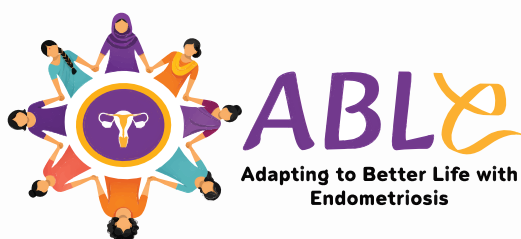




Meeting Report

Research Agenda for Endometriosis and Other Gynaecological Morbidities Among Indian Women

2026



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1. Introduction

On Friday, 6 February 2026, a multistakeholder consultation was held in New Delhi to address the significant gaps in understanding and addressing endometriosis and gynaecological morbidity (GM) in India. This meeting brought together diverse experts, clinicians, researchers, public health specialists, economists, and a patient advocate to inform the ICMR-funded Adapting to a Better Life with Endometriosis (ABLE) study, examining the mental health and economic burden associated with endometriosis

The consultation aimed to identify priority research areas and approaches to addressing endometriosis and gynaecological morbidity (GM) in India. This report summarizes the key discussions and outcomes, highlighting the need for integrated research, policy development, and patient-centred strategies to improve gynaecological health outcomes in India.

2. Background and Rationale

Gynaecological morbidity (GM) represents a critical yet underprioritized research area in India. Few studies with specific cohorts of population show an alarming prevalence of 40-80%. Around 11-15% of women—especially those in their reproductive years and older—report gynaecological morbidity (GM), including menstrual irregularities, reproductive tract infections, fibroids, prolapse, and postmenopausal symptoms. Yet, treatment-seeking remains alarmingly low, with only about 40% of women accessing care. This is compounded by deep-seated cultural taboos around menstruation and menopause, socio-economic inequities, and knowledge gaps—factors that exacerbate health disparities, particularly among rural, less educated, and marginalized communities.

Additionally, as India transitions to a higher burden of non-communicable diseases, gynaecological conditions—such as endometriosis—contribute significantly to women's morbidity and mortality, especially among older women, yet remain overshadowed in policy and research agendas. Prioritizing research into GM in India can inform culturally sensitive screening programs, strengthen

primary care, and close critical gaps in women's care across the lifespan—from adolescence through menopause—supporting a holistic, life-course approach to women's health.

The George Institute for Global Health (TGI) established its India office in 2007 with a mission to improve global health through rigorous, high-quality research. Non-communicable diseases (NCDs) are a core focus of the institute, alongside programs in renal, mental, and cardiometabolic health. Women's health is a key priority within this agenda. Our research is driven by cross-cutting, multidisciplinary teams addressing critical issues such as gynaecological morbidities (including endometriosis), the prevalence of unnecessary hysterectomies, the impact of heat exposure on pregnancy, maternal anaemia, and gestational diabetes. We also work to strengthen health systems for screening high-risk pregnancies and cervical cancer. TGI places special emphasis on chronic conditions affecting women, recognizing their profound impact on health equity and quality of life.

There are several reasons for prioritising a research agenda for GM at this time. Key reasons include underreporting by patients, underutilization of healthcare services, health systems that prioritize maternal and child health over a life-course approach, and inequities in access to care.

The George Institute for Global Health (TGI) convened a half-day research agenda-setting workshop that brought together government functionaries, patients with lived experience, clinicians, researchers, and key association leaders. The objective was to identify 3-4 core research priority areas in gynaecological morbidity including endometriosis that are most relevant to Indian women. The expected outcome was to develop targeted research proposals around these priorities, thereby building a robust evidence base to inform policy and practice on GM in India.

3. Consultation Process

The consultation was conducted as a half-day stakeholder workshop (refer Annexure 1 for agenda) held in New Delhi. The meeting was attended by researchers, clinicians, and academicians from Government and Non-Government Organizations (refer Annexure 2& 3 for attendees list and bios).

The design of the meeting reflected a structured agenda-setting approach intended to bring together a range of disciplinary and experiential perspectives on endometriosis and other gynaecological morbidities in India.

