The urgent challenges we now face in health can only be met by intelligent, co-ordinated responses, informed by applied research that builds the evidence base for effective health practice focused on public need."

With the National Institute for Health Research, Policy Research Units, and other partnerships, we are developing a research infrastructure that taps into world-class academic resources, and the London School of Hygiene & Tropical Medicine is a key partner in these initiatives. Through its collaborative work with the National Health Service, Public Health England, National Institute for Health and Care Excellence, local government and NGOs, the School is making many vital contributions to public health, from laboratory research in infectious diseases to advising on implementation of interventions, and health service and policy evaluations.

The London School of Hygiene & Tropical Medicine is a key partner in this work, and is helping national and local governments, universities and hospitals strengthen their research and capacity, and exchange knowledge and expertise. I am honoured to be associated with this world-leading institution, and I know from personal experience how dedicated the School’s staff, students and alumni are – conducting research and taking practical action that saves lives and improves health worldwide.

"Our vision is to be a world-leading school of public and global health, working closely with partners in the UK and worldwide to address contemporary and future critical health challenges."

Our mission is to improve health and health equity in the UK and worldwide; working in partnership to achieve excellence in public and global health research, education and translation of knowledge into policy and practice.

"World no. 1 research-focused graduate school"

In 2013, the School was named the world’s top research-focused graduate school in the Times Higher Education world rankings.

Foreword

Although more of the world’s seven billion people are living longer and healthier lives than ever, we face many urgent challenges. The inexorable tide of non-communicable diseases, the emergence of antibiotic-resistance, the threat of new pandemics, and the health impacts of conflict and climate change, are all ‘wicked problems’ that impose severe burdens on health services, systems and societies, locally and globally. The School’s mission is to help address these challenges, through our research, education and innovation. To achieve this, we work collaboratively with hundreds of partners all over the world, ranging from governments and international agencies to local clinics and community groups.

This report provides a brief overview of the School’s recent work, and a glimpse of the future. It has been a year of healthy growth across all areas of activity, and many achievements by individuals and the School as a whole. For example, our postgraduate programmes – both London-based and distance learning – were commended by the UK’s Quality Assurance Agency for Higher Education, and in October the School was named by the compilers of a global league tables as the world’s leading research-focused graduate school – which reflects the growing recognition our work is receiving.

I hope you will take a few minutes to read this review, and that you find it enjoyable and inspiring.

Sir Tim Lankester,
Chair of Council

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Making an impact: now and for the long term
Peter Piot, Director

As a postgraduate and research institution we are not included in most university league tables. However, this year the School was named the world’s ‘leading research-focused graduate school’ by Thomson Reuters and Times Higher Education. As well as achieving the best overall score, coming top of a table ahead of elite global institutions, we were ranked particularly highly for indicators including international outlook, research and citations.

Impact is long-term and notoriously hard to measure. This year, the new Research Excellence Framework has required us to evaluate and document the wider societal benefits of our work. Although the process has been time-consuming, it is a good discipline for academics to assess and communicate the many benefits of our work, as it is only by so doing that we can win wider public understanding and support, as well as sustained funding.

In October this year, I attended a centennial anniversary celebration for the UK Medical Research Council at the Royal Society, at which School researchers Austin Bradford Hill, Jerry Morris and Brian Greenwood were among those named the world’s ‘leading research-focused graduate school’ by Thomson Reuters and Times Higher Education.

This year, we received an excellent report on the quality of our education programmes from the UK Quality Assurance Agency, and in the autumn achieved a significant increase in student enrolments, with numbers of London-based students up 14% on last year, reversing a dip in 2012.

While our ability to attract funding and the best staff and students is vital, these outcomes cannot be ends in themselves. Our success is rightly measured by the outcomes of our research, teaching, knowledge transfer and capacity-building activities, and the positive impact of these on society and people’s lives.

Evidence of such outcomes is manifold: around two thousand papers written or co-authored by staff and research students over the year, with significant findings ranging from new discoveries in pathogen molecular biology, to vaccine development, water quality and child health, cancer survival, HIV and tuberculosis interactions, transport and health, health services reform, medical tourism and sexual attitudes. As well as being widely cited in high-impact journals, many of these findings have achieved global media coverage.

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Income from research grants increased over 10% this year to £79 million, as set out in on page 23. Of this total, UK, EU and US government departments and agencies contributed nearly half of this total, with another 45% coming from charitable sources, including the Welcome Trust and the Bill & Melinda Gates Foundation.

In London, we joined UCLPartners, contributing to the successful bid for a new Academic Health Sciences Centre, and continued to work with University College London on the development of the Bloomsbury Research Institute as a world-leading centre for infectious diseases. Our knowledge transfer and innovation activity resulted in the development of new diagnostic tools and the launch of our commercialisation vehicle, Chariot Innovations Limited.

In October, the Oxford Martin Commission for Future Generations, of which I am a member, launched its report entitled Now for the Long Term. This calls for governments and institutions to abandon short-termism, address deep persisting inequalities, and shift priorities towards longer-term challenges that will shape our futures – hopefully a commitment which will also be a main theme of the post-2015 agenda for sustainable development. Translating such long-term vision into daily practice is very challenging, but vital if we are to avert the deep and complex crises we now face.

As a society we underestimate the scale of the challenges such as the impacts of climate and demographic change, migration and globalisation, the threat of antibiotics and emerging epidemics, over-consumption and the tsunami of chronic diseases. All health systems are now struggling: they are facing new epidemiological, demographic and technological challenges which leave them overburdened and riddled with structural inefficiencies and perverse incentives. We have to reform, innovate and work far more ‘upstream’, scalping up prevention and public health policy solutions.

