MAGic2015

**Anthropology and Global Health:
interrogating theory, policy and practice**

9-11 September 2015, University of Sussex

**Organised by EASA Medical Anthropology Network
and the RAI Medical Anthropology Committee**

Timetable

Wednesday 9th September

10:00-12:00: Registration

12:00-13:30: Introductory Plenary

13:30-14:30: Lunch

14:30-16:00: Panel session 1

16:00-16:30 : Refreshments

16:30-18:00: Keynote

18:00-19:00: Drinks reception

Thursday 10th September

9:00-10:30: Plenary

10:30-11:00: Refreshments

11:00-12:30: Panel session 2

12:30-14:00: Lunch; Sussex Glocal Health Hive

14:00-15:30: Panel session 3

15:30-16:00: Refreshments

16:00-17:30: Panel session 4

17:45-18:45: Annual meeting of EASA Medical Anthropology network (MAN)

19:30-21:00: Conference dinner

21:00 on: Conference party

Friday 11th September

9:00-10:30: Plenary

10:30-11:00: Refreshments

11:00-12:30: Panel session 5

12:30-14:00: Lunch; Wellcome Trust presentation (13:00-13:45)

14:00-15:30: Panel session 6

15:30-16:00: Refreshments

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and the
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Scientific Committee
Christopher Davis, Piet van Eeuwijk, Rene Gerrets, Margret Jaeger, Karina Kielmann, Hayley MacGregor, Melissa Parker, Andrew Russell, Pino Schirripa, Maya Unnithan

EASA MAN Committee
Pino Schirripa (Italy), Chair; Susanne Adahl (Finland), Co-Vice Chair; Piet van Eeuwijk (Switzerland), Co-Vice Chair; Gabriele Alex (Germany) Representative for Teaching; Rene Gerrets (The Netherlands), Rep. for intersection and cross-disciplinarity; Claire Beaudevin (France), Liaison officer; Elizabeth Hsu (UK), Rep. for publication of books and thematic issues; Anita Hardon (The Netherlands), Rep. for international relations and outlook on future activities; Viola Hoerbst (Germany), Rep. for medical anthropology and its social applications; Tanja Ahlin (Slovenia/The Netherlands)

RAI Medical Committee
Clare Chandler (London School of Hygiene & Tropical Medicine); Simon Cohn (London School of Hygiene & Tropical Medicine); Christopher Davis (School of Oriental and African Studies, London University); Sophie Day (Goldsmiths College, London University); Ronald Frankenberg (Keele University & Brunel University); Wenzel Geissler (University of Cambridge & University of Oslo); Elisabeth Hsu (University of Oxford); Sushrut Jadhav (University College London); Ann Kelly (University of Exeter); Karina Kielmann (Queen Margaret University); Helen Lambert (Bristol University); Roland Littlewood (University College London); Hayley MacGregor (University of Sussex); Rebecca Marsland (University of Edinburgh); Maryon McDonald (University of Cambridge); Christopher McKevitt (King's College, London); Claudia Merli (Durham University); Catherine Panter-Brick (Yale University); Melissa Parker - Chair (London School of Hygiene & Tropical Medicine); Mike Poltorak (University of Kent); Maya Unnithan (Sussex University)

Local Committee
Maya Unnithan (Dept. of Anthropology), Hayley MacGregor (Institute of Development Studies) and David Orr (Dept. of Social Work); with support from Filippo Osella (Dept. of Anthropology), Stefan Elbe and Melanie Newport (International Relations and Sussex Medical School respectively; Sussex Global Health Group)

Organising institutions
The conference is supported by the Global Studies Centre for Cultures of Reproduction, Technologies and Health (CORTH) at the University of Sussex; the Centre for Global Health Policy; the Centre for Wellbeing; the Sussex Centre for Global Health Research; the School of Global Studies and the Department of Anthropology, and the Wellcome Trust, London.