The meeting opened with welcome remarks and an introduction by the leadership of The George Institute for Global Health, followed by a context-setting session that outlined the aims of the workshop and the expected outputs. This initial segment-oriented participants to the need for a national research agenda on endometriosis and gynaecological morbidity and established the scope of discussion for the day.

The technical discussions were organised into two moderated sessions. Session 1 focused on existing evidence and challenges in endometriosis and gynaecological morbidity research in India. This session examined current evidence gaps, barriers to diagnosis, limitations in existing studies, and challenges in generating robust evidence across public-sector and low-resource settings. Session 2 focused on identifying new research priorities for endometriosis and gynaecological morbidity in India. Participants discussed the most urgent research priorities, the kinds of studies required, the importance of women-centred and gender-responsive approaches, and the evidence needed to influence policy and programme design.

The panel discussions were followed by a group discussion and synthesis segment that enabled participants to reflect on points of convergence, consolidate priority themes, and consider actionable next steps. The workshop concluded with a summary of key takeaways and proposed directions for collaboration. Across all sessions, the consultation emphasised multidisciplinary engagement, combining perspectives from clinical medicine, community medicine, health economics, mental health, public health research, and lived experience.

4. Key Findings

Participants highlighted critical gaps in addressing endometriosis and GM in India:

- **Lack of national prevalence data:** Current data arise primarily from hospital-based studies that are often small, biased, and not generalizable.

- **Diagnostic delays:** A major concern discussed was the prolonged diagnostic delay—ranging from 7 to 11 years due to normalized menstrual pain, inadequate clinical training, and infrastructure gaps.
- **Inconsistent care:** The absence of national clinical guidelines or standardized pathways contributes to varied treatment approaches.
- **Low awareness and stigma:** Cultural silence around menstruation hinders care-seeking, with many women and adolescents normalizing pain or lacking access to accurate information. Stigma also leads to delayed diagnoses and inadequate support systems.
- **Limited multidisciplinary care:** Managing endometriosis requires a holistic approach, lacking in India. Multidisciplinary teams are scarce, leading to fragmented care and poor outcomes.
- **Economic burden unclear:** Systematic cost-of-illness studies are needed to understand the full impact of endometriosis on healthcare systems and individuals.
- **Research gaps:** Key areas needing study include the natural history of endometriosis, risk factors, long-term outcomes (e.g., fertility, chronic pain), and potential associations with cancers like ovarian cancer.

5. Challenges Identified

5.1 Clinical challenges

Overlapping symptoms and the absence of a reliable, non-invasive diagnostic test make diagnosis tough. Laparoscopy—the gold standard—remains invasive, expensive, and often inaccessible. There is no clear treatment hierarchy, resulting in heterogeneous clinical practice patterns. Adolescents, in particular, experience diagnostic ambiguity and lack adequate counselling. The domain of infertility management similarly lacks standardized, evidence-based algorithms.

5.2 Health system challenges

Shortage of trained laparoscopic and robotic surgeons in the public sector severely limits access to specialized care. Clinicians are overburdened, leaving little room for research or patient counselling.

Fragmentation of care across gynaecology, surgery, and infertility units disrupts continuity. There is also an absence of school-based or community-based screening approaches and no structured engagement with frontline workers such as ASHAs or Community Health Officers.

5.3 Social and cultural barriers

Menstrual pain is widely normalized by families and even by healthcare providers. There is a lack of local-language terminology for endometriosis, making communication difficult. Many women require permission from male family members to seek care, limiting autonomy and access. The significant mental health burden—including anxiety, depression, and trauma-like symptoms—remains consistently under-recognized.

The gravity of these challenges is starkly illustrated by the lived experiences of women like Apoorva, highlighted in Box 1.

Box 1: Lived Experience Insights

Apoorva's narrative brought a deeply human dimension to the discussion. Despite being urban, educated, and financially secure, she experienced over a decade of misdiagnosis and dismissal of her symptoms as "normal".

Transvaginal ultrasounds were delayed due to her unmarried status, contributing to disease progression. Ultimately, she required complex bowel resection surgery. Throughout her journey, she had no access to structured mental health support and described experiencing fear, trauma, and persistent distress.

Her story highlights the urgent need for evidence-based patient information, early recognition of symptoms, multidisciplinary and psychological care, and socially supported pathways for obtaining timely treatment.

