As we near the end of the six year Wellcome Trust funding of THRiVE we should celebrate the many accomplishments that have accrued from this generous support. Through public engagement we have already begun to harvest the returns on investments and the high quality research conducted by PhD candidates. Our goal is to ensure that research results in one way or another result into societal benefits and improve human well-being. There is need to have strong linkages between researchers and policy makers, the non-academic public and private sector. In this article we highlight three examples of how research results from our doctoral candidates have started having some impact.

David Meya at Makerere University has focused his attention to studying cryptococcal infection among HIV +ve individuals by engaging in several interlinked projects. His work has begun having both national and international impact. The study on screening for cryptococcal Antigen (CRAG) has contributed to the revision of WHO and some national guidelines that have incorporated CRAG screening for HIV infected patients with CD4<100 and treating those with antigenemia with fluconazole to improve their survival (at least in the short term). In addition findings from the Cryptococcal Anti-Retroviral Timing Trial (COAT) have influenced national and international standard of care on when to initiate ART and standardization of electrolyte supplementation with potassium and magnesium to decrease hypokalemia due to amphotericin treatment and thus improve survival.

Ronald Kiguba, also at Makerere University has focused his research on pharmacovigilance, a science that deals with the detection, analysis, and prevention of adverse drug reactions (ADRs) and other medicine-related challenges (e.g. medication errors). An aspect of his PhD research assessed the extent to which healthcare professionals (HCPs) recognise and report ADRs and the determinants of this practice. In another objective he assessed the quality of reporting by the HCPs. The findings from his work have provided a comprehensive analysis and practical guidance for improving ADR reporting and prevention.

Ronald Kiguba presenting his work to stakeholders at the knowledge translation meeting convened by the Innovations and Knowledge Translation office at Makerere University College of Health Sciences.

The results have been incorporated into WHO Cryptococcal Treatment Guidelines, South African HIV Med Association Guidelines, DHHS-IDSA HIV Opportunistic Infection treatment guidelines, and the 2014 Ugandan National HIV Guidelines.

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A partnership with the Diaspora to facilitate adoption of Evidence Based Medicine

By Edward Kakooza

Often there is talk but little action about engaging the diaspora in various aspects of national development. The UK based Uganda Diaspora Health Foundation (UDHF) is a very good example of how the diaspora can be actively engaged by forming meaningful collaborations with the local institutions. The UDHF is working with indigenous health institutions and policy makers in Uganda to support uptake of Evidence Based Medicine (EBM) through partnerships and collaborations with organizations in the UK including: East

Public Engagement: The Early impacts of THRiVE PhD and Postdoctoral research

Thrive continues to support the expansion of post graduate training at KCMC and across East Africa.

Experience during attachment at the Thrive Co-funded UVRI core laboratories

THRiVE built my research capability

Blending Research Expertise with Formal Training:

THRiVE Refresher Training for ICT Officers Energises Institutions

Busy Times: Cambridge’s Interactions with the THRiVE Consortium....

Tanzania research network launched

Towards the end of my PhD journey
A partnership with the Diaspora to facilitate adoption of Evidence Based Medicine

London NHS Foundation Trust; C3 (Collaborating for Health); the Royal Society of Medicine, of Medicine, the Uganda UK Health Alliance; and Time To Change, a programme led by the charities Mind and Rethink Mental Illness. EBM has been defined as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients”. The practice of EBM means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

There are ongoing efforts to develop a Centre for EBM at Makerere University College of Health Sciences (MakCHS) in Uganda, formed in partnership with the Royal Society of Medicine, UDHF, and the Centre for Evidence Based Medicine at Oxford University and supported by the Tropical Health & Education Trust (THET). The overall objective of this partnership is to assess the need for a collaborative training programme aimed at improved EBM knowledge and skills among students and faculty at MakCHS. The partnership also aims at finding ways to innovatively address existing gaps including building on student led partnership.

As interest in, and commitment to, an evidence-based approach to healthcare grows, UDHF aims to equip clinicians and healthcare professionals with up-to-date, global, unbiased, and independently reviewed medical evidence to facilitate diagnosis and improve patient care. Clinical workflow information is a carefully constructed formula of information types including evidence-based data, expert opinion, guidelines, and protocols. None of these information types alone will fully answer any complex clinical question.

