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A Listing of Medical and Social Anthropologists

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Femke Bannink-Mbazzi

I am a medical anthropologist and clinical and educational psychologist from The Netherlands with 20 years of research and clinical work experience in disability, mental health, and inclusion in Uganda. I am based at the MRC/UVRI & LSHTM Uganda Research Unit, where I lead the Disability Research Group, consisting of 12 African disability researchers and 4 PhD students (with a disability). My research focuses on developing evidence based culturally appropriate health and education interventions with young persons with disabilities, their families and communities in East Africa. I mostly use participatory and co-creative research methods.

Nadine Beckmann

I am the senior social scientist for the UK Public Health Rapid Support Team at the LSHTM and based at Tavistock Place. I'm an anthropologist with more than 20 years of experience in research on public health issues, mainly in the East and South African region. My research has focused on HIV/AIDS, Islam, large-scale health interventions, ethics and medical governance, collective action, sexual practice, and reproductive health. In my role with the UK PHRST I also do epidemic outbreak response, most recently supporting the WHO team responding to the cholera outbreak in Malawi. Geographically, most of my work has been in Tanzania, Zimbabwe and Malawi, but I've also worked in South Sudan and Kenya.

Sarah Bernays

I am a medical anthropologist focused on understanding community's responses to infectious diseases. My particular focus is working with adolescents to better understand how to design, implement and sustain interventions that are able to meet their particular sexual and reproductive healthcare risks and needs. I work primarily in Zimbabwe, with THRU-Zim, CESSHAR and Zvandiri, but also have been collaborating with colleagues for many years at MRC/UVRI & LSHM Uganda Research and Africa Health Research Institute in South Africa. More recently, for the last five years, I have also been working in the area of TB and AMR in Vietnam and Kiribati, in the Pacific. Much of my work is embedded within large trials and concentrates on ensuring that anthropological knowledge is afforded equivalent value to the more quantitative-orientated disciplines. I am very interested in how we can use participatory methods and adaptive study designs, including within analysis and dissemination, to enhance the agency of communities, especially young people, to tell the stories of their health and lives that matter most to them.

Virginia Bond

Based at Zambart in Zambia for LSHTM, I am a social anthropologist. Since 1987, I have conducted research mainly in Zambia and South Africa, and also in other countries in the sub-Saharan African region. My main areas of interest are the social science components of community randomised trials, health-related stigma, equitable partnerships and developing social science methods for rapid qualitative assessments, research with young people and community engagement. Most of my research has been inter-disciplinary and although I have predominantly applied anthropology to HIV and Tuberculosis, I also have or am involved in research on female genital schistosomiasis, water and sanitation, mortality, cancer and poverty. Anthropology is not a discipline currently taught in Zambia, despite the legacy of the Rhodes Livingstone Institute (now the Institute for Economics and Social Research), and this means that any anthropologist is likely to work in a more inter-

disciplinary space. However, ethnography remains valued in current social science practice in Zambia and qualitative research features strongly in public health research in Zambia.

Clare Chandler

Clare is an anthropologist working on the ways in which health and health care come to be made, in particular in relation to infectious diseases, and across domains of policy, science, professions, patients and carers. Her ethnographic research has mainly been based in Eastern/Southern Africa, and her analyses extend to historical and policy materials as well as engagement with epidemiological, clinical and microbiological research activity. She has worked extensively on malaria and antimicrobial resistance, and to a lesser extent on Ebola and WASH. Clare is passionate about teaching and is active in supporting capacity strengthening for science – and social science – in policy spaces, for example through Fellowship schemes. In addition to her role at LSHTM, Clare works part time for the UK government, in the Foreign Commonwealth and Development Office, working across research and policy in global health.

