sclerosis (MS) will provide contemporary data on the frequency and burden of the condition, and provide knowledge of the environmental triggers through investigations of the disease in Asian migrants.

Conduct research to improve the quality of life of children living with disabilities.

- Completed research on the prevalence of Foetal Alcohol Spectrum Disorders, to build a tailored intervention to care for children in the Fitzroy Valley community in remote Western Australia (see page 8).
- Initiated new research to accurately advise what level and type of physical activity causes a bleed in children living with haemophilia.

Innovation in healthcare

Shaping global health with smart ideas

As we age, populations grow and budgets become strained the provision of healthcare is proving unsustainable for both lower income countries and many developed countries which are facing increased financial scrutiny. We explore innovative ways to deliver essential healthcare at lower costs while maintaining or improving effectiveness and safety.



Highlights 2010-11

Making tracking health easy for general practitioners

For busy doctors, a tool that consolidates key research evidence and provides tailored advice for patients could be a valuable resource that would help to improve primary healthcare. *HealthTracker* is an online program devised by researchers at The George Institute that allows GPs to better manage the cardiovascular risk of patients. By entering key information about patients, such as their weight and medical history, the treating doctor can derive a clear treatment plan for each individual patient. *HealthTracker* has been refined over the last year and will now be implemented clinically in New South Wales in collaboration with NSW Health.



Innovation in back care

Over the past decade, our musculoskeletal researchers have conducted extensive high-quality research to better understand back pain. They have identified what treatments work and what treatments are prescribed by practitioners, but surprisingly they found a large disparity between the two. Working in partnership with Australia's National Prescribing Service, researchers are applying their library of evidence of back pain treatment to the online resource, *HealthTracker*, to enable GPs to easily treat patients according to the best practice guideline. GPs will simply enter individual patient data that will provide specific back pain treatment guidelines in return.



George Centre for Healthcare Innovation

There is an enormous gap in the funding of affordable, practical technologies for the health problems affecting low-income countries. The George Centre for Healthcare Innovation at the University of Oxford, UK plans to work with a wide range of disciplines in order to foster technologies that will provide sustainable global health solutions. The Centre is developing a program focused on new and different pathways for drug and device innovation, but these must be simple and cost-effective tools for resource poor settings. New innovations such as mobile health technologies and remote devices for measuring hypertension need a place to grow and develop. The Centre plans to host such an incubator for ideas and testing via an ideas conference and student fellowship program at the University of Oxford's Business, Social Sciences and Engineering Faculties. It is envisaged that this will provide a platform to take ideas further and support investment-ready ideas for chronic disease, while also looking to innovative financing solutions.

Smartphone health for India

We know that the leading causes of death and disability in rural India are chronic diseases. This and other findings in the library of evidence from the Andhra Pradesh Rural Health Initiative have allowed researchers to develop tools to improve rural health in India. The George Institute, India is developing a unique smart phone intervention for doctors and healthcare workers in the Andhra Pradesh region to identify people at risk of heart attack and stroke. Smartphones with Android platforms are increasingly affordable and prevalent in rural India, and can allow health workers to receive direct support for each individual patient while also communicating with each other. This initiative is in early planning stages and linking with the George Centre for Healthcare Innovation at the University of Oxford.

Innovation in healthcare

Our aims in 2010-11 were...

Establish the George Centre for Healthcare Innovation.

Consolidate the evidence from our most powerful research studies and focus on innovative methods that translate these findings into practice.

Streamline and strengthen research capacity in critical care.

Our results

- Founded the George Centre for Healthcare Innovation in conjunction with Oxford Martin School of the University of Oxford.

- Refined and began implementation of an electronic decision support tool for Australian general practitioners – *HealthTracker*

- Adopted the *HealthTracker* technology to provide general practitioners with tailored treatment plans for patients with back pain.

- Developed healthcare support research programs using mobile phone technology for high-risk cardiovascular patients. The studies include assessing motivational messages to improve exercise and healthy eating in addition to reminder messages for patients who leave hospital after a heart attack to maintain their medication.

- Develop and test innovative use of low-cost smartphone technology tools for rural settings in India, building on the Andhra Pradesh Rural Health Initiative.

- Commence work on a new smart phone application to scan barcodes and provide a healthy guideline for the nutrients in supermarket foods.

- Developed the Point Prevalence Program in collaboration with the Australian and New Zealand Intensive Care Society's Clinical Trials Group. By streamlining research activity and removing administrative barriers, it allows for more efficient use of current research capacity across hospitals in Australia and New Zealand.

Disadvantaged populations



Research that delivers pathways to improved health

Disadvantaged populations in both higher and lower income countries suffer a disproportionate share of the disease burden. They experience higher rates of disease and injury, and are often poorly served by existing health systems. Our work aims to find practical ways to improve the health status of disadvantaged populations.



Highlights 2010-11

Million teenagers to shape India's future

The overall death rates among teenagers in India are among the highest in the world, and little research has been done to find out why this is and how to provide appropriate healthcare for adolescents. The George Institute, India has developed plans for the Million Teenagers Study – an ambitious study of one million adolescents to better understand the causes of death, illness and disability. The Institute has intensively collaborated with key partners over the last year and in September 2010 hosted a workshop with the Centre for Chronic Disease Control in New Delhi to help build the network that will support such a large-scale study. Researchers will focus on raising funds for a vanguard phase in the coming year, which will include 10,000 adolescents from six urban, semi-urban and rural regions of India, followed for an average period of two years. This phase will provide an opportunity to understand major logistic issues that will be faced in the conduct of the main cohort study and to plan strategies to overcome such obstacles.



The first research on India's urban health

Migration to urban centres is leading to rapid population growth in Indian cities, and many poor urban-dwellers have inadequate access to health services. The George Institute, India has begun work to establish a Centre for Urban Health, following a workshop with the Indian Institute of Public Health in February 2010. Such a Centre will gather evidence needed to build the right skills, services and policies to improve urban health. The Centre will uniquely combine like-minded experts from health, urban planning, environmental science and other relevant disciplines to ensure a cohesive approach to a sustainable solution.



Taking action to close the gap

Initiated a partnership with Royal Prince Alfred and Maari Ma Health Aboriginal Corporation to develop an Outback Vascular Health Service. With services in remote towns including Broken Hill, Menindee, Wilcannia and Ivanhoe, the partnership aims to provide an integrated approach to complex chronic disease in Aboriginal and Torres Strait Islander communities. We have established regular visits by a range of specialists for heart, kidney and diabetic conditions – all of which are leading ailments in Aboriginal and Torres Strait Islander communities. We are connecting with general practitioners, Aboriginal health workers and nurses through educational talks and building the capacity of the local health services to manage these complex chronic diseases. We are continually discussing the work, how we do it and evaluating the benefits.



Shaping Aboriginal and Torres Strait Islander healthcare

To better inform healthcare policies, we provided expert recommendations to the Australian Federal and State Governments looking at how to provide kidney health services to meet the health, social and cultural needs of Aboriginal people across the central Australian region. Covering roughly one million square kilometres, the region is sparsely populated and includes many of the most remote and disadvantaged communities in Australia. Recommendations included planning for sustainable expansion in service delivery by establishing a renal 'hub' in a central location for the entire region, with suggested models of care to enhance access to treatment in remote communities where patients live. Following the recommendations, the Australian Federal Government contributed \$13 million towards housing for patients with chronic kidney disease in remote areas. This report will help address the large number of Aboriginal and Torres Strait Islander Australians with advanced kidney disease living in remote areas.