Honours and awards 2013
- Anne Mills elected Fellow of the Royal Society.
- Polly Roy and Brendan Wren receive Wellcome Trust senior investigator awards, and Alex Mold wins junior investigator award.
- Neil Pearce, Andrew Prentice and Anthony Scott elected Fellows of the Academy of Medical Sciences.
- Andy Hall received a knighthood in the Queen’s birthday honours’ list.
- Clare Gilbert wins Flarst Vision Award in recognition of her work on prevention of childhood blindness.
- Nick Black awarded a Career Achievement Prize in recognition of his contribution to advancing the use of patient reported outcome measures and along with Ben Goldacre, named in the inaugural Clinical Leaders list by Health Service Journal.
- Peter Piot awarded the Hideyo Noguchi Africa Prize for Medical Research by Japan’s Prime Minister Shinzo Abe (right).
Improving health worldwide: sub-Saharan Africa

Thanks to painstaking medical research over the past few decades, millions of lives have been saved and health improved across Africa, but millions more people continue to suffer and die from preventable and treatable conditions: not only malaria, AIDS and tuberculosis, but undernutrition, diarrhoea, the complications of childbirth and, increasingly, hypertension, diabetes, cancer and cardiovascular diseases. We are also confronted by the emerging threats of new infections and pandemics. The School is engaged in collaborative research and teaching with many partners across the region. These links have been further enhanced by our participation in a growing number of international research consortia, which strengthen the capacity of African institutions to carry out world-class research.

Trachoma mapping and treatment
Blinding trachoma affects more than 21 million people globally, with up to 380 million at risk in the world’s poorest countries. The Global Trachoma Mapping Project is a consortium of ministries of health, NGOs and academic partners worldwide, funded by UK Department for International Development. School researcher Anthony Solomon, chief scientist for the project, is training teams to use smart phones to collect data on water, sanitation and hygiene, and examining people for clinical evidence of trachoma in countries including Guinea Bissau, Cameroon and Nigeria. Researchers from the School’s International Centre for Eye Health are also working with hospitals across Africa as part of the VISION 2020 Links Programme, a global initiative to eliminate avoidable blindness worldwide.

Protecting children through Seasonal Malaria Chemoprevention
Work by School researchers and partners in Senegal, Mali, Burhina Faso, Gambia and Ghana over the past decade has led to the introduction of a new prevention strategy known as Seasonal Malaria Chemoprevention. Children without symptoms of malaria receive a dose of an anti-malarial drug combination once a month during the high malaria transmission season. In 2012/13, this was incorporated in World Health Organization guidelines, and the programme extended to Chad, Niger and Nigeria.

Breakthrough on meningococcal meningitis vaccine
Results published in September 2013 showed that vaccination of almost 2 million people in Senegal, Mali, Burkina Faso, Gambia and Ghana during the high meningitis season had reduced the number of people hospitalised with meningitis by 98%, while an epidemic of meningitis persisted in unvaccinated parts of the country. The African Meningococcal Carriage Consortium carriage prevalence of the epidemic strain, serogroup A meningitis, by 98%, while an epidemic

Selected projects and partnerships

West and Central Africa

Medical Research Council Gambia Unit Centre MURAZ – Burkina Faso GENINVADE Project – parasite population genomics and functional studies Programme for improving mental health care (PRIME)

Improving the evidence base on disability

IDEAS for maternal and newborn health

Radio health messages to reduce child mortality

Community-based prevention of non-communicable diseases

Southern Africa

Youth-friendly health services – HIV prevention clinics

Zambia AIDS related tuberculosis project (ZAMBART)

Sport and HIV prevention

Human papillomavirus in Africa research partnership (HARP)

Zimbabwe study for enhancing testing and improving treatment of HIV in children (ZENITH)

CONCORD Programme – surveillance of cancer survival

Nutritional support for Africans starting antiretroviral therapy (NUTSART)

VISION 2020 Links Programme – eye health

Improving health worldwide: sub-Saharan Africa

MenAfriVac vaccine in Chad, Senegal, Mali, Ghana, Niger and Nigeria.

The African Meningococcal Carriage Consortium is investigating the patterns of meningitis and trialling the introduction of the new vaccine. The School is engaged in collaborative research and teaching with many partners across the region. These links have been further enhanced by our participation in a growing number of international research consortia, which strengthen the capacity of African institutions to carry out world-class research.

These pages show just a few of more than 50 projects and partnerships across Africa. For more details, please read our 2013 regional publications. These are available on our website, as well as a map of our work in over 100 countries worldwide www.lshtm.ac.uk/aboutus/introducing/map

Improving health systems, services and policy

In recent years, School researchers have been conducting pioneering research on health economics and health policy change. The Consortium for Health Policy and Systems Analysis in Africa, led by Lucy Gilson, joint professor with the University of Cape Town, is a partnership of seven universities in Africa and four in Europe. Kara Hanson, Lucy Gilson and colleagues are also working in seven countries across Africa and Asia in the Resilient and Responsive Health Systems research programme to improve governance, human resources and financing.

East Africa

National Institute for Medical Research (NIMR)

Mwanza Intervention Trials Unit

Human papillomavirus vaccine trials – sub-Saharan Africa

Program for resistance, immunology, surveillance and monitoring (PRISM)

Good School Toolkit to prevent violence against children

Tackling child stikey cell disease

Improving neonatal survival in southern Tanzania (INSIST)

Treatment of HIV-positive patients with visceral leishmaniasis

Ciclosporine in irony reactions clinical trial

The Consortium for Health Policy and Systems Analysis in Africa (CAHLA) is examining the effectiveness of the Generation Saxo programme for reducing risk behaviour among 16-20 year old boys and girls in Cape Town and Port Elizabeth.
The public, including patients, benefit both directly from our research via better interventions, stronger health systems, and evidence-based information and indirectly through the influence of our research. In the UK, the users of our research, and those who benefit from it, include several government departments, local authorities, the Food Standards Agency, Public Health England, and the National Health Service, trusts and charities (see page 8).

Interdisciplinary collaboration is key to facilitating the translation of our research results into policy and practice. Our School Centres cut across disciplines, departments and faculties. For example the Malaria Centre fosters a close working relationship between parasitologists, geneticists, immunologists and population biologists, epidemiologists, entomologists, economists and social scientists, enabling us to maximise the impact of our research on malaria control and prevention. Over the past five years, we have established several new interdisciplinary centres based on this successful model. School Centres are strongly multi-disciplinary, drawing on a diverse range of expertise across faculties to address global health challenges.

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School Centres

**Bloomsbury Centre for Genetic Epidemiology & Statistics**
Advances the understanding of the genetic mechanisms underlying health and disease through the development and application of computational tools and quantitative methods and models.

