




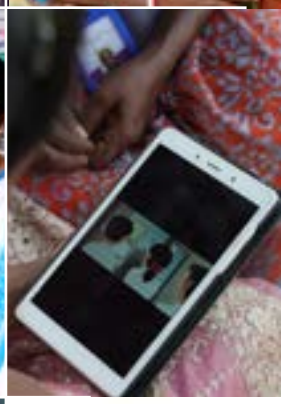


The George Institute for Global Health

INDIA ANNUAL REPORT 2025-26

Contents

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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 India, Australia, the UK, and China, 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 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 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 IMPACT

Transforming vision into impact

It is not just our research - it is 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.


The George In
for Global Health

From our Leadership

I present to you our Annual Report as we enter our 20th year. I am mindful that the measure of our work is not what we publish, but what changes as a consequence.
By that standard, 2025-26 was a substantial year. A lot is happening, but I would like to highlight three commitments by our researchers.

The first is a deliberate attention to questions others do not ask. Our survey in West Bengal, with the Child in Need Institute, established that roughly 9,200 people drown there annually, close to three times prior estimates, and 45% of them are children aged 1-9. The same reasoning underpins our studies on endometriosis, the household economics of epilepsy, psychiatric sequelae among snakebite survivors, and chronic kidney disease in Uddanam.

The second is the maturing of environmental health as a core programme. The NIHR Global Health Research Center for NCDs and Environmental Change, hosted with Imperial College London, icddr,b, Brawijaya University, and Sri Ramachandra Institute, has moved from framing the problem to testing solutions: SMARThealth CLIMATE across 72 villages in Andhra Pradesh, nutrition gardens in Chhattisgarh, and work on drinking-water salinity and air pollution with our partners in Bangladesh and Indonesia. As the Center enters its final phase, our task is to convert a five-year grant into a durable regional platform.

The third is a change in who defines the research question. Our community engagement framework defines key terms, guiding principles, and strategies for our research teams.

Women's committees in Bengaluru are setting their own agendas and negotiating with municipal authorities. Transgender peers led the Manthan intervention, which halved depression and anxiety scores. Frontline workers are shaping interventions they will later deliver.

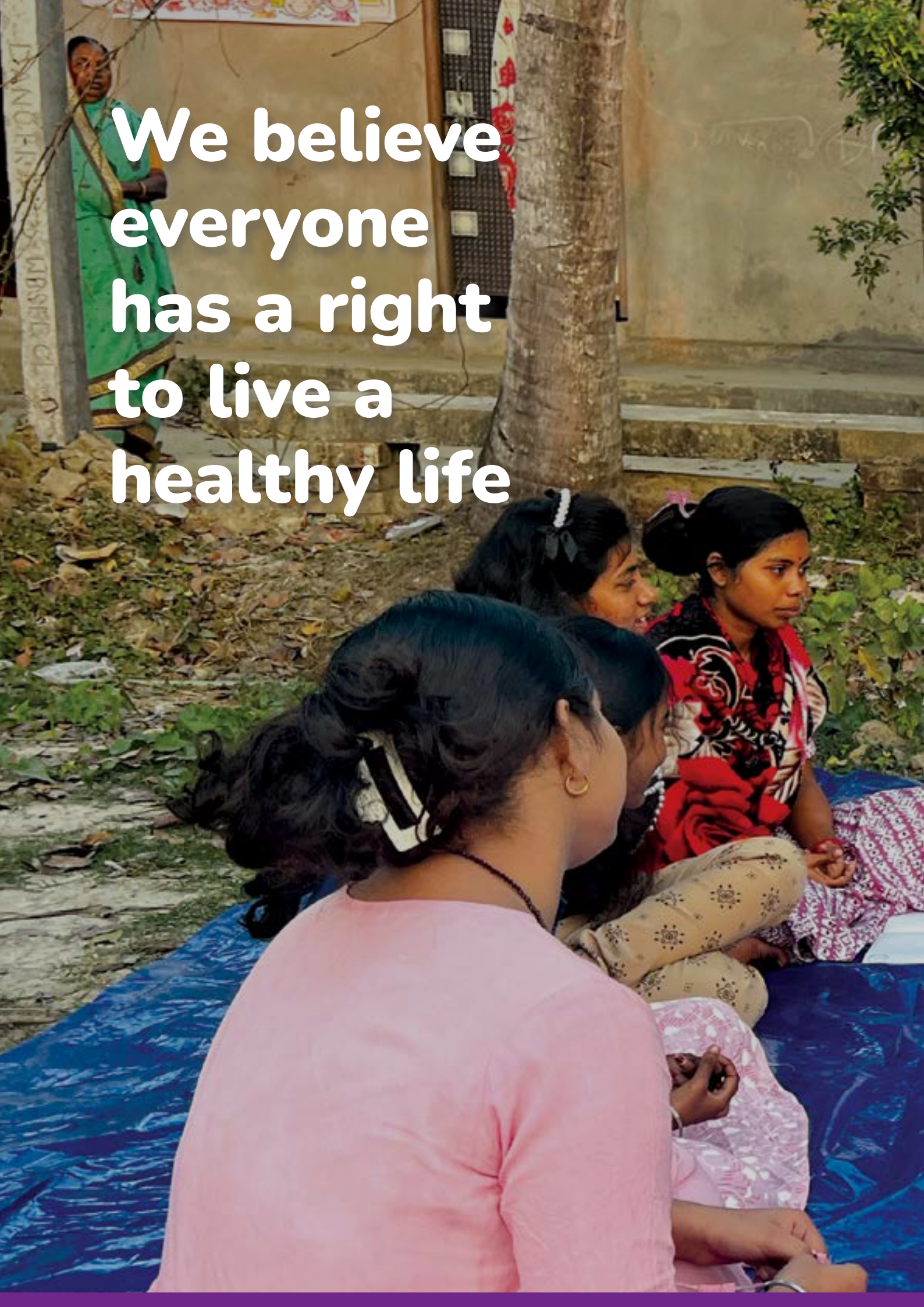
Importantly, our work is being noticed where it matters. Our publications were cited in 162 health policies and 12 clinical guidance documents internationally. Dig-RHD completed database lock and analysis within a month of the final follow-up, a benchmark few trials meet.

Our priorities follow from our ongoing work: to embed proven interventions within programmes rather than let them conclude with the funding; to engage with both emerging threats, such as global environmental change, and opportunities, such as artificial intelligence, to strengthen our work in non-communicable diseases and injury using the entire range of methodological expertise available with the institute and collaborators; and to strengthen trial capability across
South Asia.

We thank our staff, partners, funders, policymakers, advisory groups, and the communities who support and guide us. These achievements are yours. We have a clear purpose and strong partnerships, and we are ready for the work ahead.

Vivekanand Jha

Executive Director
The George Institute for Global Health India



We believe everyone has a right to live a healthy life


RNLI Lifeboats 200
The George Institute
icmr
51
CHILD PARLIAMENT
SUNDARBANS.INDIA
CHILD
PARLIAMENT

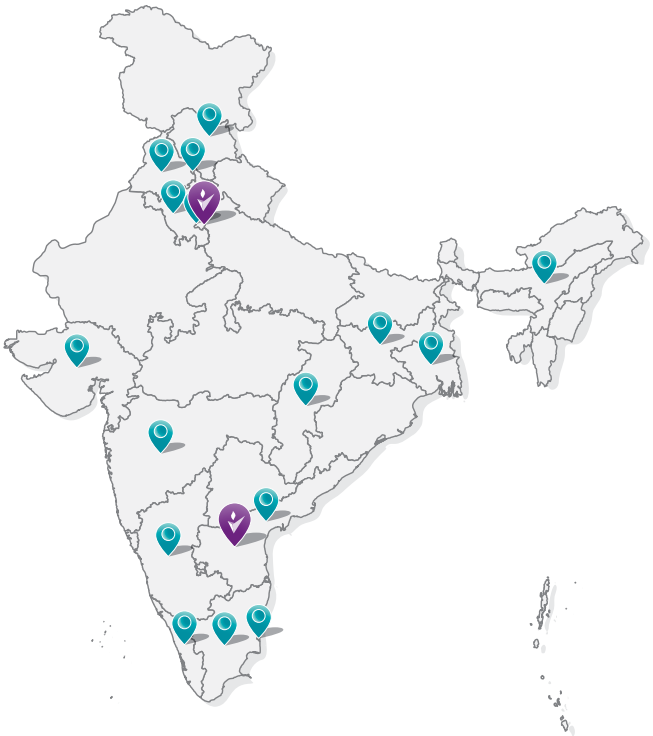
Our Research

YEAR IN REVIEW

Our research portfolio reflects a vast body of work spanning 79 active projects across multiple domains of public health. During the past year, we advanced 58 active projects and secured 21 new projects, the majority of which are closely aligned with India's national health priorities and emerging health system needs.

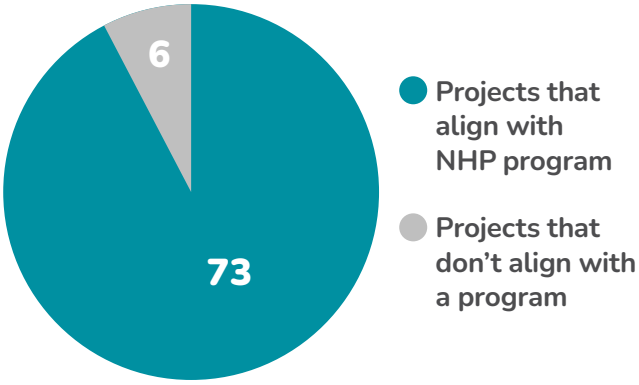
Through our work we continue to strengthen our ability to generate actionable evidence, support programme implementation, and contribute to policy and practice at national and sub-national levels.

Our projects are supported by 27 unique funders including Indian Council of Medical Research (ICMR), National Institute for Health and Care Research (NIHR), DBT/Wellcome Trust India Alliance, National Health and Medical Research Council, Tata Trusts, among others.



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of The George Institute for Global Health concerning the legal status of any state, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.

OUR PROJECTS MAPPED TO NATIONAL HEALTH PROGRAMMES (NHP)



OUR OFFICES

Hyderabad
Delhi

PROJECT SITES

Andhra Pradesh
Bhimavaram
Guntur
Krishna
Srikakulam
Vijayawada
Visakhapatnam

Assam
Dibrugarh
Jorhat
Kamrup Metro
Kokrajhar
Sivasagar
Tezpur
Tinsukia

Chandigarh

Chhattisgarh
Surguja

Delhi
New Delhi

Gujarat
Ahmedabad

Haryana
Ballabgarh
Jhajjar
Rohtak

Jharkhand
Godda
Khunti
West Singbhum

Karnataka
Bengaluru

Kerala
Thiruvananthapuram

Maharashtra
Mumbai
Nagpur
Pune
Thane
Wardha

Puducherry

Punjab
Ludhiana

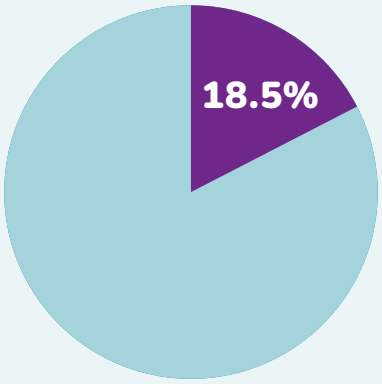
Tamil Nadu
Chennai
Madurai
Salem
Tiruchirappalli
Vellore

West Bengal
Darjeeling
Howrah
Jalpaiguri
Kolkata
South 24 Parganas

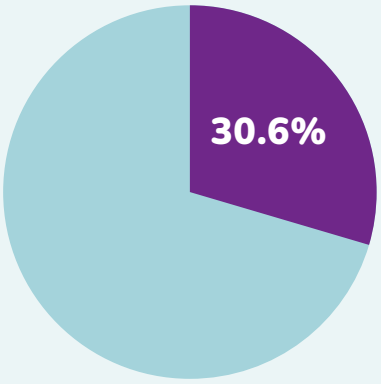
Himachal Pradesh
Shimla

Our Publications

OUR PAPERS FREQUENTLY FEATURE IN TOP CITATION PERCENTILES (DATA: SCIVAL)