EBM requires access to a growing body of evidence arising from regionally relevant research. Through continual engagement with health policy makers in Uganda and an understanding of global health needs, the UDHF decided it could play an active part in halting the rise of non-communicable diseases (NCDs) in this country. Rates of diabetes, cardiovascular disease, cancer, chronic respiratory diseases, and mental illness are rapidly increasing worldwide, especially in low and middle income countries but research data for the East African countries remains fragmented and localized. Africa as a whole could benefit tremendously if there is a concerted effort to mobilize researchers in the diaspora to support or engage in high quality research on the continent.

With the support of the Innovations and Knowledge Translation Unit at the Makerere University College of Health Sciences a stakeholders’ dialogue involving representatives from the Makerere University College of Health Sciences, the Uganda Ministry of Health, and the Uganda National Pharmacovigilance Centre was held on 16th December 2014. The theme of the dialogue was “Improving medication safety through the detection, reporting, and analysis of suspected adverse drug reactions”. In this meeting, a policy brief was reviewed and several recommendations were made to improve the reporting of suspected ADRs and other drug related problems (e.g. medication errors) in health facilities countrywide. This meeting was widely covered in the national media. In addition, his research paper on, “Rare, Serious, and Comprehensive Described Suspected Adverse Drug Reactions reported by surveyed Healthcare Professionals in Uganda” published in PLoS ONE 10(4): e0123974. doi:10.1371 journal recently is already drawing interest from the drug safety division of a global pharmaceutical company, Cipla, based in Mumbai, India.

Humphrey Madigo has studied the biological interaction of Schistosoma mansoni and HIV-1 infections and the role of infection on patient and treatment outcomes. His work has influenced the reshaping of the Tanzanian national control program against neglected tropical diseases through integration of mass drug administration against helminthic infections with HIV-1 screening program to increase compliance, and uptake of both intervention measures against helminthi and HIV-1 among adult individuals.

THRIVE continues to support the expansion of post graduate training at KCMC and across East Africa.

By Jenny Renju, KCMC

Research Scientists from London School of Hygiene and Tropical Medicine (LSHTM) and Kilimanjaro Christian Medical Centre (KCMC) are working to develop a new MSc programme for Social Science in Health research. Social science research underpins public health policy and practice, yet there are few research scientists in East Africa trained and competent in social science research methodologies. Those who are available reached their levels of expertise after years of attachment and work within international research projects. This poses a challenge to public health research in the region. The Masters in Social Science for Health Research (MSc. SSHR) aims to fill this gap. We propose to train young researchers and equip them with the skills to conduct such research, to interpret study findings and design community based interventions which can be piloted/ or implemented in the community. It requires successful completion of 180 credits 18 months for full time and a maximum of 3 years for part time. Students are allowed to switch from full time to part time and vice versa.

There is a great demand for such a course. Medical researchers, including clinical trialists, are demanding the input of social scientists to understand the sociocultural context in which the research takes place, the impact of the research on the participants and how to improve recruitment,
By Rose Naluwuge, Eric Ssebaggala, Benedict Mubiru and Victoria Mirembe

The application process is fairly straight-forward as only requires a filled-out form, found on-line, detailing among other things one’s interest and motivation to train at the Uganda Virus Research Institute (UVRI). However, the competition is stiff with >300 applications received for only 50 slots. For the lucky few, admission is followed by, induction day where the successful applicants, interns from then on, are formally introduced to the Institute. It was interesting being taken around the whole institute because we felt welcome and positive about working with experienced employees. We were assigned to

the Core Labs.

The core lab is a centralized molecular biology/bioinformatics facility that lends specialized research support to various studies. We specifically trained on Drug resistance Evolutionarily Dynamics of HIV single Genomes During Course of Therapy, to detect drug resistance mutations, detection/diagnosis, and management has been greatly enhanced. Our laboratory experience has triggered our strong interest in studying molecular techniques in the CORE laboratories at UVRI and this has helped us take part in the UVRI Student Competition where we achieved Certificates of participation but all the above could not have been achieved without the fruitful support from THRIVE.

