



# 2024-25 ANNUAL REPORT



The George Institute  
for Global Health India

A black and white photograph of a woman with dark hair tied back, wearing a patterned sari and traditional jewelry including a bindi, nose ring, earrings, and bangles. She is seated and looking down at an open book resting on her lap. The book has a small illustration of a ladybug on its left page. Another open book is visible to her right. The background is a textured wall with a crack and some foliage.

# Finding solutions to the world's biggest health challenges



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

In India, we are registered under Section 25 of the Companies Act, 1956 (now section 8 of the Companies Act, 2013) and recognised by the Department of Scientific and Industrial Research (DSIR), Government of India.

We are also registered under Foreign Contribution (Regulation) Act, 2010 as well as under sections 12A and 80G, of the Income Tax Act, 1961

# About Us



## OUR MISSION

*To improve the health of millions of people worldwide.*



At The George Institute, we believe everyone has the right to a healthy life. We are a research organisation that finds solutions to some of the world's biggest health challenges.

With major centres in Australia, the UK, China, and India, and over 400+ active projects in more than 60+ countries, we work with partners and communities across the world to conduct rigorous, high-quality research to make a real difference to people's health, particularly those facing the most barriers.

From pioneering clinical trials to transformative digital health innovations, translating evidence into scalable solutions, shaping health policies and advocating for change, we're focused on a future where health equity is a reality, not just an aspiration.

At the heart of our mission to improve the health of millions worldwide is a belief in the power of change.

## OUR RESEARCH

### *Research with a purpose*



Our research focuses on what matters most - people. We tackle the world's biggest health challenges which currently cause the greatest loss of life and quality of life, particularly in communities facing the most barriers.

Using data, clinical trials, and innovation, we're translating evidence into scalable solutions that deliver real-world impact. It's our ongoing dedication to rigorous, high-quality research that makes this a reality.

Supporting this is our Centre for Operational and Research Excellence (CORE), which maintains the highest standards in data management, quality assurance, and research efficiency - all aimed at driving lasting change.

## OUR STRATEGY

### *A plan for change*



The George Institute's mission comes to life through our Roadmap to 2030 - a plan to deliver better treatments, better care and healthier societies. Built on the principles of equity, resilience and impact, it sets the direction for our global health ambitions.

Key to our strategy is the emphasis on impactful, high-quality research founded on a deep understanding of the needs of our communities, so our projects are focused on what matters most to them.

Sustainable operations ensure we can continue our work while continually evolving with our world-class, diverse workforce supported by an inclusive culture that is founded in justice, equity and dignity.

## OUR IMPACT

### *Transforming vision into impact*



It's not just our research - it's how we approach it and turn it into action that makes a real difference. Our unique approach ensures that evidence creates real-world impact, with a strong focus on advocacy.

Collaboration is key - our consistent, sustainable and meaningful engagement with consumers and communities ensures we focus our efforts where they are most needed.

Combining our strong partnerships on the ground with our influence on the global health stage allows us to work with global policymakers to shape health policies and drive real change.







# From Our Leadership

As we reflect on the past year, I am filled with immense pride and gratitude for the journey we have travelled together at The George Institute for Global Health India. In a world facing complex health and environmental challenges, our commitment to improving health outcomes and driving health equity has never been more vital.

India now stands at the heart of The George Institute's global mission. Our passionate team of over 600+ professionals, based in New Delhi, Hyderabad, and various field sites, is working hard to transform the landscape of public health through research and implementation programs. Our scientists, experts, and collaborators are working tirelessly to turn cutting-edge evidence into scalable policies and programs that directly improve lives, especially among the most vulnerable and underserved populations.

In 2024, we made significant progress in tackling the dual burden of non-communicable diseases (NCDs) and emerging health risks. Our focus remains on strengthening primary healthcare systems to reduce the burden of preventable illness, disability, and premature mortality across India.

A key milestone this year has been our leadership in the area of environmental health, which continues to grow in urgency. In collaboration with Imperial College London, we host the NIHR Global Health Research Centre for Non-Communicable Diseases (NCDs) & Environmental Change. This pioneering Centre is generating critical evidence and developing practical, cost-effective interventions at the intersection of climate change and chronic diseases, two of the defining health challenges of our time. This work is being conducted in collaboration with all relevant stakeholders, including members of the affected communities and policymakers across India, Bangladesh and Indonesia.

Our commitment to gender equity in health has advanced through the Global Women's Health Program. We are making strides in early detection, prevention, and management of diseases disproportionately affecting women, ensuring their health needs are no longer invisible or unmet. There is a special focus on conditions that have not received sufficient attention, such as Non-Communicable Diseases (NCDs) in pregnant women, endometriosis, and the individual health system, and social drivers of early hysterectomy in India.

The SMARThealth platform is one of our most transformative innovations. By equipping frontline health workers with digital tools for risk identification, screening, and decision support, we are revolutionizing community-level care delivery.

This work, including the training of Accredited Social Health Activists (ASHAs), exemplifies how technology and local capacity building can drive population-wide impact. We continue to improve the capabilities of this platform by adding new features and technologies, such as Artificial Intelligence, to make it smarter.

We are also addressing long-neglected but critical issues such as childhood drowning in rural India. Our community-based research is informing practical interventions to enhance water safety and prevent the loss of young lives, particularly in vulnerable coastal regions.

At the core of all our work is community engagement. We remain committed to involving communities not just as beneficiaries, but as co-creators and implementers of solutions. Our efforts to build local capacity, strengthen public trust, and ensure cultural relevance are creating a strong foundation for sustainable health improvements.

Our policy impact continues to grow. From contributing to enhanced government support for tuberculosis treatment, to informing national NCD strategies and reimagining healthcare delivery models, our advocacy is driving systemic change that will benefit millions.

None of these accomplishments would be possible without the extraordinary commitment and tireless efforts of our teams across the board. I want to especially acknowledge the deep dedication of our research teams, project management staff, and infrastructure and operations teams, whose collaboration and resilience ensure that our mission is delivered with excellence every single day – your work behind the scenes and on the front lines drives everything we achieve.

As we look ahead, we are more determined than ever to champion health equity, scientific excellence, and innovation. I extend my deepest thanks to our partners, funders, staff, and the communities we serve. Your unwavering support fuels our progress.

Together, we are building a healthier, more resilient future for all.

**Vivekanand Jha**

Executive Director  
The George Institute India

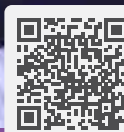


# Impact Stories



## DELIVERING LIFE-SAVING CARE TO WOMEN IN RURAL INDIA

Equipping community health workers with a digital platform has enabled them to connect over 4,000 women in rural India to life-saving healthcare during and after pregnancy. The SMARThealth Pregnancy platform developed by The George Institute is aligned with community needs and government priorities, and uses AI technology to deliver culturally relevant, gender-sensitive care.



## THE SMARThealth PREGNANCY PROJECT IMPROVING LIFE-LONG HEALTH BY TAKING AN INTEGRATED APPROACH

Pregnancy complications such as high blood pressure, gestational diabetes and anaemia increase risks to mother and baby during pregnancy the world over, but the burden is particularly great in certain contexts, including many parts of rural India.

In these films, women describe how being connected to health services by community health workers, or Accredited Social Health Activists (ASHAs), has transformed their ability to manage their own health, bringing benefits to both them and their families. The ASHAs themselves describe how being part of the project brings recognition, respect and pride in their work.

*“Our approach to improving maternal and community health is rooted in co-creation, contextual innovation, and frontline empowerment. Whether it’s addressing high-risk pregnancies, mental health during the perinatal period, or the health impacts of climate change, we aim to build scalable, equity-driven solutions that strengthen primary care systems and improve outcomes where the need is greatest.”*



**Devarsetty Praveen**

Global Strategic Priority Lead - Better Care and Director Primary Health Care



## RAJITHA'S STORY

Overcoming Anaemia



## SRAVANTHI'S STORY

Managing High Blood Pressure



## NAVANEETHA'S STORY

Gaining Confidence as an ASHA



## THE SUNDARBANS PROJECT: ADDRESSING THE HIGH BURDEN OF CHILD DROWNING IN WEST BENGAL, INDIA

Children in some coastal regions of India such as the Sundarbans in the northern state of West Bengal are at a high risk of drowning, due to poor infrastructure, rurality, the presence of unregulated open water, a lack of safety awareness and inadequate health systems.

