

Improving Health Worldwide 2026

LONDON
SCHOOL *of*
HYGIENE
& TROPICAL
MEDICINE



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Introduction from our Director Liam Smeeth



Over recent decades, innovations in public health have led to huge advances in society, improving lives worldwide and reducing – although not eliminating – many global inequities. However, in recent years, new threats have come to the fore which risk undermining these achievements.

We are living through an era of perpetual change and uncertainty, with divisive politics, ongoing conflict, and poverty rising across the globe – while environmental breakdown will impact everyone on the planet. Vital public health areas such as pandemic preparedness, vaccines, climate and health, and reproductive health are at risk of being overwhelmed by a new surge of health misinformation. These intersecting and escalating factors pose enormous challenges to health and science communities.

We will need to tackle these issues with fewer resources, and renewed creativity and determination. International aid budgets have been impacted by unprecedented cuts, with devastating results for health programmes worldwide. The consequence of these shocks will take years to resolve, exacerbating inequities, and making populations more vulnerable to emerging disease threats.

As we look forward with our partners, funders, and communities, we are not standing still. We remain committed to our mission of improving health both in the UK and worldwide. We are stepping up to face these new threats, such as the health misinformation that, if left unchecked, threatens to drown out life-saving public health advice. We need to be agile, responsive and adaptive – while engaging with empathy and working in partnership. We believe our shared future depends on our shared health, and public health research and education are essential tools in helping us fight back.

“We believe our shared future depends on our shared health.”

1

We're in
this
together.

We think about health in the broadest context: as a state of physical, mental and social wellbeing, not merely the absence of disease or infirmity. We know from our work that those with less money, power and influence in society are more likely to face health challenges, and, in a connected community, that inequity and those health challenges affect everybody and are everybody's responsibility.

That's why our work is concerned with how societies and populations are structured, and with addressing and prioritising the needs of those who have least money, power and influence. Today, we live in a global community and, if past pandemics have proved anything, it's that we really are in this together.

We believe the future of public and global health has to be built on an ongoing commitment to improving the lives of everyone. To do that we need to focus our energies on those in greatest need – whoever and wherever they are. For us, this is about how we prioritise our research activities and, critically, how we inspire and enable the next generation of public health leaders who will work within communities to effect change. We sum it up in our vision: to help create a more healthy, sustainable and equitable world.

“The 10 Year Health Plan sets out to tackle inequalities in health care access.”



Generating evidence for NHS transformation

Dr Kara Hanson, Professor of Health System Economics

The NHS 10 Year Health Plan aims to transform England’s health service through three key shifts: moving care from hospital to community, from analogue to digital, and from treating sickness to preventing it in the first place. The plan, published in summer 2025, is ambitious, and achieving its vision is made more complex at a time of tight government budgets.

We are in a key position to generate evidence on all three shifts. For example, LSHTM teams are evaluating Pharmacy First, which aims to provide frontline treatment for a set of common illnesses through pharmacies, reducing the burden on an overstretched GP service. Early findings contributed to refinement of incentives for participating pharmacies.

Meanwhile the Policy Innovation and Evaluation Research Unit (PIRU) is studying community diagnostic centres which bring a range of tests closer to home and provide greater choice over where and how they are provided.

A number of studies are focused on prevention and digitisation including a PIRU assessment of workplace health checks aimed at identifying early heart disease, and research on the Adult Social Care Technology Fund to support social care providers to adopt digital technologies.

Cancer is now the leading cause of death in England, with waiting times rarely out of the headlines. Our influential cancer services research group is generating knowledge to reduce waiting times and address disparities, for example through the TACTIC study to develop an online national cancer learning system to help reduce waiting times from diagnosis to treatment.

The 10 Year Health Plan sets out to tackle inequalities in health care access and outcomes by socioeconomic group, ethnicity and geography. But strengthening health services will only take us part way towards closing the gaps. Wider social and commercial influences are also important, including through the products we are sold, and this often requires confronting industries such as food, tobacco, and gambling. LSHTM researchers are taking on all these challenges, for example producing evidence to inform the Tobacco and Vapes Bill, demonstrating the negative effects of vaping on young people through links to subsequent tobacco use, and respiratory health conditions such as asthma.

Progressing the NHS plans will require relentless focus on the part of our decisionmakers. Proposals to upturn the underlying funding model for the NHS, from a tax-based system to one based on competing social insurance plans, are an unnecessary distraction. We can’t wait any longer to address growing health needs.



“Social care workers provide daily support, enable people to live at home and play a vital role in preventing avoidable hospital admissions.”



Why we need to care about the carers

Q&A with Dr Shereen Hussein, Professor of Health and Social Care Policy

Professor Shereen Hussein has studied challenges facing social care, including workforce issues and inequalities, for more than 20 years. Her research and teaching in the field highlights how the everyday experiences of workers reveal deep structural issues, and where evidence can make a real difference to people's lives.

Why is your work important?

Social care is often overlooked, yet it is fundamental to how we age, how families cope and how communities thrive. My work shows we are shifting towards more people being supported at home rather than in care homes. Social care workers provide daily support, enable people to live at home and play a vital role in preventing avoidable hospital admissions. If care is not in place at home, further pressure is placed on the health system through increased hospital admissions and delayed discharges. A secure care workforce is essential for the NHS to function effectively, for strong communities and for ensuring dignity, safety and independence for older people across the UK.

What are the main challenges for the UK's health and social care workforce?

The UK's health and social care workforce has been operating under sustained pressure for many years, with pressures falling unevenly across the workforce. Migrant and minority ethnic workers are essential to the delivery of care, yet often experience poorer treatment, fewer opportunities and more discrimination. Despite these challenges, care workers continue to demonstrate remarkable dedication, resilience and commitment.

How can this be tackled?

