

# RESEARCH FELLOW



<b>Job Title:</b>	<b>Research Fellow in Health Economics</b>
<b>Department:</b>	Department of Global Health and Development
<b>Faculty:</b>	Faculty of Public Health & Policy
<b>Location:</b>	15-17 Tavistock Place, London
<b>FTE:</b>	1.0 FTE
<b>Grade:</b>	G6
<b>Accountable to:</b>	Head of Department through Sedona Sweeney
<b>Job Summary:</b>	<p>Applications are invited for a health economist to work across two projects focused on preventing the spread of infectious disease. The postholder will co-lead the design and application of economic evaluations of interventions aiming to bridge social, behavioural and health action. The postholder's role will include co-designing and conducting an economic evaluation of an intervention to reduce health risks amongst people who use crack cocaine in the UK, and co-designing and conducting an economic evaluation of different approaches to screen for and treat sub-clinical tuberculosis in South Africa.</p> <p>The postholder will be supervised by Dr Sedona Sweeney and will be part of the Global Health Economics Centre, a world-leading group of over 100 academics working on a diverse portfolio of health economics research. The postholder will also have the opportunity to affiliate with relevant centres at LSHTM (including the Tuberculosis Centre, the AMR Centre and the Centre for Mathematical Modelling of Infectious Diseases).</p> <p>The successful applicant will have a PhD (or Masters degree and good research experience) in health economics or health policy analysis/priority setting, with a strong quantitative background. Further particulars are included in the attached job description.</p>

## General Information

### The London School of Hygiene & Tropical Medicine

The London School of Hygiene & Tropical Medicine (LSHTM) is renowned for its research, postgraduate studies and continuing education in public and global health.

Our mission is to improve health and health equity in the UK and worldwide; working in partnership to achieve excellence in public and global health research, education and translation of knowledge into policy and practice.

We embrace and value the diversity of our staff and student population and seek to promote equity, diversity and inclusion as essential elements in contribution to improving health worldwide. We believe that when people feel respected and included, they can be more creative, successful, and happier at work. While we have more work to do, we are committed to building an inclusive workplace, a community that everyone feels a part of, which is safe, respectful, supportive and enables all to reach their full potential.

## **History**

Founded in 1899 at the London Docks, LSHTM is now based in Bloomsbury, where it has two main sites at Keppel Street and Tavistock Place, and additional sites in The Gambia and Uganda. Today, our staff, students and alumni work in government, academia, international agencies and health services across the world.

## **Research**

Research income has grown to more than £180 million per year from national and international funding sources including UK government and research councils, the European Union, the Wellcome Trust, Gates Foundation and other philanthropic sources.

Our diverse research talents, skills and experience underpin our position as a leader in public and global health. These range from the molecular to the global, the theoretical to the applied, the analytical to the political. Our staff are conducting research in more than 100 countries.

## **Staff community**

We have 3,300 staff based all around the world with core hubs in London and at the MRC Units in The Gambia and Uganda, which joined LSHTM in February 2018. Our outstanding, diverse and committed staff make an impact where it is most needed - deploying research in real time in response to crises, developing innovative programmes for major health threats, or training the next generations of public and global health leaders and researchers.

## **Partnerships**

Working in partnership is central to achieving our mission. Our strategic collaborations in the UK and across high-, middle- and low-income countries deliver health and socioeconomic benefits across the world, especially in the most disadvantaged communities.

LSHTM is also a member of the M8 Alliance of Academic Health Centers, Universities and National Academies, the Association of Schools of Public Health in the European Region, and the Consortium of Universities for Global Health.

## **Education**

We deliver research-led educational programmes to future health leaders, managers and researchers across the world. We have more than 1,200 face-to-face Master's and Doctoral students, 3,000 studying by distance learning, and 1,000 each year on short courses and continuous professional development. Our free online courses are studied by more than 270,000 participants globally.

## **Excellence in research and education**

We perform strongly in various global university league tables. In the Shanghai Ranking's Global Ranking of Academic Subjects 2020 we placed 3rd in public health (1st in the UK). In the 2020 CWTS Leiden Ranking LSHTM is ranked the UK's top university for the proportion of academic research with women listed as authors, and third in Europe for publishing open access research.

In the US News Best Global Universities Ranking 2021, we ranked 3rd in the world for public, environmental & occupational health, 4th in the world for infectious diseases, 11th in the world for social sciences & public health, and 12th best University in the UK overall. We ranked 27th for medicine in the 2019 QS World University Rankings.

In 2017, the inaugural Center for World University Rankings by Subject placed LSHTM first in the world for tropical medicine research, second for parasitology and seventh for infectious diseases, public, environment and occupational health, and social sciences and biomedical.

