

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Securing the future of
global health

Lessons from the
COVID-19 pandemic

Decolonising LSHTM

Your memories:
What makes you smile
about our School

Alumni News

#12
2020-21

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Designed by: Studio HQ Ltd.

Cover image: A researcher removes samples from liquid nitrogen. Location: Category III labs, MRC/UUVRI & LSHTM Uganda Research Unit, Entebbe, Uganda.

Message from the Director

2020 has been an historic and indeed a transformative year for the world. It will long be remembered for the tragic consequences of the COVID-19 pandemic, for the renewed fight for social justice and racial equality and as an unprecedented year for scientific progress and collaboration.

I believe that the COVID-19 pandemic is the greatest challenge in peacetime for more than 100 years. It has touched every part of our global community. Never before has our School's mission, research and education been so vital, and I am proud of the way our community has stepped up to the challenge.

Our experts have been at the forefront of national and international efforts, from modelling the spread and impact of the virus, to tracking attitudes and sentiments around vaccines, to revealing the harsh inequalities in society that COVID-19 has exposed. Our COVID-19 free online course (or MOOC), developed rapidly in the early phases of the outbreak, ended up reaching over 208,000 participants around the globe. And I was so proud to see our global alumni networks volunteering to support some of LSHTM's COVID-19 response projects, not to mention the wider efforts of LSHTM alumni who have been leading response efforts in their own institutions and countries around the world.

It was undoubtedly a particularly challenging year for our student body and the graduating classes of 2020 and 2021, who deserve extra recognition for all their hard work and dedication in truly unprecedented circumstances. I warmly welcome the class of 2020 and 2021 to our LSHTM alumni community and we look

forward to providing you with lifelong links to our School.

Aside from the direct impact of COVID-19, we remain resolutely focused on other major health challenges including, of course, the escalating climate crisis and its impact on health. As we prepare for the UN Climate Change Conference of the Parties (COP26), our Centre on Climate Change and Planetary Health will play a key role in continuing to generate evidence-based

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solutions for planetary health whilst also promoting feasible actions to increase our School's sustainability.

We welcomed a new Chair of Council in 2020, Don Robert, who is also the Chair of the London Stock Exchange Group (LSEG). Don Robert brings a wealth of

experience in global business operations, leadership, innovation and governance, that has been of tremendous benefit as we further strengthen our research, teaching, and partnerships around the world. Joining as independent members of Council, we also welcomed Mohamed Osman of Spring Impact and formerly of the Elton John AIDS Foundation; Angela Darlington, CEO of Aviva and Mike Turner of the Wellcome Trust. Mishal Khan, Sunil Sharma and Effua Usuf have also joined as elected members of Council and I am particularly pleased that we now have a Council representative from the MRC Units. My thanks to our outgoing Council members Jon Roper, Ann Grant, Richard White and Alison Grant for their excellent contributions over the years.

This year we have been making important strides in our commitments to equality in our School. It is vital that we continue to examine and act on inequity, both inside and outside of LSHTM. We are grateful to the inputs that we have received from our alumni community over the past year. Our Council and Senior Leadership team are fully committed to delivering meaningful action, some of which is already underway, including but not limited to, the establishment of a new Diversity and Inclusion Committee (a committee of our Council), reviews of our bullying and harassment policy, improving our understanding and teaching of our colonial history and more. I look forward to further engagement with the wider School community as this critical work progresses.

The challenges arising from the pandemic have underscored the importance of community. To our alumni, we thank you for your ongoing support and for continuing to stay connected to LSHTM.



Professor Peter Piot joining a panel discussion at the Women Leaders in Global Health Conference



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

LSHTM in the news

Over the past year, there have been over 133,763 pieces of global media coverage about LSHTM. Around 77% of the coverage focused on COVID-19. Here is a selection of some of the biggest stories.



Deciding when to put extra measures in place is a really difficult decision – Channel 4 News, March 2020

Dr Rosalind Eggo tells Channel 4 News that “deciding when to put extra measures in place is a really difficult decision.”

TIME

Europe is seeing a surge in coronavirus cases. Are tourists the cause of the increase? – TIME magazine, August 2020

Professor Martin McKee said: “Increased travel combined with relaxed restrictions has almost certainly led to a rise in cases... In a tourist resort, where people are coming from many different places, the probability that somebody will be infected is increased.”



THE WALL STREET JOURNAL

Your Next COVID-19 Test Could Be a Dog’s Sniff – The Wall Street Journal, May 2021

As evidence mounts that dogs can be trained to detect COVID-19 infections, some companies and countries are deploying canine testers.

THE STRAITS TIMES

What we do and don’t know about new COVID-19 mutations – Straits Times, January 2021

The emergence in Britain and South Africa of two new variants of Sars-CoV-2, which are potentially far more infectious versions of the virus, has prompted widespread concern. Dr Adam Kucharski explains that a virus that is 50% more contagious would be a “much bigger problem” than one that is 50% more deadly.

Daily Mail

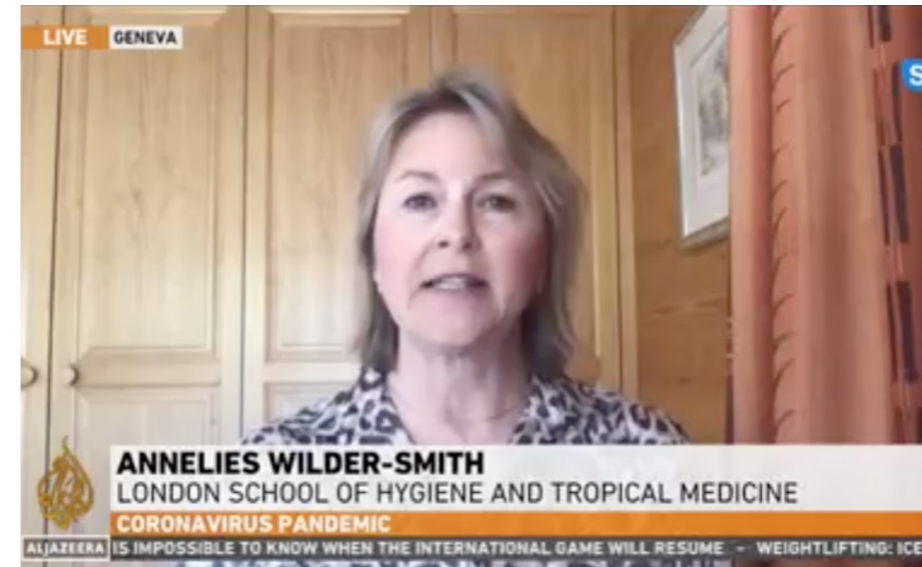
Third of heat deaths linked to global warming, study shows – Daily Mail, June 2021

Over the past 30 years, a third of all deaths where heat played a part, have been blamed on human-induced global warming, according to a new LSHTM study.



The Lancet: Rolling out COVID-19 antigen rapid diagnostic tests: the time is now – BBC News, March 2021

In The Lancet, Professor Rosanna Peeling writes: “A year into the COVID-19 pandemic, many questions remain regarding how testing, combined with other measures – e.g., personal protection, physical distancing, and vaccines – could help curb SARS-CoV-2 transmission.”



New studies suggest that vaccines can protect against some variants and severe COVID cases – New York Times, May 2021

Several new studies released offered encouraging news about the ability of widely used vaccines to protect against severe COVID-19 cases, including illness caused by some dangerous variants. Professor Annelies Wilder-Smith said: “At this point in time, we can confidently say that we can use this [Pfizer] vaccine, even in the presence of circulating variants of concern.”

LBC

COVID deaths in over-80s fall 79% in five weeks, ONS stats show – LBC, March 2021

Professor David Leon said: “What one sees is this very dramatic fall in deaths amongst people over 80, which has been going down much more steeply than it did in the first wave for sure. And the remarkable thing, as far as I’m concerned, is what one sees is that now the number of deaths which are occurring in age 80-plus is actually the same as occurring in age 60 to 79. That’s the first time that has happened at this level of mortality since the beginning, since March 2020.”

BBC NEWS

South Asians in UK at greater risk from COVID – BBC News, May 2021

People from a South Asian background were at even greater risk of infection, hospitalisation and death in the UK’s second wave of COVID than the first, compared with other ethnic groups. Dr Rohini Mathur said: “It’s concerning to see that the disparity widened among South Asian groups. This highlights an urgent need to find effective prevention measures that fit with the needs of the UK’s ethnically diverse population.”



The New York Times

A virus-hunter falls prey to a virus he underestimated – New York Times, July 2020

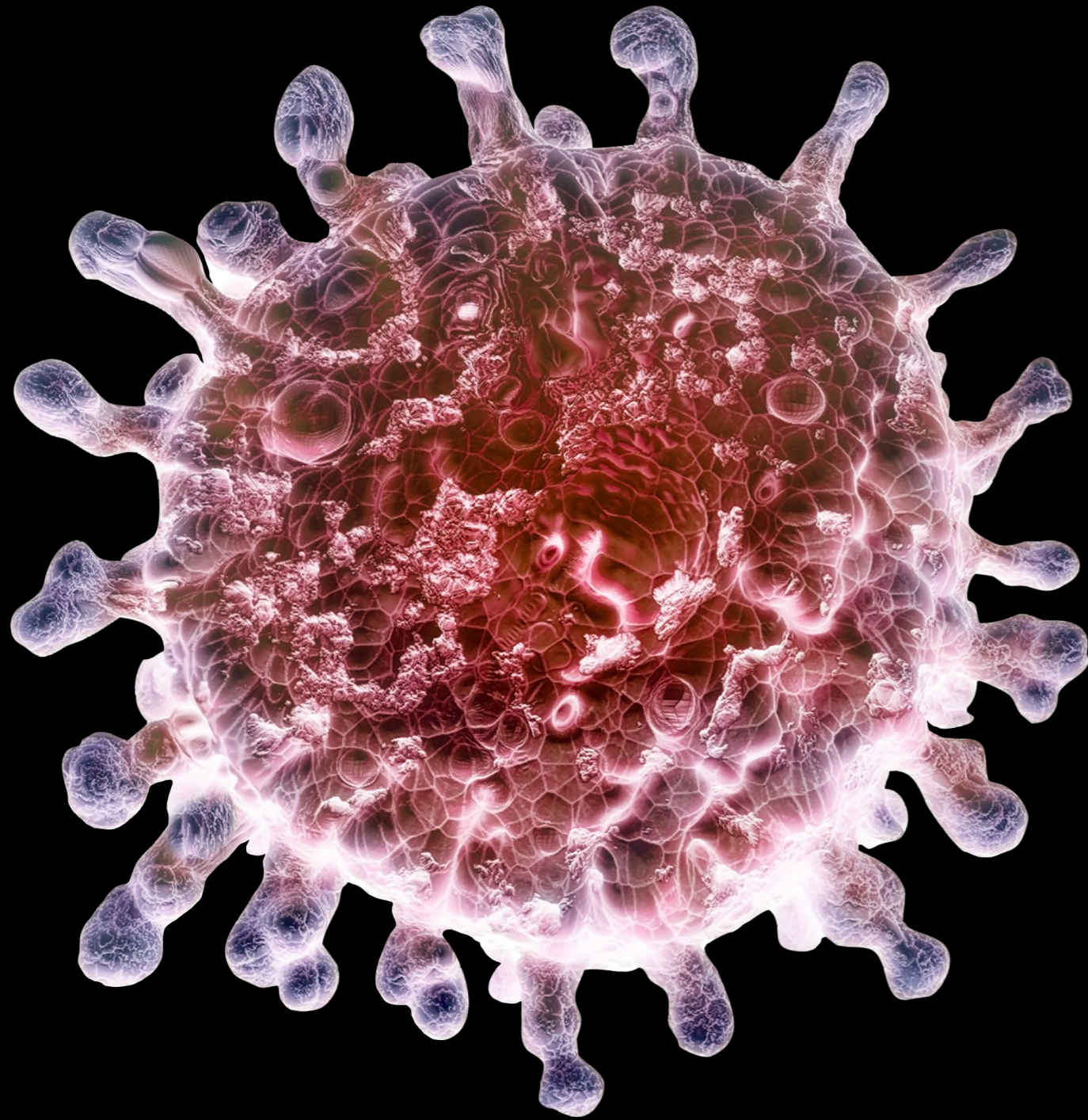
“Professor Peter Piot, 71, one of the giants of Ebola and AIDS research, is still battling a coronavirus infection that hit him “like a bus” in March.”

theguardian

Sharing COVID vaccines is in UK’s best interests, say scientists – The Guardian, February 2021

Professor Beate Kampmann, Director of the Vaccine Centre at LSHTM, said: “Vaccine nationalism is the last thing we need in the context of the pandemic unless we plan to permanently shut up shop and stop anyone from going in and out of their country – this isn’t a world we want to live in.

“For now, the prime aim of our efforts needs to be to prevent severe illness and deaths and protect those who care for particularly vulnerable people – which includes healthcare and social workers – wherever they live. COVAX has set out this strategy very clearly – protect 20% of the most vulnerable populations everywhere – and vaccine nationalism already jeopardises this aim.”



Responding to COVID-19

“I’d been confronted with death, but always from the outside. This, from the inside, was different.” LSHTM Director Professor Peter Piot has spent his career researching deadly infectious diseases, however even he was shocked by the severity of COVID-19 when he became infected earlier this year. This new virus took the world by surprise, and with societies around the world facing unprecedented public health challenges, there’s been an urgent need for scientists to provide solutions. Dr Tedros Adhanom

Ghebreyesus, WHO Director-General (MSc Immunology, 1992), said: “Nelson Mandela said that education is the most powerful weapon which you can use to change the world. That’s what this institution is doing every day; changing the world.”

With a strong track record of responding to emergencies and major outbreaks, LSHTM’s expertise has played a role in the pandemic response worldwide – and our research has only been part of the story. Many clinically

trained staff and students have returned to work in the NHS, the communications team has been working tirelessly to tackle the wave of misinformation about the pandemic, and professors and alumni are advising the UK government and organisations including the World Health Organization and the Africa Centres for Disease Control and Prevention.

The first scientists at LSHTM to begin studying the virus in the earliest days of the

pandemic were those at the Centre for Mathematical Modelling of Infectious Diseases. An initial paper published in January provided one of the first estimates of the reproductive rate (R0) of the virus in Wuhan.

As our modellers were acutely aware, more information was urgently needed to understand the risk the virus posed to the rest of the world. When hundreds became infected aboard the Diamond Princess cruise ship in February, it highlighted how easily the disease could spread. LSHTM scientists estimated that nearly five times as many aboard could have become infected had the ship not imposed strict quarantine measures. Lead researcher Professor Annelise Wilder-Smith forewarned that: “In Europe, we need a change in mindset, and to potentially implement more draconian measures than we’ve probably ever seen in the continent.”