**Centre for Evaluation**
Improves the design and conduct of public health evaluations through the development, application and dissemination of rigorous methods, and facilitates the use of robust evidence to inform policy and practice decisions.

**Centre for Global Mental Health**
Fosters research, capacity building and advocacy in prevention, treatment and care, with the ultimate objective of reducing the global burden of mental, neurological and substance use disorders.

**Centre for Global Non-Communicable Diseases**
Strengthens and promotes research, training and international networking in non-communicable disease research and health policy.

**Centre for History in Public Health**
Improves health and well-being among people with disabilities from social, political and economic transformation.

**Centre for the Mathematical Modelling of Infectious Diseases**
Uses models to understand and predict the spread of infectious diseases and to test and guide interventions.

**Centre for Statistical Methodology**
Enhances methodological cross-fertilisation among public health researchers.

**Centre for Tuberculosis (TB Centre)**
Provides a focus for the School’s long-established global research expertise in tuberculosis epidemiology, immunology, diagnosis and treatment.

**European Centre on Health of Societies in Transition ECHOST**
Research into diverse aspects of health and health care arising from social, political and economic transformation.

**International Centre for Evidence on Disability**
Improves health and well-being among people with disabilities through excellence in research, teaching and knowledge translation.

**International Diagnostics Centre**
Improves the design and conduct of public health evaluations through the development, application and dissemination of rigorous methods, and facilitates the use of robust evidence to inform policy and practice decisions.

**Rapid Test Centre**
Improves the design and conduct of public health evaluations through the development, application and dissemination of rigorous methods, and facilitates the use of robust evidence to inform policy and practice decisions.

**MARCH Centre for Maternal, Adolescent, Reproductive & Child Health**
Implements health for adolescents, women, newborns and children through better numbers and evidence, leadership development, and active policy engagement.

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Evidence into policy case study: Txt2stop rolled out as national smoking cessation programme

Smokers are twice as likely to succeed in quitting when they receive encouraging text messages. The *Txt2stop study*, a major randomised controlled trial undertaken by Dr Caroline Free at the School, examined the long-term effects of specially-designed mobile text messages on 5,800 volunteer participants. Published in The Lancet, the study was named Research Paper of the Year by the Royal College of General Practitioners and Novartis, and won the Medical Research Council and Bupa Foundation Healthy Lives Prize.

Dr Free worked with the Department of Health to roll out the programme as a service to smokers across England, and since the launch of the service in 2012, more than 50,000 people have received smoking cessation support. 42% of participants reported quitting after 4 weeks – results which have been widely covered in professional and global media, and led to the development of smoking cessation support programmes by text message in Sweden, USA, India and Italy, and the World Health Organization.

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Media coverage 2011–13

- Bed sharing and cot death risk for young babies
- Estimated premature deaths attributable to UK summer heatwave
- John Snow bicentenary symposium and exhibition
- Malaria infected mosquitoes attracted to human odour
- Malaria vaccine: latest findings from the RTS,S phase III clinical trial
- Medical tourism and the National Health Service
- National Survey of Sexual Attitudes and Lifestyles results
- Portable eye examination kit may revolutionise prevention of blindness in low-income countries
- UK FluSurvey results from 2012/13 and launch with British Science Association in 2013/14
- World Health Organization and the School report on global prevalence of violence against women

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Top 10 media stories and highlights in 2013

- World Health Organization and the School report on global prevalence of violence against women
- Annual Report 2013

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Evidence for decision making in local government

With the abolition of Primary Care Trusts, local authorities are now responsible for public health, with guidance from NICE, and this change will potentially have major impacts across England. As partners in the NIHR-funded School for Public Health Research, we are working with policy-makers and practitioners in recent years we have developed productive and valuable collaborative links with partners in government, the NHS, Public Health England, local authorities, Royal Colleges, universities, health policy think-tanks, charities and funders including the Welcome Trust and Cancer Research UK.

We are now home to three Department of Health Policy Research Units, partner in a fourth, and in 2012 became a partner in the National Institute for Health Research School for Public Health Research.

Many other relevant research programmes and projects are conducted across the School. We published brief summaries of around 30 of the most recent in March as part of our improving health worldwide series.

Improving the effectiveness of pilot programmes

Policy Research in Commissioning and Healthcare Systems

The new Policy Research Unit in Commissioning and the Healthcare System focuses on the relationship between the School and the Universities of Manchester and Kent, works with the Department of Health to inform the development of policy on commissioning, and how it can improve services and access, increase effectiveness and respond better to patient needs. The Unit also supports the Department of Health on policy development around Personal Health Budgets, and explores the relationship between primary care expenditure and outcomes, and competition and co-operation as strategies in local health systems.

Reducing preventable hospital deaths

There are almost 12,000 preventable deaths in hospitals in England every year due to problems with care, however this is less than a third of the number previously thought. In a study published recently, Helen Hogan and Nick Black found the majority of poor care associated with preventable deaths was the result of poor monitoring of the patient’s condition, wrong diagnosis or errors in medication or fluid replacement.

Engagement and voice in commissioning

There is good evidence that patients, particularly those with long term conditions, benefit from involvement in their own care. The Engagement and Voice in Commissioning project is funded by the National Institute of Health Research to examine how patients and the public are involved in local commissioning of services, and how health organisations, including Clinical Commissioning Groups, engage with service users and enable their voices to be heard. From 2010 to 2013, researchers worked with over 90 patient groups, health care professionals and individual patients in three sites across England, focusing on diabetes, neurological conditions, and rheumatoid arthritis.

Air pollution and heart attacks

Comparing air pollution data with the records of over 150,000 acute coronary patients in England and Wales, Cathryn Tonne and Paul Wilkinson found that death rates after leaving hospital were higher among patients who lived in areas with increased exposure to particulate matter emissions from road traffic and industry. Published in the European Heart Journal in February 2013, the results show that patients living in London had the highest exposure to air pollution levels, and that patients from poorer backgrounds were more at risk of early death.