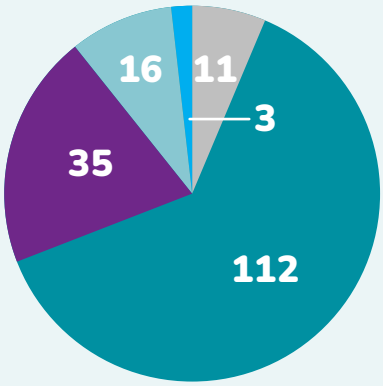


Outputs in Top 10% Citation Percentiles



Publications in Top 10% Journal Percentiles

SJR QUARTILE



Q1
Q2
Q3
Q4
Others*

*Journals not allocated in SJR Quartile

178 Total number of Publications in 2025-2026 reporting period

> *Over the past year every member at the institute have worked collaboratively to deliver high quality projects to impact the lives of multiple communities and individuals across the country and support different government programmes, and look forward to addressing future challenges.*

Dr Pallab Maulik
Director of Research and Programme Director, Mental Health

OUR PUBLICATION IMPACT

- 162 health policies and 12 clinical guidance documents cited The George Institute India's publications worldwide.
- 35 government health policy documents from Argentina, Australia, Belgium, Brunei, Canada, European Union, Germany, India, Malaysia, New Zealand, Nigeria, Norway, Saudi Arabia, South Africa, Sweden, the UK and the USA have cited our publications.
- World Health Organization cited our publications in 50 health policy documents followed by Pan American Health Organization (PAHO) in 15 health policy documents.
- The Mosaic toolkit to end stigma and discrimination in mental health published by the World Health Organization cited 8 of our publications. SMART Mental Health was mentioned as a specific case study and Adolescents' Resilience and Treatment nEeds for Mental Health in Indian Slums (ARTEMIS) IEC materials were cited for its low-cost innovations.

Stories of Impact

URBAN HEALTH – STRENGTHENING WOMEN'S COMMITTEES FOR HEALTHIER URBAN COMMUNITIES

FROM PARTICIPATION TO POWER

Women in Bengaluru's informal settlements are organising, learning, advocating and achieving tangible improvements in health services and local infrastructure.

Since 2023, The George Institute has worked with partners in Bengaluru, using a combination of research approaches to explore how communities can better participate in the governance of local health systems.

Through this process, the project supported the strengthening of pre-existing Mahila Arogya Samitis (MAS – Urban Health Committees of Women), and formed new committees where these did not exist, as spaces for discussion and engagement with local authorities.

Now the committees operate effectively and are setting their own agendas for change, and community advocacy has led to concrete changes in water, sanitation, and other services. Most importantly, the women have more confidence to raise their voices and there is a structure through which communities can explore issues and work towards solutions.

IMPACT AT A GLANCE

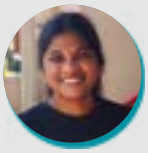
TO DATE

- Established platforms for participation in governance of local health systems
- Strengthened the agency of women in informal settlements
- Achieved improvements in public infrastructure and services

LONGER-TERM GOALS

- Improved health outcomes for communities in India's urban slums

> *Before the committee, women felt confined to our homes, but now everyone comes together and talks about health and the problems in our area and finds solutions."*



Pushpa V
Community Organiser from Sangama

HOW THE PROJECT WORKS

The Urban Health Project uses participatory action research to support women to identify priorities, set their own agendas, and engage directly with government officials to demand service improvements.

We work with local social justice organisations Sangama and SIEDS (Society for Informal Education and Development Studies) to strengthen 17 MAS groups across nine wards (districts) of the city. Each committee has 10-15 female members, representing around 100 households, and includes local community health workers known as ASHAs (Accredited Social Health Activists) as members and group facilitators.

WHY THIS MATTERS

When women lead, health systems become more responsive, infrastructure reflects real community needs, and improvements are sustained over time.

Read the full Story

> *We learned where to go and submit a letter when we face road-related issues. Along with that, we gained confidence."*

Menaka M B
Community Organiser from SIEDS

PART OF A GLOBAL INITIATIVE

This work forms part of COMPLUS (Community Voices in Health Governance), an international participatory action research project operating across India, South Africa, and Brazil.

This project was made possible through funding from NIHR (NIHR150146) using UK international development funding from the UK Government to support global health research.

TURNING THE TIDE ON DROWNING

DROWNING REMAINS ONE OF THE WORLD'S MOST URGENT YET PREVENTABLE HEALTH CHALLENGES

Over 92% of drowning deaths occur in low- and middle-income countries, with Southeast Asia and the Western Pacific bearing two-thirds of the global burden. In West Bengal, a state along the Bay of Bengal in eastern India, children are disproportionately affected: nearly half of all drowning deaths occur in children aged 1–9, and toddlers aged 1–2 face a 30% higher risk than the general population.

Read the full story here

DROWNING CLAIMS

300,000 lives each year

THIS INCLUDES

50,000 children under five

IN WEST BENGAL, TODDLERS AGED 1–2 FACE A

30% higher risk

In response, Bloomberg Philanthropies is transforming this reality. Through its Bloomberg Philanthropies Initiative to Prevent Drowning, Bloomberg Philanthropies is supporting The George Institute for Global Health and local partner Child in Need Institute (CINI) in India to collect data and identify drowning hotspots in the state, with the aim of delivering evidence-based, community-led solutions that save lives. The findings will guide the development and implementation of context-relevant interventions in high-risk communities - from barrier fencing to supervised crèches.

We conducted a landmark survey of 18 million people across 23 districts in West Bengal between March and December 2024.

The findings revealed a crisis hidden in everyday life: each year, around 9,200 people drown in West Bengal – 25 people every day, including 12 children under 10.

These figures are nearly three times higher than previous estimates, exposing a vast gap in global understanding of this preventable tragedy. The new, peer-reviewed data will help update global estimates and focus attention on high-risk regions.

THE STORY SO FAR

The first state-wide survey in West Bengal, which revealed 25 drowning deaths daily, is identifying high-risk districts in the state and informing life-saving interventions.

- State-level and national advocacy with government decision makers is creating awareness and building future partnerships for sustainable implementation.
- Global advocacy is elevating drowning prevention as a public health priority.

The drowning crisis

WEST BENGAL

9,191

people die from drowning each year

CHILDREN AT RISK

45%

of all deaths in West Bengal occurred in children aged 1-9 years old

PREVENTABLE

88%

of child drowning can be reduced by interventions such as crèches and barriers

CATALYSTS FOR CHANGE: TURNING DATA INTO ACTION

We are powering community-led drowning prevention in West Bengal, helping to protect thousands of children and informing global advocacy to make drowning prevention a public-health priority.

By investing in research and practical solutions, We are helping to ensure that every child – no matter where they live – has the same chance at life as any other.

Impact Through the Lens

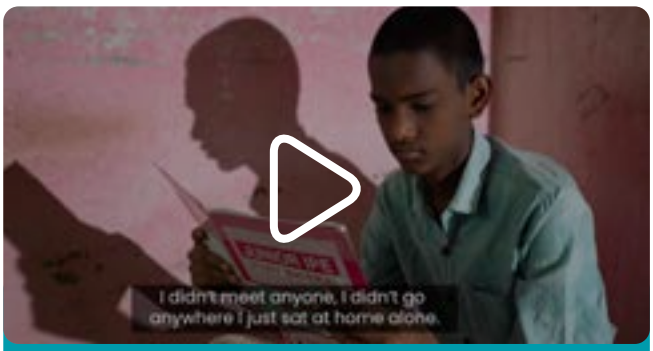
SUPPORTING THE MENTAL HEALTH OF ADOLESCENTS IN URBAN SLUMS IN INDIA (ARTEMIS)

Depression and self-harm are a major cause of death and disability for adolescents in India, particularly in informal settlements. Barriers to care include a lack of awareness of mental health needs, stigma, and insufficient healthcare staff.

The George Institute's ARTEMIS project (Adolescents' Resilience and Treatment nEeds for Mental health in Indian Slums) aimed to support adolescent mental health in informal settlements by combining a technology-enabled mental health care model with community-based anti-stigma campaigns. ARTEMIS was rolled out across urban slums in Vijayawada and New Delhi, and showed that this approach can help reduce depression, self-harm, and suicide risks among vulnerable youth.

In these films, the young people involved explain the impact the project has had on their mental health, their confidence and their relationships with their friends and families.

Sunaiyna with ARTEMIS: Adolescents' Resilience and Treatment nEeds for Mental health in Indian Slums



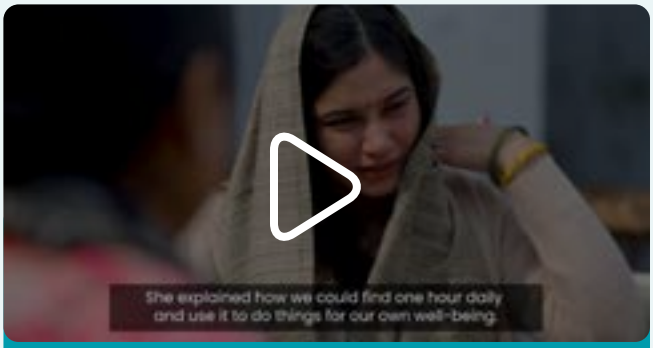
Chandrashekar ARTEMIS: Adolescents' Resilience and Treatment nEeds for Mental health in Indian Slums

We see the most meaningful change when communities shape the solutions themselves. By working alongside women's committees and elevating lived experiences, we are strengthening pathways for community voices to inform local decision-making and drive practical, locally owned improvements in health that are inclusive, accountable, and sustainable."

Chhavi Bhandari
Co-Director, Impact and Engagement

Read more about our ARTEMIS study here

ADDRESSING PERINATAL MENTAL HEALTH PROBLEMS AMONG WOMEN IN INDIA (PRAMH)



Helping Preethi through a difficult pregnancy with peer support and simple exercises

One in five women experience common mental health problems during and after pregnancy, ranging from mild and temporary psychological distress to chronic, progressive and severely disabling conditions. The rates are even higher for women in low- and middle-income countries, but very little research exists on how to support women in rural communities in India during the perinatal period.

The Pregnancy and Mental Health (PRAMH) project is working in partnership with women in Haryana and Telangana to develop a digital screening tool to identify women at risk of mental health disorders, a community-based peer-group intervention, and a campaign to address stigma and discrimination.

In these films, the women describe how attending the group sessions helps them find ways of coping with their challenges, improves their mental wellbeing and relationships with their families, and strengthens their friendships.

The Pregnancy and Mental Health (PRAMH) project is a vital research initiative led by The George Institute for Global Health in partnership with the University of Oxford. Dedicated to enhancing the mental well-being of women in rural India during pregnancy and the crucial year following childbirth, known as the perinatal phase.

The PRAMH study advocates for the integration of mental health services within maternal health care to improve awareness, prevention, and treatment of perinatal mental disorders.

Supporting Nandini to overcome her anxiety through stronger social connections

Scan to read more about our PRAMH Project

Discover the impact we're making.

Explore our 2025 Impact Report and see how our work is driving meaningful change.

We find solutions to some of the world's biggest health challenges


SMART health
SMARThealth Extend
Get Started
Register a Patient
Patient History
Risk Factors
Treatment Advice
Patient Summary : 49years, Male, Smoker, Non-Diabetic, SBPavg 166.0,
High CVD risk
What If
Recommendations
Medication *
Next Visit
Targets
Back
Save and Upload

Our Programmes and Projects

WOMEN'S HEALTH

Our Women's Health programme 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.