6. Priority Research Areas

A range of priority research domains were identified, which includes:

6.1 Epidemiology

India urgently needs national prevalence estimates using ICMR's MRHRUs/MRUs, community-based studies including adolescents, and longitudinal cohorts to understand natural history. Diagnostic priorities include the development of non-invasive tools such as biomarkers, microRNA, and AI-assisted imaging; screening algorithms for primary care; and school-level symptom checklists.

6.2 Clinical management

Research should focus on comparative effectiveness of therapies, models of multidisciplinary care, adolescent-specific guidelines, criteria for malignancy risk, fertility-preservation strategies, and protocols for women undergoing surgical menopause.

6.3 Health systems

Research needs include developing referral pathways, algorithms for GM screening within NHM, and training packages for GPs, CHWs, and ASHAs. Integration into national programmes—such as preconception care, RMNCHA, and RKSK—was identified as essential.

6.4 Social and cultural

Participants called for research on stigma, workplace and school absenteeism, gender norms, and mental health outcomes.

6.5 Health economics

Research is necessary to estimate nationwide cost of illness, identify insurance gaps, and build evidence for establishing a National Action Plan for GM—drawing inspiration from models in Australia, Denmark, and France.

6.6 Environmental and genetic factors

Factors pertaining to ethnic variations, dietary patterns, exposures, and GWAS-informed risk, also emerged as promising areas for investigation.

7. Proposed Collaborative Actions

Participants emphasized the need to build a national consortium involving medical colleges, research institutions like George Institute, ICMR units, NGOs, and patient groups to drive coordinated research.

A consensus-driven set of 3–4 national research priorities should be published to guide academic and policy efforts. Multi-level awareness strategies—targeting schools, workplaces, social media, and clinical training—should be developed to counter stigma.

Pilot testing of primary-care-based screening and referral pathways in select districts could serve as a structured proof of concept.

Finally, the creation of patient education materials and support groups was viewed as critical for improving health literacy and reducing isolation.

8. Major Outcomes to Focus On

Key outcomes proposed include:

Clinical care: Developing a robust multidisciplinary clinical care model that evaluates reduction in pain, improvement in fertility, and changes in quality of life.

Mental health: Identify effective psychological interventions to improve the quality of life of women (core outcome, in ABLE study) .

Clinical outcomes: Establishing standard screening and diagnostic guidelines to reduce delays.

Economic outcomes: Reducing out-of-pocket expenditures for diagnosis and care and advocating for integration of endometriosis services into insurance packages.

9. Key Takeaways

The consultation clearly underscored that endometriosis and gynaecological morbidity are substantial yet neglected public health issues in India. Addressing these conditions requires improved awareness, stronger evidence generation, multidisciplinary clinical care models, policy recognition, and patientcentred research approaches.

It calls for a national commitment to women's gynaecological health that extends, adopting a comprehensive life-course perspective, beyond maternity-focused care.

Action items:

1. Publish a problem statement document based on the meeting and discussions
2. Share report takeaways at stakeholder engagement meetings in GMCH and KMC in 2026.
3. Establish a formal network of stakeholders identified in the ABLE project to be established for continued knowledge sharing.

10. Acknowledgement

We are grateful to The Indian Council of Medical Research, ICMR for supporting the study titled- Adapting to a Better Life with Endometriosis (ABLE).