Factors affecting lung cancer survival

Lung cancer survival rates in the UK are lower than in six comparator countries, according to a new international study carried out by the Cancer Research UK Survival Group at the School. While Sweden had the highest rate of one-year survival from the most common form of the disease (non-small cell lung cancer) at 48%, the UK ranked lowest at just 30%.

Evidence for decision making in local government

Diversity of providers in the NHS

One of the key aspects of the Health and Social Care Act 2013 is the policy of increasing the types of provider of healthcare to patients to include organisations which are not part of the National Health Service itself; and to encourage those organisations which remain in the National Health Service to increase their autonomy by becoming National Health Service foundation trusts.

Pauline Allen, working with colleagues at Bristol and Leeds Universities, is undertaking a series of studies funded by the National Institute for Health Research to examine the extent, nature and effects of increasing the diversity of providers.

There is good evidence that patients, particularly those with long term conditions, benefit from involvement in their own care

In recent decades, research at the School has had a major influence on government health policy in areas including smoking, air pollution and health inequalities

Lord Crisp, former Chief Executive of the NHS and Permanent Secretary at the UK Department of Health

Healthy transport

The School’s Transport and Health Group has recently worked on several high-profile studies for the World Health Organization, the UK Department for Health and Transport for London on road safety and accident prevention and urban cycle commuting. Results from these and the recent On The Buses study of the links between free bus travel, health and wellbeing of older people and young people received widespread coverage throughout 2013.

Dietary salt and cardiovascular disease

The number of people in England adding salt to food at the table fell by more than a quarter in five years, according to work by Alan Dangour and colleagues published in January 2013 in the British Journal of Nutrition. The researchers found that since the salt awareness campaign began in 2003, the proportion of people reporting that they add salt at the table dropped from 32% to 23% in the following five years.
Knowledge translation and innovation

The overarching aims of our knowledge translation and innovation activities are to stimulate take-up of research findings and tools, maximise the impact and benefit of the School’s research through actively expanding areas of application, exploiting our expertise and innovation, and setting up responsible partnerships with industry.

We have major strengths in the genome sciences, drug resistance, disease transmission and pathogenic mechanisms, which enable us to exploit biomedical and technology advances and translate that knowledge into new drugs, vaccines, diagnostic reagents and disease control strategies. These innovations are widely disseminated through our global networks, and partner institutions in disease endemic countries are key collaborators in this research.

We are continuing to work with private companies. For example, the Merck for Mothers Evaluation team, based at the companies. For example, the Merck for Mothers Evaluation team, based at the companies. For example, the Merck for Mothers Evaluation team, based at the companies. For example, the Merck for Mothers Evaluation team, based at the companies.

Innovations Limited, a wholly-owned subsidiary of the School, to focus on commercially-viable knowledge translation activities. The School’s Arthropod Control Product Test Centre (Arctec) is now a world-leading independent test centre for consultancy and the evaluation and development of arthropod pest control technologies. It provides laboratory and field evaluation of repellent sprays, pumps, lotions, impregnated textiles and insecticide-treated products.

Developing a safe Bluetongue virus vaccine

Bluetongue is a viral disease of livestock spread by midges. Since 1998, outbreaks in Europe have killed more than 2 million animals. Polly Roy’s research has led to bluetongue becoming one of the best understood viruses at the structural and molecular levels. This has paved the way for improved diagnostics and vaccines, and generic applications for viral vaccine design. Boehringer Ingelheim now produces a bluetongue vaccine based on Professor Roy’s research, which will enable the creation of several other promising new vaccines exploiting virus-like particles as a method to produce safe vaccines against human and animal viral pathogens.

Using smartphone technology, for eye health

School researcher Andrew Bastawrous is conducting the Nakuru Eye Disease Cohort Study – a follow-up of 5,000 participants in the Rift Valley of Kenya to assess the incidence of the major eye diseases for the first time in an African setting. Alongside this study, Andrew is developing a Portable Eye Examination Kit, known as Peek, which uses adapted smartphone technology to identify, diagnose and map blindness and visual impairment. This has attracted widespread media coverage and is now being developed as a key technological innovation in eye health diagnosis.

Infectious and parasitic diseases account for nearly 20% of all deaths worldwide. Although great strides have been made to control the ‘big three’ – HIV, malaria and tuberculosis – they still claim more than four million lives every year, mainly in low-income countries. The emergence and spread of new and drug-resistant diseases is a major and growing global challenge. In the UK, thousands die from hospital-acquired infections, and treatment and prevention of antibiotic-resistant strains of pathogens costs the National Health Service over £1 billion annually.

The Bloomsbury Research Institute is a joint venture between the London School of Hygiene & Tropical Medicine and University College London. Its mission is to discover and develop new tools for the control and treatment of infection, through improved understanding of pathogens and the dynamics of infectious disease in global populations.

Over the next few years, we aim to bring the Institute together under one roof in state-of-the-art facilities. This will create a centre of excellence for research and enhance engagement with industry and international networks. It offers an innovative model for research and training that integrates advances in basic science with those in population sciences and computational biology, to bring new understanding to disease treatment, prevention and control.

Knowledge translation and innovation

Our International Diagnostics Centre works with companies and regulatory authorities worldwide to reduce barriers to market entry for new diagnostic tests*
2013: the year in review

Selected highlights and events

January
- London Centre for Neglected Tropical Diseases launched, a partnership with Imperial College London, the London School of Hygiene & Tropical Medicine to tackle diseases including malaria, dengue, leishmaniasis, soil-transmitted helminths and leishmaniasis, which affect more than one billion of the world’s poorest people.
- Mobile phone technology, including text messaging, shown to help people adhere to antiretroviral therapy in a systematic review led by Caroline Garey.

February
- The School received a high positive review from the UK’s Quality Assurance Agency for Higher Education, with strong feedback on the School’s approach to staff development and how research excellence and our diverse student body support educational programmes.
- A study led by Kate Walker at the MARCH Centre for International Health seminar and Policy at the School, making a commitment to work closely together to strengthen public health research and training capacity.

March
- The London Writer’s Centre launched at the School topped the UK’s Quality Assurance Agency for Higher Education’s 2013: the year in review. The report has influenced the government to introduce a new programme of £2 billion to support Master’s degrees in England.
- Research by David Cowey and colleagues shows that malaria vector Anopheles albimanus is more effective against human odours than uninfected mosquitoes, with important implications for vector control; the discovery also featured in The Wall Street Journal.

