Centre for Health Research and Innovation

Annual Report

2024-2025

Centre for Health Research and Innovation

About us

The Centre for Health Research and Innovation (CHRI), an affiliate of PATH in India, is a public health nonprofit committed to driving transformative health outcomes and impact across the country. Our mission is to advance health equity through innovation and partnerships to tackle the country's most pressing health challenges.

Established in 2017, CHRI is registered as a Section 8 company in India. CHRI combines its expertise in research, innovation, and a comprehensive understanding of the Indian health landscape to develop adaptable and scalable solutions by partnering with government institutions, innovators, laboratories, pharmacists, communities, and the private sector.

Our unique positioning in public health comes from our ability to convene, coordinate, and collaborate in the work we do. CHRI's commitment to delivering high-impact projects across geographies, as well as its ability to adapt to India's evolving healthcare needs, makes it a trusted partner in the sector.

Our work spans critical areas of public health, including tuberculosis; maternal, newborn, child health and nutrition; vector-borne diseases such as dengue and malaria; neglected tropical diseases; and improving access to primary healthcare.

We operate across India, working at the intersection of innovation, health systems strengthening, and partnerships. We collaborate closely with government, policymakers, healthcare workers, innovators, and communities to co-create solutions that are sustainable, scalable, and create lasting impact.

Message from the CEO – Neeraj Jain

As we reflect on the year 2024–25, I am proud to present the Centre for Health Research and Innovation's continued progress in delivering high-impact, scalable, and equitable public health solutions across India. From tri bal blocks in Maharashtra to the hill districts of Mizoram, CHRI's footprint this year not only expanded in reach but deepened in relevance.

In partnership with government bodies, donors, innovators, and communities, we advanced critical work in disease surveillance, health systems strengthening, and integrated service delivery. Our collaboration with the Global Fund and WJCF enabled the deployment of handheld X-ray units across underserved geographies, bringing timely tuberculosis screening and treatment to over 25,000 people. We also expanded our leadership in vector-borne disease prevention—reducing dengue mortality by 27% in Maharashtra, improving surveillance quality in Tamil Nadu and Uttar Pradesh, and helping make Uttar Pradesh the first state in India to adopt malaria case investigation forms.

This year, we strengthened our work in diagnostics through the operationalization of seven Integrated Public Health Labs under the One Health framework and by equipping district-level facilities with advanced medical infrastructure aligned with national priorities such as cancer and NCD care. The AMRSense project, which earned recognition from the World Economic Forum, further established CHRI's commitment to leveraging AI and community-centered innovation to combat antimicrobial resistance.

With the launch of SHINE, we took steps toward transforming early childhood development and adolescent health in tribal regions. And with support from BIRAC, we initiated a first-of-its-kind longitudinal study on cachexia in TB patients, a neglected area that intersects clinical care and social determinants of health.

Our strength lies in the diversity of our initiatives, but even more in the common thread that binds them: a commitment to equity, innovation, and partnership. Whether improving anemia awareness in schools or piloting predictive analytics to manage AMR, our work continues to reimagine how public health challenges are met—with local insight, scientific rigor, and systems thinking.

As India advances its public health agenda, CHRI remains steadfast in its mission to co-create solutions that are not just effective, but enduring.

Our Board of Directors

Ms. Valerie Thomas Pinto

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Director - Cerebrus Consultants

