



# Hebrew University-Hadassah Braun School of Public Health & Community Medicine International MPH Alumni Newsletter

*December 2016*



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**A Note from Prof. Yehuda Neumark— IMPH Director**

**Where disaster relief and public health (don't) meet, accountability ensues  
(if several years late and incomplete)**

**or**

**From London's Broad Street water pump to the Haiti's Artibonite River –  
accountability is always far behind**

Dear IMPH Alumni,

Those of you who studied Epidemiology with me, will no doubt recall from our discussion of the London cholera epidemic of 1854 the skepticism expressed by the local Board of Health about John Snow's evidence that the source of the outbreak was the Broad Street water pump, and how their rejection of his proposed oral-fecal mode of transmission of the disease led the parish's Board of Guardians to replace the pump handle as soon as the epidemic subsided. Acceptance of his theory would simply have been "too unpleasant for most of the public to contemplate" and would have laid responsibility of the disaster at their doorstep.

Can anyone detect similarities between the London outbreak over 150 years ago that killed 616 people and the raging cholera epidemic in Haiti, the worst in recent history anywhere, that has already killed nearly 10,000 people and as many as one million are infected? [A [study](#) by Médecins Sans Frontières recently concluded that the cholera mortality rate may be "substantially higher than previously reported" due to incomplete surveillance and data collection.]



*Cholera treatment center in Haiti*

By all (reputable) accounts, including several published epidemiological and molecular genetic investigations (e.g., Frerichs et al, Clin Microbiol Infect 2012), the October 2010 outbreak originated from unsafe waste management at the United Nations Stabilization Mission In Haiti (also known as MINUSTAH). Peacekeeping troops had just arrived from Nepal where a cholera outbreak had just occurred. They did not undergo testing prior to leaving Nepal nor upon arrival in Haiti, and they "knowingly allowed their infected feces to slough into the Meille River, which locals used for drinking, bathing and washing — in violation of the U.N's own protocols and the most basic tenets of public health {[NYT, Aug 19, 2016](#)}.



**Unsanitary.** A Haitian contractor dumped waste from three Nepalese camps at an open pit. CREDIT: RAMON ESPINOSA/AP PHOTO

[http://www.ph.ucla.edu/epi/snow/  
cholera\\_haiti\\_newdev25.html](http://www.ph.ucla.edu/epi/snow/cholera_haiti_newdev25.html)

Just days before the first cholera cases were diagnosed in a village next to the UN camp on October 14, 2010, MINUSTAH officials issued a [press statement](#) denying the possibility that the base could have caused the epidemic, citing stringent sanitation standards.

Suspensions were first voiced by Dr. Renaud Piarroux, a French epidemiologist, who was invited by the government of Haiti to investigate the unexpected appearance of cholera in towns and villages along the Artibonite River. Yet, for months, the UN and CDC argued against investigating the source of the outbreak. CDC medical epidemiologist Dr. Jordan Tappero, who was leading the

CDC cholera response team in Haiti maintained "Our primary focus here is to save lives and control the spread of disease... We realize that it's also important to understand how infectious agents move to new countries. However, we may never know the actual origin of this cholera strain" ([CDC Press Release](#), Nov 1, 2010). Gregory Hartl, a spokesman for the WHO, said finding the cause of the outbreak was "not important". "Right now, there

is no active investigation. I cannot say one way or another [if there will be]. It is not something we are thinking about at the moment. What we are thinking about is the public health response in Haiti."

Dr. Paul Farmer, a U.N. deputy special envoy to Haiti and a noted expert on poverty and medicine responded to this reluctance to investigate the outbreak source by saying: "That sounds like politics to me, not science... Knowing where the point source is would seem to be a good enterprise in terms of public health." His words were echoed by Prof. John Mekalanos, a cholera expert and chair of Harvard University's Department of Microbiology and Molecular Genetics - "I think that it is an attempt to maybe do the politically right thing and leave some agencies a way out of this embarrassment..."

