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MEDICINE



Issue 15 • 2026

Alumni



**The positive
disruptors the
world needs**

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“Celebrate your persistence, sacrifice, community and achievement.”

Lethukwenama Letsoalo

Cover: Lethukwenama Letsoalo, MSc Public Health, 2025, and President, Student Representative Committee, 2024-25 who spoke at the LSHTM Graduation ceremony in March 2026.

From the editor

Welcome to the latest edition of your Alumni magazine! This year’s cover star is recent graduate and SRC President Emeritus, Lethukwenama Letsoalo (MSc Public Health, 2025), pictured at this year’s Graduation Ceremony at Westminster Central Hall.

Graduates, colleagues, family members and friends present at the ceremony will have had the opportunity to hear Lethu’s hopeful and inspiring words, even as she acknowledged the uncertainty that she and many of her peers are facing. However, she used this special moment to encourage her fellow graduates to celebrate their ‘persistence, sacrifice, community and achievement’ and offered what could be a rallying cry for all LSHTM alumni: “Be the positive disruptors this world needs now!”

At a time of rising global health threats, we are so proud to bring you just a few examples of the LSHTM community bringing that voice of positive disruption to bear on so many of the major challenges we face – be it the climate crisis, vaccine hesitancy, or antimicrobial resistance. We also reflect on those who have blazed a trail so that others could follow, acknowledging how far we have come.

As ever, I and my colleagues would like to say a huge thank you to our alumni community for your unwavering support for the School and for current and future students - through your philanthropy, voluntary service, guidance and hospitality. We see examples of your impact every day and hear so many stories of how you are improving lives around the world. It is a privilege to be able to share those stories with you here and throughout the year and we urge you to continue to share your achievements with us.

Chris Conneely

Head of Alumni Relations & Regular Giving



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Opposite: The new LSHTM Education Centre, opened in January 2026, provides modern, flexible spaces for teaching, learning and collaboration.

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LSHTM Director Professor Liam Smeeth shares his pride in the LSHTM community who are rising to the challenge of emerging health threats and inspiring future generations of students and public health leaders.

Director’s update



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. Human health has benefited from the ingenuity and academic rigour within public health. 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. At the same time, 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. We are responding to the global situation, as well as changes in the UK higher education funding landscape by evolving and innovating to ensure a sustainable future.

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, and I am so proud of the achievements and ongoing efforts of our alumni and colleagues who strive to deliver a fairer, healthier and safer planet. One example is the terrible Ebola outbreak in the Democratic Republic of Congo (DRC). LSHTM staff are working with local partners to help control the spread of the disease. This includes a team from the UK Public Health Rapid Support Team, our partnership with the UK Health Security Agency. Our MRC Unit in Uganda will be playing a key role undertaking the first human trials of a candidate vaccine that targets the Bundibugyo Ebola variant.



Always a pleasure cycling with Team LSHTM in aid of our scholarship fund!

These may be turbulent times, but I am sure when you read this magazine you will be inspired by the stories of innovation, dedication and determination on display. Whether it’s academics addressing vaccine hesitancy at a community level, senior colleagues leading the conversation on the climate crisis or award-winning alumni translating science into real health impacts, you will see that there is considerable cause for optimism.

As ever, I am incredibly grateful to our alumni community for your support, particularly given the challenges faced both at an institutional and individual level. Your contributions of time, expertise and donations are vital to the future success of the School and serve as a great reminder of the power of coming together. We also want to remind you that we are here for you and, through the work of the alumni team, can serve as a connector of like-minded individuals who are only too happy to help each other. I urge you to make the most of the opportunities to engage via our programme of events in the UK and around the world, find your mentors, take on a community fundraising challenge or, like some of the alumni featured here, share an inspiring story with us.

“I am so proud of our alumni and colleagues who strive to deliver a fairer, healthier and safer planet.”

From breaking health news to pioneering scientific discoveries, LSHTM is always at the forefront of important global conversations. Over the past year, the School’s research, academics and alumni have appeared across international media.



In the news

The Observer

How those in the know get a ‘bartender’s handshake’

Claims of ‘a secret drink’ from the John Snow pub in Soho given to epidemiologists who attend LSHTM.

NDTV

Addressing undernutrition could prevent 2.3 million Tuberculosis cases worldwide: Lancet Study

A modelling study by a team including LSHTM researchers suggests eliminating all undernutrition globally would avert 2.3 million episodes of TB.

The Telegraph

To prevent the next Ebola outbreak, we must invest in local expertise

Peter Piot co-authors an opinion piece calling for sustained investment in resilient health systems that can function during times of crisis as well as calm.

earth.com

Social media bans may not protect teenagers who need help most

Amrit Kaur Purba comments on a new analysis that suggests banning teenagers from social media may not protect them from harm so much as move the risks elsewhere.

The Telegraph

The Chagas disease time bomb in Latin America’s cities

David Moore explains how the Chagas disease-causing parasite can be acquired through multiple routes, including infections in early childhood, ingestion of fruits or juices which may be contaminated, and transmission from mother to child.

THE TIMES OF INDIA

Silent surge: Obesity, prediabetes grip young adults in rural areas in Andhra Pradesh

New analysis by a team including LSHTM researchers which found rural adults in Andhra Pradesh are developing obesity, prediabetes, and other metabolic risk factors at increasingly younger ages, significantly raising their risk of cardiovascular disease.

Read the latest news from LSHTM on our website:
lshtm.ac.uk/newsevents

Key news

King Charles becomes new LSHTM patron



King Charles speaking to Liam Smeeth during investiture at Windsor Castle

Members of the Royal Family serve as patrons of more than 3,000 charities, public service organisations, military associations and professional bodies across the UK and worldwide. They show their support for their patronages in a range of ways such as attending events or marking milestones, but they are not involved in day-to-day management or governance.

Previously, the King’s father HRH Prince Philip, Duke of Edinburgh, was patron of LSHTM for almost 70 years from 1952 until his death in 2021.

Prince Philip made numerous visits to LSHTM in that time, including during its centenary celebration in 1999, and he hosted our closest supporters at Buckingham Palace.

Professor Liam Smeeth, the Director of LSHTM, said: “I’m delighted that His Majesty has chosen to be our patron. It means a great deal to LSHTM to have his support and continue our longstanding connection with the Royal Family.

“Among other things, the King is a committed advocate for action for a sustainable future. We look forward to engaging with him about our work in research and education to help create a more healthy, sustainable and equitable world.”

LSHTM expert to co-lead new Lancet commission on health misinformation & disinformation

The new ‘Lancet Commission on rethinking misinformation, health, and human security’, launched on 27 June 2026, aims to analyse the ways in which misinformation and disinformation affect health. It will examine the mechanisms and pathways through which misinformation interacts with factors such as trust and distrust, and how they disrupt research, undermine trust in science and health, and impact on health outcomes.

Professor Heidi Larson, Director of the [Vaccine Confidence Project](https://www.vaccineconfidenceproject.org/) at LSHTM, will co-lead the new Commission. She said: “What is often referred to as “misinformation” is more complex than being merely an information issue. It recognises that information lives in and is driven by a complex web of personal and collective beliefs and emotions, political persuasions, individual and community histories, and motivations, and needs a systematic approach to have any substantial impact on reducing the risks and harms.



Lancet Commission launch statement:
[thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01128-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01128-1/fulltext)

New Director announced for MRC Unit The Gambia at LSHTM



Professor Ed Clarke took over the role of Director of MRC Unit The Gambia at LSHTM from Umberto D’Alessandro in April 2026. Professor Clarke was the Theme Lead for Vaccines & Immunity at MRC Unit The Gambia, where he was a Principal Investigator since 2012. He brings exceptional experience in vaccine research and paediatric infectious diseases, with notable contributions in clinical trials, B-cell immunology, and epidemiology. His work has consistently advanced regional health priorities and he has played a pivotal role in securing funding to support the Unit’s growth and long-term impact.

Read more about Professor Clarke and his new role: lshtm.ac.uk/newsevents/news/2025/new-director-announced-mrc-unit-gambia-lshtm

LSHTM wins award for best UK postgraduate nursing education

LSHTM has been named Nurse Education Provider of the Year for registered nurses in the Student Nursing Times Awards 2026. It won the award for the Professional Diploma in Tropical Nursing (PDTN), which equips nurses to respond to complex global health challenges shaped by infectious disease, inequality, and fragile health systems. The course, delivered entirely online, provides a unique educational environment that nurtures and develops talent, preparing nurses for further study, leadership and specialist practice. Katie Beck, PDTN course director and Research Fellow at LSHTM, who was also shortlisted for University Educator of the Year in the Student Nursing Times awards, said: “I’m so proud of the amazing team behind PDTN. By transforming how we teach, our student body is more diverse than ever and is a central element of the programme’s ethos.”



Katie Beck, PDTN course director, and Marcus Wootton, PDTN lecturer and Director of the Royal College of Nursing International Academy

Vaping at a young age may act as a gateway to smoking

The largest review to date of research studies on vaping has found that teenagers and young adults who start using e-cigarettes may be around three times more likely to go on to smoke tobacco. The study, led by researchers at the LSHTM and the University of York, is the first review to focus on the full range of potential physical and mental health impacts of vaping on young people.