Annexures

Annexure I - Agenda

Time	Session	Details / Speaker
09:00 – 09:15	Welcome & Introduction	Pallab K Maullik Director (Research), The George Institute for Global Health
09:15 – 09:45	Agenda and expected outcome of this workshop	Preety Rajbangshi Senior Research Fellow, The George Institute for Global Health
09:45 – 10:45	Existing evidence and challenges in Endometriosis and other GM research in India	<p>Moderator Prof Rajeshwari Bhat Dept of Obstetrics and Gynaecology Kasturba Medical College Manipal Academy of Higher Education</p> <p>Panelists Dr Rahul Gajbhiye Scientist E and Head Clinical Research Laboratory ICMR National Institute for Research in Reproductive and Child Health Mumbai, Nodal Officer Model Rural Health Research Unit Vani District Nasik Maharashtra</p> <p>Prof Vanita Jain (ONLINE) Head, Department of Obstetrics and Gynaecology, PGIMER</p>
10:45 – 11:00	Coffee Break	
11:00 – 12:30	Identifying NEW research priorities in Endometriosis and other GM in India	<p>Moderator Prof Pallab Maulik Director of Research, The George Institute for Global Health</p> <p>Panelists Dr Rahul Gajbhiye Scientist E and Head Clinical Research Laboratory ICMR National Institute for Research in Reproductive and Child Health Mumbai, Nodal Officer Model Rural Health Research Unit Vani District Nasik Maharashtra</p> <p>Prof Vanita Jain (ONLINE) Head, Department of Obstetrics and Gynecology, PGIMER</p> <p>Dr Tanica Lyngdoh Scientist E, Clinical Studies and Trial Unit Indian Council of Medical Research</p> <p>Ms Apoorva Joshi President of Strategy and Care Delivery Luma Fertility and Wellness Care</p> <p>Prof Ranjitha Shetty Department of Community Medicine Associate Dean, Kasturba Medical College, Manipal Academy of Higher Education</p> <p>Prof Panchanan Das Senior Obstetrician and Gynecologist Department of Obstetrics and Gynecology, Guwahati Medical College</p>
12:30 – 1:00	Concluding summary and next steps	Dr Madhuri Dutta Head, Strategic Partnerships and Commissioned Research, The George Institute for Global Health
1:00	Lunch	

Annexure II – Attendees

Ms. Apoorva Joshi

President, Strategy and Care Delivery, Luma Fertility and Wellness Care

Dr Arpita Ghosh

Head Biostatistics and Data Science, The George Institute for Global Health

Ms. Anita Jeslin Serrao

Research Assistant, The George Institute for Global Health

Dr Eshwari K

Associate Professor, Department of Community Medicine, Kasturba Medical College, Manipal Academy of Higher Education

Dr Madhuri Dutta

Head, Strategic Partnerships and Commissioned Research, The George Institute for Global Health

Dr Priti Arora Dhamija

Head of IVF Department, Sitaram Bhartia Institute, New Delhi

Prof Pallab Maulik

Director of Research, The George Institute for Global Health

Prof Panchanan Das

Senior Obstetrician and Gynaecologist, Guwahati Medical College

Ms. Preeti R Rajbangshi

Senior Research Fellow, The George Institute for Global Health

Ms. Purni Biswas

Research Assistant, The George Institute for Global Health

Prof Ranjitha Shetty

Additional Professor and Associate Dean-Academics, Department of Community Medicine, Kasturba Medical College, Manipal Academy of Higher Education

Dr Rahul Gajbhiye

Scientist E and Head, Clinical Research Laboratory, ICMR-National Institute for Research in Reproductive and Child Health; Nodal Officer, Model Rural Health Research Unit, Nashik

Dr Rajeshwari Bhat

Additional Professor, Department of Obstetrics and Gynaecology, Kasturba Medical College, Manipal Academy of Higher Education

Dr Reema Mukherjee

Scientist E, Reproductive, Child Health and Nutrition, Indian Council of Medical Research

Dr Susmita Chatterjee

Program Head, Health Economics, The George Institute for Global Health

Ms. Sarah S Suwasrawala

Research Fellow, The George Institute for Global Health

Dr Tanica Lyngdoh

Scientist E, Reproductive, Child Health and Nutrition, Indian Council of Medical Research

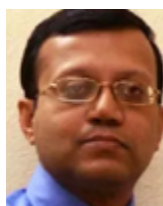
Dr Y.K. Sandhya

Program Lead, Mental Health, The George Institute for Global Health

Prof Vanita Jain

Head, Department of Obstetrics and Gynaecology, Postgraduate Institute of Medical Education and Research

Annexure III - Attendee bios



Prof Pallab Maulik
Director of Research, The George
Institute for Global Health

Prof Pallab Maulik is an internationally recognised researcher in mental health, epidemiology, and health system strengthening. His research interests include social determinants of health, especially mental health services, mental disorders, international mental health, and intellectual disability. He primarily focuses on delivering affordable and accessible mental health care for disadvantaged and marginalized communities in India, while using technology-enabled solutions to enable the health system to function more efficiently. Prof Maulik also leads a significant programme of work on stigma related to mental health. He is a Senior Fellow of The Wellcome Trust/DBT India Alliance Fellow.