Conference administrators (NomadIT)
Eli Bugler, Darren Edale, James Howard, Rohan Jackson, Triinu Mets, Elaine Morley

Free Wi-Fi access throughout the campus on 'Conferences' network
The password is **rely our digger** (lowercase with normal spaces

Sculpture on cover: 'Alfoat' by Hamish Black, Brighton 1998

Contents

Welcome from the conference convenors

Welcome to MAGic!
On behalf of the EASA Medical Anthropology Network (MAN), the RAI Medical Anthropology Committee and the University of Sussex, we are delighted to extend a warm welcome to all conference delegates.

Global health is a rapidly changing and expanding field with increasing numbers of anthropologists worldwide contributing to both research and practice in this domain. This conference brings together a diverse group of anthropologists to reflect on these changes along with colleagues in interrelated fields. It is the first international conference to focus exclusively on Anthropology and Global Health. With more than 300 delegates and over 50 panels, it promises to be an exciting and challenging few days.

Members of the RAI Medical Anthropology Committee have greatly enjoyed organising this conference with colleagues from MAN. It follows two earlier conferences co-organised by MAN: the first with the Department of History, Cultures and Religion at the University of Rome in 2011; and the second in 2013 with the American Anthropological Association's Society for Medical Anthropology at the Department of Anthropology, Philosophy and Social Work, Universitat Rovira i Virgili (URV) in Tarragona. We very much hope that this conference will continue to provide an opportunity for medical anthropologists in Britain, Europe, and elsewhere, to come together and reflect on the multiple ways in which medical anthropologists can further our understanding of health and well-being.

The University of Sussex is a wonderful venue for our international conference. Situated in rolling parkland on the edge of Brighton in Southeast England, the campus combines award-winning architecture with green open spaces. It is surrounded by the South Downs National Park, while being only a few minutes away from the lively city of Brighton & Hove. Designed by Sir Basil Spence, the buildings that make up the heart of the campus were given listed building status in 1993.

At Sussex, medical anthropology involves collaboration across the disciplines of International Relations, Geography, Migration Studies, Development Studies, Medical and Human Sciences. Our degree offerings include advanced level courses for undergraduates as well as our medical anthropology module offered in the Global Health Master's programme run by the Brighton and Sussex Medical School. We are an integral part of the Global Health community on campus. To get a flavour of how we work across disciplinary boundaries and several health related research centres, you are cordially invited to the Sussex Research Hive event which showcases our interdisciplinary research groupings, during lunchtime on the 10th of September.

We wish you all an engaging and stimulating conference,
Melissa Parker, Chair of the RAI Medical Anthropology Committee
Pino Schirripa, Chair of the EASA Medical Anthropology Network
Maya Unnithan, University of Sussex

Theme

The emerging field of global health has enabled a focus on health and health equity as a subject which transcends national boundaries. At the same time political, economic and ecological transformations world-wide are occurring through flows of people, ideas, technologies, goods, medicine, expertise, services, philanthropy and aid. What are the effects of these diverse flows on health systems, people's well-being and their understanding and ability to sustain, restore or achieve good health? What kinds of relationships, ideas, moralities, ideologies, and rights discourse are mobilised in the interests of saving lives and achieving public health goods and goals? Are the principles of justice and equity realised in global health?

The conference seeks to explore the creative and dynamic tensions which arise in conceptual and methodological terms from work at the intersections of anthropology and global health. What do the constructivist, interpretive and critical perspectives of medical anthropology, alternative concepts of well-being and vernacular expressions of dis-ease bring to the field of global health? How are the positivisms of biomedicine and public health being shaped by global flows in the economy? What are anthropological responses to the growing health inequalities of free market ideologies, neo-liberal social marketing and the privatisation of care? In turn, how do the field realities of practising and improvising medicine and public health in resource-constrained settings alter our understandings of the moral economy of care and care-giving? Where and how do discourses of risk and population hide or reveal individual access and priority in care?

