

ALUMNI • NEWS



In this issue:

Ending TB
Tackling Zika
New free online courses
On the move: the race to keep forced migrants healthy

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



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Edited & compiled by Alice Perry.
Cover Image Credit: Mark Fullerton, courtesy of London School of Hygiene & Tropical Medicine



Message from the Director

Welcome to the 2016 edition of Alumni News

Last year, all eyes were on the struggle to contain the Ebola epidemic in West Africa, and to learn the lessons for global health governance and response. The first few months of 2016 have been dominated by Zika virus, and the epidemic of microcephaly and other neurological disorders. I am immensely proud of the response of our staff, alumni and students to these global threats, directly and selflessly assisting patients and drawing on their knowledge and experience to develop research programmes, and advise governments and international agencies.

Working in partnership is central to our School's mission and is critical to our success. Along with our growing research portfolio and its associated collaborations, we have strengthened links with the Wellcome Trust Africa Centre for Health & Population



Studies, a joint initiative with University College London and the University of KwaZulu Natal, as well as the Centre for the Control of Chronic Conditions with the All India Institute of Medical Sciences, the Public Health Foundation of India and Emory University. We have also strengthened our partnerships with key institutions including Sichuan University in China, Nagasaki University in Japan, and the National University of Singapore.

We are making progress in improving and innovating our educational programmes, by placing more emphasis on the student experience, ideas and involvement. There are also opportunities for students to engage with alumni, for example through careers talks. Over the past year, more than 30,000 participants, including many alumni, have studied MOOCs (free online courses)

including Ebola in Context, Global Blindness and Improving the Health of Women, Children and Adolescents, and this year we are running courses on Zika and Humanitarian Crises, with others in the pipeline.

In November, we welcomed Dame Marjorie Scardino as our new Chairman of Council, taking the place of Sir Tim Lankester, who led the School during a period of growth and success. Dame Marjorie brings a huge wealth of experience as a global business leader, and together with her understanding of health and humanitarian work. Her arrival has already opened many new doors, for example our recent collaboration with the Carter Center.

Finally, I would like to thank everyone who gave so generously to our Alumni fundraising campaign this year – again we have broken

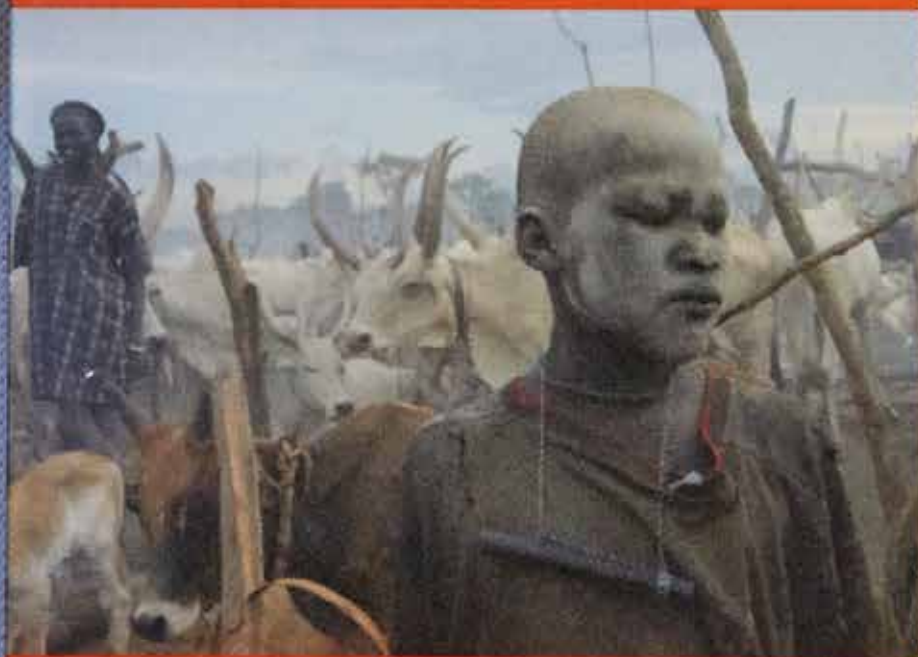
previous records by raising more than £150,000 towards our 'Bricks and Mortarboards'. The student volunteer callers were inspired by speaking with alumni and we all greatly appreciate your support.

As alumni of the London School of Hygiene & Tropical Medicine, you are part of a growing global community in around 180 countries, all united by our shared mission of improving health worldwide. You have a tremendous part to play in our collective future, ensuring our School continues to make important contributions to public and global health, and we look forward to keeping in touch.

Professor Peter Piot



COUNTDOWN TO ZERO



Exhibition presented by the American
Museum of Natural History in
collaboration with The Carter Center

February 2016

Countdown to Zero: Defeating Disease

Former US President Jimmy Carter, who is an Honorary Fellow of the School, visited the UK in February. President Carter met School staff and launched a Carter Center Exhibition, Countdown to Zero: Defeating Disease, with a special lecture and reception.

The challenges of eradicating devastating diseases are significant, but successful strategies can bring about enormous social and economic benefits. Following an opening at the American Museum of Natural History, a second version of the exhibition was created and premiered in the UK, where it was hosted by the School. Countdown to Zero: Defeating Disease explores the factors that determine if a disease is eradicable, as well as the scientific and social innovations that are ridding the world of ancient afflictions.

The exhibition used stunning photography to highlight several global efforts to fight infections. Chief among these is a campaign running for more than 30 years that may soon eradicate Guinea worm disease, positioning it to become only the second human disease ever eradicated, after smallpox. The exhibition also highlights ongoing programmes to eradicate polio; eliminate river blindness, lymphatic filariasis, and malaria; and the challenge of diseases that cannot be eradicated, including Ebola.

“The number of cases of Guinea worm disease continued to decrease in 2015, bringing Guinea worm eradication closer to the finish line,” said President Carter, whose Carter Center leads the international campaign to eradicate this water-borne disease. “We believe eradication of Guinea worm disease is very possible in the next few years, but success will require the strong commitment and focus of the four remaining endemic countries and the many international partners in this public health initiative.”



*Water filtration pipe to help prevent
Guinea Worm*

*School staff meeting with President Jimmy Carter
on his trip to the UK in February.*

Former England rugby players to help major study into effects of the game on brain health



RFU Collection/Getty Images

Former England international rugby players are set to be recruited for the next phase of a major study examining the possible long-term effects of the game on brain health.

London School of Hygiene & Tropical Medicine is working with the Rugby Football Union, together with researchers from Queen Mary University of London, The Institute of Occupational Medicine, University College London and Oxford University, to study the possible link between a history of concussion and neurodegenerative disease in former rugby players.

The project aims to provide a greater amount of information on the potential medium and long-term neurocognitive risks of playing rugby than is currently available from other studies

Obituary: Dr Jeroen Ensink

It is with great sadness we share the news of the tragic death of Dr Jeroen Ensink, Senior Lecturer in Public Health Engineering at the School. At the request of Dr Ensink's family and colleagues, we have established the Jeroen Ensink Memorial Fund to support MSc Scholarships for students from sub-Saharan Africa and South Asia to become future leaders in public health.



Credit: Nadja Ensink-Teich

Dr Ensink was an internationally renowned water engineer and dedicated humanitarian. He was committed to a simple cause: improving access to water and sanitation in countries where children continue to die needlessly due to the lack of these basic services.

As a researcher and educator, Dr Ensink's career crossed many continents. He lived and worked in countries including Pakistan, India, Vietnam, Tanzania and Malawi, and collaborated with numerous universities and international agencies. He devoted particular effort to building local research capacity in developing

countries. His own research was rigorous but always practical. He published over 50 scientific papers and, at the time of his death, was leading a large study in the Democratic Republic of Congo to understand how improvements in water supply and other measures could control and prevent cholera outbreaks.

The School's Director Professor Peter Piot paid a tribute saying: "This is a terrible tragedy, and our deepest condolences go to his family and friends. Jeroen was a highly valued member of the School community and all of us who knew him will remember him as a warm and committed friend and colleague. He will be hugely missed by all the staff and students who had the opportunity to know and work with him, and it is now up to all of us to ensure that the legacy of his work will continue."



