



03 Message from  
the Director

16 Alumni in the  
Archives

12 Woman Leaders  
in Global Health

42 Celebrating our  
120th anniversary

# Alumni News



#10  
Winter  
2018

# Contents

03	Message from the Director	19	Twort Legacy
04	MRC Units in The Gambia and Uganda join LSHTM	20	HIV Self-Testing Africa Initiative Catalysing Change
06	Whole-population testing for breast and ovarian cancer gene mutations is cost-effective	22	Alumni Chapters
07	Introducing internet-based testing for sexually transmitted infections doubles testing uptake in South London boroughs	24	An interview with Janet Darbyshire
08	Time for a data revolution to guide the HIV response	26	Improving the Health of Women, Children and Adolescents – Free online course
10	Queen’s Anniversary Prize awarded in recognition of our response to Ebola epidemic	27	LSHTM awards Honorary Fellowships to three women leaders in global health
11	Positive in Prison: HIV Stories from a Dublin Jail	28	Leading from the front: The Executive Programme for Global Health Leadership
12	Women Leaders in Global Health	30	Alumni Profile: Linda Paulo
14	Making LSHTM research accessible to the world through Open Access	31	Alumni Events
15	BBC experiment co-developed by LSHTM generates ‘dream’ dataset for flu researchers	32	The WOMAN trial – making impact on a global scale to save mothers’ lives
16	Alumni in the Archives	34	Profile: Koushiki Banerjee
18	Empowering Communities through Public Engagement	36	Looking forward to our 120th Anniversary
		38	Message from the Alumni Team
		39	Our Donors
		42	Save the Date: Upcoming Events

# Message from the Director

2018 has been a historic year for LSHTM. Our most significant development of this past year, if not of many decades, has been the MRC Units in The Gambia and in Uganda joining our School (see next page). We are delighted to welcome these impressive Units and their talented teams to LSHTM and we will work together to ensure that they can benefit from joining LSHTM’s global network while flourishing as leading African institutions. With this partnership, our School has transformed into a truly global institution and by working even more closely together, we can develop the innovative and collaborative research projects that are needed to tackle the world’s most pressing health issues.

Another great achievement this year, and indeed one of our proudest moments, was hosting the 2018 Women Leaders in Global Health (WLGH) Conference at LSHTM (see pages 12 & 13). We were greatly honoured to welcome 900 participants from more than 70 countries and 80 nationalities. The conference aimed to highlight women leaders in global health and to support the advancement of women in all forms of leadership from local communities to global organisations. It was an enormous success. The conference placed a cultural and gender lens on leadership and health issues, created opportunities for training and mentorship, and outlined some of the critical steps we must take to ensure meaningful change. We look forward to building on this momentum for change within our own organisation at LSHTM and at next year’s Third Annual WLGH Conference in Rwanda.

It was a great pleasure to meet and to reconnect with so many of our talented and passionate alumni at the WLGH Conference, and at other events throughout 2018. I would like to thank everyone who has given so generously to our School this year. Every gift ensures that we as a community continue to make important contributions to public and global health. We greatly appreciate your support.

Looking ahead, next year marks the 120th Anniversary (see pages 36 & 37) of LSHTM’s foundation on 2 October 1899 by Sir Patrick Mason at the London Docks. In recognition of this momentous occasion, we will be celebrating 120 years of health innovation, past and present, at our School. We will further embrace entrepreneurship and innovation at LSHTM, applying new ideas and tools to disrupt the status-quo and to create new possibilities. We must ensure that we are not attempting to solve today’s problems with yesterday’s approaches, and 2019 will provide new opportunities to stimulate future innovation across LSHTM among our global community of staff, students, alumni, and partners. I look forward to another year of working with our alumni toward our shared mission of improving health worldwide.



Professor Peter Piot  
LSHTM Director

LSHTM from Malet Street Gardens



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Cover image: Faces of NGO Medical Work by Dan Wiklund MD from Health Teams International Inc.





A Unit field worker at the Kyamulibwa field station measures the height of a young girl who is enrolled in the MRC/UVRI & LSHTM Uganda Research Unit General Population Cohort (GPC).



## MRC Units in The Gambia and Uganda join LSHTM

**LSHTM and the Medical Research Council (MRC) have forged two exciting new partnerships that will boost research capacity into current and emerging health issues in Africa and throughout the world.**

In February 2018, the MRC Unit In The Gambia and the MRC/UVRI Uganda Research Unit formally joined LSHTM. The transfers build on the existing strong relationships between LSHTM and both Units, ensuring even stronger scientific collaboration as well as new career opportunities for researchers.

Medical Research Council Units are focused investments established to support a pressing scientific need or to deliver a particular research vision. These transfers are part of the MRC's long-term programme of transferring Units into a host University in order to bring strategic benefits to both parties. The majority of MRC Units are in the UK and have already been transferred.

Professor Peter Piot, Director of the London School of Hygiene & Tropical Medicine, said: "I am delighted to welcome the Units and their talented teams into LSHTM. The new partnerships present major opportunities for all three institutions' staff and research output. Our School becomes more global than ever and increases its access to research facilities and skilled researchers based 'on-the-ground', while the Units will reap the benefit of LSHTM's global reputation and wide-ranging expertise. By working even more closely together, innovative and collaborative research projects can

be developed which are needed to tackle major global health issues."

Professor Sir John Savill, Chief Executive Officer of the Medical Research Council, said: "I'm excited by the prospect of our units in Uganda and The Gambia becoming part of a new 'family', especially one that is world renowned for its work in global health. We know from experience that transfers like these are uniformly positive; transferred units are more successful in winning additional funding and their collaborations with partners increase. MRC researchers benefit from having the university working to nurture the research leaders of the future. I hope that early career researchers in particular will see a stronger career path for themselves as a result of this partnership."

MRC Unit The Gambia and LSHTM have a well-established working relationship and have collaborated on numerous trials and projects for nearly 70 years. These include the evaluation of insecticide-treated bed nets for malaria control and of several vaccines, including the pneumococcal conjugate vaccine, the hepatitis B vaccine, and the Haemophilus influenzae type b vaccine. The transfer means the Unit is now called the *Medical Research Council Unit The Gambia at the London School of Hygiene & Tropical Medicine* (MRC Unit The Gambia at LSHTM).

Professor Umberto D'Alessandro, Director of MRC Unit The Gambia at LSHTM, said: "We have existing and strong collaborative links with the LSHTM; some of our researchers are already affiliated to this

prestigious institution. I am confident that joining LSHTM formally will increase and strengthen our high quality research, as well as offer more training and networking opportunities for scientists of both institutions."

The relationship between MRC/UVRI and LSHTM dates back to the Uganda programme's initiation in the 1980s at the height of the HIV epidemic. Both institutions enjoy long-standing collaborations including the Tropical Epidemiology Group and the ALPHA network, and LSHTM is instrumental in the Unit's capacity building programme with various staff undertaking post-graduate training at LSHTM. Following the transfer, the Unit is now called the *Medical Research Council/Uganda Virus Research Institute and London School of Hygiene & Tropical Medicine Uganda Research Unit* (MRC/UVRI and LSHTM Uganda Research Unit).

Professor Pontiano Kaleebu, Director of MRC/UVRI and LSHTM Uganda Research Unit, said: "We are excited to join LSHTM and are optimistic about the numerous opportunities the partnership will provide to research teams both at the Unit and at the School. The transfer not only offers a wider platform for our researchers to train, practise and collaborate, but increases capacity and access to resources to undertake more cutting-edge medical research."

The Unit Directors will continue to shape the scientific strategy of each Unit, and The MRC will provide core funding to the Units and review the scientific strategy in the existing way.

“By working even more closely together, innovative and collaborative research projects can be developed which are needed to tackle major global health issues.”



## Whole-population testing for breast and ovarian cancer gene mutations is cost-effective

Screening the entire population for breast and ovarian cancer gene mutations, as opposed to just those at high-risk of carrying this mutation, is cost effective and could prevent more ovarian and breast cancers than the current clinical approach, according to research published in the *Journal of the National Cancer Institute*.

The research, conducted by LSHTM, Barts Cancer Institute at Queen Mary University of London and the Barts Health NHS Trust, showed that implementing a programme to test all British women over 30 years of age could result in up to 17,000 fewer ovarian cancers and 64,000 fewer breast cancers.

## Introducing internet-based testing for sexually transmitted infections doubles uptake in South London boroughs

Providing internet-based testing for Sexually Transmitted Infections (STIs) could increase the number of people being tested for syphilis, HIV, chlamydia and gonorrhoea, including among high-risk groups, according to a study published in *PLOS Medicine*.

The randomised controlled trial of more than 2,000 people in Lambeth and Southwark was led by LSHTM and King's College London, in partnership with SH:24, a digital sexual health service.

The study found testing uptake was nearly doubled in a group that was invited to

use internet-accessed STI testing (e-STI testing) compared to a group which was invited to use existing services at health clinics (50% e-STI testing group compared to 26.6% control group). Participants were free to use any other service or intervention during the study period.

The researchers say e-STI testing should be considered as a complement to existing services, and as an effective measure to increase uptake of STI testing. However, further studies are needed to evaluate the impact of e-STI testing on treatment and health outcomes.



Finger prick test for HIV and syphilis. © SH:24



# Time for a data revolution to guide the HIV response

By James Hargreaves

World AIDS Day is an important milestone each year allowing the ongoing pandemic of HIV/AIDS to be the focus of global attention. It provides an opportunity to advocate for political will, to reflect on our efforts, and to redouble our resolve to make a difference in fighting HIV/AIDS. UNAIDS, the Joint United Nations Programme on HIV/AIDS, today tell us that there are 26 million people living with HIV in sub-Saharan Africa, that progress has been made in reducing the treatment gap, and that the number of new infections each year is slowing. However, 1.8 million people are still acquiring HIV every year.