April
- Jim McCambridge and colleagues found that the alcohol industry distorted evidence on alcohol control policies and undermined public health policy in their favour.
- The School signed Memoranda of Understanding with FHI 360 and PATH on Pathogen Genomics, a major study in partnership with the British Medical Research Council to collaborate on the discovery also featured in The Wall Street Journal.

May
- A study led by Charlotte Watts with the World Health Organization and South African Medical Research Council found that as many as one in three women are victims of gender violence. The report has influenced policy and received over £200,000 in funding.
- Agreement signed with the Kenya Medical Research Institute to collaborate on the development and capacity building.
- A gift from Janeson Pharmaceutical Ltd to the Centre for Global Mental Health to support Master’s students. Nine scholarships were announced in November.

June
- A new Master’s course in One Health, delivered jointly with the Royal Veterinary College, launched to study disease at the interface between humans, animals and the environment.
- A study led by Kate Walker found that publication of death rates for individual survivors in England may fail to identify poor performance in specialties where low numbers of key operations lead to unreliable results.
- Research led by Bob Carpenter found that the risk of death among hospitalised babies increased by 14 per cent; when the parents did not smoke and the mother had not consumed alcohol or drugs, prompting the UK government to urgently examine its guidelines on co-sleeping.

July
- MARCH Centre for International Health seminar and Policy at the School, making a commitment to work closely together to strengthen public health research and training capacity.
- Students secured £80,000 in grants in the first three weeks of our Access Fund Campaign 2013/14, putting it on course to exceed last year’s successful campaign raising funds for people, partnerships and collaborations.

August
- Ben Armstrong calculated around 500 premature deaths could be attributed to the use of antihypertensive drugs among women who delivered premature babies in England in 2013. The study was launched in Kenya and profiled in the Wellcome Collection’s public exhibition of historical treasures and new artwork inspired by his pioneering work and legacies.

September
- PopMKT, a major study in South Africa and Zambian to test a new approach to the prevention and control of HIV and AIDS in Zambia was launched, led by Richard Hayes.
- The China Medical Board awarded scholarships to Chinese students for postgraduate studies at the School. The first students on our new Master’s in Epidemiology, started in September 2013.

October
- Research led by Johanna Harland showed that foreign patients coming to the UK for private medical treatment are an important source of income for NHS Trusts, and that UK residents currently travel abroad for treatment more than three times as often as international patients come to the UK.
- The School topped the list of the world’s leading research-focused universities in the School. The first students on this scheme.

November
- Research led by Joanna Harland showed that foreign patients coming to the UK for private medical treatment are an important source of income for NHS Trusts, and that more UK residents currently travel abroad for treatment than international patients travel to the UK.
- The School signed Memoranda of Understanding with FHI 360, Unicef, the World Health Organization, and PATH on Pathogen Genomics, a major study in partnership with the British Medical Research Council.

December
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Faculty review: Epidemiology and Population Health

Key Information

Dean of Faculty: Professor John Edmunds

Staff total: 370
Academic: 275
Professional support: 95

Departments

Department of Infectious Disease Epidemiology
Head: Professor Carine Ronsmans
Department of Population Health
Head: Dr Phil Edwards
Department of Medical Statistics
Head: Professor James Carpenter
Department of Non-communicable Disease Epidemiology
Head: Professor Liam Smeeth

Research Degrees Directors:
Professor Suzanne Flintau
Professor Simon Cousens

Taught Course Director: Craig Higgins

Number of Doctoral Students 2012/13
Student total: 122
UK/EU: 63
Overseas: 59

Top 5 Grants Awarded 2012/13
2. Wellcome Trust – Wellcome Trust Strategic Award for tuberculosis, HIV and non-communicable diseases in Shaipei Shabat (Jaffar and Hofhuijser) £3.5 million
3. Medical Research Council – Epidemiological and statistical research on health problems of developing countries: MRC Tropical Epidemiology Group Richard Reyes £3.3 million
4. Department of Health – HALT-IT (Haemorrhage Alleviation with Tranexamic acid-Intestinal Therapies to Reduce HIV Transmission (PopART)) £3.9 million
5. Wellcome Trust – Population impact of outbreaks: search on pneumococcal transmission and disease in Kenya Anthony Scott £2.0 million

Our faculty’s purpose is to inform biological understanding of diseases and to provide evidence for decision-making in global public health through innovative and rigorous research and excellence in teaching. This year, the faculty has continued to maintain and develop its position at the forefront of both applied and methodological research; making key contributions to understanding the causes of disease, and evaluating new ways to improve health. Randomised controlled trials are the gold standard method for determining the effectiveness of an intervention, and our Clinical Trials Unit continues to lead groundbreaking research into the treatment of trauma and injuries. Each year, over 100,000 women die from bleeding after childbirth, mostly in low and middle income countries. Previous work led by the Unit has shown that tranexamic acid (TXA) reduces surgical bleeding and death in trauma patients. The team, headed by Professor Ian Roberts, is running a new trial to test the hypothesis that tranexamic acid can also reduce death from post-partum haemorrhage. As of November 2013, the WOMAN trial has recruited nearly 10,000 women with severe post-partum bleeding in 20 countries, including large cohorts from Sub-Saharan Africa, and is now the biggest randomised controlled trial of a treatment for post-partum bleeding ever conducted. If tranexamic acid is shown to be effective in reducing maternal mortality, this will have a major impact on clinical care worldwide. Not all clinical trials give an unambiguously positive finding. The incidence of tuberculosis in South African gold miners is the highest in the world, being driven by HIV, silica dust and crowded conditions. The Thibela TB study was a large-scale, character randomised trial led by Gavin Churchyard of the Aurum Institute, an honorary professor in the faculty, with Katherine Fielding, Alison Grant and other colleagues from the School. The study aimed to interrupt TB transmission by mass screening and treatment with isoniazid preventive therapy. Entire workforces were randomly assigned to receive either this therapy, or standard TB control. The results, to be published early in 2014, showed that those mines that adopted the intervention had similar incidences and prevalences to those that did not. At the individual level it appeared that the intervention did reduce TB, but this effect was soon lost as individuals stopped taking it.