Tracey Chantler

Tracey is an Assistant Professor in Public Health Evaluation at the London School of Hygiene and Tropical Medicine (LSHTM) and a Vaccine Centre Co-Director (<https://www.lshtm.ac.uk/research/centres/vaccine-centre>). Tracey has over 20 years' experience of programmatic and immunisation related research. She is a medical anthropologist with a background in nursing, and coordinating community health and immunization programmes in Haiti, which included supervising and training community health workers. Her methodological expertise includes paediatric clinical vaccine trials, ethnographic, qualitative and mixed methods research and she has investigated the following issues in England, China and East Africa; health systems factors affecting the delivery of vaccine programmes, vaccine trial participation and acceptance of new vaccines, co-development of vaccine educational interventions, community engagement and ethics, evaluation of interventions aimed at reducing vaccine inequalities. Tracey teaches on medical anthropology and social science masters modules and is the LSHTM Programme Director for the MSc in Health Policy, Planning and Financing, a joint programme provided by LSHTM and the London School of Economics & Political Science.

Simon Cohn

I have worked as an anthropologist in public health for many years, both as a member of multidisciplinary teams and pursuing my own research interests. My commitment is to draw on classic anthropology as well as contemporary social theory to inform - and sometimes challenge - behavioural intervention trials, so-called natural experiments, and clinical studies designed to advise policymakers. My own interests are in how knowledge gets constructed, the practices of science and technology, how different ideas about the body and illness often emerge in tension with each other.

Anna Cronin de Chavez

Anna is a social and medical anthropologist. She did her first degree in social anthropology at Edinburgh University for which she spent 9 months doing an ethnography on relationships between external NGOs and remote indigenous communities in Panama. Following this she conducted 3 years of auto-ethnography in Guatemala City focusing on beliefs around protecting babies from heat and cold during the period of state terror/armed conflict and

shortly after. On returning to the UK, after 5 years working in as a public health practitioner, she used the Guatemalan fieldwork to inform a PhD in medical anthropology at Durham University. This research focused thermal care beliefs and practices of South Asian and white British families in the UK in relation to protecting babies from sudden infant death syndrome (SIDS). Following this Anna worked on various public health research projects on topics of fuel poverty, nature and health, sickle cell disease and trait and mental health. Her ethnographies have included the above mentioned ones in Panama and Guatemala, and one on a forest school for 3 year olds and on nursing homes for older people in the UK. She is currently works part time at LSHTM as research-uptake workstream lead for the [SUCCEED Africa](#) consortium - a community based rehabilitation trial for people with experience of psychosis in Sierra Leone, Nigeria, Zimbabwe and Malawi. She also works part time in the department of Geography at the University of Exeter researching community adaptations to extreme weather events caused by climate change. She previously worked at LSHTM as a research fellow on [RESPONSE](#) - a realist evaluation of a health service responsiveness in maternal mental health with colleagues in Vietnam, Ghana and Australia.

Nicola Desmond

Nicola is a medical anthropologist with expertise in theories of risk perception, acceptability and treatment seeking. Her research has included gender violence, health systems, behaviour change, evaluation of health interventions and anthropological approaches to global health. She has worked across sexual and reproductive health, HIV, malaria and other infectious diseases and in both general and key populations and is increasingly focused on the intersection of health technologies and society. Her current research explores the social and ethical dimensions – the intended and unintended harms and benefits — of technologies as organized knowledge & skills in the form of devices, medicines, vaccines, procedures & systems developed to solve a health problem & improve quality of life (WHO) and how they are transformed, transforming and (re)imagined across transnational and transcultural boundaries. Much of her work has focused on diagnostics, particularly self-testing for HIV, and she was instrumental in driving the policy and implementation agenda with a Wellcome Fellowship to conduct the first study in sub-Saharan Africa on the social impacts (harms and benefits) of introducing community-wide HIV self-testing from which she developed innovative cross-country methodologies for monitoring social harms through the UNITAID STAR Consortium, applied widely by the WHO. She has an NIHR Global Health Research Professorship commencing in 2025 to explore the 'rational use' of frontline diagnostics for infectious, outbreak and non-communicable diseases.