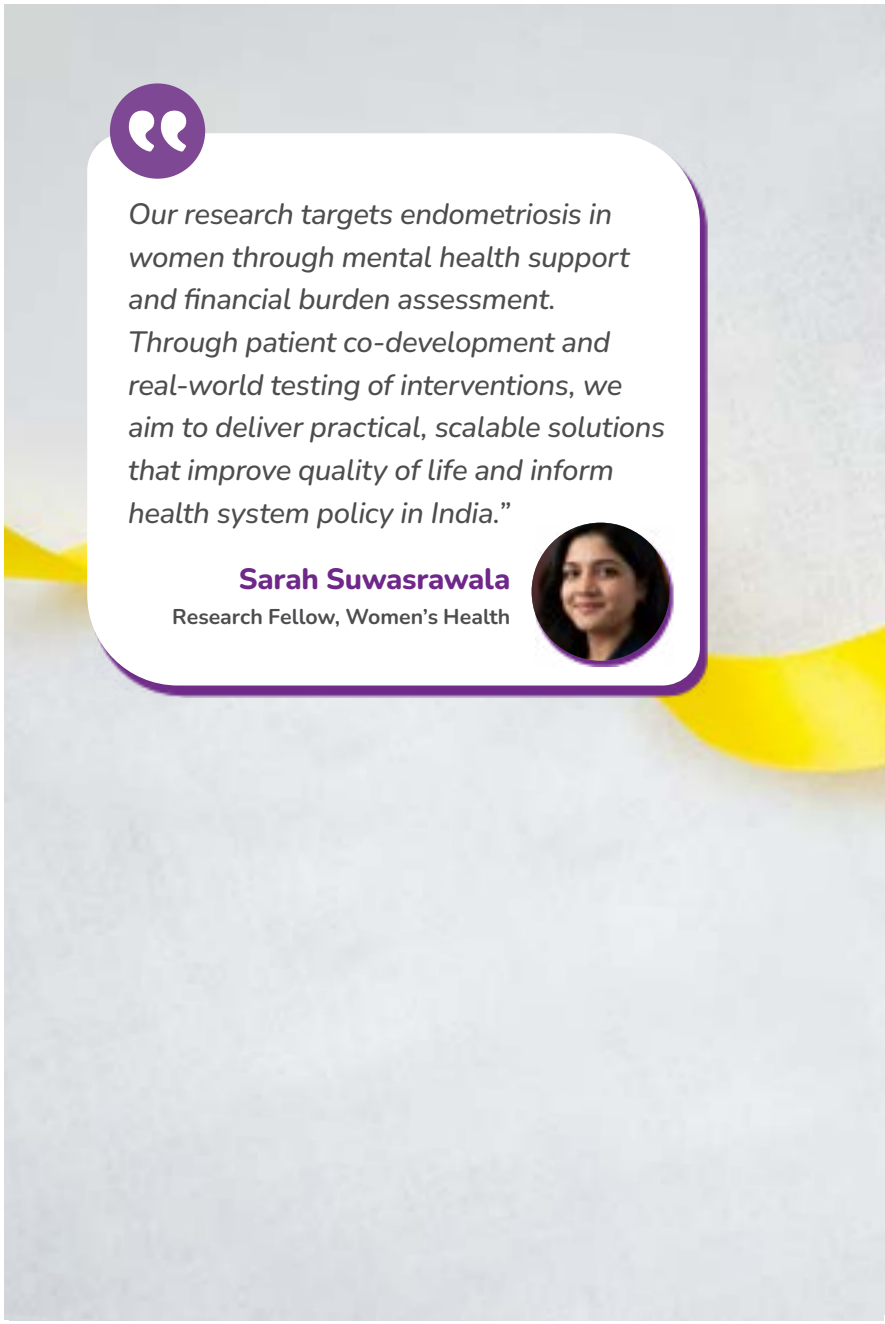
Making endometriosis visible, heard, and treated

Project Status: Active

Endometriosis affects an estimated 42 million women in India and can have a profound impact on physical health, mental wellbeing, relationships, work, and daily life. Despite its widespread impact, the condition remains under-recognised, with many women facing delays in diagnosis, limited support, and gaps in care.

The Adapting to Better Life with Endometriosis (ABLE) project aims to improve quality of life for women living with endometriosis through a tailored psychological support programme designed for Indian settings. The study will also examine the financial impact of the condition on women and their families, helping to build evidence for better support and policy responses.

As part of this effort, the project is being conducted in hospitals across Assam and Karnataka and involves women aged 18-49 years. By evaluating both health and economic outcomes, the project will generate evidence to improve care, raise awareness, and support policies that better address the needs of women living with endometriosis in India.



Our research targets endometriosis in women through mental health support and financial burden assessment. Through patient co-development and real-world testing of interventions, we aim to deliver practical, scalable solutions that improve quality of life and inform health system policy in India."

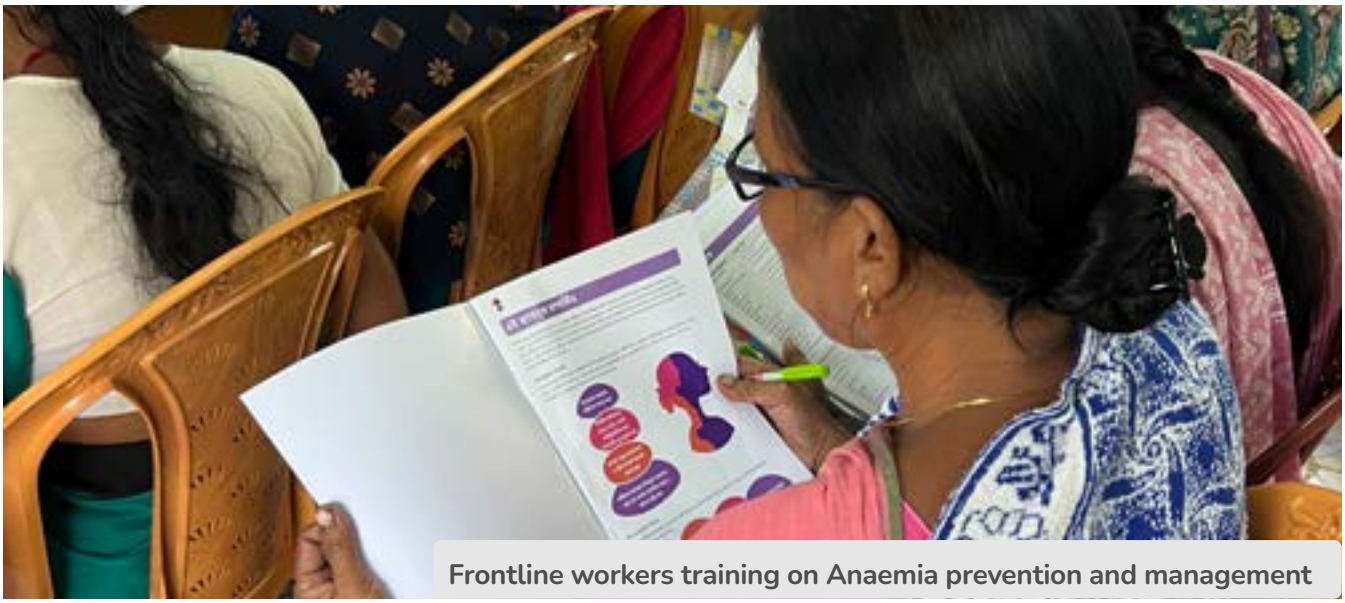
Sarah Suwasrawala
Research Fellow, Women's Health

Stakeholder Consultation on endometriosis and other gynaecological morbidities among Indian women

Key Highlights

- 480 women will be recruited across two Indian states for a randomised controlled trial.
- Psychological intervention for endometriosis co-designed with patients and experts.
- Assessing both quality-of-life outcomes and the economic burden of endometriosis.
- Generating evidence to strengthen women's health policy and service delivery in India.

Read more about this project here



Frontline workers training on Anaemia prevention and management

Tackling anaemia through better nutrition in Tripura

Project Status: Active

Anaemia remains a major public health challenge among women of reproductive age in Tripura, despite ongoing national efforts to improve nutrition and reduce iron deficiency. Multiple factors contribute to the high burden of anaemia, including low awareness, inadequate dietary diversity, genetic predisposition, and gaps in access to and utilisation of health and nutrition services.

The Multisectoral Nutrition Intervention for Anaemia Reduction Initiative in Tripura (NARI) aims to reduce anaemia among women aged 18-49 years through a comprehensive, community-based approach that strengthens existing health and nutrition systems. Working closely with health officials, frontline workers, community groups, district leadership, and research partners, the project is co-developing and implementing context-specific interventions to address the underlying causes of anaemia.

Using a mixed-methods, quasi-experimental design, the project combines formative research, stakeholder-driven intervention design, community-level implementation, and rigorous evaluation.

By generating evidence on effective and scalable strategies for anaemia reduction, NARI seeks to strengthen health systems and inform policies and programmes that improve the health and wellbeing of women in Tripura.

Anaemia among women of reproductive age remains a key public health priority. The NARI project is contributing to the strengthening of existing health systems through capacity building and systematic monitoring, supporting the state's ongoing efforts towards effective anemia prevention and control."

Dr Ishita Guha
State Programme Officer, Reproductive and Child Health, National Health Mission, Government of Tripura

Read more about the project here

Key Highlights

- 1,891 households surveyed.
- 1,712 women assessed during the formative research phase.
- 73.7% of women tested were found to be anaemic.
- Interventions co-designed with government stakeholders across state, district and local levels.
- Intervention is being implemented in 117 hamlets across – North and West Tripura.
- Generating evidence on scalable nutrition and health system strategies for anaemia reduction in Tripura.

PLANETARY HEALTH

Our Planetary Health programme 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 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.

NIHR Global Health Research Centre for Non-Communicable Diseases and Environmental Change

Project Status: Active

The NIHR Global Health Research Centre (GHRC) for Non-communicable Diseases and Environmental Change, launched in 2022, is a collaboration spanning four countries and multiple institutions. Hosted by The George Institute for Global Health India in partnership with Imperial College London, Sri Ramachandra Institute of Higher Education and Research (SRIHER) in India, the International Centre for Diarrhoeal Disease Research in Bangladesh, and Brawijaya University in Indonesia. The project aims to generate actionable evidence to address the dual challenges of global environmental change and non-communicable diseases.

Dedicated to advancing sustainable and equitable global health research by bringing together an interdisciplinary group of academics and global experts, the initiative empowers world-class research, capacity strengthening, community engagement, and policy advocacy to promote health equity.

NIHR | Global Health Research Centre for Non-communicable Diseases and Environmental Change

Read more about the Centre here

> *Our vision is a healthier and more sustainable future for all. By advancing innovative healthcare technologies, strengthening resilience to climate-related challenges such as heat and water salinity, and promoting sustainable food systems, the NIHR GHRC for NCDs and Environmental Change seeks to deliver research that is robust, adaptable, and relevant to the communities it serves."*
>
> **Dr Devarsetty Praveen**
> Director, Primary Health Care
> Programme Director, NIHR GHRC

In conversation with community members in Andhra Pradesh

Key Highlights

- 300+ community engagement activities.
- 6000+ community members engaged.
- 300+ participants supported in their practical skill building in research management, communication, and more to ensure ecosystem research capacity strengthening.
- 125+ non-academic outputs.

MENTAL HEALTH AND NEUROLOGY

Our Mental Health and Neurology programme 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 (LMICs). By building capacities of primary healthcare workers to identify and manage common mental disorders and implementing anti-stigma campaigns and by 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 LMICs 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 marginalised and disadvantaged.