As the virus then reached the UK, the modellers turned their attention to studying the pandemic at home, publishing papers in March and April estimating the critical-care bed capacity, the proportion of cases being reported, the UK R number and the impact of different lockdown measures. This

provided much-needed information to the government at a time of national crisis, with all of their findings publicly available.

As the virus raged in Europe and began to take hold in the Americas, fears were

growing that Africa would become the next COVID-19 hotspot. The continent has crowded cities, large, multi-generational households and people battling existing health conditions. Professor Francesco Checchi, an LSHTM Epidemiologist,

A recent poll indicated that 51% of people had seen fake news about coronavirus on social media, while 64% of voters were now more likely to listen to expert advice from scientists and researchers.

Here are five ways LSHTM has provided accurate information during the pandemic:

1. Live Q&A’s – our YouTube, Twitter and WeChat broadcasts provide the answers to public questions, straight from the experts, reaching an audience of over 12 million.
2. LSHTM Viral – our podcast interviews experts on the science behind the pandemic, with over 172,000 episode streams in 170+ countries.
3. In the news – LSHTM research and expert comment on COVID-19 appeared in more than 130,000 pieces of global media coverage over the last year.
4. COVID-19 books for children – researchers teamed up with leading illustrators and publishers to provide free educational resources for children.
5. COVID-19 education – our free online course brought the latest coronavirus research to over 200,000 participants.

Follow @LSHTM on Twitter, Facebook & Instagram to find out our latest COVID-19 research news.



Drive-through coronavirus testing unit

explained: "This all amounts to a very worrying picture in terms of how the virus can be transmitted in these settings, but also the risk to individuals of developing severe disease. But what is perhaps most concerning is the baseline state of health services in these countries."

LSHTM's MRC Unit The Gambia and the MRC/UVRI & LSHTM Uganda Research Unit were at the forefront of stepping up the response. They offered their labs and expertise to boost national testing capacities which have been critical to local

contact tracing and quarantine efforts. They continue to monitor the spread of the disease in population samples from across Africa and are using machine learning to provide real-time analyses of its evolving biology.

As 'wash your hands' became the new mantra for people around the world, this was easier said than done in low-resource countries, where soap and clean water aren't readily available. Underpinned by behavioural science research, LSHTM experts developed and trialled single-use

soap tabs in Tanzania, aiming to increase handwashing while reducing cross-contamination from bars of soap.

As global supplies of PPE and medical equipment dried up, LSHTM teams in The Gambia began 3D-printing their own protective equipment and ventilators. Dr Babatunde Awokola, who specialises in respiratory medicine, explained: "We recently innovated the printing of face shields. This is one of the tools that are important to ensuring health workers on the frontline are not getting infected."

The dogs learning to sniff out COVID-19



Medical Detection Dog in training room. Credit: MDD/BexArts/Nigel Harper



Medical Detection Dog Storm in training room. Credit: Neil Pollock/MDD

In May, LSHTM launched a clinical trial in partnership with the Medical Detection Dogs and Durham University and funded by the UK Government to find out if dogs could be trained to accurately detect people with COVID-19, even if asymptomatic.

This team previously worked together to demonstrate that dogs can detect odours from humans with malaria with extremely high accuracy.

The first set of dogs could be deployed to key points of entry into the UK to assist with the rapid screening of people travelling from abroad.

Vaccines: A future without COVID-19?

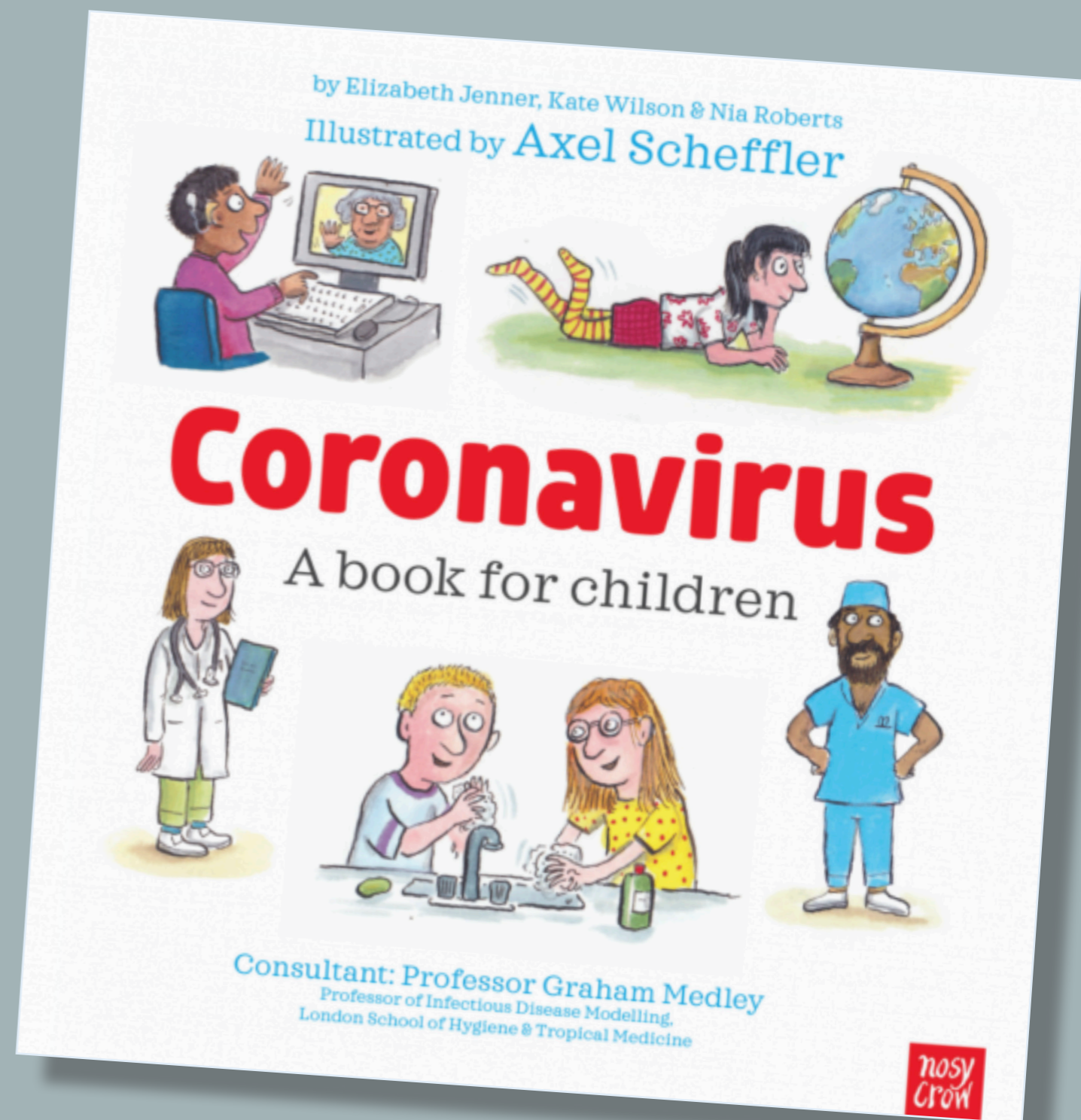
Many scientists agreed that hopes of life returning to normal rested on the discovery of safe and effective vaccines. However, administering COVID-19 vaccines brings its own challenges, including scaling up manufacturing to potentially billions of doses. LSHTM is part of the Vaccines Manufacturing Innovation Centre, which received an additional £131 million in May from the UK government to fast track the building of its permanent facility. It will be able to produce 70 million vaccine doses within 4-6 months once a vaccine is approved.

There are also concerns about the consequences of the disease on existing

immunisation programmes, many of which are on hold due to overstretched healthcare systems. As Professor Beate Kampmann, Director of LSHTM's Vaccine Centre explained: "More people died of measles in the Congo than died of Ebola in the latest outbreak. I'm really concerned that routine vaccination clinics will be downscaled, or that people will be very worried about coming to these clinics... and that might leave a whole generation of children exposed to vaccine-preventable infections." It is vital that existing immunisation programmes are not further deprioritised due to the COVID-19 vaccine, leading to deadly outbreaks of readily preventable diseases.

We need your support

Professor Piot said: "We will need to reverse our thinking about this epidemic: this is going to be about societies living with COVID-19. It could become endemic; it could become part of our human condition." Our work at LSHTM is far from over, and we need your support. You can help us to save lives by donating to our COVID-19 Response Fund.



Supporting children's COVID-19 education

LSHTM teamed up with well-known illustrators and publishers to launch an extensive range of free digital COVID-19 educational resources for children.

2020 brought uncertain times for us all, and juggling working from home with childcare and home school is an issue for many families. This public information campaign aimed to support and educate children and parents on the science behind COVID-19.

Working with illustrator Axel Scheffler, who illustrated The Gruffalo, LSHTM experts have developed two e-books for pre-school and primary school-age children about the novel coronavirus, and the measures taken to control it.

Professor of Infectious Disease Modelling, Graham Medley said: "This pandemic is changing children's lives across the globe and will have a lasting impact on us all. Helping children understand what is going

on is an important step in helping them cope and making them a part of the story. This book puts children in the picture, rather than just watching it happen, and in a way that makes the scary parts easier to cope with."



In conversation with Professor Peter Piot

Professor Peter Piot reflects on his 10 years at LSHTM, in conversation with Director of Development and Alumni Relations Valerie Boulet.

What have been your highlights from your time as Director?

My proudest moment was when I sent an email to all staff in early September 2014 inviting people to work on Ebola in West Africa. More than 400 people volunteered to help. Volunteers came from across LSHTM, not just people who work on epidemics but clinical staff and administrative staff. It showed the ethos of our School. We are not just about publishing papers; we act when there is a crisis.

Another highlight is that over half of our staff are now based overseas. On my third day in the job, I did a town hall meeting with staff. I asked 'are we a London institution with global activities or a global institution with a London head office?' I felt it was important we moved towards the latter. That was the way global health was moving.

You have met alumni and hosted events all over the world. Do you have any special memories of the alumni community?

I have travelled a lot and wherever I go I always try to meet with alumni. Just before the pandemic I had enjoyable meetings with alumni in Hong Kong, Singapore and the USA. I was impressed by the enthusiasm and dedication of our alumni. A phrase I hear over and over again is that their time at LSHTM was the best year/years of their life.

Do you have any reflections on your experience leading LSHTM through the changing world?

The last 10 years have seen an increasing number of centres of excellence in health and research across the world. As an institution we must team up and partner with others to become more global.

Another huge change is the development in communications and social media. Imagine if COVID-19 had hit us 20 years ago? We could not have had Zoom meetings or video calls. I was thinking about this while I was in total isolation in the hospital when I had COVID-19 myself. I was not allowed to go out or receive visitors, but I could use video calling and stay connected. I think this is having a profound effect on our education programmes and the ways we work. It may help in reducing our carbon footprint.



Interviewer: Valerie Boulet

The challenge is that everything now goes faster and faster. Another challenge is the growing, inward looking nationalism and identity politics, which creates problems for global health.

To counter this we have expanded our collaborations around the world, particularly in Asia. In Africa, the two MRC Units have moved from being partners to being part of us. This is new and will help to globalise, and even decolonise, our School. More and more of our activities will be led from there. Partnership is always a work in progress; we have lots to learn from each other.

We have many key partnerships with international organisations. Traditionally with WHO, GAVI and others, but also with companies such as our Ebola vaccine trials with J&J, our child health partnership with Takeda and our work on health in humanitarian crisis with MSF.

What has been your experience balancing the history and legacy of LSHTM and pushing it forward as an innovator and disruptor on the global stage?

People often think about innovation in terms of technology, but we are innovating through our research and education. We were pioneers in distance learning and invented the randomised controlled trial, in innovation to develop vaccines and insecticides, innovative interventions like treating bed nets with insecticides to prevent malaria, climate change and planetary health.

After doing research you have to take the next step to make sure it reaches people. That is why you sometimes need to team up with other institutions, entrepreneurs and

Professor Peter Piot and Dr Heidi Larson discuss archive material with Bill Gates



Professor Peter Piot addresses guests at LSHTM's 120th anniversary reception



Professor Peter Piot and Dr Tedros Adhanom Ghebreyesus

business. That is how we can improve health worldwide. To meet the challenge of COVID, climate change, or health equality you sometimes need to partner with business which is something that the public health community has sometimes been reluctant to do. The world of global health has to engage with the real world to save the most lives possible.

You have brought about a steep change in how our School engages with philanthropists. How has philanthropy benefitted LSHTM over the last 10 years?

Philanthropy is absolutely essential. Without philanthropic support we won't be able to meet LSHTM's mission to improve health worldwide.

As Director, I have always felt it was important for me to lead by example. So I give what I can to LSHTM. Philanthropy isn't just about Bill Gates and people who give millions, 'every penny counts' as my mother said. Every contribution makes a difference. I am very grateful to our alumni for all your support.

We have a great future because we have a fantastic cause. We are at the forefront, researching issues of vital global importance. The COVID-19 pandemic is the best illustration of why we are needed. So I spent a lot of my time, 30-40% of my time, on fundraising work.

Our new Chair of Council Don Robert is very committed to this. We also have a dynamic new Court chaired by Annalisa Jenkins who will help achieving a step change in our income generation.

What has it been like to lead LSHTM during the pandemic?

Responding to Ebola in West Africa gave us lots of experience of dealing with an outbreak. It helped prepare us for COVID. Very early on, we saw that this would become a big problem and we needed to act. We were the first university to tweet about COVID, already in January 2020.

We have a duty to precaution and protect ourselves, but also a duty to do something and to contribute. We have to be in the front line, as many of our colleagues in the UK and around the world have been during the pandemic.

Another challenge was taking decisions in the absence of clear evidence. We always

say we need evidence-based policy but forget it in this case as the evidence was very incomplete! We closed LSHTM for all non-essential activities before the government imposed it. We moved to digital teaching before many other universities. Our two MRC African units were amongst the first to offer diagnostics in Africa.

The biggest frustration for me is that in the heat of the crisis, I got sick myself. I was really sick. It was the first time in my life I didn't think about work. When I had long COVID, I felt so frustrated I couldn't do more.

I am proud how the LSHTM community, particularly our modellers, have led through policy advice. As the European Union Special Adviser, I directly advise the President of the European Commission. Many of our colleagues, staff and alumni, have been advising international governments, the WHO, and SAGE in the UK. I am proud but it is exhausting. This crisis has been going on for 17 months or so. Most of us are dealing with COVID work seven days a week. So we need to be careful about burnout and looking after ourselves too.

What is next for global health?