The facts about being in a molecular laboratory is that we have experienced the beauty of a well-designed experiment. We can even ask questions about the universe and, occasionally, answer them for example Why a mosquito does not transmit HIV?

Generally non-scientist friends don’t easily understand what scientists do. Non-scientists talking about their jobs to outsiders can summarize their recent accomplishments in understandable ways. For example, they can say, “I built an object,” or “I pleased a client,” or “I cured ... um, well, I didn’t really cure it, but I discovered ... well, discovered” is too strong a word, so let’s just say I tested ... well, the tests are ongoing and raising more questions, so ... yeah. Stop looking at me.” Usually people say their jobs are killing them. But we work with things that could actually kill you namely carcinogens, infectious agents, and high voltage equipment. To guard against these safety procedures and rules including but not limited to the use of PPE, following emergency response guidelines, use of standard operating procedures, observing restricted entries coupled with safety trainings in Biosafety and Biosecurity.

Finally, we attribute all this to THRIVE: a capacity building partner UVRI management and core lab staff team led by Dr. Jonathan Kayondo who have made this experience worthwhile giving us a bigger and better perspective to the scientific world.

Experience During Attachment at the THRiVE Co-funded UVRI Core Laboratories

THRiVE continues to support the expansion of post graduate training at KCMC and across East Africa.

Trainee performing purification of PCR products.
THRiVE Contributes To Improved Budget Performance at Gulu University

John Nyeko & Emilio Ovuga, Gulu University

Gulu University, as a new public institution, has multiple needs and priorities that require steady funding to ensure that the university develops and establishes itself as a credible institution of higher learning, able to meet its corporate social responsibilities, and able to address the pressing health problems in Northern Uganda, primarily and Uganda broadly. A leading activity at Gulu University is the development, strengthening and sustenance of research capacity through the development of a critical mass of researchers and research support structures. With numerous needs, it is difficult to build the desired research capacity without due attention paid to the management of finances from various sources, including government generated revenue, funds generated by the university itself, funds from development organizations as well as income from research organizations such as the Wellcome Trust. Through the management of THRiVE funds, Gulu University has acquired financial discipline, and finance management skills and capacity that have contributed to the appropriate use of finances for their intended purposes. THRiVE Secretariat has over its lifetime supervised Gulu’s finance staff and has exposed them to the field of project budget performance and reporting. The THRiVE Finance Officer is now a focal person in the management of project finances at Gulu University based on his exposure to detailed project financial management and reporting systems and procedures. THRiVE’s support to Gulu University’s finance management has minimized the cost the institution would otherwise incur to train the institution’s finance staff in the field of handling project budget and the institution’s budget. Training of Gulu’s Finance staff, coupled with support from, and teamwork with THRiVE’s Institutional Implementation Committee at Gulu has thus greatly contributed to budget performance at improved Gulu University. With an active Grants Management Unit established at the Faculty of Medicine at Gulu, THRiVE constantly contributes ideas and best practices in administration of finances as a key pillar in budget performance at the University. The THRiVE Finance Officer is now a focal person in the management of project finances at Gulu University.

THRiVE built my research capability

By Edwin Ogola, icipe

Although I was uncertain about my career aspirations during my early childhood, my education fostered an interest in science with a strong curiosity to gain more knowledge about the complexities of biological life. My growing enthusiasm presented me with more questions at every step, each requiring more meticulous and analytical thought. In 2013, I joined Egerton University to pursue an MSc in Biochemistry and Molecular Biology, allowing me to develop my scientific expertise further. Currently, I am interested in potential approaches to control tropical vector-borne diseases, with a focus on malaria mosquito vectors and malaria transmission dynamics. Receiving a THRiVE fellowship to study phylogeography of malaria mosquito vectors in Magenta and Magare islands of Lake Victoria in Western Kenya was the best thing that happened to my career growth. Without it, my current research pursuits would simply have been impossible and remained just a dream without mentorship and financial support. Even more satisfying was the fact that the fellowship was tenable in icipe, a renowned research institute with a well-structured engagement.