Disadvantaged populations

Our aims in 2010-11 were...	Our results
Improve health outcomes for disadvantaged populations living with chronic disease through the establishment of the George Centre for Healthcare Innovation.	<ul style="list-style-type: none"> - Following the establishment of the George Centre for Healthcare Innovation at the University of Oxford, the Centre developed a clear strategy to address disadvantaged populations.
Develop plans for three priority areas in India: adolescent health, urban health and disability.	<ul style="list-style-type: none"> - Established a network of collaborators to support a landmark adolescent research project in India. - Developed plans to create a Centre for Urban Health with key collaborators. - Signed a Memorandum of Understanding (MOU) with the Public Health Foundation of India to develop a program of work in disability.
Work in partnership with Aboriginal and Torres Strait Islander communities and partners to improve health services and outcomes.	<ul style="list-style-type: none"> - Applied results of Aboriginal and Torres Strait Islander research to implement a tailored healthcare solution for managing Foetal Alcohol Spectrum Disorders. - Initiated a new Outback Vascular Health Service with key Australian partners. - Senior researchers received funding from the Australian Primary Health Care Research Institute (APHCRI) in collaboration with the Baker IDI Heart and Diabetes Institute to fund a Centre for Research Excellence aligned with a large Aboriginal and Torres Strait Islander health program, Kanyini Vascular Collaboration.
Provide tools for disadvantaged populations to apply in culturally appropriate settings.	<ul style="list-style-type: none"> - Established a salt reduction health and education campaign as part of the China International Center for Chronic Disease Prevention, LifeSeeds program. - Worked with 120 villages as part of the LifeSeeds program to train local village doctors to manage patients at a high risk of heart attack or stroke. Doctors are given resources to help screen, treat and manage patients through the course of their lives.
Build strong collaborations and research and healthcare capacity in South-East Asia.	<ul style="list-style-type: none"> - Developed a salt reduction and monitoring program for Mongolia and five Pacific Islands, funded by the World Health Organization. - Supported Research Fellows from China, who worked on a range of research programs in Australia. Since returning home they have coordinated local research arms of larger programs within their hometown communities, and continued working with The George Institute, China on a new clinical trial.

Watch this space... future plans

In the coming year, we will announce exciting new research in child and young adult health, acute hospital care, healthcare innovation and healthy ageing.

A focus on children and young adults means that researchers can potentially prevent injury and disability in resource-poor communities.

In the coming year, researchers will finalise a study of child restraint use in Australia, and results of an intervention in Beijing for first time drivers. It is envisaged that these results will help shape international road safety guidelines. Researchers will also complete the analyses of a study that will accurately advise what level and type of physical activity causes a bleed in children living with haemophilia.

Innovation in healthcare can provide improved care that reaches more people, more cost-effectively.

The George Centre for Healthcare Innovation plans to focus on the health priorities of India, China and other large emerging economies, as well as resource-constrained settings in developed economies such as the United Kingdom. These countries have many shared healthcare needs, such as cost-effective and practical solutions for the control of chronic disease, injury prevention and rehabilitation services. In other studies we will investigate whether a simpler drug regime, using the polypill, will improve health outcomes for people at high risk of heart attack and stroke, and extend smartphone technology research with the aim of reducing cardiovascular risk factors and improving adherence to medication.

Powerful and new research evidence can inform acute hospital care across the world.

Every year over 200 million people undergo major surgery. Researchers will aim to reduce the risk of cardiovascular complications in surgery through a number of international studies. In addition, intensive care specialists will launch a new study to assess treating septic shock and also complete the largest fluid resuscitation trial ever conducted, with 7,000 patients involved across the world.

The George Centre for Healthcare Innovation plans to focus on the health priorities of India, China and other large emerging economies

When we truly understand the burden of injury in a country or city, we can plan for safer roads and reduce the risk of death and disability.

With a population of 85.8 million people, and where injuries claim around 35,000 lives each year, Vietnam faces a large financial burden to treat, hospitalise and rehabilitate injured patients. Researchers have investigated the cost of injury in Vietnam and the results of this study are due in the coming year. In Australia, researchers are preparing a review of Aboriginal and Torres Strait Islander road safety for the Australian National Road Safety Council to identify gaps and provide an action plan to reduce the rate of road traffic injury among Aboriginal and Torres Strait Islander Australians.

Falls, fractures and back pain place a huge reliance on health services, and the Institute is focused on providing new evidence that will inform prevention plans and treatment options.

Researchers plan to assess back pain in older people, as many previous back pain studies have not focused on elderly populations. Researchers will work with musculoskeletal colleagues in Brazil, Norway, Netherlands, United States and Australia. In addition, little information exists on the management of hip fracture in China. Researchers will try to establish the causes of hip fractures and how to manage the condition in an ageing population.



Investing in our research: strategic enterprises

In order to sustain high-quality and high-impact research, The George Institute recognises the need for versatile funding sources. The Institute's strategic enterprises George Clinical and George Foundation ensure financial sustainability while directly contributing to the mission of the organisation. George Clinical celebrates more than ten years of conducting world-class clinical trials and has played a role in some of the largest and most acclaimed international studies. The George Foundation, the fundraising and awareness arm of the Institute, works with like-minded partners to facilitate funding opportunities so that researchers can continue to deliver results that shape global health.

George Clinical

Delivering world class clinical trials

George Clinical undertakes large-scale, high-impact clinical trials to provide evidence that influences health policy worldwide. It is recognised as a world-class Academic Research Organisation.

Led by a team comprising both decades of experience in commercial clinical trials management and widely acclaimed and published academics, George Clinical boasts scientific and operational excellence in clinical trial management. A division of The George Institute, George Clinical manages clinical trials for the Institute, as well as commercial entities and medical research organisations across the Asia-Pacific region.

Over the last year, George Clinical was responsible for six commercial trials and eight academically led trials in cardiovascular, diabetes, renal and neurological research. The team works across a range of therapeutic areas and is focused on clinical trials that compare treatments and deliver evidence on which to base healthcare decisions.

'We add scientific expertise to the delivery of high-quality clinical trials. Our research leaders are some of the best worldwide, specialising in the design of trials, networking of trialists in the region and analysis of results', said Dr Marisa Petersen, General Manager of George Clinical.

The profits generated by George Clinical support research across The George – a unique and extremely vital structure for a not-for-profit health and medical research institute. 'Our commercial activities contribute to our mission in two important ways: generating key evidence that is important in its own right, and generating a surplus that supports other critical research, both of which help to improve the lives of millions of people worldwide', said Associate Professor Vlado Perkovic, George Clinical Executive Director.

Our aims in 2010-11 were...

Deliver a surplus on commercial work for the Institute.

Develop a world-class quality and compliance team.

Establish an operations team in East Asia to work closely with Australia, New Zealand, China and India operations.

Consolidate and strengthen the links between George Clinical and The George Institute.

Our results

George Clinical generated a strong surplus that was returned to support a range of research projects within The George Institute to improve the lives of millions worldwide.

Established a quality management team with members across the Asia-Pacific Region, who are implementing a world-class quality framework for clinical research.