But, where do the data to support these statements come from? How much confidence should we have when told, each year at this time, that things are getting better, or are not doing so? How do countries know where to focus their efforts in the coming year? These are questions addressed by HIV measurement and surveillance efforts, and a revitalisation of these efforts is now essential.

Traditional approaches to tracking the epidemic are no longer fit for purpose. Since the 1990s, trends in HIV infection

rates among pregnant women attending a small number of sentinel surveillance sites have been critical to our understanding of the epidemic. The results of HIV tests were anonymised at source, with results not returned to those tested. But, this “unlinked anonymous testing” has now been discontinued in many countries. National surveys of HIV prevalence among both men and women, in which researchers travel door to door to several thousand households and collect samples which are then tested for HIV have been a key resource. But, such surveys are expensive and hard to conduct. Estimates of how many people living with HIV know their HIV status and are on treatment are informed by data collected in health facilities across the continent. But, current approaches give inaccurate estimates because of people being counted more than once if they access services multiple times or in different places. Loss to follow up can undermine clinical care and our estimation of both mortality rates and treatment success.

Data needs have changed to drive progress toward lowering the burden of HIV infections and deaths. The rate at which new infections are occurring is rarely measured directly, yet identifying

and responding to new infections must be the cornerstone of the response. Data on risk behaviour have been hard to interpret because of their sensitive nature, but it will be ever more critical to track risk if we are to reinvigorate HIV prevention. We need more data about specific places and more timely data to guide geographical and sub-population targeting. Finally, and most importantly, we must plan for sustainable, country-led, action-oriented HIV surveillance platforms in the future, which can serve local decision-making, uphold human rights and support global reporting and modelling needs.



A community care worker from Turntable Trust provides HIV counselling and testing service to a local woman at her home in South Africa. © 2010 JHHESA/CCP, courtesy of Photoshare

Developing a data architecture that responds to these needs will require better leveraging routine and programmatic HIV data. We advocate a three-pronged response to improve the lives of those living with HIV and to reduce the burden of infection among those at risk:

- Improve understanding of the continuum of care among all people living with HIV through better use of individual-level, de-duplicated health records
- Improve understanding of HIV incidence, prevalence, risk and linkage to care

through better use of data collected through HIV testing platforms

- Improve understanding of the locations, populations and individuals at greatest risk for HIV infection through better community-based assessments.

Funded by the Bill and Melinda Gates Foundation, the Measurement and Surveillance of HIV epidemics “MeSH Consortium” led from the London School of Hygiene and Tropical Medicine is working with countries and partners to catalyse this step-change. The time for

investment in these systems and capacity to use them is now. Only by harnessing routine HIV data can countries achieve more accurate, disaggregated and sustainable measurement of HIV incidence and achievement of the 90:90:90 targets. These data can support resource allocation decisions and targeted action that will accelerate the reduction of HIV incidence in sub-Saharan Africa.





## Queen's Anniversary Prize awarded in recognition of our response to Ebola epidemic

The London School of Hygiene & Tropical Medicine (LSHTM) has been awarded a distinguished Queen's Anniversary Prize for Higher and Further Education in recognition of its response to the Ebola epidemic in West Africa in 2014/15.

The Prizes are part of the honours system and are awarded every two years by The Queen on the Prime Minister's advice. The honour is awarded to institutions who have demonstrated excellence, innovation and practical benefit to the UK and for public benefit in general.

Director of the London School of Hygiene & Tropical Medicine, Professor Baron Peter

Piot KCMG, said: "We are delighted to have been awarded this prestigious honour. When the Ebola epidemic became widespread and unmanageable, it was our duty to support global efforts to help stop the outbreak.

"Our response was possible because of our unique combination of a strong science base, our responsive support staff, our global networks, and above all because of who we are, how we think and what our commitment is; in other words our ethos. I would like to thank our committed community of staff, students and alumni for their skill and ongoing dedication to tackling major global health issues."

LSHTM Director Professor Peter Piot receives the prize from HRH The Prince of Wales and the Duchess of Cornwall, © BCA Film/LSHTM

“  
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”

## Positive in Prison: HIV Stories from a Dublin Jail

The AIDS crisis of the 1980s may be recent history, but the experiences of those who lived through it are rapidly disappearing from the public mind. To reintroduce one specific collection of experiences, Dr Janet Weston of the LSHTM Centre for History in Public Health and partners Digital Drama created *Positive in Prison: HIV Stories from a Dublin Jail*.

This audio docudrama was developed from oral histories, conducted with some of those involved in responding to the emergence of HIV and AIDS in the Republic of Ireland in the 1980s. Our focus was the impact of HIV and AIDS upon the Irish prison system. A majority of those diagnosed with HIV and AIDS in '80s Dublin were injecting drug users, and illness and fears of infection within the confines of Dublin's Mountjoy prison, where many of the city's young heroin users spent some time, took an enormous toll. A 'separation unit' to house male prisoners with HIV or AIDS was set up in 1986, and not fully abandoned until 1995.

As we worked on the docudrama, the story of the first diagnoses of HIV in Mountjoy and the establishment of the separation unit emerged as a particularly powerful focal point. This unit was not only striking in policy terms. It was also a place which made an enormous impression upon everyone who went there: most of the oral history interviewees volunteered information about the events and individuals they remembered from it. Sometimes these memories overlapped, and sometimes they diverged. Together, and in conjunction with archival research, these interviews conveyed some of the broader concerns around HIV and AIDS in the Republic of Ireland in the 1980s and into the 1990s, the emotions involved, and the specific moments and people that drove change.

*Positive in Prison* weaves together verbatim extracts from these interviews. Launched in London and Dublin to coincide with World AIDS Day in 2017, it was described as 'moving' and 'powerful' by attendees: one wrote that 'I now understand the lack of understanding and lack of logical



Positive Prison London event

response' to HIV in the Republic of Ireland, and interviewees who came to the launch in Dublin took the opportunity to discuss their memories with each other, reflecting further on a challenging time in their professional and personal lives.

The docudrama is freely available online at <http://histprisonhealth.com> (under Arts

Projects), and is being used in training and awareness-raising around HIV, prisoner health, and injecting drug use in the Republic of Ireland and elsewhere. It is part of the ongoing Wellcome Trust-funded research project 'Prisoners, Medical Care and Entitlement to Health in England and Ireland, 1850-2000', and was funded by a Wellcome Trust Public Engagement award.



# Women Leaders in Global Health

2018 has marked two major anniversaries for women's equality in the UK. In 1868, nine women were admitted to the University of London to enrol for a 'special examination' course, giving women in Britain access to university education for the first time. In 1918, the Representation of the People Act was passed in the UK, for the first time giving the right to vote to women over the age of 30 and "of property".

Jessica Mack, Vice President of Strategy and Communications for Global Health Corps, at the Women Leaders in Global Health Conference 2018.



150 years since women were first admitted to higher education in Britain, and on the centenary of UK women's suffrage, the London School of Hygiene & Tropical Medicine was proud to host the second annual Women Leaders in Global Health Conference in November.

Women are vital to the advancement of global health, making up 75% of the healthcare workforce. Yet they occupy fewer than 25% of influential leadership roles, including just eight of 34 World Health Organization executive board positions.

The conference, which was led by LSHTM's Professor Heidi Larson, highlighted emerging and established women leaders in global health and had a strong focus on mentoring. The nearly 900 attendees, comprising 80 nationalities and 70 base countries, heard from speakers on some of the most urgent health issues facing the world today.

Leading up to the event, we asked some of the many women associated with LSHTM

who are improving global health to tell us what drives their success and to share their advice for women starting out on their careers.

Here is an extract of our interview with LSHTM Deputy Director and Provost, Professor Dame Anne Mills.

## Who has inspired you throughout your career?

That's an interesting question. I see myself as fortunate, because I came from a fairly intellectual and academic background, particularly on the female side. My grandmother was one of the first women to do a PhD at the London School of Economics in 1902, and for her daughter – my mother – there was never any question but that I would have a career, that I would aspire to go to university, to Oxford, which I went to. So I suppose my family background, my mother particularly, and not just the academic background – she brought up myself and my brother – my father died when I was eight so she had to suddenly get a job. So I suppose she was a very formative influence in my life, and she ended up as a head mistress of a girls' comprehensive school.

## How important has it been to have strong mentors?

So I think it's really critical at a number

of points in one's career to have either a formal or informal mentor. In the days when I was starting my career, mentoring wasn't around, but there were certainly key people who were important sources of advice for me, usually my line managers. I was very fortunate in that respect, and particularly when I joined the School, my line manager was then Professor Patrick Vaughan, a key epidemiologist in the School who led a lot of developments in the areas of health services and health systems research. More recently, at key decision points I've drawn on a mentor to provide advice and I've found that really useful. That's less the sort of personal relationship and more at various points when you're not quite sure what to do, it's a good idea to get someone independent to talk it through.

## What's the best piece of advice that you've received from a mentor?

It was from Patrick Vaughan, one of my first line managers. It wasn't a piece of advice but it was a comment on my behaviour. He told me that I didn't like surprises, and I realised he was right. I suppose the way I took that to heart was being careful not to react too quickly, to think through options, to not think something is disastrous and to take the time to work through solutions.

## What's your career highlight?

That's very straightforward. For me, it

was being elected to the Royal Society, because as an economist, the Royal Society, which is the elite learned society in the UK, does not usually elect economists. But I think because I made very major contributions in the areas of improving health services and health systems I think they thought I qualified.

