

**EMERGING
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EV4GH
Newsletter

Welcome to Liverpool!

By Dorcus Kiwanuka Henriksson, Chair EV4GH

Welcome to the 3rd edition of the Emerging Voices for Global Health Network (EV4GH) newsletter! This is a very exciting time for us with less than one month to go before we meet the new cohort of [Emerging Voices 2018](#)! As you read in our previous newsletters, after a rigorous selection process – details of which you can read further in this newsletter – participants were selected for two tracks from over 500 applicants. The “newbies” represent 31 countries and 5 continents. As always, the quality of their application and their passion to contribute to health systems and policy research and global health were key criteria. The Emerging Voices (EVs) venture 2018 kicked off mid-July 2018 with the start of the distance coaching phase, featuring a mix of getting to know each other, effective presenting skills and tools, and thematic discussions.



On 28 September, the EVs 2018 will begin the Face-to-Face (F2F) phase of the program in Liverpool. As usual, a pre-conference ends the F2F program, on the 6th of October 2018. We hope for (more than) a bit of good luck in your visa procedures, and that many of you will thus make it to Liverpool. If so, do join us at the pre-conference that will showcase the work of the EV 2018 participants!

Over the years, EV4GH has partnered with several organizations, and the EV 2018 venture is no exception. Our partnership with HRH2030 continues, through hosting joint webinars and providing support to EV participants who are working within the field of human resources for health. Earlier this year, the Alliance for Health Systems and Policy Research (AHSPR), a longtime supporter of the EV4GH, partnered with EV4GH to start the Health Systems Leaders program that focuses on supporting participants from Fragile and Conflict Affected States (FCAS), details of which you can read in this newsletter. These young leaders will be more than interested to know how a FCAS from the North is doing these days, including its health system.

During this venture (2018), the EV4GH is partnering more closely with other Health Systems Global (HSG) Thematic Working Groups (TWGs), especially during the face-2-face phase where several sessions will be organized jointly with other TWGs. Our good collaboration with the Institute of Development Studies (IDS) communication team also continues.

After the pre-conference, the EV2018 participants will attend the ‘big’ conference, the [Fifth Global Symposium on Health Systems Research](#). The EV4GH network has organized a session titled “Is the declaration of Alma Ata of ‘Health for All’ still relevant 40 years later in a world of “Universal Health Coverage”? This session will take an interesting debate format that you do not want to miss, even if it’s early in the morning and right after the Liverpool HSR party. Please save the date in your calendars, symposium App or in any other way you will not forget, Friday 12th October 2018 09:00-10:30, Hall 1C. EVs will also have a business lunch on Wednesday 10th October 2018, 12:30-13:45, Room 13.

Finally, although we are all excited and busy with the EV 2018 venture, preparations for Dubai 2020 are already underway! We look forward to building new partnerships as the Eastern Mediterranean region hosts the [6th Global Symposium on Health Systems Research](#).

See you in Liverpool!

EV4GH2018 – Selecting the new cohort for Liverpool

by Ketki Shah

As with all EV ventures, choosing a final list of participants for the Emerging Voices programme is a very tough act for those involved. The participants for the EV 2018 venture in Liverpool were finalized through a comprehensive two-stage review & selection process.

We received an overwhelming response to the call for application with over 530 applicants for both the tracks. In the first stage, all applications were reviewed by (at least) two reviewers and a maximum of three reviewers independently. These reviewers were a mix of EV alumni, teaching staff/faculty from EV partner institutes and other EV well-wishers and facilitators involved in previous EV programmes. Peer reviewers received comprehensive instructions on the review process, the suggested scoring system (on a scale from 1 to 10) for various criteria, and then submitted their evaluation via the Google form. If the reviewer stated a conflict of interest in reviewing the candidate, another reviewer was assigned.

Track 1 applicants ("the researchers' track) were assessed on the basis of: (1) the abstract, (2) candidate profile (including potential and eagerness to participate in the program), and (3) the candidate's potential to be a local/global change agent. Track 2 applicants ("the (other) change agents" track) were assessed on the basis of: (1) the essay or video submitted and (2) their proven track record of being a local/global change agent. Each criterion was scored on a scale of 1- 10. We also noted whether the applicant was from the LMICs and/or had a strong established connection/link with a partner in the Global North (e.g. via a sandwich model PhD, residence and/or work in a Global North country, etc.). Average scores per applicant per reviewer were then calculated, yielding into the final average score per applicant per all reviewers. Average scores were used to rank all applicants from a maximum to a minimum score. In the case of extreme contrast in scoring outcomes (e.g. one reviewer gave a score of 8 or above and the other gave a score of 5 or below), another reviewer was asked to assess the application independently.