My research shows that improving training, pay and recognition, and ensuring fair treatment for all workers, including migrants, is essential for recruitment, retention and the quality of care. These needs directly shape the success of the NHS 10-year health plan to shift care from hospitals to communities, expand digital tools and strengthen prevention.

I am also increasingly focused on how care can be delivered in ways that are climate-aware and sustainable. This includes examining heat-related risks in care homes, the role of housing, and how to support community-based care models that can adapt to future environmental pressures.

What impact could this have?

I hope to help build a future where social care is valued, well understood and properly integrated into our health system.

I also hope this work will amplify the voices of those who are often overlooked, including migrant care workers, unpaid carers and older people with complex needs. The ultimate aim is better quality care, a more stable workforce and systems that support people to live well, wherever they are and whatever their circumstances.

“Ultimately what matters is that people can access the high-quality information and services they need in the way they want it. Timely and equitable care is crucial to prevent unnecessary pain and suffering.”



Shaping UK public health policy to improve prevention and care

From vaping to contraception, and pharmacies to cancer screening, LSHTM’s experts are providing vital evidence to inform UK government policies on public health.

Insights based on rigorous analysis and evaluation of hot topics for the NHS highlight people’s experiences, identify what’s working and what’s not, and bring attention to inequalities.

Reproductive and sexual health is one example. Findings from research such as the 2023 Women’s Reproductive Health Survey revealed how common painful or heavy periods were, while the Shaping Abortion for Change (SACHA) Study set out recommendations for how abortion services could best meet people’s needs.

Teams from LSHTM are also playing a key role in the upcoming 4th instalment of the groundbreaking National Survey of Sexual Attitudes and Lifestyles (Natsal-4) study, which has previously had a significant influence on sexual and reproductive health policy and service delivery on topics including HIV/AIDS and teenage pregnancy.

Dr Rebecca French, Professor of Reproductive Health & Policy Research: “We want our research findings to be useful to the government, policymakers, NHS practitioners and the public, to assess how well programmes are working and to improve sexual and reproductive health outcomes and experiences.

“Ultimately what matters is that people can access the high-quality information and services they need in the way they want it. Timely and equitable care is crucial to prevent unnecessary pain and suffering.”



Rise in drug-resistant infections likely due to ageing population

Antimicrobial resistance (AMR) is a growing global health threat. Infections which were once easily treatable are becoming potentially deadly as existing antibiotics no longer work, with ripple effects on people’s lives, healthcare systems, and society. As our populations age, this will become a greater issue as infection rates are higher in older individuals. Understanding the impact of changing demographics on AMR is vital for designing effective prevention and control strategies.

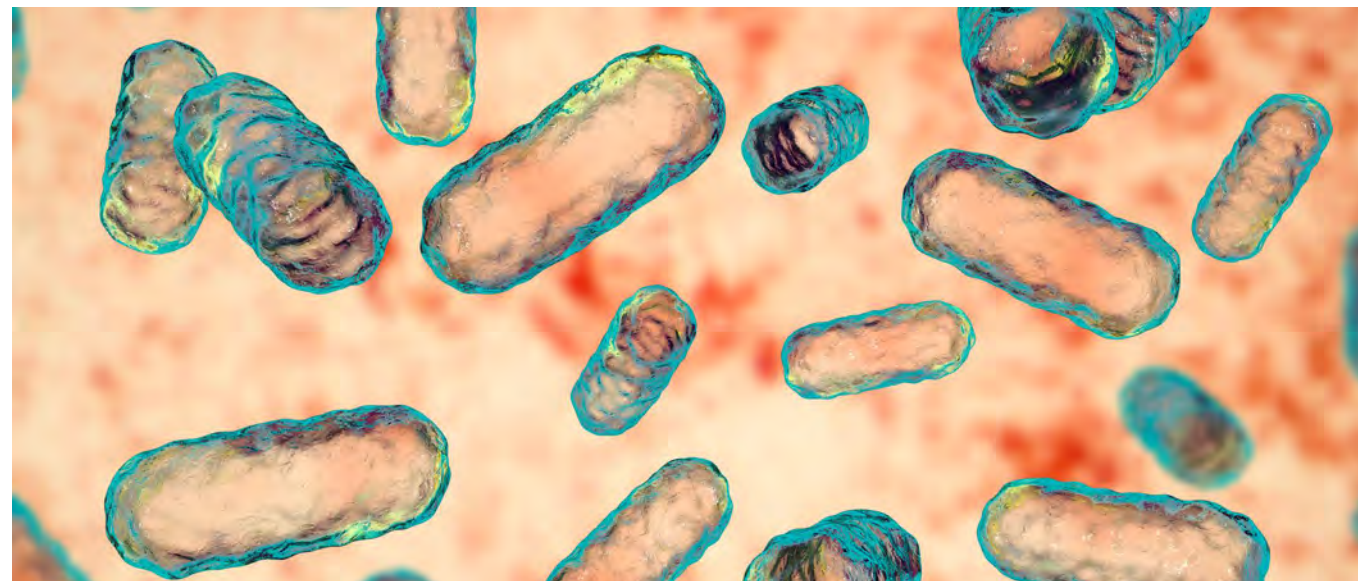
According to analysis of 12 million blood test results from 29 European countries led by Gwen Knight, the biggest increase in bacterial bloodstream infections is projected to be in adults aged 74 and above, and among men. For most bacteria-antibiotic combinations, there are likely to be many more drug-resistant infections by 2030. However, there was substantial variation between countries.

The research found that models which ignore age and sex may underestimate future infection rates, which could mean inappropriate resourcing as well as missed opportunities to intervene. By becoming better at understanding their local AMR situation, through exploiting variations by age and sex, countries could develop more tailored impactful interventions.

Dr Gwen Knight, Professor of Infectious Disease Modelling: “The future of antimicrobial resistance won’t affect countries or people in a uniform way. Age and sex are still rarely considered in antimicrobial resistance research, yet they make a real difference to who is most affected.

