From this issue onwards, we are adding an additional item to our regular News section – EUGHS News. This section will regularly review the activities of our thriving student’s society – Edinburgh University Global Health Society (EUGHS) – during the previous semester. In this inaugural section, we will start with reviewing the entire track record of student research projects and publications in global health with Professors Harry Campbell and Igor Rudan and Drs Harish Nair, Evropi Theodoratou, Lina Zgaga, Davies Adeloye and Kit Yee Chan in the period 2006–2015. We will also review students’ attendance at International Conferences, their presentations at these conferences, and their internships at the World Health Organization’s Headquarters in Geneva, Switzerland, which were arranged and supported through research projects of the above group of researchers and the Journal of Global Health.

Following this documentation of all the activities to date, we are bringing two personal accounts from the two EUGHS interns at the World Health Organization in 2014: Rachel Burge and Katy Wong.

### TRACK RECORD OF EUGHS STUDENT RESEARCH PROJECTS, PUBLICATIONS, PARTICIPATIONS AT INTERNATIONAL CONFERENCES AND INTERNSHIPS AT THE WORLD HEALTH ORGANIZATION

Professors Harry Campbell and Igor Rudan are Joint Directors of the Centre for Global Health Research at the Usher Institute, the University of Edinburgh; Joint Directors of the World Health Organization’s Collaborating Centre in Edinburgh; and Joint Editors-in-Chief, “Journal of Global Health”. With their narrow team of collaborators in global health epidemiology – Drs Harish Nair, Evropi Theodoratou, Lina Zgaga, Davies Adeloye and Kit Yee Chan – they mentored a larger number of undergraduate students towards research projects such as SSC2, SSC4 and BMedSci. These projects were focused on global health themes and they typically involved a systematic review of the literature on a clinical or public health topic in maternal or child health that filled an existing gap in knowledge. There was usually some choice in the topic to suit the interest of the student. The topic was selected at the start of the SSC2, SSC4 or BMedSci to ensure it was topical and sufficiently novel. The work usually involved some interaction with international collaborators, eg, developing country physicians, international health experts or technical officers from the World Health Organization and UNICEF. The project usually contributed to ongoing international research projects of the group and lead to a paper submitted for publication, in which the students were typically lead authors.

In the period between 2006 and 2015, we managed to publish 57 student publications in international peer-reviewed journals, involving a total of 73 students (as some of their theses contributed to the same publication as spe-
specific components). In 38 of these publications (ie, two-thirds), the contribution of the students was substantial enough to justify lead authorship.

Based on these research results, our students took part in 12 international conferences in global health, where they made 34 oral presentations. These meetings were typically organized by the World Health Organization, The Bill and Melinda Gates Foundation or other leading global health institutions. Having a publication and/or a presentation at an international conference has been helping our students to be successful in their applications for placements and jobs across the UK following their graduation.

Finally, from 2014 we started arranging internships for EUGHS students at the World Health Organization's Headquarters with our collaborators, which we support through Journal of Global Health. Six students took part in these internships to date. A complete lists of activities and students is presented in the following sections.

SSc2, SSc4 OR BMedSci STUDENT PROJECTS PUBLISHED OR ACCEPTED FOR PUBLICATION 2006–2015

Table 1 presents a complete list of student publications, to the best of our knowledge (and memory). The name of the contributing student is underlined in each publication.

| Authors               | Title                                                                 | Journal                |
|-----------------------|-----------------------------------------------------------------------|------------------------|
| Wijesingha S, Graham S | Evidence behind the WHO guidelines: hospital care for children. What are the clinical indicators of PCP? | J Trop Pediatr 2007;53:4–7 |
| McCallum AD, Duke T   | Evidence behind the WHO guidelines: hospital care for children. Is caffeine useful in the prevention of apnoea of prematurity? | J Trop Pediatr. 2007;53:76–7 |
| Bulteel N, Henderson P | Evidence behind the WHO guidelines: hospital care for children. What are the risks of HIV transmission through breast feeding? | J Trop Pediatr. 2007;53:298–302 |
| Bulteel N, Henderson P | Evidence behind the WHO guidelines: hospital care for children. What are the risks of formula feeding in children of HIV–infected mothers? | J Trop Pediatr. 2007;53:370–3 |
| Best J, Hughes S      | Evidence behind the WHO guidelines: hospital care for children. What are the useful clinical features of bacterial meningitis found in infants and children? | J Trop Pediatr. 2008;54:83–86 |
| Woodfield G, Dugdale A | Evidence behind the WHO guidelines: hospital care for children. What is the most effective antibiotic regime for chronic suppurative otitis media in children? | J Trop Pediatr. 2008;54:151–6 |
| Woodfield J, Re P, Argent A | Evidence behind the WHO guidelines: hospital care for children. What is the most appropriate antimicrobial treatment for tuberculous meningitis? | J Trop Pediatr. 2008;54:220–4 |
| Thurey J, Molyneux E  | Evidence behind the WHO guidelines: hospital care for children. The usefulness of Azole prophylaxis against cryptococcal meningitis in HIV–positive children | J Trop Pediatr. 2008;54:361–3 |
| Chandy E, McCarthy J  | Evidence behind the WHO guidelines: hospital care for children. What is the most appropriate treatment for giardiasis? | J Trop Pediatr. 2009;55:5–7 |
Table 1. Continued