On the substantive side, I see three big challenges: pandemic preparedness and response, climate change and chronic conditions. Health inequalities will exacerbate these challenges, therefore health equity must remain high on our agenda.

Global health has to be more of an equitable partnership between centres of excellence across the world. I have worked a lot on equitable access to HIV treatment. The issue was price. With equitable access to COVID-19 vaccines, the issue is supply. COVID could increase inequality in the world. Tackling this and gaining equitable access is one of my top priorities.

What is next for you personally?

First, I am not leaving LSHTM. I will be based in Brussels, but will remain part-time as a Professor of Global Health. I'll continue to fundraise and support LSHTM. I am interested in issues around epidemics, climate change and policy. I will continue advising the EU. I am doing some work supporting Africa CDC. I will spend some time in Singapore. I will continue to stay in touch with alumni wherever I go. I will stay part of the alumni community.

Pandemic response: Why leadership and cooperation is as important as science

Richard Purvis talks to Professor Daniel Bausch, former Director of the UK Public Health Rapid Support Team (UK-PHRST) and Director of Emerging Threats and Global Health Security at FIND.

In his various leadership roles, Professor Bausch's goal is to bring about faster and more effective responses to disease outbreaks all over the world. He tells us why the answer lies not just in science, but in better leadership and cooperation.

Tell us about your career pre-LSHTM.

I grew up in the United States and went into medicine because I was primarily interested in health and human rights. I worked on human rights projects in El Salvador in the early '90s, then ended up at the CDC when they were looking for someone to start a Lassa fever programme in West Africa.

After that, I was in academia for a while. I then spent four years at the US Naval Medical Research Unit No.6 in Peru, and then at WHO as the technical lead for their epidemic clinical management team. And then I got this offer to come and head a new programme in the UK a little over four years ago, as Director of the UK Public Health Rapid Support Team, led by LSHTM and Public Health England.

What exactly does the UK-PHRST do?

It has a tripartite remit. Outbreak response is one part, then there's research to build an evidence base for sound outbreak response, and then there's capacity management. In layman's terms, the first part is putting out the fire, the second is asking why the fire started in the first place, and the last part is to prevent the fire from starting again.

I like to quote James Bryce, that medicine is 'the only profession that labours incessantly to destroy the reason for its own existence'. The hope is that years from now people from Europe won't need to deploy to DR Congo because the capacity will be there to stop large outbreaks from happening. That's what we strive to do in the long term, but I don't think there's any danger any of us will be out of a job just yet!

What have you learned from the COVID-19 pandemic?

One of the big surprises was that most of us would have predicted that the most resource-rich countries with surveillance and laboratories would have the least problems and be the most prepared, and

of course some of the worst problems have been in some of the richest countries. I don't want to be incredibly controversial in an alumni magazine, but one of the things this outbreak has shown us is that sound political and public health leadership is incredibly important. If we view this as a political emergency rather than a public health one and don't react in the right ways... well, dealing with this would never be easy for anybody, but it's clear that sound leadership is more important than ever.

This is one of the things we're hoping to do at LSHTM with the new Centre for Epidemic Preparedness and Response. In the UK and many areas of the world, it's not that the technical capacities are not there, but that they exist in silos. What we're seeing is that the harmonisation that needs to exist for effective pandemic response has to include health economists and people who work in political science, health policy, mental health – it's a much broader thing than just having epidemiologists in labs.

Through the Centre, we hope to bring those skill sets together for a dynamic harmonisation – because outbreaks are dynamic, so we need to be talking to each other at the beginning and throughout so that we're always in a position to ask the right questions and adapt.





Heidi Larson.
Credit: Jon Spau

Heidi Larson at the Women Leaders
in Global Health Conference

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The mission has been to bring together a mix of psychologists, digital media analysts, modellers, public health experts, epidemiologists and anthropologists to really take a holistic, global view of what’s going on.
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How vaccine hesitancy became one of the biggest threats to global health

Heidi Larson, Professor of Anthropology, Risk and Decision Science at LSHTM talks to Richard Purvis.

Founder of the Vaccine Confidence Project (VCP), Professor Larson has written a book on the growing problem of scepticism about vaccination. She explains why, in the time of COVID-19 and beyond, dismissing ‘anti-vaxxers’ as ignorant fools is not the answer.

What was the path that led you to LSHTM?

I had been working with UNICEF and launched GAVI [the Vaccine Alliance] in 2000. But I ended up being a crisis manager because we had an epidemic of individuals, groups and sometimes governments resisting the introduction of various new vaccines.

Social media was nothing like it is now, but I was already seeing this emerging doubt... and there was no time in my day job to deal with it. So I came back to academia, initially at Harvard, then moved to the UK in 2009. I had a faculty appointment at LSHTM, and the funding came there to support my launching the Vaccine Confidence Project.

What’s the purpose of the VCP?

The mission has been to bring together a mix of psychologists, digital media analysts, modellers, public health experts, epidemiologists and anthropologists to really take a holistic, global view of what’s going on.

In some cases, people had known about this issue for a long time but, because it was emotional and not fact-based, brushed it off as marginal. We started to see that there were disease outbreaks because of it, and so we would carry out case studies to show

people what happens when you do nothing. It’s about helping countries to anticipate issues before they become crises – but also to keep our finger on the pulse because things have been changing so much.

How are they changing?

In the past, I’ve literally had doors closed in my face by people saying I was being too negative – and now Pedro Alonso [Director of the WHO malaria programme] declares that vaccine hesitancy is one of the top ten global health threats. I predicted this was going to be one of our bigger problems, but I hadn’t realised how big, to be honest.

We’ve seen it spread into spaces where the word ‘vaccine’ never appeared before – anti-Muslim sites, misogyny, it’s aligned with all kinds of ‘anti-control’ things. One of the features of the COVID-19 response has been that it requires cooperation and compliance with government – and if you don’t trust your government... well, there’s an epidemic of distrust in the world, and governments haven’t done a lot to help us build trust.

Tell us about the book.

It’s about the underlying emotions behind vaccine dissent – a sense of people feeling left out of the decisions, that they’re just being told what to do. I think we need to make a lot more room in any interaction between the public and the medical community. People go for a vaccination and they’re just brought in and out, but sometimes they have questions to ask – some have told me they feel judged, and are put in this box of ‘crazy anti-vaxxers’, just because they’re asking a question.

We’ve also got to get rid of the language of ‘nutters’, ‘idiots’... it’s not that they’re ignorant or crazy. The ones who are the most extreme are not stupid, they are very determined, and then there’s this group of people in the middle who are genuinely concerned parents. For that group we need to have more empathy – for a first-time parent thinking about giving a child a vaccination, if you go online... I’d be worried too! Of course you want to assume that the best place to get information would be your country’s health authority, but what if they’re not answering some of your questions? So we need to do a better job of listening, not just pushing out what we think they need to know.

‘Stuck: How Vaccine Rumors Start – and Why They Don’t Go Away’ by Heidi Larson (Oxford University Press) is out now.



Vaccine in Burkina Faso. Credit: WHO

What lessons can we learn from the pandemic and how do we build back better?

We asked some of our academics what lessons the world has learnt from the COVID-19 pandemic and how we can take these forward.



Professor Dame Anne Mills
Provost and Vice Director

The COVID-19 pandemic has highlighted yet again the importance of health systems infrastructure and its resilience to major shocks. But it brings to the fore three particularly vital emphases within health systems development. The first is the critical importance of basic public health measures – use of face masks, hand hygiene and physical distancing, together with the social solidarity and political leadership that is critical to ensuring widespread adherence. The second is the vital

role of health systems in providing continuity of care – previously emphasised in the context of the rise of chronic conditions, but now highlighted by the long-term effects of COVID-19. The third is the critical connection between the health system and the social care system in countries where older people make up a significant proportion of the population. As countries recover from the COVID-19 pandemic, we should not forget these lessons.



Professor Liam Smeeth
Incoming Director of LSHTM

Prior to effective vaccines being introduced, one of the most extraordinary things about COVID-19 was that all of our effective measures to control the spread of the virus – social distancing, mask wearing, self-isolation and contact tracing – relied on individual cooperation. This has made public information critically important so that people know what they need to do. It is also about individuals taking selfless actions for the collective good: so public confidence in the policies have also been crucial. To control the epidemic, whole countries need to be united in a collective effort. When information has been unclear, and when public confidence has been dented, we have repeatedly seen control measures fail.

Sadly, a false dichotomy has emerged in some countries, characterised by people who are concerned about the economy being presented as being at odds with people concerned about health impacts. This dichotomy is both harmful and unnecessary. Everyone has a single shared aim: to minimise the health, social and economic impacts of this terrible pandemic. Scientists do not advocate increased control measures because they like restricting peoples' freedoms or want to damage the economy. COVID-19 is the single root cause of all the harms and controlling the virus tackles the root cause. Of course, there needs to be debate and differing opinions about how best to reduce spread, but this must not be allowed to undermine the unity of purpose that we share.



Professor Sir Andy Haines
Professor of Environmental Change and Public Health and Former Director of LSHTM

During the COVID-19 pandemic, air pollution and greenhouse gas emissions have fallen in many countries as a result of lockdowns and dramatic declines in travel. However, these reductions will not be sustained as economies emerge from COVID-19. Effective vaccines for the virus have made the prospects look increasingly bright, but there are no such prospects for the climate emergency, and, as far as we know, the effects are irreversible.

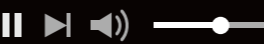
Work at LSHTM has documented the health benefits of decarbonisation policies, including reduced air pollution and consumption of healthy, sustainable diets. The Pathfinder initiative, launched in November 2020 and funded by the Wellcome Trust with the support of Oak Foundation, will synthesise evidence of health and environmental benefits from the implementation of policies to decarbonise various sectors including energy, transport and health care.

While the COVID-19 pandemic is a grave human tragedy, it can be used as an opportunity to implement sustainable economic recovery policies that safeguard the health of the current and future generations, including by supporting rapid reductions in greenhouse gas emissions. Opinion polls in 16 countries have shown that most people support the prioritisation of climate action

in recovery packages. Large majorities of respondents also agree that we have a responsibility to protect the planet for future generations and that environmental degradation poses a major threat to health. In May 2020, representatives of 40 million health professionals wrote an open letter to the heads of G20 governments urging investments in a zero-carbon, healthy recovery.



Ayoade Olatunbosun-Alakija



“If they won't give you a seat at the table, pull up a chair.”

Dr Ayoade Olatunbosun-Alakija (MSc Public Health in Developing Countries, 1994) is the founder of the Nexus Hub, an innovation centre, research, social development and emergency response unit for West Africa/Sahel. Dr Alakija is Co-Chair of the Africa Union Africa Vaccine Delivery Alliance for COVID-19, serves on the Global Advisory Board of WomenLift Health and is Chief Strategist for CONVINC Africa. She is also the former Chief Humanitarian Coordinator for the government of Nigeria.

Dr Alakija delivered LSHTM's 2021 International Women's Day lecture where she discussed why gender equity is the answer in her talk entitled: Women at the forefront of global leadership in an era of COVID. The session was followed by an informal discussion and Q&A about her career and journey to becoming the Co-Chair of the Africa Union Africa Vaccine Delivery Alliance for COVID-19.

She shared her fondness for LSHTM and her time at the School:

“Of all the places I have been, and all of the amazing experiences that I've been privileged with in my global health journey, coming back to this place where it all began has got to be one of my highlights. Those days at the London School are now some of my most wonderful memories.”

She highlights women's achievements and challenges during the COVID-19 pandemic:

“70% of front line workers of the world tend to be women. So yes, women have continued to serve at the forefront of the struggle against this virus but rarely at the political or organisational level.”

Dr Alakija shares her tips to make women's voices heard:

“If they won't give you a seat at the table, you pull up a chair. If they won't let you pull up a chair, you climb onto the table and you sit on it. Because if you're sitting on the table, they can't ignore you. You automatically have a voice.”



Watch the talk





Professors Peter Piot and Heidi Larson speaking with students

Alumni, staff and students join forces for innovative COVID-19 rapid data project

Alumni, staff and students join forces for award-winning COVID-19 rapid data project. An innovative LSHTM crowdsourcing rapid data project has been awarded a Circle of Excellence Award by the Council for Advancement and Support of Education (CASE).

Building on the experience of a smaller, London-based data project during the 2014 West Africa Ebola outbreak, LSHTM launched an innovative new volunteer project in 2020.

Colleagues across LSHTM established a network of volunteers willing to devote small amounts of time to crowdsourced rapid data work for the World Health Organization (WHO). The volunteers and academics worked together to evaluate every COVID-19 intervention in the world, producing the WHO database of global interventions in response to the pandemic. This allowed international comparisons and informed response efforts.

More than 1,500 alumni, staff and students in over 40 countries joined forces with LSHTM experts to deliver this project and help governments around the world respond to the pandemic. As events unfolded, harnessing the power of our LSHTM network helped save lives around the world. It gave volunteers a powerful way to develop and use their skills and give back to LSHTM and the global community.

Project lead and Assistant Professor in Geographic Information Systems, Chris Grundy, told Alumni News: "I have been involved with crowdsourcing for over a decade now, both volunteering myself and using it in my research. We have built up a history of crowd cleaning large datasets during pandemics, but the current work is on another level. The sheer number of hours volunteers have given up for the work is amazing.

"Myself, the project team, WHO and the people who use the dataset are so grateful

for everything the volunteers do. The award has less to do with myself and the team and everything to do with the volunteers. Every one of them should be proud of what they have achieved."

Head of Alumni Relations and Regular Giving, Alice Perry, added: "Everyone at LSHTM is so grateful to the rapid data volunteers. This is an amazing project that has benefited the whole world. Volunteers told LSHTM that this project helped give them structure and meaning during a very challenging year. The impact of our LSHTM community and the dedication of our volunteers is truly inspiring. Thank you all!"