Founded an operations hub in Hong Kong to oversee George Clinical project management and clinical monitoring across the East Asia region.

Increased teamwork and collaborations with The George Institute team by providing regular advice and support on quality management, and assisted with identifying funding opportunities.

George Clinical

George Clinical in 2010-11

George Clinical was pivotal in the completion of the world's largest study into kidney disease, where cholesterol lowering was found to reduce the risk of heart attack and stroke in patients with chronic kidney disease. Working in partnership with Renal & Metabolic Division and the Oxford Clinical Trial Service Unit, George Clinical provided project management and investigator site liaison for the Asia-Pacific Region, ensuring that the trial was conducted to the highest standard. George Clinical provided key evidence from the result of this academically-led trial that will help improve health for the millions of people living with kidney disease. This trial demonstrates a coming together of industry, which funded the project, and academia, who designed the landmark trial.

Rolling out a robust quality framework in this financial year has ensured that George Clinical continues to build its reputation as a world class provider of clinical trials management. Such a framework involved hiring experts in the field of quality compliance who guarantee that trials are delivered to the highest possible standard. Over the last year, the team established key processes to ensure that staff is adequately trained and skilled. Performance is monitored and improvements are continually assessed. The positive results from the quality framework have been seen in the outcomes of regulatory inspections and customer audits. In addition, these skills have been seen to benefit the entire Institute, as George Clinical skills are shared and implemented organisation-wide.

Future plans for George Clinical

George Clinical will continue to build a platform for sustainable growth in the coming year. A focus will be to invest in infrastructure systems to streamline the delivery of studies and management of contracts. George Clinical is looking for efficiencies in processes and have commenced implementing a web-based clinical trials management system to provide efficiencies and client visibility, a project finance system and a learning management system to support the quality management program for staff skills.

In gaining a firm foothold as the leading academic research organisation in the Asia-Pacific Region, plans to grow operations across the region are underway. This will include establishing services in Korea and Taiwan to supplement existing activities in China, Hong Kong, Singapore and Malaysia, and will go hand-in-hand with the partnerships already built across the globe.

George Foundation

Operating in an increasing competitive environment where research funds are progressively at risk of being cut from budgets across the world, the Institute recognises the need for innovative ways to fund imperative research. Charged with identifying fundraising opportunities and raising the profile of the Institute, The George Foundation has three tiers of responsibility, which include fundraising, marketing and communications, and advocacy.

As The George Institute evolved and harnessed its true global presence over the last twelve months, The George Foundation too responded to the organisational changes by streamlining its skills and focus to support the work of the Institute.

George Foundation in 2010-11

In order to sustain the extensive opportunities for research at The George Institute, China, the Foundation developed a comprehensive fundraising strategy to raise awareness and build a strong network of support. This program included building relationships with key supporters with a shared appreciation for improving health in China. The Foundation established networks with key Chinese Government representatives in Sydney and Canberra, in addition to the strong partnerships already founded in China with the Ministry of Health. This work was underpinned by robust awareness raising activities designed to inform new stakeholders of the work underway in China and globally.

In Australia, the Foundation has focused on building key relationships with potential corporate partners, major donors, and trusts and foundations. As the Institute's brand is still relatively young, the Foundation is working to raise awareness of the Institute's activities and seize opportunities to promote the unique program of work within Australia.

This year, armed with the positive outcomes from the partnership program developed in 2009-2010, the Foundation commenced a broad advocacy campaign. Initially, working with key government supporters in Australia, the focus was on an Aboriginal and Torres Strait Islander health program to reduce the impact of Foetal Alcohol Spectrum Disorders. Strong government relations led to a series of important meetings that provided \$1.8 million from Australia's State and Federal Governments for the continuation of the Marulu study. The project has been additionally supported by a cutting edge marketing campaign developed by global advertising company, M&C Saatchi to raise awareness of the condition.

Our aims in 2010-11 were...

Develop a fundraising strategy to support our work in China.

Focus on Australian corporate partnerships, major donors and trusts and foundations.

Implement a social media campaign.

Initiate an advocacy plan to support the broad work of The George Institute.

Our results

Established key relationships with supporters who value the long term health of Chinese.

Hosted a number of functions in Beijing, Sydney and Hong Kong to inform supporters of new research.

Identified key groups of partners, donors, trusts and foundations with which to establish relationships.

Worked with key partners, M&C Saatchi and Swann Insurance to deliver key events in Aboriginal and Torres Strait Islander health and road safety.

Initiated a social media campaign on facebook and twitter. Refined the foundation's online presence, to include online donations.

Received extensive media coverage for the launch of the GEAR study results.

Hosted a visit by Her Excellency, Governor-General of the Commonwealth of Australia, Ms Quentin Bryce AC in July 2010.

Her Excellency, became the Patron of The George Institute for Global Health.

Utilised our government relations strategy to support Aboriginal and Torres Strait Islander health research.

Future plans

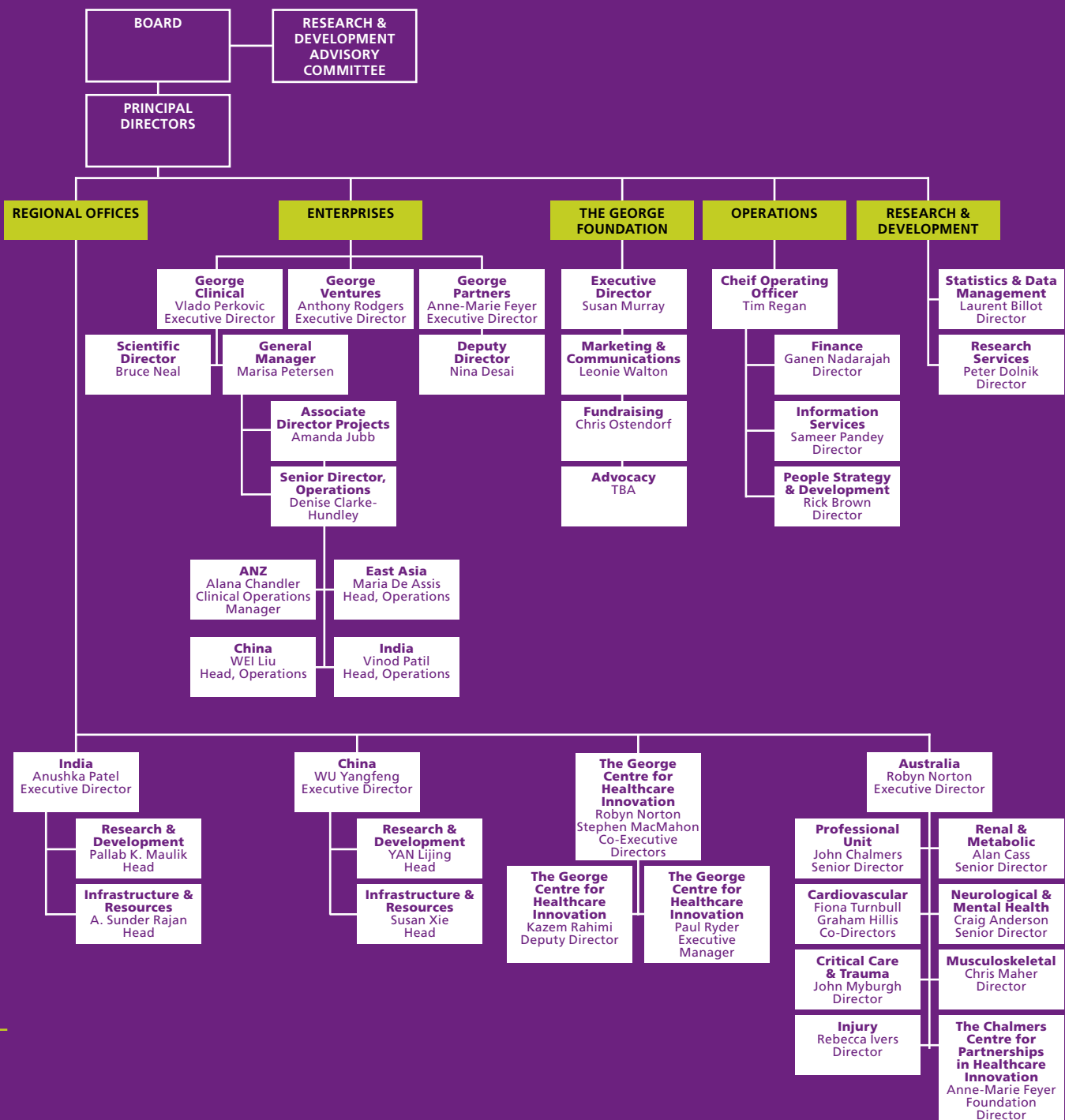
Globally, the Foundation will concentrate on a number of opportunities in the coming year. This will include developing a fundraising strategy for improving health in India, seeking out opportunities in the United Kingdom and building on the successful groundwork from the China fundraising strategy.