Manthan: Promoting the mental health and wellbeing of transgender persons in the national capital region of Delhi using a peer support approach: A pre-post mixed method study

Project Status: Completed

Transgender people in India often face high levels of depression, anxiety, and psychological distress, driven by stigma, discrimination, and limited access to inclusive mental health services. The Manthan project was designed to address these challenges through a community-led approach that puts lived experience at the centre of care.

The study brought together community organisations, policymakers, mental health institutions, and researchers to evaluate a peer-support model led by trained transgender peers. Through structured group sessions, participants received emotional support, shared experiences, and developed strategies to improve their wellbeing.

Using surveys, interviews, and other research methods, the study assessed changes in mental health and participants' experiences over the course of the programme.

The findings demonstrate the potential of peer-led support to improve mental wellbeing and provide safe, inclusive spaces for transgender people. The project also offers important evidence for designing more accessible and community-centred mental health services for transgender communities across India.

> *I could identify for the first time; that, yes, I do have a mental health issue; which is troubling me and because of which I am facing anger issues. People often say that the wounds of the heart are laid open; but they do not apply any medicine on it. But Manthan has taught me that if there is a problem; then we should first identify it, after which we should discuss it, then find a solution [which may differ] from person to person."*
>
> **Study participants (anonymised)**
> reflecting on the learnings from the project (peer sessions)

Read more about the project here

Here's the link to the study published in Journal of Global Health Neurology and Psychiatry

Key Highlights

- 60 transgender persons participated.
- Depression scores reduced from 13.1 to 7.0.
- Anxiety scores reduced from 11.2 to 6.0.
- Over 60% of participants experienced clinically significant improvements in depression and anxiety.

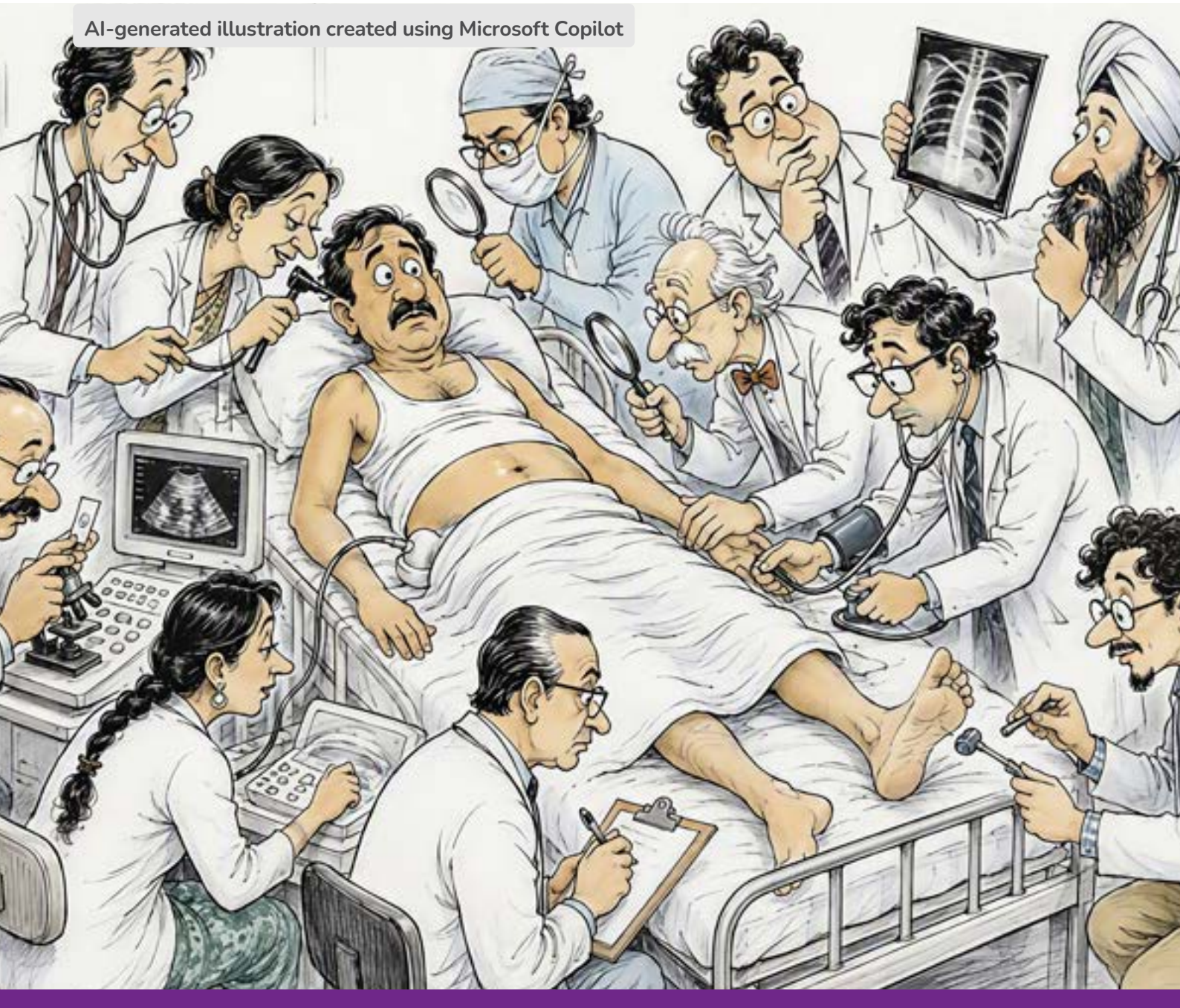
The Manthan study showed that peer-led, community-engaged mental health interventions significantly improve transgender wellbeing in resource-constrained settings. Proving effectiveness outside clinics, this model demonstrates that scale-up and integration into government and community programmes is possible. Manthan's success underscores the need to centre lived experience and community leadership, providing a scalable, evidence-based blueprint for advancing inclusive mental health practice and research across India and similar contexts."

Dr Sandhya Kanaka Yatirajula
Programme Lead, Mental Health

From ideas to impact, closing the final Manthan session with gratitude and inspiration

MULTIMORBIDITY

Our Multimorbidity programme recognises 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. Our focus is on reducing the health risks faced by populations most affected by the climate crisis. 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.



AI-generated illustration created using Microsoft Copilot

Multimorbidity patterns in Indian adults using population-based surveys, hospital records, and patient cohorts

Project Status: Active

Multimorbidity, the coexistence of two or more chronic conditions, is a growing challenge in India, yet evidence on its patterns, consequences, and measurement remains limited. This project addresses that gap by developing robust approaches to studying multimorbidity patterns and by generating evidence across population surveys, hospital records, and disease-specific cohorts.

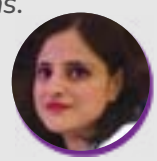
Preliminary work included a scoping review of multimorbidity research in India, an audit of Indian data sources, and comparative work on methods for identifying disease patterns. Current project outputs indicate strong progress, with both the scoping review protocol and the scoping review now published.

The project aims to generate evidence that can inform multimorbidity measurement, service planning, and integrated models of care in India. It will strengthen the evidence base by improving how clusters are measured and compared across data sources, identifying subgroups with poorer outcomes and higher healthcare needs, and supporting more context-relevant integrated care strategies. Its outputs are expected to benefit epidemiological research, cohort studies, hospital data systems, and future intervention design for people living with multiple chronic conditions.

Read more about the project here

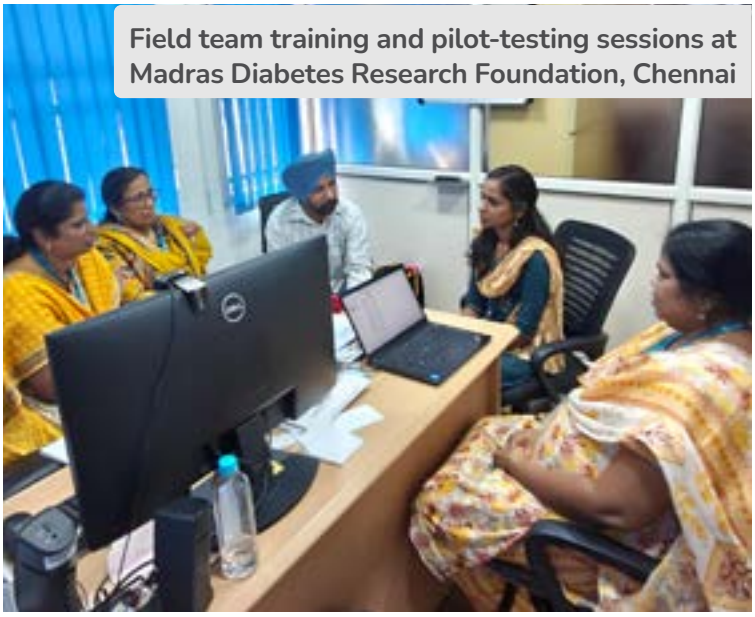
We are building practical evidence on how multiple chronic conditions cluster in India and what those patterns mean for people's health and care needs. By linking survey, hospital and cohort data, we hope to support better measurement of multimorbidity and more joined-up care for people living with complex long-term conditions."

Dr Parul Puri
Research Fellow, Multiple Long-Term Conditions (Multimorbidity)



Key Highlights

- Generated new evidence on how chronic conditions cluster among Indian adults using population surveys, hospital records, and patient cohorts.
- Identified five distinct multimorbidity clusters among 30,000+ adults aged 45 years and above.
- Established a national consensus on multimorbidity measurement involving 50+ experts.



Field team training and pilot-testing sessions at Madras Diabetes Research Foundation, Chennai

MUSCULOSKELETAL

Musculoskeletal conditions are a leading cause of disability worldwide, affecting over 1.7 billion people and undermining quality of life for individuals, families, and communities. These conditions disproportionately impact vulnerable populations, amplifying health inequities, and placing immense strain on healthcare systems globally.

The Musculoskeletal Health Programme addresses these challenges through rigorous research.
By developing innovative, evidence-based interventions and strengthening health systems, the programme aims to reduce the burden of musculoskeletal conditions, improve care, and drive equitable health outcomes on a global scale.

Development and evaluation of rehabilitation support interventions for optimal functional recovery after knee replacement – an open-label randomised controlled trial (TReAT trial)

Project Status: Active

Knee replacement surgery can significantly improve quality of life, but many patients face challenges during recovery, including limited access to rehabilitation services, difficulties following exercise programmes, and delays in regaining mobility. The TReAT project aims to improve recovery after knee replacement by making rehabilitation more accessible, convenient, and effective.

The study funded by the DBT/Wellcome Trust India Alliance Intermediate Fellow scheme is developing and evaluating a technology-enabled rehabilitation programme that supports patients both at home and in clinical settings. The programme combines exercise guidance, education, goal setting, self-monitoring, and remote support to help patients stay engaged in their recovery and regain function more effectively.

The project brings together patients, caregivers, surgeons, physiotherapists, and researchers to ensure that the intervention meets the needs of those recovering from surgery. By evaluating patient outcomes, experiences, safety, and cost-effectiveness, TReAT aims to generate evidence for a scalable rehabilitation model that could help improve recovery and quality of life for knee replacement patients across India.

Our approach to improving post-operative rehabilitation after knee arthroplasty is grounded in patient-centred care, digitally enabled support, and collaborative engagement with healthcare providers. Through the TReAT intervention, we aim to generate evidence about the feasibility, acceptability and effectiveness of a telerehabilitation approach which is absent currently in India. While the concept is not novel, this study fills the gap of lack of local evidence from real life settings before we can think of scalable and sustainable model that improves functional outcomes and accessibility of care."

Dr Niveditha Devasenapathy
Programme Head, Academic Clinical Trials and Head, Research Delivery, Health Systems Science

Read more about the project here

Key Highlights

- Developed a tele-monitoring rehabilitation support strategy delivered through a mobile application to strengthen self-management during post-discharge recovery.
- 163 patients recruited from two clinical sites in India to evaluate an mHealth-supported home-based rehabilitation model after knee replacement.
- The trial completed intervention development and feasibility testing; the current trial is evaluating knee function, recovery experience, safety, acceptability, and cost-effectiveness.
- Built capacities of 5 early career researchers, 6 interns in various research methodologies resulting in 6 peer reviewed publications and 6 conference presentations.