## What challenges did you face in your career and how did you overcome them?

So again in a sense I feel fortunate because obviously there have been challenges, but I have never found them to be insuperable. I think that's for two reasons, one of them being the background of being encouraged in my family to do whatever I wanted to do, I was always confident academically. The other is that I'm very naturally solutions oriented. If disaster hits, my immediate reaction is that my mind starts working immediately and fast on the way out of this and what to do. So I think I'm just naturally inclined to think about how to tackle challenges rather than just to suffer.

## In three words, what advice would you give to women embarking on their careers?

I have only two: Be ambitious.

The Women Leaders in Global Health Conference took place on 8-9 November 2018. For more information, please visit [wlgconference.org](http://wlgconference.org)



Panel discussion (from left to right): Daniela Termini, Chief Exec Officer of Global Health Corps, Dr Joanne Liu, International President of Doctors Without Borders, and Laura London, United Nations Assistant Secretary-General and Deputy Exec Director (Management) at UNFPA.



Attendees at the Women Leaders in Global Health Conference 2018.





LSHTM e-Library

## Making LSHTM research accessible to the world through Open Access

The publishing world is quickly adapting to the demands of research funders to enable better access to research articles, which are traditionally only available via expensive journal subscriptions. The School supports Open Access publishing in order to better connect LSHTM research outputs with researchers, students, health professionals, businesses, journalists and others around the world who may not be able to access scholarly literature through libraries or individual journal subscriptions.

The Library & Archives Service has enabled researchers to make their articles freely accessible via the School's online research

repository, LSHTM Research Online (<http://researchonline.lshtm.ac.uk>), which captures the vast majority of the School's research outputs, and makes articles freely available wherever possible. In many cases, publishers allow researchers to archive a copy of their work in the repository, though to make work immediately accessible a fee is often issued to researchers by journal publishers. The Library & Archives Services manages grants from Research Councils UK and the Charities Open Access Fund to help cover these costs.

In 2017, LSHTM articles were downloaded over half a million times from the repository, and almost two-thirds of the School's

research outputs could be made openly accessible with no charge to individuals around the world. In fact, there were only one or two countries from which there were no downloads. Studies have suggested that open access articles are not only used by researchers, but also by patients and their advocates, doctors, students at various levels of study, policy makers, journalists, entrepreneurs and small businesses. With traditional publishing, these people would not have access to the School's research findings. Academics at the School also benefit directly, with more readers accessing their work, leading to more citations and increased "real world" impact.



## BBC experiment co-developed by LSHTM generates 'dream' dataset for flu researchers

Hannah Fry holding a smartphone displaying the BBC Pandemic App.  
© 360 Productions

**A nationwide experiment that simulated the spread of a highly infectious disease has generated vital new information which will help pandemic researchers prepare for potential global outbreaks.**

Involving scientists from LSHTM and the University of Cambridge, *Contagion! The BBC Four Pandemic* used smartphone data to reveal how nearly 30,000 people moved about in the UK and interacted with others.

Flu outbreaks occur every year but in the last 100 years, there have been four pandemics, including the particularly deadly Spanish Influenza outbreak which hit in 1918, killing up to 100 million people worldwide. Nearly a century later, a catastrophic flu pandemic still tops the UK Government's Risk Register of threats to this country.

Key to the Government's response plan are mathematical models which simulate how

a highly contagious disease may spread. These models help to decide how best to direct NHS resources, like vaccines, antivirals and protective clothing – but the models are only as good as the data that goes into them.

To improve the available data before the next pandemic strikes, the BBC teamed up with LSHTM and Cambridge to create a smart phone app. The app anonymously tracks approximate movements and records contacts of volunteers who download it, creating the biggest dataset of movement and contact details for UK pandemic research ever collected.

Dr Adam Kucharski, Assistant Professor in Mathematical Modelling at LSHTM, who helped design the study, said: "The results of the BBC Pandemic experiment have been astonishing. We set the BBC the challenge of getting 10,000 people around

the country to download the app, but the number of downloads have exceeded expectations".

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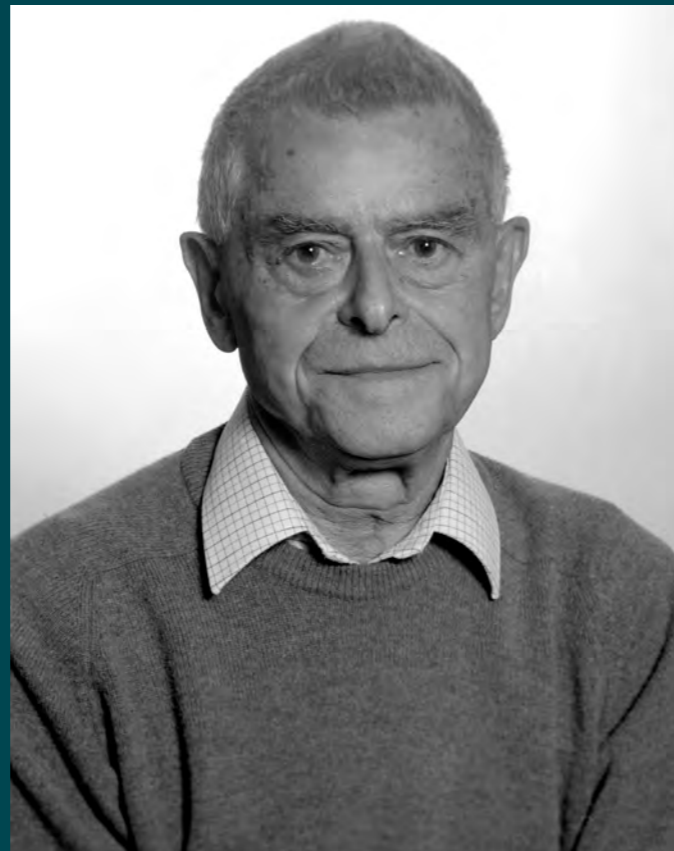
Usually we can only dream of having access to such high resolution information. It means we can look in far more detail at how a flu pandemic might spread through the UK, and what the impact could be.

”

Dr Adam Kucharski



# Alumni in the Archives



Jerry Morris

Did you know that the LSHTM Archives holds the papers of many alumni? Here, we have highlighted two distinguished alumni:

## Jerry Morris (1910-2009):

Former public health student and LSHTM Professor, Jerry Morris was an epidemiologist, best known for his work in establishing the role that physical activity has on cardiovascular disease, culminating in the 1953 publication of his paper, 'Coronary heart-disease and physical activity of work'. He was also the Director of the Medical Research Council's (MRC) Social Medicine Unit, which explored the promotion of occupational

exercise and later leisure time activity. However, he was best known at the School for founding the MSc in Community Medicine and his role in the formation of the Faculty of Community Medicine now known as Public Health.

Jerry Morris was a respected member of LSHTM, working at the School until his death aged 99 in 2009. The Archives team are currently cataloguing his collection that contain his correspondence, publications and papers relating to his work in the MRC.

## Geoffrey Carpenter (1882-1953):

Geoffrey Hale Carpenter was an entomologist who studied at what was then the London School of Tropical Medicine in 1910. Awarded an M.B.E in 1918, he worked as the Specialist Officer in charge of sleeping sickness research in Uganda during the 1920s. His collection held at the Archives consists of one green diary dating from 1913 to 1930, co-written by Geoffrey and his wife Amy; it documents the life of a 'colonial couple', and looks into Amy's management of their itinerant household and social world but also into how she worked (in an unpaid capacity) with her husband on safari and at the Ugandan hospital where he was based. On his return to England, Carpenter built a house in Oxford that housed the Hope Department of Entomology where he occupied the chair of Hope Professor until 1948.