IN FOCUS:

Aedes Aegypti mosquito.

Our School's work on Zika

The School is actively involved in responding to the current Zika virus outbreak in the Americas, which is thought to be linked to an increase in cases of the birth defect microcephaly, as well as other neurological disorders such as Guillain-Barré syndrome.

Professor Jimmy Whitworth is coordinating the School's response and staff are involved in studies on Zika and associated conditions, research collaborations with a number of universities in Brazil, and advising governments and international agencies.

Professor Laura Rodrigues is working with the Microcephaly Epidemic Research Group in Brazil, a collaboration between the School and key academic institutions in Pernambuco. Funded by the government of Brazil and The Wellcome Trust, she is conducting a case control study of newborn babies to characterise the link between Zika infection and microcephaly. She is also preparing cohort studies of pregnant women who develop Zika, to establish the risk of microcephaly associated with infection at different stages, and of babies born with microcephaly, to track their development.

Professor Rosanna Peeling is part of the Pan American Health Organization and World Health Organization consultation on the development and assessment of Zika diagnostic tests.

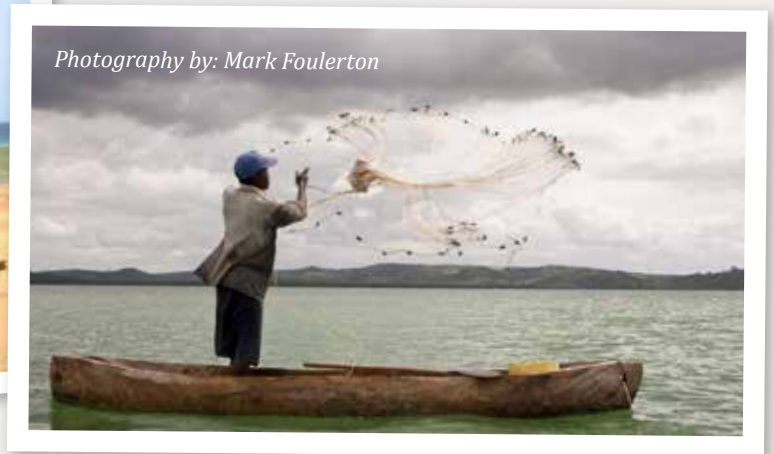
Mathematical modellers at the School are analysing previous Zika outbreaks in order to better understand the transmission dynamics of the virus.

Researchers in vector biology and mosquito-borne diseases are providing guidance on mosquito control strategies and how people can protect themselves from bites, as well as mapping areas of risk.

Further information about the School's Zika research is available at http://www.lshtm.ac.uk/newsevents/news/2016/zika_outbreak.html.



Photography by: Rebecca Williams



Photography by: Mark Foulerton

Images of the School's alumni community around the world

Thank you to everyone who entered the 2016 Alumni Photography competition. The quality of entries was extremely high and the fantastic images reflect the diversity of our alumni community around the world.

MSc Tropical Medicine and International Health alumnus Dr Mark Foulerton was this year's winner with his stunning photo "Casting the Net" (above).

Mark says; "The photo was taken on Kilifi Creek – about an hour north of Mombasa. I was doing my MSc research project, following up long term disability in children who had previously had cerebral malaria. It was a beautiful location and we used to swim across the creek each morning. We were fortunate to borrow some kayaks from a colleague and saw this local fisherman casting his net as we passed."



Photography by: Srinivas Marmamula



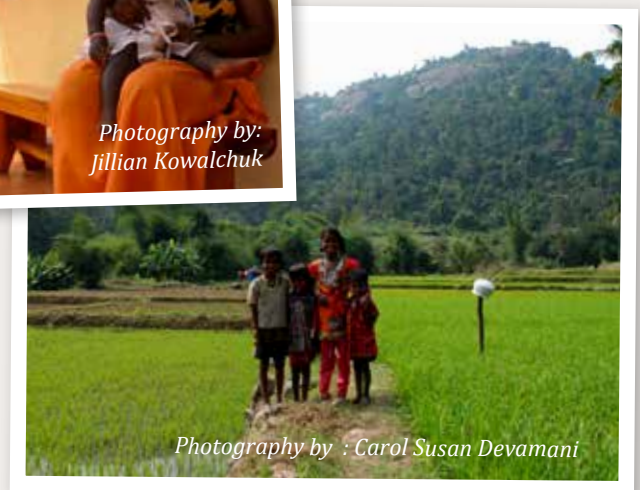
Photography by: Bade Hanci



Photography by: Jillian Kowalchuk



Photography by: Nick Walters



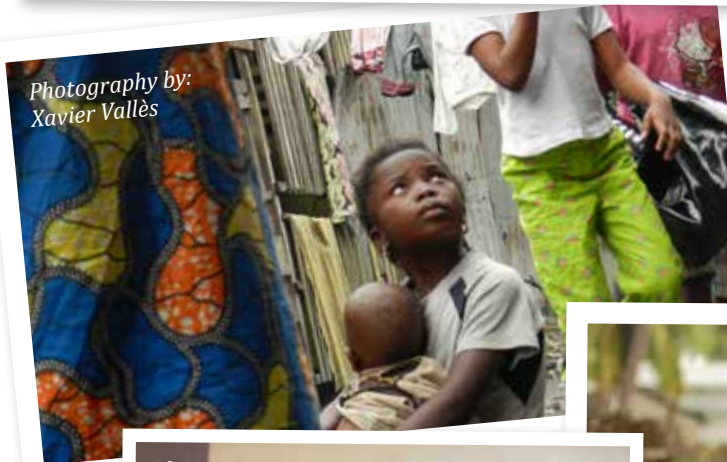
Photography by : Carol Susan Devamani



Photography by: Stephanie Simmonds



Photography by: Kourosh Holakouie Naieni



Photography by: Xavier Vallès



Photography by: Dr. Srinivas Marmamala



Photography by: Jillian Kowalchuk



Photography by: Srinivas Bandi



Photography by: Dr Kofoworola Itanola Rotimi



Ending TB: the race to control a disease in hiding

by Meera Senthilingam

“The whole thing about TB is you just don’t know how you got it,” says 54 year old Amina Scully, a London resident and recent survivor of tuberculosis. Scully developed symptoms of tuberculosis (TB) in 2014 when she returned to London after a decade living on the sunny shores of Spain. Despite years of fresh food and air for both she and her children, she developed the disease.

Now, almost one year after completing her treatment, one question remains unanswered in her mind – how did she get it? Scully has no idea how, or where, she picked up the bacterium behind it, *Mycobacterium tuberculosis*. This inability to place that crucial moment is the same for millions with TB worldwide.

Despite what many believe, TB continues to affect – and kill – millions

of people across the globe. In 2014, 9.6 million people were estimated to have fallen ill with TB worldwide, and the disease killed 1.4 million, according to the World Health Organization (WHO). As Scully can testify, it doesn’t just strike in developing countries.

A report by the London Assembly in 2015 revealed that certain boroughs in London had rates of TB as high as 113 per 100,000 people. These levels

are higher than those of China, Brazil and the Russian Federation, which are among the 22 highest burden countries in the world for TB.

London is a hotspot for TB, showcased by the fact that rates in the UK as a whole are just 3%. More than 80% of cases in London occur in people who were born abroad and are likely carrying latent infections yet to manifest. “Somebody can remain latently infected for 10-20 years before they develop the disease, it’s not something you can quickly pick up, treat and prevent ongoing transmission,” explains Dr Helen Fletcher, Director of the TB Centre at the London School of Hygiene & Tropical Medicine. This is one of the key challenges of controlling the epidemic.

3D computer-generated image of a cluster of rod-shaped drug-resistant Mycobacterium tuberculosis bacteria. Credit CDC/James Archer



“TB is now the biggest single infectious disease killer in the world,” says Dr Fletcher. This rise in fatality status, along with the culmination of the millennium development goals, led to major changes in the field of TB control through the announcement of an ambitious plan to tackle the millennia-old disease once and for all – the End TB strategy.