Brahima Amara Diallo

Brahima is a medical anthropologist, based at MRC Unit The Gambia. His initial research focused on maternal and newborn health, specifically understanding women's lived experiences of pregnancy and childbirth, local childbearing practices; how these contribute to shaping the utilisation behaviour of maternal health services in health facilities, and how local health systems respond to women's health needs during pregnancy and childbirth. He led a health system research as part of the PRECISE-DYAD project (Consortium of researchers to conduct large multi-country pregnancy cohort of placental disorders) to assess the delivery and utilisation of emergency obstetric care services in rural Gambia. He also led the social science component of the Prevention and Treatment for COVID-19 Associated Severe Pneumonia in The Gambia: An Open-Label Randomized Trial (PaTS) research project. Previously in Mali, Brahim led the Integrative Community Case Management (iCCM) of childhood illnesses health policy analysis project and the qualitative component of the Fee Exemption for Maternal Health Care (FemHealth) study. At the MRC

Unit The Gambia, he is the country lead of 3 work packages of an NIHR-funded project called Improving Hypertension Control in Rural Africa (IHCoR) that seeks to develop, implement, and evaluate a community-centred intervention to detect, treat, and control hypertension in rural Gambia and Kenya.

Justin Dixon

Justin is a medical anthropologist based at The Health Research Unit Zimbabwe (THRU ZIM). Justin's research lies at the intersection of the anthropology of science and medicine and has been particularly concerned with explicating the 'architecture' of global health and how this shapes how diseases are categorised and intervened upon. In recent years, this work has been developed primarily through the lens of antimicrobial resistance (AMR) and specifically through ethnographic research on AMR in Zimbabwe, Malawi and Myanmar. Justin's latest research investigates the rising burden of 'multimorbidity' and how this complex bio-social phenomenon challenges prevailing single-disease paradigms and structures in global health.

Annelieke Driessen

is a medical anthropologist who works at the University of Oxford, conducting a focused ethnography on access models in primary care, and is an honorary staff member at LSHTM. Annelieke's research interests are care practices, valuation and subjectivities, with a particular focus on Western European countries. Annelieke PhD focused on dementia care in Dutch nursing homes, and highlighted care practices in which 'interesting subject positions' are brought about, which are those that challenge the dominant, negative imaginary of dementia. In doing so, Annelieke's thesis investigates what the good life with dementia may look like. Annelieke has since worked on Forms of Care, an ERSC funded ethnography of palliative care in the NHS led by Simon Cohn and Erica Borgstrom. Their joint work seeks to articulate practices that provide alternatives to active interventions that are initiated against the backdrop of the medical imperative to treat. For her fellowship at THIS, Annelieke interviewed patients who had been in intensive care with Covid19, and family members, based on which she developed a new module for the patient experience website Healthtalk.org.

Diane Duclos

Diane Duclos (PhD). I am Assistant Professor at LSHTM and member of the Social Science in Humanitarian Action Platform (SSHAP). I am an anthropologist with experience conducting ethnographic research with displaced communities in the Middle-East, exploring refugees' transnational strategies to move, secure livelihoods and access health services in chronic crises. Some of my recent work include a study looking at the role of Syrian clinicians in the delivery of cross border humanitarian assistance from Turkey to North-West Syria; a study examining ideas of culturally appropriate care for refugees through the practices of Syrian displaced health providers in Lebanon, and a policy brief on COVID-19 in the context of forced migration. I am also interested in exploring intersectional approaches to study reproductive, maternal and newborn health programmes, and am currently supporting interdisciplinary formative research on caesarean sections in the DRC and in Indonesia.