The Foundation also plans to build a new community fundraising function in the team. Such activities will include a number of small local fundraising events to give supporters the opportunity to participate in grassroots fundraising.

[facebook.com/thegeorgeinstitute](https://www.facebook.com/thegeorgeinstitute)
[twitter@georgeinstitute](https://twitter.com/georgeinstitute)

Giving shape to our organisation

Our greatest asset is the people who make up our board, management and research team.



Governance

Our Board

Our Board is responsible for setting the strategic direction of the Institute, and overseeing and monitoring its performance against agreed goals.

Furnished with high-profile academic and business leaders, our Board protects and promotes the objectives and interests of The George Institute, ensuring the governance and management is robust, dynamic and considerate of the ethical, social and cultural interests of our stakeholders.

The Board makes sure that the Institute complies with the Australian Commonwealth Corporations Act 2001 and other obligations resulting from the Institute's charitable status. As a research and academic organisation, the Board values and promotes scholarship, academic freedom and scientific integrity.

In December 2010, the Board farewelled outgoing Chair Dr John Yu AC, who provided stellar leadership over the last five years. In February 2011 the Board welcomed, international company director, Michael Hawker AM as the new Chair.

Board of Directors

Dr John Yu AC

Chair (until December 2010)



John Yu has had a distinguished career in paediatric medicine and a strong commitment to community affairs. His previous positions include Chief Executive of the New Children's Hospital at Westmead, staff physician at the Royal Alexandra Hospital for Children, Chancellor of The University of New South Wales and Deputy Chancellor of the University of Western Sydney. Dr Yu has served on many management boards and charitable organisations and is currently Chair of both VisAsia at the Art Gallery of New South Wales and the Centre for Asian Art and Archaeology at The University of Sydney. He was appointed a Member of the Order of Australia in 1989 for services to medicine. In 2001 Dr Yu was awarded the Centenary Medal and made a Companion of the Order of Australia. He was named Australian of the Year in 1996. John joined the Board as Chair in September 2006.

Michael Hawker AM

Chair (from February 2011)



Michael Hawker is an international businessman and company director. He is a Non-Executive Director of Aviva Plc, Macquarie Group Limited, Macquarie Bank Limited, The Australian Rugby Union, and a member of the Advisory Council at General Enterprise Management Services International Limited (GEMS), the Hong Kong-based private equity firm. Mr Hawker has more than 27 years experience in the banking and insurance industry in both executive and non-executive roles, in Europe, Asia and Australia and for seven years was CEO and Managing Director of Insurance Australia Group Limited, Australia's largest general insurance company. He has chaired the Insurance Council of Australia, and been a member of the Financial Sector Advisory Council providing advice to the Australian Treasurer on the Financial Sector. He is a Senior Fellow of the Financial Services Institute of Australia and a Fellow of the Australian Institute of Company Directors. Mike founded the Australian Business and Community Network (ABCN) and in 2010 was made a Member of the Order of Australia.

Elsa Atkin



Elsa Atkin is a company director and a cultural management consultant. She recently retired after previous roles as Executive Director of the National Trust of Australia (NSW), Deputy Director of the Evatt Foundation, and a senior executive at the Australian Broadcasting Corporation. Elsa is keen to bring her wide experience gained from working in the not-for-profit sector and as a change agent to help in overseeing the growth of The George Institute for Global Health, both nationally and internationally. She has had a diverse portfolio of non-executive directorships and currently sits on the NSW Library Council. Elsa was appointed an Australia Day Ambassador (1998–2000), Honorary Life Member of the National Trust in 2005 and the 2010/2011 North Sydney Citizen of the Year. Elsa joined the Board in July 2007.

Joanna Capon OAM



Joanna Capon is a member of the Advisory Council of the Sydney Children's Hospital Network (Randwick & Westmead) and the Health Care Quality Committee of the Sydney Children's Hospital Network. Until September 2010, she was a member of the Advisory Council of the Children's Hospital at Westmead and until October 2010, a member of the Children's Hospital at Westmead's Health Care Quality Committee. Joanna was a member of the Australia China Council until January 2011. She is also Chair of Operation Art, a board member of Museums and Galleries NSW, and a member of the Editorial Advisory Board of Art and Australia. Joanna is an art historian, industrial archaeologist, curator and writer. She was awarded the Order of Australia Medal in 2002 for services to the community. Joanna joined the Board in March 2007.

Peter Church OAM



Peter Church is Group Chairman of AFG Venture Group, a corporate advisory/investment banking firm and is based in Singapore. Previously he was the Regional Managing Partner for Asia of the Australian law firm Freehills. His involvement in business relations between Australia and the South-East Asian region spans more than 35 years and for which he was awarded the Medal of the Order of Australia in 1994. His other current directorships include Special Counsel to the English law firm of Stephenson Harwood, Chairman of Bangkok International Associates Limited, Chairman of Indochina Starfish Foundation Australia and Director of the Singapore International Chamber of Commerce. Peter is also Honorary Asian Regional Adviser of International Award for Young People/Duke of Edinburgh Award, and a member of the Advisory Board of Aksara Foundation, Indonesia. Peter joined the board in June 2004.

Professor Stephen Garton

(until August 2010)



Professor Stephen Garton is the Provost and Deputy Vice-Chancellor of The University of Sydney. He is a graduate of the University of Sydney and The University of NSW, and is a Fellow of the Australian Academy of the Humanities, the Academy of Social Sciences in Australia and the Royal Australian Historical Society. His area of research expertise is Australian history, and he has also published in the fields of American and British history, psychiatry, crime, poverty, social policy, eugenics, policing, masculinity and returned soldiers. Professor Garton has been a member of the Editorial Board of the Australian Dictionary of Biography, the Executive Committee of the Australian Historical Association and a member of the Council of the Australian Academy of the Humanities.