Why we volunteered



“ I am based in France, and I have been volunteering since the beginning. It has been great to see the project evolve and the database used in scientific articles, as well as recognised by WHO. We can all be very proud of the work achieved so far! ”

Natalie Moyen, France

“ The WHO project and dedicated volunteer group have brightened my hectic work schedule. I've written the activity down in my CPD logbook as 'learning by doing'. The collected worldwide data was used by researchers in a first publication only months into the project's tracks. Seeing the publication and reading it brightened my winter days. It also brought another highly motivational thought: this work counts not only because it is purposeful, but it will produce more good quality evidence, information and learning materials. I am ever so grateful that the LSHTM alumni are involved and I shall proudly 'soldier on' to assist with this work. ”

Andreea Steriu, Bucharest

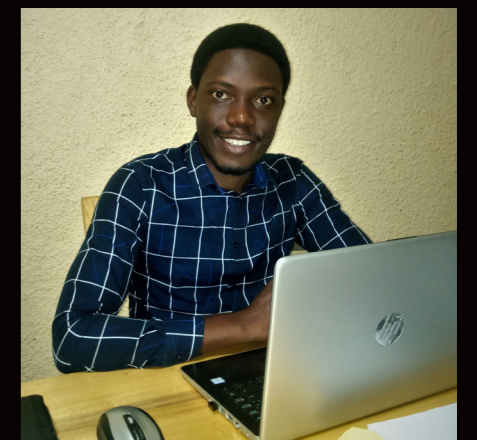


“ It is a privilege to be involved in the volunteer group and to get a glimpse of the global picture of national and local COVID-19 responses. I signed up because I hoped my on-the-ground knowledge of a number of countries might help in checking data. In fact, the work has also been a help to me, creating a welcome weekly structure in the shapelessness that was the early pandemic. ”

Hermione Lovel, UK

“ COVID-19 affected the normalcy of life and continues to take away many lives. As a health professional, knowing the magnitude of its burden, it makes me ambitious to contribute to the surveillance of this pandemic. More importantly, this platform keeps me up-to-date on different measures taken in COVID-19 containment. It provides me with the opportunity to learn new technical skills and explore my interpersonal skills. ”

Iradukunda Gad Patrick, Rwanda



LSHTM announces new Director

Professor Liam Smeeth will be LSHTM's new Director as of 1 August 2021.

LSHTM is delighted to announce the appointment of Professor Liam Smeeth as Director. He will take over the role from Professor Peter Piot in August 2021.

Professor Smeeth is a Professor of Clinical Epidemiology at LSHTM, and also a General Practitioner in North London.

He has led a distinguished career in public health and is a Fellow of the Academy of Medical Sciences. Professor Smeeth is a leader in the use of electronic health records, completing ground-breaking work on drug effects, disease aetiology and the evaluation of interventions. His work on the MMR vaccine and autism was of central

importance in demonstrating safety and led to a recovery in vaccine uptake. He also undertakes substantial international work focused on non-communicable diseases in low-income settings.

Upon accepting the offer of appointment, Professor Smeeth said: "I am absolutely delighted and I look forward to working with the whole LSHTM community and our partners around the globe. Now more than ever LSHTM plays a crucial role as an international centre of excellence, undertaking the highest quality research that impacts on human health and training the next generation."



“Now more than ever LSHTM plays a crucial role as an international centre of excellence, undertaking the highest quality research that impacts on human health and training the next generation.”

Is malaria a risk factor for COVID-19?

LSHTM has been awarded £1.1 million from the Bill & Melinda Gates Foundation to investigate whether malaria is a risk factor for the development of severe COVID-19.

The researchers utilise COVID-19 screening conducted by the local Ministries of Health and ensure that all suspected cases tested for COVID-19 are also screened for malaria. Those who test positive for the virus will then have their clinical and immunological outcomes tracked and compared to those with and without malaria.

If malaria is found to be a risk factor for the prevalence and severity of COVID-19, it would further emphasise the need for effective malaria control programmes to support the virus control efforts. This would help avoid a repeat of the 2014 West Africa Ebola outbreak, where the diversion of healthcare resources resulted in greater mortality from malaria.



Scientists working in LSHTM's malaria lab



Scientists working in LSHTM's malaria lab

Does colonialism and xenophobia hinder the COVID-19 response?

LSHTM alumna and staff member, Associate Professor Mishal Khan, highlights how colonialism and xenophobia are hindering an effective response to the COVID-19 pandemic globally.

How have you been responding to the COVID-19 outbreak in your work at LSHTM?

I have been engaging in a lot of work to support policy-making and implementation in response to COVID-19. I have also been highlighting the detrimental impact of colonial and xenophobic practices in shaping the response.

COVID-19 has shown us that wealthy countries are not necessarily best prepared to control outbreaks. Yet, there is a myth that expertise for infectious disease

epidemic control is concentrated in high-income countries and that lower- and middle-income countries (LMICs) are either the source of disease and or the recipients of assistance. This myth is dangerous because it has prevented some Western countries from learning lessons from countries such as China, and it can lead to lower-income countries assuming that disease models from Western countries are superior to ones that local experts could design, which is not true.

Another important point I have sought to raise is the impact of 'debt relief' being granted to lower-income countries in order to fight COVID-19. Recently in *The Lancet*, we explained that the so-called debt relief would result in the poorest countries having to make greater debt repayments in a few years, just as their health systems will require further intense funding.



Interviewer: Noreen Seyerl, IDEAS Communications Officer, LSHTM



Mishal Khan, Associate Professor of Health Policy and Systems Research at LSHTM



Dr Mishal Khan speaking at the Union Against TB and Lung Disease Conference in Mexico City

How can we start to decolonise the field of public health, not just in times of a pandemic, and how best could this apply to LSHTM?

For me, it is critical to rebalance who holds the power in terms of decision-making and finances, and to move away from the assumption that public health expertise is concentrated in the West. This will allow for better decision making. The colonial approach results in the best minds from lower-income countries not being able to contribute optimally because of structural barriers to their equitable participation.

Do you have any examples of how LMICs have responded to the pandemic in ways that higher-income countries (HICs) could follow?

Yes, I make a point to share examples on Twitter that challenge the narrative that LMICs are always learning from HICs! Vietnam's response, adapted to its local context, is worth looking at. There is also

a great deal of expertise in West African countries that handled the Ebola epidemic, for example, in terms of strategies for community engagement.

Do you think public health, epidemiology and related fields will be seen as more important in future due to this outbreak?

Yes, definitely. Health has now got the attention of politicians, corporates and journalists like never before. There is a huge opportunity to increase investment in health.

How has the outbreak affected you on a personal level?

I have always believed that the strongest public health professionals are those that have great technical expertise combined with knowledge of how to operate effectively in a local context. For me, this pandemic has strengthened my commitment to decolonise global health for things to improve and become more equal in the future.





Decolonising LSHTM

By Lioba Hirsch

LSHTM is only one of many British institutions whose histories are steeped in enslavement and colonialism. In comparison to other British universities established around the same time period, almost all of which are entangled with or have benefitted from British colonialism, LSHTM was established specifically to support the expansion and administration of the British Empire.

Set up in 1899 as the London School of Tropical Medicine, the School received money and political support from the Colonial Office and was the official training ground for colonial medical officers. More importantly, colonies were instructed by the Colonial Office to contribute money for the establishment of the School and pay regular financial contributions for the first 30 or so years of the School's existence. In short, the foundation and maintenance of the London School of Tropical Medicine, as it was then known, were made possible through the forced labour and financial exploitation of colonised subjects.

LSHTM's one-year colonial history project aims to begin to uncover these historical facts in order to ascertain how their legacy might continue to shape the workings of the School today. Critically reflecting on LSHTM's colonial past is important for several reasons: how institutions deal with their past reveals how they make sense of current inequalities. Looking at the past allows for an acknowledgement that present-day inequalities, in staffing, promotions, in the way we conduct research in global and public health are not coincidental but are the consequence of a school structure set up to facilitate the colonisation of indigenous populations and the notions of cultural and racial supremacy that accompanied it.

In a 1926 paper Andrew Balfour, the then Director of LSHTM asked:

'Do tropical climatic conditions and what we may call the general conditions of life in the tropics present an insuperable barrier to the white man making a permanent

home therein and to his descendants exhibiting that bodily and mental vigour which, at the present day, is a special characteristic, a hall-mark, as it were, of the Caucasian races?'

Nearly 100 years later, as we continue to work in, to conduct research and teach on the regions Balfour and his contemporaries helped to colonise, we owe it to both ourselves and the people whose health we're working to improve worldwide to ensure that we do not replicate colonial power dynamics.

Lioba Hirsch is a Research Fellow at LSHTM, based at the Centre for History in Public Health. She is currently working on a research project exploring the School's colonial history. Her PhD (UCL) focused on antiblackness in global health through an analysis of the British-led international Ebola response in Sierra Leone.

Decolonising the LSHTM archives

By Victoria Cranna, Archivist and Records Manager

Within the LSHTM archives, we have begun to re-examine the way we work, the stories we tell and the role we can play in promoting different versions of history. This was originally inspired by the work of Lioba Hirsch from her project entitled LSHTM and colonialism: history and legacy. However, the global response to the Black Lives Matter movement has further encouraged us to engage with our collections and archival practices from a decolonising perspective.

Inevitably, the LSHTM archives are steeped in the colonial history of our School. LSHTM was originally founded as an institution for the research and treatment of tropical disease, in an effort to improve the health of those working in the British colonies. As a result, the histories preserved within our collections are generally those of white, male, colonial explorers, researchers and medical professionals. While there is value in these stories and the contributions these individuals made to tropical medicine, and science more broadly, are an important part of our School's legacy; they are also reflective of the colonial era in which they were produced and are necessarily informed by the values and attitudes of the time. The difficulty in reconciling the celebration of scientific achievement with the true nature of its colonial legacy is something we are beginning to examine within the LSHTM archives service.

In the LSHTM archives, we have also been asking ourselves how we can explore absences through our existing collections, as well as considering the practical steps we can take to address the structures of racism within the archives.

We propose to engage with the process of decolonisation in a number of ways. These include reexamining items within our collections in a way that seeks to confront and disrupt the colonial narrative. For example, The Carpenter Diary – a handwritten journal detailing the experiences of a British scientist and his wife researching Sleeping Sickness in Uganda in the early 20th Century – has often been used by LSHTM archives as an illustration of colonial life. The diary provides a rich account of the daily lives of Geoff and Amy Carpenter as they navigated life in African environs, as well as the relative luxury of the colonial lifestyle. Inevitably, this version of 1920s Uganda reflects the experiences and privileges of the diarists. As a result, the journal presents an unbalanced account of colonial history.

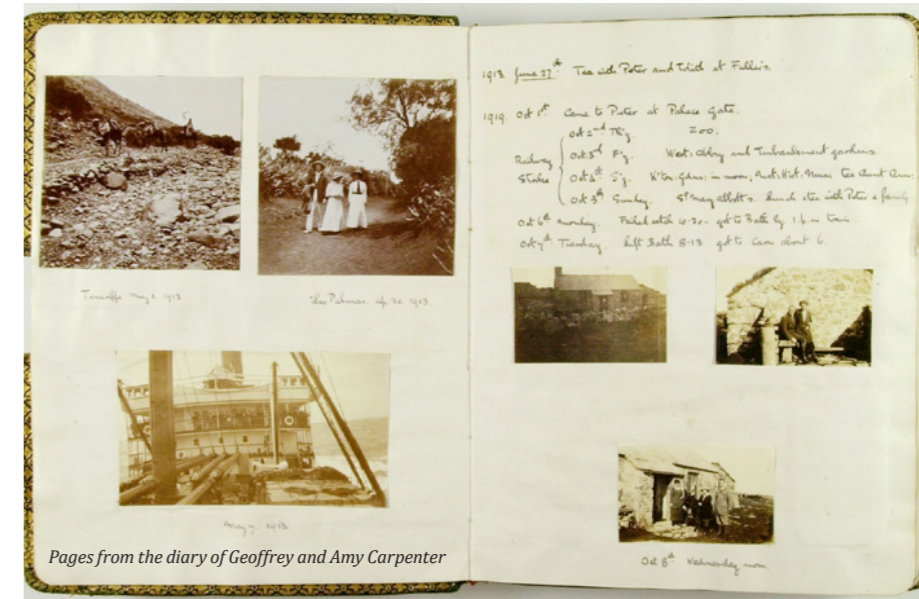


By providing a more critical analysis of archival material such as The Carpenter Diary, we intend to shift the focus away from the stories and successes of colonial researchers and instead present an account that recognises the imbalance of power inherent in the colonial encounter. This narrative shift will be reflected in the way we promote our collections online via social media and the LSHTM archives blog as well as through internal events and external events that engage with decolonising debates within the wider archive sector.

As a starting point, we have developed a set of principles for decolonising the archives

and an Action Plan to provide us with practical steps to achieve the principles.

The principles cover five areas: cataloguing practice, archival practice, dissemination, education and inclusion. The Archives team is committed to adhering to these principles which will provide a framework for our ongoing work, as we aim to address the bias inherent within the archive, decolonise our collections, and look to create a more inclusive research environment. The principles are published on our website and will be regularly updated as we continue to develop in this important area.



Life in lockdown: Images from our alumni community around the world

We asked our alumni to share one or two images that represent their experience of the past year. This includes people's hobbies, virtual activities, working

routine, or anything that people felt represented how they spent their time during the pandemic.



I was able to get in touch with an organisation who normally work in menstrual hygiene and education, but had shifted gears to COVID-19 relief work, in Pune and other cities of India. Together, we compiled a list of thousands of such people in Pune (which also happens to be one of the worst affected cities in terms of COVID-19 cases in India). After identification and line listing of the families living in these areas, our team visited them and helped them with: (1) Distribution of groceries to help them tide over during the period of unemployment and cash crunch. (2) Health promotion and awareness drives on COVID-19 facts, myths and preventive measures. (3) Dos and don'ts for suspected COVID-19 cases and helping them with access to the public sector health services. (4) Providing them with essential primary health care services at their doorstep.

I was involved in all four relief measures. I must add that even though this felt like a small effort in the large scheme of things, the support and encouragement that poured in from all directions once we started doing these things gave me satisfaction in the fact that I had been useful to even some of those who really needed it in these troubled times.

Shweta Jindal
Public Health for Development, 2018

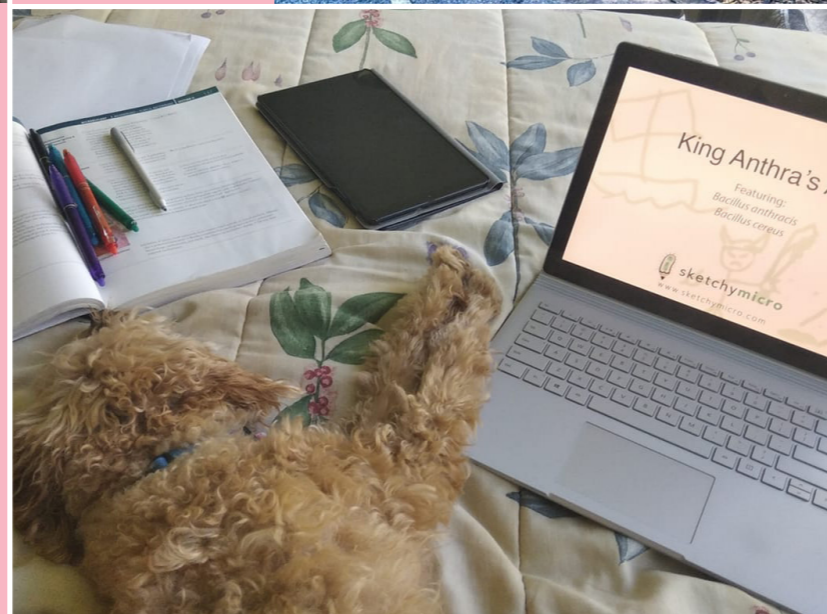


The defining elements of my lockdown experience have been family time, creativity, and hugely appreciating time in nature, even just on the balcony.