Julia’s association with THRiVE goes back to 2011, when she was recruited as a research assistant to work with Dr. Sabina Wachira, a THRiVE post-doctoral fellow at icipe, on a project which aimed at exploiting phytoceuticals for malaria vector control. She had just completed a BSc degree from Kenyatta University, and had little experience in a research environment. The opportunity equipped her with a wealth of knowledge and research skills and it is during this time that she developed a strong passion for health research.

In the year 2014, through the icipe’s Capacity Building and Institutional Development Program, she was awarded a scholarship to pursue a Master’s degree in Medical Entomology and Parasitology at the Institute of Tropical Medicine and Infectious Diseases, an affiliate of Jomo Kenyatta University of Agriculture and Technology. Upon successful completion of her course work, last year, she was recruited as a THRiVE scholar to work on a project focusing on the optimization of plant and animal based odors for malaria vector control.

The THRiVE fellowship for her MSc. research has not only given her a great opportunity as an upcoming female scientist to further her career in a research institute with the state of the art facilities, but also an opportunity to be mentored by some of the best scientists. With her strong scientific background, she has been able to complete her dissertation to develop expertise and aspirations to build strong networks for future career prospects in research which includes pursuing a PhD and a position in health research.
Prior to the start of the THRiVE programme, the National Institute for Medical Research (NIMR) Mwanza was involved in various capacity building activities such as conducting specialised workshops on laboratory methods, good clinical practices, etc. But the start of the THRiVE programme ushered a new era in which the institution has been able to consistently deliver a short course aiming to introduce participants to a broad range of research methods.

The course was designed to cater for a need to offer a practical introduction to the most commonly used methods in health research to young researchers in the east African region. It also aimed to compliment the mostly theoretical training that postgraduate students get at formal training institutions. The course is most suitable for beginners and mid-level researchers with specific focus in developing their expertise in the planning, implementation, and analysis of data from research projects.

**Success**

Through the support of THRiVE, NIMR Mwanza is the only research institution in Tanzania (as far as we are aware of) to initiate and consistently deliver (over a period of 5 years) such a research methods course. The course has drawn applicants and participants from a wide range of countries from the east African region (including as far as Ethiopia) to West Africa (such as Nigeria and Cameroon).

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Applicants</th>
<th>Number Attended</th>
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<tbody>
<tr>
<td>2011</td>
<td>37</td>
<td>33</td>
</tr>
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<td>2012</td>
<td>53</td>
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<td>2014</td>
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<td>2015</td>
<td>25</td>
<td>17</td>
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**Number of Applicants and Participants for Mwanza Research Methods course**

The quality of the modules offered in the course has been consistently of high quality delivered by tutors with first-hand experience of conducting high quality (and in many cases ground breaking) research. The teaching has been provided in collaboration with other THRiVE institutions, (such as the London School of Hygiene and Tropical Medicine) thus enhancing networking and collaboration which are other important objectives of THRiVE.

The process of making the course a module in the planned Masters in Tropical Medicine programme currently offered as a diploma by the Kilimanjaro Christian College in Moshi Tanzania and Makerere University has started. There is a strong commitment from NIMR Mwanza and the two Universities to make this a reality before long.

By Sophia Mahroo and Pauline Essah

This quarter has been a busy time for rewarding exchange visits by researchers in Cambridge to African THRiVE partner institutions.

THRiVE has certainly provided fertile ground for the development of Cambridge-NIMR Schistosomiasis Hicks.

In October 2014, Dr Shona Wilson and Jakub Wawrzyniak from the Schistosomiasis Research Group in Cambridge were hosted by Dr Safari M. Kinung’hi for a two week visit to NIMR in Mwanza, Tanzania. This was a planning visit for future field studies which will take place as part of a three year project funded by a Leverhulme-Royal Society Africa Award to examine the relationship between parasite transmission and development of anti-fecundity immunity. Dr Wilson and Kinung’hi were introduced to each other for collaborative research by THRiVE fellow Humphrey Marigo and his Cambridge mentor Professor David Dunne. Having identified a common research interest, Dr Wilson and Kinung’hi jointly applied for a Cambridge-Alborada Research grant to fund their preliminary research in 2013. They used the preliminary results from their pilot research project to apply for the prestigious, highly competitive, Leverhulme-Royal Society Africa Award, and were very excited to receive it in August 2014.