Subsequently, a shortlist of candidates was created based on their average scores and country representation. In total, 146 candidates from 49 countries from Track 1 and 61 candidates from 32 countries from Track 2 were included in the shortlist.

On 23 May, the EV scientific committee consisting of senior representatives of the EV partner institutes, representatives from WHO Alliance for Health Policy & Systems Research and HRH2030, and a few EV governance members made the final selection, based on the shortlist provided by the peer review committee, and also by factoring in a few other considerations, such as participation from different regions, confirmed scholarship from HSG, inputs/preferences from the main financial donors of this EV venture, representation from partner institutions, area of work, fragile and conflict affected states, etc. in order to get to a good mix of profiles.

The new cohort of EVs began their journey into the EV2018 program with the distance coaching (online training) phase between July- September 2018. And now it's already almost time for the face to face to face training in Liverpool. We all look forward to it!

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Emerging Voices Distance Learning 2018

By BL Himabindu

Launch of the distance learning phase:

The distance coaching phase of the sixth edition EV4GH initiative by the Institute of Tropical Medicine Antwerp was officially launched on 6th July by the EV secretariat hosted at IPH Bengaluru. The distance coaching phase constitutes the first of the two-part program which will culminate in the Fifth Global Symposium on Health Systems Research in Liverpool, to be held on 8-12 October 2018. The aim of the distance coaching is to support EVs develop better communication skills tailored to the needs of the research community, and various other audiences. It is also to help participants familiarise themselves with the format of the programme, hone research presentation skills and get to know fellow EVs and the various areas of interest that they represent. The distance coaching phase consists of six modules spread across nine weeks. In charge: the team at IPH and a team of EV alumni and other facilitators with expertise in different thematic areas of public health. The end goal of this part of the programme is to help participants develop a presentation and a poster and/or policy brief on a public health topic chosen by them.

The first week of the programme started off with introductions by EVs and facilitators with many of them sharing with us some really inviting pictures from their countries, places they would like us to visit. The array of beautiful places shared by participants reminded us of all the beauty around the world and gave us – the facilitators – a case of itchy feet!

Over the past weeks the new EVs learnt the tricks of the trade to ensure their audience doesn't suffer from 'death by PowerPoint.' Tools to improve presentation skills such as 'mind mapping' were shared to help EVs structure their presentations with greater coherence. Innovative presentation methods such as 'Pecha Kucha' and Powtoons were introduced to the new learners, whilst fine-tuning the work they are scheduled to present at the conference.

Interested in meeting the new cohort of Emerging Voices? Check out their profiles at the EV4GH Website

One of the most fun components of the distance coaching phase – the Thematic Discussions – also started over the last few weeks. EVs were engaged in online [virtual] discussions on four pre-selected topics – Global health, Sustainable Development Goals, Health systems Research and Gender. Experts on each of these topics were invited to guide the discussions with the EVs, engaging them in dialogues to better understand the relevance of the topics in their work, as well as introduce them to recent developments in these areas. The thematic discussions also allowed to go beyond self-reflection and engage with EVs from other countries and contexts, opening multiple perspectives. Some thoughts on the thematic discussions are presented below:

Thematic Discussions:

The fifth module of the online session of the distance coaching programme for the Emerging Voices for Global Health 2018 attempted to provide a platform for discussions on four themes relevant to global health today.

The first of the four topics was 'Global Health'. In an era marked by globalisation, health is an issue which transcends borders. While many may argue for or against globalization, one cannot deny that it is happening and that it influences the existing inequalities in our society on one hand and fuels the quest for an apparent better life and opportunities on the other. Our invited expert for the topic Dr Devi Sridhar (Professor, Global Health, University of Edinburgh and Director, Global health governance programme) kicked off the discussion by focusing on the shift in global leadership that we witness today. With previous global health leaders such as the United States and the United Kingdom in the throes of a populist anti-global wave, she asked the EVs where they saw the future leadership of global health coming from. The EVs expressed their concerns about the impact of the United States withdrawing from several of its global commitments. A few highlighted the need for global health leadership to include more players from the global south. Most EVs see some sort of mixed leadership emerging in the future where the usual suspects still remain involved in some areas and newer actors like China display active participation in other areas. Interestingly, other issues not pertaining to leadership, were also raised, such as what is the current scenario of global health education and research; what is the extent to which the global south is involved in it; how about the need for researchers to look beyond generating evidence, and find ways to make evidence more appealing to policymakers and so on.