Whilst certain regions of the world have slowly eliminated the disease, the burden in others has grown. Absolute numbers of people infected remain high in India and China, where population sizes are the highest in the world. Another region has become an epicentre based on actual rates of infection

found there: sub-Saharan Africa, fuelled by HIV lurking in the background.

Whilst the MDG to reverse the number of new infections was achieved, this was not enough. “The targets are very ambitious, but with no ambition, there would be no progress,” says Dr Mario Raviglione, Director of the Global Tuberculosis Programme at the WHO. The new strategy to end TB takes things much further with the plan to wipe out the epidemic once and for all by 2035.

Read the full feature at features.lshtm.ac.uk



Meera Senthilingam

Meera Senthilingam is a global health journalist and communications specialist with a decade of experience in science journalism. She holds an MSc in Science Communication from Imperial College London and an MSc in Control of Infectious Diseases from the School.

Meera is passionate about global health issues and often ventures into the field to report on the ground about issues affecting communities around the world. She specialises in reporting for international news organisations and is currently a digital producer within the health team at CNN and CNN International, and launched our multimedia feature series.

Meera has produced and written a series of interactive features for the School’s series.



On the move: the race to keep forced migrants healthy

by Meera Senthilingam

The forced migration of people made to leave their homes has increased steadily and is at its highest yet. The majority of refugees are healthy. “You have to be quite healthy simply to make the journey to a country,” says Martin McKee, Professor of European Public Health at the School. Migrants must be strong to face the horrors encountered when crossing mountains and seas, with the ever-present risk of death from drowning, exposure, or even attacks. They need their health to embark on the journey.

Today, one in four refugees begin their journey in Syria, the main source of refugees globally. Waves of both migrants and refugees are now traversing neighbouring continents in search of a better future and are unable to stop until they reach their destination. For many, the destination is unknown. “It’s a phenomenon that has been increasing in recent decades,” says Dr Bayard Roberts, founding member of the Health and Humanitarian Crisis Centre at

the School. According to Roberts, the mass movement of migrants and refugees in Europe in 2015 is emblematic of the situation globally, and a feature of globalisation.

When people are displaced an emergency response kicks in and the challenge begins to keep them alive and well. Typically, the response begins with crisis intervention. “You start with life-saving services, such as preventing disease outbreaks through

vaccinations,” says Dr Roberts. The close proximity people find themselves during migration and mass movement puts them at constant risk of new infections. People coming from spacious, rural villages can now find themselves surrounded by hundreds or thousands of people in a form of “moving town” and facing new risks in every location they encounter.

Dr Roberts believes provisions today should expand beyond communicable disease and include more chronic, non-communicable disorders. “People living with heart disease or diabetes need to maintain treatment before complications set in,” says Dr Roberts. Failing to help them could prove fatal.

The occurrence of conflict in more middle-income settings, such as Syria, involves treating a new group of conditions found among more affluent populations. In 2014, 7.4% of the Syrian population was diabetic, according to the International Diabetes Federation, and in their prior life, treatment would have been readily available, and accessible. The problem, however, is the additional complexity that comes with this change, such as treating the later stages of diabetes, cancer or cardiovascular disease. “This is a huge new challenge to the humanitarian sector and it’s generally much more expensive,” says Dr Roberts.

“Clearly conflict is going to exacerbate poor mental health,”

says Dr Roberts, who investigates the effect on people forced to flee within their own country, known as internal displacement.

There is growing recognition that the psychological stress of exposure to violence, being forced to flee your home or country, and lose all social networks, has strong health consequences, such as depression. The suffering extends to the loved ones of the person experiencing a mental disorder, and can result in loss of social functioning and productivity. “It has a long-lasting, pervasive influence on individuals and communities,” says Dr Roberts.

His team plans to begin a study in Ukraine investigating the mental health of people currently displaced within the country. The objective is to

identify the burden of mental health disorders and current levels of access to services for those affected.

This follows on from recent work in Georgia where people were found to have elevated levels of depression, post-traumatic stress disorder, and anxiety, triggered not only by experiencing trauma, but also the daily stresses of being forced to leave your home. High levels of alcohol abuse were also seen among men. “Harmful use of alcohol is totally neglected in the humanitarian field,” says Dr Roberts.

Read the full features and more at

features.lshtm.ac.uk

Planning for a family – in a camp

“People go to places they know are safe and camps form around them,” says Dr Jennifer Palmer, Research Fellow and medical anthropologist at the School. Dr Palmer has been researching family planning services in settings of crisis and displacement, including camps in Juba, South Sudan. Here, despite largely experiencing better access to health care, women also face unexpected social circumstances that come with living in such a managed setting.

“There is always a need to integrate family planning into emergency response programmes,” says Dr Palmer. However, when culturally- and politically-controversial reproductive health services such as family planning are new to a population, there is inevitably a period where new social norms need to be negotiated.

“Women move to Juba for a more liberal life and now find themselves in camps where they can’t use contraception,” says Dr Palmer. South Sudan has the highest fertility rate in the world, with more than 5 children born per woman,

according to the World Health Organization (WHO) whose figures also reveal a continued high risk of maternal death, affecting 1 in 26 women.

As the needs and circumstances of people change, so do the health and research priorities associated with them. One thing remains the same: the need to stay healthy physically and mentally. Health continues as a key possession for people to take with them, and maintain, on the road, regardless of where they came from.



Project to develop new poultry vaccines awarded £5.7 million

Poultry is the world's most popular animal-based food and its global production has tripled in the past 20 years. The world's chicken flock is now estimated to be around 21 billion, producing 1.1 trillion eggs and 90 million tons of meat every year. A healthily maintained livestock is essential, both for a country's economic prosperity and for public health.

Infected poultry can pass on diseases to humans, particularly through foodborne infections such as salmonella and campylobacter. Project principal investigator Brendan Wren, Professor of Microbial Pathogenesis at the School, said: "Developing effective, inexpensive vaccines for livestock has multiple advantages, not just in protecting animals from disease, but also in reducing infections in humans and antibiotics in the food chain that are often used in rearing livestock."

Cheap and effective vaccines for poultry that will reduce infections in humans and minimise antibiotics in the food chain are being developed by the School as part of a £5.7 million grant from the Biotechnology and Biological Sciences Research Council.





Credit: MRC

Professor Sir Brian Greenwood awarded the 2015 MRC Millennium Medal

Professor Sir Brian Greenwood, Manson Professor of Clinical Tropical Medicine, has been awarded the prestigious MRC Millennium Medal Award by the Medical Research Council. The Millennium Medal, which was inaugurated in 2000, recognises Medical Research Council-funded scientists for outstanding research.

Professor Sir Brian has spent 50 years carrying out research in Africa, with a focus on some of the major infectious diseases killing children – malaria, meningitis and pneumonia. His research has influenced national and international public health policies, and his methods

Professor Sir Brian said:

“I am very grateful to the MRC for awarding me the Millennium Medal which is, of course, recognition not only of my own research but also that of the many scientists with whom I have had the privilege of working during the past 50 years.

There have been many changes in the way that research has been conducted in Africa during this period, the most important of which has been the increasing prominence of African scientists, and I am delighted that I have had the opportunity to contribute to this important change.”

for clinical studies and trials of drugs and vaccines have reinvented field research in tropical medicine.

In recent years, Professor Sir Brian has contributed to several landmark studies including the trials of the RTS,S malaria vaccine, pneumococcal vaccines in The Gambia, the evaluation of a new meningococcal vaccine in seven countries in sub-Saharan Africa and the development of seasonal malaria chemoprevention to prevent malaria. Among his other projects, he is currently involved in Ebola vaccine trials in Sierra Leone.

Dr Liz Wala

Dr Elizabeth (Liz) Wala, graduated from the School in 2011 with an MSc in Infectious Diseases by Distance Learning. Liz now works as the CEO of the Kenya Medical Association.