| Authors | Title | Journal |
|---------|-------|---------|
| Subhi R, Adamson M, Campbell H, Weber M, Smith K, Ashraf H, Berkeley J, Bose A, Brent A, Brooks WA, Bruce N, Chisti MJ, Geissner BD, Gy R, Mwaniki M, Nadhim B, Nokes Dj, Okiro EA, Reyburn H, Sutanto A, Zaman A, Duke T | The burden of hyposaemia among children in developing countries | Lancet Infect Dis. 2009;9:219–27 |
| Theodoratou E, Johnson S, Ihas A, Madhi SA, Clark A, Boschi–Pinto C, Bhopal S, Rudan I, Campbell H | The effect of Haemophilus influenzae type b and pneumococcal conjugate vaccines on childhood pneumonia incidence, severe morbidity and mortality | Int J Epidemiol. 2010;Suppl 1:i172–85 |
| Theodoratou E, Al–Jilaliawi S, Woodward F, Ferguson I, Ihas A, Ballet M, Kolcic I, Duke T, Rudan I, Campbell H | The effect of case management on childhood pneumonia mortality in developing countries | Int J Epidemiol. 2010;Suppl 1:i155–71 |
| Jabeen A, Theodoratou E, Yakooob MY, Eisele TP, Ferguson I, Ihas A, Rudan I, Campbell H, Black RE, Haider BA, Bhutta ZA | Preventive zinc supplementation on mortality due to diarrhoea, pneumonia and malaria | BMC Public Health. 2011;11 Suppl 3:S23 |
| Calder D, Qazi S | Evidence behind the WHO guidelines: hospital care for children. What is the aetiology of pneumonia in HIV–infected children in developing countries? | J Trop Pediatr. 2009;55:219–24 |
| Ford A, Campbell H, Duke T | Pathogens and treatment of chronic diarrhoea in HIV | J Trop Pediatr. 2009;55:349–55 |
| Higginsson D, Theodoratou E, Nair H, Huda T, Zgaga L, Jadhav SS, Omer SB, Rudan I, Campbell H | An evaluation of respiratory admistration of measles vaccine for prevention of acute lower respiratory infections in children | BMC Public Health. 2011;11 Suppl 3:S31 |
| Nair H, Verma VR, Theodoratou E, Zgaga L, Huda T, Simões EA, Wright PF, Rudan I, Campbell H | An evaluation of the emerging interventions against respiratory syncytial virus (RSV)–associated acute lower respiratory infections in children | BMC Public Health. 2011;11 Suppl 3:S30 |
| Choudhuri D, Huda T, Theodoratou E, Nair H, Zgaga L, Falconer R, Lukšic I, Johnson HL, Zhang JS, El Arifeen S, Nelson CB, Borrow R, Campbell H, Rudan I | An evaluation of emerging vaccines for childhood meningococcal disease | BMC Public Health. 2011;11 Suppl 3:S29 |
| Catto AC, Zgaga L, Theodoratou E, Huda T, Nair H, Arifeen SE, Rudan I, Duke T, Campbell H | An evaluation of oxygen systems for treatment of childhood pneumonia | BMC Public Health. 2011;11 Suppl 3:S28 |
| Webster J, Theodoratou E, Nair H, Seong AC, Zgaga L, Huda T, Johnson HL, Madhi S, Rubens C, Zhang JS, El Arifeen S, Krause R, Jacobs TA, Brooks AW, Campbell H, Rudan I | An evaluation of emerging vaccines for childhood pneumococcal pneumonia | BMC Public Health. 2011;11 Suppl 3:S26 |
| Yakooob MY, Theodoratou E, Jabeen A, Imadad A, Eisele TP, Ferguson I, Ihas A, Rudan I, Campbell H, Black RE, Bhutta ZA | Preventive zinc supplementation in developing countries: impact on mortality and morbidity due to diarrhoea, pneumonia and malaria | BMC Public Health. 2011;11 Suppl 3:S23 |
| Jackson SJ, Steer AC, Campbell H | Systematic review: estimation of global burden of non–suppurative sequelae of upper respiratory tract infection: rheumatic fever and post–streptococcal glomerulonephritis | Trop Med Int Health. 2011;16: 2–11 |
| Campbell A, Rudan I | A systematic review of birth cohort studies in Africa | J Glob Health. 2011;1:46–58 |
| McKinnon B, Campbell H | A systematic review of birth cohort studies in Asia | J Glob Health. 2011;1:59–71 |
| Waters D, Jawad I, Ahmad A, Lukšic I, Nair H, Zgaga L, Theodoratou E, Rudan I, Zaidi AKM, Campbell H, Rudan I | Aetiology of community–acquired neonatal sepsis in low– and middle–income countries | J Glob Health. 2011;1:154–170 |
| Velu PP, Gravett CA, Roberts TK, Wagner TA, Zhang JFS, Rubens CE, Gravett MG, Campbell H, Rudan I | Epidemiology and aetiology of maternal bacterial and viral infections in low– and middle–income countries | J Glob Health. 2011;1:171–88 |
| Roberts J, Gravett CA, Velu PP, Theodoratou E, Wagner TA, Zhang JFS, Campbell H, Rubens CE, Gravett MG, Rudan I | Epidemiology and aetiology of maternal parasitic infections in low– and middle–income countries | J Glob Health. 2011;1:189–200 |
| Theodoratou E, Zhang JS, Kolcic I, Davis AM, Bhopal S, Nair H, Chan KY, Liu L, Johnson H, Rudan I, Campbell H | Estimating pneumonia deaths of post–neonatal children in countries of low or no death certification in 2008 | PLoS One. 2011;6:e25095 |
| Savkisuman S, Agakov F, Theodoratou E, Prendergast JG, Zgaga L, Manolio T, Rudan I, McKeigue P, Wilson JF, Campbell H | Abundant pleiotropy in human complex diseases and traits | Am J Hum Genet. 2011;89:607–18 |
| Edmond K, Scott S, Korecz V, Ward C, Theodoratou E, Clark A, Griffiths U, Rudan I, Campbell H | Global and regional estimates of disabling sequelae from pneumonia 1970–2011 | PLoS One 2012;7:e31239 |
| Baxter JM | One in a million, or one in thousand: What is the morbidity of rabies in India? | J Glob Health. 2012;2:010303 |
| Herbert LJ, Middleton SJ | An estimate of syphilis incidence in Eastern Europe | J Glob Health. 2012;2:010402 |
| Jawad I, Lukšic I, Rafašin SB | Assessing available information on the burden of sepsis: global estimates of incidence, prevalence and mortality | J Glob Health. 2012;2:010404 |
### Table 1. Continued