Moving on to Kenya, next… In the last...
A new network to link research in Tanzania has been set up by LSHTM and Tanzanian research partners. This builds on the connections facilitated by THRiVE, and helps cement the strengthening of research and teaching in LSHTM, NIMR, and KCMC, along with the Ifakara Health Institute (IHI). Three newsletters have been produced, a website set up ishtmtanzania.wix.com/ ishtmtanzania and a launch meeting organised in Dar-es-Salaam this year.

The launch meeting brought together 70 researchers in Tanzania, to build on the NIMR Annual Joint Scientific Conference (AJSC). The meeting focused on research on malaria, HIV, strengthening health systems, and the analysis of routinely collected data. The meeting highlighted innovative new research which has been built on the strong links that Tanzanian researchers have with LSHTM. Several presentations were made by recent PhD graduates, and post-docs including some that have been supported by THRiVE. They highlighted the importance of collaboration not only between LSHTM and southern institutions, but also between research institutions in Tanzania.

THRiVE has made an important contribution to building collaborative networks in Tanzania, and across East Africa. One of the strengths of the consortium is the encouragement of links between members, and making greater use of expertise found in southern institutions. THRiVE has now become a model for the organization of research, teaching and short course, which shows how it has changed the culture and trained health researchers in vocational excellence.

And - there’s more! Cambridge’s Alborada funds also supported travel between THRiVE partner UVRI and the Department of Pathology in Cambridge. Angela Nalwoga (a Medical Laboratory Scientist at UVRI) visited the laboratory of Professor Andrew Goodfellow in Cambridge for two weeks in November 2014. She learnt new techniques and developed reagents needed to undertake a larger serological survey of norovirus and hepatitis E virus prevalence in Ugandan children. As a follow-up, Dr Lucy Thorne (a post-doctoral researcher in Goodfellow’s Cambridge laboratory) also visited UVRI for three weeks in January 2015 (additional funding was obtained from the Society for General Microbiology, for this visit). Dr Thorne was able to provide more reagents and support for the collaborative project when she visited, and we look forward to hearing about some exciting results from their collaborative research in the near future!

We hope that these case studies will encourage the next set of particularly THRiVE fellows and researchers to recognise (if they were not already aware) that preliminary seed funding, such as the THRiVE pump priming grants and the Cambridge-Africa Alborada Research Funds can indeed lead to interesting research and even more substantial research funding awards, if we continue to grasp opportunities for north–south and/or south–south networking and submit winning applications to local and international funders whenever possible. Every little funding helps, and would continue to expand and strengthen the THRiVE consortium......

Busy Times: Cambridge’s Interactions with the THRiVE Consortium.....

Bioinformatics approaches for NGS analysis
Held at ICIPE Campus Nairobi on 24th-28th Nov. 2014

Some of the participants – Tanzania research network launch meeting at Dar-es-Salaam on 13 April 2015. Photo courtesy of Alexandra Wright, LSHTM

The Wellcome Trust-Cambridge Centre for Global Health Research (WT-CCGHR), in collaboration with Addenbrooke's Abroad (the Charitable Trust of Cambridge University Hospitals) has arranged for a team to travel to Mulago Hospital in March 2015. This was a scoping visit to investigate how Cambridge’s research and clinical expertise in maternal and reproductive health could be used to support the amazing work that researchers and leaders at the Makerere University Department of Obstetrics and Gynaecology, as well as clinicians/ midwives/nurses/Director at Mulago Hospital in Kampala, have been doing. The Cambridge team comprised the Addenbrooke’s Abroad UK Project Director (Evelyn Breastre), two highly experienced obstetrician/gynaecology consultants from Addenbrooke’s Hospital (Drs Charlotte Patient and Jane MacDonald) and a world-class Cambridge immunology professor (Ashley Moffett - mentor to MUII postdoctoral fellow Dr. Annettee Nakamoto).