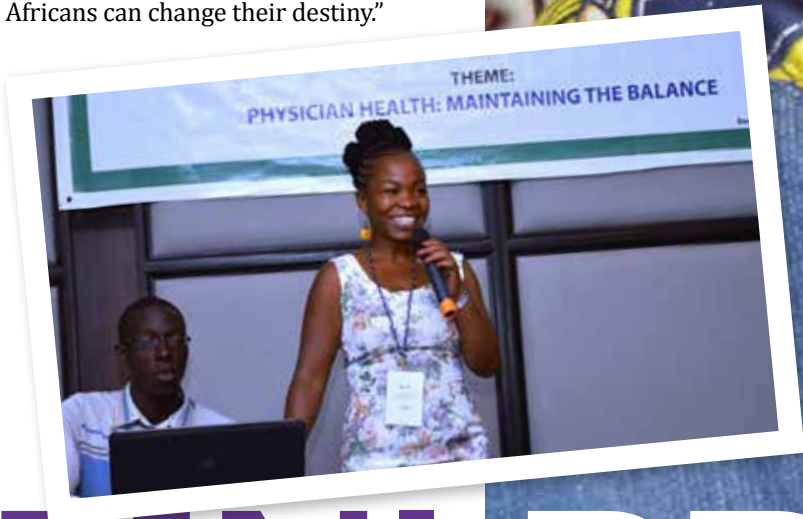
“My MSc has really helped me with my career. The insights in public health, the analytical thinking and the international exposure have had an impact directly on my career. The flexibility of the distance learning programme helped me balance my career and my family.

I had a very supportive supervisor who worked with me especially during the project work. Coming from a developing country where timelines are not kept as required, I almost got time barred due to delays outside my control but she was patient enough to sacrifice her time during her holiday period to guide me. I also studied with a fellow doctor, Dr Margaret Wambui, and we would link up for study sessions and share experiences in juggling motherhood, career, and studies. We’ve remained very good friends since. The Kenya Alumni Chapter has also linked me up with quite a number of useful social contacts.

The discipline to study alone without someone overseeing is challenging. I developed a routine of studying in the early hours of the morning. I had to manage taking care of four kids, amongst them triplets, a demanding career, and studies! But the experience was worth every single coin and drop of sweat.

My proudest achievement career wise so far has been using my technical knowledge to apply it during my work. I was instrumental in the introduction of new vaccine antigens (pneumonia and rotavirus) for my country’s Expanded Programme of Immunisation. These catapulted the country to being amongst the first in the region to introduce life-saving vaccines for the children of Kenya. I still remember the official launch of the pneumonia vaccination programme which the then President of Kenya officiated. The data on reduction of mortality and morbidity of pneumonia and diarrhoea in children, makes it worth every single moment spent in gearing up for the introduction of the vaccines.

I want to keep on making a difference in the health care sector of my country and the region. I want to use my international training to come up with local solutions for the issues plaguing our health care sector. My ambition is to be a trail-blazer by proving that Africans can change their destiny.”



ALUMNI PRO

A Pair of Sparkling Eyes – An appreciation of Lady Shauna Gosling



“Take a pair of sparkling eyes,” says the old song. Of all the things it would be good to remember about Shauna, Lady Gosling, those eyes said it all: full of kindness, ready for mischief and fun, as well as seriously perceptive. These are things that made her a wonderful and generous friend but a doughty fighter when she encountered injustice or found gaps in society’s fabric of care. She had a gift for listening and for quiet observation which, when she decided to take action, made what she did all the more effective.

Shauna Elisabeth Gosling (nee Ingrams) was born into a family with a strong professional leaning and a tradition of service – her father, a surgeon, served in the trenches in WW2. She had a natural sense of vocation and grew up determined to qualify as a nurse, which she did in 1954 at Middlesex Hospital.

Generous by nature, she found inspiration particularly in what she admired in the medical profession. She was passionate about things in which she perceived excellence, whether in practice or in evolving research projects.

Always sharp eyed, she was quick to spot gaps in care, research, education and policy making and then methodically assessed how she could

be most effective in helping to fill those gaps.

She was almost first in the field in persuading the UK Government that Dual Diagnosis needed to be incorporated into mental health care. Her determination uncovered many needs and she went on to fund a number of research programs into treatment of addictive behaviour.

Shauna met Professor Peter Piot and they recognised in each other the passion to help others and the importance of evidenced based research. A few months later, encouraged by what she learned from experts at the School, Shauna founded a new scholarship fund for Global Mental Health.

Every Christmas she would write a poem for her friends and family. In one, talking about examples of unselfishness, she wrote “They are all there those gifts, all possible, all wonderful. They are gifts; to be able to give is a gift. The gift of giving.”

Shauna’s greatest memorial will be in the hearts of so many whose lives she transformed with help, with caring, and as she would have loved to think, with fun!

By Dr Maggie Burgess

FILE



Introducing the new Chairman of Council

Dame Marjorie Scardino has taken up her post as the new Chairman of Council at the London School of Hygiene & Tropical Medicine.

She replaces Sir Tim Lankester, who stands down after nearly a decade as Chairman, during which the School has grown to become a world-leading centre for research and postgraduate education in public and global health.

Commenting on her appointment, Dame Marjorie said: "It's an honour to be associated with such a distinguished teaching and research organisation, which has outstanding leadership and faculty, and an ambitious body of students. The School's success in translating its work into human benefits is a compelling story that I hope, with the very able Council, to help build and spread."

Council is the School's governing body and has overall responsibility for its operational and strategic management. Council members fulfil their roles in accordance with the School's Royal Charter.

Professor Peter Piot, Director of the London School of Hygiene & Tropical Medicine, said:

"We are delighted that Dame Marjorie will be our new Chairman of Council. Her wealth of experience as a global business leader, and her understanding of health and humanitarian work will be a tremendous asset as we continue to develop innovative research and education programmes and forge major new partnerships, such as the Bloomsbury Research Institute."

Sir Tim Lankester, who was appointed Chairman of Council in 2006 following a very distinguished career as a civil servant and university leader, said: "This is a brilliant appointment. I have no doubt that as well as ensuring the highest standards of governance, Dame Marjorie will provide vision and leadership to support the future success of the School".

Dame Marjorie Scardino, DBE, FRSA, served as Chief Executive Officer of Pearson PLC from 1997 to December 2012. She trained and practised as a lawyer, becoming partner in a law firm in Savannah, Georgia, where she went on to publish the Pulitzer Prizewinning weekly newspaper The Georgia Gazette. In 1985, she joined The Economist Group as President of its North American operations and served as its Chief Executive Officer from 1993 to 1997.

After retiring from Pearson in 2013 Dame Marjorie became Chairman of the MacArthur Foundation, is on the boards of Twitter and IAG, and is a member of several charitable and advisory boards, including The Carter Center and The Royal College of Art.

Dr Patricia Mechael wins British Council Social Impact Award

Dr Patricia Mechael, who studied for her PhD at the School, was awarded the Social Impact Award at the 2016 Education UK Alumni Awards. Dr Mechael has been a pioneer of 'mHealth'; exploring how health and well-being can be improved using mobile phones, which was the subject for her PhD at the School.



Dr Mechael's vision of the fusion of science and modern technology to improve health has led her into a career as a researcher, educator and policymaker – a career she attributes partly to her foundation provided by the School.

Patricia said:

"It is a huge honour and in many ways much more a reflection on the London School of Hygiene & Tropical Medicine than on me, as it took real foresight to provide a home and support for my research on mobile phones in health in 2000. I especially owe a debt of gratitude to Simon Carter, Judy Green and Andy Haines, as well as to the inspiring cohort of doctoral students who have gone on to make incredible contributions in the field of public health and to the world"

Patricia is the Principal and policy lead at HealthEnabled, a non-profit organisation based in South Africa which helps low and middle-income countries integrate digital health solutions into their health systems. She is on faculty at Johns Hopkins, Princeton and Columbia and is also Executive Vice President at PCH Alliance.

Congratulations Patricia!