Intervention trials are not always possible, so careful observational studies are often required to evaluate the impact of changes to health care provision. One of the most important such change in recent years is the rolling out of antiretroviral therapy for HIV positive patients in Africa. Basia Zaba and colleagues have analysed data from longitudinal population based studies of HIV/AIDS in Africa to assess the impact of antiretroviral therapy on deaths around the time of pregnancy. In a paper published in the Lancet, they showed that in their survey of over 138,000 women, HIV increased the risk of death in pregnant or post-partum women by around eight times. The difference is even greater in non-pregnant women, due to the healthy pregnancy effect – very sick women do not become pregnant. Antiretroviral therapy has dramatically improved survival amongst HIV-infected, non-pregnant women, though mortality remains significantly higher than for uninfectod women. In HIV-infected pregnant and post-partum women, the fall in mortality with antiretroviral therapy introduction has been smaller.

Another key international research programme with clear policy implications is CONCORD-2, run by our Cancer Research UK Cancer Survival Group. This enormous collaboration, designed to establish worldwide surveillance of cancer survival for the first time, currently involves over 270 cancer registries in 66 countries, with data for around 30 million cancer patients. The aim is to achieve robust global comparisons of survival trends since 1995 for 10 cancers in adults and leukaemia in children. Even in high-income countries, there are wide differences in cancer survival, which could be due to factors such as delay in diagnosis, unequal access to high-quality treatment and the organisation of health services. These differences can be even larger when comparing across low and middle-income countries. CONCORD-2 will be the most comprehensive analysis of cancer survival to date. It will provide national and international policymakers with clear information on the comparative effectiveness of health systems in managing cancer patients, and on what factors, such as stage at diagnosis, ethnicity and access to care, may underlie the differences in survival within and between countries.

New statistical and mathematical advances allow for better and more efficient use of collected data. One example of this is provided by the work of Marc Baguelin and colleagues here and at Public Health England. They developed a novel statistical framework to fit a model of flu transmission to multiple longitudinal data sources from the UK. The model demonstrated the importance of children in spreading flu, and was used to guide national immunisation policy. Starting in the autumn of 2013, children will now be offered an annual flu vaccination in schools and nurseries.

Missing data affect both randomised controlled trials and observational studies, and a key tool for analysing the partially observed data involved in multiple imputation. Bob Carpenter and Mike Kenward, who have been active in this area for a number of years, published a research monograph Multiple Imputation and Its Application with Wiley. Here they describe advances that overcome issues with multilevel data and non-linear relationships. Among many applications, this methodology was used in the analysis of a study which showed bed-sharing is a risk factor for sudden unexplained infant death (also known as cot death), even in parents who do not have other risk factors. This article featured in numerous media interviews, and has been downloaded over 17,000 times since it appeared in May.

London School of Hygiene & Tropical Medicine
Annual Report 2013
Faculty review: Infectious and Tropical Diseases

KEY INFORMATION
Dean of Faculty: Professor Simon Croft
Staff total: 360 Academic: 295 Professional support: 105

DEPARTMENTS
Department of Clinical Research
Head: Professor Philippe Mayaud

Department of Disease Control
Head: Professor Mark Rowland

Department of Immunology and Infection
Head: Dr Colin Sutherland

Department of Pathogen Molecular Biology
Head: Professor John Kelly
Research Degrees Director: Dr David Baker

Taught Course Director: Dr Graham Clark

NUMBER OF DOCTORAL STUDENTS 2012/13
Student total: 149 UK/EU: 68 Overseas: 81

Top 5 grants awarded 2012/13
1. Commission of the European Community – TRAMEI Malaria Docked (£5.0 million
2. Medical Research Council – Seasonal malaria chemoprevention in African children Brian Greenwood £4.0 million
3. UNITAID via World Health Organization – Global Network to Improve Access and Quality of HIV Monitoring Technologies Rosanna Peeling £3.0 million
4. Medical Research Council – Cystostatin dsRNA, intestinal metaplasia and host response in Asxophyllan patients Shenan Wren £2.4 million
5. Commission of the European Community – GRVIVACE David Conway £2.4 million

The faculty has led the development of a number of School Centres (page 7), for example the International Centre for Evidence in Disability, TB Centre, International Diagnostics Centre, and is a key partner in the Centre for Evaluation. Our teaching partnerships have also grown with the East African Diploma of Tropical Medicine and Hygiene, based in Moshi Tanzania and Kambaala Uganda, now well established (with 20 students from Africa and 40 international in 2013), and this year we have launched a new MSc in One Health with the Royal Veterinary College, and a new MSc module on Pathogen Genomics, organised and taught jointly with members of the Wellcome Trust Sanger Institute.

The Wellcome Trust Bloombury Centre for Global Health Research 2013 meeting included 32 Clinical Fellows, who presented the results of their research in 14 countries in Africa and Asia and celebrated the renewal of the Centre, with Wellcome Trust funding, for a further five years.

Whole genome sequencing technologies continue to drive research on pathogenesis, epidemiology, virulence, and drug and vaccine development. Next generation sequencing has significantly increased our understanding of recombination, genetic diversity and drug resistance. Whole genome technologies continue to drive research on pathogenesis, epidemiology, virulence, and drug and vaccine development.

Clinical interventions and patient care are being supported through our research innovations. Researchers in our International Centre for Eye Health have shown that the Portable Eye Examination Kit (Peek), a smartphone-based tool, can enable comprehensive eye examinations to aid the delivery and co-ordination of eye care in remote locations. Our continued input, through the Artemisinin Combination Therapy (ACT) Consortium into malaria control, has shown the crucial role of rapid diagnostic tests in targeting drugs to those who need them, both through public health services and in the private sector, in Ghana and Uganda.

We are also conducting pioneering work on neglected tropical diseases, mainly parasitic in origin. Our work continues on the Global Atlas of Helminth Infection, disease mapping for heimith control, and efforts to eliminate trachoma, the most common infectious cause of blindness with 21 million cases worldwide, have been boosted by the launch of the Global Trachoma Mapping Project. School researchers are working in a consortium with SightSavers and the International Trachoma Initiative, Ministries of Health, and other NGOs and academic partners to complete baseline mapping worldwide by 2015.