“I hope that in the future, the burden of AMR by age and sex will be clearly reported and that this will be used to design antibiotic guidance to both improve treatment outcomes and prevent the spread of this global threat.”

Scientists at LSHTM are tackling AMR from other angles too, including new antibiotics, policy evaluation, and using genomics to track AMR spread to support antibiotic stewardship and vaccine design.





Preethi Lakshminarayanan
MSc Public Health, 2023–24, and
current PhD student

Preethi is a clinical pharmacist from India who completed her Doctor of Pharmacy at SRM Institute of Science and Technology, Chennai. Driven by a desire to gain a stronger global perspective on public health, she came to LSHTM for her MSc. She is now a PhD candidate at LSHTM, where her research focuses on mapping and modelling the potential of *Wolbachia* for malaria control.

“I feel incredibly proud and happy to continue being part of this remarkable institution. Studying here has been an enriching experience, surrounded by people from diverse backgrounds and levels of expertise, yet all united by a shared commitment to improving public health.

“When you join LSHTM, you become part of a world-class institution where you learn from leading experts and where every day is a learning experience.”

“Studying here has been an enriching experience, surrounded by people from diverse backgrounds.”

2

See
further.
Act
faster.

The complexity of our interconnected world and the pace of technological, social and political change is creating new and ever more unpredictable challenges. The climate crisis, our interference with and disruption of natural ecosystems, our urbanising lifestyles, our expanding commercial and industrial activities – they all impact our shared health and threaten our shared future. Floods and heat surges, famines and political upheaval, the changing distribution of infectious diseases, mosquitoes and other vectors, epidemics and pandemics. At LSHTM, we're working on new approaches to help people and communities get ahead.

For us, that's about greater preparedness and more agile response. It's about seeing further ahead by listening and being open to insights from unexpected places, by harnessing the power of health data and analytics to predict potential futures, by researching the long-term effects of climate change on planetary health and by training the next generation of public health leaders. It's also about building better networks of collaboration and coordination, drawing together different expertise and lived experience from all parts of the world so we can move quickly to effect change and turn insights and ideas into action on the ground.

“We need global finance to drive and scale solutions, but it starts with us.”



Why we must seize opportunities to protect public health from climate change

Dr Tafadzwa Mabhaudhi, Professor of Climate Change, Food Systems and Health

Our world is in a dire state. All around us, we see the impact of climate change on people’s physical and mental health, lives and livelihoods. More deaths are linked to heat and extreme weather, air pollution, and the expanded range of vector-borne infectious diseases. Growing evidence of how heat can harm pregnant women, their unborn babies, and children’s development. Pressure on water and food supplies. And the list goes on.

This can feel overwhelming, especially in vulnerable regions already facing socio-economic challenges such as poverty, unemployment and inequality. But there are huge opportunities. Governments and businesses are undoubtedly key, but community action can galvanise public support to influence governments to fulfil their obligations to prevent significant harm from climate change for their citizens.

Cities – where most people live and interact directly with climate change through heat, pollution, and loss of green space – have power to make a difference. For example, planners must protect and encourage green spaces to improve mental health and reduce heat islands, and incorporate decarbonisation by encouraging the use of public and electric transport to reduce air pollution. Housing solutions to enable people to live and work safely will become increasingly important as more people around the world experience rising temperatures for longer periods – including in cities in the UK and Europe. For Africa, which is still urbanising, there are exciting opportunities to build its new and growing cities in ways that integrate nature and people in a more sustainable way.

Crucially, the scientific community needs to generate more evidence to track the impacts of climate change on health, and translate that science so people can engage and act within their different localities. This is why we’re getting armed with examples of what works, and how it can be scaled. We need global finance to drive and scale solutions, but it starts with us.

This era of public health must continue to have planetary health at its heart. We can all play our part in this interconnected world. It’s why we focus on world-leading climate and health research and education for the next generation at LSHTM.





Mapping the health impacts of heatwaves

As extreme heat events become more frequent, intense and prolonged because of climate change, the threat to human health is ever more urgent.

Researchers at LSHTM are developing innovative methods based on years of research to understand and address the health impacts of a warming world. This includes estimating how many people could die as a result of heatwaves.

Heatwaves are known as a “silent killer” as it takes months for public health mortality data to be published and even then, heat is rarely recorded as a cause of death, as many people die from diseases or risk factors that are exacerbated by heat.

Exposure to heat can increase the risk for vulnerable people already suffering from illnesses such as heart, lung and kidney disease, as well as those who are pregnant, elderly, or experiencing homelessness.

In 2025 the climate modelling team’s real-time analysis raised the alarm about the potential immediate toll of heatwaves hitting the UK in early summer, which can be particularly dangerous because the local population has typically not acclimatised to the hot weather.

Looking further ahead, they project that by the end of this century, climate change could cause additional temperature-related deaths across 854 European cities, totalling an estimated 2.3 million.

Our scientists are studying solutions to prevent heat-related deaths from a range of angles including improved early-warning systems, sustainable urban planning and housing, and increasing green spaces in urban areas.

Dr Malcolm Mistry, Assistant Professor in Climate and Geo-Spatial Modelling: “Our changing climate is having an increasingly damaging effect on people’s health and wellbeing. Forecasts like ours shine a light on the potential death toll from extreme heat which policymakers, planners, and society cannot ignore. Heat-related deaths are exacerbated by inequalities so it’s vital that solutions fully address this.”

Number of estimated additional temperature-related deaths in 854 European cities by the end of this century due to climate change:

2.3m



Expanding mosquito research to prepare for potential new threats

LSHTM has a strong heritage in entomology, maintaining important collections of mosquitoes and other vectors in its insectaries to help scientists understand the diseases they spread. This expertise underpins a strategic effort led by our vector biology and virology teams to build new capacity for studying mosquito-borne viruses in a changing climate.