| Authors | Title | Journal |
|---------|-------|---------|
| George–Carey R, Adeloye D, Chan KY, Paul A, Kolćić I, Campbell H, Rudan I | An estimate of the prevalence of dementia in Africa: A systematic analysis | J Glob Health. 2012;2:020401 |
| Waters D, Theodoratou E, Campbell H, Rudan I, Chopra M | Optimizing community case management strategies to achieve equitable reduction of childhood pneumonia mortality: An application of Equitable Impact Sensitive Tool (EQUIST) in five low– and middle–income countries | J Glob Health. 2012;2:020402 |
| Graham A, Adeloye D, Grant L, Theodoratou E, Campbell H | Estimating the incidence of colorectal cancer in Sub–Saharan Africa: A systematic analysis | J Glob Health. 2012;2:020403 |
| Paul A, Adeloye D, George–Carey R, Kolćić I, Grant L, Chan KY | An estimate of the prevalence of epilepsy in Sub–Saharan Africa: A systematic analysis | J Glob Health. 2012;2:020405 |
| Dowman B, Campbell RM, Zgaga L, Adeloye D, Chan KY | Estimating the burden of rheumatoid arthritis in Africa: A systematic analysis | J Glob Health. 2012;2:020406 |
| Theodoratou E, Montazeri Z, Hawken S, Allum GC, Georg L, Tait V, Kirac I, Tzaturi M, Farrington SM, Demarsh A, Zgaga L, Landry D, Benson HE, Read SH, Rudan I, Tenesa A, Dunlop MG, Campbell H, Little J | Systematic meta–analyses and field synopsis of genetic association studies in colorectal cancer | J Natl Cancer Inst. 2012;104:1433–57 |
| Nair H, Simões EA, Rudan I, et al. | Global and regional burden of hospital admissions for severe acute lower respiratory infections in young children in 2010: a systematic analysis | Lancet. 2013;381:1380–90 |
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| Bhopal A, Callender T, Knox AF, Regmi S | Strength in numbers? Grouping, fund allocation and coordination amongst the neglected tropical diseases | J Glob Health. 2013;3:020302 |
| Geldsetzer P, Williams TC, Kirlosa A, Mitchell S, Ratcliffe LA, Kohli–Lynch MK, Bischoff EJ, Cameron S, Campbell H | The recognition of and care seeking behaviour for childhood illness in developing countries: a systematic review | PLoS One. 2014; 9:e93427 |
| Cheema A, Adeloye D, Sidhu S, Sridhar D, Chan KY | Urbanization and prevalence of type 2 diabetes in Southern Asia: A systematic analysis | J Glob Health. 2014;4:010404 |
| Lo A, Polshek D, Sidhu S | Estimating the burden of neural tube defects in low– and middle–income countries | J Glob Health. 2014;4:010402 |
| Adeloye D, Basquill C | Estimating the prevalence and awareness rates of hypertension in Africa: a systematic analysis | PLoS One. 2014;9:e104300 |
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| Kennedy ED, Fairfield CJ, Fergusson SJ | A neglected priority? The importance of surgery in tackling global health inequalities | J Glob Health. 2015;5:020304 |
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| Ting Shi, McLean K, Campbell H, Nair H | The etiological role of common respiratory viruses in acute lower respiratory infections in children under five years: A systematic review and meta–analysis | J Glob Health. 2015;5:020408 |
EUGHS STUDENT PRESENTATIONS AT INTERNATIONAL MEETINGS