The second theme for discussion was 'Health Systems Research' (HSR) in which our invited expert Dr Edwin W. Barasa (Nairobi Programme Director, Head, Health Economics Research Unit KEMRI-Wellcome Trust Research Program) opened the discussions with the topic of inequity within HSR, particularly 'inequities in the workforce, research and publications/grants, and what drove these inequities and how to address them?' EVs weighed in on this topic with examples from their own context and experiences. Discussions revolved around the topic of funding, either for research projects or public health education, which remain out of reach for most researchers from low- and middle-income countries. This leads to inequities in how researchers in the South get trained vis-à-vis their Northern counterparts. The process of changing country status from low-income to middle/high income and its impact on funding was also discussed. The fact that such classifications neglect inequities within nations and therefore further perpetuate them, was highlighted. What is interesting is the extent to which our themes overlapped. While in the 'Global Health' theme someone talked about inequities in health education/training and their impact on global health, in this group an EV raised the issue of inequities in HSR, through the gender lens (our third theme). This was seconded by another EV who mentioned the prevalent practice of all-male panels or 'manels' in conferences that he often observed and wondered if this is due to the lack of capacity among female health researchers or other issues that prevent a female presence in these expert fora.

That brings us to the '**Gender**' theme, the third group discussion. Our invited experts Abhijit Das (Centre for Health and Social Justice, India) and Linda Waldman (Institute of Development Studies, United Kingdom) asked EVs that 'despite recognizing gender as an important determinant of health and well-being with an explicit push by global agencies to end harmful gender practices and norms, why have health programs continued to fail at being gender transformative? And how could it be corrected?' One of the key threads to have emerged was on how there is limited research looking at gender structures within the health systems. While many studies focused on these structures within the community, those within the health system are often given a miss. One of the EVs reflected on her doctoral research and mentioned that even within research conducted in the health sector with a gender lens, it was often limited to demand-side factors such as women's access to health services. She raised several demand-side issues such as the gender gap in leadership positions across global health organizations, pay-gap, discrimination, bias and sexual harassment and occupational segregation. On a more positive note, another EV shared his positive experience of an outreach program where they were able to break stigma barriers in their fight against HIV/AIDS through community health workers by including both men and women volunteers in the program, enabling them to overcome gender-based obstacles.

The final topic concerned the 'Sustainable Development Goals' (SDG), which overlapped with the overall theme of the Fifth Global Health Symposium 2018, 'Advancing Health Systems for All in the Sustainable Development Goal Era'. Our invited expert for this theme, Dr Claire E Brolan (Centre for Policy Futures, University of Queensland, Australia) asked EVs to ponder on the differences between the SDGs and the previous development agendas, and if they appropriately addressed issues pertaining to health. She also invited them to reflect on the two years of adoption/implementation of SDGs at their national (or sub-national) levels so far. While the previous goals (MDGs) were considered too narrow/specific, the SDGs were considered by many EVs as too broad or "sprawling". The result, the EVs felt, seemed to be that governments of various countries are adopting their own piecemeal approach to achieving the SDGs and therefore they lack the focused approach of the MDGs. There was also the issue of absence of contextualization within countries when implementing these internationally set agendas, and this many felt was of concern. In line with this discussion was the question of reporting burden and the availability of quality data which ultimately influences the evaluation of a country's progress in terms of SDGs. When push comes to shove, though, as our moderators pointed out, the SDGs indicate a 'war for our long-term survival' (even if they are not usually framed as

such). The SDG agenda clearly means different things to different countries and they seem to choose what fits their own situation, largely determined by the bureaucrats at the national level. For instance, it seems that the agenda of achieving universal health coverage was adopted by many countries considering that it is, in the words of an EV, “achievable within the health sector, measurable, and politically popular”. However as one of the moderators pointed out, all these goals still appear to focus on economic growth and mainstream economic discourse. It can thus be feared that the interests of the better-off will prevail in the end.