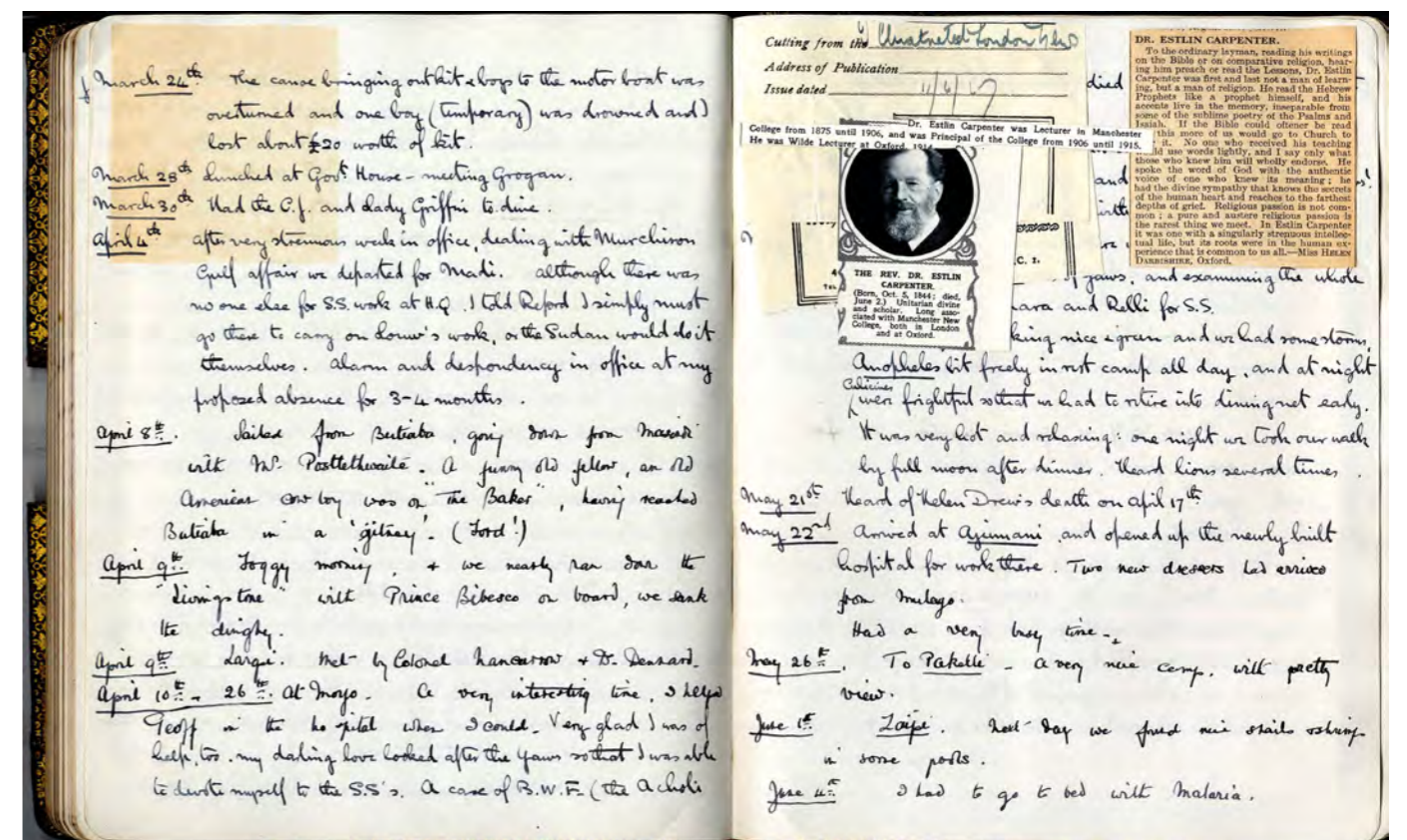
The Carpenter diary provides a unique insight into the daily life of researchers in Africa during the early part of the 20<sup>th</sup> century and the forgotten role of women.

For more information about the archives, visit our web pages <https://www.lshtm.ac.uk/research/library-archives-service/archives>



Amy and Geoffrey Carpenter

The Carpenter Diary





# Empowering Communities through Public Engagement

Engaging the public with our research through genuine dialogue is a powerful way to build trust between researchers and society, empower individuals and communities, make our research increasingly relevant, and have greater impact. In this article we profile exciting and innovative public engagement projects from three doctoral students that were funded through the School's Public Engagement Small Grants Scheme.

## Shoo away enoji (trachoma): Tara Mtuy – Tanzania

Tara, whose PhD is on understanding the Maasai response to mass drug administration for trachoma, engaged with women from local Maasai villages. Following a workshop which provided information on trachoma infection and prevention through interactive activities, the women acted as trachoma control ambassadors within their communities. They used disposable cameras to capture their efforts teaching people about hand and facial cleanliness and mobilising their communities to reduce sites where the flies which spread trachoma live. One of the village leaders shared their learning with a local boarding school headmaster who installed a handwashing station at the school as a result. About the project, Tara said:

“ Knowledge is powerful and is a critical basis for health related behaviour change in the Maasai community. They were very responsive to information coming from their own people (rather than from non-Maasai) and so through the trachoma control ambassadors, we saw three villages welcoming the education and wanting to change behaviours to prevent trachoma.



## Teachers nurturing young minds: Shivani Mathur Gaiha – India

With teachers from 15 schools across Delhi, Shivani engaged in conversations around mental wellbeing of school students. These conversations helped to create a shared understanding of student behaviours and teacher perceptions around mental health. Brainstorming with school authorities and teachers, she developed a whole-school action plan to prevent and manage mental-health-related issues for students. As it was the first time many teachers were talking about students' non-academic

behavioural challenges in a workshop setting, they valued the opportunity to discuss how they could collaborate to improve student mental wellbeing. The use of real-life case studies and discussion with mental health experts was useful to clarify desirable and practical teacher responses. The project supported Shivani, who developed and evaluated an arts-based programme on mental health for undergraduate students in India for her PhD, to understand mental wellbeing in the classroom from the perspective of teachers and work with them to explore their role as informal counsellors.



## Life between water and sand: Elaine Flores – Peru

Elaine engaged with community members in Carapongo, an impoverished district near Lima on the topic of 'what is resilience and how can we increase it?', linked to the immediate and remaining challenges they face following a large El Nino weather event in 2017 which caused flash-floods, landslides and socioeconomic loss. Using PhotoVoice, a method for people to tell their own story through photography, and art therapy, workshop participants shared the lasting impacts of the El Nino event on their lives and discussed how they could work to overcome some of these issues as a community through engaging with one another. Elaine said that:

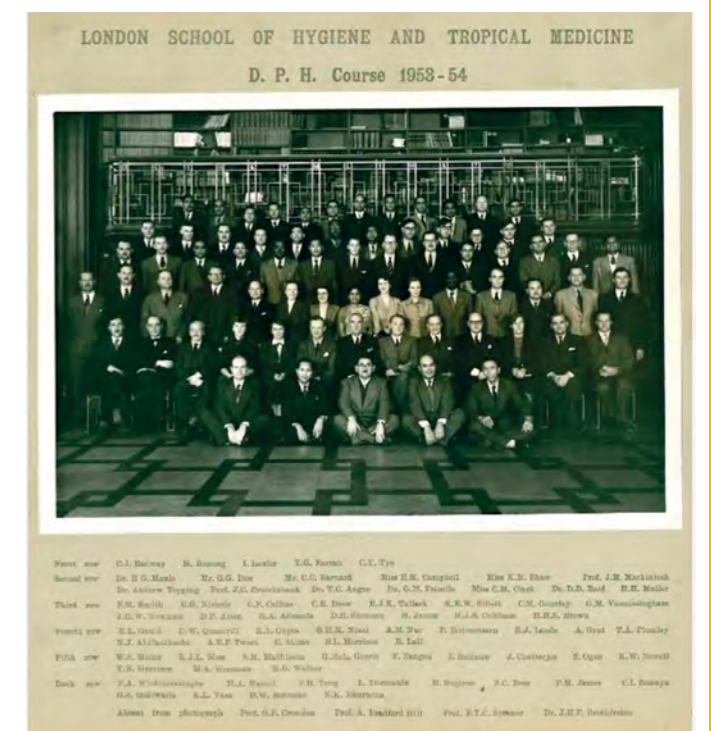
“ The project has helped me to reflect more on the topic of resilience promotion in a post-disaster community... it allowed me to better understand the complexities and challenges of their needs, hopes and ideas that will definitely influence my future research.

” The Public Engagement Small Grants Scheme is jointly funded by the School and the Wellcome Trust Institutional Strategic Support Fund.

# Twort Legacy

The school was honoured and delighted this year to receive a bequest in the Will of the late Dr Antony Twort, who studied for a Diploma in Public Health from 1953 to 1954.

Dr Twort's generous gift to his alma mater will make possible two important developments; firstly, the renovation of a laboratory for the water and sanitation group at the school's Keppel Street building, and secondly, the creation of the Dr Twort African Research Fund, which will support research and African PhD candidates at the LSHTM-MRC Unit in The Gambia (see pages 4-5).



Dr Twort (fourth row, fourth from right) with his class in 1954





Harrison Gwaze (right) explains how to use an HIV self-test kit.  
© Eric Gauss/Unitaid

# HIV Self-Testing Africa Initiative Catalysing Change

and examining direct and indirect costs of obtaining a kit.

Informed by key drivers identified by STAR research, LSHTM is collaborating with Avenir Health to add HIVST as a new intervention within their “Goals” model. This model is used by public health programmers and policy makers to allocate resources to HIV treatment and prevention for maximum impact. The collaboration will help organisations and ministries of health to assess the benefits of HIVST for their target populations.

Evidence generated by STAR has fed into WHO global guidelines on HIVST in 2016, and has been used in developing national-level HIVST policies. By helping manufacturers to understand the demand for HIVST and the usability of HIVST among rural populations, STAR has helped them improve their products and expand the types of HIVST offered. Building the HIVST evidence base also encourages market entry among potential manufacturers, with competition from this expected to improve the affordability of self-test kits in high burden countries.

For Phase 2, from August 2017, the STAR Initiative expanded distribution and research activities to South Africa, Lesotho and Swaziland, to continue producing crucial evidence to catalyse change.

You can follow our research, including accessing protocols, abstracts and publications, at [hivstar.lshtm.ac.uk](http://hivstar.lshtm.ac.uk) and via Twitter: [@HIVSTAR\\_LSHTM](https://twitter.com/HIVSTAR_LSHTM).