Our interactions with industry are also growing in vector control research, with continued expansion of Africa-based projects on new product development and evaluation, working with the Innovative Vector Control Consortium and the Pan African Malaria Vector Research Consortium. A spin-out company, Arthropod Control Product Test Centre (Arctec) is working with more than 60 industrial clients on the development and evaluation of insect control technologies. Another initiative in vector control research, with continued expansion of Africa-based projects on new product development and evaluation, working with the Innovative Vector Control Consortium and the Pan African Malaria Vector Research Consortium. A spin-out company, Arthropod Control Product Test Centre (Arctec) is working with more than 60 industrial clients on the development and evaluation of insect control technologies.
Our new Tavistock Place buildings are home to the Faculty of Public Health and Policy

DEPARTMENTS

Dean of Faculty: Professor Richard Smith
Taught Course Director: Hannah Babad

DEPARTMENT OF GLOBAL HEALTH AND DEVELOPMENT
Head: Professor Anna Hanson

DEPARTMENT OF HEALTH SERVICES RESEARCH AND POLICY
Head: Professor Jan van der Meulen
Department of Social and Environmental Health Research
Head: Professor Kaye Wellics

Research Degrees Director: Judy Green, Nicki Thorgood (Deputy)

NUMBER OF DOCTORAL STUDENTS 2012/13
Student total: 135
UK/EU: 72
Overseas: 63

Top 5 grants awarded 2012/13
1. Department for International Development Asia – Regional Anti TB Initiative Programme £959,000
2. National Institute of Health Research – Using Patient Reported Outcome Measures to Assess Quality of Life in Dementia Sarah Smith £1,455,000
3. Family Health International USAID – Multi-drug resistant Tuberculosis in Myanmar Richard Coker £700,000
4. National Institute of Health Research – The impact of home energy efficiency interventions and winter fuel payments on winter and cold related mortality Paul Wilkinson £1.5 million
5. Rush Foundation – Restring and creating fiscal space for HIV through co-investments Charlotte Watts £0.6 million

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he mission of the faculty is to improve health globally through research, teaching and engagement in areas of health systems and services, health policy, and the individual, social and environmental determinants of health. We undertake cutting-edge research and contribute directly to policy in areas of current and future importance to public health.

This year has seen a major public focus on gender violence: our Gender Violence and Health Centre, within the Department of Global Health and Development, led work for the Global Burden of Disease in assessing the global prevalence and health impacts of violence against women and of child sexual abuse. The findings, launched with the World Health Organization and Medical Research Council South Africa with publications in Science and The Lancet, showed that 30% of partnered women globally have experienced violence from a partner. More broadly, the Centre’s evidence on effective interventions helped inform the growing prevention agenda, with staff input into a range of high-level consultations. This expertise also led to the successful launch of a new short course on Researching gender based violence: methods and meaning.

It is now beyond doubt that environmental change profoundly impacts health and well-being. Our Environmental Epidemiology Group, based within the Department of Social and Environmental Health Research, works at the forefront of this area, influencing national policy. Together with colleagues in the Policy Innovation Research Unit in our Department of Health Services Research and Policy, the group was commissioned by the Department of Health to evaluate the Cold Weather Plan for England, introduced in 2011. Early findings have led Public Health England to review the temperature thresholds used to trigger cold weather alerts to the NHS, social services and other agencies.

The National Institute for Health and Care Excellence contracted the Environmental Epidemiology Group to assess evidence on the effectiveness of interventions to alleviate adverse health effects from cold housing and cold weather. The group also won a prestigious European Research Council grant to investigate the relationship between particulate air pollution and risk factors for heart disease in India.

At the macro level of climate change, a new EU Framework funded project IMPRESSIONS (Impacts and Risks from High-End Scenarios: Strategies for Innovative Solutions) will focus on broader scenarios relating to climate change, and a partnership funded by the Medical Research Council and Natural Environment Research Council with Exeter University will create a platform linking climate and other environmental data with health and well-being data.

Sexual and reproductive health is another area in which we are taking a lead. In March, researchers from the Anthropology, Politics and Policy Group within the Department of Global Health and Development launched the findings of the Integra Initiative, the largest ever evaluation of different models of HIV and social and reproductive health integration. The study found that integration of HIV and reproductive health services in Kenya, Malawi and Swaziland can lead to better health outcomes and service experience, decreased stigma and cost savings.

This autumn saw the culmination of work by staff within the Department of Social and Environmental Health Research on the third 10-year UK National Survey of Sexual Attitudes and Lifestyles (NATSAL). Over 15,000 adults aged 16-74 years participated in interviews on sexual behaviour, fertility, contraceptive use and sex-related diseases. Funded by the Medical Research Council and the Wellcome Trust, with support from the Economic & Social Research Council and the Department of Health this is one of the largest ever studies of sexual behaviour undertaken in a single country. The results, published in a special issue of The Lancet reveal how sexual behaviour and attitudes in Britain have changed in recent decades.

Our faculty also continued to be a leading source of advice to the UK NHS. Staff from the Department of Health Services Research and Policy, in partnership with Royal Colleges representing surgeons, obstetricians and gynaecologists, advised a number of surgical specialties on how best to report clinical outcomes for individual clinicians and contributed to the national debate on achieving greater transparency on the performance of health care providers. Staff also advised on the introduction of value-based pricing within the National Health Service to inform how National Institute for Health and Care Excellence will decide which treatments are funded by the National Health Service and at what price.

In October, Nick Black, Professor of Health Services Research, was awarded a global Career Achievement Prize by the International Society for Quality in Healthcare, in recognition of his work on the use of patient reported outcome measures (PROMs). Research with collaborators at the University of York, funded by the National Institute of Health Research looking at the implications for the National Health Service of inward and outward medical tourism, was published. The largest empirical study of medical tourism to date, the findings received widespread coverage in professional and national media.