As the world warms, several arboviruses are beginning to appear in places where they were not previously found. This shift is driven by mosquitoes moving into new areas, as well as changes in human and animal behaviour and how long viruses can survive and remain infectious.

The likes of dengue, Zika and chikungunya have hit the headlines in recent years. In parallel, LSHTM had established the UK's first *Aedes vexans* colony, recognising the need for a robust model system to study mosquito-borne viruses of increasing public health concern. The recent detection of West Nile virus in native *Aedes vexans* in the UK is a timely reminder of why this work is essential.

Researchers are successfully breeding *Aedes vexans* in the insectaries, learning how to replicate the floodplains where they thrive in the wild – including creating perfect mossy bedding for the high-maintenance females to lay their eggs on in comfort.

Further research in LSHTM's secure laboratories is enabling the scientists to test the mosquitoes' capacity to harbour and transmit arboviruses, including several viruses known to be transmitted by the species – such as Rift Valley fever virus, West Nile virus, Japanese encephalitis virus, Zika virus and many others. The team is using Tahyna virus to model the relationship between virus and vector.

Next steps are to develop a parallel colony of wild UK *Aedes vexans* collected after flooding to compare with the laboratory colony. This will enable the team to gather evidence about other arboviruses the mosquitoes could spread, supporting efforts to control the risk of climate-related infectious disease in the UK and globally.

Dr Mojca Kristan, Assistant Professor of Medical Entomology: “Climate change means these diseases are an increasing threat to human health. This is a crucial opportunity to get ahead of future risks. *Aedes vexans* are already in the UK with signs of their potential to spread viruses, along with a risk of more flooding events, so we must not ignore it.”



“This is a crucial opportunity to get ahead of future risks. *Aedes vexans* are already in the UK with signs of their potential to spread viruses, along with a risk of more flooding events, so we must not ignore it.”



AI revolution in cancer care

Radiotherapy is an effective treatment for almost half of cancer cases, yet millions of people can't access it. With demand outstripping the supply of trained experts, the ARCHERY trial is testing whether artificial intelligence can design high-quality radiotherapy plans faster, cheaper, and more consistently than ever before.

LSHTM and the MRC Clinical Trials Unit at UCL are working with partners in India and across the globe to investigate the potential of AI for treatment planning for three cancers – head and neck, cervical, and prostate - in a study of more than 1,000 patients at hospitals in India, South Africa, Jordan and Malaysia.

Alongside medical staff in hospitals such as the Tata Memorial Hospital in Mumbai and Tata Memorial Center in Kolkata, the researchers are evaluating the performance of an AI software that automates many of the complex manual processes involved in planning radiotherapy treatments. The findings could increase access to high-quality radiation therapy in low-resource settings where there are not enough trained professionals.

Dr Ajay Aggarwal, Professor of Cancer Services and Systems Research and Chief Investigator of the ARCHERY trial: “AI promises a potential solution which is really exciting. However, it's crucial to carefully evaluate new technology to make sure it will give patients the best quality care, saves time and critical human resources, and will work in all countries. Global collaborations such as the ARCHERY trial are key to unlocking the evidence we need to herald new, improved approaches to cancer care.”



3

Cross borders. Break barriers.

In public and global health, we go beyond pathogens and pathology to understand how the structures of societies affect health and wellbeing, and how people in different situations and circumstances respond. For us, that means reaching out across disciplines to bring together expertise from microbiology, epidemiology and medicine but also sociology, data science, economics and public policy. Being open to different perspectives helps us see the bigger picture and sparks new ideas.

Our global network of colleagues and partners opens up an even bigger picture. We know that lived experience, research insights and wisdom from around the world are a source of new public health ideas, inspiration, policy and practice. We also know that, sometimes, power structures, attitudes and ways of working still make it hard for those insights and ideas to be heard.

As an organisation with connections and partnerships across the world, it's our responsibility to do everything we can to break down barriers and challenge inequitable power structures and attitudes. It's up to us to listen and learn from communities and partners globally, and embrace new ways of working. In this way we can help knowledge flow freely, keep people's minds open to different perspectives, and equitably exchange ideas and solutions.



Parasites and stigma: New approaches to diagnosis and treatment

Lakes provide a vital source of water for communities living in rural parts of Zambia. Yet hidden under the surface are dangerous parasites which can cause serious gynaecological disease, resulting in infertility and increasing the risk of HIV and cervical cancer.

Female genital schistosomiasis (FGS) is a silent epidemic, affecting an estimated 56 million women in sub-Saharan Africa. It's transmitted when eggs from the *Schistosoma haematobium* parasite, spread by a type of freshwater snail, pass into the genital and urinary tract, for example when people are washing or collecting water.

The symptoms are often mistaken for a sexually transmitted infection, leading to stigma and meaning many women do not seek treatment until it has already caused serious disease.

In a pioneering study, Amaya Bustinduy and colleagues are working with partners including Zambart in Zambia to revolutionise diagnosis and treatment. The team are testing the impact of integrating self-sampling at home for FGS and other diseases including HIV and HPV and clinical screening by midwives in clinic. The research programme is further boosted by the Schista sisters – a grassroots advocacy group who go into the community to educate and empower women.

Dr Amaya Bustinduy, Professor of Global Paediatric and Adolescent Infectious Disease: "It's a tragedy that so many women are suffering because of the situation they find themselves in. The water they rely on to live also poses a risk to their health.

"Crucially, female genital schistosomiasis can be cured and even prevented, if treated early enough. We have a drug which has been shown to work, and potential new treatments are becoming available which we are testing on the ground. This is an exciting time to be doing research in this area and I am hopeful that women in sub-Saharan Africa and other communities can have a better, healthier future if we keep up the momentum."



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“We need research to develop treatments and ensure they work, and the next challenge is how to get those treatments to the people who need them.”



