Joy, Timothy, Joanna, Steve’s family and friends.

“Scientific safaris on tuberculosis and HIV/AIDS”: Safari, which usually means an African journey, is a wonderful overarching word when describing Steve’s scientific life.

Steve’s big long-term safari, if I can call it that, was to do something about the terrible plague and scourge of HIV-associated tuberculosis that grips sub-Saharan Africa and particularly Southern Africa. Every year 400,000 people die from HIV-associated tuberculosis, most of them in Southern Africa, and they do so because the tuberculosis (which can be easily cured) is not diagnosed or is diagnosed too late. Steve wanted to stop those deaths from happening. He focused much of his latest work on two big goals: first, improving the therapy for people living with HIV and AIDS to prevent them from getting tuberculosis in the first place, and second, if that failed, on developing and evaluating a simple urine-based test for diagnosing tuberculosis at the bedside.

So, over the course of his all too shortened life Steve embarked on well over 200 mini-scientific safaris to work out how best to reach these twin goals. He was a brilliant exponent of this African scientific safari, one of the very best, and in my opinion the “best”. His thinking was “out of the box”, innovative and yet at the same time always designed to be practical for the African bedside. He had great faith that each safari would come to a successful end, that faith and belief being firmly imparted to his team and as far as I know he never once failed. He was a meticulous planner and prepared to the last detail. Essential qualities in Africa, because the safari in that part of the world is usually along a rough and bumpy road, with inevitable potholes and pitfalls, and requires strength, determination, courage and plenty of good humour to see the journey through to its conclusion – Steve was blessed in having all of these qualities in abundance. And then his ability to write about all these safaris – his more than 250 scientific publications! In that regard, he was a legend in life and that legend, believe me, will grow. I have never met anyone other than Steve with that fabulous gift of being able to write so much, write so quickly, with the science so sound and always expressed so clearly and beautifully. We loved reading his papers and we will miss them.

But we will also miss many other things. His friendship, his great humanity, his wonderful humour! I chair the committee that oversees his so called STAMP Trial – this great piece of work going on now in Malawi and South Africa to evaluate the impact of this TB urine test and STAMP out TB from that continent. At our last meeting in April, when I waved my three fingers at him to indicate that his time for the progress update was exceeded, he winked at me and said “Tony, I have a dense hemianopia (visual defect) and I cannot see your three fingers.” In the scientific community, we loved Steve and he inspired us. He will continue to inspire us. And be assured we will take his torch and continue that big safari which was the passion of his scientific life. Anthony D Harries
The Stephen Lawn Memorial Fund for TB and AIDS Research Leadership has been set up to commemorate the life and work of Stephen Lawn. This will support a Lecture, to be given annually at the time of World TB day in London and Cape Town by a leading TB researcher, as well as a monetary prize for an upcoming researcher conducting promising work focused on reducing the disease burden of TB and HIV/AIDS in Africa. The fund will be jointly managed by the TB Centre in London, the International Union against Tuberculosis and Lung Disease in Paris, and the Desmond Tutu HIV Centre in Cape Town. The Fund site is: http://campaign.justgiving.com/charity/lsohatm/stevelawnmemorialfund