In these films, children and their communities describe the impact of interventions such as installing playpens and fencing to control access to water, providing safe spaces with capable childcare, teaching school-aged children basic swimming and rescue skills, and training adult bystanders in safe rescue and resuscitation.

## MANGALA'S STORY

working at a day care centre after losing her son



## MRIGANKA'S STORY

Teaching children in his community to swim





# Our Programs



## CARDIOVASCULAR HEALTH

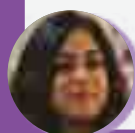
Cardiovascular Health program aims to enhance cardiovascular health awareness, research, and quality of care. Cardiovascular diseases (CVDs) claim almost 20 million lives annually—a staggering and rising toll. Our research focuses on major risk factors for CVDs, including smoking, high blood pressure, high cholesterol, diabetes, and obesity. We also prioritise research into gender-specific CVD risk factors like pregnancy-related hypertension, and metabolic abnormalities. In addition to prevention, we develop and investigate new treatments for CVDs which includes effective, economical, and safe polypills to enhance the treatment and control of CVD risk factors.

## HEALTH EQUITY

The Health Equity program leverages international, multidisciplinary research projects across several countries to investigate and improve equitable research methodologies ensuring fair access to healthcare. Our flagship Health Equity Action Lab (HeaL) program is a research and reform initiative that aims to answer health challenges worldwide by emphasizing social development and equitable, systemic solutions. The program supports research identifying the root causes of health inequity and the creation of practical and actionable inclusion strategies. Our research fosters positive improvements in research ethics and practices and aims to enhance equity-driven outcomes for health interventions through social development in underserved communities.



*“For us at the Health Equity Action Lab, our work is to highlight and also unpack “equity” as a topic of research and also as an organisational mandate. We try to ask new questions, or ask old questions differently, intermediate between communities – rights-holders - and decision-makers – duty-bearers, and ensure that our work as researchers is not extractive, but rather works in service of justice and fairness.”*



**Devaki Nambiar**

Program Director, Healthier Societies



## HEALTH SYSTEMS SCIENCE

The Health Systems Science program adopts a global, multidisciplinary and systems-oriented approach to strengthen primary healthcare in India and other low- and middle-income countries.



Through research on digital health, community-based models, and policy innovations, we aim to improve access, equity and quality of care. Our work focuses on climate-resilient health systems, AI-driven tools for frontline workers, and integrated care for non-communicable and maternal health conditions. By engaging health workers, governments, and communities, we generate evidence that supports effective implementation, workforce capacity building, and scalable solutions to transform healthcare delivery sustainably and equitably.

## INJURY AND TRAUMA

Injury and Trauma program is committed to addressing the long-term impact, persistent impairment, and deaths from preventable injuries like road crashes, falls, burns, drowning and other unintentional trauma.



We aim to reduce the global burden of injury by identifying and implementing community-based solutions in resource-limited areas to enhance trauma management and rehabilitation. Our research includes surveillance, observational studies, and

intervention trials, generating critical evidence to inform best practices and shape policy. Through this work, we aim to improve injury outcomes and support recovery for individuals and communities worldwide.

## MENTAL HEALTH AND NEUROLOGY

Mental Health and Neurology program aims to provide innovative and equitable solutions that can overcome the barriers to care that heighten the risk of mental health conditions in low- and middle-income countries. By empowering primary healthcare workers with technology-driven tools and anti-stigma campaigns, we are addressing the social and environmental factors that affect mental health in vulnerable communities. Our focus is to positively shape the future of mental healthcare through research, advocacy, and capacity-building efforts.



With 75-85% of the population in low- and middle-income countries receiving only minimally adequate care for mental illness, our goal is to strengthen health systems and improve mental health care for all, and particularly for those who are marginalized and disadvantaged.

## MULTIPLE LONG-TERM CONDITIONS (MLTC)

MLTC program recognizes the urgent need for research investigating the complexities of disease clusters and their interactions. Our research focuses on the prevention, and management of multimorbidity on a global scale through collaborations with policymakers, healthcare providers, and communities to drive innovative solutions that mitigate the impact of multiple chronic conditions on both individuals and healthcare systems. We aim to identify common disease clusters and the primary risk factors that contribute to them and develop effective patient-centric strategies for better diagnosis, treatment, and management of multiple chronic conditions.

## NUTRITION AND FOOD SYSTEMS

The Nutrition and Food Systems program seeks to generate evidence on nutrition, diet, health, and disease relationships to develop practical food based and nutritional solutions, testing those solutions through community-based or clinical trials, scaling-up those solutions in partnership with the Government, and developing evidence-supported advocacy strategies and policy recommendations to address double burden of malnutrition in low-and-middle income countries. The program specializes in community nutrition and utilizes core principles of nutritional epidemiology and data sciences to assess food consumption, nutritional behaviour, and nutritional status of communities to develop practical recommendations to enhance nutrition at the population level and among specific population groups. In the broader domain of food systems, we assess food environments, explore the multi-disciplinary drivers of food systems, and connect them to food security, maternal and child health and nutrition to develop solutions that strengthen and transform food systems for better nutritional outcome with environmental co-benefits. In clinical nutrition, our work focuses on hospital-based clinical trials around diet and nutrition interventions to address non-communicable diseases.



## PLANETARY HEALTH

Planetary Health program addresses the urgent challenges at the intersection of health and environmental change. Working across regional, national and global levels, we collaborate with partners such as the World Health Organization, the Global Climate and Health Alliance, and the Imperial College London to advocate for a healthier and more sustainable future.

Our focus is on reducing the health risks faced by populations most affected by the climate crisis. Through research, advocacy, and systems-based approaches, we aim to generate evidence-informed strategies that strengthen resilience, promote health equity, and support vulnerable communities disproportionately affected by environmental and climate-related threats.



## RENAL AND METABOLIC

Renal and Metabolic program is actively addressing the challenge of kidney disease through innovative trial designs, close collaboration with communities, and partnerships with leading experts. Our research identifies better treatments and examines how current care impacts patients, aiming to enhance both longevity and quality of life.

We seek to help individuals live healthier lives by reducing the effects of kidney disease and improving overall kidney health by identifying barriers to treatment, advocating for the implementation of effective solutions, and raising awareness for early-stage detection. Our goal is to transform kidney health and enhance the well-being of everyone at risk for or living with this condition.





## WOMEN'S HEALTH

This program is dedicated to enhancing the health and well-being of women and girls globally. By adopting a life-course approach and collaborating with global and local experts, we focus on five core thematic areas: sex and gender equity in health and medicine, using pregnancy and other key life stages as opportunities for health promotion and prevention of Non-Communicable Diseases (NCDs), protecting women and girls from the effects of climate change,

harnessing AI and digital technologies to transform health care for women around the world, and studying overlooked and under researched women's health conditions.

Through our research and advocacy efforts, we aim to improve health outcomes, reduce disparities, and empower women and girls to lead healthier, and more productive lives.





# Our Projects



## AWARENESS, FAMILIARITY, AND USE OF CORE OUTCOME SETS BY INDIAN TRIALISTS AND SYSTEMATIC REVIEWERS

Core outcome sets (COS) are consensus-derived, standardized sets of outcomes that should be minimally measured in trials focused on specific health conditions or diseases. Using COS enhances the ability to identify meaningful comparisons across research and to examine the benefits or harms of interventions. The “**Awareness, familiarity, and use of core outcome sets by Indian trialists and systematic reviewers**” is the largest global survey of COS, published in the **Indian Journal of Medical Research**, aims to assess the awareness, familiarity, and use of core outcome sets among Indian trialists and systematic reviewers. This study investigates the knowledge, attitudes, practices, familiarity, and use of COS and identifies gaps and obstacles that prevent the successful adoption of COS.

## THE ADOLESCENTS’ RESILIENCE AND TREATMENT NEEDS FOR MENTAL HEALTH IN INDIAN SLUMS (ARTEMIS)

In India, there are approximately 250 million adolescents. Depression, stress, and suicide/self-harm account for a major share of the burden of death and disability in this age group. Only one in 27 people with depressive disorders receives effective treatment. Apart from poor awareness of mental health needs, there are no affordable, accessible, and effective treatments available in rural areas for treating mental disorders.