Don Green



Don Green is a Fellow Chartered Accountant, a Fellow CPA, and a Senior Partner of Ernst & Young Australia, where he leads the Oceania Transaction Tax practice. He has held Asia-Pacific leadership roles of his firm's Financial Markets and Japanese Business programs, and is currently Chair of the Taxation Taskforce of Infrastructure Partnerships Australia. Over a number of years, Don has been Director or Committee Chair of the Friends of the Mater Foundation for the Mater Misericordiae Hospital, the Australian Council for Infrastructure Development, and the Institute of Chartered Accountants in Australia. For many years, Don was a visiting Fellow at the Centre of Money, Banking and Finance, Macquarie University, where he lectured in the Master of Applied Finance program. Don joined the Board in May 2003.

Jason Yat-sen Li



Jason Yat-sen Li is Managing Director of Yatsen Associates Ltd, a corporate advisory and investment firm based in Beijing. Previously he was Head of China Strategy and Senior Manager, Sustainable Development for Insurance Australia Group, a solicitor with Corrs Chambers Westgarth, and worked as a lawyer for the United Nations International Criminal Tribunal for the former Yugoslavia in The Hague, Netherlands. He was a recipient of the Eisenhower Fellowship in 2002, as well as the Hauser Global Fellowship to New York University Law School in 2000. Jason is a Director of the China Australia Chamber of Commerce, a Governing Member of The Smith Family and a member of the Australian Government's Wanwu Advisory Panel on Clean Technology. He was appointed a Young Global Leader by the World Economic Forum in Davos, Switzerland in 2009. Jason has been a member of the Board since June 2007.

Professor Stephen MacMahon

Principal Director

Stephen MacMahon is Principal Director of The George Institute for Global Health and Executive Director of the George Centre for Healthcare Innovation at the University of Oxford. He also holds academic appointments as Professor of Cardiovascular Medicine at the University of Sydney and Professor of Medicine and James Martin Professorial Fellow at the University of Oxford (see full biography on page 35).

Professor Robyn Norton

Principal Director

Robyn Norton is Principal Director of The George Institute for Global Health and Professor of Public Health and Associate Dean (Global Health) in the University of Sydney Medical School. She is also Executive Director of the George Centre for Healthcare Innovation and Professor of Global Health and James Martin Professorial Fellow at the University of Oxford (see full biography on page 35).

Committees

Board Committees

To assist the Board with the execution of its responsibilities, a number of Board Committees have been established. The outcomes of Board committee meetings are reported to the Board of Directors following each Committee meeting.

Committee	Description	Membership
Finance, Risk and Audit Committee	Advises the Board on corporate governance in relation to financial reporting, internal controls, risk management systems and external audit functions	Don Green (Chair) David Clark Robyn Norton
Fundraising Committee	Provides strategic direction on philanthropic plans and activities.	Elsa Atkin (Chair) Joanna Capon Stephen MacMahon John Yu (until Dec 2010)
George Health Enterprises Committee	Provides strategic direction and policy advice to foster social entrepreneurship and social enterprises that enhance the financial stability of the Institute.	Peter Church (Chair) Don Green Jason Yat-sen Li Stephen MacMahon Su-Ming Wong (until Dec 2010)
Nominations Committee	Advises the Board of Directors on matters to do with corporate governance, including the appointment and nomination of Directors and Officers of the Company and members of committees.	Michael Hawker (Chair) Elsa Atkin Peter Church Don Green Stephen MacMahon Robyn Norton
Remuneration Committee	Reviews remuneration for senior employees of the Institute.	Michael Hawker (Chair) Elsa Atkin Joanna Capon Don Green

Research Committees

Description	Membership
The Constitution requires the establishment of a Research Committee with a membership comprised of a majority suitably qualified to assess the relevant area of health and medical research.	Michael Hawker (Chair) John Yu (Chair until Dec 2010) Joanna Capon Don Green Stephen MacMahon Robyn Norton Vlado Perkovic

Research and Development Advisory Committee

Description	Membership
<p>In order to provide the Institute with advice on future research directions, a Research and Development Advisory Committee (RADAC) has been established. RADAC is an independent body whose membership consists of international health research and development practitioners.</p> <p>It meets approximately every three years to assess the scope, content and quality of The George Institute's research and development activities within the context of the Institute's mission and strategic plan. The Committee also issues advice in relation to current, medium and long-term issues facing The George Institute.</p>	<p>Terry Dwyer (Chair), Murdoch Childrens Research Institute, Australia</p> <p>Robert Black, Johns Hopkins University, USA</p> <p>Robert Califf, Duke University, USA</p> <p>Deborah Cook, McMaster University, Canada</p> <p>Paul Elliott, Imperial College, UK</p> <p>Wendy Hoy, The University of Queensland, Australia</p> <p>Garry Jennings, Baker IDI Heart and Diabetes Institute, Australia</p> <p>KE Yang, Peking University Health Science Center, China</p> <p>Michael Merson, Duke University, USA</p> <p>Terry Nolan, The University of Melbourne, Australia</p> <p>Don Nutbeam, University of Southampton, UK</p> <p>Vikram Patel, London School of Hygiene and Tropical Medicine, UK</p> <p>Srinath Reddy, Public Health Foundation of India</p> <p>Sally Redman, The Sax Institute, Australia</p> <p>Bruce Robinson, the University of Sydney, Australia</p>

Research Advisory Committee

The George Institute for Global Health, India

Description	Membership
<p>The Research Advisory Committee (RAC) for the George Institute, India is an independent body providing advice to The George Institute, India. It provides independent assessment of the scope, content and quality of research and development activities and as well as advice on issues relating to research and development.</p>	<p>Rajesh Kumar (Chair) PGIMER School of Public Health; Chandigarh</p> <p>G Gururaj National Institute of Mental Health and Neurosciences, Bengaluru</p> <p>Ramanadham Madduri University of Hyderabad, Hyderabad</p> <p>Jeyaraj Durai Pandian Christian Medical College Ludhiana</p> <p>M Shiva Prakash Indian Council of Medical Research</p> <p>KR Thankappan Sree Chitra Tirunal Institute for Medical Sciences and Technology Trivandrum</p> <p>R Thara Schizophrenia Research Foundation, Chennai</p> <p>CS Yajnik King Edward Memorial Hospital, Rasta Peth, Pune</p>