The UN Panel finally assigned to investigate the origin of the Haiti cholera epidemic wrote in their May 2011 [report](#), 'the evidence overwhelmingly supports the conclusion that the source of the Haiti cholera outbreak was due to contamination of the Meye Tributary of the Artibonite River with a pathogenic strain of current South Asian type V. cholerae as a result of human activity'.

More than three years later, with the outbreak still raging, an audit conducted by the UN Office of Internal Oversight Services in July-December, 2014 found that waste management procedures at the of the UN mission in Haiti were "unsatisfactory". The audit [report](#) included such basic recommendations as "MINUSTAH should discontinue discharging wastewater into public canals, or if there is no alternative, establish a procedure to regularly perform water quality tests". [Audits of a number of other UN peacekeeping mission camps around the world (e.g., Darfur region of Sudan, the Democratic Republic of Congo, Ivory Coast, Lebanon, Liberia and South Sudan) [reveal](#) that all practice varying degrees of "unsatisfactory" waste management].

**Finally**, after six years of Haitian and other activists demanding that the United Nations accept responsibility for cholera in Haiti, Ban Ki-moon the secretary-general of the UN announced over the weekend that "the preponderance of the evidence does lead to the conclusion that personnel associated with the [U.N.'s peacekeeping] facility were the most likely source..." On behalf of the United Nations, I want to say very clearly: We apologize to the Haitian people... We simply did not do enough with regard to the cholera outbreak and its spread in Haiti. We are profoundly sorry for our role."

The UN, however, refuses to change its legal position that it is not legally responsible for cholera-related damages suffered by the Haitian nation and its people and that it is "absolutely immune from legal actions, including a federal lawsuit brought in the United States on behalf of cholera victims seeking billions in damages stemming from the Haiti crisis" {[NYT, Aug 19, 2016](#); see also the recent [The Lancet Global Health](#) editorial}.



This UN apology and partial acceptance of responsibility comes after a report from the United Nations Special Rapporteur Philip Alston condemning the UN's responsibility-denial policy was leaked in August. In his report Alston declares "As the magnitude of the disaster became known, key international officials carefully avoided acknowledging that the outbreak had resulted from discharges from the camp."

He further notes that infection rates have been rising every year in Haiti since 2014, and the UN's cholera eradication program has failed.

Below is a (somewhat blurry) damning excerpt from his report:

### Summary

Cholera arrived in Haiti in October 2010, soon after the arrival of a new contingent of United Nations peacekeepers from a cholera-infected region. The scientific evidence now points overwhelmingly to the responsibility of the peacekeeping mission as the source of the outbreak. 9,145 persons have so far died and almost 780,000 have been infected. To date, the United Nations has denied responsibility for the outbreak, rejected all claims for compensation, refused to establish any procedure to resolve the resulting disputes, and has relied upon a claim of absolute immunity in defending litigation brought by victims. This policy of abdicating responsibility relies on a claim of scientific uncertainty that is no longer sustainable and an unpublished legal opinion that the resulting claims are not "of a private law nature" and are thus not receivable. Based on what is known of the legal analysis, it is deeply flawed.

The UN's policy is morally unconscionable, legally indefensible, and politically self-defeating. It is also entirely unnecessary. In practice, it jeopardizes the UN's immunity by encouraging arguments calling for it to be reconsidered by national courts; it upholds a double standard according to which the UN insists that Member States respect human rights, while rejecting any such responsibility for itself; it leaves the UN vulnerable to eventual claims for damages and compensation in this and subsequent cases which are highly unlikely to be settled on terms that are manageable from the UN's perspective; it provides highly combustible fuel for those who claim that UN peace-keeping operations trample on the rights of those being protected; and it undermines both the UN's overall credibility and the integrity of the Office of the Secretary-General.

Indeed, funding for prior UN cholera assistance to Haiti has been partial at best – less than \$150m for cholera eradication and sanitation improvement. No major water or sanitation projects have been constructed in Haiti and two pilot wastewater processing plants built in the wake of the epidemic quickly closed because of a lack of donor funds. So, the UN's proposal aimed at raising \$400m over the next two years for cholera relief in Haiti, may once again be offering false hope to a country where more than 40% of its inhabitants lack access to clean drinking water and 3/4 have no toilets at home. Even if funding does materialize, it is certainly too little, and very late.