Read more: lshtm.ac.uk/newsevents/news/2025/vaping-young-age-may-act-gateway-smoking-review-suggests

Emerging threats: Rising to the challenge

As climate change, emerging infectious diseases, and widening health inequalities continue to challenge communities around the world, LSHTM researchers, alumni, and partners are leading innovative work to understand these threats and develop solutions that protect and improve global health.

As Europe rapidly heats up, the Pan-European Commission on Climate Health urges WHO to scale up climate and health action.

LSHTM experts call for climate change to be treated as public health emergency



Above: Europe has experienced extreme summer temperatures in 2026

LSHTM experts involved in a new report from the Pan-European Commission on Climate and Health (PECCH) discussed its findings during the 2026 World Health Assembly in Geneva – including a call for the World Health Organization (WHO) to declare climate change a public health emergency of international concern.

This is one of the recommendations in the [Call to Action report](#), released on 17 May 2026, that urges heads of governments, ministers, health authorities, cities, funders and the WHO to scale up climate and health action.

Europe is the fastest heating region in the world, with temperatures rising twice as fast as the global average. The health impacts of extreme heat are al-

ready hitting the region hard. Evidence from LSHTM researchers last year suggests almost 70% of the 24,000 estimated heat-related deaths in the summer of 2025 in 854 European cities were attributable to climate change.

The Commission is the first independent regional initiative of its kind on climate change and health, comprising diverse experts from science, public health, policy making, and civil society.

Sir Andy Haines, Professor of Environmental Change and Public Health at LSHTM, is Chief Scientific Adviser to the Commission: “Climate change is impacting health across the WHO European region and globally, and the response is not matching the scale of the threat. Business

as usual will cost lives and increase risks to health from extreme heat, floods, air pollution, infectious disease, and food insecurity. The Commission’s Call to Action provides evidence-based recommendations that decision makers can implement now to accelerate climate action for a healthier, more sustainable future.”

The PECCH, chaired by H.E. Katrín Jakobsdóttir, former Prime Minister of Iceland, was established in June 2025 in the context of increasing threats from climate change to the pan-European region and the need to put health at the centre of climate action.

Want to know more?
Visit LSHTM’s Centre on Climate Change & Planetary Health for all the latest research news and events.
lshtm.ac.uk/cccp/h

Evidence from LSHTM researchers last year suggests:

Estimated heat-related deaths in the summer of 2025 in 854 European cities

24,000

Deaths attributable to climate change

70%

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

Mapping the health impacts of heatwaves

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.

They also looked further ahead, projecting an estimated 2.3 million additional temperature-related deaths in 854 European cities by the end of this century due to climate change.

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.”

Projected temperature-related deaths by the end of this century

2,300,000

Affected European cities

854

Study with Us
MSc Climate Change & Planetary Health:
lshtm.ac.uk/study/courses/masters-degrees/climate-change-planetary-health

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



Measuring the health benefits of Africa’s Great Green Wall

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.”

Engineering innovation for global health



Frederick (Freddy) Sarathchandra is co-founder of enstic, a startup developing innovative acoustic monitoring tools that could transform the way insects are tracked in public health, conservation and agriculture. He reflects on his journey from automotive acoustics to mosquito surveillance, the value of working across disciplines, and the challenges and rewards of turning research into real-world impact.

Your path has taken you from engineering and automotive acoustics to a PhD focused on mosquito acoustics. What first sparked this trajectory, and how did it evolve into doctoral research at LSHTM?

As an undergraduate mechanical engineering student, I wanted to explore how engineering could be used to alleviate the burden of mosquito-borne disease. My family is from Sri Lanka, and on visits back home I would experience both the everyday annoyance of mosquitoes and hear about the far more serious consequences of the diseases they carry.

For my undergraduate project I built a sustainable mosquito trap out of recycled computer parts. That brought me to learning about LSHTM the following year, during my master's in engineering, because I wanted to understand the vector biology side of things, which as an engineer, I definitely did not know about.

After completing my master's, I spent four years at BMW Group working on vehicle acoustic development. But I kept coming back to the old project, and eventually returned to LSHTM to start a PhD, supported by contacts I had made during my master's. It has been an incredible journey, and I am grateful for the opportunities I have had.

You've drawn parallels between vehicle acoustics at BMW and mosquito flight sounds. How has your engineering background shaped the way you now approach public health and infectious disease challenges?

An engineering background gives you a particular habit: you take principles from maths and physics and turn them into a machine that addresses a real-world problem. That is what I brought to mosquito acoustics, exploring what governs mosquito flight, what influences it, and how to measure it repeatedly in the field so mosquitoes can be detected automatically from their sound.

Website:
enstic.com
LinkedIn:
linkedin.com/company/enstic
Instagram:
insects.by.enstic

Left: A Closer Look: Comparing Specimens ©enstic

What engineering could not give me was the entomology, or the wider picture of how vector data affects control programmes to influence the disease burden. I learned that at LSHTM, almost entirely from people at the School who kindly explained their fields to an engineer who arrived knowing none of it. It is why our devices are designed around the insect behaviour as much as the physics.

At enstic, you're now translating this research into real-world tools for insect monitoring. What problem are you aiming to solve, and how do you see these technologies shaping the future of vector-borne disease control?

The core problem is speed. Mosquito surveillance still depends heavily on setting traps, sending specimens to a lab, and waiting days or weeks for an identification, if the capacity exists at all. Our devices are being developed to help close that time gap in the field by automated identification.

Beyond public health, other industries are also trying to better understand insects, and we realised we could support them too: helping conservationists track pollinators such as bees and hoverflies as a measure of biodiversity health, or helping farmers forecast yields from pollination rates and pest pressure. Working across that wider range of species teaches us a great deal, and we're of course bringing it back to automated mosquito detection.

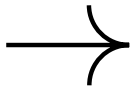
The climate crisis makes this urgent, because insect behaviour in the field is becoming less predictable for everyone. It became particularly evident with our partners in Luxembourg. We went there to work on pollinators with their Natural History Museum and found ourselves discussing invasive species as well, mosquitoes among them. The problem I first came to LSHTM to study is now arriving in temperate Europe, where we are all learning to live alongside new species that a changing climate is helping to thrive.

Have there been any key highlights since starting enstic?

We have also been fortunate to receive grants, including from Innovate UK. We are not planning to raise private investment, which is perhaps unorthodox for a tech startup, but people across public health, conservation and agriculture have been so supportive of the mission. A highlight was receiving one of those grants from HRH The Princess Royal in June 2026 and having a surreal couple of minutes to talk engineering, vector control and ecology with her.

Any advice for readers about setting up their own enterprise?

The network has been key. Opportunities to present at LSHTM during my PhD forced me out of my comfort zone, and the Malaria Centre's annual retreat made me feel so welcome in the vector control community. That got me comfortable networking well beyond vector control, and it is how I met my brilliant co-founder Lea, along with a close circle of mentors and peers across engineering, ecology, public health and business who are a constant sounding board.





“Beyond public health, other industries are also trying to better understand insects, and we realised we could support them too: helping conservationists track pollinators such as bees and hoverflies as a measure of biodiversity health, or helping farmers forecast yields from pollination rates and pest pressure.”



Left and above: Freddy Sarathchandra and colleagues in the field. ©enstic

Our LSHTM experts explain why Measles is so dangerous and why vaccinations are essential to control the spread of the disease.

Measles: The case for vaccination

The UK lost its measles elimination status in January 2026, and cases of the disease are the highest they’ve been for more than 25 years. At the same time, large outbreaks of measles in the US have led to the first measles deaths there since 2015.

Dr Alexis Robert, an Assistant Professor at LSHTM who studies the transmission of measles in England and Wales, said: “The virus is one of the world’s most infectious respiratory pathogens and can cause life-long disability or death. In the absence of vaccination measles can spread very rapidly, and it used to cause hundreds of thousands of cases per year in England. Outbreaks we see today are much smaller, because most people are protected thanks to the two doses of vaccine they received in childhood.

“Because measles is so infectious, about 95% of the population need to receive a full course of vaccination to mitigate the risk of outbreaks. If coverage is lower, people who catch measles will infect other people who do not have protection from the vaccine or from having had measles previously.

Why is it important to get the MMR (measles, mumps and rubella) vaccine?



Measles vaccines have saved more lives than any other vaccine in the past 50 years



Being vaccinated also helps protect those who are unable to get the vaccine themselves, such as young babies and immunocompromised people



Over 99% of children and adults who have the recommended two doses of MMR vaccine will have life-long protection against measles

Dr Ben Kasstan-Dabush, an Assistant Professor at LSHTM whose research looks to improve vaccination delivery, programmes and engagement in the UK, said: “Vaccination programmes in the UK and globally have been so successful, it can be easy to forget why we still need them, and many people may not have a memory of the consequences of infections like measles. But history tells us that even a small decline in vaccine uptake can have devastating consequences.”

Dr Robert said: “The rise in cases of measles we’re seeing is not due to a decrease in the effectiveness of the vaccine.

“If individuals vaccinated in the 1980s or 1990s had lost all protection (and were “essentially unvaccinated”), then we would expect to see tens of thousands of cases of measles in vaccinated individuals aged 30 to 40 years old, as they would basically have no protection. This isn’t the case, as the outbreaks we’re seeing have mostly affected individuals who are unvaccinated, especially children.