Ms. Preety Rajbangshi
Senior Research Fellow, The George
Institute for Global Health

Preety's work focuses on women's health and well-being across the life-course and research spanning health systems strengthening to improve primary health care services. With nearly two decades of experience as a public health researcher and practitioner, she has worked on women's maternal and reproductive health with tribal communities, internally displaced people, and women workers in tea plantations.



Dr Rajeshwari Bhat
Additional Professor, Department
of Obstetrics and Gynaecology,
Kasturba Medical College, MAHE

Prof Rajeshwari Bhat is an eminent clinician-researcher in obstetrics and gynaecology, with expertise in gynaecological morbidities, medical education, and clinical service delivery. She has led teaching programmes for graduate and postgraduate students, clinical training, and multidisciplinary research initiatives for over 25 years. Prof Bhat has a special interest in minimally invasive surgeries and benign gynecological diseases.



Dr Rahul Gajbhiye
Scientist E & Head, Clinical Research
Laboratory, ICMR/NIRRH Nodal
Officer, Model Rural Health Research
Unit, Nasik

Dr Rahul Gajbhiye is a leading reproductive health scientist whose two decades of work span basic, clinical, translational, and public health research, with a strong focus on endometriosis. He established India's largest national clinical cohort and biorepository for endometriosis, creating essential infrastructure to advance knowledge of disease mechanisms and long-term outcomes. Dr Gajbhiye has received several prestigious fellowships, including the DBT-Wellcome Trust India Alliance Intermediate Fellowship, the INSA Indo-Australia EMCR Fellowship, and the Burroughs Wellcome Fellowship (USA). He serves as an International Ambassador for the World Endometriosis Society, is a Board Member of the Asian Society of Endometriosis and Adenomyosis, a Research Advisor to the Endometriosis Society India, and an Expert Reviewer for the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research in Human Reproduction (WHO HRP).



Prof Vanita Jain (Online)

Head, Department of Obstetrics and Gynaecology, PGIMER

Dr. Vanita Jain serves as the Sub Dean of Research at PGIMER, Chandigarh, and is a Senior Professor and Head of the Department of Obstetrics and Gynaecology with 40 years of clinical experience. A certified robotic surgeon and accomplished robotic trainer, she is widely recognized for her contributions to advancing surgical innovation in women's health. Prof Jain is a MOHFW GOI appointed Member of Technical advisory group for protocol developments in pregnancy. She is also a DHR appointed member of Guideline development group for clinical conditions in Gynaecology. As a facilitator with the WHO and the Government of India, she has played a pivotal role in strengthening capacity building for Maternal Death Review (MPDSR) across the country. With more than 200 research publications to her credit, Dr. Jain continues to be a leading figure in clinical research, education, and maternal health advocacy.



Dr. Tanica Lyngdoh

Scientist E, Reproductive, Child Health and Nutrition, ICMR

Dr Tanica Lyngdoh is a medical doctor with an MD in Community Medicine, MSc. in Epidemiology from University of London, UK and a PhD in Epidemiology from the University of Lausanne, she has over 20 years of experience in public health, spanning large-scale population studies, implementation research, health systems strengthening and genetic epidemiology. Dr. Lyngdoh has received multiple international awards, including the Swiss School of Public Health Plus prize for her PhD research, and travel and research grants from prestigious institutions. She has published extensively in high-impact journals and guided doctoral and master's students. She serves on ethics and advisory boards, advancing evidence-based public health research and capacity building in India.



Ms. Anita Jeslin Serrao

Research Assistant at the George Institute for Global Health

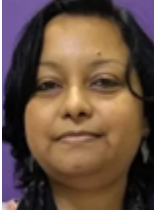
Anita Jesline Serrao is a public health professional with academic training in nursing (BSc) and an MA in public health. Her interests span epidemiology, maternal and child health, noncommunicable diseases, data management, and data analysis. She brings experience in research and public health programs, with a strong background in data handling, coordination, and contributing to both research activities and program implementation.