INJURY AND TRAUMA

Our Injury and Trauma programme 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.

Lifejacket study field team in discussion with the fisherfolk in Pulluvilla fishing site (Trivandrum district) as a part of co-designing interventions for improving lifejacket use

Lifejacket study field team collecting data for a survey as a part of the baseline study, in Beach Road fishing site in Ernakulam District

Improving lifejacket wear among boaters in Kerala and Tamil Nadu – A cluster randomised trial

Project Status: Active

Fishing communities in low- and middle-income countries are routinely exposed to hazardous sea conditions and hence are at high drowning risk. Yet lifejacket use among occupational fisherfolk is low despite its proven effectiveness in improving survival. There is limited evidence in India on contextual determinants and interventions that can increase lifejacket wear and thereby reduce preventable drowning deaths through effective, scalable strategies.

This study follows a three-phase approach: In Phase 1, we conducted a cross-sectional survey of 1356 fishermen, 24 in-depth interviews and 12 focus group discussions and direct observation of 1591 fishermen across 24 fishing landing sites (12 in each state) to assess the prevalence and determinants of lifejacket use among fisherfolk.

Currently, in Phase 2, we are developing customised interventions through stakeholder input and piloting.

In Phase 3, we will evaluate the intervention's effectiveness using a six-month cluster randomised trial across 12 intervention sites. Expected outcome out of this study would be a tested behavior change intervention to improve lifejackets wear among fishermen.

Our work focuses on improving the safety of small-scale fishers by understanding when, where, and why risks occur. We combine community insights with practical solutions, working closely with fishers, state fisheries departments, state disaster management authorities, and experts in lifejacket design and standardisation to develop approaches that increase lifejacket use and make everyday fishing practices safer and more sustainable"

Dr Jagnoor Jagnoor
Programme Lead, Injury and
Director, WHO Collaborating Centre on
Injury Prevention and Trauma Care

Key Highlights

- Conducted a cross-sectional survey of 1,356 fishermen and direct observation of 1,591 fishermen across 24 fishing landing sites in Kerala and Tamil Nadu.
- Used 24 in-depth interviews and 12 focus group discussions to assess the prevalence and determinants of lifejacket use among fisherfolk.
- Co-designed intervention strategies with fishers, boat owners, community leaders, and government stakeholders to improve lifejacket use.
- Will evaluate a tested behaviour change intervention through a six-month cluster randomised trial across 12 intervention sites.

CANCER

Cancer is a leading global health challenge, with over 20 million new cases diagnosed annually - a number expected to rise significantly in the coming decades. Yet, access to cancer care remains deeply inequitable. While some regions benefit from advanced treatments and early detection, others face barriers such as limited infrastructure, high costs, and long distances to access care, resulting in poorer outcomes.
Our Cancer Programme is dedicated to addressing these disparities by combining world-class research with global and local partnerships. We focus on delivering innovative, evidence-based solutions that make cancer prevention, treatment, and survivorship accessible to all.

Leveraging artificial intelligence for strengthening cervical cancer screening through capacity building

Project Status: Active

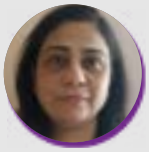
India has introduced HPV vaccination to help protect women and girls from cervical cancer. However, regular screening and early treatment remain essential to prevent the disease. With fewer than 2% of women currently screened, India faces a significant challenge in meeting the World Health Organization's target of screening 70% of women by age 35.

This project aims to use AI to strengthen the skills of Accredited Social Health Activists (ASHAs) and other frontline health workers in raising awareness about cervical cancer. Conducted in partnership with the Cachar Cancer Hospital and Research Centre (CCHRC) in Assam, the study will evaluate an AI-powered digital training platform within an existing screening programme.

The project explores how AI can support training of ASHAs, knowledge sharing about Human Papilloma Virus (HPV) testing as cancer screening modality, counselling for HPV testing, and implementation of screening in the community. The findings will help determine whether use of digital health and AI as an approach to enhance ASHAs' capacity is practical, acceptable, and effective, and could provide a scalable model.

Cervical cancer is one of the most preventable forms of cancer and ranks second in women's cancers in India, yet far too many women still miss out on screening for it. Misconceptions and stigma around cervical cancer, combined with limited communication support for Community Health Workers (CHWs), lead to uneven counselling and missed opportunities for screening. Through this project, we are exploring how AI can support the development of CHW training that equips them with clear, consistent, culturally appropriate and contextually relevant cervical cancer screening messages and on-the-job guidance through an interactive platform."

Dr Anita Gadgil
Senior Research Fellow,
Health Systems Science



Key Highlights

- Addressing a major cervical cancer screening gap, with less than 2% of women in India currently screened.
- Developing and testing an AI-powered digital platform to strengthen frontline health workers' capacity for cervical cancer awareness and HPV screening.
- Generating evidence on the feasibility, acceptability, and effectiveness of AI-enabled training for ASHAs.

Team visit to Cachar Cancer Hospital and Research Centre, Assam

CARDIOVASCULAR HEALTH

Our Cardiovascular Health programme 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 include effective, economical, and safe polypills to enhance the treatment and control of CVD risk factors.

Digoxin in patients with rheumatic heart diseases- a randomised placebo-controlled trial (Dig-RHD trial)

Project Status: Completed

Rheumatic heart disease (RHD) remains a major cause of illness and death in many low- and middle-income countries, yet evidence on effective treatments is limited. The Dig-RHD trial investigated whether digoxin, an inexpensive and widely available heart medication, could reduce deaths or prevent new or worsening of heart failure in patients with symptomatic RHD. Participants received either digoxin or a placebo alongside their usual care and were followed until December 2025.

The George Institute India led the data management and statistical analysis of this multi-center collaborative trial funded by ICMR. The trial database lock, final analysis and statistical report were completed within one month of the last patient last follow-up, demonstrating efficiency, true collaborations and high-level of planning. Results showed that digoxin provided modest benefits by reducing worsening heart failure, but it did not significantly reduce deaths.

These findings help address an important evidence gap in RHD treatment and suggest that digoxin may offer a low-cost option for improving the management of heart failure in people living with this condition.

Read more about the project

Key Highlights

- **First randomised trial evaluating digoxin in rheumatic heart disease powered for clinical outcomes.**
- **1,769 patients recruited from 12 tertiary care hospitals across India in a multi-centre, randomised, placebo-controlled trial.**
- **Trial implemented a risk-based monitoring approach reducing the number of travels required for site monitoring by 50%.**
- **Digoxin may modestly reduce worsening heart failure in people with symptomatic rheumatic heart disease without raising the risk of death or significant toxicity.**

Dig-RHD investigators' meeting in New Delhi at ICMR

A Consensus Statement on Use of Potassium enriched Low Sodium Salt Substitutes (LSSS) as a Key Intervention for the Prevention, Control, and Management of Hypertension and Other Cardiovascular Diseases in India

Project Status: Completed

This study synthesises global and Indian evidence to assess the scalability, safety, and efficacy of potassium-enriched low-sodium salt substitutes (LSSS) for preventing and managing hypertension and cardiovascular diseases (CVDs) in India and to inform their integration into clinical guidelines and public health strategies.

Using a comprehensive multi-method approach including systematic and umbrella reviews, randomized controlled trials, policy analyses, modelling studies, the evidence generated, consistently demonstrate that LSSS can reduce sodium intake, increase potassium consumption, lower blood pressure, and decrease stroke and cardiovascular risk, making it a feasible population-level intervention given the high consumption of discretionary salt in Indian diets.

The evidence generated was then presented to a multi-disciplinary team of experts in a consensus conference and following a modified delphi process was developed into a consensus statement.

Key Highlights

- **Findings consistently demonstrate that Potassium enriched LSSS can reduce sodium intake, increase potassium consumption, lower blood pressure, and decrease stroke and cardiovascular risk.**
- **LSSS are a feasible population-level intervention given the high consumption of discretionary salt in Indian diets.**
- **The consensus statement strongly supports incorporating LSSS into national dietary recommendations, clinical guidelines, and NCD prevention programmes.**
- **The consensus statement has been endorsed by 29 multi-disciplinary experts from across India.**

> *High-quality research shows India's high sodium and low potassium intake is a key driver of hypertension and cardiovascular disease. Potassium enriched low sodium salt substitutes address both. With no change in taste and appropriate safeguards, this is a safe, scalable solution for India's hypertension and CVD prevention strategy."*
>
> **Dr Suparna Ghosh-Jerath**
> Programme Head, Nutrition, Food Policy

The consensus statement strongly supports incorporating LSSS into national dietary recommendations, clinical guidelines, and NCD prevention programmes, although important evidence gaps remain regarding large-scale implementation and safety in specific groups such as individuals with chronic kidney disease, those on potassium-sparing medications, pregnant women, and children.

Overall, the study highlights the need for policy integration, increased awareness, and further research to enable systematic adoption of LSSS as an effective public health strategy and clinical intervention for reducing the burden of hypertension and CVDs in India.

NUTRITION AND FOOD SYSTEMS

Every year, more than 11 million people die from diet-related diseases, while billions more experience food insecurity, malnutrition, or hunger. Creating a healthier, more sustainable, and equitable food system requires greater public awareness, nutrition education, and strong government action. Our Nutrition and Food Systems Programme is committed to transforming food systems by improving access to healthy foods and addressing all forms of malnutrition. By making nutritious and sustainable food affordable and accessible to everyone, we can build healthier communities and create a more equitable future for all.

Nutritional status enhancement of children through behaviour change communication and take-home ration in India (NECCTAR Trial)

Project Status: Active

NECCTAR is a multi-phase study aimed at improving nutrition among children aged 6–36 months. It is being implemented across six states– Karnataka, Madhya Pradesh, Maharashtra, Meghalaya, Odisha, and Rajasthan. The George Institute is leading the work in Meghalaya.

The study focuses on strengthening take-home rations (THRs) provided through the Integrated Child Development Services (ICDS) programme.

It addresses challenges related to the quality, distribution, acceptance, and use of THRs, as well as gaps in nutrition awareness and programme delivery.

The project follows a three-phase approach. It begins by examining feeding practices, community needs, and systemic challenges. Based on these findings, the project is developing and testing improved THR products alongside culturally appropriate nutrition education and social and behaviour change communication strategies for families and caregivers.

In the final phase, the study will evaluate whether this intervention package improves child nutrition and feeding practices, generating evidence to strengthen the THR programme under ICDS.

Field visit to an Anganwadi Centre in Umling Block, Ri-Bhoi, Meghalaya, where the NECCTAR team engaged with mothers of children aged 6–35 months to assess the acceptability of the improved THR among mothers and children

Through the NECCTAR trial, we aim to improve nutritional status of young children by addressing gaps in complementary feeding practices and uptake of Take-Home Ration (THR) provided under the Integrated Child Development Scheme. Our intervention focuses on improved THR composition and behaviour change strategies to achieve sustainable nutritional outcomes".

Dr Srishti Arora
Research Fellow, Nutrition, Food Policy

Key Highlights

- Implemented across 6 states in India—Karnataka, Madhya Pradesh, Maharashtra, Meghalaya, Odisha, and Rajasthan—to improve nutrition among children aged 6–35 months.
- Three-phase study design comprising formative research, intervention co-development, and a cluster randomized controlled trial.
- 30 Anganwadi Centres assessed during the formative phase to understand existing take-home ration (THR) provision and service delivery challenges.
- 9 group discussions conducted with community members and Anganwadi workers to identify commonly consumed and child-preferred food items for revised THR formulations.
- 4 revised take-home ration formulations developed and currently being tested for feasibility and acceptability with mothers and children.
- 225 children and their mothers reached during the formative phase of the study.
- 40 mothers and children to be reached during the acceptability phase.