Dr Euphemia Sibanda, an LSHTM alumnus, presenting STAR findings at CROI

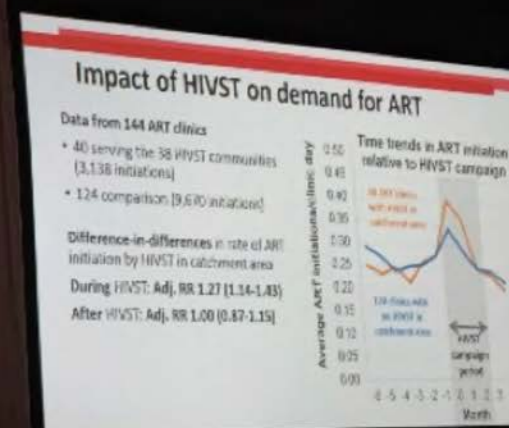
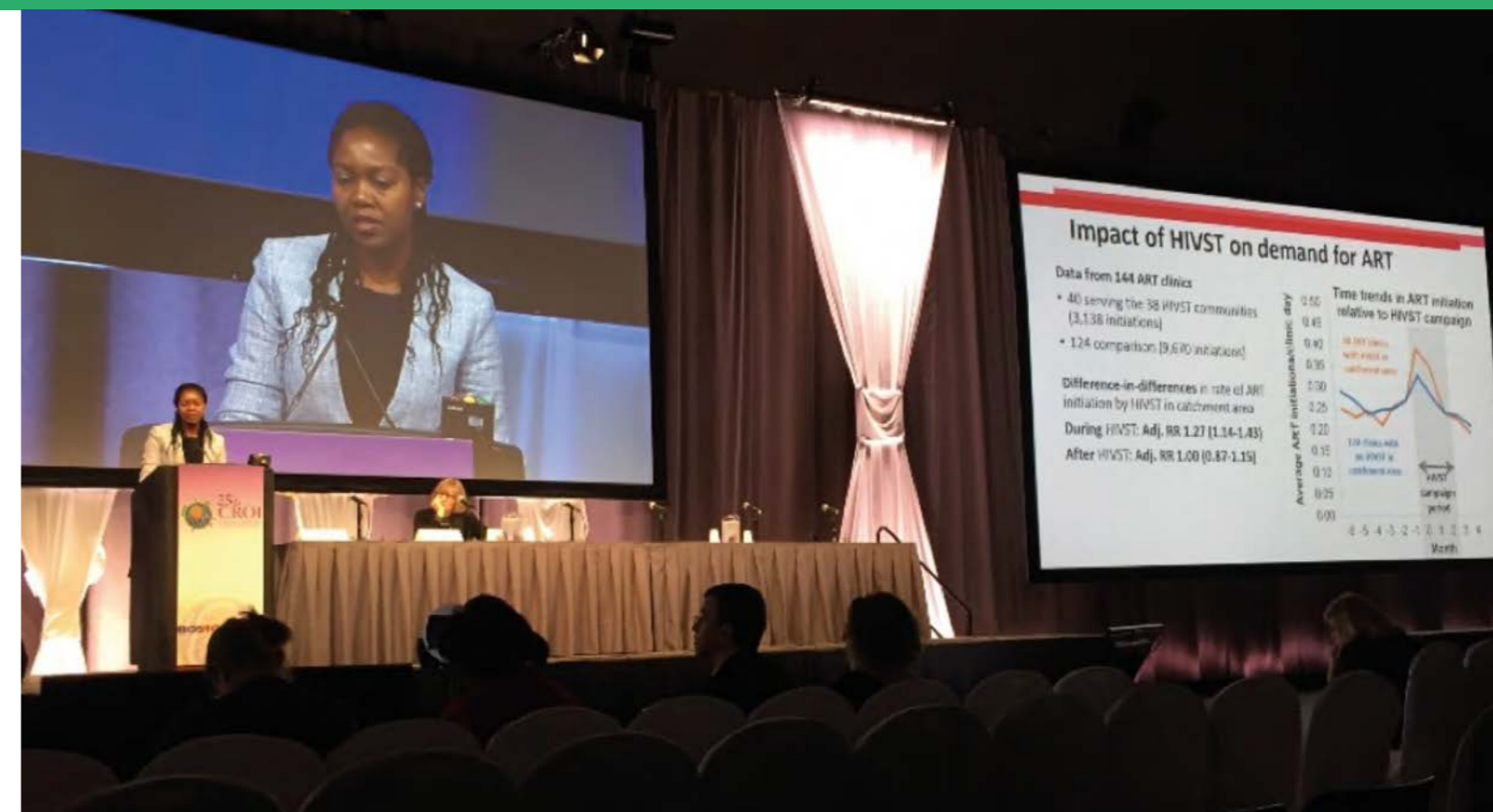
HIV self-testing (HIVST) can play a vital role in increasing the proportion of people living with HIV who know their HIV status. However, HIVST remains uncommon in Africa, and until a few years ago there was little evidence to inform policy decisions to change this. That is, until findings from research in Malawi by LSHTM’s Professor Liz Corbett helped to spark the interest of Unitaid to fund the HIV Self-Testing Africa (STAR) Initiative, the largest evaluation of HIVST in Africa to date.

STAR implementation is led by Population Services International, who for Phase 1 (2015-17) distributed 635,000 self-test kits in communities, workplaces, and health centres in Malawi, Zambia, and Zimbabwe. 4.8 million kits are scheduled for project use by 2020. LSHTM, under Liz Corbett, leads the research consortium, generating evidence on broader health benefits such as demand for antiretroviral therapy and HIV prevention services, as well as the safety, acceptability, feasibility and cost-effectiveness of HIVST.

Results of a cluster-randomised trial of interventions in Zimbabwe to help clients

who used self-testing kits to link to further care were presented at the Conference on Retroviruses and Opportunistic Infections (CROI) in March 2018. Results of evaluations of the effectiveness of HIVST distribution in increasing HIV testing coverage were presented in July 2018.

STAR’s economists are building a picture of societal costs of HIV testing and effects of HIVST on these, to understand how cost effective and sustainable the scale up of various HIVST distribution models would be. This has involved assessment, by discrete choice experiments, of users’ preferences for how to access HIVST kits,







Seattle Chapter Happy Hour



Basel Student & Alumni Networking Event



Amsterdam Chapter Event



Kuala Lumpur Chapter Afternoon Tea



Edinburgh Alumni Reception

# Alumni chapters



Atlanta Student & Alumni Networking Event



Washington DC Chapter Drinks



Lisbon Alumni Meet Up



Geneva Alumni Reception



Freetown Alumni Reception



Bern Alumni Meet Up



Jakarta Alumni Reception



Dhaka Chapter Event



Nairobi Chapter Event



Harare Alumni Lunch



Berlin Student & Alumni Networking Event



Vienna Alumni Gathering



Toronto Student & Alumni Networking Event



NYC Chapter Meet Up



Vientiane Chapter Dinner



Rome Alumni Drinks



Hong Kong Student & Alumni Networking Event



Ottawa Meet and Greet



Montreal Student & Alumni Networking Event



Melbourne Alumni Meet Up



Professor Darbyshire received the medal from the Rt Hon Lord Henley, Parliamentary Under-Secretary at the Department for Business, Energy & Industrial Strategy. Courtesy of the Medical Research Council.



“Success depends not just on stable financial support but also on the ability to recruit, train and retain staff across a range of key disciplines to build the expertise and experience to take on even “high risk” studies.”

# Janet Darbyshire

## interview

**Professor Janet Darbyshire worked in medicine and then clinical trial based research from the early 1970's. Playing an instrumental role in the development of HIV treatment, she's worked on and coordinated many clinical trial programmes in the UK and Africa. In 2018 her achievements were celebrated at a ceremony held within the Houses of Parliament when Janet became the first woman to win the prestigious MRC Millennium Medal.**

Reflecting on her award, Janet says: “To improve the survival of individuals with many chronic diseases such as TB, cancer and HIV infection requires the ability to plan and undertake a programme of clinical trials, often with long term follow up. Success depends not just on stable financial support but also on the ability to recruit, train and retain staff across a range of key disciplines to build the expertise and experience to take on even “high risk” studies. A trial with a negative result may be very disappointing but key to avoiding the use of ineffective treatments with potentially serious side effects and major cost implications. Even with effective therapies, the advances within each trial may be modest but incremental improvements may eventually lead to major advances.

In 1974, from a training in respiratory medicine at the Royal Brompton Hospital, I joined the MRC TB and Chest Diseases Unit. TB was a major public health problem and this was an exciting time with the introduction of a new drug rifampicin and realisation of the importance of its combination with pyrazinamide, an old drug. A carefully planned series of trials across a large international collaboration led to a major advance such that the duration of treatment was dramatically reduced from 2 years to only 6 months by optimising the combinations of drugs. This was important for resource rich countries but even more important for resource poor countries. Very early on in my MRC career I learned the value of team science, as it is called today, involving clinical, laboratory and social scientists, statisticians, project managers and IT specialists.

The closure of the Unit in 1986 came at a time when TB was on the decline throughout the world, primarily due to the short course treatment trialled by the MRC. Sadly this decline was rapidly halted in many countries by the HIV/AIDS epidemic. As the first drugs to treat HIV infection became available, there was a need for the expertise and experience which I and others had acquired in the TB and Chest Diseases Unit. This led to a logical

move into a very different world with even greater challenges, not least due to the stigma associated with a primarily sexually transmitted disease, with a very high death rate in the early years of the epidemic. Our experience in TB was invaluable, but the inevitable development of antimicrobial resistance when a single drug was given alone in a chronic infectious disease as established in TB was about to be demonstrated again!

The first MRC trial of HIV treatment was a collaboration with the French with the very appropriate name of Concorde. Disappointingly, it showed that the clinical benefit from AZT, the first drug shown to be effective in patients with AIDS, was not sustained due to the emergence of drug resistance. Close collaboration with the pharmaceutical companies was key to the rapid development of combination therapies and further improvements with newer drugs mean that individuals with HIV infection can now live a nearly normal life span if they can and do take the treatment for life.

I was particularly pleased when the cost of HIV drugs was sufficiently reduced that trials could be extended to Africa. The DART trial in Uganda and Zimbabwe was set up through a new international

collaboration, to evaluate the role of laboratory monitoring, a major part of the cost of treating HIV infection. DART provided evidence that treatment for HIV could be delivered safely and successfully without routine laboratory tests making access to treatment simpler in resource poor countries. In spite of the advances in therapy, the suppression of the immune system, which is the key feature of HIV infection, has led not only to an increase in the numbers of cases of TB worldwide but more importantly in the proportion with multi-drug resistance with very high mortality.