This exciting and topical conference, which is the first international medical anthropology conference to be held in the UK under the auspices of the EASA Medical Anthropology Network and the RAI Medical Anthropology Committee, seeks to interrogate the paradigms and practice of global health. We invite reflective contributions from anthropologists working at policy, programme or community levels to understand global health issues from a range of perspectives including varieties and processes of contagion around infectious diseases, chronicity and temporal rhythms associated with non-communicable diseases, reproductive commodification and entitlements in maternal and child health, the physiological and cosmological significance of human-animal interactions, chronic and life-style related ailments, occupational health-risks, physical and mental trauma associated with rape, domestic violence, war, conflicts and natural disasters.

Practical information

Using this programme

This *Practical information* section aims to help you with the practicalities of attending MAGic2015, navigating this book, the venue and the local area in general, including suggestions for dining, nightlife and sightseeing.

The general *Timetable* on the inside front cover gives a quick overview of when receptions, plenaries, panel sessions and other events are taking place. The full programme is detailed in the *Daily timetable* section which shows what is happening and where at any given moment in chronological sequence. The *Events and meetings* section gives details of the various activities taking place this week besides the keynote, plenaries and panel sessions, including the opening reception, meetings, entertainment, and conference dinner. The *Keynote, Plenary, Panel and paper abstracts* section provides the keynote, plenary, panel and paper abstracts, in panel reference number order.

At the rear of the book there is a *List of participants* to help you identify the panels in which particular colleagues will convene/discuss/present their work. Following this 'index' there is a *Conference planner*. The latter is a blank grid that aims to help you plan your conference schedule by providing space for you to note down which panels you wish to go to and when, allowing you to create your personal conference timetable. Finally, you will find various *maps* on the rear cover.

If you need any help interpreting the information in the conference book, please ask a member of the conference team at the reception desk.

Timing of panels

Panels have been allocated one to four ninety-minute sessions, depending on the number of accepted papers, with up to four papers per session. The panels on Wednesday are all one-session panels and start at 14:30; Thursday and Friday's sessions start at 11:00 and consist of mainly two and three-session panels, with one panel running from Thursday into Friday. The times of each panel are shown in the abstract section and are also indicated in the *Daily timetable*.

Timing of individual papers

In this programme, you will find panel times, the order of presentations, but **not** the exact times of individual papers. In most cases, each ninety-minute session accommodates up to four papers and a discussion. This can be used as a rough guide in establishing when papers should start and end in any given session. However, considering the fact that convenors have a degree of flexibility in structuring their panels (i.e. in determining the length of individual

presentations or discussions), and the fact that last minute cancellations inevitably occur, we cannot guarantee the success of panel-hopping. A running order will be placed on the door of each room, so that convenors are able to indicate any late changes there.

If you are interested to hear a particular paper/presentation but do not wish to sit through the whole panel, we recommend you check with the running order on the door or the convenors at the start of the panel to find out when the paper will actually be presented.

As this printed programme is prepared a month before the conference, it may well be out-of-date due to cancellations, so you might wish to consult the panel pages on the website for the most up-to-date running order.

Venue

All MAGic2015 activities, apart from the conference dinner, will be concentrated on the University of Sussex campus. Sussex has one of the most beautiful campus locations in Britain and is situated in rolling parkland on the edge of Brighton. The campus combines award-winning architecture with green open spaces and is surrounded by the South Downs National Park, but just a few minutes away by train from the city of Brighton & Hove.

The MAGic2015 events, academic and otherwise, will take place in the Jubilee, Fulton and Global Studies Resource Centre buildings, apart from the dinner on the 10th at Stanmer House in nearby Stanmer Park. The registration desk and the book exhibit (as well as refreshments during the breaks) will all be on the ground floor in Jubilee. Panel sessions will take place in the seminar rooms in Jubilee and Fulton.

The keynote and plenaries

The keynote lecture and the three plenaries will take place in the 500-seat Jubilee Lecture Theatre, in the Jubilee building *(see the floor plan in the inside rear of this book for further reference)*. The first and third plenaries will have two speakers each.

Catering

Refreshments during the break and lunch will be provided in the Jubilee Social Space on the ground floor of the Jubilee Building. The drinks reception at 18:00 on the 9th will also take place here.