Mr. Subhash Mittal

Director - SMA Management
Services Pvt. Ltd

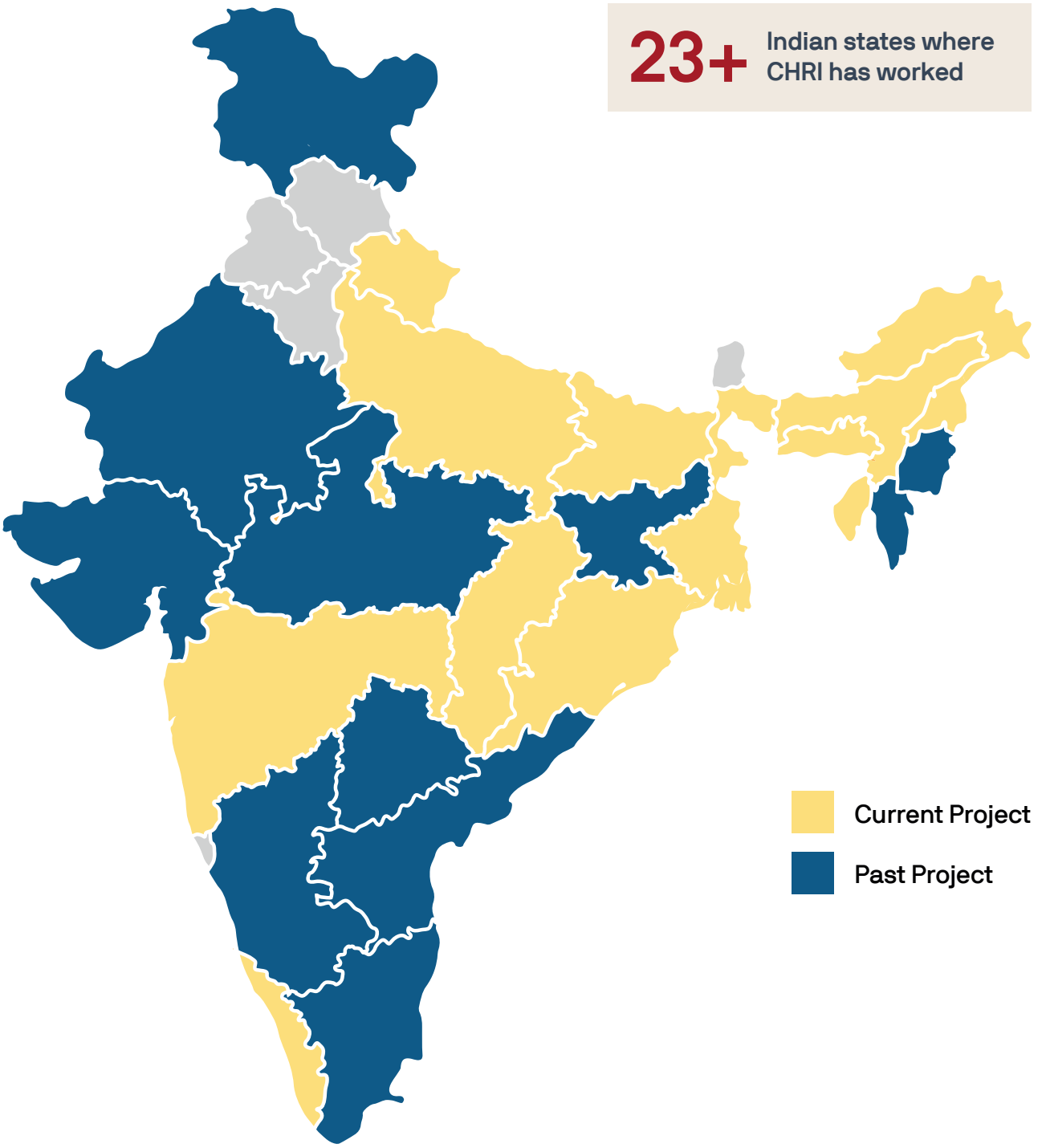
Mr. Neeraj Jain

Chief Executive Officer, CHRI

Where we Work

CHRI's work spans over 23 Indian states.