Luisa Enria

My work applies approaches from medical and political anthropology to study how communities engage with, imagine and at times resist development and humanitarian

interventions, with a recent focus on epidemic preparedness and response. My PhD studied ethnographically young people's political mobilisation and violence in the aftermath of the civil war in Sierra Leone. In 2015 I started working as a social scientist in the Ebola vaccine trials, looking at participant experience and the social significance of medical research in Kambia, Northern Sierra Leone. Between 2016-2020 I was a Lecturer at the University of Bath where I also held an ESRC fellowship looking at the impact of the militarisation of the Ebola response on young people's political identities. Alongside this work I have collaborated on projects on the political economy of emergency vaccine deployment, the role of rumours in epidemics, assessing community engagement for vaccine campaigns in humanitarian settings and I have developed a training on citizen ethnography for Community Health Workers. My current UKRI Fellowship looks at the possibilities and tensions of bringing together different disciplines and ways of knowing the world in epidemic preparedness and response, which includes ethnographic case studies working alongside the Kambia District epidemiological surveillance team and in global networks of pandemic research. The main methods I use are participant observation, interviews and participatory approaches, political economy analysis and more recently video-ethnography.

Eleanor Hutchinson

I am a social anthropologist and I mostly work in Uganda, Nigeria and Malawi on the nature and impact of informal practices, rules and structures in health systems and randomised trials. I work on service delivery in both public health centres and among medicine sellers and pharmacists, studying a range of phenomenon including informal payments, absenteeism, informal sales of medicines and untrained providers in the public sector and the emergence of trained health workers and informal medicine sales in the private sector. My interest in the manifestation of informal systems within formal structures began with my PhD when I worked with children and their families who were accessing care through a range of projects targeted at orphans in Malawi. Following this, I worked at the United Nations Research Institute for Social Development on the care economy and transformative social policy in middle- and low-income countries. At LSHTM, I have mostly applied traditional ethnographic approaches using extended case studies and situation analysis and have engaged with the ways in which anthropology challenges health systems models. I have also undertaken policy research using in-depth key informant interviews. I co-lead the Anthropology and Global Health group and run LSHTM's distance learning module on Anthropology and Public Health.

Penda Johm

Penda Johm (PhD) is a medical anthropologist from The Gambia with both qualitative and mixed-methods research experience focusing on diseases such as tetanus, malaria, influenza, pneumococcus, human papillomavirus and coronavirus disease. Her research focuses on maternal, infant and adolescent vaccine acceptance and the development of interventions to increase vaccine acceptance. Her PhD research (LSHTM, 2023) explored women in the Gambia's acceptance of maternal vaccines as well as related health system factors. She also holds a BSc from Carleton University, Canada and an MSc from King's College London, United Kingdom. She is currently based at the Medical Research Council Unit The Gambia at the London School of Hygiene at Tropical Medicine (MRCG at LSHTM) as a post-doctoral researcher. Her current research aims to understand primary caregivers' acceptance of administering the human papillomavirus (HPV) Gardasil 9 vaccine, whether both the gender age at which the vaccine is administered affects their acceptance and design an intervention based on the findings. She also co-leads the Social Science Research Group in The Gambia. Penda hopes to continue to make a positive impact via her research and interventions to improve public health in The Gambia, sub-Saharan Africa and globally.

Benjamin Kasstan

I am a medical anthropologist and over the past ten years my research has critiqued religious engagement with global public health technologies, policies and philosophies. My specific areas of expertise include vaccination, child health, sexual and reproductive health, and outbreak responses. Recently, my work has challenged public health dogma by illustrating that low vaccination uptake among religious minorities is less an issue of 'beliefs' than engagement with globalised discourse on vaccine safety and the political economy of healthcare. I have conducted fieldwork in the UK, US, Israel, Ireland, Nigeria, The Gambia and Lesotho, and key methods include ethnographic and archival research, and policy analysis. Trained as an ethnographer, I have been based in a range of interdisciplinary research centres and my approach has been influenced by law, critical public health and medical humanities. My research has informed decision-making at multiple levels of governance, and I have been commissioned to lead evaluations of public health responses to the spread of poliovirus in New York on behalf of the US Centres for Disease Control (CDC) and in London for the United Kingdom Health Security Agency (UKHSA).