Laura Ferreira
Public Health, 2011

I'm volunteering with the Georgia Department of Health (Medical Reserve Corp) in rural communities in Georgia, USA. This is a picture of a drive-thru testing SPOC (Specimen Point of Collection) in a small rural community called Manchester, GA. A man came on his tractor and I swabbed him for COVID-19 that day.

Alex Wright
Control of Infectious Diseases, 2009



Medical school in quarantine means teaching the unenthusiastic Charles Dogwin about bacillus anthracis.

Rachel Alter
Epidemiological Evaluation of Vaccines short course, 2019



Panic buying resulted in mask shortages, so sewing masks helped to overcome this along with helping to pass the time at home. Everything, including road signage, was used to deliver the important message: stay home, save lives.

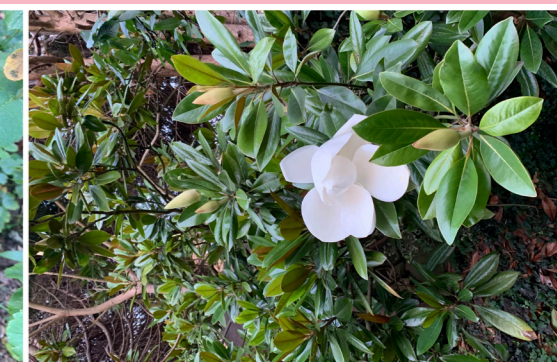
Dinara Zamanova
Clinical Trials, 2019



The world is going through a difficult time and we should all unite, rise to the challenge, put our best foot forward and win our fight against COVID-19.

I wear a mask to protect you and you wear a mask to protect me.

Dr Shafir Kassim
Tropical Medicine and Hygiene, 2018 and Tropical Medicine and International Health, 2019



Two images of my life in lockdown from my garden - the first is 'Souvenir du Docteur Jamain' (the red rose); and for the second is 'Magnolia grandiflora'.

Crispin Acton
Public Health, 2019

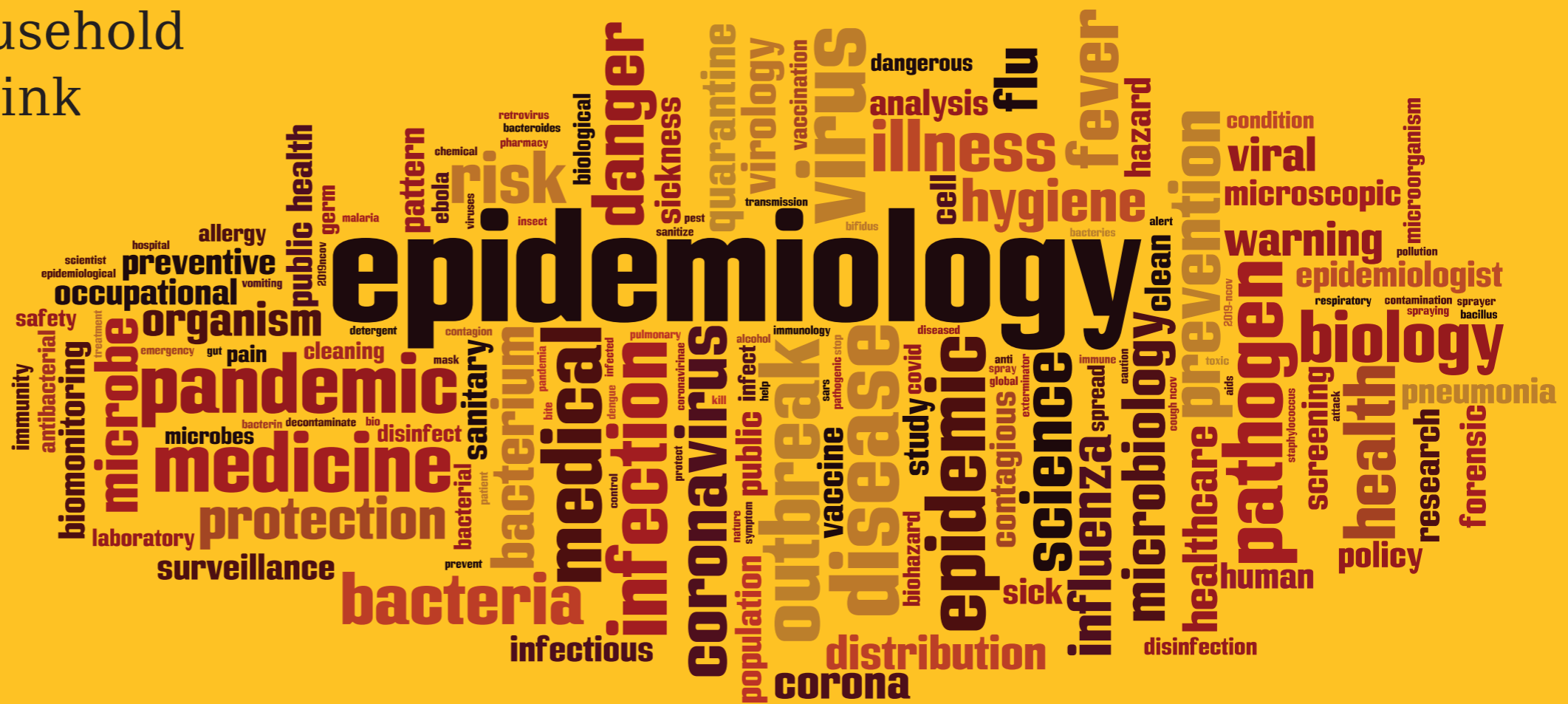
“Epidemiology is now a household name – people no longer think I work on skin diseases!”

Dr Hana Rohan is Assistant Professor in Social Science at LSHTM and a member of the UK Public Health Rapid Support Team. She completed her PhD at LSHTM in 2010 and is now supporting the Africa Centers for Disease Control and Prevention (Africa CDC) in responding to the COVID-19 outbreak. Hana spoke to Noreen Seyerl, IDEAS Communications Officer at LSHTM.

“I am a member of the UK Public Health Rapid Support Team (UK-PHRST). It is one of our mandates to deploy globally to respond to public health emergencies and outbreaks. Our mandate also includes research and capacity building. My current deployment is to the Africa Centers for Disease Control and Prevention (Africa CDC). I was working at the Africa CDC headquarters in Addis Ababa with colleagues from the UK-PHRST when we had to all get on a flight to return to the UK, as it was unclear whether we would be

able to leave afterwards, due to the travel restrictions being put in place. All of my work now has shifted towards supporting the Africa CDC remotely with their COVID-19 response, my other work beyond that is now in a state of limbo. We are really putting all of our energy into dealing with this major event.

“I have been doing a lot of guidance and policy development. For example, working on putting together community physical distancing guidelines, or a step-wise guidance for African Union Member States which gives them a template for the response to each phase in the outbreak. We have also been working on a document to help guide the exit from lockdown, as some Member States are now moving in that direction. I have been working with the risk communications team, this has involved setting up a rumour tracking system at the continental level so that Africa CDC



can respond appropriately to COVID-19 rumours and misinformation and help combat their spread.

“Another very interesting and important recent development has been a real-time data collection platform which has just launched – the Partnership for Evidence-based Public Health Response to COVID-19. This brings together epidemiological data and socio-economic data, as well as information on acceptability of certain measures. We collect a range of data, including survey data from as many as 20 African countries to see the acceptance of physical distancing measures, what barriers there might be, but also the impact such measures could have. Especially in low- and middle- income countries, we have concerns that long, or even short, term lockdowns are very difficult for people to adhere to. They will also have significant related social and economic costs, as well as indirect health effects as people may not be accessing health centres anymore.

“I would like to think that public health expertise has been given a boost and a higher public standing. I am not sure whether a stronger reliance on science is really going to stay with us. I think we will have to see how everything plays out, especially here in the UK. I can say there is definitely a greater understanding of what I do for a living – epidemiology is now a household name,

people no longer think I work on skin diseases! Public awareness of the discipline has grown massively.

“It is difficult to gauge what impact my individual work will have, as the response to the outbreak is of course a collective effort. I am really proud of the work and great team that I am able to support at the Africa CDC and through the UK-PHRST. Africa CDC is really full of amazing people, but sadly quite under resourced. I also feel lucky to be able to work on COVID-19, despite the pretty gruelling hours and lack of rest. I think it is emotionally helpful to focus on it technically, to be able to step away from the emotional response and concentrate on it through my professional lens and keep busy.

“Even for someone like me, who has worked on outbreaks before, it has come as a surprise how the current coronavirus outbreak has affected me emotionally. I think because it is everywhere and affects me directly, both personally and professionally. It takes a lot more emotional self-care to be alright. It is very intense and there is no way of escaping it. When I worked on Ebola in the past, of course it was really stressful and took its toll, however I was able to get on a plane for a few days and back home nobody was speaking about Ebola, now there is nothing else that is talked about. I keep saying it's like looking at something familiar, but upside down.”



Hana Rohan, Assistant Professor in Social Science at LSHTM

60 seconds with Dr Mininim Oseji

Dr Mininim Oseji is the Permanent Secretary for the Delta State Ministry of Health in Asaba, Nigeria. She is also the National President for the Medical Women's Association of Nigeria (MWAN). She has completed four LSHTM courses, most recently the Postgraduate Diploma in Health Systems Management graduating in 2007. Here, she describes what her roles involve and what Black History Month means to her.

What is your role and what does it involve?

Permanent Secretary, Delta State Ministry of Health, Asaba, Nigeria: My role involves advising the Honourable Commissioner for Health on various aspects of the health sector. I supervise the directors of the seven departments in the Ministry of Health. I assist in providing the oversight function of the parastatals of the health sector. Also, I am the Chief Accounting Officer of the Ministry and sign the financial documents.

National President, Medical Women's Association of Nigeria:

My role here is Chief Administrative Officer of the association. I supervise the general affairs and as mandated by the National Executive Council, preside at all meetings. I sign all legal documents as authorised by the executive for the transaction of any official business of the association. I make appointments as specified in the constitution and make such other appointments as needed to implement the action of the executive. I also represent the association at meetings with other organisations.

What is a typical day for you?

As Permanent Secretary, I arrive at the office and sign the attendance book, exchange pleasantries with the staff in my office, look at my to-do list and check off activities as they are successfully implemented. I carry out routine actions on files and mails minuted to my office and meet with the Honourable Commissioner to discuss and strategise on matters affecting the health sector. I meet with various directors to provide guidance on projects and programmes and attend meetings organised by any of the parastatals in the health sector as well as our development partners. I attend many events to which top government functionaries have been invited, review current research activities, correspond with colleagues and staff, inspect the ongoing or completed projects in health facilities and sign cheques for the release of funds to individuals or organisations. Since the COVID-19 pandemic, I work mostly from home and most meetings are organised virtually.

In my role as National President, most activities are online. It involves circulating relevant messages through our MWAN National WhatsApp and Telegram platforms, following up on action points of meetings as well as assignments given to the executive members of the associations. There are numerous virtual programmes of the National Secretariat and State Branches which I regularly attend, usually presenting some remarks. I also facilitate several Continuing Medical Education programmes, often presenting lectures to build the capacity of our members and



Dr Oseji at the WACP

other participants. Where relevant, I present position statements on relevant topics and addresses to celebrate selected World Days. When we have physical meetings, like National Executive Council meetings, there are a lot of activities carried out to plan for the meeting. I write proposals for funding and applications for ethical approval for our research projects. I also analyse data collected from projects and research for presentation and publication. I facilitate the production of our publications like newsletters and books of proceedings.

Tell us about a project you are currently working on?

Male involvement in Maternal and Child Health:

In this project, we advocate to get males from all walks of life to commit to maternal and child health and become one of our male champions. We have decorated eight males so far including the President of Nigeria, Muhammadu Buhari.

What three words would you use to describe your role?

Promoting, accelerated, and progress.

What is your proudest career achievement?

Contributing to the implementation of the free maternal health care programme in Delta State, including Maternal and Perinatal Death Response Surveillance.

What does Black History Month mean to you?

It reminds me of all the success stories of



Dr Oseji and Dr Ofili inspecting an isolation centre in the National Youth Service Corps, renovated and equipped by Zenith Bank

Africans in Diaspora and the efforts some have made to improve the lives of other Africans in their home countries.

In May 2008, I participated in the 17th Annual Africa/Diaspora Conference at the California State University, Sacramento, USA, where I presented a paper titled 'Mentoring Female Youths in the Niger Delta'. I became interested in skills transfer from Nigerian and African Health Workers in Diaspora to those in their home countries. Establishment of patient support groups for mental illness and cancer is an important area that I have been seeking skills transfer for. After several short courses and a Masters Course in the UK, I published a book titled 'Maximizing the Benefits of Foreign Education: A memoir of my experience studying abroad as an International Student from a developing country' in 2012. I was inspired to write the book by challenges faced when attempting to translate foreign education into the development of home societies. In 2015, I gave a short presentation at the Annual Conference of Overseas Fellowship of Nigerian Christians which took place in Birmingham, UK and encouraged participants to key into the Adopt Your Own Village Project to make a difference, particularly in the health sector. Whenever I meet someone with the same vision, I know there is hope for the improvement of the lives of Africans.

What three words would you use to describe Black History Month?

Black is Beautiful.

Are there any influential Black role models in your life?

Yes, Condoleezza Rice – Former Secretary of State USA, Dora Akunyili – Former Director of General Nigeria Agency for Food and Drug Control, Ngozi Okonjo-Iweala – Former Minister of Finance in Nigeria and Eleanor Nwadinobi- the first Nigerian President of the Medical Women's International Association.

"When I'm not working I am..."

Watching old movies.

What three words would you use to describe yourself?

Cool, calm and calculated.

What is your favourite book?

Gone with the Wind by Margaret Mitchell.

What is your favourite joke?

Quote from Clare Huxtable in the Cosby Show: "We have planted roses but we keep getting these weeds."

Where is your favourite place?

London.

What would it surprise people to know about you?

That I am a fan of the Royal Family and attended the Royal Wedding of Prince William and Kate Middleton on 29 April 2011 in London with my first Daughter, Sharon.

This interview was part of LSHTM's Black History Month series. Read more interviews and profiles.