Ms. Apoorva Joshi

President, Strategy & Care Delivery, Luma Fertility and Wellness Care

Apoorva Joshi works at the intersection of healthcare delivery and lived experience. With over a decade in consulting, chronic care, and women's health, she has seen how systems are designed, funded, and implemented. She also lives with endometriosis and multiple chronic conditions, giving her firsthand insight into the gaps patients face in diagnosis, care continuity, and research priorities. Apoorva currently leads strategy and care delivery at Luma Fertility, where the focus is on building patient-centred, evidence-based models of care that respond to real, unmet needs.



Dr. Madhuri Dutta

Head - Strategic Partnerships and Commissioned Research, The George Institute for Global Health

Madhuri is an India Research Management Initiative (IRMI) Fellow, supported by the DBT/Wellcome Trust India Alliance. She has a PhD in life science and a decade of research management experience from her previous positions at the DBT/Wellcome Trust India Alliance, Public Health Foundation of India and Indian Institute of Health Management Research. She has contributed to several courses, workshops and training programmes in research skills, for early career researchers. Madhuri is interested in creating institutional processes that facilitate quality research and an enabling research environment.



Prof Panchanan Das

Senior Obstetrician & Gynaecologist, Guwahati Medical College

Dr. Panchanan Das is a Professor of Obstetrics and Gynaecology at Gauhati Medical College, Guwahati, where he is recognized for his leadership and longstanding contributions to women's health. He currently serves as the President of the Guwahati Obstetrics & Gynaecological Society and also leads as the President of the Northeast O&G Societies, playing a pivotal role in strengthening professional collaboration and advancing clinical standards across the region. His work reflects a deep commitment to medical education, clinical excellence, and the advancement of obstetric and gynaecological care in Northeast India.



Prof Ranjitha Shetty

Additional Professor and Associate Dean-Academics, Department of Community Medicine & Associate Dean, KMC Manipal (MAHE)

Prof. Ranjitha Shetty is a clinician with expertise in community health, epidemiology, and medical education. She currently serves as Associate Dean at Kasturba Medical College (KMC), Manipal, and as Additional Professor in the Department of Community Medicine. Actively involved in undergraduate and postgraduate teaching, she also supervises several PhD scholars. Her research interests include women's health, preventive oncology, indigenous and geriatric health, and vaccine studies. As Principal Investigator, she has secured multiple Indian Council of Medical Research grants and contributed to major multicentric vaccine trials, including ROTASIL and CERVAVAC (HPV) vaccines. With over 60 peerreviewed publications, she has international collaborations with the University of Aberdeen, UK, and Deakin University, Australia. She has successfully mobilized CSR funding for communitybased cancer screening and was instrumental in establishing the Well Women Clinic at KMC, Manipal to provide cancer screening services to underprivileged women.



Dr. Priti Arora Dhamija

Head of IVF department, Sitaram Bhartia Institute, New Delhi

Dr. Dhamija is a gynaecologist with more than 20 years of experience. She has worked in several major hospitals in Delhi, both government and private and in camp settings also. Currently nearly 40% of patients approaching her for fertility related issues have an element of endometriosis and / or adenomyosis. Endometriosis is a growing menace especially in urban areas and Dr Dhamija has seen it impact quality of life from adolescence to post menopause. As a treasurer of the Delhi Menopause Society, she has data to state that endometriosis is also one of the leading reasons for surgical menopause and menopausal symptoms in women who are not amenable to conventional HRT.



Dr. Eshwari K

Associate Professor, Department of Community Medicine at Kasturba Medical College, Manipal Academy of Higher Education, India

With an MD in Community Medicine, Dr Eshwari's areas of expertise span noncommunicable diseases, research methodology, environmental health, and substance use. Since 2017, she has been actively engaged in undergraduate and postgraduate teaching, along with extensive research mentorship, and has secured multiple ICMR grants for faculty and student-led projects. She has also served as a CoInvestigator for the socioecological study on cervical cancer screening and treatment in India. Currently she contributes as the Site CoInvestigator for the ABLE project.