Isabelle Lange

I am a medical anthropologist in EPH working largely in maternal health but my questions spill over into other areas too. I am particularly keen on hospital ethnography; health worker dynamics; research on linking personal identity with health status/seeking/care; and studying how macro policies are interpreted/manipulated/implemented at micro levels. Current projects at LSHTM look at the drivers for high c-section use in the private sector and the impact of heat (and climate change) on health workers. Mainly I work in francophone West African countries (particularly Benin); Uganda and a little bit TZ and Kenya; but have carried out ethnographic fieldwork in other places too (India, Morocco). I also hold a post at the Technical University Munich in its Center for Global Health where as head of social sciences I work with a small interdisciplinary team that has OneHealth expertise. One of our main areas is paediatric schistosomiasis and NTDs at the moment, but we are looking to build the team and interested in collaborations bringing in other research areas and partners.

Heidi J Larson

I am a social anthropologist focusing on the social, cultural and political influences on risk perceptions and how they affect health decisions and behaviours. I have a particular interest in health behaviours in the context of emergencies, pandemics, outbreaks and nature disasters. Since 2010 I have been leading a research group, the [Vaccine Confidence Project](#), specific to vaccine confidence and uptake, but previous to that I worked on the behavioural and cultural influences on AIDS prevention and adolescent health. My PhD research (UC, Berkeley, 1990) was on Pakistani adolescent girls navigating identity in complex urban settings, and my earlier research (Harvard, 1979) was a school based ethnographic research on Down's syndrome children play behaviour with other children after being mainstreamed in Boston Public schools. I have conducted research in Nepal, India and Pakistan, South Pacific Islands, and migrant communities in the UK, and supervised research in multiple Asian and African countries.

Shelley Lees

I am medical anthropologist, with 30 years of experience in research on public health issues on epidemic and gender-based violence research, of which I have 15 of years experience based in East Africa. My focus is on anthropological perspectives of epidemics includes extensive research in epidemic preparedness, response and recovery. As deputy

director/head of research for the UK Public Health Rapid Support team, I lead a large team of multi-disciplinary researchers including a social science team. My research focuses on the social and political contexts and consequences of biomedical approaches to (emergency) public health, including anthropological studies on vaccine development and deployment. I also lead on research projects which focus on the prevention of intimate partner violence in Africa. Through this work I have in-depth knowledge of global health policy and systems. I bring anthropological expertise to multi-disciplinary public health inventions (including health systems research, clinical trials, or violence prevention interventions), as well exploring the impact of these interventions on people and their communities. Much of my research is informing policy around epidemic preparedness and the prevention of intimate partner violence.

Jone G. Lurgain

Jone is a social and behavioural science researcher in her last PhD year in Public Health and Policy at LSHTM. Funded by the ESRC, her research explores barriers and facilitators to cervical cancer screening and acceptability of HPV self-sampling among Moroccan and Pakistani immigrant women living in Catalonia, Spain. Her project is part of a broader population-based cervical screening program implemented by the Catalan Institute of Oncology (ICO). She has particular expertise in the use of qualitative and social network analysis (SNA) methods. She has used common ethnographic methods in social anthropology (participant observation, interviews) for her current PhD project, as well as for her previous research conducted in Ethiopia and El Salvador. She worked in the field of sexual and reproductive health and rights (SRHR) with special focus on the social and structural determinants of health: implications of abortion laws and early marriage in El Salvador and Ethiopia, respectively. Overall, she is interested in marginalised and underserved populations (e.g. minority and migrant groups) and exploring risk and protective factors influencing health and health behaviours (e.g. screening, adherence to treatments, vaccination decision-making). Jone worked as a journalist for over a decade.

Constance Mackworth-Young

I am a Medical Anthropologist, with a research focus on young people, sexual and reproductive health, and adolescent wellbeing. I am based in Zimbabwe, with The Health Research Unit Zimbabwe (THRU-ZIM), where I lead social science research. I founded and lead the Social Science Research Group in Zimbabwe. Methodologies I focus on are ethnographic, participatory qualitative methods, and process evaluations. I was previously based at Zambart in Zambia, where I conducted ethnographic studies with young people living with HIV.