Fighting cancer with evidence: An LSHTM education journey

Q&A with William H. Wang
MSc Epidemiology, 2022–23

William Wang is a senior scientist with the Global Oncology Outcomes Research group at AstraZeneca. He develops strategies and delivers impactful real-world, economic, and patient-reported outcomes research for the pharmaceutical company’s lung cancer drug portfolio.

Immediately after completing his MSc, he secured an internship at Novartis in real-world evidence research, further strengthening his training and confirming his interest in health economics and outcomes research. Before studying at LSHTM, he worked for the Canadian federal government as a health policy analyst in the Office of International Affairs.

How has your degree at LSHTM complemented your career?

Studying at a School with a long history of training world-class epidemiologists gave me the foundation I needed for my career today. I valued learning alongside an international cohort with so many different perspectives, and I’m particularly grateful for my summer research project, which I co-developed with my supervisor, Dr Christopher Rentsch. We examined the association between non-anticholinergic neurocognitive medications and the risk of pneumonia in the US Veterans population. His support was – and still is – instrumental in my personal and professional development. The research experience gave me the skills to apply classroom epidemiological learning into practice, and I use those skills every day in my job.

What are you most proud of in your career?

My role involves developing observational epidemiological studies to assess how products perform in the real world to support pre- and post-approval strategies. I am proud to generate impactful evidence to support discussions with health care providers, advance the company’s strong oncology pipeline, and accelerate the pathway towards finding a cure for cancer and improving patient outcomes. So many of us have family members who have been affected by cancer, and one of the reasons I wanted to pursue this field is to help advance and transform clinical practice.

What are your priorities and hopes for the future?

My dream is for cancer to no longer be a leading cause of death, and ultimately to make it a curable disease. We need research to develop treatments and ensure they work, and the next challenge is how to get those treatments to the people who need them. There are significant inequities around the world. If I can do my part to help address some of these disparities, I think that would make it all worth it.

“We still see too many women dying because of complications of pregnancy and childbirth. It’s vital to address this problem from all angles, including targeted solutions that address access barriers to care.”



Making childbirth safer

A large number of experts at LSHTM are involved in research and education aimed at making childbirth safer for mothers and babies. Their findings continue to make an impact on policy and practice both in the UK and globally.

An example, led by the OnTIME (On Tackling In-transit delays for Mothers in Emergency) consortium at LSHTM in collaboration with Google, used travel time insights to reveal how long it takes to drive to emergency obstetric facilities in 15 cities in Nigeria at different times of the day and on different days of the week. This contributed crucial insights for efforts to reduce maternal deaths, with delays trying to reach hospital in an emergency contributing to a third of maternal deaths in low- and middle-income countries. The research informed development of a digital dashboard to support planning for a more equitable health system in Nigeria, and has now also been deployed in Ghana and Uganda.

Dr Aduragbemi Banke-Thomas, Associate Professor of Maternal and Newborn Health and OnTIME Lead Investigator: “We still see too many women dying because of complications of pregnancy and childbirth. It’s vital to address this problem from all angles, including targeted solutions that address access barriers to care.”

He and colleagues are also playing key roles in the National Institute for Health and Care Research-funded Consortium on maternity disparities aimed at generating research evidence and developing next generation researchers to reduce inequalities in the UK. While the numbers of maternal deaths and stillbirths remain unacceptably high in LMICs, numbers are going up in the UK with notable gaps in women’s experiences and outcomes depending on their ethnicity and where they live.



Measuring the health benefits of Africa’s Great Green Wall

How do nature-based solutions to climate change such as land restoration and reforestation improve people’s health?

Using Africa’s Great Green Wall (GGW) as a natural experiment, a research team based at the MRC Unit The Gambia at LSHTM and partners have set out to find out.

With work to select suitable sites for the study now complete, over the next two years the team will compare nutrition, infection and mental health among people living in communities around the GGW intervention areas in The Gambia, Senegal and Burkina Faso.

The main aims of initiatives such as the Great Green Wall are to mitigate climate change, preserve biodiversity, and enhance sustainable development. Evidence shows the environmental and socio-economic benefits of land restoration, but there is a large gap in knowledge on the impacts on human health.

Dr Kris Murray, Professor in Environmental Change and Health: “Land restoration is one of the pillars of the Convention on Biological Diversity and a critical element of achieving the Paris Agreement to limit global warming.

“Restoring currently degraded lands will alter the lived experience for millions of people globally over the coming decades – and yet we really have almost no idea about how this will affect human health.

“The aim of our GGW project is to help start filling in this gap, and work out whether and how we can make restoration interventions more health positive. We think this could be a huge win-win for health and the environment, but we need the evidence to make it happen effectively.”





Ashlyn Anderson
MSc Nutrition for Global Public Health,
2023–24

Originally from Tennessee, USA, Ashlyn received a Global Grant scholarship from Rotary International to study at LSHTM.

She is now working with UN-Nutrition, the United Nations coordination mechanism for nutrition across 15 UN agencies, as a Reporting and Governance Support Consultant.

“Studying nutrition and public health was the perfect combination of my passions and interests. The MSc course challenged me and gave me a global perspective. Being surrounded by very passionate, skilled and experienced people across the School made for an enriching environment in which I could thrive.

“My studies have inspired me to continue on this global trajectory with the Food and Agriculture Organization of the United Nations (FAO). There may be changes and uncertainty in the world, but graduating alongside such passionate and energised public health advocates made me feel confident that we’re going to weather this storm together. The need is still there and the work still has to be done.”

“Studying nutrition and public health was the perfect combination of my passions and interests.”

4

Positive
change is
possible.

We believe our shared future depends on our shared health. And our shared health depends on change, and plenty of it. In a world of increasing uncertainty, we all need to be agile and ready to adapt. We won't create that change if we don't adopt equitable ways of working that help us prepare and respond together, if we don't embrace different perspectives, and support those in our communities who need it most.