The stigma associated with mental illness exacerbates the situation. The Adolescents’ Resilience and Treatment Needs for Mental Health in Indian Slums (ARTEMIS) project has been completed. It worked with adolescents aged 10 to 19 to remove the stigma surrounding mental health. Additionally, the project implemented a mobile device-based decision support system (mHealth) for urban primary healthcare staff (UPHCs) and determined the effect of depression, stress, and suicide risk in adolescents. The project was spread across 60 slum clusters equally divided in the cities of New Delhi and Vijayawada and reached out to almost 70,000 adolescents. Overall, the project was well accepted in the community and the whole anti stigma campaign was created in collaboration with adolescents who were embedded in the project as experts and advised the researchers.

## BUILDING EQUITY AS AN ORGANISATIONAL NORM TO ADVANCE ETHICAL CLIMATE FOCUSED RESEARCH (BENAR)

BENAR project aims to identify and help mitigate ethical complexities in climate change and health research. Anchored within The George Institute for Global Health India’s collaboration with NIHR Global Health Research Centre (GHRC) for Non-Communicable Diseases and Environmental Change, and with the support of the World Health Organization (WHO), BENAR will pilot ethical guidance and practice protocols to set a precedent for conduct of equitable climate change and health research.



## ACCOUNTABILITY FOR INFORMAL URBAN EQUITY (ARISE)

Waste workers in India play critical roles in managing waste yet remain among the marginalised groups in urban systems, facing numerous impediments to achieving health and well-being. The ARISE hub at The George Institute for Global Health, India, focused on improving the health and well-being of waste workers by addressing systemic exclusion and strengthening community-led accountability.

The researchers worked closely with waste workers across 5 Indian cities to understand and amplify community-defined priorities for health and well-being. The study generated evidence through Participatory Action Research approaches- co-creation and strengthening spaces for women waste workers to discuss issues related to gender and health, using creative arts to co-produce and disseminate knowledge on health rights, accountability among waste-picking communities.

This led to the development of evidence-informed policy and research recommendations, including critical needs such as occupational recognition of waste pickers, Secure housing, regular health check-ups, and easier access to government benefits, among many others, to improve their health and wellbeing outcomes. The findings of the research will help both state and local governments in evidence-informed interventions to address the health and well-being challenges faced by waste workers.

## ADAPTING TO BETTER LIFE WITH ENDOMETRIOSIS (ABLE)

Endometriosis remains neglected in India, lacking attention in government policies and research funding, despite affecting approximately 42 million women. The ABLE project aims to improve the quality of life for women suffering from endometriosis in India while investigating the economic burden associated with the disease.

Building on formative research conducted in 2021, the study hypothesizes that a tailored psychological intervention can significantly reduce depression and enhance quality of life for affected women. The research will be conducted through a randomized controlled trial in tertiary care hospitals in Assam and Karnataka, involving 480 participants - 240 will be in intervention arm, and the remaining 240 in control arm, will receive either the intervention or standard care. This project will incorporate patient education, group therapy, and mindfulness activities, facilitated by trained psychologists.

Funded by the Indian Council of Medical Research, this three-year project, which commenced in February 2025, aims to address mental health challenges faced by women with endometriosis and investigate economic burden of endometriosis on women living with the condition and their family. This project will provide critical data to inform policy changes and improve healthcare practices in India.

## CHARACTERIZING, REVIVING, SUPPORTING, MONITORING, AND MANAGING SUSTAINABLE FOOD SYSTEMS (CARISMMA)

Socioeconomic, environmental, demographic and political drivers among others, have contributed to the food systems and the resulting nutritional status health and quality of life amongst Scheduled Tribe (ST) communities. This situation persists despite their rich traditional ecological knowledge (TEK), access to diverse food environments, and various programs aimed at promoting tribal health and nutrition. **This study** funded by the DBT/ Wellcome Trust India Alliance, is an ongoing five-year research project. It focuses on evaluating the food systems and their drivers among three Indian tribal communities: the Gond in Madhya Pradesh, the Phadi Korwa in Chhattisgarh, and the Garo in Meghalaya. The study aims to develop artificial intelligence and machine learning-based decision-making tools that can provide tailored, culturally sensitive, sustainable food systems solutions to combat malnutrition in these communities.

*"Our team of nutrition and food systems researchers apply sound principles of nutritional science and epidemiology to evaluate diets and nutritional outcomes across communities and for people with clinical conditions.*

*We develop evidence-supported, data driven and sustainable, food-based solutions and policy recommendations aimed at tackling the double burden of malnutrition in India."*



**Suparna Ghosh-Jerath**  
Program Head, Nutrition

## COMMUNITY VOICES IN HEALTH GOVERNANCE - TRANSLATING PUBLIC PARTICIPATION INTO PRACTICE IN A WORLD OF PLURALISTIC HEALTH SYSTEM (COMPLUS)

The NIHR-COMPLUS project recognises that as health systems shift toward increasingly pluralistic models, new mechanisms of governance and accountability are needed to ensure equity. In Bengaluru, we focus on Mahila Arogya Samitis (MAS) as a vehicle to embed participatory governance within the urban primary health system. Working with local partners, we have initiated 17 MAS committees across 9 wards, strengthening community voice, fostering trust, and enhancing local accountability. These groups now engage with issues beyond health service delivery, achieving small but significant wins on key social determinants of health.

## ECONOMIC BURDEN OF TUBERCULOSIS IN INDIA

The project aimed to understand the out-of-pocket expenses associated with tuberculosis (TB) treatment in India.

The study also examined the nature of catastrophic expenditure for TB patients in India. It covered 1482 drug-susceptible TB patients from four states: Assam, Maharashtra, Tamil Nadu, and West Bengal. Patients were recruited from the general population as well as high-risk groups, such as urban slum dwellers and tea garden workers/families/residents. In addition to drug-susceptible TB patients, the study also included 149 multidrug resistant TB patients who met the selection criteria.



The project assessed the financial conditions of TB patients during treatment and one-year post-treatment.

The findings from this project resulted in two significant policy changes by the government. Firstly, recognizing that most costs related to TB are incurred before treatment begins, the government started providing 50% of the total amount under the Nikshay Poshan Yojana immediately upon treatment registration, effective from January 2024, replacing the previous system of disbursing INR 500 monthly as social support. Secondly, in acknowledgment of the high expenses associated with TB treatment, the monthly support increased from INR 500 to INR 1000, effective from October 2024.

## EFFECTS OF ADVANCED TRAUMA LIFE SUPPORT® TRAINING COMPARED TO STANDARD CARE ON ADULT TRAUMA PATIENT OUTCOMES: A CLUSTER RANDOMISED TRIAL



Many training programs have been developed to assist physicians in the initial management of trauma patients. The most well-known of these is the Advanced Trauma Life Support® (ATLS®) program; however, there are currently no randomized controlled trials demonstrating that ATLS® improves patient outcomes or survival.

The project titled **Effects of Advanced Trauma Life Support® Training Compared to Standard Care on Adult Trauma Patient Outcomes** is a cluster randomized trial to compare the effects of ATLS® training versus standard care on outcomes in adult trauma patients in low- and middle-income countries (LMICs). This includes recovery before discharge and functional outcomes at and after discharge, such as pain management, mobility, and self-care activities.

Registered with the Clinical Trials Registry India (CTRI) and conducted in collaboration with Karolinska University in Sweden, this study investigates outcomes of 4,000 adult trauma patients across 30 clusters over a period of five years, with funding from the Swedish Research Council. Due to its large sample size and geographical representativeness, the study will produce robust evidence comparing ATLS® training to standard care in adult trauma patients, which will enhance our understanding and inform best practices in trauma care.



## ENHANCING POPULATION-LEVEL ACCESS AND OUTCOMES IN PERITONEAL DIALYSIS: A MULTI-PRONGED STRATEGY

Chronic Kidney Disease (CKD) is a growing global health concern and a leading cause of end-stage kidney failure (ESKF), which necessitates kidney replacement therapy. While hemodialysis (HD) remains the dominant modality, peritoneal dialysis (PD), a home-based, patient-friendly, and cost-effective alternative, remains vastly underutilized, particularly in low- and middle-income countries like India. At a population level, low uptake of PD results in avoidable health system costs, overburdened dialysis centers, and reduced patient autonomy, especially for those in remote or underserved regions. To address these challenges, a multi-dimensional approach is needed to make PD a viable and scalable option for more patients.