The move to HIV infection also brought the opportunity to work with the very articulate and well informed AIDS patient community – my first introduction to the great value but also the challenges of patient and public involvement in research. This was first established in HIV and cancer but is now embedded across nearly all areas of clinical research. It has been a great pleasure to have worked with many of the trail blazers.

The decision to establish an MRC Clinical Trials Unit in 1998 by combining the MRC groups working on HIV and cancer brought together a critical mass of expertise and experience. It also increased our ability

to identify and nurture new talent from a wide range of disciplines. Close collaboration between clinicians and statisticians is the basis of clinical trials and I have been very lucky to work with some of if not the best statisticians. I am delighted that the Unit has continued and expanded since my retirement.

The success of clinical trials depends on clinicians being willing and able to recruit patients. Over my career this became increasingly difficult in the busy NHS setting in spite of funds theoretically provided to support research. There is no doubt that the establishment of the National Cancer Research Network in 2001, thanks to many people's efforts, had a major impact with a trebling of the proportion of cancer patients recruited to trials in the first five years. The Clinical Research Networks in the UK now cover all disease areas and are the envy of clinical trialists worldwide.

The increased regulatory burden imposed on clinical trials in recent years has undoubtedly led to higher costs without necessarily improving the quality of trials. No one would question the importance of protecting patients and ensuring the quality of the data. However, it has required close collaboration between clinical

trialists and many other organisations including regulatory authorities to develop a risk proportionate approach to minimise the impact. We have been very lucky in the UK to have a supportive regulatory authority.

Today there are effective treatments for many diseases so new drugs are compared with the old ones rather than with no treatment, or placebo. This means that the differences are likely to be smaller and so the trials need to be larger.”

I asked Janet what advice she has for students and young alumni. “Stick at it – don't give up!” she says, describing one of her strongest traits as persistence.

“I've enjoyed nearly every minute of my career” she says “and could not have done it without the support of my husband and family and everyone at the MRC TCU.”



# Improving the Health of Women, Children and Adolescents – Free online course

An important focus for the Centre for Maternal, Adolescent, Reproductive & Child Health (MARCH) is to increase the quality and reach of public health education relevant to women's and children's health. LSHTM runs a free Massive Open Online Course (MOOC) 'Improving the Health of Women, Children and Adolescents: from Evidence to Action' in partnership with FutureLearn.

The course runs over six weeks, exploring the lifecycle including: adolescent, reproductive, maternal, newborn and child health and concludes by reflecting on the

importance of lifecycle construct for women, children, and adolescents in the context of the Sustainable Development Goals.

The content was created by over forty MARCH Centre members working in a range of disciplines, including epidemiology, demography, anthropology, medicine and public health. Since its first run in Sept 2015, the course has had over 26,000 participants from more than 130 countries.

<https://www.futurelearn.com/courses/women-children-health>

A student studying in the LSHTM Library at Keppel Street



## LSHTM awards Honorary Fellowships to three women leaders in global health

LSHTM Honorary Fellows: Professor Hemingway, Dr Moeti and Dr Kanem

LSHTM has awarded its most prestigious honour to three outstanding global health leaders. The Honorary Fellowship is conferred triennially on those persons who have rendered exceptional service to our School or have attained exceptional distinction in any of the subjects taught at LSHTM.

The 2018 Honorary Fellows are Dr Matshidiso Moeti, Dr Natalia Kanem and Professor Janet Hemingway.

Dr Matshidiso Moeti from Botswana is an LSHTM alumnus and the first woman to be appointed as WHO Regional Director for Africa. She aims to build a responsive, effective and result-driven regional secretariat that can advance efforts towards universal health coverage and accelerate progress toward global development goals, while tackling emerging threats.

Dr Moeti is a public health veteran, with more than 35 years of national and international experience. She joined the WHO Regional Office for Africa in 1999 and has held several senior positions

in the Organization, including Deputy Regional Director, Assistant Regional Director, Director of Noncommunicable Diseases, WHO Representative to Malawi, and Coordinator of the Inter-Country Support Team for Eastern and Southern Africa. Prior to joining WHO, Dr Moeti worked with UNAIDS, UNICEF and with Botswana's Ministry of Health.

Prof Janet Hemingway initially trained as a geneticist and is currently Professor of Insect Molecular Biology and Director of the Liverpool School of Tropical Medicine, with 450 staff based in Liverpool, Malawi and several other tropical locations. She has 38 years' experience working on the biochemistry and molecular biology of specific enzyme systems associated with xenobiotic resistance. She has been Principal Investigator on projects well in excess of £60 million including the Bill and Melinda Gates Foundation funded Innovative Vector Control Consortium.

Prof Hemmingway's scientific achievements have been recognised in many ways. These include being named a Commander of the

British Empire for services to the Control of Tropical Disease Vectors in 2012, and being inaugurated as a Fellow of the Academy of Medical Sciences in 2008, the Royal College of Physicians in 2009, and the Royal Society in 2011.

Dr Natalia Kanem was appointed as Executive Director of the United Nations Population Fund (UNFPA) in October 2017, bringing more than 30 years' experience to the role. While serving as a Ford Foundation Officer from 1992 to 2005, she helped pioneer work in women's reproductive health and sexuality, in particular through her position as the representative for West Africa. She then served at the Foundation headquarters, becoming Deputy Vice-President for its worldwide peace and social justice programmes in Africa, Asia, Eastern Europe, Latin America and North America.

From 2014 to 2016, Dr Kanem served as UNFPA Representative in the United Republic of Tanzania. In July 2016, she was named Deputy Executive Director of UNFPA in charge of programmes.





Programme participants (pictured together, below left) took part in a Perspective Challenge and enjoyed a talk from Dame Sally Davies



# Leading from the front: The Executive Programme for Global Health Leadership

September 2017 saw the launch of an innovative and exciting programme at LSHTM; the Executive Programme for Global Health Leadership. A departure from the 'traditional' Master's and research degrees currently offered by the School, this programme is a unique blend of personal leadership skills development framed within the challenging, dynamic, cross-institutional contexts faced by leaders in global health.

Set up to address the lack of strategic leadership courses within health, this 10 month programme is aimed at emerging, as well as established, health leaders. It offers them the opportunity to enhance their skills in negotiation, their capability to influence and empower others, to improve their confidence and ability to work towards a strategic vision as well as skills in powerful communication, particularly in cross-sector contexts.

Fourteen Fellows representing six continents joined the first cohort, attending three, week-long residential components in London, Geneva and Cape Town. As well as "practice-oriented", case study led workshops, each residential phase offered exceptional access to high-level leaders who shared their insights on the challenges of leading global health initiatives, which were "frank and insightful". These high-profile leaders included Dame Sally Davies, Chief Medical Officer for England, Seth Berkley, CEO at GAVI, the Vaccine Alliance and Peter Graaff, Director of the

Global Initiatives for the Health Emergency Programme at WHO. These conversations with high-level leaders proved to be "a highlight of the programme" for Fellows.

The design of the course, blending short residential phases with two inter-residential phases, means that Fellows are able to immediately apply their learning to their roles and organisations. This implementation of learning is supported by personalised, one-to-one executive coaching sessions offered throughout the programme, providing a focused space for reflection about leadership resilience and practice to enhance performance. As well as coaching, Fellows have access to both an LSHTM health-topic expert faculty member and distance learning modules of their choice. These resources are aimed at supporting evidence-based policy as well as strengthening technical knowledge.

Working within the global health sphere, it is essential to be able to work successfully across cultural and organisational

boundaries. Therefore having the opportunity to network with like-minded individuals and "to hear about the rest of the cohort's experiences of tackling projects" was recognised as one of the "most valuable aspects of the course". Fellows also had the opportunity to meet with other LSHTM alumni at a networking event in Geneva.

Creating a Fellowship of like-minded individuals through this innovative leadership programme is enabling LSHTM to both develop and support the future of global health leaders who are the key to keeping us, and future generations, healthy and secure.

If you are interested in finding out more about how this programme could support you or your colleagues, the Executive Programme team would be delighted to hear from you.

W: [www.lshtm.ac.uk/executive-programmes](http://www.lshtm.ac.uk/executive-programmes)  
E: [executive-programmes@lshtm.ac.uk](mailto:executive-programmes@lshtm.ac.uk)



# Alumni Profile: Linda Paulo



Tingatinga Primary school pupils and Linda during community outreach

LSHTM Scholarship recipient Linda Paulo was born in Tingatinga, a Tanzanian village that is largely populated by cattle and members of the culture-keeping Maasai tribe. Linda completed primary school and continued with secondary education while most girls in her class were forced to marry.

At 16 she began studying medicine, motivated by the loss of a primary school friend during childbirth, a tragic event that made her determined to save the lives of pregnant mothers in her community.

She was also motivated by a terrible drought she witnessed where people lost their cattle and children suffered from kwashiorkor, a form of severe protein malnutrition.

After graduation, Linda worked at a local hospital where she treated many children from the surrounding Maasai communities who were suffering from malnutrition, especially in drought seasons. They came from places Linda knew personally and she was convinced that something had

to be done at a community level to improve the lives of these children and women.

Linda plans to use her knowledge to mobilise community participation in activities to prevent malnutrition among children and women in Tanzania. She hopes the knowledge she gained from her time at LSHTM will help her to enable her country to take bold actions to improve the nutrition and health of the most vulnerable populations and the entire nation.

“

My education journey has been largely supported by people who I have never met in person but I hope that we will get the opportunity to meet at some point.