Dr. Reema Mukherjee

Scientist E, Reproductive, Child Health and Nutrition, ICMR

Dr Mukherjee is an MBBS and MD in Community Medicine from the Armed Forces Medical College (AFMC), Pune. She served as faculty at AFMC Pune in the Department of Community Medicine, where she held the position of Professor. Since 2021, she has been working at ICMR overseeing the maternal health research programme. Her key areas of interest include maternal health, perinatal health, and maternal nutrition. She is currently involved in large, multi-center projects focusing on stillbirth prevention, bereavement care, and gestational weight gain.



Dr. Arpita Ghosh

Head Biostatistics and Data Science, The George Institute for Global Health India

Dr Ghosh is the Head of Biostatistics and Data Science. She received her doctoral training at the University of North Carolina at Chapel Hill and post-doctoral training at the National Cancer Institute. Her work involves quantitative research cutting across multiple areas of public health including childhood vaccination, nutrition, elderly health, and chronic diseases, particularly cancer. Arpita has extensive experience of working with secondary data sets and of conducting epidemiological studies and randomized trials. Her current research interests include causal inference for observational studies, adaptive trial designs for multi-stage studies, and record linkage. She is a Wellcome Trust/DBT India Alliance Intermediate Fellow and is currently anchoring research on multimorbidity in the institute.



Dr. Y.K. Sandhya

Program Lead – Mental Health, The George Institute for Global Health India

Dr Sandhya received her doctoral degree in Social Medicine and Community Health from Jawaharlal Nehru University, New Delhi. Her work with The George Institute's MH programme involves assessing the effectiveness of technology-enabled delivery of MH care by primary healthcare workers for depression, suicide and stress among adolescents in urban slum communities in Delhi and Vijayawada. Her research interest includes developing a gendered understanding and analysis of mental health issues in India. Prior to joining The George Institute, Sandhya was at SAHAYOG as the Assistant Coordinator.



Dr. Susmita Chatterjee

Program Head - Health Economics,
The George Institute for Global
Health India

Dr Chatterjee works at The George Institute for Global Health India as a Program Head of Health Economics. She has a PhD from the University of Calcutta, and is interested in investigating costing of health services, health financing, and economic evaluations.

She has worked on several health economics projects in the areas of mental health, diabetes, cholera, typhoid, tuberculosis and immunization. She was the recipient of Asia Fellows Award in 2008; Indo-US public health fellowship in 2013 and Wellcome Trust / DBT India Alliance Intermediate fellowship in Clinical and Public Health in 2017. She was the Core Costing Working Group member for preparing the costing manual on provider payment mechanism – an initiative by the Joint Learning Network (JLN), USA and the economics group member of TB MAC (Tuberculosis Modelling and Analysis Consortium).



Ms. Sarah Shabbir Suwasrawala

Research Fellow, The George Institute for
Global Health

Sarah is a psychologist and public mental health researcher working at the intersection of women's health, mental health, and community-based care. She currently serves as a Research Fellow at The George Institute for Global Health, India, supporting research on women's health and wellbeing across diverse healthcare settings. She holds a master's degree in clinical psychology and brings strong experience leading trauma-informed and rights-based psychosocial interventions with marginalized youth. Her work is grounded in rights-based and culturally responsive approaches to mental health, with interests in gender-based violence, health equity, and strengthening accessible mental health interventions in low-resource contexts.



Ms. Purni Biswas

Research Assistant at the George
Institute for Global Health

Purni Biswas is a Research Assistant at The George Institute for Global Health, India, and a social development professional with over five years of experience in research, monitoring and evaluation, and community-based rehabilitation programs. Her professional journey includes roles with organizations such as the Kindermissionswerk 'Die Sternsinger' - supported program at Women Development Centre, Caritas India, Disability Law Unit - Shishu Sarothi, Public Health Foundation of India, and the Centre for Northeast Studies and Policy Research. Her work focuses on gender inclusion and the rights of women, children, and persons with disabilities, along with public and reproductive health. She is currently contributing to the ABLE project, which aims to improve the quality of life for women with endometriosis. Purni holds a master's degree in Sociology and a bachelor's degree in Home Science, and is committed to advancing inclusive, community driven approaches to health and development.



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