The George Institute for Global Health is spearheading a comprehensive program aimed at expanding access to PD and improving patient outcomes. This includes policy engagement and advocacy, health system-level evidence, international collaboration, digital health and innovation. This project aims to demonstrate that scaling up peritoneal dialysis through integrated policy, innovation, and system-level interventions can have transformative population-level impacts by leveraging multi-sectoral partnerships, digital tools, and evidence-based advocacy, from a niche modality to a mainstream, first-line option in kidney replacement therapy across India and globally.

## ESTIMATION OF DIETARY INTAKE OF SODIUM, POTASSIUM, PHOSPHORUS AND PROTEIN IN HEALTHY INDIAN POPULATION AND PATIENTS WITH CHRONIC KIDNEY DISEASE

A study by The George Institute for Global Health India, in partnership with Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh, assessed the dietary habits of over 400 North Indian adults, focusing on sodium, potassium, phosphorus, and protein intake. Published in **Frontiers in Nutrition** journal, the research revealed concerning trends: high salt consumption, low potassium intake, and inadequate protein levels, particularly among men, which heighten the risk of non-communicable diseases (NCDs) such as hypertension and chronic kidney disease. Funded by the Department of Biotechnology, New Delhi, India Science and Engineering Research Board, New Delhi, and the

Department of Biotechnology-Welcome Trust, India Alliance, the study advocates for localized dietary guidelines and increased public awareness to promote healthier eating habits, particularly the consumption of fruits and vegetables rich in potassium.

## GLOBAL SURGERY COMMUNITY OF PRACTICE (COP) PROJECT

Rural Surgeons in India face academic and professional isolation that adds to the burden of limited resources and workforce, affecting care delivery. The Global Surgery Community of Practice (CoP) Project, funded by the program for Global Surgery and Social Change (PGSSC) at Harvard Medical School and Boston Children's Hospital, aims to address these challenges. This project seeks to create a platform, Community of Practice (CoP) that connects frontline healthcare providers with the global surgical community. The CoP will facilitate real-time peer support, mentorship, educational and professional development opportunities. Through this platform, the project aspires to enhance care delivery and improve outcomes in rural surgical settings.

## HEAT IN PREGNANCY (HIP PROJECT)

Extreme heat exposure has been associated with a doubled risk of miscarriage and an increased likelihood of other adverse birth outcomes. These include restricted foetal growth, low birth weight, premature birth, and stillbirth. **The HiP-India project** is a multidisciplinary research initiative that addresses the gender-specific health impacts of climate change, particularly focusing on pregnant women who are especially vulnerable to extreme heat. The project's objectives include understanding how extreme heat affects maternal and foetal health and developing practical policies and solutions in collaboration with policymakers, researchers, clinicians, and community members. Additionally, the project is monitoring heat exposure and physiological responses in 600 pregnant women across three different climate zones in India: Chhattisgarh, Haryana, and Puducherry. For this study, community roundtables have been organized in Gurugram, Haryana and Bilaspur, Chhattisgarh. This study has been presented at various conferences, including the World Health Summit Regional Meeting in Delhi, the RCOG Green Maternity Conference, the Lancet-UCL Hot Brain Conference, and the Bellagio H.E.A.T. framework meeting.

## IMPACT EVALUATION OF A SURGICAL CAPACITY BUILDING INTERVENTION IN RURAL INDIA

In rural India, the ability to provide emergency surgical procedures at district hospitals (DH) is limited. The Impact Evaluation of a Surgical Capacity Building Intervention in Rural India project is a bilateral grant project, funded by the Indo-Norwegian Cooperative Program and the University Grants Commission, which seeks to build surgical capacity by training district hospital (DH) doctors through the World Health Organization's operative care course. Building upon the substantial work already undertaken by All India Institute of Medical Sciences, Delhi (a WHO Collaborating Centre for Emergency and Trauma), this initiative aims to strengthen the emergency medicine workforce at DHs. Our objective is to integrate operative care training into the existing surgical frameworks.

## MENTAL HEALTH AND SNAKEBITE IN WEST BENGAL, INDIA: A SURVEY

Despite India being one of the highest burden countries for snakebite, there have been no previous studies looking at the mental health manifestations of snakebite. Gaining insight into the experiences of snakebite survivors regarding depression and Post-Traumatic Stress Disorder (PTSD) is essential for developing comprehensive healthcare solutions to address these challenges.

Our study, titled “**Mental Health and Snakebite in West Bengal, India**” is a community-based survey conducted among snakebite survivors in the Sundarbans, West Bengal. The aim of this study is to determine the prevalence of depression and PTSD within one year after a snakebite. Additionally, the researchers investigated the circumstances surrounding the bites, their management, and the long-term effects on survivors. This research was awarded “Best Oral Presentation” at the International Conference on Toxinology (INTOX 2024) held in Madurai, Tamil Nadu.

## PERINATAL MENTAL HEALTH (PRAMH)

Perinatal mental disorders affect approximately 1 in 5 women during pregnancy and postpartum, with higher prevalence recorded in low-and-middle-income countries. **The Perinatal Mental Health project (PRAMH)**, is a multi-phase feasibility study aimed at developing an intervention to support women with Common Perinatal Mental Disorders

(CPMD) in rural India by integrating mental health services into community-based maternity care. In its initial phase (PRAMH1, 2022–2023), the study conducted a comprehensive situational analysis and engaged with women, families, healthcare providers, and policymakers to co-develop a theory of change. Building on these insights, PRAMH2 (2024–2025), funded by the Medical Research Council (MRC), has piloted a complex, community-based intervention in rural primary healthcare settings of Telangana and Faridabad. This intervention integrates four co-developed components and employs an equity- and systems-based implementation science approach, aiming to improve the feasibility, acceptability, and delivery of perinatal mental health services.



## RESEARCH ON CLIMATE CHANGE AND HEALTH IN INDIA: A PRIORITY SETTING EXERCISE

The World Health Organization (WHO) has identified climate change as the biggest threat to human health in the 21<sup>st</sup> century, potentially causing 2,50,000 additional deaths annually from malnutrition, malaria, diarrhoea, and heat stress between 2030 and 2050.

**This project** aims to identify priority research topics on climate change and health, consisting of two phases: Phase 1 involves systematically mapping research and creating a list of questions, while Phase 2 ranks these questions to establish a final consensus. The methodology used in this project is part of the WHO's guidance for best practices of incorporating ethics into health research priority setting.





## **NIHR-GLOBAL HEALTH RESEARCH CENTRE (GHRC): ENHANCING PRIMARY HEALTHCARE TO MITIGATE HEAT-RELATED HEALTH RISKS AND IMPROVE NON-COMMUNICABLE DISEASE MANAGEMENT**

This project is anchored in the NIHR GHRC for Non-Communicable Diseases and Environmental Change led by The George Institute for Global Health India in collaboration with Imperial College, London. This project aims to co-design and evaluate a primary healthcare intervention in Andhra Pradesh, to reduce heat-related health risks among the general population and individuals with cardio-metabolic conditions.

Through formative research, stakeholder consultations, and co-creation activities, the SMARThealth Climate intervention incorporates strategies that address both non-communicable diseases (NCDs) and heat-related components.

Key components of the initiative include enhanced clinical decision support, capacity building of health workers, community engagement, and real-time dashboards. Pilot testing is ongoing and will be followed by an evaluation study in 2026. The initiative aims to strengthen climate-resilient health systems, generate policy relevant evidence, and improve health outcomes in regions that are vulnerable to extreme heat.



Launched in October 2022, the NIHR Global Health Research Centre for Non-Communicable Diseases (NCDs) and Environmental Change is a dynamic collaboration spanning four countries and multiple institutions. Dedicated to impactful research that addresses the pressing challenges of global environmental change and non-communicable diseases (NCDs) and their intersection thereof, to create meaningful solutions for a healthier future.