Susanne MacGregor

I am an Honorary Professor in the Department of Public Health, Environments and Society attached to the Centre for History in Public Health. I have degrees in Social Anthropology and Politics from Edinburgh University. I have focused most of my research in Britain via studies of homeless people, people who use drugs and in relatively deprived local communities. I have considered the need for services and policy responses to poverty and drug and alcohol use. I have conducted evaluations of services in Zimbabwe for UNODC and of local community responses to the drugs problem for UK DPI and NEDPT, Cabinet Office and JRF. I was London coordinator for the Mega Cities Project which was a network of comparative researchers in megacities around the world focusing on issues relating to poverty, the position of women, the environment and governance. I have carried out other comparative research for UNRISD on social protection and for UNODC on women and AIDS

and am involved in European networks carrying out comparative research on substance use. My current research focuses on life in prisons and drug-related deaths.

Christine Nabirye

Christine is a PhD student in medical anthropology funded by the Reckitt PhD studentship at LSHTM. She is also affiliated with the Infectious Diseases Research Collaboration (IDRC), Kampala Uganda where she is based. She has over 10 years' experience in qualitative research informed by medical anthropology. Her ethnographic field sites have been in Central and Eastern Uganda focusing on malaria, antimicrobial resistance and more recently in hygiene. Her PhD research focuses on understanding and comparing public health actors' reliance on messaging as a hand hygiene intervention with the reality of hygiene practices in an informal settlement.

Susan Nayiga

Susan is a Social Scientist with 18 years of experience working in infectious diseases and healthcare improvement research in Uganda. Susan is interested in the ways that health care is shaped by development ideologies amidst an emerging culture of opportunity and entrepreneurship. As a research fellow at LSHTM, Susan's research focuses on the social and economic implications of living with a drug resistant infection in central Uganda. Susan's PhD research was an ethnographic study of lives, livestock and livelihoods in rural Eastern Uganda aiming to understand how and why antimicrobials are deployed in everyday life in Uganda. Susan's methodological expertise is in the use of qualitative methods and ethnography to study complex health related problems. Susan has led research teams and engaged in fieldwork in health care settings and in communities in urban, peri urban and rural Uganda. Susan has carried out research mainly in Uganda with brief research experience in Tanzania and Malawi.

Oyinkansola Ojo-Aromokudu

Oyinkansola is a medical anthropologist based at the Health Protection Research Unit (HPRU) in Vaccines and Immunisation at LSHTM, where she is completing a PhD in Public Health and Policy. Oyinkansola's research ethnographically investigates vaccination attitudes and behaviours within Nigerian communities in South London. In her research she primarily makes use of participant observation and qualitative interviews. Oyinkansola's thesis explores the lived experience of Nigerian mothers in South London and through an immersion into their daily life seeks to understand what an immunisation journey looks like to mothers and how it intersects with other parts of life. A major output of her work is considering the intersections between the immunisation journey and the British citizenship journey. Her work seeks to think about 'vaccine hesitancy' critically and highlight that immunisation uptake does not operate in a silo. Oyinkansola has conducted ethnographic fieldwork in Malta and the United Kingdom.

Jennifer Palmer

I am an anthropologist with a background in infectious disease control and additional training in microbiology, health systems and epidemiology. Previously I was a founder and director of LSHTM's Health in Humanitarian Crises Centre and most of my work seeks to use social science and interdisciplinary evidence to highlight the social and political dimensions of

public health programming in settings affected by humanitarian crises. This includes through my ongoing work with the Social Science in Humanitarian Action Platform (<https://www.socialscienceinaction.org/>) which provides practical advice to response actors to encourage emergency responses which are effective, adaptive, contextually informed, and sensitive to vulnerabilities and power relations. I am particularly interested in exploring the cultural logics, local experiences and political economy of case detection, surveillance, diagnosis and care-seeking as social processes. My work has spanned research on neglected tropical diseases (NTDs: sleeping sickness, leishmaniasis, buruli ulcer and leprosy), sexual and reproductive health, disability, eye care, epidemics, forced migration and refugee health worker employment. My research has taken place mainly in East, Central and West Africa, with a long-term focus on South Sudan and Uganda.