Low-paid workers ‘less depressed’ after introduction of the national minimum wage

Low-paid workers who received the UK’s national minimum wage in April 1999 reported a decline in symptoms of depression for at least 22 months afterwards, according to new research published in the journal *Health Economics*.

Through statistical modelling, the researchers found the improvement in the overall level of mental health of those receiving the national minimum wage was equivalent to the effect of taking antidepressants. The researchers conclude that wage rises for low-paid workers reduce feelings of anxiety and depression partly, at least, because they are under less financial strain.

Martin McKee, Professor of European Public Health at the School, was involved in interpreting the data and its implications for policy. He said: “The publication of the study coincides with the recent introduction of the national living wage and makes an important contribution to the debate on low pay in the UK. So far, it has focused on jobs and profits of employers but, as our research shows, increasing the income of the lowest paid can make an important contribution to their mental health at a time when the NHS faces unprecedented pressure.”

New Executive Global Health Leadership programme

This new flagship course will launch in September 2017. The aim of the programme is to strengthen skills within the health sphere around strategic development, agenda setting, organisational change and policy evaluation, especially in positioning outside of the health sector, on both national and international stages.

One of its key goals will be to develop and nurture individual leadership, negotiation and diplomacy skills, as well as the capacity to influence and empower others.

The course will be completed over a year, and include three residential weeks - in London, Geneva and Cape Town. It is designed around case studies and problem-based learning, including negotiation simulations, and will feature many

high-level figures as speakers, who will engage closely with those attending. It will have novel features such as leadership incubator and accelerator programmes.

We are hoping to recruit Fellows from all over the world, including low and middle-income countries. If you would like to make a gift in support of future leaders of global health please contact development@lshtm.ac.uk.





A warm, heartfelt thank you to everyone who made gifts to the recent Alumni Fund campaign. This year's appeal raised over £150,000 for scholarships to train the health leaders of the future. These scholarships will change people's lives.

Thank you to all alumni who recently made gifts:

Rui Abreu Pereira
David Adams
Aisha Adamu
Antonia Adeniji
Deborah Agbedjro
Samson Agbo
Saadia Ahmad
Minal Ahson-Niaz
Heather Aird
Paul Akinwamide
Ebong Akpabio
Francesco Albertoni
Anastasia Alcock
Roberta Alessandrini
Almonther Alhasawi
Mahmoud Alhassan
Suaad Al-Jaberi
Pauline Allen
Stephanie Allen
Elizabeth Alwers
John Anderson
Christina Andralia
Melissa Andrew
Daniel Ankrah
Eimhin Ansbro
Elizabeth Archer
Peter Armitage
Judith Asielue
Bassey Asuquo
Sara Atkin
Mariangela Autelitano
Philip Ayieko
Fatmata Bah

Nasim Bahar
Mark Baker
Rajarshi Banerjee
Azucena Bardaji
Simona Barlera
Elizabeth Barrett-Connor
Dritan Bejko
Naomi Bell
Ricardo Bello
Mark Belsey
Reginald Benn
Robert Bethel
Karen Bevan-Mogg
Anand Bhat
Vishal Bhavsar
Kamal Bhula
Catherine Biller
Christopher Bird
Mutahunga Birungi
Leon Biscornet
Ruth Blackburn
Chris Blacktop
Ariella Bock
Jesse Bonwitt
Christel Bosman
Rachel Bosfield
Liza Bowen
Leigh Bowman
Louise Boyle
Alison Brammer
Anthony Brandling-Bennett
Elise Braunschweig Kaufman
Joel Breman

Emmeline Brew-Graves
Olivier Briet
Datonye Briggs
Stewart Brock
Judith Brown
Birgitte Bruun
Camilla Buchanan
Emmeline Buckley
Maggie Burgess
Lisa Byrne
Jacqueline Cassell
Matthew Castleden
Carlos Chaccour
Kam Wa Chan
Jacqueline Chandler-Oatts
Oscar Jaime Chang
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Eleonora Cherry-Wijnans
Jung-Fu Chiang
Marta Chmielowska
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Iain Crossingham
Andrew Crossman
June Crown
Aubrey Cunnington
Christina Dahm
Jama Dalel
Alan Dangour
Kenneth Dardick
Deya Dasgupta
Pratibha Datta
Patricia David
Alisha Davies
Gareth Davies
Judith Davies
Rebecca Davis
Doyin Dawodu
Sharon Daye
Ruwanpura De Silva
Amarasekera
Judith Deacon
Dixie Dean
Stephanie Dellicour
John Delury
Marc Derveeuw
Diana Divajeva
Lauren D'Mello-Guyett
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Michael Dohn
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Arabella Duffield
Jennifer Duffy
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Derek Norman Earl
Charlie Easmon
Courtney Edison
Matthew Edmunds
Michelle Eilers
Adil El-Tayar
Jose Eluf Neto
Yaccub Enum
Nwoza Eshun
Sandrine Estoppey
Lars Fadnes
Olubunmi Fakunle
Jenny Farrer

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Barnaby Flower
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Susan Foster
Dimitrios Fragkoudis
Zaya Fullerton
Chun Fung
Ian Furbank
Kezia Gaitskell
Benjamin Gale
Sally Gale
Aminu Garba
Amy Gausvik
John Gawoski
Véronique Genaille
Jaspinder Ghuman
Harm Gijmsan
Clare Gilbert
Randeep Gill
Marie Gisselsson-Solen
Maria Giwa
Thomas Godec
Erika Goldson
Edgar González-Sedano
Penelope Green
Rikke Greenway
Celia Gregson
Mary Greipp
Clare Griffiths
Caterina Guinovart-Florensa
Kristin Gustafsen
Juan Gutierrez
Dominic Gyasi
Rebecca Hall
Christopher Hands
Robert Harris
Angela Harris
Rebecca Elizabeth Harrison
Judith Hassan
Monica Hau
Jeffrey Hau
Sven Haugtomt
Justin Healy



THANK YOU

Emma Heaver
Hazel Henderson
Kathleen Heneghan
Enid Hennessy
Jonathan Herbert
Faye Hickey
Stephen Higgs
David Hill
Sandy Hoar
Carinna Hockham
Remy Hoek Spaans
Hannah Holland
Sona Horvathova
Hans Houweling
Rebecca Howell-Jones
Anne Huang
Douglas Huber
Ini (Henriette) Huijts
Jane Hume
Martin Huncovsky
Sumaya Huque
Amal Ibrahim
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Koutroumpi
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Jacqueline Landman-
Bogues
Toby Langdon
Barney Larkin
Siam Latif
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Anthony Lockett
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Tejal Lovelock
Derek Lowe
Precious Lunga
Diana Mabayoje
Evelyn Macdonald
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Hernandez
Caitlin Madevu-Matson
Haladou Mahaman
Manirou
Sundhiya Mandalia
Lorenza Mariscal Servitje
Miles Markus
Jaclyn Marrinan
Angela Martinez Perez
Lester Mascarenhas
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Alison Mason
Nicholas Mason
Nicholas Matheson
Janet Maxwell
Gael McAlpine
Frances McCabe
Gelise Mccullough
Ronald McDowell
Anthony McGovern
Emma McGuire
Kelly McGuirl
Tom Mecrow

Tobias Meier
Ruth Mellor
Fiona Mensah
Helen Elizabeth Merati
Eva Mertens
Miroslava Mihalkova
Kirsty Morris
Arthur Morris
Laura Morris
Thomas Morwinsky
Ladda Mo-Suwan
Rilwan Muhammad
Vivienne Mulema
Paul Mullane
Claire Mulrenan
Prabodh Munbodh
Fiona Muzee
Betty Mwesigwa
Luis Nacul
Yoshimi Nakata
June Nash
Hugh Neil
Clive Nettleton
Maebh Ni Fhalluin
Caoimhe Nic Fhogartaigh
Shinichi Nishiuma
Norman Noah
Lisa Noonan
Sarina Norris
Lucy November
Siv Nygaard
Ann O'Brien
Mary O'Brien
Martha Ococ
Heather O'Connor
Anand Odedra
John O'Donnell
Clarissa Oeser
Anthony Ofori
Karen Ofosu-Orchard
Susana Oguntoye
Norio Ohmagari
Tunde Ojo
Juan Pablo Olivares De
Empanan
Beth Oliver
Maryn Olson
Nnene Onu
Adaeze Oreh
Keiko Otani