EUGHS students had several successful presentations of their research (Table 2) and internships at the WHO (Box 1).

Box 1. Internships at the World Health Organization for EUGHS students

- Rachel Burge [2014] – 6 weeks (WHO Headquarters, Geneva, Switzerland)
- Katy Wong [2014] – 5 months (WHO Headquarters, Geneva, Switzerland)
- Mia Cokljat [2015] – 6 weeks (WHO Headquarters, Geneva, Switzerland)
- Kirstie–Ann McPherson [2015] – 6 weeks (WHO Headquarters, Geneva, Switzerland)
- James Gao [2015] – 6 weeks (WHO Headquarters, Geneva, Switzerland)
- Kenneth McLean [2015] – 6 weeks (WHO Headquarters, Geneva, Switzerland)
MY PERSONAL EXPERIENCE AS WHO INTERN – BY RACHEL BURGE

In the summer of 2014, I was delighted to have the opportunity to undertake an internship at the World Health Organisation Headquarters in Geneva, Switzerland, in the Department of Maternal, Child and Adolescent Health. I was a medical student having just finished my third year of study at Edinburgh University, graduating with an intercalated degree in Infectious Disease and before returning to the third year medical curriculum. Up until that time, I had taken advantage of the many opportunities offered within the university to build my knowledge and understanding of global public health, developing an interest in world current affairs and learning how I may be able to focus my medical career in a globally-minded direction.

I had been involved with the University of Edinburgh Global Health Society since commencing university, and it was through the society and the university staff involved that the internship was organised – for which I will always be so grateful! For me, the opportunity of an internship at the World Health Organisation, an organisation so central to so many current and historical medical global affairs which were so prominent in discussion was an opportunity too good to surpass. Indeed, even despite the big ex-
of a passionate young medical student, my time in Geneva still exceeded expectations. The opportunities to meet the people who worked with and in collaboration with the organisation, to ask questions and hear differing views and advice, to get to know how they journeyed into the world of public health, and to get a glimpse into the workings of this huge organisation was invaluable to me. Being able to contribute to this work, although in a small way, was of course an extremely exciting prospect.

For my six week internship, I was given set tasks by my supervisor, Sachiyo Yoshida, a technical officer in the department. Reflecting her own work, my tasks focused more specifically on neonatal and child health. A large portion of my workload focused on the Child Health Nutrition and Research Initiative, which published a methodology in 2009 which aimed to rank research priorities in order to guide research scientists and their funders. In this sense, my work was the beginning of a retrospective study looking at the research which targeted the top 5 research priorities as ranked by the initiative, concerned with reducing the top 5 causes of child mortality. I searched the literature for research published since 2011 up until 2014. Of the relevant studies identified, I then went on to identify their funders, information which could ultimately be used to evaluate the impact of the CHNRI publication.