I co-founded a community-based organisation called Education Village, to motivate parents to care more about feeding their children and to advocate for girls' education.

”

“

However, I realised that I was not knowledgeable enough to make meaningful changes without further training in nutrition. I applied for the MSc Nutrition for Global Health at LSHTM and am very happy that with alumni support I was able to pursue this degree.

”



Global Mental Health Jamboree

# Alumni events



Atlanta BioTech Brits Luncheon



AIDS Alumni Event



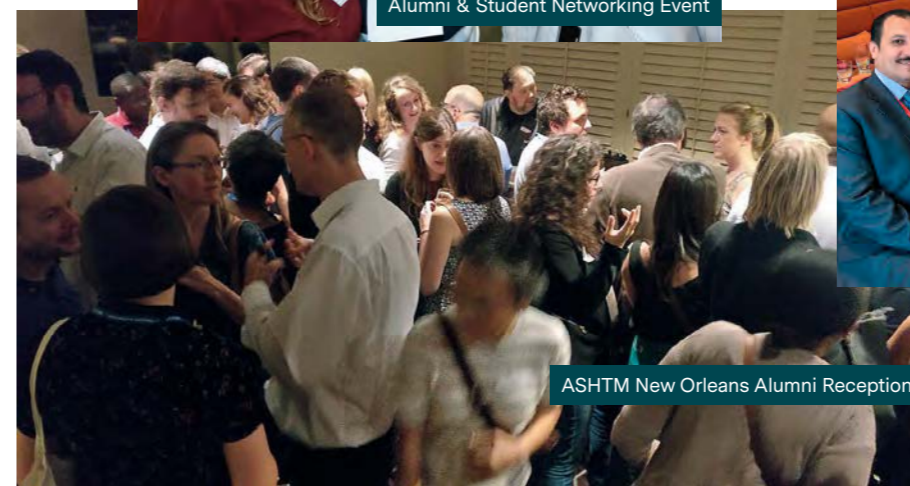
Global Symposium on Health Systems, Liverpool



Alumni & Student Networking Event



Distance Learning Reception



ASHTM New Orleans Alumni Reception



Infectious Diseases Alumni Reception





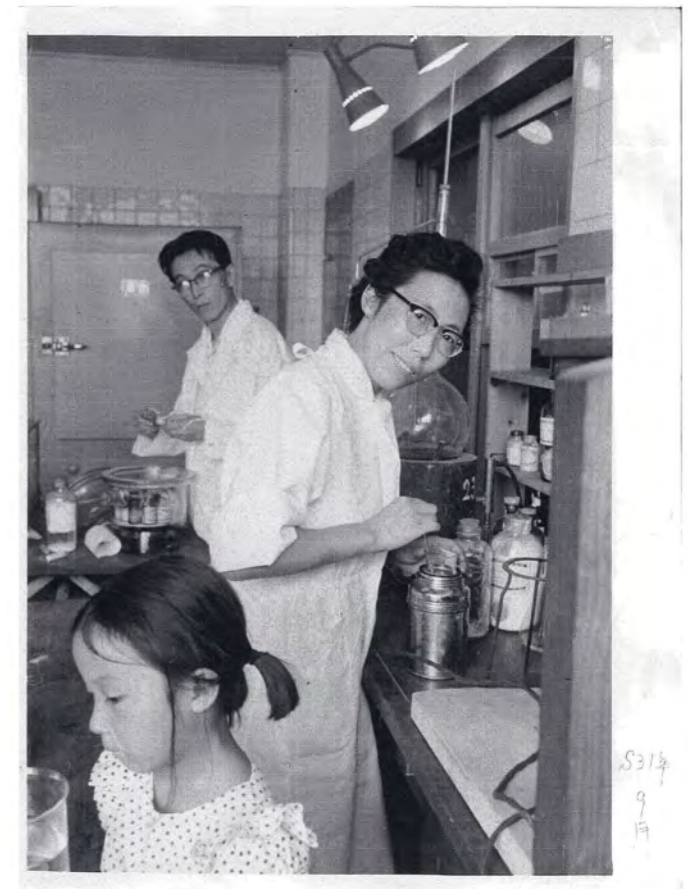
Mother and baby

# The WOMAN trial – making impact on a global scale to save mothers’ lives



WOMAN Trial Team Members

Utako Okamoto at work in the laboratory with her husband and daughter.  
© The Okamoto Family



**Severe bleeding after childbirth, or postpartum haemorrhage (PPH), is the leading cause of maternal death worldwide. Around 100,000 women die each year from the condition, almost all of them in low and middle-income countries, causing devastation for babies, their families and communities. PPH can also lead to hysterectomy and severe anaemia.**

The WOMAN trial was a global collaboration of medical professionals, volunteers, hospitals, women and their families coordinated by LSHTM to test if a simple treatment already found to reduce death due to bleeding from trauma (CRASH-2) could also save the lives of women after childbirth. Between 2010 and 2016, 20,060 mothers from 193 hospitals in 21 countries, mainly in Africa and Asia, but also the UK and elsewhere, took part in the randomised trial.

The researchers published the findings from the WOMAN trial in *The Lancet*. This showed that an inexpensive drug called tranexamic acid reduced deaths due to bleeding after childbirth by one third when given within three hours. There was also a substantial reduction in the need for surgery to control bleeding.

Tranexamic acid is a drug known as an “anti-fibrinolytic” which reduces bleeding by preventing blood clots from breaking down. Invented by a Japanese husband and wife team in the 1960s, it has been licensed for use for many years to treat heavy menstrual bleeding and for dental extraction in people with bleeding disorders. However, its potential for treating life-threatening bleeding had been overlooked until the CRASH-2 and WOMAN clinical trials studied the effects on a large-scale.

## How the findings can help women

Publication of the results was just the start for the WOMAN trial team. To make sure women at risk of death on the day they give birth can access this potentially life-saving treatment the researchers knew they needed to empower medics and policymakers with the facts about tranexamic acid and the ability to administer it quickly.

In countries such as Nigeria and Pakistan, which have a high burden of maternal death due to PPH, the WOMAN trial made an immediate impact. Professor Isaac Adewole, the Honourable Minister of Health in Nigeria, approved the recommendation of the use of tranexamic acid as an emergency drug in the treatment of postpartum haemorrhage in hospitals; and that it should be made available at all times

in delivery rooms. Meanwhile, in Pakistan, tranexamic acid was rapidly included as an essential drug for postpartum treatment.

Crucially for impact on a global scale, less than six months after the WOMAN trial results were published, the World Health Organization (WHO) updated its recommendations on the use of tranexamic acid for treatment of PPH. The previous 2012 guidelines recommended use of tranexamic acid if other treatment fails. It now strongly recommends early use of intravenous tranexamic acid (within three hours) in addition to standard care for women with clinically-diagnosed PPH following vaginal birth or caesarean section. WHO also highlighted the need for all health systems, regardless of their level of resources, to recognise that tranexamic acid is a life-saving intervention that should be made readily available for

PPH management wherever emergency obstetric care is provided.

## What’s next?

The team continues to focus on impact in a number of ways including further research such as a study into alternative methods of administering tranexamic acid to help make the treatment accessible to women giving birth outside of equipped health facilities.

Haleema Shakur-Still, Associate Professor of Clinical Trials at the London School of Hygiene & Tropical Medicine and Project Director on the WOMAN Trial, said: “We continue to advocate for tranexamic acid to be provided and used as a frontline treatment and work closely with our collaborators and colleagues in key countries where PPH is a major issue to

spread the message that tranexamic acid works and women’s lives can be saved with fast treatment.

“We will not stop asking the question of policymakers to make sure they have informed all doctors about the benefits of tranexamic acid, made sure it is available in every hospital and clinic and ensured policies are in place to support the implementation of the results.

*Thank you to our funders the UK Department of Health, the Wellcome Trust and the Bill & Melinda Gates Foundation, to everyone involved in the trial and to every woman and family who helped us gather the evidence to save lives around the world. [womantrial.lshtm.ac.uk](http://womantrial.lshtm.ac.uk)*



# Profile: Koushiki Banerjee

**Jeroen Ensink was a Senior Lecturer in Public Health Engineering and a Course Director for the MSc Public Health for Development between 2009 and 2015. He was passionately 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.**

Following his death on 29 December 2015, the LSHTM established a Memorial Fund in his name to support students from sub-Saharan Africa and South Asia who are committed to improving public health in developing countries and wish to undertake the MSc Public Health for Development course.

In 2017 Koushiki Banerjee became the inaugural recipient of the Jeroen Ensink Memorial Fund.

"I began working with organisations on public health issues from 2013, and prior to my studies my role was to develop the Water, Sanitation and Hygiene (WASH) policy for the tribal Children of Maharashtra in India. I was part of the UNICEF, Maharashtra team, and from 2015 onwards I led the WASH project, developing an end-to-end programme policy for the Tribal Development Department, Government of Maharashtra and worked closely with the Commissioner.

"I had wanted to study a Master's in Public Health for a long time and I knew that if I ever had the opportunity to pursue an MSc that it had to be at LSHTM because the majority of studies I referred to in my work came from there. The ethos of the institution was something that completely aligned with my work. And when the time came, I only applied to LSHTM and somehow everything just fell into place."

When I received the offer from LSHTM, I was incredibly happy. But I quickly realised that I could not find the required funds to pay the tuition fees, or the cost

of living in London. In my heart, I felt a desperation that I cannot explain. I applied for the Jeroen Ensink Memorial Scholarship but I felt that it would be a miracle to be selected from the hundreds of other applicants. When I received the reply to my application at first I thought it was a rejection, but when I read the word congratulations, I couldn't breathe for a second. I quickly read the letter and was screaming for joy. I sent the email straight away to my husband to confirm, as I couldn't believe my eyes. I felt pure joy that day.