“While it’s also still possible to be infected with measles if you’ve already had the vaccine, it’s rare and the symptoms and lasting effects will be significantly milder.

“Infants whose mothers have been vaccinated are also protected by their mother’s antibodies until they’re old enough to get vaccinated themselves.

“Analysis of measles data in England has shown that the number and age distribution of cases is in line with a very slow waning of protection from the vaccine: around 0.04% per year, meaning that individuals who gained protection after vaccination will still be 99% protected 20 years after receiving their second dose.”

“Those who are unvaccinated are then the most likely to be severely unwell and to spread the virus to others.”

Alexis Robert

Why is measles so dangerous?



One of the world’s most contagious viruses, it spreads easily through coughs and sneezes



One person infected with measles will infect another 12 to 18 people



People of any age can become ill with measles and spread the virus, but babies and children are most likely to catch it



Measles can be fatal or cause life-long disability including deafness, pneumonia, meningitis, blindness, seizures and brain damage



There are no specific treatments for measles, but two doses of the MMR vaccine can prevent it



1 in 5 children with measles will need to visit hospital



Around 1 in 15 people with measles will develop serious complications



Measles can also severely weaken your immune system and leave you vulnerable to other infections

Childhood vaccination rates are declining in the UK, which has led to nationwide outbreaks of diseases such as measles and whooping cough. Earlier this year, the UK, along with a number of other countries, lost its measles elimination status.

Keeping vaccines within arm’s reach



“To improve uptake, health partners need to understand how parents engage with immunisation services.”

Dr Ben Kasstan-Dabush

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: “Orthodox Jewish families are 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.”

Professor Claire Panosian (DTM&H, 1979) offers an American perspective on the growing global threat of measles

Dark days ahead: Measles in America and beyond



Alas, what a difference a quarter-century makes. Writing in July 2026, I’ve just scanned an article in MedPage Today whose headline reads “Studies Document Brain Swelling, Sepsis in U.S. Measles Outbreaks.” Sadly, the article’s key takeaways include climbing cases in American children as well as hypoxemia, pneumonia, sepsis and encephalitis in hospitalized patients. In addition, just when we’ve barely entered summer, it’s now crystal-clear that, in another few days, the U.S. will surpass last year’s total case-count.

Finally, the July piece in MedPage Today also quotes vaccine expert Paul Offit MD sharing an undeniable truth. “Measles is back,” Offit said, “and measles is back because we have a critical percentage of parents who are choosing not to vaccinate their children.”

My own thought inspired by long-ago lectures at LSHTM? What would Professor David Morley say? Not only did the child-health champion often stress the sometimes-fatal synergy between measles and malnutrition in his seminal book *Paediatric priorities in the developing world* (London, Butterworth, 1973), in the early 1960s, Morley also launched tropical Africa’s first measles vaccine trial at a time when measles’s global death toll numbered 2 to 3 million per year.

So perhaps Morley’s voice was still in my head when I agreed to write this reflection. That and the fact that, on September 15, 2025, I once again sat in LSHTM’s former Goldsmith Auditorium (now the John Snow Lecture Theatre) during a conference called “Health Misinformation: UNPACKED.”

Among that day’s many stimulating talks, what struck me most was the lecture given by England’s chief medical officer. In it, Sir Chris Whitty observed that, despite spectacular progress, public health has always faced obstacles and resistance. He also identified four modern drivers of health misinformation: financial gain; political or institutional rivalry; vanity (for example, contrarian behaviour by various individuals, including healthcare professionals); and genuine ignorance.

At this point, I suspect readers will find it easy to connect items on Whitty’s list with the current state of measles in America. Later this year, our nation will almost certainly lose its own measles elimination status, and rising worldwide infections will bring far greater pain. Am I grieved that my country has, in part, contributed to grim global ripples? Of course, I am.

Nonetheless, like Whitty, I still believe this dark time will pass although, for now, it is impossible to gauge how long (years? decades?) it could take. For that, we’ll simply have to wait while marshalling every tool at our disposal to rebuild trust in measles vaccination. I am grateful that LSHTM is helping to spearhead this effort.



About the author

Claire Panosian Dunavan, MD, DTM&H is an American infectious diseases specialist and medical writer, a professor emeritus-recalled at UCLA School of Medicine, and a past-president of the American Society of Tropical Medicine and Hygiene.

1954	1963	2000
American scientists Enders and Peebles isolate measles virus in tissue	The U.S. licenses the world’s first measles vaccines	The U.S. is the first nation to officially eliminate measles

A new study led by researchers at LSHTM and published in *PLOS Medicine* finds that ageing populations could lead to a rise in bloodstream infections caused by drug-resistant bacteria across Europe over the next decade.

Focus on AMR

Drug-resistant infections in Europe set to rise as populations age

Antimicrobial resistance (AMR) is a growing global health threat. Understanding how changing populations will affect infection rates is vital for designing effective prevention and control strategies. Researchers led by Professor Gwen Knight, co-Director of the AMR Centre at LSHTM, analysed more than 12 million blood test results collected from 29 European countries between 2010 and 2019. They used these data to project how drug-resistant bacterial bloodstream infections may change up to 2050, taking into account population age and sex.

The study found that resistant bloodstream infections are likely to increase, with differences between countries and between bacteria types. The biggest rises are expected among older adults, especially those aged 74 and above, and among men for most bacteria-antibiotic combinations. The researchers found that models which ignore age and sex may underestimate future infection rates.

Even with strong public health actions, meeting the United Nations goal of a 10% reduction in resistant infections by 2030 was only possible for about two-thirds of bacteria-antibiotic combinations studied.

Professor Knight, lead author, said: “Our study shows that the future burden of drug-resistant infections won’t be uniform - there will be substantial differences between countries, as well as across age groups and between sexes. We see the steepest increases in incidence projected in older age groups, particularly the over 65s, meaning that simply preventing further rises in resistant bloodstream infections would already be a major public health achievement.

“What I found most interesting was bringing together different strands of data to show the bigger picture. Age and sex are still rarely considered in AMR projections, yet they make a real difference to who is most affected. Combining these factors with demographic and infection trends really highlighted how challenging it will be to reverse the steady rise in bloodstream infections across Europe.”

Epidemiology student, Wren Roberts, explores how migratory birds may contribute to the global spread of AMR.

Focus on AMR

The role of migratory birds in the spread of antimicrobial resistance



Above: Human behaviour may be exacerbating the impact of migratory birds on the spread of AMR

Twice a year, millions of birds traverse our planet in search of food and better nesting conditions. Although avian migration is a spectacular event, an increasing number of studies indicate that these birds may be carrying unwanted guests on their travels - antimicrobial resistant bacteria.

Resistant bacteria in wildlife
Resistant bacteria were first identified in wildlife in 1975 with the detection of resistant E-coli within pigeons. More recent studies have identified migratory birds as potential hosts of a range of resistant bacteria, including Salmonella and the particularly dangerous Staphylococcus aureus, responsible for life-threatening MRSA infections, among other bacterial species.

Although AMR occurs in the environment naturally, human activities are increasing its prevalence and therefore the likelihood of birds picking up these bacteria during migration. Farmlands can act as AMR hotspots; antibiotics are frequently prescribed to farmed animals to prevent disease and promote

growth, leading animals to excrete a proportion of these antibiotics unmetabolised. Antibiotic residues can then enter soil and water, exposing existing bacteria and giving them an opportunity to develop resistance. As migratory birds often utilise farmlands as food and water sources, they may either ingest these resistant bacteria or pick them up on their feet or feathers.

Human influences
Farmlands are certainly not the only source of resistant bacteria for wild birds, however; landfills and water treatment plants, particularly those receiving hospital waste, are other key sites. Additionally, a rise in ecotourism brings opportunities for humans to introduce new bacterial strains into previously untouched habitats.

Genomic research supports this idea. Scientists have analysed bacterial samples from wildlife, and found strains that are genetically very similar, or identical, to those in suspected contaminated environments. While these findings certainly suggest strong links, they cannot always indicate the direction of transmission - that is, whether birds are acquiring bacteria from these environments, introducing the bacteria themselves, or a combination of both.

Once birds acquire these bacteria, there is evidence they can survive on or inside of these birds’ bodies for long enough to be deposited far from their original sources. Birds can shed bacteria through excretion, or through direct contact with new environments. In some cases, this contamination may pose a direct threat to humans - if bird droppings containing resistant bacteria land on crops or in rivers, for example, humans may be directly exposed. Additionally, migratory birds often interact



with resident birds at shared food and water sources, potentially increasing AMR prevalence in resident species like pigeons who live in close contact with humans.

So, how do we go about tackling this problem?

Encouraging changes in human behaviour, such as responsible antibiotic use in farmed animals and proper waste management to reduce environmental contamination, could be effective in preventing wild birds from picking up resistant bacteria. Beyond this, wider improvements in AMR monitoring are needed, since wildlife is consistently overlooked in global health security plans and AMR surveillance. Existing surveillance must expand to include migratory birds within its scope, such as through the inclusion of satellite-tracking of migration routes and bacterial sampling of birds in transmission hotspots. This will be crucial in allowing scientists to identify emerging resistance patterns. Since climate change has been indicated to affect the migration routes of various bird species, AMR surveillance must be ready to adapt.