Eveline Otte im Kampe
Adewale Owa
Helen Owolabi
Laura Oyewole
Anna Paden
Jacqueline Papo
Katherine Parker
Matti Parry
Ruth Payne
Enrica Paze
Margaret Peel
Natalia Perez Achiaga
Santiago Perez Cachafeiro
Carolina Perez Ferrer
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Keith Perry
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Thomas Peterman
Astrid Peters-Weist
Simon Pett
Ian Pett
Megan Phillips
Fiona Pilkington
Margaret Pinder
Catherine Playfair
Leanne Polachek
Laura Polaine
Jocelyn Popinchalk
Kate Powers
Nitara Prasannan
Steven Pratt
Bobbi Pritt
Holly Prudden
Timothy Quek Peng Lim
Kristine Rabii
Emma Radovich
Yasa Rajapakse
Anand Rajeswaran
Sreeram Ramagopalan
Alice Ramyil
Elizabeth Ransom
Dunia Rassy Kuri
Sharon Reed
Claire Rees
Stefan Reinders
Laurence Renard-Schild
Gwenllian Riall
Margarita Riera Montes
Solomon Riro
Lucy Robinson
Martha Roper
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Alison Roxby
Alexander Ruby
Ruth Ruggles
Valerie Rychel
Valerie Sackeyfio
Jonathan Sampson
Frank Sandi
Agyekum Sarpong
Kumankuma
Joseph Sawyer
Anne Schlothgeber
Minouk Schoemaker
Petrus Schreuder
Ettore Severi
Reshma Shah
Hina Shahid
Suparna Sharma Pachouri
Alan Wasan Shaw
Jonathan Shinwell
Lin-Yi Shish
Riina Sikkut
Eduardo Simoes
Emma Simpson
Chantil Sinclair
Liam Smeeth
Menno Smit
Julianna Smith

Gemma Snell
Christopher Speirs
James Springall
Sanja Stanojevic
Jennifer Stevenson
Anne Stevenson
Holley Stewart
Tara Stewart
Paul Stidolph
Agnes Stier
Kate Straub
Lorenzo Subissi
Kanna Sugiura
Jaromir Szczepanski
Adriana Tami Hirsch
Geoffrey Targett
Ahmed Tayeh
Dawn Taylor
Jayne Taylor
Alemayehu Tefera
Casie Tesfai
Tamirat Tesfamariam
Foivi Theocharaki
Camille Thomas
Rebecca Thomson
Mark Timlin
Lee To
Sophie Todd
Mark Todd
Laurie Tomlinson
Dimitrinka Tomova
Patricia Tookey
Sara Tran
Cassia Trewin
Ming-Yuan Tseng
Cheryl Turkington
Kathryn Turner
Ulla Uusitalo
Leonard Valenzuela
Ajay Vamadevan Sarala
Norbertus Van Hest
Dirk Van Hove
Francois van Loggerenberg
Tayma Van Pomeroy
Charles Vander Broek
Elise Vandervelde
Anitha Varghese
Raja Varma
Sten Vermund
Pauline Vetter
Salim Vohra
Zoe Vowles
Anna Walker
Godfrey Walker
Anna Wall
Amanda Walsh
Ronald Ward
Charlotte Warren-Gash
Rosamund Weatherall
Valerie Weeks
Philip Weintraub
Richard Weller
Frances Wensley
Georgia Werner
Peter Whincup
Graham White
James Whitehorn
Robert Whitty
Susan Wighton
Lesley Wilkes
John Wilkie
Rainford Wilks
Farah Williams
Frances Williams
Sian Williams
Liana Woskie
Usman Yusuff
Alessandro Za

Alumni Events

Thank you to everyone who attended a recent alumni event. Information about all our forthcoming events are available online at <http://alumnionline.lshtm.ac.uk/events-homepage>. Highlights from the past year include:



AIDS 2016 Reception – Durban, South Africa

Over 80 alumni attended a special event during the AIDS 2016 conference, hosted by School Director Professor Peter Piot.

Staff, students and alumni attended special exhibitions in UAE in Qatar. The Deputy Mayor of London and London Universities showcased the capital's work on Smart Cities.

Deputy-Director and Provost Professor Dame Anne Mills along with some of the world's leading health economists met alumni in Addis Ababa, Ethiopia in May.



Addis Ababa, Ethiopia

Over 70 alumni attended our annual reception in Geneva. The weather didn't quite go our way but the company was great.

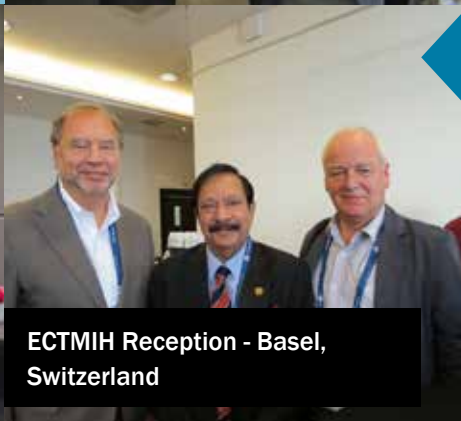


Abu Dhabi, UAE and Doha, Qatar

Professor Peter Piot hosted an alumni reception during the 2015 European Congress on Tropical Medicine and International Health.



Geneva, Switzerland



ECTMIH Reception - Basel, Switzerland

Over 200 alumni attended our annual ASTMH reception in Philadelphia. Friends of the School Gus and Jenny Carey also kindly hosted a fundraising dinner.



Philadelphia, USA

A record number of guests attended our annual reception for alumni, students and staff of our Distance Learning Programme.



Distance Learning Reception – London, UK

Alumni Chapters

Our international Alumni Chapters held over 50 events in the past year around the world. Thank you to all our amazing chapter volunteers and to everyone who took part in Chapter activities.

Amsterdam Chapter Launch



LA Chapter Brunch



Paris Chapter Drinks



Kuala Lumpur Chapter Launch



Tokyo Party 20th Anniversary Party



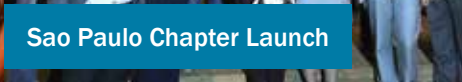
Gambia Chapter Meet-up



Montreal Chapter Meeting



Sao Paulo Chapter Launch



Boston Chapter Meeting





FREE ONLINE COURSES

The School offers free online courses. Over 30,000 participants have completed the courses below, with more courses in the pipeline.

The School's free online courses were launched to align with the School's mission of improving health worldwide. Free online courses are a way for the School's cutting-edge research and world-class teachings to reach professionals who would otherwise be unable to undertake a course at the School.

The courses cover important topics linked to global health and give an introductory overview at postgraduate level on various topics.

Eliminating Trachoma

An estimated 150 million people in 51 countries are affected by trachoma, a neglected tropical disease. It occurs in some of the poorest populations with limited access to clean water, sanitation, and healthcare, and is the world's leading infectious cause of blindness. At present, we have a unique opportunity to eliminate this disease. This course aims to inform and support the personnel implementing and managing trachoma programmes at a district and community level.

Improving the Health of Women, Children and Adolescents: from Evidence to Action

This course is designed for healthcare professionals or anyone working in a health organisation; medical students and postgraduates wishing to complement their studies; and anyone else with an interest in learning about the health of women, children and adolescents.

Preventing the Zika Virus: Understanding and Controlling the Aedes Mosquito

This course looks at the science behind the Zika outbreak in order to try and understand where the virus has come from, its symptoms, their effect on infected individuals, and how it can be controlled.