All this to say, **we urgently need to introduce a course in Disaster Response and Management into the IMPH curriculum.**

On a 'brighter' note, according to Google, today (December 7) marks the 340<sup>th</sup> anniversary of Danish astronomer Ole Romer's determination of the speed of light (299,792,458 meters/second). Indeed, the season of Festivals of Lights is upon us with the recent celebration of Diwali in India, St. Martin's Day (Sint Maarten) in Holland and Berlin's Festival of Lights, this week's Festival of Lights in Lyon, next week's celebration of St. Lucia's Day in Sweden, the month-long East Pretoria Festival of Lights, and later this month Kwansaa in the USA, China's Lantern Festival in February, Japan's Aomori Nebuta Matsuri in August (it's sooner than you think!) and Christmas and Hanukkah in many places across the globe.

Those of you, who studied Hanukkah Numerology with me, will no doubt recall our discussion of "Light is Knowledge" and the need for each one of us to work at discovering and sharing the unique light that exists within each one of us in order to brighten and enlighten the world.

All this to remind you, please encourage your 'brightest' colleagues, students and others to apply for the 2016/17 IMPH course.

Happy Holidays and Season's Greetings!

*Yehuda*

and God said,

$$\begin{aligned} E &= hf = hc/\lambda, \quad eV_0 = hf - W, \quad E = mc^2, \quad E^2 = p^2c^2 + m^2c^4, \quad \Psi(x,t) = \int_{-\infty}^{\infty} A(k) e^{ikx - i\omega t} dk, \\ p &= h/\lambda, \quad \Psi(x,t) = e^{ikx - i\omega t} \int_{-\infty}^{\infty} A(k) e^{ikx - i\omega t} dk, \quad v = \left( \frac{d\omega}{dk} \right)_x, \quad E = p^2/2m, \\ \Psi(x,t) &= e^{ikx - i\omega t} \int_{-\infty}^{\infty} A(k) e^{ikx - i\omega t} dk, \quad v = \left( \frac{d\omega}{dk} \right)_x, \quad E = p^2/2m, \\ E &= \hbar^2 k^2 / 2m, \quad E = \hbar \omega = \hbar^2 k^2 / 2m, \quad m_0 = \frac{m}{\sqrt{1 - v^2/c^2}}, \quad \frac{\hbar^2}{2m} \frac{d^2 \Psi}{dx^2} = \hbar \frac{d\omega}{dt} \\ \frac{d^2 \Psi}{dx^2} + \frac{2m(E - V)}{\hbar^2} \Psi &= 0, \quad k^2 = \frac{2m(E - V)}{\hbar^2}, \quad \lambda = \frac{h}{\sqrt{2m(E - V)}}, \quad E = \frac{1}{2} \hbar \omega \\ E_{\Psi} &= -\frac{\hbar}{2m} \left[ \frac{d^2 \Psi}{dx^2} + \frac{d^2 \Psi}{dy^2} + \frac{d^2 \Psi}{dz^2} \right] - \frac{2\mu\phi}{4\pi r} \Psi, \quad J = \nabla \times H, \quad \frac{\partial \Psi}{\partial t} + \frac{\hbar}{m} \nabla^2 \Psi = 0 \\ J &= \frac{1}{r \sin \theta} \left[ \frac{\partial H_2 \sin \theta}{\partial \theta} - \frac{\partial H_1}{\partial \phi} \right] \hat{r} + \frac{1}{r} \left[ \frac{\partial H_2}{\sin \theta} \frac{\partial}{\partial \theta} - \frac{\partial(H_1 \sin \theta)}{\partial \phi} \right] \hat{\theta} + \frac{1}{r} \left[ \frac{\partial(H_1 \sin \theta)}{\partial \phi} - \frac{\partial H_2}{\partial \theta} \right] \hat{\phi} \\ -\frac{\hbar^2}{2m} \left[ \frac{d^2 \Psi}{dx^2} + \frac{d^2 \Psi}{dy^2} + \frac{d^2 \Psi}{dz^2} \right] &= V \Psi = E \Psi, \quad V = -\frac{e^2}{4\pi \epsilon_0} \frac{1}{\sqrt{x^2 + y^2 + z^2}} \\ \nabla^2 \Psi &= \frac{1}{r^2} \frac{\partial}{\partial r} \left( r^2 \frac{\partial \Psi}{\partial r} \right) + \frac{1}{r^2 \sin \theta} \left[ \sin \theta \frac{\partial}{\partial \theta} \left( \sin \theta \frac{\partial \Psi}{\partial \theta} \right) + \frac{\partial^2 \Psi}{\partial \phi^2} \right] + \frac{1}{r^2 \sin^2 \theta} \frac{\partial^2 \Psi}{\partial \phi^2} \\ \nabla \cdot D &= \frac{1}{\epsilon_0} \left[ \frac{\partial}{\partial x} (D_x D_x) + \frac{\partial}{\partial y} (D_y D_y) + \frac{\partial}{\partial z} (D_z D_z) \right] \\ P &= \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \frac{4\pi V}{\int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \left[ \frac{\partial \Psi}{\partial x} \right]^2} \sin^2 \theta \sin^2 \phi \sin \theta d\theta d\phi dr = \frac{4\pi \epsilon_0 V}{\ln \left( \frac{D}{\rho_0} \right)} \left( 1 - \frac{\sin 2\theta}{2} \right) \sin^2 \theta \\ J_z(z) &= \frac{2}{\pi} \frac{(-1)^{n-1} z^{n-1}}{\ln \Gamma(m + \nu + \sqrt{1 - z^2})}, \quad J_z(z) = \frac{2}{\pi} \frac{(-1)^{n-1} z^{n-1}}{\ln \Gamma(m - \nu + \sqrt{1 - z^2})} \\ \oint E \cdot \vec{C} &= emf = - \frac{d\Phi}{dt}, \quad \oint H \cdot \vec{C} = I = \int \left( \vec{J} \cdot \frac{d\vec{C}}{dt} \right) ds, \quad \oint \vec{D} \cdot \vec{C} = Q = \oint \vec{V} \cdot \vec{C} dv \\ E_r &= \frac{J \cos \theta}{4\pi} \left( \frac{\sqrt{2}}{r} + \frac{2}{\sqrt{\epsilon \mu}} \right) \cos \theta, \quad E_\theta = \frac{J \sin \theta}{4\pi} \left( \frac{\sqrt{2}}{r} + \frac{1}{\sqrt{\epsilon \mu}} \right) \sin \theta \\ E(r, \theta, \phi) &= \frac{-\mu_0 J}{4\pi r^2} \sin \theta \sin(\omega t - \omega r \sqrt{\epsilon \mu}) \hat{a}_r, \quad H(r, \theta, \phi) = \sqrt{\frac{\epsilon}{\mu}} E \hat{a}_\phi, \quad \gamma = \omega / \sqrt{\epsilon \mu} \dots \\ \text{and there was light.} \end{aligned}$$



## A Note from Prof. Ora Paltiel— Director, Braun School of Public Health

The world is changing. Large nations are facing a populace that wants to turn inwards – “Britain first”, “America first.” This has to be of concern to public health practitioners. In our field we know that there is one world, one health, that disease knows no boundaries and that the health effects of sound social and health policy may be local, national and global.

While the world awaits the effects of the new winds blowing in democracy, we at the Braun School continue to stick to our mission “ **to strive toward improving the physical, mental and social welfare of the global community, with a commitment towards excellence in multidisciplinary and interdisciplinary public health research, training and practice.**” Yesterday, I received a WhatsApp message from our West African Alumni attesting to the “employability” of HUJI graduates. We are proud to have been a part of your training, and a small cog in the wheel of good work that you are all doing, many under very difficult circumstances.