Melissa Parker

I am an anthropologist with more than 30 years' experience in the study of global health and medical humanitarianism. My research is based on long term ethnographic fieldwork and engages with contemporary ideas in social, medical and political anthropology. Topics investigated include: epidemic preparedness and response, mental health and healing in war zones, social and political legacies of mass forced displacement, and biosocial approaches to the control of neglected tropical diseases. Geographical areas of expertise include Sierra Leone, Sudan and Uganda. Where appropriate, research findings are used to both critique and enhance public health policies and practice. This includes on-going work with the Social Science in Humanitarian Action Platform -<https://www.socialscienceinaction.org/> - a Platform which provides clear, practical advice to NGOs, UN and bilateral agencies about how to engage with crucial socio-cultural and political dimensions of humanitarian crises and thereby build locally-appropriate interventions. I am also a Vice President of the Royal Anthropological Institute and chair of their Biosocial Anthropology Committee.

Rene Raad

Rene is a social science researcher pursuing a PhD in Public Health and Policy at the London School of Hygiene and Tropical Medicine. She is interested in antibiotic resistance, particularly drug-resistant tuberculosis in South Africa. She has a background in Social Anthropology and reproductive health from the University of Stellenbosch, where she has remained affiliated with the Desmond Tutu TB Centre (DTTC). Her research approach is multidisciplinary, merging perspectives from anthropology, history, and public health, which has been pivotal to her understanding of the constructs and systems that define global health. These insights have shaped her current research, which examines disease interventions that are deeply reliant on pharmaceuticals and considers the broader implications for vulnerable populations, 'vulnerable' drugs, and the future of disease management.

Veronika Reichenberger

I am a visual anthropologist specialised in participatory visual methods to engage communities.

In the past, my work as a video ethnographer had primarily focused on dermatology, exploring how skin conditions such as psoriasis and atopic dermatitis affect individuals' lives, including their way of life, relationships, and even their clothing choices.

More recently, my research has shifted towards healthcare access for adults with disabilities in Brazil, as well as examining care for individuals with hypertension, diabetes, and common mental health conditions in West Africa (Burkina Faso, Ghana, and Niger). A significant part of my current work involves collaborating with communities to document and present their healthcare experiences through video. I teach participants not only how to film but also how to edit videos, guiding them through the entire process—from shaping their narratives to sharing their stories with their communities and relevant stakeholders.

Els Roding

Els is a PhD candidate at the London School of Hygiene and Tropical Medicine. In her research (<https://wellcome.org/grant-funding/people-and-projects/grants-awarded/under-pressure-ethnography-decubitus-ulcer-care>) she ethnographically studies practices of pressure ulcer prevention and treatment in an NHS hospital as well as the role of the commercial medical device industry. Els approaches the concept of pressure both as an analytical tool and as a topic of study to explore the pressure on the NHS in relation to the pressure on patients' skin. Els' research interests are care practices, time and temporality, ethnography, and STS, with a focus on Western European countries. Next to her project Els enjoys bringing people together to learn from each other and create (academic) support.

Harriet Ruysen

I am a research fellow and Midwife with expertise in qualitative methods and an interest in anthropological theory and ethnographic approaches to research. I have experience conducting observational and mixed method studies in Bangladesh, Tanzania, and Nepal (EN-BIRTH) to improve maternal and newborn measurement in surveys and routine health information systems (RHIS). I am writing up my PhD which explores the collection and use of routine data around the time of birth considering the interplay of mode of birth. I have 20 years midwifery experience working in the UK, New Zealand and with Médecins Sans Frontières, where I supported maternal and newborn health programmes in low-resource and conflict settings; including Somaliland and the Democratic Republic of Congo. My career is driven by a firm belief that every woman and newborn should have equitable access to quality healthcare, everywhere. I am interested in the intersections between health systems, experiences of care, risk perception, the phenomenology of autonomy and responsibility, behaviour change, and measurement. My research focuses on low resource and humanitarian settings, and I would like to learn across all settings, including the UK, to explore the structures that inform, interact, and affect maternal and newborn health, as well as service provision.