It's hard to challenge these deep-seated exploitative structures and practices, but it's our responsibility to step up and lead by example. We also know from our own colonial history and journey to a very different purpose and values today, that positive change is possible.

Inequalities between who is able to access care, their treatment, and levels of health and wellbeing are a sad reflection in our society. This is not an easy problem to overcome but we cannot – and will not – ignore the many examples of poorer health and experiences among certain groups. Our expertise is firmly tuned to understanding the issues driving gaps in public health, and to turning this understanding into evidence for change.

Today, we face forward together, with a vision to help create a more healthy, sustainable and equitable world. We promise to bring our scientific rigour, our determination, our hope and compassion to bear, to make that happen.



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The Baby Ubuntu initiative has supported children and caregivers in low- and middle-income countries to enhance participation, health, and wellbeing – benefiting over:

10,000



Expanding support for children with disabilities and their families

When Cally Tann and colleagues in Uganda were working on research with babies at risk of developmental disabilities, like cerebral palsy, they saw families experiencing a wide range of social and emotional challenges. This included stigma and exclusion, which stretched beyond the immediate need for medical care.

To address this gap, she worked alongside expert parents caring for a child with disabilities to develop a group participatory programme of early care and support.

More than a decade later, the Baby Ubuntu initiative has supported more than 10,000 children and caregivers in low- and middle-income countries to enhance participation, health, and wellbeing. Covering essential tasks such as feeding, positioning, play, and communication, it provides crucial opportunities for caregivers to connect and learn from each other. A clinical trial examining the implementation, cost and impact of the programme is under way in Rwanda.

The research team is now working with families to adapt the programme for young children with complex neurodisability in the UK. They are trialling this version, called Encompass, following a successful pilot study in East London as part of the PhD studies of occupational therapist Kirsten Prest.

As evidence of impact grows, the hope is that Encompass will be rolled out across NHS settings so that more families will be able to take part and benefit.

Dr Cally Tann, Professor of Neonatal Medicine and Child Health at LSHTM and consultant in newborn intensive care at University College London Hospitals NHS Trust: “The power of this approach is its partnership with parents who are the real experts through their lived experience.

“Families caring for babies with disabilities around the world share many of the same challenges, and I’m excited by the opportunity to adapt what we created in Africa to the UK. It’s relatively low-cost but the impact could be life-changing if we get this right.”



Closing the gap in mental health care

Depression is a leading cause of disability worldwide, and in many countries there is a critical shortage of mental health professionals resulting in a substantial treatment gap. In India, more than four out of five adults with depression do not have access to any formal care.

A pioneering collaboration is revolutionising mental health care in India and beyond, reducing stigma and showing how people with depression can be treated effectively within their community.

Through the IMPRESS trial, experts from LSHTM and Sangath in Goa are testing innovative task-sharing approaches to make mental health care accessible to all.

This includes training primary health care workers to identify and treat depression and empowering community volunteers to raise awareness, reduce stigma and support access to treatment. Over the last five years, the team has screened more than 125,000 people in India to test the impact of the approach. Their model of non-specialist workers providing counselling for depression has now been transferred to the US, with church pastors in Texas stepping in to the role.

Dr Abhijit Nadkarni, Professor of Global Mental Health:

“This is a global crisis: everywhere, the demand for mental health care far exceeds available resources, and in some countries the gap is stark.

“We already know what works – the real challenge is implementation. IMPRESS is one example of how we can turn evidence into real-world care and begin closing that gap.”





“Increasing vaccine uptake depends on sustainable funding to support engagement and local outreach with families.”



Keeping vaccines within arm’s reach

Childhood vaccination rates are declining in the UK, which has led to nationwide outbreaks of diseases such as measles and whooping cough.

Research shows that to improve vaccine uptake, health partners need to understand how parents engage with immunisation services, the touchpoints that matter, and how tailored information can counter harm caused by false or misleading information.

Families can fall through the cracks in a fragmented immunisation system, where responsibilities for different aspects of funding, delivery, and outreach are split across NHS services, local authorities and the UKHSA.

Experts warn of further impacts against a backdrop of cuts to operational costs and reorganisation with the dismantling of NHS England, potentially undermining the structural support and touchpoints needed to boost levels of protection against preventable infectious diseases.

By working with undervaccinated communities in London, Manchester and Gateshead – such as Orthodox Jewish families in Hackney - LSHTM researchers are showing what helps to ensure more children are vaccinated on schedule.

Dr Ben Kasstan-Dabush, Assistant Professor of Global Health & Development: “Orthodox Jewish families are often larger and parents are often under pressure, so immunisations need to be easily accessible. They rely on reminders printed in community newsletters, and value the opportunity to discuss their questions and concerns with health professionals.

“As budgetary pressures continue, there is a risk outreach relies too much on technology. Digital tools can be very useful and cost effective for a struggling health system, but our research shows that undervaccinated communities benefit from flexible services and co-producing printed materials to share responsibility for community health. Primary care teams also require support to sustain the kind of engagement and outreach that families in this community, and others like it, need.”



Andrew Zulu
Professional Diploma in Tropical Medicine
& Hygiene (DTM&H), 2024

Andrew is a doctor from Zambia. Having seen firsthand the impact of tropical diseases on communities, he came to LSHTM to deepen his understanding of tropical medicine and strengthen his ability to diagnose, treat, and prevent these diseases effectively.