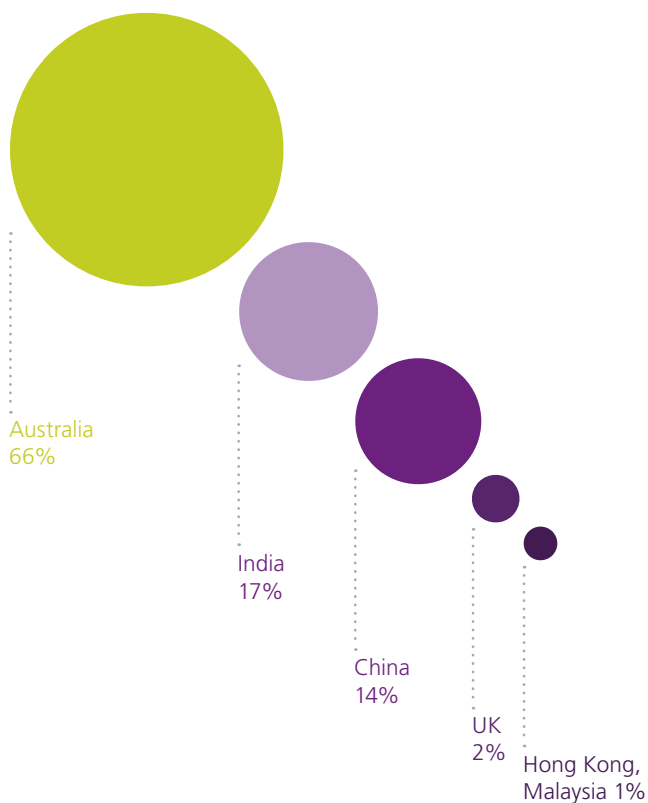
Our staff

An historical staff snapshot

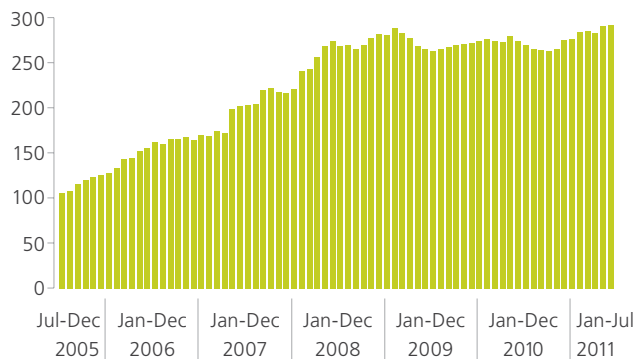
We've grown! Things have changed since 1999, when five staff laid the foundations for The George Institute at the University of Sydney's Faculty of Medicine. We experienced rapid growth in staff numbers in Australia and again with our expansion into China and India in mid 2008. This growth proved challenging given our need for highly educated, knowledgeable, and specialised staff. Our high-profile work and quality outcomes helped attract staff who have contributed to our many successes. Since then, our staff numbers have remained stable as part of a strategy to consolidate resources and contain growth and expenditure.

Our workforce

A full time equivalent of 262.3 staff work at The George Institute. With our origins in Australia the majority of staff members are currently employed in this region while there is steady growth occurring in each of the other regions. Currently our spread of staff across the world is:



STAFF GROWTH SINCE 2005



Workforce statistics at The George Institute indicate a healthy organisation, as staff numbers remain stable, sick leave and occupational health and safety rates remain very low and voluntary turnover is significantly better than benchmarks.

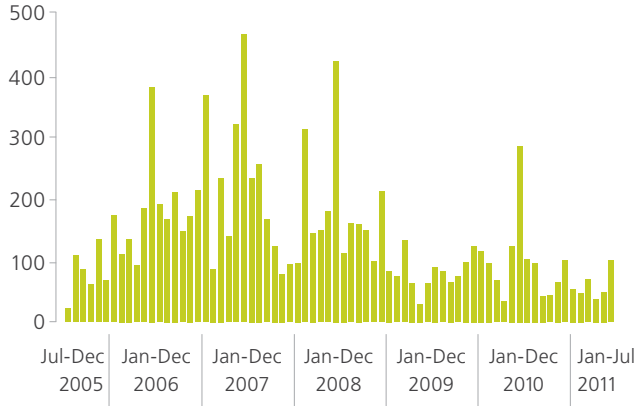
The average age and length of service at The George is also healthy. In Australia, the Institute benefits from an experienced and knowledgeable team who are an average age of 40.5 and usually stay working at the Institute for 3.5 years. As our teams and programs in China and India develop so too does the length of service, which has risen to two years. The majority of our staff in these offices are in their early 30s.

The Institute is committed to the learning and development of staff, and total expenditure in this area during the year was \$183,457. This has been reducing mainly due to George Clinical (98.5 FTE staff) developing a more structured and controlled approach to learning and development, which resulted in postponement of much activity in this area. A learning and development expenditure 'freeze' in April 2011 also contributed to the decline as planned in an effort to reduce Institute expenditure. The average expenditure per employee (FTE) of \$741 remains below the \$1,557 benchmark.

STAFF FAST FACTS

Staff numbers	FTE 262.3
Voluntary turnover	11.4%
Average sick leave rate	3.16 days
Average length of service in Australia	3.5 years
Average length of service in India	2 years
Average length of service in China	2 years

LEARNING AND DEVELOPING EXPENDITURE PER FTE



In response to the global development of the Institute in China, India and the UK, the People Strategy and Development team has maintained a focus on establishing a platform of policies and systems to support the transition to a global organisation structure. This included adopting strong online resources, supported by the Institute’s intranet, G-wiz, and providing tools that would allow India and China in particular to become self-sufficient in people management.

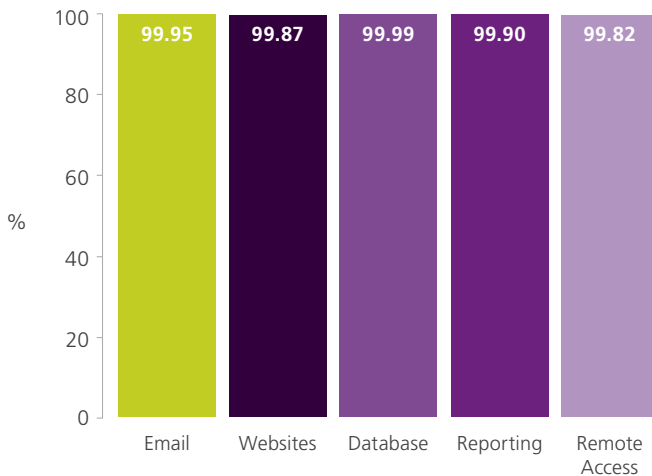
Looking forward, the Institute will continue to focus on providing the best human resource tools for the global offices and supporting the career development of staff, and building capacity in China and India. In particular, the People Strategy and Development team will concentrate on building skills in virtual and cross-cultural environments.

Linking our global offices

To ensure geographic boundaries do not pose communication hurdles for the Institute, the Information Technology division adopted and implemented Microsoft Lync in early 2011. A collaboration tool that provides a secure and reliable system to collaborate with our global team, Microsoft Lync is now being used by staff across our locations in India, China and Australia.

The division is responsible for the IT direction of the Institute, and a recent audit of their performance reported the team as providing world-class information security practices that protect and enable business. In the coming year, the division will be evaluating new project finance systems, upgrading email servers and will be looking to implement new security related tools to enhance our threat management capabilities. Document management, video conferencing and improved reporting from various systems will also be a focus for the team.

CRITICAL SERVER UPTIME



The George Institute Senior Management Committee

The Principal Directors, Professor Stephen MacMahon and Professor Robyn Norton are responsible for overseeing the implementation of the Institute's strategic plan in consultation with the Senior Management Committee and the Institute Management Group. The Senior Management Committee oversees the day-to-day operation and administration of the Institute and provides recommendations to the Principal Directors on matters of strategic or operational significance. The Institute also consults widely with the Institute Management Group, who lead and manage major programs and are profiled in full in the adjoining booklet.