Janet Seeley

Janet is a social anthropologist by training. She worked for the Department for International Development (formerly ODA) as a social anthropologist, rural development adviser and then social development adviser for 13 years (1987-2000). In that role she moved to Uganda 1989-1993 to establish the social science team within the then MRC/ODA/UVRI programme. In 2008 she returned to the now MRC Uganda Unit to head the social science programme. She handed over that role in March 2022. In 2014 she was asked to assist the social science team at the Africa Health Research Institute (AHRI) (Wellcome Trust funded) in KwaZulu-Natal, South Africa. She remains a faculty member at AHRI for social science and research ethics, and among other things teaches ethnographic methods to the social science team (which numbers between 40-60 people, depending on project demands). Over the last 40 years, Janet has led research in Kenya, Uganda, Zambia, Malawi, India, Nepal, Bangladesh, Pakistan, South Africa and Papua New Guinea on the social aspects of health and

wellbeing, migration and mobility, poverty and gender. She has carried out ethnographic research in Kenya, Nepal, Uganda and Zambia.

Agnes Ssali

I am a behavioural social scientist with over 30 years of experience in the field of HIV and AIDS research in Uganda. I have studied the behavioural, cultural and social aspects of health that affect vulnerable populations such as female sex workers, children of female sex workers/adolescents, HIV discordant couples and pregnant mothers among others. Most of my research has involved using ethnographic methods among other data collection methods. My work has involved working with multi-disciplinary teams. While most of my experience has been in HIV research. I am currently the lead social scientist on a preparatory Controlled Human Infection study for *Schistosoma mansoni* (CHI-S) in Entebbe and a co-investigator on a measles maternal vaccine trial and several maternal vaccine readiness studies planned in Kampala. My passion is to evidence experiences of study volunteer during the research process and the consent process to contribute to the review and formulation of appropriate guidelines. I and the team I work with are planning on engaging with stakeholders including study participants in the communities to co-create education/information tool kits that will improve messaging of information to potential participants invited to enrol in maternal vaccine studies. I am based at the MRC/UVRI & LSHTM Uganda Research Unit in Entebbe.

Godfrey Siu

Godfrey is a medical anthropologist and Senior Lecturer at Makerere University Child Health and Development Centre in Uganda. He is also affiliated to the LSHTM at the MRC/UVRI and LSHTM Unit in Uganda. His broad interests are concerned with the potential health contribution that an explicit focus on gender and masculinity can bring to men, women and their families. Godfrey has published several articles on masculinity and HIV. Current work focuses on developing and evaluating interventions on parenting and families to reduce sexual and gender-based violence and child abuse and improve children's health and wellbeing, and on understandings men's risk relationships with adolescent girls and young women. Godfrey currently leads the 'Families, Parenting and Children's Health Programme at the Child Health and Development Centre, and is involved in qualitative methods courses, supervision of graduate students, and mentoring junior researchers.

Yang Zhao

As a social anthropologist, my research over the past ten years has delved deeply into the intersections of gender, religion, and sexual health across Uzbekistan, Kazakhstan, and Xinjiang, China. I am currently an Assistant Professor in Social Science at the School and the UK Public Health Rapid Support Team (UKPHRST). My recent work extends to Sub-Saharan Africa, as part of a project with the UKPHRST to integrate social science into Africa CDC's public health operations. My doctoral research explored how young Uzbek men negotiate societal expectations and personal aspirations amid profound social transformations – from economic liberalization to re-traditionalization in Uzbekistan. Currently, I work on my book project titled 'Tashkent Dreams: Journey to Manhood in the New Uzbekistan.' My scholarly work can be found in journals such as the International Journal of Qualitative Methods, Gender and Education, NORMA: International Journal for Masculinity Studies, BMC Medical Ethics, and BMC Public Health. I am proficient in Mandarin and several Central Asian languages such as Uzbek, Uyghur, Kazakh, and Dungan.