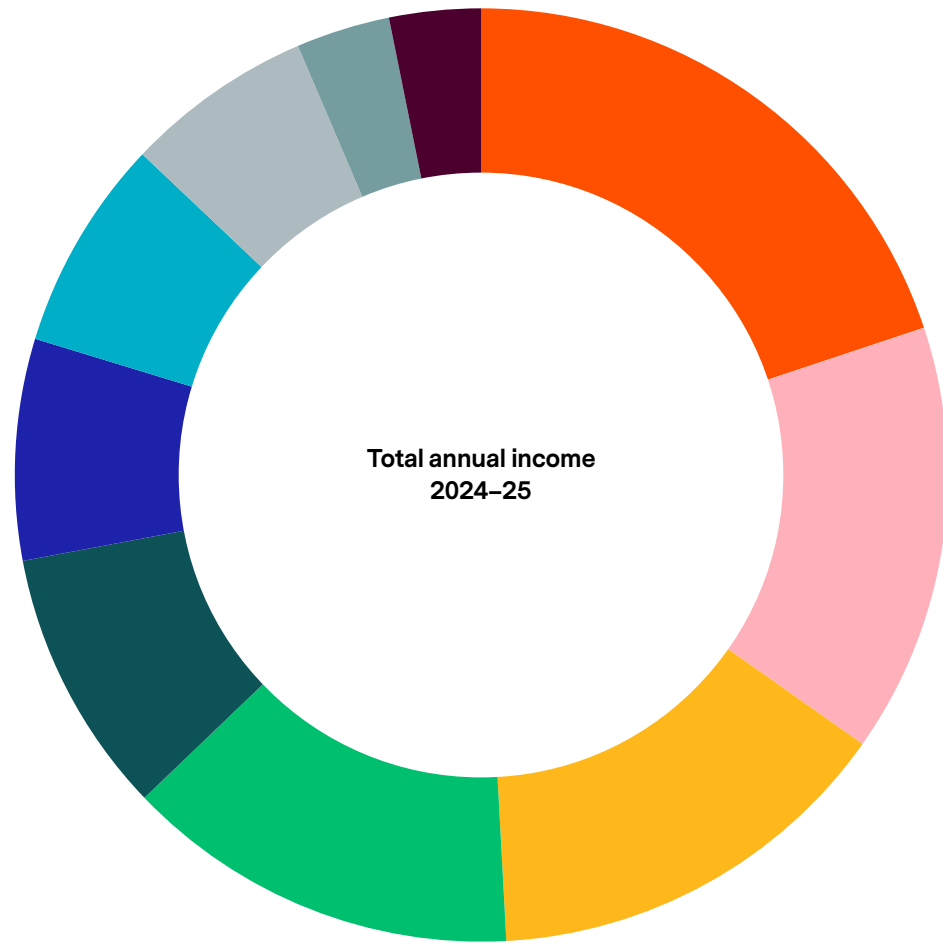
“Studying at LSHTM has been an inspirational, eye-opening, and thought-provoking experience. A truly transformative journey, I’m excited to take these lessons forward in my career.

“One of the most valuable aspects of the DTM&H programme has been the practical, hands-on learning experience. These skills will be so useful in my clinical work in Zambia.

“Studying alongside classmates from diverse backgrounds has been such an enriching experience. We’ve shared insights from different healthcare systems around the world, learning from each other’s experiences and approaches.”

“Studying at LSHTM has been an inspirational, eye-opening, and thought-provoking experience.”

Income 2024–25



Other funded research	£50.1m
UK government	£37.5m
UK Research Councils	£36.2m
Research England / Office for Students	£34.5m
Tuition fees	£23.2m
Gates Foundation	£19.3m
Other income	£18.5m
Wellcome Trust	£16.4m
Donations	£8.2m
European Union research	£8.0m