VATIKA field team empowering village women with practical nutrition knowledge to diversify family meals and create healthier communities

Diversifying diets through community nutrition gardens

Project Status: Active

The VATIKA (Village-based Nutrition Garden and Nutrition Knowledge and Awareness) project aims to improve dietary diversity among children aged 3–11 years by promoting healthier and more diverse diets. The project brings together researchers, government departments and NGO partners, farmers, Anganwadi workers, Mitanins, teachers, cooks, and local communities to address child malnutrition.

Implemented across 25 clusters comprising selected villages and anganwadi centres and schools catering to those villages in 2 blocks of Surguja district, Chhattisgarh. This food systems intervention works through schools, anganwadi centres, and surrounding communities as platforms for improving dietary diversity among children. The intervention strengthens existing government institutional feeding programmes, including supplementary nutrition programmes and school meals under the ICDS and PM POSHAN respectively, through integration of community-managed nutri-gardens, diversified seasonal menus, capacity building of frontline workers and nutrition education for children and their families

Following an initial phase of formative research, community consultation and engagement, the project is now testing and evaluating this integrated approach over a 12 -month period.

The goal is to improve dietary diversity and increase access to nutritious foods while building local knowledge and sustainable food systems.

The findings will help identify effective community-based strategies to reduce malnutrition, address micronutrient deficiencies, and support healthier futures for children.

Some of the most effective solutions to malnutrition already exist within communities. By combining traditional knowledge with scientific guidance, families can turn small pieces of land into thriving nutrition gardens that provide diverse, healthy and nutrient rich foods for children, strengthen livelihoods, and build more resilient food systems for the future."

Dr Mamta Kumari
Research Fellow

Key Highlights

- Implemented in Surguja district, Chhattisgarh, as part of the NIHR Global Health Research Centre on Non-Communicable Diseases and Environmental Change.
- Co-developed and launched a food systems intervention to improve dietary diversity among children and strengthen local food systems in rural Chhattisgarh integrating community-managed nutri-gardens, diversified institutional feeding programmes, and nutrition education into a locally driven intervention model. Twelve month quasi-experimental field trial being implemented across 25 clusters, comprising primary schools, Anganwadi Centres, villages and hamlets.
- Around 355 stakeholders engaged across agriculture, health, education, women and child development, and rural livelihood to support intervention design, implementation and sustainability.
- Strengthened linkages between smallholder farmers and government feeding programmes, promoting access to fresh and locally sourced vegetables.
- Expected to reach 1,531 children through schools and Anganwadi Centres.

Supplying vegetables from nutri-garden for school feeding programme

HEALTH EQUITY

Our Health Equity programme leverages international, multidisciplinary research projects across several countries to investigate and improve and utilise 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 emphasising social development and equitable, systemic solutions. The programme supports research by 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.

Communities driving health

Project Status: Active

PATANG (Promoting Community Action for Health – a Co-produced, Technology-enabled Platform to Achieve National Goals) aims to help communities drive health reform. The project brings together community members, civil society organisations, and government partners across five states—Tamil Nadu, Maharashtra, Chhattisgarh, Jharkhand, and Nagaland—to strengthen the role of communities in shaping and improving health services.

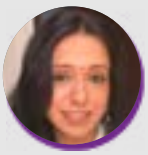
Running from 2024 to 2029, PATANG is collaborating with renowned civil society organisations and several government departments to address gaps in knowledge, resources, and support for Community Action for Health. The project is developing a hybrid learning platform that helps communities, civil society groups, and health officials share experiences, access practical tools, and learn from one another.

Through surveys, interviews, group discussions, and other research activities, PATANG will identify effective ways to strengthen community participation in health systems.

The findings aim to help make health services more responsive, accountable, and people-centred, supporting progress towards Universal Health Coverage.

> *We go beyond documenting community action by understanding how it works in different contexts and how it can be adapted and shared. Through PATANG, we hope to create a multilingual, technology-enabled platform that connects communities, civil society, and the state, enabling shared learning, collaboration, and collective action to improve health systems."*

Dr Neymat Chadha
Research Fellow
Health Systems Science



PATANG Tamil Nadu Field Survey Training in Dharmapuri, Tamil Nadu

Key Highlights

- Five-year project across five Indian states to strengthen Community Action for Health through research, co-production, and stakeholder engagement.
- Established MOUs and agreements with the Governments of Nagaland and Tamil Nadu and a collaborative partnership with the National Health Commission Office, Thailand.
- Reached more than 130 stakeholders through platform convenings, training programmes, consultations, and collaborative learning activities.
- Employs a mixed-methods approach and quasi-experimental evaluation to generate evidence on effective and scalable models of community participation in health.
- Designed to identify scalable and context-sensitive approaches to strengthening community participation and advancing Universal Health Coverage in India.

PATANG Nagaland field team engaging with community leaders during fieldwork in Hakchang Village, Tuensang

Social participation for Universal health coverage: evidence-informed NetWorks Advancing Inclusion (SUNWAI)

Project Status: Active

The SUNWAI project focuses on strengthening Social Participation for Health (SPH), defined as the collective engagement of communities, civil society, policymakers, and academia to improve population health. Rooted in the 1978 Alma Ata Declaration and reinforced during the HIV pandemic and recent Universal Health Coverage (UHC) advocacy, SPH remains unevenly implemented, particularly for marginalized groups such as transgender and gender diverse (TGD) persons. SUNWAI, funded by the NIHR, in collaboration with partners from India, Vietnam, Thailand, and leading international institutions, seeks to address gaps in equity, inclusion, and effectiveness within UHC systems.

Operating across national and subnational platforms in Asia, the project aims to enhance TGD inclusion in health decision-making, consistent with the "leave no one behind" principle. Through co-produced research, it examines the contexts, mechanisms, outcomes, and costs of SPH, while developing and testing inclusive participation models. In India, aligning with national policies (National Health Policy 2017, Ayushman Bharat) , SUNWAI strives to strengthen partnerships and knowledge exchange through consultations and meetings aimed towards improving policy design, service delivery, funding, and health system responsiveness for those who are being left behind.

SUNWAI is about being heard. It is a coproduction project in India, Thailand and Vietnam that foregrounds the voices of transgender and gender diverse persons in policymaking towards health for all. We are nesting our research in flagship national schemes that provide and pay for health services, while also using participatory action research cycles to support communities and collectives in improving pathways for gender affirming care. To us, health for all means respectful, quality care to which we are all entitled, and that actually works."

Dr Devaki Nambiar
Programme Director, Health Equity
Health Systems Science

Key Highlights

- Co-led by The George Institute for Global Health India and Northumbria University, with academic partners Mahidol University (Thailand) and Hanoi Medical University (Vietnam) supporting cross-country research on inclusive health systems and Universal Health Coverage (UHC).
- Designed to strengthen partnerships and generate evidence that supports equitable, participatory, and inclusive approaches to health policy and UHC reform.
- Co-produces evidence-informed mechanisms to enhance the inclusion of transgender and gender-diverse communities in social participation for Universal Health Coverage.
- Brings together researchers, policymakers, civil society organisations, and community groups to understand the contexts, mechanisms, outcomes, and costs of inclusive social participation for health.

In performance mode! – SUNWAI team at their inception meeting

RENAL AND METABOLIC

Our Renal and Metabolic programme 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.

India-Factors of CKDu in Uddanam Study (India-FOCUS)

Project Status: Active

This project focuses on understanding Chronic Kidney Disease of unknown etiology (CKDu), a condition affecting individuals without common risk factors such as diabetes or hypertension, particularly in agricultural communities like Uddanam in Andhra Pradesh. Over the past two decades, CKDu has emerged as a major public health concern in tropical regions, especially among young and middle-aged individuals engaged in physically demanding outdoor work. However, the disease remains difficult to define and diagnose due to the lack of clear clinical markers and its gradual progression without typical symptoms.

The study has been ongoing for the past four years, with the initial two years dedicated to refining and standardizing the study protocol to ensure high-quality, comparable data collection across sites. Large-scale community screening was subsequently conducted to identify eligible participants aged 18–45 years. Baseline kidney function was established using standardized measurements, and participants are being followed longitudinally through a structured visit schedule. This design enables monitoring of kidney function over time and identification of patterns of disease progression and potential risk factors, including sociodemographic, genetic, metabolic, and environmental factors.

The project is part of a larger international effort across India and Central America to better understand CKDu and generate evidence for future prevention and treatment strategies.

> *Our approach to addressing Chronic Kidney Disease of unknown etiology (CKDu) is grounded in rigorous field research, community-centered engagement, and globally harmonised science. By combining longitudinal tracking, environmental assessments, and standardised data collection across international sites, we aim to generate robust evidence on disease causes and progression. Through this integrated effort, we seek to inform early detection strategies, strengthen health system responses, and contribute to scalable solutions for vulnerable agricultural communities where the burden is highest."*

Dr Kavita Yadav
Research Fellow
Renal and Metabolic

Field data collection activities and funder visit at the project site in Uddanam, Andhra Pradesh

Key Highlights

- 5-year study focused on understanding Chronic Kidney Disease of unknown etiology (CKDu) in Uddanam, Andhra Pradesh.
- 2 years dedicated to refinement and standardisation of the study protocol to ensure high-quality and comparable data collection across sites.
- Participants aged 18–45 years recruited following large-scale community screening and establishment of baseline kidney function.
- Part of a larger, internationally coordinated effort across multiple sites in India and Central America using standardized methodologies for epidemiological, biological, and environmental data collection.
- Conducted in collaboration with NIH (USA), Columbia University, and the CURE Consortium, a global multi-site collaboration involving leading research institutions.
- Over 1000 stakeholders engaged over the project duration, including community participants, frontline workers, institutional partners, and administrative stakeholders.
- 7,000–8,000 people reached through project activities, including awareness and outreach programmes, screening camps, community meetings, training sessions, and stakeholder engagement initiatives.

CKD Screening Camp, Manikyapuram Primary Health Centre, Uddanam

HEALTH SYSTEMS SCIENCE

Our Health Systems Science programme 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.

The overlooked mental health burden of snakebite

Project Status: Completed

Snakebite remains a major public health challenge in India, particularly in rural communities. While its physical effects are well recognised, far less is known about its impact on mental health. Depression and Post-Traumatic Stress Disorder (PTSD) after snakebite in West Bengal, India: a cross-sectional study explored the experiences of snakebite survivors in the Sundarbans region of West Bengal, including the prevalence of depression and post-traumatic stress disorder.

Researchers identified and surveyed 178 people who had survived a snakebite within the previous year. Many bites occurred while people were working in agricultural fields, and most survivors initially sought care from traditional healers rather than medical professionals.

The study found that more than one in five survivors experienced depression, while around one in eight showed signs of PTSD. Many also reported ongoing physical limitations and disability following their recovery.

These findings highlight the need for long-term support for snakebite survivors, including access to mental health services alongside medical care, and underscore the importance of strengthening health systems to address the full impact of snakebite.

Addressing snakebite is not only about preventing deaths and treating the bite injury; our results demonstrate the importance of long-term care for survivors of snakebite. The high rates of PTSD and depression we found among snakebite survivors shows the urgent need for accessible mental health care, support and resources to aid recovery."

Inika Sharma
Research Officer

Dissemination event for a community study on mental health in snakebite survivors (BDO Office, Kultali)

Read more about the project here

Key Highlights

- 100,000 people covered across Bhubaneswari, Maipith, and Deulbari Debipur villages in Kultali block, Sundarbans, West Bengal using the Community Knowledge Approach (CKA).
- 182 snakebite survivors identified, with 178 included in the final analysis.
- The prevalence of depression remained 22.2% after controlling for other major life events associated with depression.
- 24.2% of snakebites occurred in agricultural fields, making it the most common location of snakebite incidents.
- 62.4% of survivors sought treatment from traditional healers, compared with 37.6% who sought care from medical practitioners.