LSHTM was named University of the Year 2016 by Times Higher Education and awarded a Queen's Anniversary Prize for Higher and Further Education in 2017 in recognition of our response to the 2014 Ebola epidemic in West Africa. LSHTM does not appear in the Times Higher Education World University Rankings as universities are excluded if they do not teach undergraduates.

We seek to foster and sustain a creative and supportive working environment based upon an ethos of respect and rigorous scientific enquiry. We embrace and value the diversity of our staff and student population and seek to promote equality as an essential element in contribution to improving health worldwide.

LSHTM is one of around 20 specialist institutions that receive institution specific funding from the Office for Students (OfS). This funding recognises the additional costs that LSHTM incurs because of its unique range of teaching, specialist facilities, and the scale of its contributions to national and international agencies.

## **Faculty Information**

The School is divided into three academic faculties, of which the Faculty of Public Health & Policy is responsible for research and teaching in the policy, planning and evaluation of health programmes and services. Its interests are both national and international, encompassing industrialized and low and middle-income countries. The Faculty has three research departments:

- Global Health and Development
- Health Services Research and Policy
- Public Health, Environments and Society

In the Faculty there are about 50 Professional Services staff members, and 280 academic staff drawn from a variety of disciplines including medicine, statistics, epidemiology, sociology, economics, anthropology, operational research, psychology, nursing and history. Each department is responsible for its own research. The School has adopted a rotating system of management for its academic departments and faculties. The management of a department is under the control of the Department Head, appointed by the Director for a period of three years in the first instance. The Faculty Head is appointed in a similar manner but for an initial period of up to five years.

The Faculty of Public Health and Policy is responsible for organizing a one-year Master's course in Public Health, which allows students to take either a general MSc in Public Health, or to follow one of several more specialised streams: Health Services Management, Health Promotion, Environmental Health or Health Services Research. The Faculty also jointly teaches the MSc Public Health in Developing Countries and MSc Control of Infectious Disease (with the Faculties of Infectious and Tropical Diseases and Epidemiology and Population Health), and MSc Health Policy, Planning and Financing (jointly with the London School of Economics). Master's courses are organized in a modular format across the whole School. One of the growing areas of Faculty teaching is distance-based learning, with MScs in Public Health and Global Health Policy. In 2019/20, over 370 students were registered for our face-to-face Masters programmes and 1367 students were registered for distance learning MScs.

The Faculty has also reorganized and expanded its research degree (MPhil/PhD; DrPH) training. Currently there are about 164 students and 36 staff members registered for a research degree.

## **Global Health Economics Centre (GHECO)**

The Global Health Economics Centre (GHECO) is one of the largest academic groups of health economists within the UK and globally. GHECO conducts health economic research, education and policy translation in order to improve health and wellbeing in the UK and worldwide; working in equitable partnerships globally to achieve excellence in the field of health economics. GHECO recognizes that health economic research is intrinsically a multi-disciplinary endeavour, bringing together economists, epidemiologists, policy analysts, statisticians, modellers, psychologists, philosophers and those interested in different disease areas and health systems.

## **Department of Global Health and Development (GHD)**

The department conducts novel and policy-relevant research and training that concerns health issues with a global reach, predominantly from the perspective of low- and middle-income country

development. There are approximately 150 staff and 100 research degree students, with total grants funding of over £35m spread over a range of funders including research councils, UK and overseas charities, the European Union, Department for International Development and others. Academic Staff come from a wide range of disciplines including; economics, epidemiology, mathematics, law, politics, social policy and policy analysis, sociology and anthropology and are grouped into two units and a number of thematic research groups.

## **Evaluation of Social and Population Health Interventions (ESPHI)**

ESPHI is a research group within GHD. Members of ESPHI are health economists, social epidemiologists and disease modellers collaborate to improve global health. We work across a wide variety of diseases issues, including infectious diseases such as visceral leishmaniasis, malaria, tuberculosis and HIV and maternal health. We have a specific interest in evaluating interventions that bridge social, behavioural and health action, such as projects to prevent violence against women and girls, improve the welfare of female sex workers and increase HIV self-testing in southern Africa.

We design and implement evaluations that address the question “whether” to intervene, and “how” to intervene to improve population health and welfare. Our focus is quantitative research methods, particularly those that link social epidemiology, behavioural economics, mathematical modelling and economic evaluation. We are specialists in developing disease, behavioural and economic models that pull in information and processes from a range of spheres from biology and human behaviour to economics and health systems. We emphasise policy impact, and regularly engage in advisory bodies on methods, policy and priority setting in global health.