Addressing the issue will ultimately require collaboration across multiple disciplines, including epidemiology, veterinary medicine, and conservation science. Understanding the role of migratory birds in AMR bacteria spread may be a crucial step towards tackling one of the most urgent public health challenges of our lifetimes.

Want to know more?
Visit LSHTM's AMR Centre
lshtm.ac.uk/amr

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Our flexible online programmes allow you to advance your career, expand your expertise and tackle global health challenges, all while balancing work and personal commitments.

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Inspiring journeys

Discover the stories of LSHTM alumni and community members whose dedication, innovation and leadership are helping to advance health equity and improve lives worldwide.

LSHTM alumni blazing a trail across the globe



The British Council Study UK Alumni Awards celebrate the outstanding achievements of international alumni who have studied in the UK and are making a meaningful impact in their communities and professions around the world.

This year has been particularly successful for our LSHTM alumni community, with four National Finalists, of whom two went on to become Global Finalists, and ultimately, in Marianna Prokopi-Demetriades, we have one Global Winner!

We are continually inspired by the ways in which our alumni apply their expertise to tackle global health

challenges and improve lives through innovation in science, research and healthcare. Their success reflects the values, ambition and commitment to public good that we strive to foster, and marks one of our strongest performances to date.

Feeling inspired?

Look out for details of next year’s awards on LSHTM channels or register your interest with Study UK study-uk.britishcouncil.org/after-your-studies/alumni-awards

Dr Marianna Prokopi-Demetriades
Cyprus



National Winner and Global Winner, Business and Innovation Award

MSc Medical Microbiology, 2007

Marianna is a biotech innovator and entrepreneur whose work has advanced oncological care, personalised therapies and regenerative medicine. Combining scientific excellence with real-world impact, she is also a passionate mentor and advocate for women in STEM, helping to inspire and support the next generation of scientific leaders.

“These awards are a recognition of the work we are building in Cyprus in biotechnology, oncology and life sciences. Coming from a smaller ecosystem means that innovation often requires persistence, personal risk and the courage to create pathways where none existed before. This recognition reminded me that meaningful science and entrepreneurship can grow from smaller countries too.”

Dr Shomik Maruf
Bangladesh



National Winner, Science and Sustainability Award

MSc Medical Parasitology, 2020

Shomik is a public health leader dedicated to tackling neglected tropical diseases through stronger health systems, digital innovation and evidence-based interventions. An LSHTM alumnus and Chevening Scholar, he has influenced national health policy while improving frontline healthcare capacity and access to care for underserved communities.

“Winning the Study UK Alumni Award provides visibility and credibility that help amplify advocacy for sustained NTD surveillance, post-elimination care, and innovation in programme delivery. It also reinforces my responsibility to mentor others and to contribute meaningfully to public health leadership in Bangladesh.”

Dr Claudia Mary Donkor
Ghana



National Finalist and Global Finalist, Science and Sustainability Award

MSc Tropical Medicine & International Health, 2015

Claudia is a dermatologist and global health specialist leading sexual, reproductive, maternal, newborn, child and adolescent health programmes in Syria. Building on leadership roles in Ghana and Somalia, she strengthens health systems, expands equitable access to care, and improves outcomes for women, children and adolescents in humanitarian and development settings.

“This recognition is for the people I serve and the teams I work with every day. No one works in global health alone, and every achievement is shared.”

Urvashi Prasad
India



National Finalist, Social Action Award

MSc Public Health in Developing Countries, 2014

Urvashi is an internationally recognised patient advocate and public health leader. As Executive Director of ALK Positive India, she advances equitable healthcare access and outcomes through evidence-based advocacy, helping shape national health reforms while ensuring patient voices remain at the centre of decision-making.

“My social action did not begin as a project. It began with my own illness, and the gaps I fell through - in care, in information, in simply being seen. To be recognised for the work of closing those gaps for others names it as more than personal survival: it is the most honest expression of the policy work I have always done.”

Hamsadvani Kuganantham was inspired throughout her life by her father, Dr Kuganantham Periaswamy, a pioneering public health leader whose dedication transformed communities across India. Two years after his passing, his legacy continues to shape and inspire her own career in public health.

A life in service: Dr Kuganantham’s journey from LSHTM to transforming public health in India



Above and right: Dr Kuganantham Periaswamy



“(My father) thought beyond clinical medicine, consistently lending his voice to the voiceless.”

Hamsadvani Kuganantham,
MSc Health Policy, Planning & Financing, 2010

Dr Periaswamy, a senior public health director and former city health officer, passed in June 2024 and while many tributes rightly celebrate his impact, few highlight the quiet public health revolution he led, helping to change the course of the HIV epidemic in India, particularly in Tamil Nadu, once marked by high prevalence and stigma.

His life also shaped mine in every way, by giving me my voice and purpose, and helping me to discover my passion for global health.

Dr Kuganantham was a public health visionary. He was my compass, my fiercest critic, and my greatest champion. His work in HIV prevention, pandemic response, and health system reform touched the lives of millions. But to me, he was the man who taught me to fight for what’s right, to lead with both intellect and heart, and to never lose sight of the human being behind every data point.

My father’s journey into public health was shaped by both circumstance and conviction. He had a thriving clinical practice in one of the busiest neighbourhoods in North Chennai, a neighbourhood where most daily labourers and socioeconomically disadvantaged people lived, and he worked with the City Health Corporation. By this time, he was a sought-after expert for many public health issues faced by the city corporation of Chennai in Tamil Nadu, so he sought a deeper, global perspective to strengthen his work. In the early 1990s, he served as Director of the Communicable Diseases Hospital in Tondiarpet, Chennai. During the devastating cholera outbreak of 1993, he oversaw the treatment of hundreds of patients who were collapsing from severe dehydration. It was in this crisis that he and his team pioneered the use of wide-bore needles to administer rehydration solutions more effectively, saving countless lives. His work also led to the identification of a new strain of cholera, later referred to as the “Chennai strain.” In the late 1990s, when India was grappling with the rising tide of infectious diseases and the complexities of urban health, he stood at a crossroads between clinical medicine and public health. That search led him to LSHTM, where he pursued the Professional Diploma in Tropical Medicine & Hygiene (1998), a decision that would shape the trajectory of his career and deepen his commitment to health equity.

His time in London was transformative. Immersed in a multicultural environment of global health strategists and thinkers, he found both intellectual stimulation and a renewed sense of purpose. The training in infectious disease epidemiology



broadened his perspective and equipped him with tools he later applied in his career. It opened doors to new avenues in public health, reinforcing his commitment to tackling epidemics and strengthening health systems in India. But it was the camaraderie with fellow students, the late-night debates over ethics and access, and the quiet walks through Bloomsbury that left a lasting imprint.

Back home, Dr K became a driving force in Tamil Nadu’s public health evolution. His leadership in the Prevention of Parent to Child Transmission (PPTCT) programme was pivotal in stabilising the HIV epidemic in the state from a prevalence of 1.5% in 2001 to just 0.25% within a decade. He championed innovations like husband-friendly antenatal clinics, community-based counselling, and mainstreaming HIV services across departments ensuring that public health was not just about systems, but about dignity and inclusion. His ‘eureka’ moment led to the implementation of PPTCT in Tamil Nadu. From that seed grew Integrated Counselling and Testing Centres, which were rolled out swiftly across India. He mainstreamed HIV services across departments and built networks of support for HIV+ mothers.

He also played a pivotal role in rehabilitation efforts after the 2004 tsunami, where he coordinated relief and health interventions for vulnerable communities. Years later, during the COVID-19 pandemic, he served on Tamil Nadu’s state taskforce, advising the government and the Chief Minister on strategies to contain the crisis. His leadership and dedication were recognised when he was honoured with the “Lifetime Achievement Award” in 2020.

My father believed public health was inseparable from social justice. Even as a trained physician, he thought beyond clinical medicine, consistently lending his voice to the voiceless.

For global health professionals, his legacy offers enduring lessons: that systems must serve people, that data must be paired with empathy, and that leadership is not about authority but about accountability. His journey reminds us that the most powerful public health interventions begin with listening and that sometimes, the most radical act is to treat every patient as fully human.

Study the Professional Diploma in Tropical Medicine & Hygiene:
lshtm.ac.uk/study/courses/short-courses/dtmh

As we mark 40 years of the Health Policy, Planning & Financing MSc at LSHTM, we speak to one of the programme’s rising stars, Layla McCay (MSc HPPF, 2011). Layla is a health policy director and author whose latest book, *The Queer Bookshelf*, is an essential guide for anyone wishing to explore LGBTQ+ literature.

The road to The Queer Bookshelf



I sometimes feel I have two different personas. My colleagues and LinkedIn followers know me as a health policy director. Meanwhile, my Instagram followers know me as the author of my new book, *The Queer Bookshelf*: a reader’s guide, a joyful exploration of the history, present and future of LGBTQ+ literature.

My master’s was where I learned to turn my research into publishable writing. My dissertation became part of a paper in *The Lancet*. Then my further research culminated in the setting up of the Centre for Urban Design and Mental Health and I started writing chapters for textbooks on the topic. Finally, a colleague and I published our own book, *Restorative Cities: Urban Design for Mental Health and Wellbeing*.