23+ Indian states where CHRI has worked



Key Health Areas

Health Systems Strengthening

Supply Chain, Human Resources for Health, Medical Oxygen, Health Infrastructure, and Health Service Delivery

Non-Communicable Diseases

Mental health, Cancer, Lifestyle diseases, and Rare Diseases

Communicable Diseases

Communicable Diseases, Immunization, and Sexual and Reproductive Health Infections

Family Health

Maternal, Newborn, Child and Adolescent Health, Anemia/ Nutrition, Family Planning, and Geriatric Care

Digital Health and Emerging Technologies

Digital Tools and Technologies, Data and Processes and Emerging Technologies (Artificial Intelligence, Robotics)

Product Development and Innovations

Diagnostics, Devices, Health Technology Assessment, Market Access, and Commercial Validation

Health Security

One Health, AMR, and Pandemic Preparedness and Response

Climate Change and Human Health

Climate Change and Human Health

Project Highlights

Expanding Tuberculosis Screening through Handheld X-ray Technology

To strengthen tuberculosis (TB) detection in underserved areas, CHRI, as a sub-recipient of the William J. Clinton Foundation under The Global Fund COVID-19 project, is deploying ultraportable handheld X-ray machines in three states and one union territory. The initiative focuses on improving the capacity of the National Tuberculosis Elimination Programme (NTEP) by supporting equipment deployment, training personnel, and providing ongoing district-level implementation support. The X-ray units, integrated with computer-aided detection (CAD), enhance early detection and treatment initiation, especially in remote and resource-limited settings.

Achievements:

CHRI supported the operationalization of 12 ultraportable X-ray machines across 11 districts in Kerala, Ladakh, Uttar Pradesh, and Uttarakhand, in coordination with state and district TB offices. Between March 2024 and March 2025, over 2,547 outreach health camps were conducted, screening approximately 2,33,171 individuals.

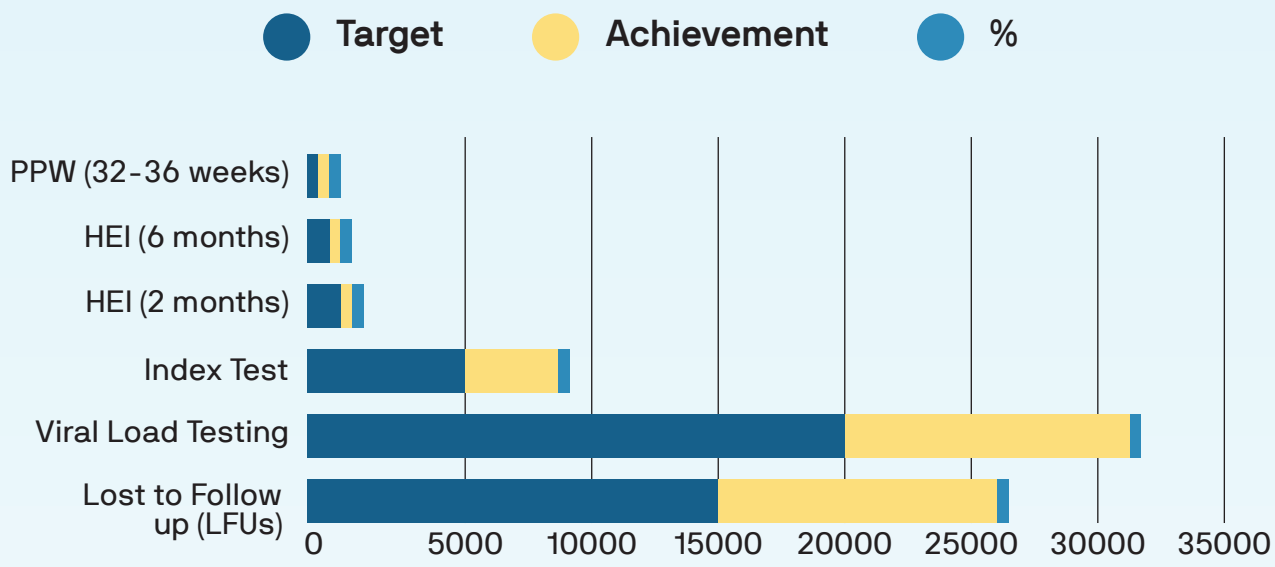
CHRI also provided continuous technical support to district teams, including capacity-building for government radiographers on machine operation, presumptive referral, and data management. These efforts showcased the effectiveness of deploying portable X-ray technology in hard-to-reach areas. Best practices and lessons learned were documented and shared with NTEP teams at both state and district levels, supporting scale-up efforts and policy advocacy for innovative diagnostic approaches.dengue cases dropped by 55% from 2023 to 2024.