## **COLLABORATION PARTNERS**

Spearheaded by The George Institute for Global Health in India and the Imperial College London, the NIHR GHRC is at the forefront of addressing critical health challenges associated with environmental change. The Centre brings together a diverse team of experts from the International Centre for Diarrhoeal Research in Bangladesh, Sri Ramachandra Institute of Higher Education and Research in India, and the University of Brawijaya in Indonesia. By harnessing their collective knowledge, the centre aims to tackle pressing health challenges linked to environmental change, paving the way for innovative solutions and improved public health outcomes.

## **FOCUS AREAS**

### ***Community Engagement and Involvement***

The Centre's research prioritizes Community Engagement and Involvement (CEI) as a vital component in the evidence-to-policy process. Engaged communities offer essential perspectives, unique lived experiences, and valuable insights that enrich all stages of the research. By applying the insights gathered through these evaluations, the

centre aims to craft effective strategies that will enhance CEI efforts in research, advocacy, and policy throughout the research process. These initiatives will also empower and mentor the next generation of community activists, creating a powerful link between health and environmental community engagement to drive meaningful change.

### ***Research Capacity Strengthening***

Research Capacity Strengthening (RCS) is essential for enhancing the capabilities and resources of individuals, institutions, and systems in conducting, communicating, and utilizing high-quality research efficiently and sustainably. The NIHR Global Health Research Centre for Non-communicable Diseases and Environmental Change is passionately committed to boosting research capacity, aiming to transform the evidence-to-policy landscape for our partner countries and collaborative institutions. By adopting a strategic four-pronged approach, the centre aims to deliver tailored, country-specific initiatives that not only build resilience and sustainability but also foster collaborative efforts to address and bridge existing capacity gaps, making a valuable difference in global health research impact.



## **Strengthening primary health care (PHC) through a digital platform**

SMART (Systematic Medical Appraisal, Referral, and Treatment) health is a revolutionary, low-cost, technology-driven healthcare delivery system designed to transform the way healthcare workers provide care. By offering personalized clinical decision support (CDSS), it ensures comprehensive assistance in the screening, management, treatment, referral, and follow-up of individuals with chronic diseases.

Through the NIHR-GHRC, the SMARThealth platform has successfully expanded to countries like India, Indonesia, and Thailand, proving its versatility. It now addresses multiple chronic conditions such as mental health disorders, diabetes, gestational diabetes, and chronic kidney diseases, making it an invaluable resource for healthcare providers. SMARThealth is poised to evolve into a multifaceted tool that facilitates surveys, household listings, and early warning systems. This expanded capability will empower healthcare delivery to be more proactive and effective, significantly enhancing the health and well-being of vulnerable and underserved populations.

### **Multi-sectoral interventions**

Interventions in public food procurement systems to promote environmentally sustainable dietary diversity for the prevention of non-communicable diseases (NCDs) in India. This initiative aims to establish and evaluate effective, sustainable improvements to the food aid baskets in Chhattisgarh and Andhra Pradesh. To enhance dietary diversity and combat NCDs, with a specific focus on diabetes and cardiovascular diseases. The intervention aims to transform the dietary landscape for vulnerable populations, fostering healthier choices and addressing the urgent challenges posed by non-communicable diseases and environmental degradation.

Water salinity adaptation for controlling hypertension in coastal areas in Bangladesh, which have been severely affected by storm surges caused by tropical cyclones leading to increased water salinity along the coastal belt of the nation. This rise in salinity has harmful health effects on local populations, including elevated blood pressure, progressive kidney disease, and gestational hypertension in pregnant women. The International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), aims to identify and test cost-effective, sustainable solutions to reduce

salinity in the water supply in the districts of Khulna and Satkhira in Bangladesh.

Identifying and implementing solutions to reduce the impact of plastic burning on non-communicable diseases (NCDs) in Indonesia. Researchers from the University of Brawijaya are implementing a series of targeted multi-sectoral interventions in the Malang district of East Java, aiming to reduce exposure to harmful air pollutants and tackle the rising cases of cardiovascular disease and chronic obstructive pulmonary disease. While establishing the necessary infrastructure and building capacity for ongoing atmospheric measurement, modeling, and research that will support future efforts in NCD prevention linked to plastic burning.

Heat exposure and adaptation tools to protect vulnerable groups in Chennai, India. Researchers in the Sri Ramachandra Institute of Higher Education and Research are designing essential toolkits and training programs to empower at-risk communities and workplaces, ensuring the safety and well-being of workers and their families. Mitigating the risks of heat stress, workload, and non-communicable diseases (NCDs) across diverse communities. The intervention aims to provide heat mitigation tools for workers, community leaders, healthcare professionals, and local and state officials, contributing to the improvement of public health.

## **INTENDED OUTCOMES**

- Enhancing health equity, wellbeing, and environmental sustainability across India, Indonesia, and Bangladesh.
- Strengthening research infrastructure to generate high-quality evidence on non-communicable diseases (NCDs) in populations most vulnerable to environmental changes.
- Mobilizing community engagement and involvement capabilities to ensure that evidence, advocacy, and policy actions are community-centric and benefit underserved populations.
- Create a collaborative data platform across Bangladesh, India, and Indonesia that comprehensively captures community environmental risks, behavioral risk factors, and disease management practices to facilitate informed decisions, enhance public health outcomes, and foster resilient communities.

## STUDY AND ACTION ON HYSTERECTOMY: EVIDENCE ON WOMEN'S HEALTH THROUGH THE LIFE COURSE IN INDIA (SAHELI)

Undergoing an early hysterectomy—before the onset of natural menopause—can lead to significant health risks, including a higher likelihood of developing cardiovascular disease and osteoporosis. The SAHELI project examines the prevalence, causes, and health consequences of early hysterectomy in Bihar, Punjab, and Telangana. By utilizing population-based surveys and qualitative interviews, SAHELI will co-produce actionable recommendations designed to reduce unnecessary early hysterectomies. The SAHELI team has proactively engaged with 417 healthcare providers to establish new national guidelines. Efforts have resulted in the successful inclusion of hysterectomy-related questions in a significant aging survey and promotion of alternative treatments like the Levonorgestrel Intrauterine System (LNG-IUS). Currently, a large-scale survey is underway, with trained project officers and health investigators committed to empowering women and enhancing health outcomes.

## SMARThealth CHATGPT

In India, over one million Accredited Social Health Activists (ASHAs) care for 25 million pregnant women annually; yet anemia, hypertension, and gestational diabetes remain key risks. Co-developed with ASHAs, **SMARThealth ChatGPT** is a large language model (LLM) chatbot designed to support guideline-based pregnancy and postpartum care in rural India. Integrated into the SMARThealth Pregnancy (SHP) app, the chatbot uses a fine-tuned GPT-4.0 model to deliver clinically accurate responses via a Hindi and Telugu interface. The five-stage study included model development using retrieval-augmented generation, user co-design workshops with ASHAs for a priority question bank followed by clinical validation to create a 'Gold Standard' Q&A bank, iterative refinement with multilingual support, and user testing through feedback from 'superusers' and supervised clinical beta testing with pregnant and postnatal women. Funded by the Bill and Melinda Gates Foundation under the Grand Challenges Equitable AI initiative (INV-062589), the tool is now in the final stages of refinement before field assessment.

## SMARThealth PREGNANCY

Pregnancy complications such as high blood pressure, gestational diabetes, and anaemia pose serious risks, especially in rural India. These conditions increase long-term health risks, including type 2 diabetes and cardiovascular disease. **The SMARThealth Pregnancy (SHP)** aims to determine if community-based early screening, referral and management of high-risk pregnancy conditions can improve women's health during pregnancy and in the first year after birth.

Through this project, 120 Accredited Social Health Activists (ASHAs) have been trained to use the SMARThealth digital app to screen rural women for high-risk pregnancies and test for glucose tolerance. With over 3,500 women enrolled, the intervention has demonstrated high feasibility and acceptability.

### This project has led to two major international collaborations co-led by The George Institute for Global Health:

- NIHR RIGHT 7 which will be adapting SHP for four Caribbean countries (Jamaica, Guyana, St Vincent and the Grenadines and Dominica)
- CRADLE-SMART working with colleagues innovating point-of-care ultrasound and diagnostics to improve preeclampsia detection in Sierra Leone and Zambia.