In that book, there’s a section on wider factors that influence the health and wellbeing of people with diverse characteristics. This topic interested me personally as a gay woman. Using the research skills I usually deploy on health policy topics, I went on to write a book about how being LGBTQ+ impacts people on the career ladder. *Breaking the Rainbow Ceiling: How LGBTQ+ people can thrive and succeed at work*. The desk research and interviews I undertook while writing it made me even more interested in LGBTQ+ history. So, I decided to use my research skills in a new way: to write a book about a personal passion.

Fiction novels comfort and enlighten us by showing us that other people have felt the way we do. They lift us above our own limited experiences and nurture empathy by letting us inhabit others’ perspectives and understand ourselves as a citizen of the world. Reading grows our understanding of where society has been, why it developed as it has, and where it might be going. In these ways, novels are a fascinating complement to research papers and non-fiction books in imparting knowledge.

When I was growing up gay, I did not have access to that understanding and knowledge. A UK law called Section 28, made it difficult for young people to access novels with LGBTQ+ themes. Many people growing up in other countries had similar restrictions, and it made us feel horribly alone. During the research for my last book, I learned that the invisibility of queer stories in our

formative years could affect our self-esteem, confidence, well-being and aspirations, and our opinions about LGBTQ+ people – that impact can go on to negatively impact our life.

As adults, we have free access to books with LGBTQ+ themes if we choose to read them. But still, many people are unsure where to start. So, I wrote *The Queer Bookshelf* to illuminate books with LGBTQ+ themes that are significant from the perspective of culture, history or literature. Telling the story of LGBTQ+ literature provided a fascinating new lens on queer lives over millennia, all around the world. I realised that books like *The Well of Loneliness* by Radclyffe Hall and Giovanni’s Room by James Baldwin are only the tip of an iceberg of wonderful, complex, diverse stories and histories of people who today might describe themselves as LGBTQ+.

I did not imagine that the research skills and passion for the determinants of health would go on to contribute to two such different career strands. But health policy director and author are proving to be a surprisingly logical (and delightful) combination.

Above: Candid Studios



“Telling the story of LGBTQ+ literature provided a fascinating new lens on queer lives over millennia, all around the world.”

Instagram:
[laylamccay](#)

Occupational health expert Dr Paul Litchfield (MSc Occupational Medicine, 1982) reflects on a 50-year career that includes a surprising late-stage pivot into the world of reality TV.

What 50 years in occupational health taught me



Can you tell us a bit about your career journey?

I qualified as a doctor from Manchester Medical School in 1977 and joined the Royal Navy as a doctor. My first role was as a doctor for the civilian workforce in Chatham Dockyard and I was fascinated by the hazards and occupational diseases faced by workers. That led me to decide to specialise in occupational medicine.

After 18 years in the Royal Navy, I then became the medical director for the Civil Service Occupational Health Service. I was responsible for advising on the health of some 500,000 employees in a variety of public sector departments. I then moved to BT, the telecommunications company, ultimately serving as their chief medical officer for close to 20 years, where I was involved with a wide range of bodies including the UK government and WHO.

After retiring from BT in 2018, I was approached by ITV to help them enhance their duty of care arrangements for people appearing in reality TV shows, notably *Love Island*. That developed into a broader medical advisory role which became critical when the COVID-19 pandemic hit, and we had to re-engineer TV production to provide cast and crew with a working environment safe from the threat of the coronavirus. At about the same time I also started working for Compass (a multinational food service company), which also needed pandemic support for their workforce of 600,000. I’ve continued in chief medical adviser roles for both ITV and Compass.

Can you describe the changes you’ve seen in the field of occupational health over your career?

Most chemical hazards and many of the physical ones have either been controlled through better engineering or exported to laxer jurisdictions so they now feature far less in the UK. In contrast, workplace psychological hazards are now far more prevalent, in part because they are better recognised and in part because of changing work demands.

You’ve worked in a broad range of companies and organisations, are there any health issues – physical or mental – that are common across all sectors?

The common illnesses that present in the UK are musculoskeletal problems, heart disease, cancer and mental ill health. Those illnesses can affect anyone working in any sector at any level.

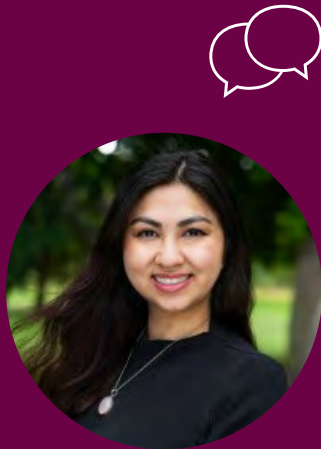
The other half of the equation is about the impact of work on health. Most of the hazards are psychological and the recognised risk factors (demands, support, control, change, role and relationships) can apply in any form of work.

What advice would you offer to recent graduates entering work or at an early stage in their careers?

Establish relationships early in your career and nurture those relationships, especially when people move out of your immediate orbit. Show empathy and compassion to others – that cements connections and it may well be that you will want to rely on those people at some point in the future. Be kind to yourself – none of us is perfect and if you get something wrong, learn from it and move on.

PhD student Mika Malouf crochets unique crabs to donate to young cancer patients. She tells us about her annual “crab-vent calendar”, how she got started crocheting them, and why it benefits her as well as the recipients.

Caring through crochet



What is your role at LSHTM?

I am a second-year PhD student at LSHTM and Nagasaki University. My research covers multi-pathogen serological analyses, specifically for malaria and neglected tropical diseases. I also volunteer as manager at LSHTM’s not for profit Pumphandle bar.

Tell us about being a crochet volunteer

During my free time, I crochet crabs to donate to the teenage and young adults’ unit at The Royal Marsden Cancer Hospital. The crabs are created throughout the year and then donated every December. Before the donation, I post on my social media a sort of “crab-vent calendar”, where each crab donated is given a unique persona.

What’s your motivation for volunteering?

I have several family members who are battling cancer. I once gifted a crochet crab to a family member who took it to their chemotherapy appointment. I was later told that they fell asleep while holding it during treatment.
The family member later suggested that I donate these to other cancer patients to make their battle a little bit easier, as a handmade gift reminds them that they are not alone during this difficult time.

What have you gained from this experience?

For a while, I felt quite helpless. I wanted to be there for my family but did not have the money to donate to cancer research or the ability to be there for them physically.
Donating these crochet crabs allows me to gain insight into the many forms volunteering can take. Even small contributions, like crocheting on the commute to the office, can still have a meaningful impact.

What advice would you give other people considering volunteering?

Do it! Volunteering does not need to be a big or dramatic act; sometimes consistency and willingness to help are enough. Spreading a little kindness can go a long way!

Some of Mika’s adorable crochet crabs



One scholarship, boundless opportunities

Scholarships do more than remove financial barriers to study. They help talented students gain the knowledge, confidence and networks needed to address pressing public health challenges. For LSHTM Fund Scholars Benedicta An-Mwaaba, MSc Demography & Health and Therese Shema Nzayisenga, MSc Climate Change & Planetary Health, donor support has created opportunities that are already influencing communities far beyond Keppel Street.

Although studying different disciplines, both came to LSHTM because they identified important gaps in their home countries and wanted to help address them. Benedicta saw a need for stronger demographic expertise to better understand fertility, mortality and population health trends in Ghana, while Therese recognised growing challenges at the intersection of climate change and health in Zambia.

Benedicta’s interest grew out of work collecting and validating demographic data. While initially involved in fieldwork, she became increasingly interested in the population patterns behind the data, particularly fertility, mortality and stillbirths.

For Benedicta, the scholarship has enabled her to strengthen the skills needed to contribute more effectively to public health research.

“I realised there were projects I wanted to contribute to more fully, but I needed stronger skills and knowledge to do that. That’s why I came to LSHTM.”

Alongside her studies, she has continued supporting research projects in Ghana and hopes to contribute even more when she returns. She is also passionate about supporting girls to pursue education and opportunity. Reflecting on a young person she mentored, she shared the message: “You have shown me that my dreams are not too big.”

For Benedicta, this reflects the wider impact of scholarship support. “Your generosity reaches beyond me. It gives hope to young people in my community.”



“I came to learn, and I leave feeling equipped to contribute to research that improves health in my community and inspire other young women to dream bigger.”

Benedicta An-Mwaaba



“The School may not realise it, but it’s given so much hope to a lot of my peers.”

Therese Shema Nzayisenga

For Therese, through her work in disease outbreaks and emergency response, she became increasingly aware that many health challenges begin long before people reach hospital.

“There’s so much that you can do for a patient before they come to the hospital,” she explains.

Initially interested in health financing, Therese became increasingly aware of the wider factors that influence health. This led her to explore environmental health, planetary health and One Health approaches, and the role of policy in bringing together health, environmental and governance systems.

“Climate change and health is still a very new field in my country. We can see the impacts, but there are very few people addressing it. I wanted to learn what others are doing elsewhere. We can then add our own nuances and the dynamics of our country.” She added “Understanding where climate change and health sits, who needs to be involved in the conversation, and the policies and systems needed to support it is something I wouldn’t have had the opportunity to learn in Zambia.”

Therese found an opportunity at LSHTM that was difficult to access elsewhere. As a child of refugees, many scholarships were unavailable because of her citizenship status. The LSHTM Scholarship Fund instead recognised her academic potential and commitment to public health.