Ebola in Context: Understanding Transmission, Response and Control

This free online course looks at how Ebola caused the recent humanitarian crisis and worldwide panic. It examines the science behind the outbreak, to understand why it has occurred on this scale and how it can be controlled. The course is taught by experts from a wide range of disciplines from epidemiologists and clinicians to anthropologists and health systems researchers and with contributions from experts who have been directly involved in the Ebola outbreak at different stages and from different angles.

www.lshtm.ac.uk/study/freeonlinecourses

Programming for Nutrition Outcomes

This course is supported by the UK Department for International Development. It explores the problem of undernutrition, highlights its multi-sectoral causes and identifies potential programmatic solutions. Chronic undernutrition affects nearly 200 million children in low and middle income countries, and there is strong evidence that undernutrition is associated with up to 45% of all child deaths globally. However, undernutrition is preventable. A set of direct nutrition specific interventions have been defined which, if brought to scale, could save millions of lives and contribute to long-term health and development.

Agriculture, Nutrition and Health

This course was commissioned by Irish Aid and explores the multi-sectoral links between agriculture, nutrition and health, highlight current evidence and identify potential programmatic solutions. The latest State of Food and Agriculture report published by the United Nations Food and Agriculture Organisation suggests that agricultural and food systems must now play an increased role in promoting more nutritious and sustainable diets for populations all over the world.

Global Blindness: Planning and Managing Eye Care Services

Participants are introduced to the magnitude and causes of blindness at a global level, with an emphasis on low and middle income country settings.



Credit: Habib Hasan, Public Health Foundation of India

New Distance Learning MSc in Demography & Health

We are pleased to announce our latest distance learning programme in Demography & Health. This unique online course offers professional training for those who wish to acquire technical expertise in demographic measurement and estimation; and in understanding the interlinkages between population health, sexual behaviour, fertility, ageing, inequality and migration.

Further information:
www.lshtm.ac.uk/study/distance-demography-health



Mwanza Intervention Trials Unit: Showcasing Successful Collaboration In Tanzania

The Mwanza Intervention Trials Unit (MITU) was set up in 2006 as a joint initiative of the School and the Tanzania National Institute for Medical Research (NIMR). MITU was established with special funding from the UK Medical Research Council but is now largely self-supporting through research grant income.

The collaboration between the School and NIMR originated in the late 1980s, when the HIV epidemic was expanding rapidly in East Africa. Scientists from the School (led by Professors Richard Hayes and Heiner Grosskurth) worked with NIMR and the African Medical Research Foundation to develop a programme of research on HIV interventions in Mwanza region.

The collaboration has carried out a series of ground-breaking studies on the epidemiology and control of HIV and other sexual health problems, particularly focusing on randomised controlled trials of preventive interventions. This included trials

of educational and behavioural interventions, control of acute and chronic sexually transmitted infections, and vaginal microbicides.

The mission of MITU is to contribute to improving health through the development and evaluation of interventions against HIV and other health problems; to enhance the capacity to carry out such research in Tanzania and the East African region; and to contribute to the translation of research findings into health policy in partnership with other stakeholders.

During the past ten years, MITU has expanded its research portfolio in a number of areas. This includes studies to assess the HIV burden in general and high-risk populations; research on the epidemiology of human papillomavirus among girls and young women; leading an Ebola vaccine trial; a study of the health system response to non-communicable diseases and other chronic diseases; and a trial to assess the impact of a combined micro-finance and gender-

training intervention in reducing intimate partner violence.

MITU is committed to developing capacity in the region to support rigorous scientific research. This is achieved through a number of initiatives including support for colleagues from the scientific community in Mwanza to undertake School MSc distance learning courses; support for MITU/NIMR staff to complete postgraduate training at world-leading academic institutions; delivering an annual intensive short course in research methods; and participating in international consortia such as Training Health Researchers into Vocational Excellence in East Africa (THRiVE). MITU continues to identify new areas for teaching opportunities that can enhance local researcher training.

To read more about MITU please visit: <http://www.mitu.or.tz/>

Message from the Student Representative Council

The Student Representative Council sends its greetings from London. Today is one of those sunny days that have been rare in the past few weeks. MSc students have just finished their exams, and Research Degree students are moving forward with their projects. Some have planned vacations during this time just to get some sunshine (we all need our daily dose of vitamin D!)

As the School year moves along, many students have started thinking about their future paths upon finishing term. A few students have opted to do internships in order to gain experience and branch out their networks. Others have applied to jobs and are already working part-time, but all students will have that moment when they start thinking about their own purpose in life, and how they can proceed to improve health worldwide.

I'm sure that you have undergone the same deliberation, which is why I am reaching out to you to request for some



assistance by sharing your perspective of life as a graduate of the School. You can do this in a number of ways – you can write a blog about your career, come back to the School to give a career talk or simply up-date the Alumni Office with your current career information.

We hope to foster even greater connections between the London School of Hygiene & Tropical Medicine, and its sons and daughters sent all over the world to spread the gospel of health for all.

Best wishes,

Dr Adrian Rabe

President, Student Representative Council

Obituary: Professor Harrison Spencer

It is with great sadness that we share the news that Professor Harrison Spencer, the School's former Dean, has died in tragic circumstances.

Professor Spencer was appointed Dean of the London School of Hygiene & Tropical Medicine in 1996, and during the four years of his leadership, he oversaw significant expansion, and the launch of new programmes and partnerships. These included our first distance learning courses, the Malaria Centre, a US\$40 million Gates-funded collaborative malaria research programme, new DFID projects, and in 1999, the celebration of the School's Centenary.

In 2000, he returned to the USA to take up a new appointment as President and CEO of the Association of Schools and Programs of Public Health (ASPPH), where he achieved great success in advocating and advancing cooperation in public and global health. Professor Spencer was elected a Founding Fellow of the UK Academy of Medical Sciences in 1998 and to the U.S. Institute of Medicine in 2003.

Harrison Spencer studied at Haverford College, Johns Hopkins and Berkeley. He first came to the School as a student on our Diploma in Tropical Medicine and Hygiene programme in 1972. His early career was with the Centers



for Disease Control and Prevention. He founded and directed the CDC research station in Nairobi from 1979 to 1984, served as Senior Medical Officer at the Malaria Action Program of the World Health Organization in Geneva, and was Chief of the Parasitic Diseases Branch at CDC. From 1991 to 1996, he was Dean of the Tulane School of Public Health and Tropical Medicine in New Orleans.

Professor Spencer was greatly respected and loved by colleagues and students alike. He will be much missed, and our deepest sympathies and thoughts are with his family and many friends.



Maeza, the main contractor on
[@ACETcharity](#) [@BandAid30](#)
Hohole school build - only woman
contractor in Mekele [#Ethiopia](#)

Band Aid nurse Dame Claire Bertschinger returns to Ethiopia

The School's Director of the Diploma in Tropical Nursing, Dame Claire Bertschinger, worked in Ethiopia during the 1984 famine. The humanitarian crisis caused by the famine inspired Band Aid and later Live Aid. Dame Claire recently returned to Ethiopia with fellow humanitarian activists and campaigners. She tweeted about her experiences.



Our lives aligned 31 years ago, so wonderful to celebrate a very different [#Ethiopia](#) together in 2016 [@BandAid30](#)

Mekele really is Booming! & Blooming! great to see it so transformed since my time here in the 80s [#Ethiopia](#)

So joyful to see beautiful Birhan Woldu & finally meet her daughter Claire, my namesake [#Ethiopia](#)

Two dapper humanitarian gents; Bob of [@BandAid30](#) & [@sammyassefa](#) from [@ACETcharity](#) waiting for a cup of [#Ethiopia](#)

Lack of latrines can be a real barrier to menstruating girls staying in education -this one is 10ft deep [#Ethiopia](#)

Brilliant Bisrat of [@ACETcharity](#) [#Ethiopia](#) partner EYES "development must involve women, this is how it will happen"

Irradiating poverty with education: building a new school for these rural kids by [@ACETcharity](#) [@BandAid30](#) [#Ethiopia](#)

International community must not abandon [#Ethiopia](#) in this drought, or we will undo the development of last 30 years



#ETHIOPIA

New Health in Humanitarian Crises Centre

The Health in Humanitarian Crises Centre brings together researchers across the School to focus on improving the health of populations affected by humanitarian crises through quality research, teaching, consultancy, training and independent advice to relief agencies, and dissemination of objective, evidence-based information. Humanitarian crises due to armed

conflict, natural disasters, disease outbreaks and other hazards are a major and growing contributor to ill-health and vulnerability worldwide. They also present a number of distinct challenges for public health intervention and research.