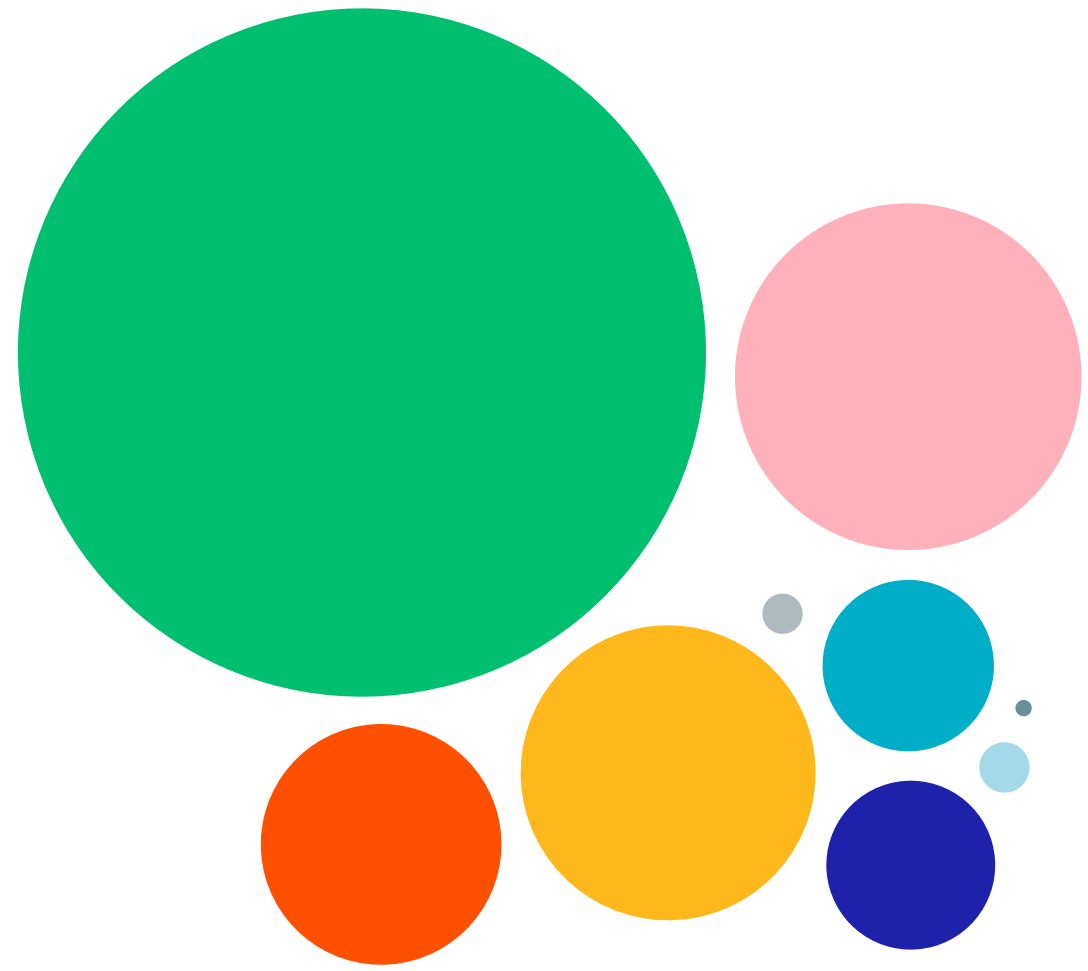
Total annual operating income

£251.8m

Total adjusted annual operating expenditure

£250.7m

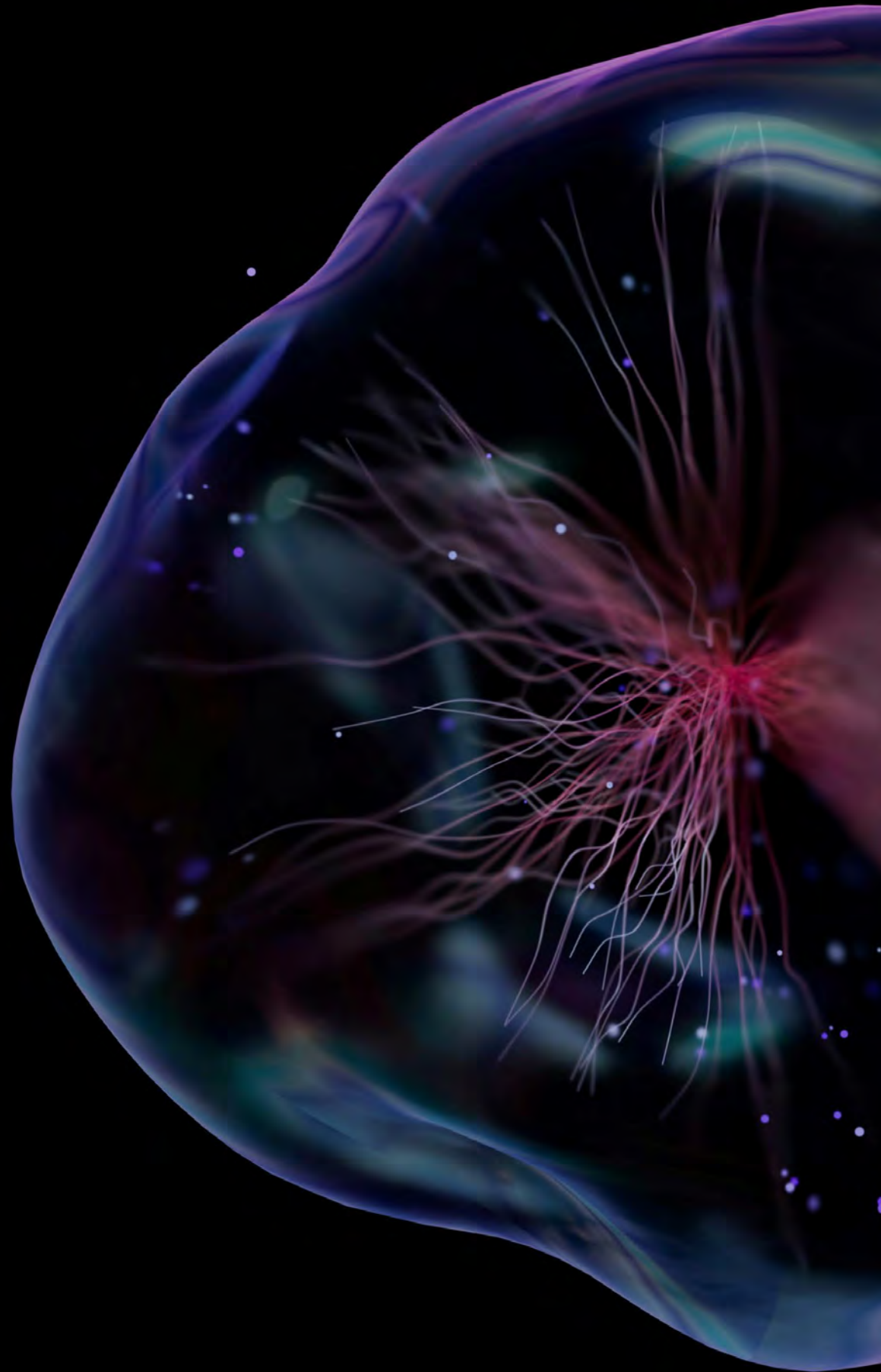
New research grants 2024–25



UK National Institute for Health and Care Research	£54.6m	European Union	£13.4m
UK Research and Innovation	£27.5m	GSK	£4.0m
Gates Foundation	£23.4m	US Federal Funding	£3.2m
Wellcome Trust	£19.1m	Children's Investment Fund Foundation	£1.3m
FCDO	£13.6m		

Total value of new research grants

London	The Gambia	Uganda
£158.9m	£20.6m	£5.4m



We are the London School of Hygiene & Tropical Medicine. Founded in 1899, we are one of the world's leading public health universities. We are a network of specialist centres, units and partners around the world, working together to achieve excellence in public and global health research, education and the translation of knowledge into policy and practice. We do this at a local, national and global scale.

Our vision is to help create a more healthy, sustainable and equitable world for everyone, because we believe our shared future depends on our shared health.

With thanks to all our funders, donors, partners, staff, students and alumni for making our work possible.

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Published in January 2026

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