“This opportunity changed more than my education. It changed what I believed was possible for my future.”

Today, Therese hopes to help strengthen understanding of climate and health in Zambia and contribute to more resilient communities in the face of climate-related challenges.

She reflects: “The impact I hope to have is to ensure no one is forced to leave their home.”

Together, Benedicta and Therese demonstrate that donor support does more than fund a year of study. It helps talented students develop the expertise, confidence and determination to improve health, strengthen communities and inspire others to achieve more than they thought possible.

Right: Therese and Benedicta at Keppel Street



Running for families affected by ME/CFS

When John Morsley took on this year’s Virtual London Marathon (VLM) in support of CureME at LSHTM, he was running for a cause that has touched his own family. His wife’s daughter Anna has been living with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) for several years. Anna describes the all-encompassing effects of this illness: “On top of the physical symptoms, dealing with the grief of losing the life you had, the healthy person you were, your goals and dreams ... is a daily challenge.”

John completed the VLM in April, raising an impressive £3,184 for CureME’s work. He also achieved a personal milestone, crossing the finish line in 3 hours and 49 minutes, beating his target time.

Based at LSHTM, CureME is a research group dedicated to improving the recognition, diagnosis and treatment of ME/CFS through clinical and biomedical research. At the heart of the programme is the UK ME/CFS Biobank, the first facility of its kind in the UK, providing researchers worldwide with access to high-quality biological samples and data.

Yet for John, the motivation went far beyond the finish line.

“Our family is only one of the many who suffer with the emotional, physical, psychological and financial fallout from this devastating disease,” he said. Anna’s determination and resilience mean she has gone from being completely bed-bound to living independently again but as she says “the process has been slow, extremely challenging, and it is still ongoing. There is no quick fix.”

ME/CFS affects an estimated 400,000 people across the UK, yet many patients face misunderstanding, stigma and delayed diagnosis. Around a quarter of those affected are severely ill, and research suggests that ME/CFS can result in greater functional impairment than conditions such as multiple sclerosis (MS) or cancer.

Through the UK ME/CFS Biobank, CureME supports researchers seeking to better understand the condition. The biobank contains more than 35,000 blood aliquots from people with ME/CFS, Long Covid, MS and healthy controls, with samples and data distributed to research teams around the world.

What makes CureME distinctive is its commitment to patient-centred research. From the outset, people living with ME/

CFS, including those most severely affected, have helped shape research priorities, study design and participation opportunities. Research is conducted in partnership with patients, ensuring that lived experience remains central to the programme’s work.

For Caroline Kingdon, Research Fellow and Biobank Coordinator at LSHTM, that approach is fundamental.

“CureME research has always been participatory and co-designed with people with lived experience of ME/CFS, including those who are severely affected,” she explains.

“Visiting the most severely affected by ME in their homes has given me the privilege of better understanding the impact on the individual and the wider family,” she said. “It has such a profound impact on the lives of those affected, yet there is still stigma around the diagnosis, and not enough funding to research it adequately.”

For John, supporting CureME is ultimately about helping to create a better future for families like his own.

“We raise funds for CureME because their mission is to improve recognition, diagnosis and treatment of ME/CFS through medical research,” he said. “We

firmly believe research will make the critical difference for those with ME.”

Crossing the finish line was a team effort. After the event, John paid tribute to those who had supported him along the way.

John’s fundraising journey is far from over. Having achieved his Good-for-Age qualification, he is continuing to support CureME. For families like his, research offers hope that future generations affected by ME/CFS will benefit from better recognition, diagnosis and treatment.

“A big thank you to my lovely wife who gave me masses of help in providing Jelly Babies, Gels and Lucozade Sport on the course and encouraging friends and neighbours to come out and support.”



Above: CureME team at LSHTM
Right: John Morsley
Below: CureME Biobank





Run. Ride. Raise!

Join Team LSHTM at the London Landmarks Half Marathon 2027!

Take on one of London's most iconic running events and help support future global health leaders through the LSHTM Scholarship Fund, and...

- Challenge yourself to achieve a rewarding goal
- Support future global health leaders through scholarships
- Join a community of LSHTM alumni, staff and supporters
- Have fun while making a difference!

If you are looking for a different challenge why not join us for the London to Brighton Cycle Ride or create your own fundraising event, from a bake sale to a swim and everything in between.

Visit our website at [Community fundraising for LSHTM](#) or scan the QR code with your smart phone:



Last April, Vincenzo Cologna (MSc Public for Global Practice, 2021) joined a team of hardy LSHTM runners to raise vital funds for scholarships in the London Landmarks Half Marathon. Here he tells us why he took on this significant challenge and the part LSHTM has played in his public health career.

Creating opportunity one step at a time



Tell us about you and your connection to LSHTM

I first joined the LSHTM community in 2019 through the Professional Diploma in Tropical Nursing, before returning in 2020 to study the [MSc in Public Health for Global Practice](#). Those experiences shaped not only my career but also the way I understand public health as both a profession and a set of values. I currently work at the UK Health Security Agency as a Programme Manager and Workforce Lead, supporting clinical and public health training and workforce development within the Health Equity and Clinical Governance Directorate. Before this, I worked at the UK Public Health Rapid Support Team, a partnership between UKHSA and LSHTM, where I managed projects across research, capacity strengthening and outbreak response in Official Development Assistance-eligible countries.

My professional journey has taken me from a clinical nursing background in infectious diseases and haematology within the NHS, to increasingly strategic global public health roles focused on capability building, leadership, preparedness and resilience.

What does it mean to be a part of the LSHTM community?

It is a community built around shared values: curiosity, service, equity, evidence, and a genuine commitment to improve health worldwide. What makes it especially powerful is the diversity of people within it. LSHTM brings together individuals from across the world, with different lived experiences, cultures, disciplines and perspectives, yet united by a common purpose.

That diversity is not incidental; it is one of the School's greatest strengths. Public health is most effective when it listens to and learns from different contexts, and LSHTM embodies that.

“Scholarships matter because talent is everywhere, but opportunity is not.”



Left: Vincenzo with two of his LSHTM teammates
Above: Vincenzo meets a Chelsea Pensioner



You have received some great support from friends, family, and your UKHSA colleagues. When there are so many competing causes to run for, why are scholarships so important to you?

I have benefited from scholarship support, and I know first-hand how powerful it can be when financial barriers are reduced and someone is given the opportunity to develop their potential.

In a global public health context, scholarships matter because talent is everywhere, but opportunity is not. Far too many capable, committed individuals are prevented from accessing postgraduate education because of cost, particularly those from low- and middle-income countries. That is not only unfair to the individual; it is also a loss to the wider public health community. We need greater representation, greater inclusion, and stronger pathways for people from diverse contexts to shape the future of public health.

Supporting scholarships helps move us closer to health equity. It means investing in future leaders, researchers, programme managers, clinicians and practitioners who can bring their knowledge back into their own communities, institutions and health systems.

What message would you give to anyone considering taking on one of our community challenges?

Not everyone can make a large personal donation, but many people can still create impact by using their time, energy and networks in a way that brings others into the story. That is one of the things I have appreciated most about this experience. It creates a sense of shared purpose. Friends, family, colleagues and wider communities can all become part of something positive and hopeful.

There is also something genuinely rewarding about linking a personal challenge to a wider cause. It gives the effort deeper meaning. In the case of scholarships, even a relatively small contribution can help support the development of a talented individual whose work may ultimately strengthen health systems, improve services, influence policy, or support better preparedness and response in their own setting.

New Master of Research in Infectious & Tropical Diseases

Infectious diseases continue to challenge people, health systems and societies worldwide. As an LSHTM alum, you know the vital role research plays in tackling these global health threats.

Our new Master of Research (MRes) in Infectious and Tropical Diseases is designed equip students with the advanced research skills, practical experience and international perspective needed to drive meaningful change.



[Shape the future of global health research with an MRes degree.](#)



3

Keppel Street roundup

From campus to community, explore the latest stories, developments and highlights shaping life across LSHTM.

From groundbreaking research to outstanding contributions in global health, the LSHTM community continues to make a remarkable difference around the world. We are incredibly proud of the impact and accomplishments of our community across the School and around the world, and we are delighted to share and celebrate their success.

Awards news

Alumni Impact

Maria Gargiulo and **Rahaf Abu Koura**, both PhD candidates at LSHTM were named Student Award Winners at the inaugural LSHTM Open Research Awards. The awards recognise their contributions to advancing open research practices and promoting excellence, transparency, and collaboration in health research.



Dr Elizabeth Tissingh (MSc Tropical Medicine and Hygiene, 2011), MBE for her services to health in the DRC.



Dr Melvin Sanicas (MSc Infectious Diseases, 2015) named a Fellow of the Infectious Diseases Society of America. It is one of the highest honours in the field of infectious diseases. It recognises distinguished clinicians and scientists from the United States and around the world whose contributions continue to advance the field.

Academic Excellence

LSHTM has once again been ranked **No. 1 in the UK for Public Health** in the 2025 ShanghaiRanking Global Ranking of Academic Subjects.