In November, the School held a symposium to celebrate 25 years of Health Services Research, and assess future challenges. Looking ahead, in an exciting new joint venture coordinated through UCLPartners, faculty staff will play a leading role within the National Institute of Health Research Collaboration for Leadership in Applied Health Research and Care, to carry out applied health research work with a population of six million people living in north and east London and the surrounding areas.
Education: teaching and learning

The Student Representative Council participated fully in the review and, as always, worked with staff throughout the year to help improve the student experience. In addition to organising activities around student social, welfare, charity and sports activities, the Council contributed to developing enhanced support in areas such as careers guidance.

To mark the centenary of the Medical Research Council, the School was awarded funds to create a competitive award for a 6-month postdoctoral fellowship. The fellowship was won by Dr Sarah Huthly, building on her PhD research working with Dr John Raynes to investigate the development of clinical immunity to malaria.

In December, the Higher Education Funding Council for England announced new funding to support an innovative ‘pre-doctoral’ programme in social science for mature students at the School and three other University of London partners. This will be developed and delivered by the Economic and Social Research Council-funded Bloomsbury Doctoral Training Centre.

With major changes to the funding environment in UK higher education, we are planning ahead to meet the needs of future generations of postgraduate students. This includes working with sector bodies to address funding and other challenges. In 2013/14, we are undertaking a major internal review of our education programme to ensure it remains globally competitive and relevant for students’ future careers.
People and resources

Richard Brown, Secretary and Director of Resources and Planning (left) and Andrew Young, Chief Operating Officer (right)

We aim to recruit, manage, develop and retain excellent staff based in the UK and elsewhere to deliver the School’s mission. We have also made great progress in improving the School’s management and administration.

The School embraces and values the diversity of its staff and student population and seeks to promote equality as an essential element in contribution to the improvement of health worldwide. Our "Talent and Educational Development Programme provides a range of training workshops, seminars, online courses and other personal and professional development opportunities for staff across the School.

Our Values

The School seeks to foster and sustain a creative and supportive working environment based upon an ethos of respect and rigorous scientific enquiry.

We are committed to:

- Excellence and creativity
- Maximising synergies between research, education and knowledge translation and innovation
- Sharing expertise to strengthen capacity globally
- Partnerships based on mutual respect and openness
- Equity and diversity
- Financial and environmental sustainability

The School’s success is founded on its committed staff, its collaborators and the synergies that result from these interactions

We are developing the programme to meet individual training and our Postgraduate Certificate in Learning and Teaching (PGDILT) is accredited by the Higher Education Academy. We support learning and transferrable skills development for early career researchers.

The School is an equal opportunities employer, and part of the Athena SWAN award scheme to promote women in Science. In 2013, two faculties secured Bronze departmental awards, in addition to the Bronze award for the School last year. We are currently working towards achieving Silver awards across the School in 2014.

In October 2013, we appointed four members of staff to the Aurora programme, the leadership development initiative for women, run by the Leadership Foundation for Higher Education. Aurora aims to enable a wider range of women in academic and professional roles to become future leaders, developing their skills and advancing their institutions.

In November, the School was one of the first Higher Education Institutions to be accredited as Living Wage Employers by the Living Wage Foundation. To be accredited, an employer must ensure all directly-employed staff and contractors receive the Living Wage, which is calculated according to the basic cost of living (currently £8.80 in London). This award recognises our commitment to fair pay.

This year, the School joined the Stonewall Diversity Champion programme, Britain’s good practice employers’ forum on sexual orientation. We will be working with Stonewall and other employers on the programme to ensure that we are a workplace of good practice.

The School is a certified user of the Two Ticks programme to ensure that we are a workplace of good practice. The School is an equal opportunities employer, to employing people with disabilities. The School is a certified user of the Two Ticks workplace of good practice.

The School’s research encompasses a spectrum from fundamental laboratory research in infectious diseases and studies of disease causation, through development and assessment of novel interventions and services, to advising on implementation in real life settings of interventions, service and system reforms, and evaluation that informs policy and practice.

Research income: grants and contracts

The purpose of the Strategy is to provide a framework to guide decisions focused on School-wide priorities over the next five years. The strategy enables the School to:

- Prioritise development of facilities and support services to optimise efficiency and effectiveness
- Ensure the School’s reputation continues to grow globally, helping us to fulfil our vision and mission

Research income has increased over recent years and represents 63% of our total income, amongst the highest proportion of any UK Higher Education Institution. School staff have been successful in generating research grant income, with an above average success rate for UK research council funding. In addition, the School has a broad portfolio of funders, including large charitable organisations such as the Wellcome Trust and the Bill and Melinda Gates Foundation, the UK Research Council and government departments, the USA’s National Institute for Health, the European Union, industry, small charities and individual donors.

People and resources

Income from all sources 2006/07 to 2012/13

Our strategy 2012–17

The Strategy document can be downloaded from www.lshtm.ac.uk/aboutus/introducing/mission
Management and governance

Organisational structure from December 2013

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<th>Key</th>
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**Executive Office**
- **Director**: Peter Piot
- **Executive Director**: Francesco Ferri
- **Associate Director**: Hazel O’Donnell

**Senior Leadership Team**
- **Academic Staff Members**
  - Ms Lynda Clarke BSc (Hons) Dr Karen Hanson BA MPhil SCL
  - Professor John Kelly BSc PhD Professor Eleanor Riley BSc BSc PhD
  - Professor David Ross BSc BM BCh MSc PhD Dr Patricia Mwaba
- **Academic Staff Members**
  - Dr Diana Walford CBE MA BSc MSc MD FRCP FRCPath FFPH

**Ex-Officio Members**
- Mr Qi Li
- Mr Rongqing Qian

**Professors**
- Dr Brian Tomkins
- Dr Jia Cui

**Representative Council**
- Dr Simon Tanner BM MSc MRCGP FFPH
- Dr Diana Walford CBE MA BSc MSc MD FRCP FRCPath FFPH

**Deputy Chair**
- Dr Diana Walford CBE MA BSc MSc MD FRCP FRCPath FFPH

**Chair**
- Dr Jim Skea

**Council**
- (At 1 December 2013)

**Executive Officer**
- **Director**: Peter Piot
- **Executive Director**: Francesco Ferri
- **Associate Director**: Hazel O’Donnell