## **PROJECT INFORMATION**

This post is structured to split time working across two projects focusing on prevention of infectious disease.

### **SiPP (Safe inhalation pipe provision)**

Over 180,000 people use crack cocaine in England. Crack which can be smoked or injected, can cause serious health harms. People who use crack (PWUC) are vulnerable to infectious diseases, acute injuries and long-term respiratory problems.

Engagement with this marginalised population is a challenge as UK drug treatment services have little to offer PWUC. Although services for people who use drugs can provide the equipment needed for safe injecting, supply of equipment to reduce risk when smoking crack is prohibited by law. This means most PWUC make the pipes they use to smoke crack from unsafe materials (increasing respiratory harm), share their pipes (blood borne virus & COVID-19 transmission risk) or inject drugs rather than smoke them (high risk for HIV, hepatitis C, & bacterial infections). Research, from countries such as Canada where crack pipe provision is legal, show that safe inhalation interventions increase PWUC engagement with services and reduce pipe sharing, drug injecting and related health harms.

The SiPP (Safe inhalation pipe provision) intervention has been developed with PWUC and with input from service providers. It consists of a kit with heat -resistant glass pipe, risk reduction information, and tailored training for service providers. The SiPP kit will be provided to PWUC for six months in three areas (Avon & Somerset, Nottingham & the West Midlands) reflecting different patterns of crack use and service provision. The study team will work with four drug treatment services and four peer-led networks to deliver SiPP.

The economic evaluation of the intervention will use a conceptual economic model to fully explore and reflect on the potential relationships between determinant aspects of a condition / disease and associated identifiable and measurable outcomes. The latter could potentially include factors such as HCV transmission, the (longer term) harmful effects of using homemade pipes, Covid-19 transmission risk and reductions in injecting drug use. The broad methods include a review of existing or closely-related (economic and theoretical) models associated with crack use and

studies that link reported changes in behaviour / health engagement / safer drug taking practices to longer term outcomes.

## **Defining drivers of TB transmission in the era of universal ART, and implications for finding the walking well**

Tuberculosis (TB) remains the leading cause of morbidity and mortality among HIV-positive people globally. Halting TB transmission is essential to the success of the End TB strategy. HIV-positive people are assumed to be less infectious than HIV-negative people, based on data from the pre-antiretroviral therapy (ART) era. However, HIV-positive people taking ART have much longer survival, and people with TB taking ART may be more infectious; the extent to which HIV-positive people taking ART contribute to TB transmission in the "treat all" era is unknown. Population-based TB prevalence surveys consistently find that about half of people with *Mycobacterium tuberculosis* in sputum do not report symptoms; the contribution of the asymptomatic "walking well" to TB transmission is also unknown.

This project aims to compare the infectiousness of HIV-positive people with active TB taking ART to those not taking ART, and to assess the infectiousness of the "walking well", i.e. people with asymptomatic active TB to those with symptomatic TB. This project will help to determine i) whether more resources should be dedicated to earlier identification of TB among people taking ART; ii) whether symptom-agnostic screening of the "walking well" should be considered; and iii) under what conditions. This could inform a major change in policy on TB case-finding strategy.

Working in collaboration with colleagues from the Centre for Mathematical Modelling of Infectious Disease, we will model the impact and cost-effectiveness of symptom-agnostic TB screening at different levels of the health system in South Africa. We will inform this effort with primary and secondary cost data from the patient and provider perspectives, supplemented with information on health care seeking behaviour of the population in the Africa Health Research Institute demographic surveillance area. Screening approaches will include symptom-based and symptom-agnostic screening among people attending clinics for HIV care and in the general community.

This project will help to determine i) whether more resources should be dedicated to earlier identification of TB among people taking ART; ii) whether symptom-agnostic screening of the "walking well" should be considered; and iii) under what conditions. This could inform a major change in policy on TB case-finding strategy.

The portfolio of duties outlined below will vary in accordance with the detailed expectations of the role (attached), which may be varied from time to time, and agreed at your annual Performance and Development Review (PDR).

## **Job Description**

### **Main Activities and Responsibilities**

### **Knowledge Generation**

1. To undertake high quality research & scholarship, including contributing to drafting major grant proposals and/or leading on drafting small grant proposals, and evaluating teaching practice;
2. To contribute to peer-reviewed publications and other outputs, including as lead author;
3. To make a contribution to doctoral student supervision, as appropriate to qualifications and experience;

4. To manage small grants or elements of larger grants, ensuring compliance with good practice in relation to the conduct of research, the ethics policy and other relevant School policies.
5. To understand, discuss and advance methodology around economic evaluation of social, behavioral, and health interventions
6. To contribute to data collation, analysis and write-up relevant to economic evaluation, and collect or support collection of primary cost data where needed.
7. To lead and contribute to reports for key stakeholders as well as manuscripts for peer-reviewed journals

## Education

1. To contribute to the delivery of high quality, inclusive, research-informed teaching and assessment in relation to your specific subject and within the broader area covered by your department and disciplinary field;
2. To contribute to the improvement of the quality of the School's education, by participating in the development of new and updated learning and teaching materials or approaches.