Four LSHTM research teams won **Wellcome Discovery Awards**, bringing in more than £13 million to investigate some of the world’s most pressing health challenges. The projects, led by Professor Rashida Ferrand, Professor Antonio Gasparrini, Associate Professor Eleanor Hutchinson and Professor James Hargreaves, will explore topics including HIV and healthy ageing, climate and health, healthcare workforce unemployment, and the equitable use of new technologies



Professional Awards



Professor Nicola Desmond, Professor of Medical Anthropology and Global Health at LSHTM, Global Health Research Professorship from the National Institute for Health and Care Research (NIHR). The professorship supports leading researchers whose work delivers meaningful benefits for communities across low- and middle-income countries.

Professor David Mabey, Emeritus Professor of Communicable Diseases, KCMG (Knight Commander of the Order of St Michael and St George) in the King’s New Year Honours 2026. The honour recognises his outstanding contributions to global health over a 48-year career, including landmark work to eliminate trachoma, prevent mother-to-child transmission of syphilis, and strengthen infectious disease control through mentoring and capacity building around the world.



Former LSHTM Director, **Professor Peter Piot** awarded the Virchow Prize 2026. The award recognises his pioneering contributions to global health since the co-discovery of Ebola 50 years ago, and his enduring leadership in strengthening international cooperation, outbreak preparedness, and global responses to infectious disease threats.



Professor Kara Hanson and **Professor Richard Grieve**, elected as new Fellows of the Academy of Medical Sciences.

Professor Kaye Wellings, OBE in the King’s Birthday Honours for services to sexual and reproductive health. A leading social scientist, she is recognised for her influential research and leadership of studies that have shaped policy and improved understanding of sexual health in the UK and internationally.

Dr Morgon Banks, Associate Professor in Disability Research at LSHTM’s International Centre for Evidence in Disability (ICED), has been awarded a £1.8 million UK Research and Innovation Future Leaders Fellowship. The funding will support a global study exploring how extreme weather affects people with disabilities and identifies strategies to strengthen resilience and inclusion in the face of climate-related challenges.

Please do share your accomplishments with us, we love to celebrate how our global community is shaping a healthier, more equitable world.
alumni@lshtm.ac.uk

One community. Countless opportunities to make a difference.

The global LSHTM alumni community thrives because of the dedication of our volunteers. Over the past year, alumni have generously contributed their time in countless ways. From supporting networking events and careers panels to mentoring current students and recent graduates to strengthening regional alumni communities, and inspiring future public health leaders, their efforts have helped keep our global community connected, engaged and growing.

To every volunteer who has shared their expertise, opened doors for others, championed LSHTM, or simply given their time to help fellow alumni and students: thank you! Your commitment embodies the spirit of our community and helps ensure that LSHTM's impact extends far beyond the classroom.

Interested in volunteering?
We'd love to hear from you. Visit our 'Get Involved' webpages or contact the Alumni team to find out more about the opportunities available.
lshtm.ac.uk/aboutus/alumni/get-involved

Why Do LSHTM Alumni Volunteer?



Giving Back
Continuing a legacy of support and helping the next generation thrive.



Sharing Guidance
Helping students and recent graduates navigate their studies, careers and life after LSHTM.



Building Future Leaders
Supporting others to grow in confidence, develop skills and reach their potential.



Strengthening Communities
Creating connections, expanding networks and fostering a culture of collaboration.



Growing Together
Developing their own skills while sharing experience, knowledge and insights.



Empowering Success
Helping others build communication skills, find opportunities and achieve their goals.

12

New Alumni Chapter Leads and Co-Leads bringing the LSHTM community together through alumni events and activities around the world



23

Community Fundraisers took on the London to Brighton Cycle Ride in September 2025 and the London Landmarks Half Marathon in April 2026 to support LSHTM



33

Alumni Mentors sharing their expertise and guidance through the 2026 MentorMe Programme on LSHTM Connect



78

Alumni Ambassadors actively supporting the LSHTM community throughout 2025/26



17

Alumni Volunteers who helped make our Student, Alumni and Employer Networking Event in May 2026 a success



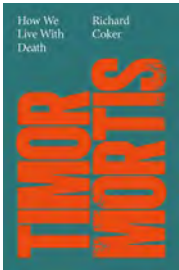
15

Alumni Bloggers sharing their stories, research, experiences and career advice with current and future LSHTM students and graduates.



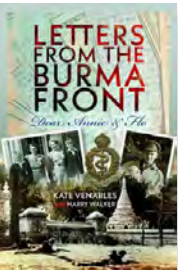
Thank you
to all our volunteers!

Alumni authors: New releases



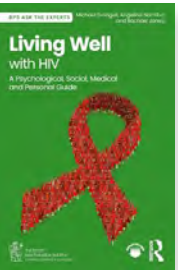
TIMOR MORTIS: How We Live With Death

by Professor Richard Coker (MSc Public Health, 2000) is a thoughtful blend of memoir, medicine and moral enquiry. Drawing on decades of clinical experience, history, literature and philosophy, it explores how we confront death, grief and mortality, and what it means to live well in the shadow of life's inevitable end.



Letters From the Burma Front

by Kate Venables (MSc Occupational Medicine, 1980; Clinical Lecturer, 1982–88) brings together her father's wartime letters from the Burma Campaign. Combining personal reflections with carefully researched social and military history, the book offers a vivid and deeply human account of life as a young doctor on the front line.



Living Well with HIV: A Psychological, Social, Medical and Personal Guide

by Michael Evangeli (MSc Public Health in Developing Countries, 2010) is an empowering, evidence-based resource for people living with HIV and those who support them. Combining global research with lived experiences, it offers practical strategies for navigating challenges, building resilience, and living well with HIV.



Global Health: Swedish Perspectives on Key Debates, Politics, and Practice

by Rachel Irwin (PhD Public Health & Policy, 2014) explores global health through a Swedish lens, examining the country's historical and contemporary role in shaping key debates and policies. Written for students and practitioners, it offers fresh perspectives on global health politics alongside practical discussion questions and classroom activities.



Bush Doctor: A Memoir from the Beautiful, Rugged Heart of Outback Australia

by Damien Brown (MSc Tropical Medicine & International Health, 2014) is a vivid account of life as a remote doctor in Australia. By turns funny, moving and thought-provoking, it explores the challenges of rural medicine, the resilience of communities, and the human connections at the heart of healthcare.



A Little Doctor's Big Dream

by Fatma Shakarchi, MD, MSc (MSc Public Health for Eye Care, 2022), is a STEM-inspired children's picture book celebrating curiosity, compassion and big ambitions. Inspired by her own childhood experiences in medicine, the book encourages young readers to dream boldly and explore careers in healthcare and caring professions

If you've recently published a book of your own, we'd love to hear from you. Send us the details for a chance to be featured in future alumni communications.
Email: alumni@lshtm.ac.uk

Thank you

This list covers the period 1st August 2024 to 31st July 2025. We wish to acknowledge everyone who chooses to give anonymously, and we remember those supporters who have sadly died since making their gift to us. If you can't find your name and think it should be here, please get in touch: alumni@lshtm.ac.uk

We are grateful to everyone who chose to support LSHTM last year. Your generosity helps transform lives through scholarships, supports vital research, and improves health around the world.

Between 1 August 2024 and 31 July 2025, your support helped us to



Transform students’ lives through our scholarship funds



Help students remain in education when faced with unexpected financial hardship



Provide care for patients at the Medical Research Council Unit The Gambia



Advance vital research into neglected conditions such as ME/CFS

Donate today and join our amazing donor community



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Lesley Wilkes
Hannah Williams
Sian Williams
Ryoko Williamson
Sarah Winchester
Kenneth Wrixon
Andrew Young
Anete Zieda
Ismail Zoutat

*In memory

From graduation celebrations and reunions at international conferences, to chapter meetups around the world, this year's alumni events showcased the strength and global reach of the LSHTM community. As ever, it has been a privilege to celebrate alongside so many members of our remarkable global network and provide valuable opportunities for you to come together in challenging times.

Frequent Flyers: Alumni on the move



Distance Learning Reception (March 2026)

Each year, during our Graduation week, the LSHTM Alumni Team welcomes Distance Learning graduates to our Keppel Street campus for an evening of drinks, canapés, and guided tours, giving many their first opportunity to experience the School in person and learn about its rich history.



Graduation (March 2026)

Graduation week is one of the most exciting weeks of the year at LSHTM! Taking place in the heart of London at Central Hall Westminster, our newest graduates get to celebrate their accomplishments and meet the Alumni Team in-person to hear about how they can stay involved in the School after graduating.



Alumni Reception at the American Society of Tropical Medicine & Hygiene Annual (ASTMH) meeting, Toronto (November 2025)

This year's ASTMH Annual Meeting took place in Toronto, Canada, providing a fantastic opportunity to connect with LSHTM alumni, staff, and students from across the globe. We hosted a wonderful drinks reception at Steam Whistle Brewing, featuring remarks from LSHTM Director Professor Liam Smeeth and Head of Alumni Relations & Regular Giving, Chris Conneely. The evening was made even more memorable with a celebration for LSHTM icon Professor Sir Brian Greenwood, who marked his birthday surrounded by friends and colleagues.