Strengthening HIV Service Delivery through the SSHAKTI Project

The Strategizing and Strengthening HIV/AIDS & TB Initiative (SSHAKTI) project, implemented by CHRI with support from GFATM (Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund)) through Hindustan Latex Family Planning Promotion Trust (HLFPPT) (Principal Recipient), aims to strengthen community-based HIV service delivery in alignment with the objectives of India's National AIDS Control Programme Phase V (NACP-V). The project focuses on enhancing service uptake through Care and Support Centres (CSCs), ensuring that 95% of individuals who know their HIV status are on treatment, and 95% of those on treatment achieve viral suppression. Additionally, the initiative places a strong emphasis on preventing vertical transmission of HIV, targeting viral load suppression among 95% of pregnant and breastfeeding women living with HIV.

Achievements:

By the end of the reporting period, the project achieved significant progress across multiple service indicators. A total of 9,611 individuals previously lost to follow-up (LFUs) were re-engaged in care, achieving 66% of the annual target. Viral load testing reached 10,756 beneficiaries, fulfilling 55% of the target. Index testing services were extended to 2,969 individuals, covering 60% of the planned outreach. Notably, services for HIV-exposed infants (HEI) showed strong performance, with 402 infants (86% of target) tested at 2 months and 216 (84%) at 6 months. Among pregnant and postpartum women, 173 received care during the 32–36 week period—representing 92% of the target. These outcomes reflect the project's strong community outreach, commitment to continuum of care, and contribution to national HIV elimination goals.



Label	Target	Achievement	%
PPW (32-36 weeks)	188	173	92
HEI (6 months)	258	216	84
HEI (2 months)	470	402	86
Index Test	4947	2969	60
Viral Load Testing	19516	10756	55
Lost to follow up (LFUs)	14613	9611	66

Strategic Technical Support on Dengue and Chikungunya Prevention and Control

CHRI, with support from Godrej, is providing strategic technical assistance to strengthen the prevention and control of vector-borne diseases— primarily dengue and chikungunya—in three Indian states: Maharashtra, Uttar Pradesh, and Tamil Nadu. The project is focused on three key pillars: enhancing surveillance systems to improve reporting accuracy through increased digital platform usage; building capacity among healthcare professionals, lab personnel, and field workers via targeted training; and supporting improved case management to reduce disease-related mortality. The initiative contributes to a more resilient public health system capable of responding swiftly to emerging outbreaks.

Achievements:

During the reporting period, improved surveillance and monitoring activities led to greater sensitisation and a notable rise in the number of reported cases—an expected outcome in the early stages of strengthening surveillance systems. The Annual Blood Examination Rate (ABER) rose by 36%, increasing from 4.5% in 2023 to 6.12% in 2024. Encouragingly, the state of Maharashtra witnessed a 27% reduction in dengue-related mortality in 2024 compared to 2023, reflecting significant progress in case detection, timely treatment, and overall disease management. Uttar Pradesh became the first state to introduce a malaria Case Investigation Form (CIF), achieving a 59% compliance rate. Reporting through the Unified Disease Surveillance Platform (UDSP) improved dramatically, from 65% in 2023 to full coverage at 100% in 2024. These strengthened systems contributed to a remarkable 55% drop in reported dengue cases across the state of Uttar Pradesh compared to the previous year. In Tamil Nadu, the number of districts with zero indigenous cases climbed significantly from 3 to 13—a 333% increase—while case-based response activities expanded by 22%.