Stakeholders and public officials sharing their reflections after the dissemination event at the Kultali Block District office

Enhancing primary healthcare to mitigate heat-related health risks and improve non-communicable disease management

Project Status: Active

Focusing on the implementation and evaluation of SMARThealth CLIMATE, an innovative intervention designed to integrate heat-risk management into routine NCD care within primary healthcare systems, this research project brings together a wide range of stakeholders, including community members, particularly those with or at risk of non-communicable diseases (NCDs), frontline health workers, primary healthcare staff, community leaders, district health officials, and key institutional partners such as Imperial College London, Sri Ramachandra Institute of Higher Education and Research (SRIHER), the India Meteorological Department (IMD), and the Government of Andhra Pradesh.

Conducted across 72 villages in the rural districts of Srikakulam and Parvathipuram Manyam, the project builds on formative and co-design phases undertaken between December 2024 and March 2025, with implementation beginning in August 2026. It responds to the growing threat of extreme heat and its disproportionate impact on vulnerable populations with NCDs in low- and middle-income settings.

Using a quasi-experimental cluster randomised trial and a mixed-methods approach, the project evaluates an integrated package of interventions, including digital decision-support tools, heat early warning systems, strengthened health infrastructure, workforce training, and community engagement to improve health outcomes and build resilient health systems.

> *Our work on SMARThealth CLIMATE is built on a simple recognition that heat and NCDs don't arrive separately for the communities we serve, and neither should our response. By embedding heat-health risk management into routine primary care, and by designing this with frontline workers and communities from the outset, we are developing a model that is practical, scalable, and grounded in the realities of rural health systems in India."*
>
> **Dr Renu John**
> Research Fellow

Key Highlights

- 1,680 community participants to be enrolled in the study cohort.
- 120 Primary Health Centre (PHC) staff and community health workers across 8 PHCs to be trained and engaged.
- 8 co-design workshops engaged 76 health facility staff, 21 community leaders, and 100 community members.
- 4 stakeholder workshops engaged 43 health facility staff and 41 community members and leaders to refine intervention components.
- Co-designed with frontline health workers, community members, and Village Health Sanitation and Nutrition Committees (VHSNCs).

Regulating e-pharmacy: challenges and opportunities for access and quality of care in low- and middle-income countries health systems

Project Status: Completed

Online pharmacies are rapidly changing how people access medicines, but concerns remain about safety, quality, and regulation. This study examined how e-pharmacies operate in India and Kenya to understand their impact on access to medicines and identify ways to improve patient safety.

Researchers reviewed e-pharmacy websites, conducted interviews and workshops with key stakeholders, and used "mystery shoppers" to purchase medicines and assess compliance with prescription requirements and quality standards. By comparing two countries at different stages of e-pharmacy development, the study provided valuable insights into emerging challenges and regulatory needs. The findings highlighted gaps in oversight and identified opportunities to strengthen regulations, monitoring, and coordination between health and e-commerce authorities.

> *We are working to make access to medicines safer in a rapidly digitalizing world. By bringing evidence and stakeholders together, we aim to strengthen regulation for e-pharmacies so that people can benefit from convenience without compromising quality, safety, or trust in health systems."*

Krishna Nandakumar
Research Assistant
Cardiovascular

Key Highlights

- Study conducted in India and Kenya on e-pharmacy access, quality, and safety.
- Institutional partners: The George Institute for Global Health, London School of Hygiene and Tropical Medicine, and Strathmore Business School.
- Three policy briefs produced to support regulatory and policy discussions.
- 4 national advisory committee meetings and 3 international advisory committee meetings convened.
- 100+ stakeholders reached through project engagement and dissemination activities.

The study also highlighted risks such as inappropriate medicine sales, misuse of prescription drugs, and the growing threat of antimicrobial resistance. The evidence generated will help inform policies that promote safe, reliable, and equitable access to medicines while supporting the responsible growth of e-pharmacy services in low- and middle-income countries.

Read more about the project here

Prioritising research for climate and health action

Project Status: Completed

Climate change is one of the greatest threats to public health, yet important evidence gaps remain in understanding its impact on health in India. This project, "Research on climate change and health in India: a priority setting exercise", set out to identify the most urgent research priorities to help guide future action by researchers, policymakers, and health professionals.

More than 250 researchers, healthcare workers, policymakers, and members of the public participated to inform the process. The project began by reviewing existing evidence from South Asia and collecting research questions through an open national survey.

Participants then rated these research questions, resulting in a consensus-driven list of 29 priority research questions across five key themes.

The findings provide a roadmap for future climate and health research in India, helping to focus resources on the areas of greatest need and supporting evidence-based policies to protect communities from the growing health impacts of climate change.

Climate change is one of the defining health challenges of our time. To ensure research is relevant and meaningful, it must be shaped by the experiences of the people most affected. We designed this project to be systematic, transparent, and inclusive, enabling people from across India to participate. The final list of priorities reflects a shared consensus between researchers, healthcare professionals, policymakers, and the public, creating a strong foundation for future climate and health action."

Dr Soumyadeep Bhaumik
Head, Meta-research and Evidence Synthesis Unit

Read more about the project here

Key Highlights

- 250+ participants contributed to defining climate change and health research priorities for India.
- 29 priority research questions were identified through a national consensus-building process.
- 6 South Asian countries mapped – India, Bangladesh, Pakistan, Bhutan, Sri Lanka and Nepal. 10 years of climate and health research reviewed.
- 5 research domains covered, including health impacts, interventions, adaptation and mitigation, policy and governance, and tools and frameworks.
- Featured in a World Health Organization (WHO) casebook on the ethics of health research priority setting.
- 3 national and international conference presentations disseminated the project findings.

Understanding the economic burden of epilepsy in India to develop financial and social protection mechanisms for people with epilepsy and their families

Project Status: Active

Epilepsy affects an estimated 8–12 million people in India, yet many do not receive the care and support they need. Limited access to appropriate treatment, combined with social and financial challenges, can have a significant impact on the lives of people living with the condition and their families.

This study aims to better understand these challenges by following individuals with epilepsy across six states – Andhra Pradesh, Chhattisgarh, Jharkhand, Madhya Pradesh, Karnataka, and Punjab. Participants, including newly diagnosed individuals and those whose seizures remain uncontrolled despite treatment, will be followed for one year to understand their experiences of care and the social and economic impact of epilepsy.

The study will identify gaps in support and assess the potential benefits of improved epilepsy care. The findings are expected to provide important evidence for policymakers, strengthen the case for greater investment in epilepsy services, and help improve care and quality of life for people living with epilepsy across India.

Epilepsy remains an overlooked public health challenge in India. Through this study, we will generate the first comprehensive and robust evidence on its economic and social impact, helping policymakers understand where support is needed most and building a stronger case for investment in services that improve outcomes for people living with epilepsy and their families."

Dr Susmita Chatterjee
Programme Head, Health Economics

Key Highlights

- Study following 1,164 people with epilepsy across 6 Indian states – Andhra Pradesh, Chhattisgarh, Jharkhand, Madhya Pradesh, Karnataka, and Punjab.
- 564 symptomatic people were examined by neurologists in two states and 455 were put on treatment till August 2026. From two other states, the team started following up 140 people with epilepsy.
- Participants will be followed for 1 year to understand their journey and the economic and social consequences of epilepsy.
- Implemented in collaboration with AIIMS New Delhi, St John's Medical College and Hospital, Bengaluru, and Dayanand Medical College and Hospital, Ludhiana.
- Designed to generate evidence on support requirements, treatment gaps, and the costs and benefits of epilepsy treatment.

Urban SHADE (Strengthening health access and delivery for extreme weather)

Project Status: Active

The project aims to understand the health and health service impacts of extreme heat and extreme rainfall/flooding on urban marginalised populations living in informal settlements in three cities in Andhra Pradesh and Himachal Pradesh. It also seeks to co-design, implement, and evaluate context-sensitive interventions that improve health service preparedness and responsiveness during extreme weather events.

At the core of the project's strategy is building equitable partnerships between marginalised urban communities, health systems, and relevant governance actors. The project uses participatory action research with mixed methods, combining qualitative research (focus group discussions and interviews) with household and health facility surveys to assess impacts, vulnerabilities, and adaptive capacity among communities and health facilities.

The project is being implemented in partnership with state health departments and community-based groups in both states. The findings of the project will improve understanding of how extreme weather affects health, livelihoods, and access to care in urban informal settlements.

Urban SHADE was conceptualized with inputs from government and community stakeholders in two states in India. Co-creation, co-design, and co-implementation is, thus, at the root of our efforts to strengthen preparedness of primary health services for urban marginalized communities, in response to extreme weather. We are currently at the precipice of implementing pilot interventions that will provide a roadmap for strengthening community-based preparedness solutions for health service delivery in informal settlement during extreme weather events.

Dr Surekha Garimella
Programme Head, Sustainable Health

They will also support the development of more prepared, responsive, and climate-resilient health services, while strengthening collaboration between communities, researchers, health systems, and governance actors to advance universal health coverage.

Read more about Urban SHADE here

Our colleagues in Shimla's Eidgah Colony with stakeholders

Key Highlights

- Project implemented across 3 cities in Andhra Pradesh and Himachal Pradesh to understand the health and health service impacts of extreme heat and extreme rainfall/flooding on urban marginalised populations living in informal settlements.
- 60 stakeholders engaged across national, state, municipal, academic, and community-based institutions.
- 3,000 people reached directly through the project.
- 40 staff members and 17 consultants trained and mentored through the project.

Strengthening geriatric, mental health and palliative care through the National Urban Health Mission (NUHM)

Project Status: Completed

This study aims to address the growing challenges of urban health in India. It focuses on the urban population, particularly vulnerable groups living in slums, and brings together key stakeholders including the Ministry of Health and Family Welfare (MoHFW), National Urban Health Mission (NUHM), local urban bodies, NGOs, private sector partners, healthcare providers at Urban Primary Health Centres (PHCs)/Ayushman Arogya Mandirs (AAMs), and researchers.

Conducted across urban areas in 15 states, the project aims to strengthen primary healthcare systems, with a special focus on geriatric, mental health, and palliative care services. It examines gaps in service delivery and develops recommendations and key performance indicators to improve access to and quality of care.

In response to rapid urban growth since the 2011 Census, evolving health policies since 2017, rising non-communicable diseases, and systemic challenges such as overcrowded facilities and fragmented coordination, the study employs literature reviews, policy analysis, and data-driven frameworks.

> *NUHM aims to improve the health of the urban poor and marginalised through the implementation of a comprehensive primary healthcare (CPHC) package. This package includes care of the elderly, mental health and palliative (GMP) care. Asian Development Bank (ADB) funds and monitors (M&E) CPHC implementation.*
>
> *We created three reports and three working papers for improving GMP care in urban areas of 14 selected states through extensive secondary data analysis. Recommendations and Key Performance indicators from this project will be used by ADB for M&E from 2025 to 2030."*
>
> **Dr Nobhojit Roy**
> Programme Head
> Health Systems Science

Through this approach, it seeks to develop scalable, evidence-based solutions, including digital health interventions, public–private partnerships, and community engagement strategies, to enhance equitable healthcare delivery in urban settings.

Key Highlights

- **Conducted across urban areas in 15 selected states based on urbanisation, Non-Communicable Disease burden and comprehensive primary Healthcare implementation status, to strengthen access to quality primary healthcare services**
- **Focused on strengthening quality of Geriatric, Mental Health and Palliative care (GMP) at primary healthcare services under the National Urban Health Mission (NUHM).**
- **Reviewed evidence to identify gaps, facilitators, barriers, and scalable models of care delivery for GMP services.**
- **Recommendations and Key Performance Indicators (KPIs) developed to monitor and evaluate implementation of proposed improvements in urban GMP care.**

The Resilience Collaborative: Enhancing healthcare worker resilience by co-developing evidence-based solutions for scale (RECONNECTIONS)

Project Status: Completed

The Resilience Collaborative (TRC) is a global learning community that aims to advance learning and drive the adoption of evidence-based strategies for health worker resilience, particularly in low-resource settings. Launched by the Johnson & Johnson Foundation in 2021, TRC supports healthcare workers (HCWs) and the systems they support by prioritising wellbeing and resilience through leadership development and capacity building. Since May 2023, The George Institute for Global Health has served as the host organisation for this global community of practice.