Just like in the case of the SDGs (which acknowledge the importance of multi-sectoral involvement to achieve our long-term health goals), the threads of our thematic discussions also had several cross-cutting themes, reinforcing the intersectionality of several issues that we face today in public health. It was very interesting to see how EVs brought in different perspectives, rooted in their own country’s contexts, making these discussions really rich. It will be even more interesting to see the confluence of these minds in our face-to-face sessions and the interesting dialogues that will further emerge.

Distance Learning: Global Inequities in Health System Research & the Rise of Health Systems Agents of Change

By Shakira Choonara

It’s that time where in South Africa and the Southern hemisphere, at least, there are blossoms everywhere and a spring in our step literally! Not to be corny, but this analogy does resonate with the Emerging Voices (#EV2018) distance learning phase which is the first stage to getting that health-system-spring-in-your-step, thoughts and actions as you reflect, learn, share and connect to disrupt the status quo in our field. EVs from the new “Liverpool batch” have been involved in distance coaching for about two months now. By the way, as I’ve gotten to know many of them better already, virtually, I hope the wicked UK authorities will show some mercy on their visa requests.

Anyway, one aspect of the EV training which stands out compared to other training is the cyclical system of leadership and having, at hand, a pool of experts ever-so-willing to give back. EV alumni have been playing this coaching/facilitating role in past EV ventures and are doing so again this time around. *Francisco Oviedo-Gomez* (EV 2012) and I had the privilege of recently facilitating a thematic discussion “**Global inequities in Health System Research**” with the sixth cohort of change-makers (#006) and one of four thematic discussions this year.

The thematic discussions had us provide only the context and critical questions (below) for it to spark off the debate from publications, language barriers over weak health systems to modern-day exploitation (oops we mean unpaid internships) and most importantly, action-oriented thinking!

- What are HPSR inequities in your own context, either in the workforce, HPSR or publications/grants?
- What are the drivers of these inequities?
- Now that you’re an EV, how will you change these dynamics once and for all?

Below you find just a flavor of the discussions. We surely hope you will get to meet the new cohort in Liverpool for a more in-depth conversation (*provided you get a visa (and funding) yourself, ahum!*)

“Not being able to afford publication fees is an everyday thing for a researcher in Argentina. Before being an HIC, we were able to ask for a waiver, but now I do not know how we will manage” – As you might have guessed, a quote from a *Latin American EV*, on what happened when Argentina became a “high-income country” (while many of its citizens and researchers felt anything but). Things haven’t really improved, as you know; this week the Ministry of Health in Argentina got abolished.

“As a former intern at WHO and then later as an employee of WHO, I observed first-hand the low representation of interns from low-income countries (LIC’s). This is mainly because interns at WHO are unpaid and the high living expenses in Geneva make it extremely challenging for possible interns from LICs to consider WHO as a possible workplace”- quote from a *new EV from the Middle East*. The hope is rising, as you know, that this dire situation for WHO interns from LMICs will improve under Tedros.

From one of the countries which sparked attention to weak health systems in our time and well, which basically encapsulated inequities:

“Recently the country had its recent turbulence in its health system with the Ebola epidemic in which a declaration of an emergency state was proclaimed.” “... Main drivers of inequities in my country are poor remuneration of the health workforce, inequality in remuneration of various cadres of the health workforce, lack of highly skilled health care workers from the various cadres because of workforce movement for better opportunities overseas, and lack of funding for research’. Elaborating a bit on the latter, **“Research funding by the government or its institutions is not readily available because it’s not prioritized except from donor partners who usually have a specific focus.”** (*EV from a fragile & conflict-affected state in West-Africa*)

Another interesting one, and I wonder which “health workers” this EV from Sub-Saharan Africa is highlighting here. I agree there are times we have to play the political correctness as EVs too:

“In my opinion, the imbalances in health care in Uganda, stem from the fact that the health care system is characterized by human resource shortages, skill mix imbalance, absenteeism, dual practice, inadequate investment and over-supply of certain categories of health workers.”

Most EVs certainly sound gung-ho and even visionary, in some cases. From South-East Asia, we were told: **“As an emerging voice, I would try to convince involved stakeholders to see that demographic and epidemiological transitions in Cambodia are posing other types of burden (chronic conditions) to the population health, health system, and socio-economic development”**.