Two MWAN National Executive Committee members, Dr. Oseji and Dr. Agbonle presented hand sanitizers, face masks and flyers on preventing COVID-19 to Reverend Osayomwanbo, Zonal Coordinator (Pastor) of Church of God Mission Asaba Zone I



A woman uses a water pump provided by the government in a 'formal' slum in Mirpur, Dhaka.
Credit: Louis Leeson/LSHTM

COVID-19 alumni stories: Melvin Sanicas



Physician-scientist, Melvin Sanicas (MSc in Infectious Diseases, 2015), Medical Director at Takeda, talks about the importance of science communication and facts-based information within the context of the COVID-19 pandemic.

“As we have all witnessed, every aspect of modern life has been dramatically disrupted by COVID-19, including health, finance, education, tourism, transportation, and virtually all other industries and sectors. The COVID-19 situation is dynamic and has also affected clinical and scientific research. While research into potential COVID-19 vaccines and treatments is speeding along, the pandemic has slowed or brought to a halt clinical trials for other diseases; we’re seeing an impact on the continuity of clinical trials in all regions where we conduct clinical studies.

“Even before COVID-19, I have been active in science communication and writing scientific news articles and op-eds since 2016. With more and more anti-science misinformation on the Internet and social media, as well as encouragement from other scientists who are already actively speaking up for science, I got myself a Twitter account

three years ago and started to simplify scientific news, debunk falsehoods, and engage scientists and science communication organisations.

“New pathogens, including the novel coronavirus, SARS-CoV-2, are accompanied by high levels of uncertainty. The public understandably wants answers and we see people turning to social media for those. One problem is that social networks are rife with inaccurate information and misinformation. Besides COVID-19, we are clearly fighting another viral threat – fake news and misinformation, ranging from conspiracy theories about the origins of the virus to unproven treatments. Apart from my regular posts on COVID-19 developments and updates, I work with TED-Ed to create educational videos related to COVID-19 including: When is a pandemic over, How do ventilators work, and How fast can a vaccine be made – these videos now have millions of views.

“The world needs more scientists who want to translate their expertise into effective communication on global health issues. It’s our responsibility as public health experts,

scientists, and allies of scientists to speak up in any way we can with interviews, op-eds, podcasts, blogs, or just our own immediate social circles through our personal social media posts. I also hope more and more alumni will take the time to share their expert views with journalists and engage with the mainstream media and social media; there is an important role for physicians, scientists, and public health specialists as advocates for society as a whole because when there’s a void of accurate scientific-based information, what fills the vacuum? Bots, trolls, and conspiracy theorists spreading seeds of doubt and misinformation that may have dangerous consequences.

“As we continue to confront COVID-19 and future challenges, whether they be another pandemic or some other global issue, good-quality effective scientific communication is essential to help us navigate through the noise of fear and assumptions based on the unknown.”

Hygiene science as the cornerstone of global health – introducing our new partnership with Reckitt

The COVID-19 pandemic has pushed public health to the top of the global agenda. We see the need for a new paradigm that brings together the highest quality scientific evidence and informed public health recommendations to generate large scale behaviour change for a cleaner and healthier world.

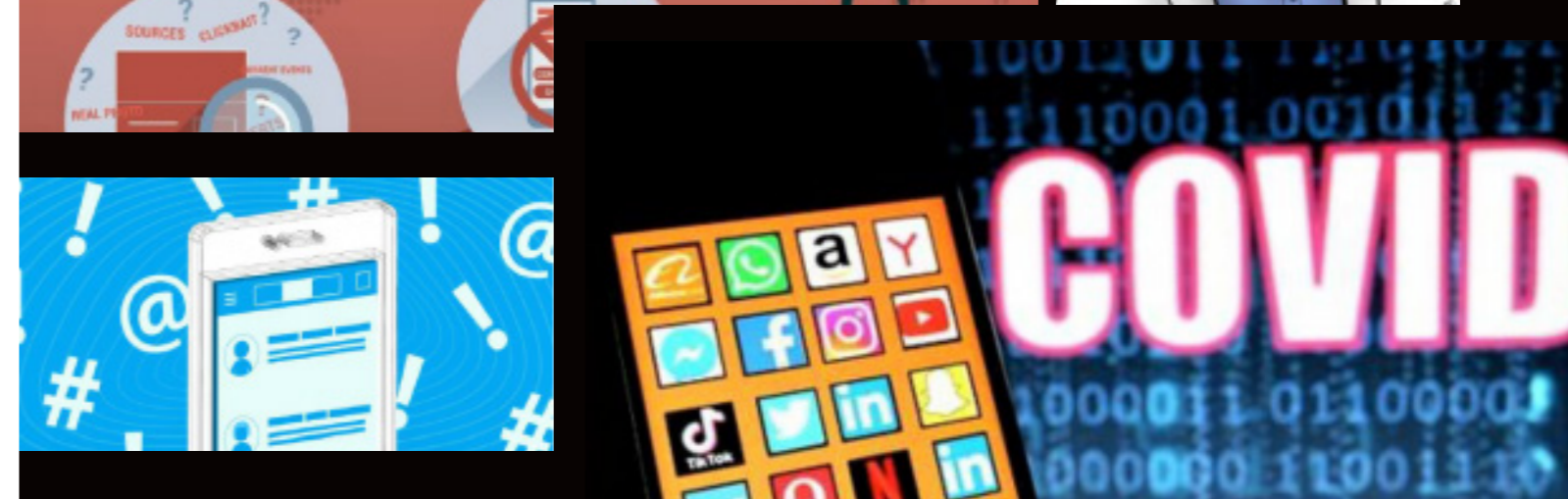
We are excited to announce a new multi-year partnership with Reckitt which will combine LSHTM’s rigorous research and evaluation expertise with a global leader in hygiene

awareness and behaviour change. Our ambitious partnership will bring together not only LSHTM and Reckitt, but LSHTM’s wider network of global collaborators in Europe, USA, sub-Saharan Africa and Asia.

LSHTM plans to work together with our multidisciplinary experts to produce a robust and innovative programme on research and innovation, behaviour change and education, and policy and practice. Reckitt’s donation will dramatically increase LSHTM’s ability to produce world-

leading research to address gaps in our knowledge and understanding of health hygiene at this crucial point in history.

We will use this opportunity to foster collaborative working practices and enable LSHTM to act as a convening body, bringing together visiting lecturers, policymakers, industry partners and influencers from around the world. It will support the next generation of hygiene health experts by recruiting rising stars working in hygiene health.



Pontiano Kaleebu and Helen Weiss elected as Fellows of the Academy of Medical Sciences

Two eminent scientists from LSHTM, Professors Pontiano Kaleebu and Helen Weiss, have been elected Fellows of the Academy of Medical Sciences.

Professor Pontiano Kaleebu is the Director of the Uganda Virus Research Institute (UVRI) and of the MRC/UVRI and LSHTM Uganda Research Unit, where he heads the Pathogen Genomics, Phenotype and Immunity programme. He is also a Professor of Immunovirology at LSHTM. His main research interest has been in understanding protective immune responses that could lead to the development of an HIV vaccine and he was one of the investigators in the first HIV vaccine trial conducted in Africa. He also leads the HIV drug resistance Technical Working Group in Uganda and

his programme hosts the National HIV drug resistance reference laboratory.

Professor Helen Weiss is a Professor of Epidemiology and Director of the MRC Tropical Epidemiology Group at LSHTM, with a focus on research into HIV, mental health, sexual health and adolescent health in low- and middle-income countries. She has long-term collaborations in Zimbabwe, Uganda and India, and focuses on intervention trials delivered by trained lay health-workers – for example, to improve uptake of HIV testing, linkage-to-care and treatment adherence among young people, and to effectively treat depression, anxiety and alcohol use disorders through talking therapies.



Professor Pontiano Kaleebu



Professor Helen Weiss



Indian Maternity Hospital, Nairobi, 1930. Hiralal Topiwala standing second from right on the back row

Friend of LSHTM Harshad Topiwala, explains why he's chosen to remember LSHTM in his will

In loving memory of Geekorben Topiwala

Friend of LSHTM Harshad Topiwala has worked and lived around the world as a Senior Executive, non-executive Board member, and in the UK as Vice Chair and Chair of NHS Trusts. He has a keen interest in history and was an Honorary Research Fellow at the School of History in the University of Kent. His research on colonial medicine can be found in, 'Indian Doctors in Kenya: The Forgotten Story, 1895–1940'.

In this article, Harshad shares the story of Geekorben Topiwala, his family's extensive history working with tropical medicine, and his father's dedication to equal education for women.

Harshad's father, Hiralal Topiwala, was born in a remote village in India in 1899. Hiralal tragically lost both of his parents to an epidemic, either cholera or the plague, aged around six. Geekorben Topiwala, a widowed aunt in their close-knit community, offered to look after Hiralal and

his brother, and provided a loving home for the two young boys.

"Geekorben showed tremendous kindness and generosity to my father and uncle," explains Harshad. "Realising my father's academic gifts, and in an incredible act of self-sacrifice, she sold her home to support his education, enabling him to fulfil his dreams of becoming a doctor.

"My father relocated to Mumbai in 1925, 22 years before the end of British colonialism in India, to study for his doctorate in tropical medicine, inspired to right the wrongs of his personal experiences of the loss of his parents to a tropical disease." He later migrated to Kenya, and had four daughters, along with Harshad.

"It was a very conservative society in Kenya at that time, culturally a woman's position was in the home, it was considered abnormal for women to pursue further education".

His father's push for gender equality was in complete gratitude to his foster mother, Geekorben. "I am proud to say my eldest sister went on to become the very first Kenyan born Indian Doctor, and all of my sisters have successfully followed in my father's footsteps by working in tropical medicine during their lives, the eldest three as doctors and the youngest as a pharmacist.

"I'm choosing to remember LSHTM in my will because tropical medicine is the focal point of my family's heritage, and I would like to give back by remembering Geekorben whose kindness and selflessness made all of this a possibility".

Making a gift to our School in memory of a loved one will keep their memory alive through our ground breaking work. For more information, please contact: Sarah.Enderby@lshtm.ac.uk.

Royal recognition for 'Queen of Hygiene' Professor Val Curtis

Professor Val Curtis, who passed away in November 2020, has been posthumously awarded WaterAid's President's Award. The award is the highest honour the international charity can give and is acknowledged and signed by its President, HRH The Prince of Wales.

Professor Curtis was the Director of the Environmental Health Group at the London School of Hygiene & Tropical Medicine and was known as 'The Queen of Hygiene' by friends, fans and colleagues.

Over an incredible career of more than 30 years, Professor Curtis led research that put hygiene behaviour change including handwashing on the political agenda across the world and advocated that decent toilets be made normal for everyone, everywhere.

She co-developed an approach known as Behaviour Centred Design to create and test interventions in hygiene, sanitation and other behaviour-related issues, which has informed robust behaviour change programmes in many low- and middle-income countries, as well as the response to COVID-19 globally. These programmes have, in turn, helped save thousands, if not millions of lives.

Give to the Val Curtis Memorial Fund



Remembering HRH Prince Philip

HRH Prince Philip was a great supporter of LSHTM's work for almost 70 years.

LSHTM was deeply saddened to learn of the death of His Royal Highness Prince Philip, Duke of Edinburgh in April 2021.

Prince Philip became LSHTM's patron in 1952 and made numerous visits to LSHTM,

including during its centenary celebration in 1999. In more recent years, HRH hosted our closest supporters at Buckingham Palace.

HRH remained patron of our School after he stepped down from public duties. In

2020, in his first public statement since retirement, HRH thanked those helping to tackle the COVID-19 pandemic, including LSHTM.



HRH The Duke of Edinburgh, Prince Philip, visiting LSHTM. Credit: LSHTM Archives



Dr Jeroen Ensink

Ensink memorial scholarship inspires students to pursue humanitarian work

The Jeroen Ensink Memorial Fund commemorates the life and work of Dr Jeroen Ensink. Dr Ensink was a Senior Lecturer in Public Health Engineering at LSHTM and was a popular and much loved member of staff. The scholarship fund was established following his tragic death in December 2015.

Dr Ensink was an internationally-renowned water engineer and dedicated humanitarian. He was passionately committed to improving access to water and sanitation around the world, including in low- and middle-income countries (LMICs) where children continue to die due to the lack of basic services. At the time of his death, Dr Ensink was leading work to improve the control of cholera in emergency situations. He worked closely with research institutes in Africa and Asia and devoted much effort to support them in developing research capacity.

The Jeroen Ensink Memorial Fund supports MSc scholarships for students from sub-Saharan Africa or South Asia to undertake an MSc in Public Health for Development.

In 2019 Simon Oware Kadima was awarded the Ensink Memorial Scholarship. He said:

"I am passionate about working with communities affected by the devastating effects of humanitarian crises and have a keen interest in Water Sanitation and Hygiene, child protection and health. I applied to the programme at LSHTM to advance my knowledge in public health for LMICs and enhance my skills for work in the humanitarian sector.

"The Jeroen Ensink Memorial Fund Scholarship made it possible for me to enrol in a program comprising of students from diverse backgrounds, with rich public health experience from varied contexts. We have had peer-learning sessions that have broadened my perspective and knowledge of public health programming. I also found the module selections for the programme fulfilling since they spoke directly to my areas of interest. Through my tutor, I was introduced to the Environmental Health Group at LSHTM, which produces world-class research in WASH & Health.

"The highlight of my academic year was a disease outbreak investigation exercise in the 'Epidemiology and Control of Communicable Diseases' module. This activity coincided with the escalation of the COVID-19 outbreak. The relevance of the module and the perspective that



Ensink scholar Simon Oware Kadima

I gained amid the international reaction and response to the pandemic cannot be overstated. It has been equally inspiring to witness our module leaders and other lead researchers at LSHTM being involved in both the UK government and global response strategies."

Give to the Ensink Memorial Fund



COVID-19 alumni stories: Dr Shafir Kassim

Dr Shafir Kassim completed a Diploma in Tropical Medicine and Hygiene in 2018, and an MSc in Tropical Medicine and International Health in 2019. He is now working as an Assistant Professor in the Department of Internal Medicine for Kasturba Medical College Hospital, Mangalore.

How has the COVID-19 outbreak affected your work?

I resumed my services at the hospital as a consultant in Internal Medicine from September 2019, upon returning from my studies in London. I was slowly getting accustomed to my workplace when the news about the emergence of a new virus in China came to light. Things slowly started changing at my hospital since then, and by March changes took a different dimension in the form of wearing a face mask, strict hand hygiene, social distancing and visitor restrictions inside the hospital. Ignaz Philipp Semmelweis would have been happy seeing physicians strictly following hand hygiene.