Isolationism notwithstanding, we will always consider the IMPH family a part of one whole- one world that we all inhabit, use and abuse, and wish to improve. While it is understandable that people feel threatened by globalism, in public health I feel we need to continue to advocate sharing, openness and mutual concern.

We welcome our 21 new trainees and bid au revoir to our 21 fresh graduates. We continue to be inspired by our alumni, most recently Dr. Nayanjeet Chaudhury, MD, MPH who met with the president of our university, Prof. Menahem Ben-Sasson on a recent visit to Delhi!

My very best wishes for your personal and collective success.

Ora Paltiel

Director,

Braun School of Public Health and Community Medicine



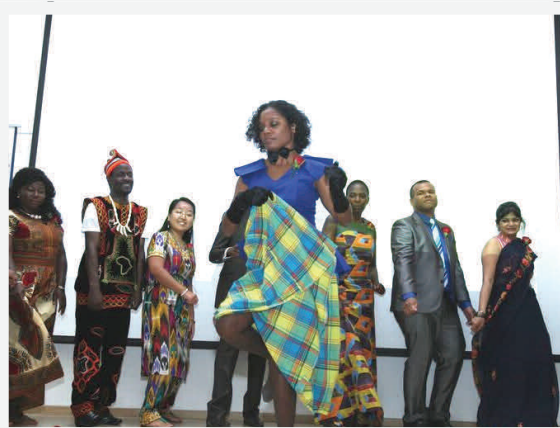


## A Note from Dr. Maureen Malowany—IMPH Alumni Academic Coordinator

Dear Alumni,

We are pleased to welcome the 41<sup>st</sup> IMPH class of 21 graduates to our IMPH alumni family! Our Graduation Keynote Speaker, **Narmada Acharya** (IMPH Nepal 1998), inspired some of her classmates to travel to Jerusalem for the ceremony and a warm reunion of friends.

This class also added four countries to our IMPH 'home countries' - Burundi, Norway, Saint Vincent & The Grenadines and Suriname - bringing the IMPH country total to 105!! We are so very proud of our alumni whose work spans the globe.



Please stay in touch with us and each other through the IMPH alumni platform at <http://hujiconnectimph.com>

As many of you know, our Alumni Communications Coordinator, **Reut Kramer** has been on maternity leave for the past few months. Congratulations to Reut and her family on the birth of their second son, Daniel!

We have been very fortunate to have **Rachel Bernstein** working with us during Reut's leave.

Wishing you all the blessings of the holidays you celebrate over these next few months.

Warmest regards,

Maureen



## Highlighting a Graduate: Narmada Acharya

For this year's graduation, we asked **Dr. Narmada Acharya** (Nepal, IMPH 1997-1998) to serve as our keynote speaker. Following the completion of the IMPH course, Dr. Acharya resumed her job in Care Nepal with full confidence, enthusiasm, and renewed energy to make meaningful changes in the lives of people. Recognizing her prior experience, demonstrated leadership, and management skills, she was assigned as manager in an integrated program, including health. Here, she led the building of maternity rooms in seven health facilities. This was her first achievement within one year of completion of the IMPH program.

Dr. Acharya moved to UNICEF in Nepal as Program Officer for Health, Nutrition, and Communication in 1999. She was successful in developing appropriate policies and strategies to reach out to women and children living in remote areas through developing accountability in the local government mechanism. Within one year's time, she was promoted to Regional Program Officer at the UNICEF Regional Office for South Asia. In this position, she developed integrated management, rights, and technology guidelines on emergency obstetric care and promoted community engagement in seven countries in the region.



Immediately after returning from Afghanistan, the UN International Labor Organization (ILO) office in Nepal offered a National Program Coordinator Position to lead the four-year HIV workplace program. She enjoyed working with private sector leaders and advocating for protecting workers' rights. Within a year, the project was regarded as one of the most advanced among the 15 countries participating in the project. Dr. Acharya contributed immensely to a review of national laws, policies, and strategies, and she mobilized resources to ensure access to service for trade union members. From there, she moved to UNAIDS Nepal as a Policy, Advocacy, and Social Mobilisation Adviser in 2005, and in 2010, as a result of her demonstrated high performance in the HIV national response in Nepal, she was presented with the opportunity to contribute more broadly to the global HIV sector and was posted to Cambodia in 2010 as a Policy, Social Mobilisation and Advocacy Adviser. Here, she was credited in achieving groundbreaking results in the areas of developing strategies and tools for HIV response, capacity-building of government and civil society, legal and policy reform, and improving health and legal services to target populations.