Another EV: "As an educator, a health system researcher, and now an emerging voice, I believe that the only way around having more research conducted by LIC authors that gets at the heart of strengthening health systems in low-income countries (LIC) is by starting from the bottom-up." He even used the term 'creative destruction' – "destroying something so that it can be built up again from scratch".

So, as you can tell, the new EVs are more than keen to do something about the huge inequities in health, research and other aspects in their own settings and at a global level, and the responsibility (and even moral duty) to go beyond academic outputs to trigger change. Some of them even seem ready to take on top-level decision makers, immediately after Liverpool! One day, a Hollywood, Bollywood or Nollywood director will make a movie about these rising health agents of change (although I'd personally settle for a Netflix series on the EVs).

The whole discussion made me feel a bit nostalgic remembering my teens (*okay, felt like it anyway*) when we had those EV emails pushing you onto our online Moodle platform and creating your posters well ahead of Health Systems Global – and trust me this comes in handy. And so do these crucial discussions which no doubt shaped me to be a "constructive troublemaker" as I often put it!

Note: Views are that of the author and not representative of any organization. This post was originally posted on [International Health Policies](#)

Young researchers for the 2030 Agenda for Sustainable Development

By Dorcus Kiwanuka Henriksson

Dorcus Kiwanuka Henriksson, the Chair for the Emerging Voices for Global Health was invited as a keynote speaker at the [Global Health Night 2018](#) held in Stockholm, Sweden, on April 19. The theme for the night was 'Words to Action' (For SDGs). Other speakers were Ole Petter Ottersen, President, Karolinska Institutet; Isabella Lövin, Minister for International Development Cooperation and Climate and also the Deputy Prime Minister of Sweden, Ricki Kgositau, Executive Director of the AIDS Accountability International and Ola Rosling, President and Co-Founder of Gapminder. **This is an extract of Dorcus' speech that evening.**

Transforming our world: the 2030 Agenda for Sustainable Development was adopted by world leaders in 2015 and replaced the Millennium Development Goals (MDGs) that ended in 2015. The Sustainable Development Goals (SDGs) which constitute the Agenda 2030 comprise of 17 global goals with 169 targets.

A lot has happened since the start of the SDG era. The rise of authoritarian regimes, populism in the North, fake news, less and less global solidarity (due to a backlash against globalization), and the multilateral model under pressure, acceleration of climate change – to mention a few trends. Most of these could be problematic for the SDG era, even if the focus is now on national implementation of the SDGs.

By 2030, all countries, rich, poor or middle income should have achieved the SDGs or hopefully made significant progress to end all forms of poverty, fight inequalities and tackle climate change, **"Leaving no one behind"** (critical to agenda 2030).

In spite of the universal and holistic nature of the SDGs, and the many challenges the agenda also presents for richer countries, most of the urgent SDG "battlefields" remain situated in Low- and Middle- Income Countries (LMICs). Even with the significant progress that has been made over the years in many broad areas, for example, health, poverty reduction, gender equity, including research, it is no secret that the most significant burden of disease, poverty and preventable deaths still occur in LMICs. According to [2017 world report on health policy and systems research](#) that was published by WHO together with the Alliance for Health Policy and Systems Research, progress has been made, in terms of research contribution, with the proportion of publications by authors from (LMICs) on HPSR focused on LMIC increased from approximately 20% in 1995 to nearly 67% in 2015. As a global health research community, we need to continue supporting institutional capacity building as well as individual capacity building for researchers from LMICs to tackle issues that will lead to achievement of the SDGs. Hence the importance of networks like the Emerging Voices for Global Health.

The EV4GH program contributes to encouraging and strengthening the capacity of researchers and professionals from LMICs in shaping global health issues as well as facilitating them to engage with local change in their own countries and local health system settings. The program is devoted to continuing to make a difference in the Global Health community by targeting participants from LMICs and enabling their active participation in the Global Health community.

In order to successfully move from words to action on the agenda 2030 in an era where we have "unfinished business" from Maternal, Newborn and Child Health, communicable diseases, epidemiological transitions with an increase in NCDs, complex emergencies due to climate change, war and epidemics, aging populations, urbanization and raising inequities; the global health research community needs to commit to supporting young researchers all over the world, and especially in LMICs. They are the future of global health research and critical stakeholders of Agenda 2030.