The smiling face of the physician was hidden behind the N95 mask, and the soul of medicine was lost due to minimal touch policy. Initially, there was a lot of anxiety concerning receiving and treating these patients at our hospital, as there was no standard operating procedure available. We started working in the hospital for three days and working from home for three days. This was something which we were not accustomed to as doctors. All this was done to protect and reduce the spread of the disease inside the hospital premises. Multiple teams had to be built, responsibilities had to be shared, and policies for running the hospital had to be formulated. I was appointed as the nodal officer for COVID-19 in my hospital as well. My new line of work included involvement in administration, along with being a consultant.

How have you been responding to the outbreak?

I had to shift my attention to policy-making to ensure the preparedness of our hospital as per Indian Government protocols. I had to put aside treating other diseases like non-communicable diseases, tropical infections and the like, only to treat COVID-19 suspect and positive patients. I updated myself by reading various national and international journals. To sum up, I was eating, sleeping and breathing COVID-19.

How has LSHTM's training helped you during this outbreak?

Getting trained in the clinical aspect of infectious disease, preparedness and response to an outbreak have helped me render my services at the hospital during this crisis period in an effective manner. This training has also aided me in preparing infection control protocols for keeping the healthcare workers and patients safe.

The world is going through a difficult time, and we should all unite, rise to the challenge, put our best foot forward and win our fight against the COVID-19 pandemic.

I wear a mask to protect you, and you wear a mask to protect me.



Interviewer:
Okuda Taylor



Dr Shafir Kassim in full PPE

Obituary: Professor Adetokunbo O. Lucas

We are greatly saddened to learn of the death of Professor Adetokunbo Lucas, renowned global health leader. His connections to LSHTM were many. He spent the period October 1959 to February 1960 completing our School's course in tropical medicine; he was Heath Clarke lecturer in 1978, awarded LSHTM's honorary fellowship in 1983, and was the honorary president of the alumni association between 1991 and 2002. The Lucas room in our Keppel St building was named in his honour in 2004.

Professor Lucas was a huge contributor to global health through his research, leadership and mentorship. He was the pioneering director of TDR - the Special Programme for Research and Training in Tropical Diseases - which is co-sponsored by the WHO, the United Nations Children's Fund, the United Nations Development Programme and the World Bank.

His distinguished career also included positions as Head of the Department of Preventative and Social Medicine at the University of Ibadan (Nigeria), Professor of International Health at Harvard School of Public Health, and the first Chair of the Strengthening Human Resources in Developing Countries Program at Carnegie Corporation of New York. His research has contributed new knowledge on the epidemiology of malaria, schistosomiasis and other tropical infectious diseases.

LSHTM's Professor Sir Brian Greenwood said: "I first met Prof Lucas when I started my career in Africa in 1965 at University College Hospital Ibadan. Prof Lucas was very supportive of this inexperienced young researcher and continued to provide encouragement during the rest of my time in Nigeria and afterwards. Many others across the world could tell a similar story of the way he supported them in their research and career."

Professor Anne Mills, LSHTM's Deputy Director and Provost, said: "I had the huge pleasure of interacting for a number of years with Professor Lucas in the international advisory committee for the Prince Mahidol Award. He was hugely erudite, and kept up to date with global health research and development well into his eighties."

In his professional career, Professor Lucas sat on various advisory boards of the Rockefeller Foundation; Edna McConnell



Professor Ade Lucas

Clark Foundation; Carter Center; the Wellcome Trust Scientific Group on Tropical Medicine; the Bill and Melinda Gates' Children's Vaccine Programme; the Governing Board of the Global Fund for Fighting AIDS, Tuberculosis and Malaria; and the Governing Board of the Centres for Agriculture and Biosciences International. He chaired the Global Forum for Health Research when the new entity was established to promote international health research.

His work was recognised through many awards and honours including the Harvard Medal, the Carter Humanitarian Award, the Mary Kingsley Medal of the Liverpool School of Tropical Medicine, Honorary International Fellow of the American Society of Tropical Medicine & Hygiene, and the Harvard School of Public Health Alumni Award of Merit.



Processing blood samples in the MRC laboratory in Keneba, rural Gambia

Improving global health and responding to the climate emergency: sustainability at LSHTM

As a global health institution, LSHTM recognises our impact on the environment due to the nature of the work we do. We are taking significant steps to ensure this impact is mitigated, and have a plan to deliver our mission to improve health and health equity in a sustainable way. This includes reducing our carbon emissions and improving our overall environmental performance.

In response to the UK Parliament declaring a climate change emergency in 2019, we developed a comprehensive energy and carbon management plan with a commitment to achieve net-zero emissions by 2030.

Solar Power

The MRC Unit The Gambia at LSHTM is leading the way in solar power use. Officials from the Gambian Government's Ministry of

Petroleum & Energy and the United Nations Industrial Development Organization attended the historic inauguration of a solar power generation system at MRC Unit The Gambia at LSHTM - the biggest of its kind in The Gambia. It will produce 920 megawatts per annum, reducing energy bills by 25% and cutting 1,250 tons of annual carbon emissions. The initiative was also highlighted by the Gambian Government at COP25 in Madrid.

Catering

LSHTM is a Fairtrade accredited university. We are committed to supporting Fairtrade in the products we procure and are seeking new ways to incorporate and promote Fairtrade across catering and other services.

In 2019, food served in our cafés and at catered events was redesigned to feature a 'Planetary Pick' menu that provides

a healthy diet which also minimises environmental damage to our planet.

Eco-friendly cleaning products are also used to keep areas clean and fresh without the use of harsh, synthetic chemical solvents. LSHTM is working on a third-party certification called Green Kitchen Standard.

Last year we also made the decision to make catering at our alumni events and receptions vegetarian or vegan. Alumni responded positively to this, and this will continue once in-person events resume.

Business travel

As highlighted in our Energy and Carbon Management Plan, business travel is a big part of our carbon emissions. We are committed to making changes in this area, in order to achieve our goal to be net-zero

Continuing our sustainability success



42% reduction in carbon emissions from 2012/13 to 2018/19



Water consumption reduced by > 6,500m³ in 2018/19



Increased recycling rate to 68% in 2018/19 from 61% in 2017/18



New solar power system providing 25% of The Gambia MRC Unit's power

carbon in 2030 we had to look very closely at our travel trends.

We have just finished collecting data from our travel survey. This will help us analyse the pre-COVID-19 business travel trends and to plan for a more sustainable future.

To help us identify our position in the Higher Education Sector we analysed other institutions, charities and also the private sector in order to be able to benchmark where we are.

Sustainable laboratories

We recognise the value of laboratories in perpetuating world class research. However, labs can have some negative operational impacts. Particularly, they are often attributed to high energy and water consumption (up to 10x more energy per

square meter than non-laboratory areas), as well as hazardous and non-hazardous waste generation compared to other sites across the Bloomsbury colleges. Working with operational and academic partners, we are committed to improving sustainability practises across all laboratories, which in turn will create safer working environments and increased operational efficiency.

Collectively across labs there are opportunities to have an overarching positive impact on the environment, economy and society.

LSHTM has won a sustainable labs award previously. The Sustainable Labs initiative has been named as the winner of the Laboratory Improvement category at the 2019 S-Lab Awards. The bottom-up initiative has saved the School at least £300,000 in equipment, energy and waste.

Dr Anna Goodman conducts research on the effectiveness of transport interventions on public health and the environment with cyclist Natasha Rodney. Credit: Christian Sinibaldi





New Planetary Health partnership with Stanford University

LSHTM's Centre on Climate Change & Planetary Health together with the Stanford University's Centre for Innovation in Global Health and the Stanford Woods Institute for the Environment, have joined forces to create a new Post-doctoral Fellowship in Planetary Health to support early-career researchers tackling pressing questions in this emerging field.

Research in the field of planetary health is developing fast and requires novel approaches that focus on developing evidence for policy and real-world interventions. LSHTM and Stanford are leaders in the field, and their collective expertise brings together more than 100 scientists active in aspects of planetary health and policy solutions.

While fellowships are typically hosted in one institution, this partnership gives researchers a unique opportunity to engage in a range of disciplines and pursue ground-breaking research. The Planetary Health Fellows will spend time with senior faculty mentors at both LSHTM and Stanford. Fellows will also engage in research with local partners in countries such as Bangladesh, The Gambia, India, Uganda and Zimbabwe.

Funding comes from the Gordon and Betty Moore Foundation, the Sean N. Parker Center for Allergy and Asthma Research at Stanford University, and Bob and Kathy Burke.

"This joint initiative emphasises planetary health as an area of urgent and critical

investigation," said Professor Alan Dangour, Director for the Centre on Climate Change & Planetary Health at LSHTM. "As well as inspiring planetary health researchers to think in new ways, the research will help us generate high-quality, evidence-based solutions for the health of people and the planet.



River taxis ply the waters across the Buriganga

Nurturing the next generation of health leaders

LSHTM aims to inspire future global health leaders and to improve health equity around the world. For 20 years, LSHTM has offered local young people the chance to find out more about a career in global health through our award-winning Young Scientist Programme.

The innovative programme began in 2001 when 15 secondary school students from Barking and Dagenham entered our Keppel Street building for the first time. The programme was launched to address the need to raise awareness, aspirations and attainment of under-represented groups towards scientific research and higher education. For many young people, this was the first opportunity for them to see and experience first-hand how biomedical research is conducted.

The Young Scientists Programme is open to students aged 14-18 from London state comprehensive schools. Since its launch, over 600 school students have taken part. Participants spend one to two weeks at LSHTM. Working in small groups, they devise a biomedical research question and hypothesis, conduct original research and

prepare a final presentation to be given at an open scientific seminar on their last day.

Young scientists have fed back that the experience is transformative and for many, it has opened doors to a career in science. One former Young Scientist participant said: "Following sixth form, I went on to study for a BSc in Biomedical Sciences and then an MRes in Inflammation. I am now about to graduate with a Bachelor's in Medicine and Surgery, and I continue to have an active interest in scientific research. I hope to one day complete a PhD."

Former LSHTM Director and Professor of Public Health and Primary Care, Professor Sir Andy Haines commented: "It has been impressive to see how many young people have excelled as Young Scientists. Many participants have gone on to study science subjects at university with the prospect that they will occupy leadership positions in the future. The Programme provides a taste of working in an institution committed to high-quality science with a global impact. It has widened opportunities for participants but also forges invaluable links between LSHTM and its local community."

Students from the Young Scientists Programme at LSHTM



Message from the Alumni Team

The last academic year began with LSHTM's 120th anniversary celebrations. We planned an exciting programme of activities to commemorate the occasion, including holding over 120 events around the world. Thank you so much to all our fantastic alumni volunteers who held events. We had hit the 60 event milestone when life dramatically changed for everyone as a result of the COVID-19 pandemic. Our focus shifted from celebrating the past to protecting the future and responding to the global crisis.

As a result of the pandemic, we shifted our activities online. We launched a series of wellbeing events, including quizzes, panel discussions, virtual networking and monthly yoga. We recognised the importance of connecting our alumni, staff and students and were delighted to launch LSHTM Connect, our new online networking platform. We also sent a weekly COVID-19 newsletter to make sure people were kept up-to-date with the latest news and information.

Students and staff volunteered to work with the Alumni team on a number of exciting projects. One of the projects mapped alumni involved in the global COVID-19 response. We profiled over 100 amazing alumni, staff and students for our COVID-19 stories series. You can read these on our alumni blog. Thousands of alumni also volunteered to take part in LSHTM's COVID-19 crowdsourcing project. These initiatives really highlighted the amazing impact of our global alumni network. Thank you so much to everyone who took part.

In 2019 we launched a mentoring pilot, recruiting over 70 mentors to support students studying MSc Public Health for

Development, MSc Epidemiology or a doctoral programme. Based on the feedback, we have refined the programme and extended it to all LSHTM students and alumni. The mentoring programme is run through LSHTM Connect and training and support is available throughout the year to mentors and mentees.

We appreciate that studying for a degree during a pandemic is a uniquely challenging experience, so additional support has been made available to students. This includes a new Student Buddy System, matching the class of 2020 with the class of 2021. This initiative was driven by the students from the class of 2020 and we were very glad to support it.

Our alumni gave generously to our COVID-19 response fund, which supported innovative projects and interventions. Gifts to the LSHTM Fund supported scholarships to train the next generation of health leaders. We were overwhelmed by the amazing response of alumni to our fundraising initiatives. In the last financial year we raised £173,000 from gifts from our alumni and friends and £7million from philanthropic donations. This was the most we have raised in a single year and a testament to the important work of our School and the kindness and commitment of our alumni community.

This has been a difficult time for everyone, but we are so inspired every day by you, our incredible alumni community. We are so proud to work for LSHTM, with such fantastic colleagues. We are here to support you, so please do not hesitate to get in touch if there is anything we can help you with.



Alumni Officer Georgina Jones and the alumni team welcoming guests at a Career networking event



Head of Alumni Relations and Regular Giving Alice Perry with staff, alumni and friends meeting a friendly medical detection dog at an LSHTM reception



Director of Development and Alumni Relations Valerie Boulet



A tour of LSHTM's historic Keppel street building

COVID-19 alumni stories: Dr Luunga Ziko



Dr Luunga Ziko (DTMH, 2019) works as a Registrar in Infectious Diseases and Internal Medicine at the University Teaching Hospital in Lusaka, Zambia. Here, he explains how COVID-19 has taken over his work.

“My work is centred on infectious diseases such as HIV, TB, and many other bacterial, fungal and viral infections as well as Antimicrobial Stewardship. The COVID-19 outbreak has shifted my attention towards its response and so I have not been able to deal with my usual duties. I no longer work in the medical wards but have been working in other hospitals and provinces helping to set

up facilities and offering technical support to the health care workers.

“As part of the countrywide infectious disease team in Zambia, we have been training health workers countrywide in case management and infection prevention. We have been involved in coordinating activities at various isolation facilities, as well as attending to patients. We have come up with strategies to ensure other essential services such as HIV care and TB are not neglected. The success of the COVID-19 response has been largely due to the programme riding on already existing health systems used successfully in the HIV/TB fight.”

Alumni stories: Joel Aik



Joel Aik (MSc Epidemiology, 2011) works as an Environmental Epidemiology and Toxicology Director for the Environmental Health Institute National Environment Agency, Singapore. He wrote for LSHTM’s alumni blog, explaining his journey since leaving LSHTM and his advice for current students.

“I was offered an agency fellowship to train as an Epidemiologist, and I wanted to learn from the best, so LSHTM was a natural choice. LSHTM left a deep burning desire in me to apply the skills and knowledge that I had acquired. Though I actively sought opportunities to apply my newfound expertise, I was somewhat disappointed that the subsequent back-to-back job roles in policy formulation and implementation I took on required little of what I had learnt. So I contemplated my future.