PRINCIPAL DIRECTOR EXECUTIVE DIRECTOR, GEORGE CENTRE FOR HEALTHCARE INNOVATION

Professor Stephen MacMahon

Stephen MacMahon is one of the founders of The George Institute for Global Health and an architect of its global expansion. He currently holds positions as Principal Director of The George Institute for Global Health (worldwide) and Executive Director of the George Centre for Healthcare Innovation at the University of Oxford (UK). He also holds professorial appointments in medicine at both the University of Sydney and the University of Oxford, where is a James Martin Professorial Fellow. He is an international authority on the causes, prevention and treatment of common cardiovascular diseases, and has a special interest in the management of chronic and complex conditions in resource-poor settings, particularly in the Asia-Pacific region. In addition to his Institute and university appointments, Stephen holds several external appointments, including those as Chairman of the International Scientific Advisory Board of the UK BioBank. He is also Executive Chairman of George Clinical Pty Ltd and George Partners Pty Ltd, two wholly owned subsidiaries of the George Institute. He sits on the boards of several other not-for-profit organisations, including the Oxford Health Alliance. He has published more than 300 scientific papers and delivered more than 200 invited lectures. For his work in the field of cardiovascular disease, he has received numerous awards, fellowships and honours from various governments, universities and learned societies.

PRINCIPAL DIRECTOR EXECUTIVE DIRECTOR, GEORGE CENTRE FOR HEALTHCARE INNOVATION

Professor Robyn Norton

Robyn Norton is also founder and Principal Director of The George Institute for Global Health and Professor of Public Health and Associate Dean (Global Health) in the University of Sydney Medical School. She is also Executive Director of the George Centre for Healthcare Innovation and Professor of Global Health and James Martin Professorial Fellow at the University of Oxford. Robyn holds an Honorary Professorship at Peking University Health Science Center, and is an Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital in Sydney. She is an international authority on the causes and prevention of injuries, particularly road traffic injuries. Robyn was the inaugural Chair and is now Chair Emeritus of the Road Traffic Injuries Research Network, a global network, supported by the World Health Organization and the World Bank, aimed at increasing research and research capacity to address the current and growing burden of road traffic injuries in low and middle-income countries.





CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER

Tim Regan

Tim is the Chief Operating Officer and Chief Financial Officer of The George Institute for Global Health. He has extensive experience in the services, property and construction industries, including as former COO of top 50 ASX-listed Mirvac Group, CEO of TJS Services, Commercial Manager for the Sydney Organising Committee for the Olympic Games and Senior Manager at PricewaterhouseCoopers. Tim is currently a Non-Executive Director of ASX-listed Thomas & Coffey, current President of Financial Executives International in Australia and former Vice-Chair of the Australian Theatre for Young People. He holds a Bachelor of Economics from the University of Sydney and is a Fellow of both the Institute of Chartered Accountants and Australian Property Institute.

**EXECUTIVE DIRECTOR, THE GEORGE INSTITUTE, INDIA
Senior Director**

Associate Professor Anushka Patel

Anushka Patel is Senior Director at The George Institute for Global Health, Associate Professor with the Medical School at the University of Sydney, and a cardiologist at Royal Prince Alfred Hospital. Anushka completed her undergraduate medical training at The University of Queensland in December 1989, and her training in cardiology (leading to Fellowship of the Royal Australian College of Physicians) in 1998. She has a Master of Science degree in Epidemiology from Harvard University, and a PhD in Medicine from the University of Sydney. Anushka also holds a five-year NHMRC Senior Research Fellowship. She is currently Chair of the Chronic and Critical Conditions theme at The George Institute.

**EXECUTIVE DIRECTOR,
THE GEORGE INSTITUTE, CHINA**

Professor WU Yangfeng

WU Yangfeng is the Executive Associate Director of the Clinical Research Institute at Peking University Health Science Center and Professor of Epidemiology in the Department of Epidemiology and Biostatistics at the Peking University School of Public Health. Yangfeng has made valuable contributions reducing the impact of cardiovascular disease in the region as a result of his previous work at the Cardiovascular Institute, Fu Wai Hospital, and the World Health Organization Collaboration Center in Cardiovascular Disease Prevention, Control and Research in China, and his current work at Peking University.

**DIRECTOR, INJURY
Chair, Australian Executive Committee**

Associate Professor Rebecca Ivers

Rebecca Ivers is Associate Professor at the University of Sydney, and directs a research program, which is centred on injury prevention, with a strong focus on the prevention of road traffic injury. She has published widely in the field of road traffic injury, and has been awarded a NSW Young Tall Poppy Award in Science and an Achievement Award from the National Health and Medical Research Council of Australia for her research. She is an investigator on studies in a diverse range of areas, including disability, novice drivers, Indigenous road injury, heavy vehicle crashes, and motorcycle safety in Australia, as well as projects aimed at preventing injury in China, India and Vietnam.





EXECUTIVE DIRECTOR, GEORGE CLINICAL

Associate Professor Vlado Perkovic

Vlado Perkovic is Executive Director of George Clinical, the clinical trials arm of The George Institute, and also plays a key role in the Institute's Renal and Metabolic Division. He is a Staff Specialist in Nephrology at the Royal North Shore Hospital, and Associate Professor at the University of Sydney. His major research interest is understanding both the cardiovascular risk associated with chronic kidney disease and the impact of interventions that might mitigate this risk mainly through the conduct of clinical trials and meta-analyses. He is Deputy Chair of the Scientific Committee of the Australasian Kidney Trials Network.

EXECUTIVE DIRECTOR, GEORGE FOUNDATION

Sue Murray

With a background in education and specialty in health promotion Sue has been a passionate advocate for improving the health and well being of the community throughout her career. She has more than 20 years experience in the community sector and has held positions with responsibility for education, media, communications and fundraising. After positioning the National Breast Cancer Foundation as one of the most highly recognised organisations in the community sector, Sue is building on her experience to create The George Foundation for Global Health.

DIRECTOR, RESEARCH SERVICES

Peter Dolnik

Peter Dolnik's career has spanned both the academic and research management sectors. For a number of years, he taught philosophy and ethics at The University of NSW, The University of Sydney, Macquarie University and The University of Western Sydney. Since 2000 he has worked in the area of research management and joined The George as the head of Research Services in 2007. Key responsibilities associated with his latter role have included contribution to strategic planning process, research-related compliance work, development of policies on research management, pursuing opportunities for growth and funding as well as pre-award and post-award coordination of research funding.

**CHIEF OPERATING OFFICER
(until August 2011)**

Richard Fisher

Richard is a Chartered Accountant and was a partner of Ernst & Young for more than 15 years where he served many of the firm's global clients in addition to holding a range of leadership and management positions.

Since leaving the accounting profession in 2003 Richard has helped a number of Australian and global companies grow their businesses both organically and through acquisition. He was the Chief Operating Officer and Chief Financial Officer of The George Institute for Global Health from 2009 until August 2011.

**DIRECTOR, MARKETING AND COMMUNICATIONS
(until August 2010)**

Jane Austin

Jane has international experience in management and marketing within the corporate sector, much of it in the fast-paced telecommunications industry. More recently she has worked with non-profit organisations, with a particular interest in health. Jane sits on the advisory board of a health practice on the Central Coast and is a Director of the Asthma Foundation of New South Wales.



Financial Highlights

The Institute's complete audited financial statements for the year ended 30 June 2011 can be found on our website. The following provides an overview of these statements and highlights during the year.