Advancing Disease Surveillance, Pandemic Preparedness and One Health

In April 2023, PATH and CHRI, with support from Wipro GE Healthcare under its CSR initiative and in partnership with the Government of Odisha, launched a public health infrastructure strengthening initiative. Building on Year 1, the second phase of the project expanded Odisha's public health laboratory and surveillance capacity. Integrated Public Health Laboratory (IPHL) services were extended to six additional districts, and a flagship Center of Excellence was established at the IPHL in Malkangiri to mentor labs across the state. The Community Based Surveillance model was scaled through partnerships with local NGOs, equipping communities for real-time reporting using mobile-based tools. Additionally, technical support was provided to strengthen entomological surveillance across Odisha, including assessments and training for regional and district level units to improve vector control strategies.

Achievements:

Seven IPHLs were operationalized, including the new Center of Excellence in Malkangiri, serving as a hub for advanced diagnostics and capacity building.

In Year 2, 122 laboratory technicians and 13 microbiologists were trained, significantly enhancing human resource capacity.

Eight zonal entomological surveillance units were assessed and strengthened, with 21 personnel, including entomologists and insect collectors, trained in advanced vector surveillance methods. More than 2500 community members trained on identification and reporting of early warning signals to initiative timely response to contain the impending outbreak.

Assessing the Burden of Cachexia in People with Tuberculosis: A Longitudinal Study in Mizoram and Chhattisgarh

CHRI, with support from BIRAC, is conducting a pioneering longitudinal study to assess the burden and contributing factors of cachexia—a severe wasting syndrome—in people with tuberculosis (PwTB) across Mizoram and Chhattisgarh. This mixed-methods research project aims to quantify the prevalence of cachexia in newly diagnosed TB patients and investigate the social, nutritional, occupational, and economic drivers behind its development and progression. The study also adopts a human-centered design approach to understand patient challenges in accessing healthcare and to propose tailored, patient-centric interventions for improved prevention and management of cachexia.

Achievements:

In its initial phase, the project has undertaken preparatory activities. Ethical approvals were secured from both state health departments and institutional review boards, and applications have been submitted to the Central TB Division for national-level clearance. Key documentation processes—such as the development of the operational framework, research questionnaires, data collection tools, and training materials—have been completed. Additionally, foundational activities including staff recruitment and procurement of equipment have been finalized, laying the groundwork for field implementation.

SHINE: Supporting Healthy, Inclusive, Nurturing Environments for Children and Adolescents

The SHINE project, implemented by CHRI in partnership with the K Corp Foundation, aims to improve health and nutrition outcomes among vulnerable populations in Gadachiroli district of Maharashtra. With a focus on early childhood development (ECD), the initiative targets the reduction of malnutrition and anemia in children aged 0–2 years, adolescent girls, and pregnant and lactating women. SHINE also seeks to improve caregiving practices and community awareness, while strengthening local health systems to support long-term, sustainable impact for children and adolescents in tribal and underserved geographies.

Achievements:

During the reporting period, the project team conducted a comprehensive baseline assessment to identify community- and system-level challenges across both intervention blocks. SHINE launched the "Battery Full" Anaemia Campaign and an IEC initiative co-developed with the Maha Arogya IEC Bureau of Maharashtra—to raise awareness among school students, teachers, parents, mothers, women of reproductive age groups and health care providers. Community Health Officers (CHOs) received training on the National Quality Assurance Standards (NQAS) and Kayakalp, enhancing service quality at health facilities. Field teams actively participated in sectoral meetings and health sessions, providing technical assistance to frontline health workers (FLWs) and supporting improvements in referral systems, documentation, and service delivery mechanisms.