*"Our women's health program is impacting the critical issues of our times, including how to protect women and girls from the effects of climate change, how to harness the power of AI to bridge healthcare gaps, and shine a light on overlooked and neglected areas of women's health, including sex and gender equity in health and research."*



**Jane Hirst**  
Chair in Global Women's Health

## THE RESILIENCE COLLABORATIVE

The Resilience Collaborative (TRC), hosted by The George Institute for Global Health and supported by the Johnson and Johnson Foundation, is a global learning community focused on strengthening healthcare worker (HCW) resilience in low-resource settings. TRC works with individual and institutional members, along with partners like **Dimagi** and **Reach**, through three main strategies:

1. Ensuring sustainability through community ownership.
2. Innovating and scaling actionable insights to enhance HCW resilience.
3. Sharing knowledge to empower HCWs to influence policy and systems.

To know more about this work, visit [trc.community/](https://trc.community/)

**TRC Partners in Africa Region**

**REACH** Reach Digital Health harnesses existing technology to educate and empower healthcare workers and the people they serve throughout their health journeys. Reach is transforming healthcare in Sub-Saharan Africa, where 26% of global disease burden contrasts sharply with only 3% of the global health workforce. [www.reachdigitalhealth.org](http://www.reachdigitalhealth.org)

**Dimagi** Dimagi is a global social enterprise that powers impactful frontline work through scalable digital solutions and services. Since 2002, Dimagi has been guided by a vision of a world where everyone has access to the services they need to thrive. [www.dimagi.com](http://www.dimagi.com)

**Our Aims**  
Improve the wellbeing and resilience of healthcare workers and the systems they support -

- through leadership development and capacity building
- to advance equitable quality of care
- Co-develop evidence-based solutions for scale

Disseminate learning to empower healthcare workers and influence policy

**Our Values**

- Community led governance
- Nurture relationships for resilience
- Living Systems Approaches
- Inclusive: Indigenous Insights, Lived experiences and Reflective Practices

**Join us**  
TRC Community  
[TRCCommunity@GeorgeInstitute.org](mailto:TRCCommunity@GeorgeInstitute.org)  
We look forward to speaking with you

**The RESILIENCE COLLABORATIVE**

**A Global Learning Community**  
Dedicated to HealthCare Worker Resilience

Hosted by **The George Institute for Global Health** [www.georgeinstitute.org](http://www.georgeinstitute.org)

Supported by **Johnson and Johnson Foundation** [www.jnjfoundation.com](http://www.jnjfoundation.com)

**TRC.COMMUNITY**

## UNDERSTANDING AND PREVENTING CHILD DROWNING IN THE SUNDARBANS, WEST BENGAL

Drowning is a leading cause of death and disability worldwide, resulting in an estimated 300,000 deaths each year of which approximately 18% occur in India.

The Understanding and preventing child drowning in the Sundarbans, West Bengal project, funded by Bloomberg Philanthropies, The George Institute for Global Health India, along with the Child in Need Institute, conducted one of the largest population-based drowning surveys covering approximately 18 million people.

Our research reported drowning rates to be 2.5 times higher than the Global Burden of Disease estimates, indicating a significant underestimation in routinely collected data and estimations. Among our findings were 12 drowning deaths in children aged 1 to 10 years, highlighting a critical gap in child injury prevention.

These results are now informing the implementation of WHO-recommended child drowning prevention interventions in high-risk settings.

*“Child drowning is a preventable injustice, not an inevitable accident. We’re working to shift the conversation from rescue response to upstream action -rooted in equity, context, and the lived realities of at-risk communities.”*



**Jagnoor Jagnoor**  
Program Lead, Injury

## WHO COLLABORATING CENTRE FOR EMERGENCY, CRITICAL AND OPERATIVE CARE (WHOC IND-184)

In September 2024, The George Institute for Global Health India was designated as the World Health Organization (WHO) Collaboration Centre for Emergency, Critical, and Operative Care (IND-184), approved by the Ministry of Health and Family Welfare (MoHFW), WHO Southeast Asia Regional Office (WHO-SEARO), and WHO India to lead the charge in creating and implementing vital initiatives such as the Universal Health Care Compendium (UHC), the Operative Care Course, and the WHO Clinical Registry. The operative care course and the clinical registry aim to improve surgical care while the UHC compendium offers a diverse range of surgical packages that the member states can choose from, a positive step towards equitable access to surgical care.



# Our Research



## TACKLING THE WORLD'S BIGGEST HEALTH CHALLENGES

At The George Institute, we believe everyone has the right to live a healthy life. **Our research** finds solutions to the world's biggest health challenges, striving to make that right a reality for all. We work with **partners** and **communities** across the world to conduct rigorous, high-quality research to make a real difference to people's health, particularly those facing the most barriers, advancing our vision of global health equity.

## OUR RESEARCH STRATEGY

Better treatments, better care, healthier societies

Our Strategy 2030 focuses on equity, resilience, and impact. Guided by this vision, our research tackles critical health issues with practical solutions to improve treatments, care delivery, and promote healthier lives.

*"The George Institute India operates a centralized unit that provides comprehensive support to researchers across grants development and submission, data management, statistics, project operations and quality assurance. We believe that an enabling research environment is necessary for producing high quality evidence based outcomes."*



**Madhuri Dutta**

Head of Strategic Partnerships and Commissioned Research, India

## CENTRE FOR OPERATIONAL AND RESEARCH EXCELLENCE

The Centre for Operational and Research Excellence (CORE) is a global group and provides high-quality expertise as well as robust operations, systems and processes to deliver The George Institute's research strategy. Read more about CORE's functional activities here - [Centre for Operational and Research Excellence | The George Institute for Global Health](#)