Net income – increased to \$1.4m

The 2010/2011 financial year has been a year of marked financial improvement for the Institute, reporting net income of \$1.4m compared to \$0.2m the previous year.

Operating revenue remained constant at \$46.9m with Australia continuing to be the main focus of activity assisted by China (\$3.6m) and India (\$3.3m). The Institute maintained tight cost control measures throughout the year and with a favourable foreign exchange movement produced a consolidated surplus.

The financial strength of the consolidated group continues to be satisfactory. At year-end the Institute had \$12.6m of cash and \$10.8m of trade receivables and the investment portfolio finished the year at \$6.9m, a level similar to 12 months prior. Deferred income, which is cash received for projects not yet expended, increased slightly to \$20.3m.

Peer-reviewed funding – increased to \$12.5m

The Institute continues to be successful in securing both Australian and non-Australian peer reviewed grants. In Australia grants are provided by the Federal Government's National Health and Medical Research Council and Australian Research Council. The Institute was successful in increasing funds during the year from \$11.7m to \$12.5m.

Government funding – steady at \$5.3m

The Australian and NSW Governments provide grants to support the Institute's infrastructure and administration based on the Institute's successful grant income. A range of Federal, State and Territory Governments also provide support for specific research projects undertaken by the Institute.

Despite this funding the overall costs of running a global operation cannot be met by this infrastructure income. To address this, the Board established a policy for each division to secure additional funding to its grant income.

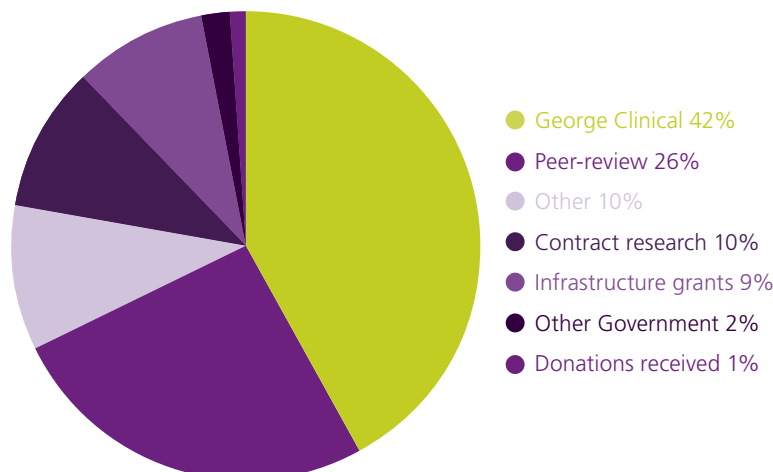
Clinical research – \$19.9m

Several years ago the Institute realised that Government funding was insufficient to support its global activities and established the clinical research organisation George Clinical. George Clinical manages commercial trials for global pharmaceutical companies and specific research projects for the Institute. Enterprises like George Clinical are important for the Institute as 100% of the profits go to supporting its global research.

Donations and sponsorships – \$0.25m

Donations and sponsorships are a small but important source of funding for the Institute. During the year donations were received from a small yet valuable number of donors. The decision to resource The George Foundation more extensively this year is a commitment by the Institute to increase its fundraising capability.

INSTITUTE FUNDING SOURCES 2010-11



Balance Sheet

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2011

	Consolidated	
	2011	2010
	\$	\$
CURRENT ASSETS		
Cash and Cash Equivalents	12,631,765	9,743,278
Trade and Other Receivables	10,819,228	12,695,079
Other Assets	391,164	185,134
Investments	6,942,510	6,784,351
TOTAL CURRENT ASSETS	30,784,667	29,407,842
NON-CURRENT ASSETS		
Property, Plant and Equipment	1,252,852	1,750,522
Intangible Assets	45,739	54,622
TOTAL NON-CURRENT ASSETS	1,298,591	1,805,144
TOTAL ASSETS	32,083,258	31,212,986
LIABILITIES		
CURRENT LIABILITIES		
Trade and Other Payables	2,806,589	3,864,164
Deferred Income	20,262,649	19,933,206
Provisions	2,282,547	1,792,528
TOTAL CURRENT LIABILITIES	25,351,785	25,589,898
NON-CURRENT LIABILITIES		
Provisions	398,896	345,636
TOTAL NON-CURRENT LIABILITIES	398,896	345,636
TOTAL LIABILITIES	25,750,681	25,935,534
NET ASSETS	6,332,577	5,277,452
EQUITY		
Foreign Currency Translation reserve	(380,255)	9,505
Retained Earnings	6,712,832	5,267,947
TOTAL EQUITY	6,332,577	5,277,452

Income Statement

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2011

	Consolidated	
	2011	2010
	\$	\$
Operating Revenue	45,265,426	45,237,585
Other Income	1,713,201	1,545,141
Employee Benefits Expense	(22,000,342)	(19,361,461)
Depreciation and Amortisation Expense	(418,476)	(534,965)
Rental Expense	(2,672,677)	(2,617,076)
Training Expense	(159,441)	(239,159)
Professional Services	(270,130)	(218,481)
Administration Expense	(1,894,101)	(2,304,308)
Study Contract fee	(6,745,750)	(7,398,460)
Patient Recruitment Expense	(1,228,103)	(1,107,735)
Consultants and Sub-contractors fees	(5,457,016)	(6,205,486)
Travel/Accommodation Costs	(2,460,483)	(2,898,778)
Other Expenses	(2,203,498)	(4,130,492)
Profit/(Loss) for the year	1,468,610	(233,676)
Other comprehensive income		
Unrealised gain/(loss) on revaluation of financial assets	(105,614)	1,046,408
Realised gain /(loss) on disposal of financial assets	81,889	(591,058)
Other comprehensive income for the year, net of tax	(23,725)	455,350
Total comprehensive income for the year	1,444,885	221,674

Cash Flow Statement

STATEMENT OF CASH FLOWS FOR THE YEAR 30 JUNE 2011

	Consolidated	
	2011	2010
	\$	\$
CASH FLOW FROM OPERATING ACTIVITIES		
Receipt of grants and contract revenue	51,184,903	40,967,643
Payments to suppliers and employees	(49,515,690)	(45,493,172)
Rental income	953,576	844,850
Dividends received	219,261	308,087
Interest received	176,304	142,278
Net cash generated from/(used in) operating activities	3,018,354	(3,230,314)
CASH FLOW FROM INVESTING ACTIVITIES		
Proceeds from sale of property, plant and equipment	-	12,000
Payment for property, plant and equipment	(185,604)	(514,096)
Proceeds from sale of available-for-sale investments	3,685,235	5,638,827
Payment for available-for-sale investments	(3,629,498)	(5,833,409)
Payment for held-to-maturity investments	-	101,599
Net cash used in investing activities	(129,867)	(595,079)
CASH FLOW FROM FINANCING ACTIVITIES - nil		
Net cash used in financing activities	-	-
Net increase/(decrease) in cash and cash equivalents held	2,888,487	(3,825,393)
Cash and cash equivalents at beginning of the financial year	9,743,278	13,568,672
Cash and cash equivalents at the end of the financial year	12,631,765	9,743,278

The George Institute for Global Health

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Full financial statements are available on our website

www.georgeinstitute.org