DTM&H/TMIH Reunion in Munich during the ESCMID Global Conference (April 2026)

On the occasion of the ESCMID conference in Munich, we co-hosted a celebration for the Diploma in Tropical Medicine & Hygiene (DTM&H) and MSc Tropical Medicine & International Health (TMIH) — Did you know that DTM&H is the School's longest running course? The reunion brought together close to 100 alumni, staff, and students for a memorable evening in a traditional Bavarian beer hall, abuzz with shared stories, renewed connections, and inspiring conversations about the impact and importance of these two highly popular programmes.



- 1. Japan
- 2. Hong Kong
- 3. Amsterdam
- 4. Toronto
- 5. New York
- 6. Montreal
- 7. Mexico City
- 8. Lesotho
- 9. Beijing

This year, alumni chapters hosted more than 20 events and meet-ups around the world.

Our global community: LSHTM Alumni Chapters

These gatherings bring alumni together to reconnect, expand their networks, and explore new career opportunities. They also provide valuable opportunities for current and prospective students to meet alumni, learn more about LSHTM programmes, and gain insights into studying and building professional connections.

We spoke to several chapter leads about how their communities have evolved, what makes these events special, and their hopes for the future.

Vicki Ponce Hardy & Sarah Najera, Edinburgh Chapter co-leads

Has an alumni connection led to a collaboration, job opportunity, research partnership, or friendship?

After one of our events, a prospective LSHTM-er decided to attend a master's degree at LSHTM, which was fantastic. We have a WhatsApp group for anyone who has come along to an event before and we try to keep in touch in between meetings. It has also led to friendships between the organisers of this Alumni Chapter.

Lisa Hefele, Amsterdam Chapter Lead

What are you hoping the chapter achieves in the years to come?

My main hope is that we reach the many other LSHTM alumni based in Amsterdam and the Netherlands who do not know yet that the chapter exists again. Beyond growing our numbers, I would love to diversify how we connect: Moving from meetups to explore different formats, whether that's talks, workshops, or more informal social events, so there is something for different interests and schedules.

Jana Orac, Toronto Chapter Lead

What's unique about your local alumni community?

We meet in a pub that has a painting of Queen Elizabeth II à la Ziggy Stardust. More seriously, I think Toronto's alumni community is not so much unique as representative of LSHTM's student body: smart, friendly, fun, interesting.

Tomoko Kodama, Japan Chapter Lead

What was the standout moment from the past year?

Our annual alumni reunion in Tokyo was a particular highlight. It brought together alumni from different generations and professions, and we were especially pleased to welcome Professor Ian Roberts and Professor Shunmay Yeung from LSHTM. The event also featured a presentation on the Joint PhD Programme between Nagasaki University and LSHTM. We were delighted that so many alumni contributed to making the reunion a great success.

Giulia Greco, Nairobi, LSHTM Staff Member

What was it like to host alumni at your home in Nairobi?

It was a fantastic experience! I am very grateful for the support of Yvonne, our Nairobi Chapter Lead, whose efforts to mobilise the community made this event such a success. A chance encounter between two alumni - thanks to an LSHTM tote bag(!) - meant that a Finnish visitor to Kenya was able to join us and connect with her fellow graduates and students!



Above: Adria and Lesotho Chapters

LSHTM student, Tayeba Syeda, shares how being a member of our fundraising team has helped her to build self-confidence while supporting scholarships for future health leaders.

Confidence through connection: A student caller's journey



Tayeba Syeda

The Teams meeting chimed into life as I and my teammates joined for the pre-call briefing. As I thought about my first call, I felt nervous. Who would answer? What would I say? Would the conversation feel natural? As the briefing wrapped up and everyone prepared to start calling, I took a deep breath and dialled the number on my screen.

One of the reasons I chose to take part is my own experience with scholarships. Like many of my friends and course mates, financial support is a gamechanger that makes studying at LSHTM possible. Being able to help future students access the same opportunities felt like an important way to pay it forward.

Through conversations with alumni, I gained confidence, not only in speaking with people I had never met before, but also in thinking about my own future. It's easy to worry about what comes after graduation, but hearing from alumni who faced similar uncertainties reassured me that there is rarely a single path to success. One piece of advice that stayed with me was that life is what you make it.

Many conversations reinforced something I was already beginning to appreciate - LSHTM is a wonderfully diverse place to be; it attracts students from across the globe and unifies us with a single goal of global health. Alumni spoke about the friendships they built here and the connections they still rely on professionally, which really spoke to how amazing a community it is.

My master's course, Medical Parasitology and Entomology, is exceptionally niche. Some of my favourite conversations were with alumni from the course. It was reassuring to talk openly about life after graduating, and I enjoyed updating them on the course, our supervisors and my summer project. Several offered to stay in touch and share advice in the future, and some kindly thanked me for calling, reinforcing the value of the conversation for us both. With every dial came a trip down memory lane, a new perspective, and a reminder of the generosity of the LSHTM community.

"Hi, this is Tayeba calling from the London School of Hygiene & Tropical Medicine..." Suddenly, as nervous as I was, I felt a sense of excitement.

"Speaking with Tayeba was a real highlight. Hearing her enthusiasm for public health, and remembering my own time at LSHTM, was a wonderful reminder of why I choose to support today's students."



Dr Iya Saidou Condé (MSc Control of Infectious Diseases 2019)

From the archives: Dr Jamini Sen, the first female Fellow of the Royal Faculty of Physicians and Surgeons in Glasgow

Educated, intelligent, and fearless



Portrait of Jamini. Photo courtesy of Deepta Roy Chakraverti.

Deepta Roy Chakraverti grew up hearing stories about her great-aunt, Dr Jamini Sen, a pioneering doctor who not only became the first female Fellow of the Royal Faculty of Physicians and Surgeons in Glasgow, but also forged a globe-spanning career, expanding her knowledge and education while overcoming the challenges faced by women more than 100 years ago. Deepta always felt that Jamini’s story deserved to be told and should not be forgotten within the histories of medicine and public health. This inspired her to write *Daktarin Jamini Sen*, a biography that explores Jamini’s life not only as a doctor, but also as a pioneering woman in medicine at the turn of the twentieth century.

Daktarin Jamini Sen draws on family archives, letters, diaries, oral histories and journals to tell the story of one of the earliest Indian women physicians. Throughout her life, Jamini achieved a series of remarkable professional milestones. After being admitted to Calcutta

Medical College, she qualified to practise medicine in 1896, becoming one of the earliest women to graduate from the institution. For ten years, she served as physician to the Royal Family of Nepal, where her education and understanding of hygiene and medicine proved essential in treating patients during a time when diseases such as cholera were prevalent. In 1912 she became the first female Fellow of the Royal Faculty of Physicians and Surgeons in Glasgow and later travelled extensively in pursuit of further education of hygiene and public health, particularly in the UK and Berlin. In 1923, she earned a Certificate in Public Health from the London School of Hygiene & Tropical Medicine, making her one of the first women to study at the School. Through her work in the Women’s Medical Service for India, she made significant contributions to improving healthcare for women and later led the Baldeodas Maternity Home in Kolkata until her death in 1932.



Collection of Jamini’s personal belongings carefully preserved and passed down through generations of her family. Photo courtesy of Deepta Roy Chakraverti.



Above: Jamini with a patient and her child. Photo courtesy of Deepta Roy Chakraverti.

Below: LSHTM was located in Endsleigh Gardens in 1923, when Jamini was studying at LSHTM

Jamini’s achievements are extremely significant when viewed in the context of the era. At the time, hospital medicine in India was overwhelmingly dominated by men, with midwifery among the few healthcare roles considered acceptable for women. After qualifying as a doctor, Jamini faced the challenge of establishing herself in private practice within her local community. Although she and other women were highly qualified, many patients were unaccustomed to the idea of being treated by a female doctor. Despite these barriers, she went on to build an extraordinary international career that challenged expectations and opened doors for future generations of women in medicine.

Speaking to Deepta, there is a great sense of pride in her great-aunt and everything she was able to accomplish during her lifetime, not only as a doctor, but as a woman working in a profession that offered few opportunities to women at the time.



However, Deepta is also keen to highlight that, even while being a pioneering figure in her profession, Jamini had a very human side to her. Throughout her life, she experienced personal loss and discrimination based on both race and gender yet persevered through these challenges. She found strength in her family, particularly her sister, the feminist poet Kamini Roy, her brother, Barrister Nisith Sen, and in the support of colleagues and friends around her.

The story of Jamini Sen is one of strength and resilience. She belonged to the first generation of women who began to break away from the traditional paths that society had long prescribed for them. Through education, she was able to build a career that spanned several countries and touched the lives of thousands of patients. At a time when women often lacked both institutional and societal support, Jamini’s determination and achievements stand as a powerful example of resilience and progress.



Above: Dr Jamini Sen by Grace Payne-Kumar, 2024.
Photo courtesy of the Royal College of Physicians and Surgeons of Glasgow

“Jamini Sen was an inspiration a century ago, as she is today. Through her work and her very attitude to life, she showed us what living as an independent woman really meant. Even as she excelled in her chosen profession, she never lost the softer side of her personality. And I think that was what made her such a compassionate and caring doctor. The reemergence of Jamini Sen in 2026 proves that personalities never die. A life never truly ends. What matters, stays.”

Deepta Roy Chakraverti, Dr Jamini Sen’s great niece

“The best way I can continue to help save and improve lives worldwide is to leave a legacy to LSHTM”

Sultana Khanum
MPhil & PhD Public Health & Policy, 1994

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