Meetings were held with the key Ugandan stakeholders to discuss and make plans for a potential research and clinical partnership in maternal and reproductive health, between Cambridge and Mulago. All parties are excited about success of the scoping visit and the potential for collaborative work. Funding will now need to be sought (e.g. from the Tropical Health and Education Trust) to establish an official clinical Health Partnership. Such a partnership would provide an essential link to THRiVE-2, since our Director - Professor Nelson Sewankambo, is a co-applicant for the WT-CCGHR and THRiVE-2 intends to focus on ‘Maternal, Reproductive and Neonatal Health’ as one of its key research themes. All we can do now is hope and pray that THRiVE-2 gets funded, so that we can carry on with our exciting and enjoyable health research training, capacity building and collaborative activities....

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Towards the end of my PhD journey………

By Stella Kepha

My PhD research involved carrying out a clinical trial in Western Kenya which I opened up in late 2012 and successfully brought to a completion in October 2014. Though this experience provided me with skills for logistical and field management, I still needed a new set of skills in data analysis and manuscript writing. This new set of skills would enable me make sense of the data collected and ultimately be able to communicate my research findings to the wider community. Given that the grant that supports me is scheduled to come to an end mid this year, I turned to my northern supervisor Prof. S. Brooker for advice on how to overcome my hurdles. He right away invited me to London School of Hygiene and Tropical Medicine (LSHTM) so that I could get technical guidance on data analysis and writing up of the results from his research group.

I arrived at the School on 2nd February 2015, knowing that it would be a walk-over; have my data analysed and written up before the THRiVE no-cost extension period expires in July 2015.

Writing up my results has been very exciting, it is gratifying to see the ideas that we proposed, designed and implemented develop into papers and policy briefs that can be used to influence policy and inform current soil-transmitted helminths elimination strategies. My time at the School has been a tremendous learning curve for me with regard to analysing data and learning new statistical methods. When I first presented my research question to the THRiVE interview panel in December 2010, although I was passionate about what I wanted to do, I did not fully understand my study question as well as I do now. My biggest challenge back home is access to reference materials and sophisticated statistical analysis software which I can easily access at the school. By the time I complete my four-month stay at the school I will have submitted four papers.

I have received statistical guidance from Dr. Elizabeth Allen, Tansy Edwards and from Prof. Brooker’s scientific group, Dr. Brigit Nikolay and Dr. Katherine Halliday who have been very resourceful both on a technical and personal level. There is a big difference between being here and if I were back home; here when I am “stuck” I walk to someone’s office and we can think through the challenge over a cup of tea - this has really sharpened my analytical skills.

The school through its various departments organizes topical seminars and talks which has provided me with an opportunity to network with people with different research interests. Another exciting and learning experience while at the School was the invitation to attend the Biennial Wellcome Trust Bloomsbury Centre meeting which was held in Harare, Zimbabwe from 9th to 13th March 2015 (pictured above). The meeting showcased a wide variety of scientific work funded by the Wellcome Trust in various parts of the world. This gave me opportunity to learn how various researchers present work, how they choose what to highlight to the audience and thus capturing interest in with their presentations and. I was also very keen to watch and learn how various research group leaders presented work from their groups, how they create interest with their presentations and how they choose what to highlight to the audience. One interesting presentation was given by a group from India, who uses art and music to communicate and disseminate their research findings. Also present were several fresh PhD graduates who shared the experience of their journeys, especially the final lap, which is where I am currently. They shared the challenges that they faced while conducting their research projects and how they mitigated them.

Prof. D. Mabey and F. Liew, the THRiVE focal persons at LSHTM have gone out of their way to make my stay at LSHTM very comfortable. I was privileged to spend my Easter Holidays away from office at Greenwich at the invitation of Prof. Mabey. Prof. S. Brooker has taught me to pay special attention to detail which I believe is key to a successful career in epidemiology. He has been a beneficiary of the Wellcome Trust right from his PhD fellowship, and I aspire to walk in his footsteps.