Currently, Dr. Acharya works as UNAIDS Strategic Interventions Adviser in Zambia in sub-Saharan Africa. UNAIDS leads the HIV epidemic response globally and facilitates the United Nations Member states in fulfilling the political commitments in responding to HIV/AIDS. In 2015, UNAIDS issued a number of global targets, guidelines, and strategies aimed at ending AIDS by 2030 as a public health threat. As a team member of the UNAIDS Country Office, Dr. Acharya plays a vital role in developing national strategies and policies and ensuring that they are adopted to plan and implement effective interventions with adequate resources.





## Pictures from the IMPH Graduation Ceremony

On Sept. 14, we had the great honor of celebrating our IMPH 41st Graduation Ceremony. The ceremony took place at the Botnar Auditorium of the Faculty of Medicine.



**Josaia Tiko** (Fiji, 2015-2016) at the presentation of his MPH degree.

The Class of 2015-2016 listening eagerly during the graduation ceremony.



**Narmada Acharya** (Nepal, 1997-1998), delivering the keynote speech at this year's graduation ceremony.



The Class of 2015-2016 proudly presenting their degrees along with staff and faculty.



**Kanan Desai** (India, 2015-2016), and **Pamela Malka**, Secretary of the IMPH Program.

Prof. Ora Paltiel, Director of the Braun School, Josaia Tiko (Fiji, 2015-2016), Prof. Yehuda Neumark, IMPH Director, Nechama Averick (U.S., 2015-2016).



## Visits to the School

PhD Candidate **Moyinoluwa Adejuwon** (Nigeria, IMPH 2006-2007), stopped by for a week of intensive work on her research. She lives in Edmonton, Canada. She served as program director at Lifescope Integrated Services. She is currently working on her PhD in Public Health here at the Braun School. Having been awarded a Milstein Scholarship, her PhD title is "The Effects of Antiretroviral Therapy on Growth, Body composition and Metabolism in Children Living with HIV in Lagos, Nigeria," under the joint mentorship of Prof. Ram Weiss and Prof. Yehuda Neumark.

Highly Active Antiretroviral Therapy (HAART) is the globally accepted standard treatment for children (and adults) living with HIV. It usually entails a combination of three antiretroviral drugs from at least two different classes. These drugs have great benefits and also have adverse long term effects which might compromise future growth and development of HIV positive children receiving antiretroviral therapy.

Moyin's research examines the growth and metabolic effects of HAART on children living with HIV in Lagos, Nigeria thereby contributing to evidence based guidance for the management of HIV-infected children.



Congratulations to **Dr. Osegbeaghe Okoye** from Nigeria, our IMPH Alumnus (2008/2009) upon the birth of triplets! She delivered two girls a boy, named Joanna, John, and Jemima, In July 2016, in Arlington, Texas.



To **Dr. Nayanjeet Chaudhury** (India, 2005/2006), on behalf of Prof. Menahem Ben-Sasson:

Dear Dr. Nayanjeet Chaudhury,

Thank you for your kind words of thanks.

It is me that should write to you to extend our thanks.

I truly appreciate your immense efforts to travel all the way to Delhi and join me at the India Israel Academic summit in New Delhi.

It was a very interesting and pleasurable experience, largely due to your participation.

It is seeing graduates like you, who have gone on from their studies at the Hebrew University, to making a significant change in the world and contributing to the benefit of society, that makes me feel that my mission as a president is so worthwhile. I wish you much continued success in your career and that you should only go from strength to strength.

We will be happy to continue discussing with you Indian-Israeli collaboration.

Safe travels home and hoping that our paths will cross again in the future.