Aside from this main study, I was able to contribute to the write–up of a Study Protocol, and to the preparations for World Breastfeeding Week – promoting conference within the headquarters, attending conferences and taking notes for the panel. I enjoyed meeting a speaking with globally–minded people, who had devoted their career to global health, and often had fantastic stories to be told. Aside from my work at WHO, I also met interns working elsewhere in the HQ, and elsewhere in Geneva for other United Nations agencies, spending time getting to know the beautiful city in the summer months with like–minded young aspiring global health geeks.

Once the weeks had so quickly passed and my internship came to an end, I left inspired by both the people I met and the work I had done during my stay in Geneva. I must give special thanks to the University’s Global Health Society and the staff involved for arranging the internship, and to the Innovative Initiative Grant at the University of Edinburgh for providing funding, without which I would not have been able to take this opportunity. I have every intention to continue the development of my involvement with global health and to build upon the foundations for a medical career focused in the direction of global health, and I am sure that my experience at the WHO will influence my interests and choices throughout my future career.

MY PERSONAL EXPERIENCE AS WHO INTERN – BY KATY NUEN–WING WONG

Upon graduating from the master of public health programme at the University of Edinburgh, I aspired to have a practical experience in public health to consolidate what I had learned throughout the course. Doing an internship at the World Health Organization (WHO) was undeniably
a great opportunity to learn the global progress on the enhancement of population health. Therefore, I submitted my application to the WHO website, indicating my great interest in certain projects. Thankfully, I heard from the WHO after a few months of application, and was successfully offered an internship opportunity after a phone interview. Having the background as a registered Chinese medicine practitioner in Hong Kong, I was assigned to the Team of Traditional and Complementary Medicine at the WHO headquarters in Geneva. There, I spent an unforgettable experience of five months.

WHO is the United Nation’s leading authority on international public health. Working closely with public health experts around the world and tackling different important health issues was a very challenging and exciting task. It also gave me great motivation to go to work knowing that it would exert great influence to many populations which could directly enhance their health. My main task in the internship was to work with traditional medicine experts on data verification and analysis on the WHO global surveys. Thanks to the epidemiology and statistics training that I received at the University of Edinburgh, I was well-prepared to manage and analyze the survey data obtained from the 193 member states of the WHO. During my internship I was also involved in working on the unprecedented development of the International Classification of Traditional Medicine which would be included in the coming ICD–11. This achievement will make significant contribution to the standardization of the clinical language used by traditional medicine to facilitate information exchange and the integration of complementary medicine into the health care system. All the work I conducted there was evaluated by my supervisors at WHO, whom eventually offered me an exceptional extension of the 3–month internship contract on top of the first contract.

On the other hand, as an intern I got to participate in many training sessions and discussion seminars which helped expand and develop my public health knowledge. I had attended seminars on mental health, palliative care and neglected tropical disease. I also had the privilege of being present at the World Peace Talk of the United Nations to learn the issues regarding world peace and human right. Coincidently, it was the Ebola outbreak period during the internship, hence, I experienced firsthand the outbreak response, leadership, roadmap development, division of labour, press conferences, and even the sharing from experts who were deployed in the field in West Africa. Attending the Ebola meeting with the Director–General of the WHO, Dr Margaret Chan, and the Secretary–General of the United Nations, Dr Ban Ki–moon, on the discussion of Ebola vaccine and treatment was very impressive. I also joined the communication team to contact Ebola experts worldwide to investigate the possible treatments for Ebola.

Another memorable experience was the duty travel to Macao SAR, China, for a WHO training workshop. Working as WHO secretariat, I learned the administration and logistics in organizing an international event. In the training workshop, I got the opportunity to meet with a lot of government officials from the ministries of health of different countries. I had gained great insight from the country leaders on policy–making and international cooperation in consumer protection. Together we had built beautiful memories and friendships.

Apart from the tasks that I performed, I met so many amazing and interesting people from all over the world. I enjoyed very much the working environment at the WHO headquarters in which I worked closely with colleagues with multi–cultural and multi–disciplined backgrounds, which can lead to many brilliant ideas. I had also joined the WHO intern board as a interns coordinator, where I made friends with many amazing interns who will possibly become the public health leaders in the future. During our coffee time and excursions, we discussed a lot on the infec-
tious disease control measures, the development of medicines and the research methodology. It was indeed an excellent platform for young people who share the same aspiration to meet and work towards our goals.

Above all, this internship has exposed me to different global health issues, and allowed me to view traditional medicine from an international perspective. Now I understand a lot more the pathway to develop traditional medicine, in terms of quality and safety, pharmacovigilance capacity, national policies and regulations. It has greatly broadened my horizon to understand health issues in a global context. This internship is a once-in-a-lifetime experience for me. It is definitely something that I would highly recommend for everyone who is interested in public health to apply for.