"It was one of those rare moments you realise your life has changed, and for good. I am grateful to LSHTM for awarding me the Scholarship because I am dedicated to making changes in WASH policy of India and I will be doing it the best way possible because I have spent this year learning from the finest."

On my first day I felt nervous, happy, a certain sense of pride all at the same time. My heart skipped a beat when I entered the revolving doors with the bronze nameplate reading London School of Hygiene & Tropical Medicine. A distant dream for many people became reality for me. The international students were welcomed in the John Snow lecture theatre and from that moment I completely felt at home. It was very well organised and

gave us space to match the rhythm of the School. To begin with I was overwhelmed, partly because I had been out of academia for seven years. It was a difficult time to take on the challenge of studies, try to maintain a social life, and deal with the distance from my family. But it was during this time that I found support in my MSc Public Health for Development friends.

In my second term Krystyna Makowiecka, my programme director, became my mentor, which has been a wonderful relationship that I will always treasure. She supported me, scolded me and helped me reflect on my learning, which is important in a complex learning environment like LSHTM. I am lucky to have her as my mentor and I count all the challenges I faced during this time as opportunities.

My passion lies in developing policy and supporting the implementation of India's Water, Sanitation and Hygiene programme and once I have graduated I hope to work with the Water Supply and Sanitation Department, Government of India, to create large-scale sustainable programmes. It will be an interesting journey to fulfil the sustainable development goals around WASH. In addition to which I'd also want to gain programmatic experience of WASH in any African country. This will create a holistic work experience for creating impactful policy in future."

“  
It was one of those rare  
moments you realise your life  
has changed, and for good.

”





Next year marks LSHTM's 120th Anniversary since our foundation on 2 October 1899 by Sir Patrick Manson at the London Docks. To celebrate this momentous occasion, we will be launching a major campaign around 120 years of health innovation which will celebrate past and current innovation at our School, as well as providing new opportunities to stimulate future innovation at LSHTM among our staff and students.

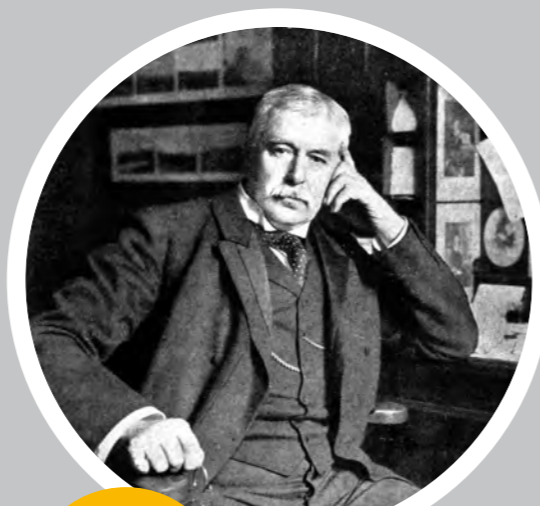
As part of our celebrations, we will also launch a new online timeline to cast light on the school's and our alumni's many incredible contributions to the world over the past 120 years, from making the link between smoking and lung cancer to recent work on an Ebola Vaccine.

If you would like to arrange an Alumni Chapter event for our 120th Anniversary or to make a suggestion for the new timeline, please contact [alumni@lshtm.ac.uk](mailto:alumni@lshtm.ac.uk).



1890

Seamen's Hospital Society branch hospital opens at the Royal Albert Dock, London



1892

Sir Patrick Manson appointed as a physician at the Seamen's Hospital Society Branch Hospital



1897

Sir Ronald Ross discovers the transmission of malaria by mosquitoes



1897

Sir Patrick Manson appointed as medical advisor to the Colonial Office by Joseph Chamberlain



1899

Opening of the London School of Tropical Medicine at the Royal Albert Dock in the East End of London

# 120th Anniversary

## Historical Contributions

- Smoking & lung cancer (Doll & Hill 1950)
- Asbestos & lung cancer (Doll 1955)
- Cardiovascular disease & exercise (Morris 1958)
- No link between autism & MMR vaccine (Smeeth 2004)
- Maternal periconceptional nutrition & offspring epigenome (Prentice 2014)

## Developments in Methodology

- First randomised controlled trial: streptomycin for TB (Hill 1948)
- Sequential clinical trials (Pocock 1975)
- Stepped wedge design (Smith 1987)
- Cluster-randomised trial (Hayes et al, 2000)
- Ring vaccination trial design: Ebola vaccine (Edmunds 2015)



# Message from the Alumni Team

**To our valued LSHTM Alumni: Thank you for staying in touch. Thank you for taking part in alumni events all over the world. Thank you for your support.**

You became a lifelong member of the LSHTM alumni community the moment you graduated. This is a vibrant community of almost 30,000 alumni in wide variety of professions across the globe.

Since 1899 LSHTM has been training the next generation of global leaders to revolutionise health and health equity worldwide. In 2019 the school will celebrate its 120th anniversary. That's 120 years of world-leading research and teaching, and almost 120 years of incredible alumni achievements.

We love hearing about where life has taken you since your time with us. We regularly feature alumni stories on our blog and we know that current and prospective students are eager to hear about what students before them have gone on to do. You can see our latest blog posts at [blogs.lshtm.ac.uk/alumni](https://blogs.lshtm.ac.uk/alumni).

Despite being in over 180 countries, our alumni stay well connected to the School. We have 28 extremely active international chapters, from Sydney to Rome, from Bangladesh to Santiago. Do visit our website to see if there's

a chapter in your area and if not, how about starting one? Our chapters bring local LSHTM communities together for socialising and networking.

And if you are based in London or are passing through, we invite you to visit the School to attend events or give a lunchtime careers talk to our students. These are informal events and are useful to our students whatever stage of your career you are at. For our distance learning alumni, we'd be delighted to give you a tour of the School the next time you're in the area.

There are many other ways that you can continue to network with the alumni community. You can follow us on Facebook, Twitter and LinkedIn and you can connect with LSHTM alumni all over the world via our online community at [alumnionline.lshtm.ac.uk](https://alumnionline.lshtm.ac.uk). Here you can search for friends, update your details, register for events and make donations.

LSHTM alumni have been incredibly generous in the last year, giving over £900,000 in philanthropic gifts. That includes two significant legacy donations. Remembering LSHTM in your Will is a gift to future generations of students and researchers and the communities they will serve. You can choose to support any aspect of LSHTM's work, such as scholarships, life-saving research or even

essential laboratory refurbishment work. Or you can simply choose to support the areas of greatest need – a powerful way to ensure we can fund critical work at short notice.

Many alumni give regularly to the LSHTM Fund. As education gets more expensive, scholarships are the only way to ensure that the best and brightest are able to study at our School. Students travel from across the world to study at LSHTM, sometimes from the most unimaginable situations. And the results can be life changing, not only for the students, but for the communities and countries they go back to. Thanks to alumni, we can award even more scholarships every year. That means that additional students are able to study at LSHTM purely because of the generosity of people like you, whose values align with our School's. And these exceptional students will of course become the LSHTM alumni of the future. If you would like to give back to the School please visit [www.lshtm.ac.uk/supportus](https://www.lshtm.ac.uk/supportus).

So all that is left to say is that we wish you a wonderful 2019 and we look forward to hearing about all your remarkable achievements over the next year.

Best wishes,

The Development and Alumni Team

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Web: [lshtm.ac.uk/alumni](https://lshtm.ac.uk/alumni)

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The LSHTM Development & Alumni Relations team (left to right): Mary-Alice, Aolife, Edward, Gemma, Paula, Natasha, Jack and Joe

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## Anniversary event to celebrate 20 years of the MSc in Infectious Diseases

Join us for a special event to celebrate **20 years of the Distance Learning MSc in Infectious Diseases**. The programme opened 20 years ago aimed at students who could not afford the time or the money to study in London. Infectious Diseases was the first of the now six distance based masters programmes offered by the School. Since then over a thousand students have registered for the programme and have gone on to make significant contributions to improving healthcare worldwide.

On **Thursday 12th February 2019** we will be celebrating with an afternoon of alumni talks, posters, networking with afternoon tea.

The registration desk will be open from 1.30pm, talks start at 2pm. The pump handle bar will be open from 5pm. The event is free and open to all alumni, staff, students and friends of the programme and will also be live-streamed.

To register for this event please go to <https://alumnionline.lshtm.ac.uk/infectious-diseases-20>

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## Celebrating 50 years of the MSc in Medical Statistics

This academic year marks the **50th anniversary of the London School of Hygiene & Tropical Medicine MSc Medical Statistics**: the first students graduated in 1969 when Peter Armitage was Professor of Medical Statistics. To celebrate we are holding a two-day symposium on the **11-12th April 2019**.

The symposium will include sessions on clinical trials, epidemiology, estimands and various other hot topics in medical statistics, and will conclude with a panel discussion on the state of the profession.

Michael Hughes (Harvard University) will give the Bradford Hill Memorial Lecture on 11 April. Booking this Symposium includes a ticket to this lecture.

Other speakers confirmed so far include: Schadrac Agbla, Deborah Ashby, James Carpenter, Tim Collier, Rhian Daniel, Nick Jewell, Ruth Keogh, Alan Phillips, Stuart Pocock, Linda Sharples, Liam Smeeth, Jonathan Sterne, Jenny Thompson.

Tickets include all refreshments, including a party on Thursday evening featuring live music from the Pumphandle Blues Band. For more information and to book your ticket visit: <https://bit.ly/2DPPrjZp>





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