“In July 2015, when my son turned two and my daughter had just experienced her first month of life, I started on a research-based

public health doctorate at the University of New South Wales (Sydney, Australia) with my agency’s blessing. I was thrilled to apply the LSHTM epidemiological training to my research on food-borne diseases in Singapore. I have always connected with my LSHTM course mates through Facebook and enjoy reminiscing about our past days. I am also a beneficiary of their epidemiological expertise which I tap on now and then without shame.

“I took up a full-time research position at the Environmental Health Institute in April 2018, overseeing their focus areas on epidemiology, ecology and diagnostics. My professional experience over the last two decades in public health with the agency has enriched my perspective about the intersections of life, family, work and society. I dreamt about pursuing research as a career after LSHTM and had to wait almost a decade before I was given the opportunity to do so. Along the way, my children and my wife survived my

fatherhood, I survived my own growing eccentricity, and I gained peace in understanding that there is only so much that one person can achieve alone. Without the support of my family and friends, my life would be nowhere near meaningful today. I have been blessed.

“One memorable quote from Steve Jobs comes to mind when I look back at my life: ‘... you can’t connect the dots looking forward; you can only connect them looking backwards.’ My advice to current students is not to wait for the dots to come to your doorstep. Go out, find what you love and give meaning to each of those dots that come your way. Some dots will be easier than others but remember that the tougher ones always have character-moulding elements to them. How you respond to them will determine the manner in which you go on to inspire and motivate others. I hope to inspire other individuals to give their best in whatever they do and also get more research published, lots more!”



Like Joel, you can share your story with LSHTM on our blog – email alumni@lshtm.ac.uk for more information



Maria, working to reduce Tuberculosis in Karachi, Pakistan.



LSHTM Fund: Your gift in action

Dr Maria Rauf Jaswal shares her experiences.

We are so grateful to the kindness and generosity of our LSHTM Fund donors. Each year, your support funds our LSHTM Fund Scholarship so an exceptional student can study at our School. We caught up with this year's scholar, Dr Maria Rauf Jaswal, who is studying for her MSc in Public Health for Development.

Congratulations, Maria. Tell us a bit about yourself.

I was born and raised in Karachi, Pakistan and have lived here all my life. I have now been a fully qualified medical doctor for eight years. I went on to join The Indus Hospital in Karachi as a Research Associate, with a focus on data analysis and monitoring. For the past three years, I've been working as a Programme Manager for the same hospital, leading a TB Prevention Treatment service. We have now implemented the service in both public and private health facilities in Karachi, introducing new preventative medicines at a small scale by focusing on clinical trials in programmatic settings. The service has not yet been implemented in higher TB burden settings or at a larger scale which is something we'd like to develop.

What led you to specialise in this field and to your particular course of study?

During my practice and fieldwork, I began to realise that although I have a thorough

understanding of the work involved from my training as a medical doctor, there were some areas where I lacked certain skills, along with gaps in knowledge and practical experience. The reason I applied to schools outside of Pakistan was because I wanted to be exposed to people from across the developed and developing world. An essential reason I applied to LSHTM was for the calibre of professors, teachers and tutors, who bring with them a huge amount of experience from global settings.

How has your experience of studying at LSHTM been so far?

As a student during the COVID-19 crisis, I was unable to move to London and study face to face. Despite this, learning remotely has been excellent. It's been great that my fellow students have all been really supportive of each other through social media and several WhatsApp and Zoom groups. I'd say the best thing about studying remotely is how supportive and helpful my teachers have been during this difficult time. When I've asked for extra time or additional support, I have consistently received what I needed. Before COVID-19, I'd never felt comfortable with video meetings as I worried that it would be challenging for me to stay engaged. Thankfully it's been good as my teachers have made the lessons as interactive as possible, with breakout groups with other students, teachers and coordinators regularly incorporated into the

course. Everyone is trying to give us the best possible experience.

Do you have a message to our alumni community whose donations fully support the LSHTM Fund Scholarship?

I cannot describe the level of gratitude I feel to everyone who donated to fund this scholarship, and to those who selected me, I feel truly honoured. I would never have been able to afford this course on my own, so the only way for me to pursue this kind of study was through a scholarship. Studying for an MSc in Public Health for Development at LSHTM was my top choice, and receiving this scholarship has filled me with confidence and hope. I now feel more able to deliver high-quality work and plan to utilise the knowledge and experience gained at LSHTM to help others in need.

Once again, a big thank you to our alumni community for your kind donations. My scholarship has been made possible by your generosity. It will remove the barriers to education so many face, changing lives and furthering LSHTM's mission to improve health and health equity worldwide.



LSHTM merchandise

In Winter 2020 we launched our hoodie featuring an illustration of the African baobab tree, drawn by renowned tattooist Rebecca Vincent, alongside our WHO European standard LSHTM face mask.

Both are now back in stock but selling quickly, alongside our white long-sleeved t-shirt featuring stylised elements of the iconic LSHTM seal on the back, palm tree from the seal on the front, and 'LSHTM' written along the left sleeve; as well as our mosqui-toe socks, pens, mugs, and other merchandise. All profits from our merchandise go to LSHTM's COVID-19 Response Fund.

 giftstore.lshtm.ac.uk



LSHTM Connect


We are excited to announce the launch of LSHTM Connect. This new website and app allows you to connect with people sharing your professional or academic interests, network online and get involved in projects.

LSHTM Connect includes an improved alumni directory and jobs board. You can join a chapter group to connect with alumni in your area. You can organise events, RSVP for events and share photos.

LSHTM Connect allows you to interact with other alumni and staff, helping to grow your network. We will post important LSHTM

information on the feed, so you are always up to date.

LSHTM Connect also allows you to interact with students, helping you inspire and support the next generation of leaders of global health. You can volunteer to join our mentoring scheme. You can also let students know if you are willing to help make introductions or happy to offer career advice.

 You can join thousands of LSHTM alumni, staff and students around the world by signing-up at www.lshtmconnect.org



Thank you to all our supporters

We are so grateful to our community of donors. With your support we have been able to provide scholarships to exceptional students, advance our research, and respond to COVID-19.

We were blown away by your support last year, with people giving more than ever before. LSHTM raised £7 million from philanthropic

donations, including £173,000 from gifts from our alumni and friends. In a challenging year, this support means we could fund new scholarships and vital projects. Every gift we received made a difference.

Thank you so much.



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Alumni who have given to LSHTM from 1 August 2019 to 31 December 2020.

Alumni letters



50 years since graduating

Arthur Webster (Diploma in Bacteriology, 1970)

"The standout memory for me from LSHTM was attending the few lectures presented by Sir Graham Wilson, who was well into his 70s, and having ridden his bicycle to LSHTM would literally enthrall the class with his stories about discoveries of causes of nasty human diseases such as brucellosis and salmonellosis in earlier times. Professor Arie Zuckerman's lectures on his hepatitis research progressively unravelling the mysteries of the virus utilising the laboratory techniques of the newly emerging genetic technologies have also stayed with me throughout my career."



Refectory reflections

Joel Aik (MSc Epidemiology, 2011)

"Friday fish and chips (and decadent cake) at the refectory was a mandatory weekly treat for myself and some of my course mates. After three weeks, we grew tired of paying 10p per packet of ketchup (I usually had five packets), so I decided to buy a bottle of Heinz ketchup for £1.10. My course mates and I were thrilled that the ketchup lasted the rest of that semester (I'm sure the refectory cashier wasn't)."



LSHTM's COVID-19 micro-tasking project

Angel Vicario (Health Policy, Planning & Financing, 2011)

"When I heard about the COVID-19 volunteering project LSHTM was launching, I signed up to participate.... It has and continues to be a learning process which I have had to include in my daily routine, but the teamwork has been exceptional. Whenever there was a doubt, a question or anything that was not clear, the group answered. Initially, it was Chris Grundy answering from before dawn until way after sunset. As the group established, the activities improved, we got more experienced, some of the volunteers started supporting and contributing not only as passive but also as active members resolving doubts."

"This team spirit, this cooperation between us has been the key to success and at least for me, it has pushed me to be willing to go through sleepless hours to support the activities with my time and experience. It has not been easy having to add extra work hours to the COVID-19 newly created daily work-house routine, but it has been worth it."

"I am proud and thankful to be part of this. It was a great initiative to open the possibility of participating in this data analysis group to the LSHTM alumni. Another strong point is that the power of committed, well-driven efforts can achieve great results. Thank you LSHTM for keeping us together and making us part of your initiatives."

If you would like to share your memories or 'years since graduating' story, please email alumni@lshtm.ac.uk for more details



Arthur Webster and classmates in 1970

Why I volunteer

"My stay at LSHTM as a student of public health was a gateway into viewing the world of global health in different perspectives. I met people of diverse views while in the school and the experiences garnered culminated into re-energising the LSHTM Alumni Chapter in Nigeria since 2013."

"The group has been able to bring alumni together while providing the needed direction to prospective students. It's indeed heart-warming

to socialise with alumni while learning from different expertise abound in the group. Join us today for the exquisite experience."



Francis Mbanefo
MSc Public Health 2012,
Nigeria Alumni Chapter

Why I fundraise

"LSHTM is the home of CureME/ MECFS biobank. I fundraise for CureME because I have Myalgic Encephalomyelitis myself and one day I want someone in a white lab coat to tell me why I have this dreadful condition. Words cannot express my gratitude for LSHTM's efforts for my community; they undertake and enable fantastic research into the disease around the world."

"CureME need funding to continue their amazing work. They truly are experts in this area and were a 'safe

space' in 2019 when I visited the team in their LSHTM office. It was the first time in my ME life (14 years) that I felt truly understood and not required to explain, excuse, or elaborate. They will certainly have me in their fundraising corner for the foreseeable future."

Get in touch if you would like to fundraise for LSHTM and/or one of our Centres.



Sally Callow
LSHTM friend and fundraiser

Why I donate

"LSHTM holds a special place in my heart. It is my pride and pleasure to play my part in the LSHTM's noble enterprise. As a fellow African, I am ready and willing to play my part."



You can make a gift securely online at www.lshtm.ac.uk/supportus



Rodio Diallo
MSc Public Health for Development 2015

LSHTM memories: What makes you smile

Alumni Officer, Georgina Jones, asked alumni to tell us what made them smile about LSHTM.

Kate Parker (MSc Control of Infectious Diseases, 2003): It was an inspirational building, full of inspirational lecturers and friends from all over the world, with public health in the centre of everyone's hearts.

Robert Lovesey (LSHTM Catering & Bar Manager): All the laughs we had in the kitchen, over the most stupid things. Oh how I miss my lovely staff.

Vins Cologna (Professional Diploma in Tropical Nursing, 2019): My lab sessions with Prof Clare and the beautiful moments with my fellow students in the refectory.

Katrin Gaardbo Kuhn (PhD Infectious & Tropical Diseases, 2002): The best time of my life! LSHTM shaped me as a person and an epidemiologist. Friends from all over the world. My mentors and friends; Clive Davies, Chris Curtis, their memory lives forever. Solomon's smile in the kitchen.

Tehmina Jamshed (MSc Public Health Nutrition, 2004): The friends I made, for life, from all over the world. And finding out who I am and what I want from my life.

Lusubilo Malakibungu (MSc Medical Microbiology, 2016): Study tour to Cambridge, Sanger Institute and the security staff at the entrance.



LSHTM's art deco Keppel Street Library

Khin Maung Gyi (MSc Occupational Medicine, 1972): Remembering a classmate who always started twitching his moustache so as not to fall asleep during the afternoon lectures.

John Dearlove (Professional Diploma in Tropical Medicine & Hygiene, 2010): Lots about my Diploma but the best was the nearby Art School and the Life Drawing Class! One of my colleagues from abroad said that she wished that she had known about these at the beginning of our course.

Selben Penzin (MSc Public Health for Eye Care, 2015): A fusion of cultures, friendly conversation and meals at the cafeteria at lunchtime!



Cheryl Whitehorn introducing TMHI students to Giant Spiny Stick Insects in the LSHTM Teaching lab

Judith Glynn's art displayed in LSHTM's Keppel Street South Courtyard



Judith Glynn
Credit: Maggie Robinson

Spotlight: Professor Judith Glynn

What is your role at LSHTM?

Professor of Infectious Disease Epidemiology and, since 2019, Head of the Doctoral College.

Can you tell us a little bit about your areas of research?

My work covers many areas – from the molecular epidemiology of tuberculosis to trying to understand why girls drop out of school. That sounds strange, but there was a logical progression: working on tuberculosis in Africa leading to work on HIV; investigating high HIV incidence in young women leading to the link with school drop-out. In general, I like using epidemiology to try to understand the transmission, pathogenesis, and severity of infections.

How long have you worked for LSHTM?

Thirty years! After a few years in clinical medicine, I came to LSHTM to do the MSc in Epidemiology, followed by a PhD. And never left. After my PhD, I started working with a research project in Malawi, which I have continued to work with to various degrees throughout my career.

What is the best thing about working for LSHTM?

The people and the work that everyone does. There are always interesting and impressive studies to learn about. I also enjoy teaching and the enthusiasm of each generation of students, and the opportunities to travel.

What are some of your favourite memories from your time at LSHTM?

The year I did my MSc was amazing. I had finally found what I wanted to do and was meeting people from all over the world, some of whom are still close friends.

Eating lunch on the front wall in the sunshine is another highlight – and an excellent way of networking.

What are some of your interests outside work?

Hill walking, travel, and sculpture.

Some of your sculpture is displayed in Keppel Street. Can you tell us a bit about your art?

I started to sculpt 12 years ago in response to depression. There were things I needed to express in that way. Some of my sculptures represent the limits of human relationships: you can come close to others, but ultimately you are on your own. Many draw on the human form, including portraits, others are abstract or conceptual. I use a range of materials and techniques, recently mostly wire and wood, see judithglynn.zenfolio.com. As well as the sculptures at Keppel Street, other science-inspired sculptures include a mobile of the phylogenetic tree of Indo-European languages (at SOAS) and the J-shaped curve of mortality (in pieces in my office). This was an illustration of the work I did during my sabbatical on the way severity of infectious disease varies by age.

What are you looking forward to doing in the year ahead?

Like everybody this year, I expect, the key thing I am looking forward to is returning to normality, and being able to see and hug friends and family again.

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YOU ARE IMPORTANT TO LSHTM...

That's why we always do our best to keep you, our alumni community, up to date with what's happening at LSHTM and engaged with events, reunions, volunteering opportunities and fundraising campaigns. However you choose to get involved, we'll always respect your rights and choices. We want you to be aware of our latest privacy statement: www.lshtm.ac.uk/data-protection

We promise to respect any personal data you share with us, and keep it safe. We aim to be clear when we collect your personal information, and not do anything you wouldn't reasonably expect. We will tell you what we will, and will not, do with your personal data.