## Internal Contribution

1. To undertake activities that support the Department, Faculty, MRC Unit or the School;
2. To reflect LSHTM's EDI goals in your work and behaviour;
3. To participate in the School's PDR process.

## External Contribution

1. To demonstrate good external citizenship by contributing to learned society/conference events, journal and grant reviews etc;

## Professional Development and Training

1. To keep up to date with the latest research/thinking in your academic field and with changes to pedagogic practice within the School and more generally;
2. Where the length and nature of the position permits, to apply for and, if accepted, undertake a doctoral degree (if not already acquired);
3. To undertake and successfully complete the mandatory training required by the School appropriate to the role.

## General

All academic staff are free within the law to question and test received wisdom, and put forward new ideas and controversial or unpopular opinions, to enable the School to engage in research and promote learning to the highest possible standards.

All staff at LSHTM are also expected to:

1. Act at all times in the School's best interests;
2. Treat School staff, students and visitors with courtesy and respect at all times;
3. Comply fully with School policies, procedures and administrative processes relevant to the role, including when acting as Principal Investigator, accepting academic, managerial, financing and ethical responsibility for a project
4. Uphold and support the School's values (as set out in the School Strategy);
5. Act as ambassadors for the School when hosting visitors or attending external events.

*The above list of duties is not exclusive or exhaustive and the role holder will be required to undertake such tasks as may reasonably be expected within the scope and grading of the role.*

*Role descriptions should be regularly reviewed to ensure they are an accurate representation of the role.*

## Person Specification

This form lists the essential and desirable requirements needed by the post holder to be able to perform the job effectively.

Applicants will be shortlisted solely on the extent to which they meet these requirements.

### Essential criteria:

1. A postgraduate degree, ideally a doctoral degree, in a relevant topic.
2. Relevant experience in health economics, or health policy analysis/priority setting with a strong quantitative background.
3. Contributions to written output, preferably peer-reviewed, as expected by the subject area/discipline in terms of types and volume of outputs.
4. Proven ability to work independently, as well as collaboratively as part of a research team, and proven ability to meet research deadlines.
5. Evidence of excellent interpersonal skills, including the ability to communicate effectively both orally and in writing
6. Evidence of good organizational skills, including effective time management.

### Desirable Criteria

1. Some experience of contributing to research grant applications.
2. Some experience of teaching and assessment.
3. Some experience of supervising and supporting junior researchers and/or research degree students, and non-academic staff.
4. Relevant experience co-designing research methods and co-producing research with global partners
5. An interest in pursuing an academic career in economic evaluation or priority setting related to the health sector, and willingness to travel both within the UK and abroad



## **Salary and Conditions of Appointment**

The post is full time 35 hours per week, 1.0 FTE and fixed-term until 31 January 2025, starting as soon as possible. The post is funded by the National Institute for Health and Care Research (UK) and the National Institutes of Health (USA), and will commence as soon as possible.

The salary will be on the Academic Pathway salary scale Grade 6 in the range £41,829 to £47,503 per annum (inclusive of London Weighting). The post will be subject to the LSHTM terms and conditions of service. Annual leave entitlement is 30 working days per year, pro rata for part time staff. In addition to this there are discretionary "Wellbeing Days". Membership of the Pension Scheme is available. The post is based in London at the London School of Hygiene & Tropical Medicine.

Applications should be made on-line via our website at <http://jobs.lshtm.ac.uk>. Applications should also include the names and email contacts of 2 referees who can be contacted immediately if appointed. Online applications will be accepted by the automated system until 10pm of the closing date. Any queries regarding the application process may be addressed to [jobs@lshtm.ac.uk](mailto:jobs@lshtm.ac.uk).

The supporting statement section should set out how your qualifications, experience and training meet each of the selection criteria. Please provide one or more paragraphs addressing each criterion. The supporting statement is an essential part of the selection process and thus a failure to provide this information will mean that the application will not be considered. An answer to any of the criteria such as "Please see attached CV" will not be considered acceptable.

Please note that if you are shortlisted and are unable to attend on the interview date it may not be possible to offer you an alternative date.