Alliance for Health Policy and Systems Research's Health Systems Leaders programme

By Dena Javadi and Dorcus Kiwanuka Henriksson

Emerging Voices for Global Health (EV4GH), a leading global network committed to strengthening the role of young researchers and other health system actors in shaping global health, partnered with the Alliance for Health Policy and Systems Research (the Alliance), hosted at WHO, to launch the Health Systems Leaders (HSL) programme for emerging leaders working in fragile and conflict-affected settings. The programme, which has been running since May 2018, aims to strengthen capacity for participatory leadership and innovation in health systems research across the levels of the health system. The programme will provide financial and technical support through trainings and practical fellowships.

The first ten participants for the HSL programme were selected from a pool of more than 500 applicants. They were selected based on the strength of their applications, personal statements, research areas and other contributions to strengthening health systems in fragile or conflict-affected settings.

The participants in the HSL programme are taking part in the EV4GH multi-partner, blended leadership programme for emerging health policy and systems researchers and professionals with an interest in becoming influential global health voices/local change makers. EV4GH includes three months of virtual training, face-to-face training sessions, and a pre-conference, which all prepare the participants to participate actively in the Fifth Global Symposium on Health Systems Research in Liverpool, in October 2018.

Participants in the HSL are from eight countries and include six males and four females, as shown in the list below.

- Ahmad Firas KHALID (m) - Jordan
- Marie BADIANCE (f) – Senegal
- Fiona KAIKAI (f) – Sierra Leone
- Georgina ZAWOLO (f) – Liberia
- Loai ALBARQOUNI (m) – West Bank and Gaza Strip
- Mohamed Kalid ALI (m) – Somalia
- Michael LAHAL (m) – Sierra Leone
- Sameh AL-AWLAQI (m) – Yemen
- Sorie SAMURA (m) – Sierra Leone
- Salma ABDALLA (f) – Sudan

Following their involvement in the Fifth Global Symposium on Health Systems Research in Liverpool in October 2018, participants in the HSL programme will be eligible to take part in different opportunities to engage with the WHO and its partners. These include: working with regional or country-level WHO offices; working with experts at Alliance partner institutions to carry out health policy and systems research projects in fragile or conflict-affected settings; and working with WHO HQ in the development of global guidance on generation and use of knowledge in fragile and conflict-affected settings. The expected outcomes of this programme are to:

- Strengthen individual capacity for leadership and technical work in health policy and systems research;
- Strengthen institutional capacity to generate and use health systems research evidence to strengthen health systems in fragile and conflict-affected settings;
- Contribute to the evidence base on health system resilience through use of health policy and systems research tools and approaches.

EV in Residence – Deepika Saluja

Having spent more than three years on my own, working on my PhD (where the journey appears to go on for an eternity), I finally feel alive to be at a workplace with a structured environment with scheduled meetings and deadlines. I had been looking for an opportunity to work on my writing and familiarize myself with the larger global health policy and governance issues. An internship at ITM Antwerp offered me this, and felt like the logical next step, post-PhD. I am now three weeks into the internship and have plenty to say already!

For starters the weekly team meetings of the Health Policy Unit feel no less than a conference session! I work on the IHP Newsletter with Kristof, whom many of you might already know. We end up nudging each other to make the newsletter shorter (instead of *even* longer): a tall order, I have to say. Alongside, I got the opportunity to attend two modules on Health Systems and Epidemiology Statistics from the short course on International Health that just started this week (sincere thanks to the professors for their benevolence). Sitting through each session and engaging in interesting class discussions has been an enriching experience in itself.

With the help of Raffaella, I got a chance to engage with the Kamiano team in Sant'Egidio in Antwerp - a restaurant for homeless people (opened in 1994). It's an amazing experience to do some volunteer work there. Sant'Egidio not only regularly provides food to these people but also offers them counselling, health consultations, washing and bathing facilities amongst others. Meeting kind people like these strengthens my faith in humanity. I feel even more committed to work towards making this world a better place for the coming generations.

Unlike previous EV & IHP interns and residents, me being a vegetarian, I had great difficulty in adjusting to the Karibu food, where the only option for vegetarians seems to be the 'Salad'. But, the peacefulness of the Antwerp city, more daylight hours, great weather and especially the lovely people at ITM are greatly compensating for the food and making my stay very pleasant. It has been just three weeks and I am already eagerly looking forward to more enriching experiences through my internship (including the Liverpool symposium and the Berlin Summit which I will be attending in October).



Deepika Saluja with the Kamiano Team in Antwerp