The RECONNECTIONS initiative was a focused effort within TRC to translate learning into action. Implemented collaboratively by The George Institute for Global Health, Reach Digital Health, and Dimagi during 2024–2025, the project aimed to advance equitable quality of care by prioritising healthcare worker wellbeing and resilience, while strengthening leadership development, community engagement, and evidence generation. It also sought to equip healthcare workers with actionable insights to enhance resilience and strategically disseminate learnings to empower frontline workers and influence policy.

> *Our core value in executing healthcare workers' resilience work is co-production and shared ownership. We strive to design, develop, deploy and evolve evidence with them being in the center of all these activities."*

Varadharajan Srinivasan
Programme Manager, TRC

Through developing systemic maps, identifying research gaps, resilience-building interventions and evaluations, digital health initiatives, leadership programmes, and co-produced tools, the project contributed to an evolving evidence base to build resilience among healthcare workers, while strengthening the health systems they support.

Read more about The Resilience Collaborative here

MOU signing between The George Institute and Reach Digital Health (South Africa) to advance healthcare worker well-being and resilience

Key Highlights

- 600+ TRC community members engaged globally, with doubled Healthcare Worker participation (33%).
- 2 Systematic Maps synthesised (1 published, 1 under review), 2 narrative reviews published, 2 implementation studies under review/development, 2 reflective blogs published and 3 Conference Breakout Sessions conducted.
- 1,018 unique users trained through the WellMe pilot across 47+ training sessions, and 161 ASHAs and Auxiliary Nurse Midwives (ANMs) participants in the implementation research on the WellMe intervention.
- 37,301 healthcare workers registered for WHO HealthAlert, with 2,387 engaging with new content.
- 592 stakeholders engaged, including 454 TRC members and 138 healthcare workers involved in toolkit development.
- 138 participants (90% healthcare workers) engaged in 9 toolkit validation exercises conducted across India, the Maldives, and Zambia.
- 8,943 people reached directly through the project, including 8,489 healthcare workers.


To make
a real
difference
in local
communities

Key Events

Evidence2Policy Dialogue

12th December 2025

The Evidence2Policy Dialogue, held at the India Habitat Centre, New Delhi, brought together government, academia, research funders, and civil society to strengthen the use of research evidence for health equity and health system reform in India.

With NCDs accounting for over 65% of deaths in the country, discussions focused on evidence-informed policymaking, gender equity, and community-led approaches to improving NCD prevention and care. The Dialogue also showcased Youth Ideas, highlighting innovative solutions to address health inequities and support vulnerable communities.

The event concluded with a shared reflection: when we build collective understanding, we strengthen our collective responsibility to reduce preventable suffering and ensure that every community benefits equally from health system progress.

Read more about the dialogue here

South Asia Forum

6th and 7th November 2025

The 4th South Asia Forum was held in Colombo, Sri Lanka and co-hosted by The George Institute and RemediumOne. Focused on locally led clinical trials for the prevention and management of cardiometabolic and kidney diseases, the Forum brought together researchers, clinicians, and implementation experts from across the region to exchange evidence, experiences, and lessons for practice.

The programme featured presentations and discussions led by our colleagues, alongside regional and international experts, on strengthening research and implementation to address pressing health challenges.

The Forum also provided an opportunity to engage with long-standing partners, including RemediumOne and the University of Kelaniya, and to explore priorities for future collaboration across South Asia.

The Forum concluded by reinforcing the value of long-standing regional partnerships in advancing locally relevant, evidence-informed health solutions across South Asia.

Clinical Trials Capacity Strengthening Workshop

6th – 8th January 2026

The George Institute supported an in-person workshop on Design and Conduct of Randomized Clinical Trials at AIIMS Rishikesh under the Indian Clinical Trial and Education Network (INTENT), a flagship initiative of the Indian Council of Medical Research (ICMR).

The workshop brought together clinicians and researchers from AIIMS Rishikesh, state medical colleges, and ICMR institutions. Through interactive sessions, moderated group work, and individualised feedback, participants strengthened their understanding of randomized clinical trial design and conduct. The workshop also provided opportunities for mentorship, collaboration, and research capacity strengthening across the clinical trial ecosystem.

Manthan Dissemination and National Consultation

9th December 2025

The Mental Health team hosted a dissemination event for Manthan: Promoting Mental Health and Wellbeing Among Transgender People in Delhi NCR at the India International Centre, New Delhi. The event brought together government representatives, researchers, civil society organisations, and transgender community leaders to discuss stigma, inclusion, and community-led approaches to mental health.

The programme shared findings from the Manthan peer support model, which demonstrated promising improvements in depression, anxiety, and wellbeing among transgender participants. Through panel discussions and a keynote address, participants explored the importance of peer leadership, safe spaces, and dignity in strengthening mental health support for transgender communities.

Together, we're paving the way for compassionate, community-driven mental health initiatives.

Nutrition Training Workshop on Dietary Diversification

4th and 5th August 2025

In collaboration with the Early Childhood Development (ECD) Mission, Government of Meghalaya, our Nutrition team conducted a two-day training workshop in Shillong. The workshop brought together Community Health Gender Activists (CGHAs) and District Programme Managers (DPMs) from across Meghalaya to explore the role of local foods in dietary diversification among children.

Through interactive discussions and hands-on demonstrations, participants explored community food environments, locally available food items, and traditional cooking practices. The workshop provided an opportunity for learning and exchange of ideas among CGHAs and DPMs from across the state.

Potassium-Enriched Low-Sodium Salt Substitutes: From Consensus to Clinical and Public Health Action in India

17th April 2026

The webinar, "From Consensus to Action: Potassium-Enriched Low-Sodium Salt Substitutes and their Role in Addressing Hypertension and CVD in India," hosted in collaboration with Resolve to Save Lives convened policymakers, clinicians, nutritionists, and public health leaders to discuss strategies for accelerating the adoption of potassium-enriched low-sodium salt substitutes.

The event also marked the launch of a newly developed consensus statement, highlighting evidence-based recommendations and their translation into clinical practice and public health strategies to tackle hypertension and cardiovascular disease in India.

Watch the full webinar recording here

Stakeholder Consultation on Endometriosis and Other Gynaecological Morbidities Among Indian Women

6 February 2026

The Global Women's Health Programme convened a high-level stakeholder consultation in New Delhi to identify research priorities for endometriosis and other gynaecological morbidities among Indian women.

The consultation brought together researchers, clinicians, academics, policymakers, and lived-experience experts to review existing evidence, identify critical gaps, and shape future research priorities.
The discussions will inform a coordinated research roadmap, strengthen strategic partnerships, and support evidence-informed, systems-oriented approaches to improving women's health outcomes in India.

Clinical Decision Support Training for Medical Officers

14th March 2026

A Clinical Decision Support (CDS) Training for Primary Health Centre (PHC) Medical Officers was conducted in Bhimavaram, Andhra Pradesh as part of the STOP-Epilepsy Project, supported by the DBT Wellcome Trust.

The training focused on strengthening epilepsy care and clinical decision-making at the primary healthcare level. Led by Dr. Gagandeep Singh, Professor and Head, Department of Neurology, Dayanand Medical College & Hospital, Ludhiana, the session provided participants with practical insights to support the diagnosis and management of epilepsy in primary care settings.

Working with partners across the globe

Our Key Funders and Collaborators

Funders

Australian Consulate-General, Chennai

Azim Premji Philanthropic Initiatives Private Limited

Baxter International Inc., USA

Gates Foundation

Bloomberg Philanthropies

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DBT/Wellcome Trust India Alliance

Department of Biotechnology (DBT), Government of India

EngenderHealth, Inc.

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National Institutes of Health (NIH)

Resolve to Save Lives, USA

Tata Trusts, India

The Royal Society of Tropical Medicine and Hygiene (RSTMH)

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Dayanand Medical College & Hospital, India

Duke University, USA

Imperial College London, UK

Institute of Tropical Medicine

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Liverpool School of Tropical Medicine, UK

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Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

Population Council Institute (PCI), India

Rutgers School of Public Health, USA

Sri Ramachandra Institute of Higher Education and Research (SRIHER)

The University of Sydney, Australia

Universidad Peruana Cayetano Heredia, Peru

University of Cape Town, South Africa

University of Oxford, UK

University of New South Wales (UNSW), Australia

We are continually exploring ways to strengthen and advance research ecosystems through true collaboration. At Strategic Partnerships, we work closely with both internal and external stakeholders to build meaningful alliances towards shared goals. In doing so, we uncover the human stories behind these collaborations – stories that inspire, connect, and motivate us all as we move forward, together."

Dr Madhuri Dutta
Head - Strategic Partnerships and Commissioned Research

Our affiliates

MANIPAL ACADEMY of HIGHER EDUCATION
(Deemed to be University under Section 3 of the UGC Act, 1956)

UNSW SYDNEY

IMPERIAL

Our Financials

***Balance Sheet as at 31st March 2026 (Unaudited)**

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

	2025-26*	2024-25
Equity and Liabilities		
1. Shareholders' Funds		
I. Share capital	8,840	8,840
II. Reserves and surplus	1,65,271	1,33,151
Total Shareholders' funds	**1,74,111**	**1,41,990.92**
2. Non-current liabilities		
I. Other long-term liabilities	1,492	1,101
II. Long-term provisions	16,866	15,090
Total non-current liabilities	**18,358**	**16,192**
3. Current liabilities		
I. Trade payables		
Total outstanding dues of micro enterprises and small enterprises	4,085	2,572
Total outstanding dues of creditors other than micro enterprises	19,748	21,549
II. Other current liabilities	2,17,896	2,45,399
III. Short-term provisions	28,609	29,000
	2,70,338	**2,98,521**
Total equity and liabilities	**4,62,806**	**4,56,703**

	2025-26	2024-25
Assets		
1. Non-current assets		
I. Property, plant and equipment	4,205	4,979
II. Long-term loans and advances	2,827	2,102
Other non-current assets	1,20,246	42,346
Total non-current assets	**1,27,278**	**49,427**
2. Current assets		
I. Cash and bank balances	2,68,307	3,07,831
II. Short-term loans and advances	4,697	4,867
III. Other current assets	62,524	94,579
Total current assets	**3,35,528**	**4,07,276**
Total assets	**4,62,806**	**4,56,703**

****Income and Expenditure account, for the year ended 31st March 2026 (Unaudited)**

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

	2025-26**	2024-25
Income		
Project funds, Grants and Donations	5,57,727	4,92,104
Other Income	17,478	9,126
I. Total Income	**5,75,204**	**5,01,230**
Expenditure		
Employee Benefit Expenses	3,15,709	2,81,264
Depreciation expense	2,353	2,885
Other Expenses	2,25,023	1,86,955
II. Total Expenditure	**5,43,085**	**4,71,104**
Surplus/(Deficit) for the year	**32,120**	**30,126**

Strong governance is the foundation of everything we do, enabling us to deliver meaningful and lasting impact in public health. We take a proactive approach to compliance, staying aligned with evolving requirements, including the new labour codes, the DPDP Act, and the new Income Tax Act, thereby reinforcing the trust placed in us. By embedding ethics, integrity, and robust oversight into our day-to-day work, we create a resilient foundation that empowers our teams to focus on improving health outcomes at scale."

Vaibhav Chauhan
Director, Finance and Administration










The George Institute
for Global Health

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