<http://crises.lshtm.ac.uk/>

Stacey L. Knobler: President of the American Friends of the School

Stacey is a Senior Adviser and Scientific Program Director at the Fogarty International Center of the U.S. National Institutes of Health. She currently directs several large-scale initiatives within the Division of International Epidemiology and Population Studies, including a multi-site international research collaboration focused on child health and development outcomes in resource-limited settings (the MAL-ED study); the development of tools to improve research, development, and delivery of life-saving vaccines (SMART Vaccines 2.0); and, collaborative research and capacity building programmes designed to enhance and expand biorisk management in Pakistan.

Stacey has over 20 years of experience as a global health and development professional in the areas of research, programme design and implementation, and strategic planning related to the epidemiology and control of infectious diseases, maternal and child health, brain disorders, and institutional capacity-

building for evidence-based decision making in low and middle-income countries.

Stacey has built successful research and programmatic collaborations across and among US federal agencies, bilateral and multilateral donor organisations, philanthropic foundations, and the life science industries.

She has received many awards for outstanding achievement and distinguished service to the US Institute of Medicine, the National Academy of Sciences and the Fogarty International Center.

Stacey received her Bachelor's degrees in Molecular Genetics and Political Science from the University of Rochester and her Master's degree in Public Health from the London School of Hygiene & Tropical Medicine.





GAY SEX SURVEY:

Why preventing HIV means calling an end to finger pointing

By Dr Ford Hickson

Blame has always been the key note of the HIV epidemic among gay men. In the 1980s the self-righteous blamed gay people, the promiscuous and sex workers. They in turn blamed the government and the churches. The old blamed the young and the young blamed the old. The natives blamed the foreigners, the British blamed the Americans and the humans blamed the monkeys. No one wanted to be seen as part of the problem.

Recently the finger has been turned to point to certain drugs such as mephedrone and the emergence of smartphone apps such as Grindr that make it easier for people to hook up – the powerful combination of stronger, cheaper stimulants and the means to contact a lot of “up-for-it” men in a short period of time. The result is a chemsex scene. But how common is it? And are our fingers pointing in the right direction?

We’ve recently released the results of the latest gay men’s sex survey, the largest and longest running survey of its kind in the world. This time more than 15,000 men answered an online survey about sex, drugs, prevention needs and health services.

Drink and drugs

In the preceding four weeks of the survey, 89% said they had drunk alcohol and 39% had smoked tobacco – alarming but not surprising. The use of the drugs typically associated with chemsex was relatively rare. In the last four weeks only 5% had used mephedrone, 3% had used GHB and 2% had used crystal meth – somewhat surprising given chemsex is such a hot topic. It shouldn't be.

The use of these drugs is highly concentrated in particular groups and networks. While 7% of all men had used any of these three drugs in the past four weeks, 22% of men living with diagnosed HIV and 33% of men living with HIV in London had done so. In some networks, almost all men use these drugs. Among the men using them the risks of harm are very high. But the needs of men engaged in chemsex are not best served by suggesting chemsex is universal. In fact, suggesting that it is universal runs the risk of giving the impression that it is both inevitable and impossible to escape. Most gay men in Britain, even in its gay centres, are not having chemsex.

But many men are still acquiring HIV during gay sex. For the first time, the survey asked men with HIV whether they thought drugs or alcohol had played a part in their acquiring the infection. A quarter felt they played a large part, while three quarters felt they played little or no part. Drugs are part of the story but far from the whole story.

Testing, testing ...

The number of HIV tests taken in the UK each year by men who have gay sex has increased ten-fold in the past ten years. Unsurprisingly, the number of diagnoses has also increased and the length of time men spend with undiagnosed infection, a key parameter for their prognosis, is thankfully getting shorter. But there has not been a surge in new HIV infections. Estimates from Public Health England suggest that the number of men being infected has stayed flat over the last ten years at about 2,600 infections each year. The contexts in which men are getting infected might be changing but the number doing so isn't. Who is to blame?

The finger is currently pointing at the NHS for refusing to provide pre-exposure prophylaxis, or PrEP, for HIV, an effective but expensive preventative drug – expensive to the NHS, who must buy Truvada, the branded drug, and expensive to all those individuals who cannot afford the generic version online. This finger is accompanied by justified community anger at being strung along in an 18-month process to develop NHS guidelines that was summarily terminated – and which raised well-founded suspicions of deception and misdirection.

Not a magic pill

But it is a mistake to put everything into PrEP when it comes to prevention. In our survey, 20% of respondents were not confident that kissing never transmits HIV. Thinking of HIV prevention only one topic at a time impedes our ability to provide education across the demonstrably wide range of needs in the community.

Over the years, attention has shifted from promiscuity, to not using condoms, to HIV treatment optimism, to the internet, to not enough testing, to chemsex, to PrEP-refuseniks. No doubt in five or ten years' time, if PrEP is widely available and there is still an epidemic, the finger will be pointing at something else.

Looking for singular solutions has not got us ahead of the curve on HIV infections among men having sex with each other. It is a complex multifaceted problem that requires sustained systemic change in a wide range of social institutions. One agency alone cannot end HIV, but all individual institutions can recognise the part they play in promoting risks and inhibiting precautions – and to reverse them. Finger pointing should play no part.

Dr Ford Hickson is a Lecturer and Course Director in Public Health, London School of Hygiene & Tropical Medicine. This article was originally published on [The Conversation](#).

A close-up photograph of a black dog's head in profile, sniffing a metal container. The dog's nose is pressed against the rim of the container. The background is slightly blurred, showing a person in a white lab coat and a teal object.

Could dog detectives sniff out malaria?

By Dr James Logan

Senior Lecturer in Medical Entomology at School and Director of ARCTEC.



Dogs have a highly sensitive sense of smell, making them great at nosing out illegal drugs or prohibited imports. However, it's not just crime fighting these dog detectives assist us with. They can also turn their paws to healthcare, as their noses are able to pick up on the subtle odour changes in humans when some diseases cause slight biochemical changes in our bodies.

We know that dogs can successfully detect certain types of cancer, and can even be trained to warn people with diabetes when their blood sugar levels are higher or lower than a specific range, which could cause them to enter a coma. But could dogs also be used to detect malaria?

Work in our own laboratory, and elsewhere, suggests that infection with malaria can alter a host's smell. Pilot studies have also shown that distinctive chemicals can be detected in the breath of malaria-infected individuals. If dogs could sniff out the odour clues to identify people with malaria, they could be a new and

valuable way of detecting the disease.

The Bill & Melinda Gates Foundation have awarded a £70,000 Grand Challenges Explorations grant to the School along with the University of Durham, the Medical Research Council Unit in The Gambia and UK charity Medical Detection Dogs, to investigate the canine detection of malaria.

Currently, tests for malaria involve finger-prick blood collection and laboratory screening, and although field trials of a non-invasive breath test are underway, a novel, non-invasive method of detection that does not require blood samples or technical expertise could be of great benefit.

Dog detectives do not require a laboratory; they are portable, inexpensive, and could rapidly screen many individuals. They could be particularly useful in detecting malaria in communities where only a few people carry the parasite, since identifying these people, who are acting as 'reservoirs' that maintain malaria in the population, would allow us to eradicate the disease far more rapidly. In addition, once areas are malaria-free, dogs could be used at entrances to villages, communities and even countries to detect and treat people carrying the disease before entering.

Although progress on Malaria is being made it is still a huge global health problem – last year alone there were 214 million malaria cases and an estimated 438,000 deaths. Could sniffer dogs help snuff out this devastating disease? We aim to find out.

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