### CORE PROVIDES:



Data  
management



Quality  
assurance



Research strategy  
and training



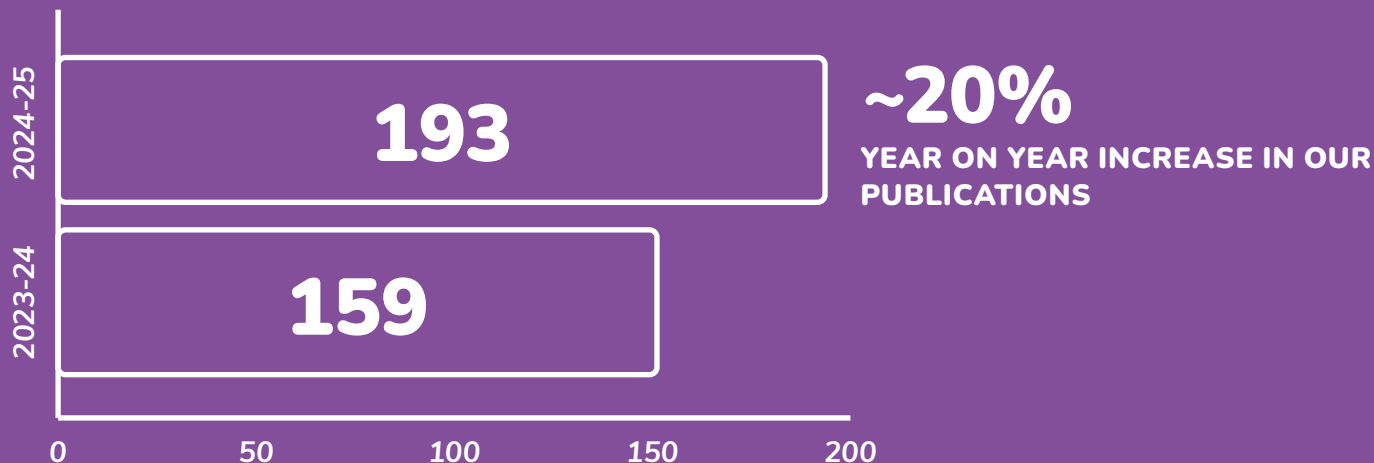
Project  
operations



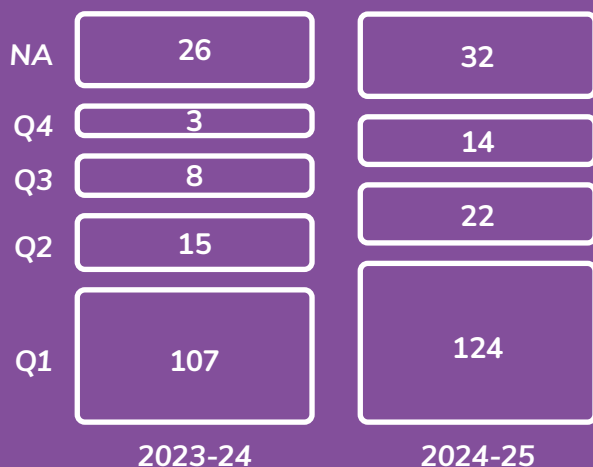
Statistical  
services



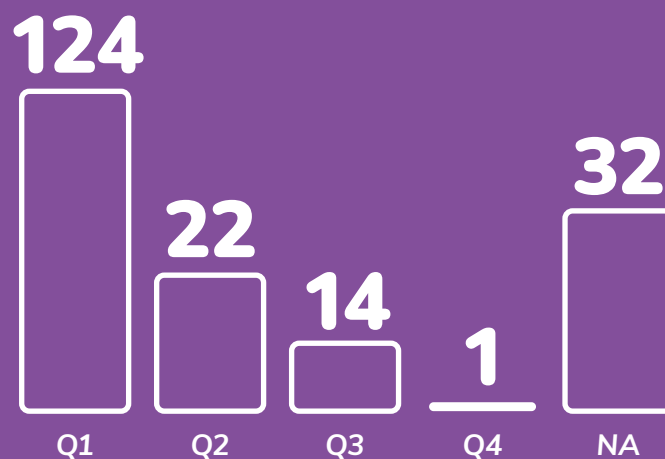
## NO OF PUBLICATIONS BY FINANCIAL YEAR



## PUBLICATIONS BY SCIMAGO JOURNAL QUARTILE (SJR)

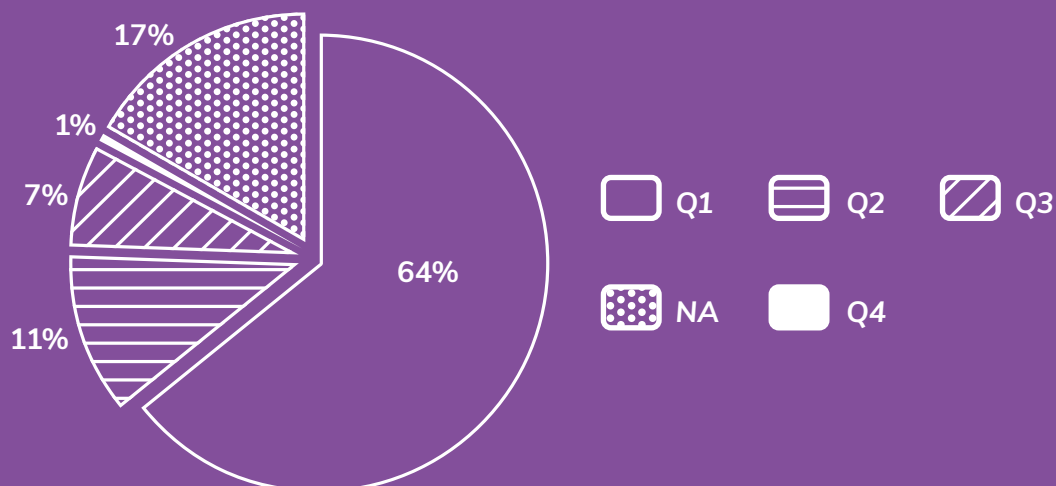


## PUBLICATIONS IN SJR QUARTILE (TOTAL NUMBER)



**75%** OF OUR PAPERS ARE PUBLISHED IN Q1 AND Q2 JOURNALS

## PUBLICATIONS BY SJR QUARTILE (COVERAGE)





# Events



## SAFETY 2024 (SEPTEMBER 2–4, 2024)

We proudly hosted Safety 2024 - bringing together global leaders, researchers, and changemakers to advance the agenda on injury prevention and safety promotion.

The 15<sup>th</sup> World Conference on Injury Prevention and Safety Promotion (Safety 2024), co-sponsored by the WHO and hosted by The George Institute for Global Health, was held at the Taj Palace, New Delhi.

The event was in collaboration with three other WHO Collaborating Centres in the region:

- Transportation Research and Injury Prevention Center (TRIP) at the Indian Institute of Technology (IIT) Delhi
- Department of Emergency Medicine, All India Institute for Medical Sciences (AIIMS)
- Department of Epidemiology, National Institute of Mental Health and Neuro Sciences (NIMHANS)

International experts gathered at this event with a united goal of **“Building a safer future for all: Equitable and sustainable strategies for injury and violence prevention”**.

Union Minister Shri Nitin Gadkari delivered the keynote and launched the ‘Consensus Statement for Road Safety in India (2025–2030)’. Shri Gadkari emphasized the importance of a collective effort to tackle road safety challenges. He said “It’s time for a collective effort—government, industry, and citizens alike—to address this issue head-on. By implementing strategic measures, creating safer road environments, and fostering respect for the law, we can significantly reduce the number of accidents and make our roads safer for everyone”.

Dr. Etienne Krug, Director, Department of Social Determinants of Health, WHO Geneva, emphasized the importance of high-level representation at the upcoming Ministerial Conference.

*“The bridge between scientific research and political action is built through close collaboration with policymakers. These conferences are not just about sharing knowledge—they are about ensuring that governments transform evidence into legislation and action. We are far from eliminating violence against children and road fatalities, but with united political will, we can make significant strides toward these goals,” he said.*

The 3 day conference featured impactful sessions on road safety, injuries prevention, gender-based violence prevention, child violence prevention and many other very relevant topics to make the world a safer place for all.

## REPORTS RELEASED

Consensus Statement for Road Safety in India  
**Consensus Statement Report**

WHO South-East Asia Regional status report on road safety: Towards safer and sustainable mobility - **WHO South-East Asia Regional status report on road safety: Towards safer and sustainable mobility**

Editorial in The BMJ by Dr. Jagnoor Jagnoor and Dr Kent Buse - **Integrating injury prevention into the planetary health agenda: a vital opportunity | The BMJ** India’s First National Unintentional Injury Prevention Strategy, owned by the Ministry of Health and Family Welfare, Govt. of India. Ministry of Health and Family Welfare.

## ACCOUNTABILITY FOR INFORMAL URBAN EQUITY (ARISE) – FILM SCREENINGS (SEPTEMBER 20, 2024)

Documentary Screenings in India – Films about waste workers wellbeing shared with local officials. Watch the videos here - **Systems of Waste: Documentaries exploring the lives of sanitation workers and waste pickers in India.**



The AriseHub team collaborated with filmmaker Sutapa Deb of NDTV to create documentaries from their research, showcasing five years of partnership with waste worker communities in Shimla and Vijayawada and Guntur. “Systems of Waste” examined the impact of informal sanitation practices on workers’ wellbeing in Shimla, while “Life of Waste” highlighted the challenges faced by waste pickers in Vijayawada and Guntur. The trust built between researchers, and the community was key to conveying the films’ messages, allowing participants to share their authentic stories and experiences on camera.

## BUILDING A RESILIENT HEALTHCARE WORKFORCE: THE GEORGE INSTITUTE FOR GLOBAL HEALTH AND ACCESS HEALTH INTERNATIONAL PARTNER UP (11 AND 12 MARCH 2025)

ACCESS Health International hosted the 3rd Annual Conclave of the Global Learning Collaborative for Health Systems Resilience (GLC4HSR) in New Delhi. The conclave focused on resilience assessments, digital healthcare solutions, climate change impacts, and new funding strategies to address these concerns. At this conclave, the two organisations came together through The George Institute for Global Health’s The Resilience Collaborative and the Global Learning Community for Health Systems Resilience (GLC4HSR) to advance health worker resilience at both systemic and individual levels.