Trinity Challenge: AMRSense – Empowering Communities with a Proactive One Health Ecosystem

CHRI, in partnership with IIIT Delhi, is implementing the AMRSense project under the Trinity Challenge to tackle the growing threat of antimicrobial resistance (AMR) through a proactive, community-driven One Health approach. The initiative focuses on building a digitally enabled network of community health workers (CHWs) equipped with AI-assisted tools to generate awareness in the community regarding rational use of antibiotics. It aims to create a unified AMR data ecosystem by integrating antibiotic sales, consumption patterns, and WHONet-compliant surveillance data using open-source platforms and APIs. By federating predictive analytics across the One Health spectrum, the project will enable triangulation of insights across human, animal, and environmental health data. A multidimensional AMRaura scorecard will also be implemented to monitor AMR trends, guide localized interventions, and reinforce the antimicrobial stewardship practices across the sectors.

Achievements:

In a major recognition of its innovative potential, the AMRSense project was featured as a case study in the World Economic Forum's report titled "Targeted Action and Financing the Fight Against Antimicrobial Resistance in Asia." This acknowledgment places CHRI's work at the forefront of global AMR response efforts and highlights the initiative's contribution toward scalable, tech-enabled solutions for public health resilience.

Strengthening Diagnostic Capacity in Maharashtra through Medical Equipment Support

CHRI, with support from "Wipro GE HealthCare". Undertook a short-term but high-impact initiative to strengthen diagnostic infrastructure across public health facilities in Maharashtra. The project aimed to enhance disease detection—particularly for cancer and cardiac conditions—by equipping peripheral and district-level hospitals with advanced medical equipment. It also focused on aligning laboratory services with national health program goals such as the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), and broader disease surveillance efforts. Alongside equipment provisioning, the project included training healthcare personnel in proper usage and basic maintenance to ensure sustainability and effectiveness of the upgrades.

Achievements:

In Maharashtra, diagnostic support was extended to eight health facilities, including those in remote areas such as Nandurbar. To align with the state's cancer care priorities, cervical cancer diagnostic devices were deployed in Nandurbar, Satara, and Nagpur. The initiative was also implemented in Manipur, where diagnostic infrastructure was strengthened in eight Urban Primary Health Centres (UPHCs) and nine District Hospitals. In total, 25 hospitals and primary health centres across both states received equipment support, significantly boosting their capacity to deliver essential and advanced diagnostic services.

Partnerships

Supported by a broad and diverse group of donors

20 Funders

Clinton Foundation · USAID From the American People · Godrej · IPE Global Expanding Horizons. Enriching Lives. · Hinduja Foundation · qure.ai · Roche · The Global Fund · Takeda · World Health Organization · NSE Foundation · icmr Indian Council of Medical Research · Tata Trusts · reckitt · birac Ignite Innovate Incubate · IIMD · India Health Fund · Philips · K-CORP · wipro · GE HealthCare

Financial summary

(April 1, 2024 to March 31, 2025)_Draft

Figures are presented in INR	Revenue (in thousands)
Foundations	23,051
Nongovernmental Organizations (NGOs)	1,12,734
Corporates	1,13,862
Interest Income	1,447
Total Revenue	**2,51,095**

Assets (in thousands)

Program related :	Infectious Diseases
TB	55,441
Dengue+	63,037
HIV	57,825
Total Expenses	**1,76,304**

Family Health

Nutrition	494
Oxygen	
Total Expenses	**494**

Tech Innovation and Systems	Urban PHC
NCDs	1,077
Diagnositics	44,264
HIV	
TOTAL EXPENSES	**45,340**

Other Program	17,823
Sub total program related	2,39,961
General Expenses	2188
Total Expenses	**2,42,149**

Assets (in Thousands)

Cash and Cash Equivalents	45,475
Other Current Assets	6,346
Trade receivable	4,213
Non Current Assets	2,746
TOTAL ASSETS	**58,781**

Liabilities and net assets (in thousands)	Amouts (in INR in Thousands)
Total liabilities	22,997
Net assets:	
Without donor restrictions	31,698
With donor restrictions	4,086

TOTAL NET ASSETS	**35,784**
TOTAL LIABILITIES AND NET ASSETS	**58,781**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