## **Asylum and Immigration Statement**

The School will comply with current UKVI legislation, which requires all employees to provide documentary evidence of their legal right to work in this country prior to commencing employment. Candidates will be required to email a copy of their passport (and visa if applicable) to HR prior to their interview and if appointed will be asked to bring the original documents in to be copied and verified before their start date.

Applications from candidates who require sponsorship to work in the UK will be considered alongside other applications. Applicants who do not currently have the right to work in the UK will have to satisfy UK Visas & Immigration regulations before they can be appointed.

Further information about Sponsorship and eligibility to work in the UK, can be found at: <https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-skilled-worker>

Date amended: Sept 2022

## Academic Expectations: Research Fellow

Examples of expected types of activities are listed; the selection of activities will vary from year to year and not all activities in each category would necessarily be done in any one year. The statement in each shaded heading summarises the general expectations for contributions in each category. Research Fellows employed on research projects will be expected to focus on Knowledge Generation, in accordance with their job description, but some activity in other areas is required and will support career progression. Research Fellows predominantly employed to support Education will be expected to focus on Education, again as reflected in their job description.

### ***Knowledge generation: Independent contributions and a clear trajectory towards excellence in knowledge generation***

#### *Research and scholarship*

- Undertaking research
- Working with PIs to draft grant proposals and/or leading writing of small grants, work packages or sections of larger proposals or personal fellowship applications
- Contributing to peer-reviewed and other research outputs, including as first author, as expected by the subject area/discipline in terms of types of output
- Poster/oral presentations at relevant conferences, translation of research findings into educational materials
- Social media contributions such as twitter, blogs, web-based media or webinars

#### *Reflective practice and critical enquiry (RPaCE)*

- Contributing to RPaCE activities
- Designing evaluation studies
- Disseminating learning and experiences through presentations, blogs etc
- Contributing to enhancing teaching practice of others: e.g. mentoring, teaching observation and feedback

#### *Doctoral degree supervision*

- For RFs with Doctorate, some contribution to doctoral degree supervision is encouraged (e.g. specialist skills training; ad hoc advice; advisory committees). RFs without a Doctorate may also advise in areas of specialist knowledge

#### *Research management, leadership and support*

- Effective management of own time and activities
- Management of small research grants or elements of larger grants, including management of data collection and relationships with research collaborators, supporting/mentoring colleagues, support to grants management

#### *Professional development*

- Courses and other professional development activities, referenced to RDF
- Where the length, nature and funding source of the position permit, to apply for and, if accepted, undertake a doctoral degree (if not already acquired)

<b>Education: Basic competence in teaching and assessment</b>
<p><i>Teaching and assessment</i></p> <ul style="list-style-type: none"> <li>• Research-informed teaching and assessment contributions (e.g. contributions to modules, MSc project supervision)</li> </ul> <p><i>Educational development and innovation</i></p> <ul style="list-style-type: none"> <li>• Contributing to the development of new educational materials, learning opportunities or assessments approaches</li> </ul> <p><i>Education leadership and management</i></p> <ul style="list-style-type: none"> <li>• None expected</li> </ul> <p><i>Professional development</i></p> <ul style="list-style-type: none"> <li>• Participation in professional development activities referenced to UKPSF (e.g. HEA, PGCILT, preparation for doctoral degree supervision, shadowing more experienced colleagues); acquiring Associate Fellow HEA</li> </ul>
<b>Internal contribution: Contributions to School functioning and development</b>
<p><i>Internal citizenship including contributing to supportive academic environment</i></p> <ul style="list-style-type: none"> <li>• Contributing to at least one Department, Faculty, School, or Centre event or special interest group in any one year, including EDI activities;</li> <li>• Taking on role as Digital Champion or Decolonising the Curriculum facilitator; Supporting external School collaborations/partnerships (beyond own research or education role) where relevant</li> <li>• Support to others' success (eg careers advice to students)</li> </ul> <p><i>School leadership and management roles</i></p> <ul style="list-style-type: none"> <li>• None expected</li> </ul>
<b>External contribution: Contribution beyond the School</b>
<p><i>External citizenship</i></p> <ul style="list-style-type: none"> <li>• Contributing to learned society/conference events, journal and grant reviews etc.</li> </ul> <p><i>Knowledge translation and enterprise: not expected but options include:</i></p> <ul style="list-style-type: none"> <li>• Collecting evidence of research impact for impact case studies (e.g. policy records, correspondence with policy makers, media highlights)</li> <li>• Engaging with policy/practice/industry/NGO communities and the general public</li> <li>• Supporting MOOCs/OERs or other (e.g. educational) outreach</li> </ul>