*“Healthcare professionals are some of the most brave individuals who perform in highly stressful contexts. It is vital to support the health workforce through multiple systems to ensure their resilience. This in turn will contribute in achieving resilient health systems. This collaboration will augment ACCESS Health International and The George Institute for Global Health’s work to learn and respond effectively to these needs, at individual and health systems levels.”*



**Vivekanand Jha**  
Executive Director, India

## ADDRESSING ADOLESCENT MENTAL HEALTH USING LIFE SKILLS EDUCATION (ANUMATI) (FEBRUARY 20, 2025)

The George Institute for Global Health India hosted “Addressing Adolescent Mental Health Using Life Skills Education: ANUMATI - An intervention in urban slums in India a policy symposium, to address adolescent mental health in the country. The project aims to enhance the resilience and mental health of teenagers living in urban slums through life skills development, and to reduce stigma related to mental health amongst them by fostering healthy discussions around mental health amongst them. The symposium featured two insightful panel discussions. The first, “Voices from the Ground,” provided a platform for community perspectives and highlighted key challenges faced by adolescents. The second panel, “Experts Speak,” brought together leading professionals and explored key stressors impacting adolescents, the rising burden of academic pressures, and the role of health systems in addressing mental well-being.





## REDUCING HYPERTENSION: THE ROLE OF LOW SODIUM SALT SUBSTITUTES FOR POPULATION HEALTH (MARCH 7, 2025)

This workshop hosted by The George Institute for Global Health in collaboration with Resolve to Save Lives explored the compelling evidence linking sodium and potassium intake to blood pressure levels. The workshop also addressed the need for updated clinical guidelines, advocating for low-sodium salt substitutes as a key dietary recommendation in hypertension management.

*Reducing hypertension: The role of low sodium salt substitutes for population health | The George Institute for Global Health*



## SWIMS SAFE GRADUATION CEREMONY (MARCH 28, 2025)

The George Institute for Global Health hosted a SwimSafe Graduation Ceremony to mark the completion of our SwimSafe initiative in Kerala, developed in collaboration with Royal Life Saving Society, Australia and supported by the Direct Aid Program under the Australian Consulate-General in Chennai and Vasudevan Sivankutty, Minister of General Education and Labour, Kerala Government. The SwimSafe graduation ceremony showcased the students' achievements and their newly acquired survival swimming and basic rescue skills, reinforcing the importance of drowning prevention through structured interventions.



## NIHR GHRC 2<sup>ND</sup> ANNUAL SYMPOSIUM IN CHENNAI (DECEMBER 2-7, 2024)



The 2nd Annual Symposium of the NIHR GHRC hosted last year in December focused on the impact of climate change on health and innovative strategies for sustainable health and environment. Our Chief Executive Officer, Dr. Anushka Patel underscored the urgent need to tackle the intersection of environmental change and non-communicable diseases (NCDs), emphasizing the challenges faced in low- and middle-income countries. Our Executive Director, Dr Vivekanand Jha stressed the importance of community-driven, scalable innovations to support vulnerable populations for equitable progress.

## EVIDENCE TO POLICY (E2P) (MAY 13, 2024)



The George Institute India hosted its annual Evidence2Policy lecture, last year featuring the Global Chief Executive Officer of Amref Health Africa, Dr Gitinji Gitahi. Dr Gitahi, a former co-chair of UHC2030 and a member of the Governing Board of the Africa Centre for Disease Control, spoke on the topic 'Health, wealth and equity in low-income economies'.



*"The George Institute for Global Health India with its focus on using multidisciplinary lens to conduct research while exploring multiple health issues in India and beyond is generating evidence that not only informs new ways to tackle those health issues but also is identifying key strategies that is impacting policies. We strive to challenge ourselves continuously to conduct high quality research for India and other regions of the world."*



**Pallab Maulik**

Director of Research, India and Program Director  
Mental Health



# Funders and Collaborators

- ACCESS Health International, INC
- All India Institute of Medical Sciences
- American Heart Association, Inc
- Asian Development Bank
- Azim Premji Philanthropic Initiatives Private Limited
- Bill & Melinda Gates Foundation
- Bloomberg Philanthropies
- Boston Children's Hospital
- Cadila Healthcare Limited
- Columbia University
- Dayanand Medical College & Hospital
- DBT/Wellcome Trust India Alliance
- Department of Biotechnology
- Dr Shyama Prasad Mukherjee University
- EngenderHealth, Inc
- European Foundation for the study of Diabetes
- FIA Foundation
- Fidelity International
- GIVE Foundation
- Give2Asia
- HCL Foundation
- Imperial College London
- Imperial College of Science, Technology and Medicine
- Indian Agricultural Research Institute
- Indian Council of Medical Research
- Indian Institute of Public Health Bhubaneswar
- Indian Institute of Technology Bombay
- Indian Institute of Technology Jodhpur
- Institute of Tropical Medicine
- International Centre for Diarrhoeal Research, Bangladesh
- International Paediatric Nephrology Association
- Johnson & Johnson
- King's College London
- Koita Centre for Digital Health
- Liverpool School of Tropical Medicine
- Manipal Academy of Higher Education
- NIHR Global Health Research Centre
- Northwestern University
- PATH
- Population Council Institute
- Postgraduate Institute of Medical Education and Research, Chandigarh, India
- Resolve to Save Lives
- Royal National Lifeboat Institution
- Rutgers School of Public Health
- Sri Ramachandra Institute of Higher Education & Research, Chennai, India
- St John's Research Institute Bangalore
- Tata Trusts
- The Australian Consulate-General, Chennai
- The Royal Society of Tropical Medicine & Hygiene
- The University of New South Wales
- The University of Sydney
- The World Food Programme
- UNICEF India
- Universidad Peruana Cayetano Heredia, Peru
- University of Brawijaya, Indonesia
- University of Cape Town
- University of Oxford
- Varient Bio Inc
- Wellcome Trust UK
- World Health Organization



*“Our financial governance is built upon a foundation of robust controls and ethical practices, ensuring complete integrity and unwavering compliance in every aspect of our mission.”*



**Vaibhav Chauhan**  
Director, Finance and Administration, India

# Our Financials

## BALANCE SHEET AS AT 31<sup>ST</sup> MARCH 2025

(All amounts are in INR Thousand, unless specified otherwise)

	2025	2024
<b>Equity and Liabilities</b>		
1. Shareholders' Funds		
I. Share capital	8,840	8,840
II. Reserves & surplus	1,33,151	1,03,025
<b>Total Shareholders' funds</b>	<b>1,41,991</b>	<b>1,11,865</b>
2. Non-current liabilities		
I. Other long-term liabilities	1,101	637
II. Long-term provisions	15,090	13,095
<b>Total non-current liabilities</b>	<b>16,191</b>	<b>13,732</b>
3. Current liabilities		
I. Trade payables		
Total outstanding dues of micro enterprises and small enterprises	2,572	2,662
Total outstanding dues of creditors other than micro enterprises	21,549	13,288
II. Other current liabilities	2,45,400	1,71,904
III. Short-term provisions	29,000	23,303
<b>Total current liabilities</b>	<b>2,98,521</b>	<b>2,11,157</b>
<b>Total equity and liabilities</b>	<b>4,56,703</b>	<b>3,36,754</b>
<b>Assets</b>		
1. Non-current assets		
I. Property, plant & equipment	4,979	6,484
II. Long-term loans & advances	2,102	2,049
Other non-current assets	42,346	42,336
<b>Total non-current assets</b>	<b>49,427</b>	<b>50,869</b>
2. Current assets		
I. Cash and bank balances	3,07,831	1,89,862
II. Short-term loans and advances	4,867	3,217
III. Other current assets	94,578	92,806
<b>Total current assets</b>	<b>4,07,276</b>	<b>2,85,885</b>
<b>Total assets</b>	<b>4,56,703</b>	<b>3,36,754</b>

## INCOME & EXPENDITURE ACCOUNT, FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2025

(All amounts are in INR Thousand, unless specified otherwise)

	2025	2024
<b>Income</b>		
Project funds, Grants and Donations	4,92,104	4,32,760
Other Income	9,126	7,998
<b>I. Total Income</b>	<b>5,01,230</b>	<b>4,40,758</b>
<b>Expenditure</b>		
Employee Benefit Expenses	2,81,264	2,35,614
Depreciation expense	2,885	2,959
Other Expenses	1,86,955	1,75,196
<b>II. Total Expenditure</b>	<b>4,71,104</b>	<b>4,13,769</b>
<b>Surplus/(Deficit) for the year</b>	<b>30,126</b>	<b>26,989</b>



AT A GLANCE

600+ people

80+ projects

974+ publications



The George Institute  
for Global Health India

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