Yours,

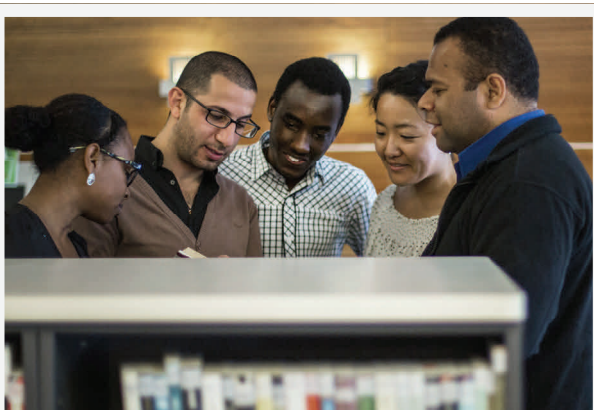
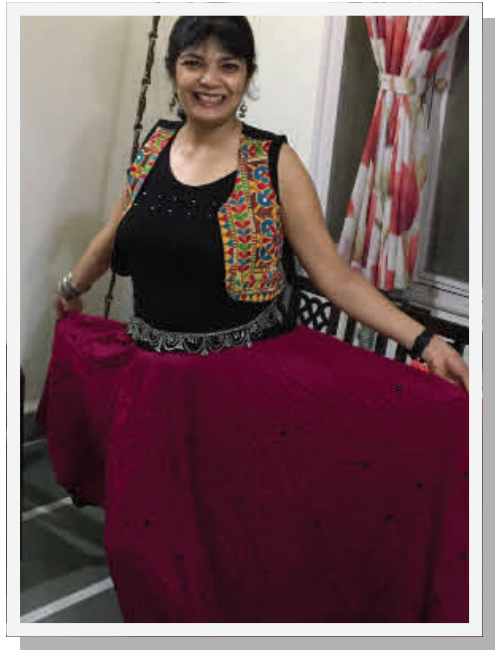
Menahem Ben-Sasson



## News from our Alumni

Updates from our brand-new alumni (the 41st IMPH class):

- ♦ **Anna Schmitt** has been traveling and pursuing a career in indigenous health. She is residing in Vail, Colorado, for the winter. She is searching for a public health occupation, and working part-time as an emergency medical technician at a local emergency room.
- ♦ **Cherise Beek** is back in medical school in Suriname, and is considering pursuing a position as a research assistant.
- ♦ **Gbenga Adebayo** is back to running his organization, Livinghealth International. He has been busy lecturing about health promotion, and has applied for a fellowship to research health communication and the presence of our IMPH program.
- ♦ **Kanan Desai** is preparing for her upcoming wedding in the U.S. Meanwhile, she is considering taking the GREs in hopes of starting a Ph.D. in the U.S.



- ♦ **Tevfik Bayram** started his residency in public health in his university in Istanbul, Turkey. He presented his thesis in front of the department.





## Class of 2015-2016

Ajay Acharya (Nepal)  
 Anna Louise Schmitt (USA)  
 Asami Ueno (Japan)  
 Chérise Désirée Janelle Beek (Suriname)  
 Christopher Raymond Junior (Papua New Guinea)  
 Claudette Yawa Amuzu (Sierra Leone)  
 Collins Asaah Tatang (Cameroon)  
 Evgeniya Vladimirovna Kim (Uzbekistan)  
 Gbenga Emmanuel Adebayo (Nigeria)  
 Ira Azela Leonora Isaacs-Henry  
 (Saint Vincent and the Grenadines)  
 Jane Akinyi Osindo (Kenya)  
 Josaia Tiko (Fiji)  
 Kanan Tushar Desai (India)  
 Marcqueline Chiona Zulu (Zambia)  
 Marthe S. Sørli (Norway)  
 Naham Amishav Shapiro (USA)  
 Nebiyu Mesfin Gedlu (Ethiopia)  
 Nechama Averick (USA)  
 Nobel Cubahiro (Burundi)  
 Tevfik Bayram (Turkey)  
 Wen Peng (China)

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