The conference dinner on the evening of the 10th will take place at Stanmer House, in nearby Stanmer Park.
http://www.visitbrighton.com/eating-and-drinking/stanmer-house-restaurant-p802831

Reception desk, MAGic2015 conference team, NomadIT office

On arrival at the Reception desk (located on the ground floor of the Jubilee Building) you will be given this book and your conference badge. If you booked to attend the conference dinner, you will also find your ticket for that inside your badge. Please do not lose it.

There is a team of helpful volunteers, familiar with the programme, the venue and the surrounding area, that you can turn to when in need of assistance. The volunteer team members can be identified by their t-shirts carrying the MAGic2015 artwork. If you cannot see a team member, please ask for help at the Reception desk.

All financial arrangements must be dealt with in the conference organisers' (NomadIT) office located in room G36 in Jubilee on the 9th and in room G35 in Jubilee on the 10th and 11th.

Reception desk opening hours:
Wed 10:00-18:00; Thu 08:40-16:30; Fri 08:40-16:15

NomadIT office opening hours:
Wed 10:00-12:45, 14:00-18:00; Thu 08:40-12:15, 13:30-16:30; Fri 08:40-12:15, 13:30-16:15

NomadIT re-uses the plastic badge holders and lanyards, so please hand these in at the boxes provided on the reception desk, or to a member of the conference team when leaving the conference for the final time. This not only saves resources, but helps keep registration costs to a minimum. With similar concern for the environment, we ask delegates to please be careful to use the recycling bins for paper and plastic.

Emergency contact details

During the conference, emergency messages should be sent to magic2015(at)nomadit.co.uk. There will be a message board for delegates at the reception desk. Rohan Jackson of NomadIT can be contacted on his UK cell/mobile phone +447866425805.

Printing

If you need to print your conference paper, a boarding pass or other short text-based documents, this can be done for 10p per page at the NomadIT office (in room G36 on the 9th and room G35 on the 10th and 11th) in the Jubilee building.

Banks, shops and places to eat on campus

There are Barclays cashpoints on campus, located at: Sussex House; York House (Norwich House Rd); and Bramber House (Refectory Road). (The bank branch at Sussex House is open 10:00-14:30.)

If you need to grab a coffee or a bite to eat, there are several cafes on campus, including Eat Central and Dine Central in Bramber house and The Dhaba (vegetarian) café in Arts C: http://www.sussex.ac.uk/catering/wheretoeat

There is also a small supermarket, a launderette, a post office and a chemist. More information can be found on the University of Sussex website: http://www.sussex.ac.uk/rsts/services/campustradingservices/shopsfacilitiesandretailoutlets

Brighton and the surrounding area

Brighton lies between the South Downs and the English Channel to the north and south, respectively. Its location has made it a popular destination for tourists, renowned for its diverse communities, quirky shopping areas, large cultural, music and arts scene and its large LGBT population, leading to it being popularly referred to as the 'gay capital of the UK'. Brighton attracts over 8.5 million visitors annually and is the most popular seaside destination in the UK for overseas tourists. Brighton has also been called the UK's "hippest city" and "the happiest place to live in the UK".

Getting around in Brighton

Brighton and Hove is reasonably compact, so while you are here, you might find it easiest to explore the city on foot. But whatever you decide, travel in Brighton is easy.

Brighton & Hove's dedicated travel information resource, Journey On, http://www.brighton-hove.gov.uk/content/parking-and-travel/journeyon is a useful tool for helping plan your travel in the city. Full travel information can also be found on the Visit Brighton website www.visitbrighton.com/plan-your-visit/getting-around

Taxis: Streamline taxis +44 1273 202020, Brighton & Hove Radiocabs +44 1273 204060

Restaurants and bars in Brighton and Hove and the surrounding area

Brighton and Hove has a huge selection of restaurants, bars, cafes and pubs, with some of the best food to be found in the pubs of the surrounding South Down villages. They are too numerous to list here, but here a few places you might like to try, in Brighton or slightly further afield:

Planet India, Richmond Parade, Brighton BN2 9PH, T: 01273 818 149
A quirky, vegetarian Indian restaurant. Very reasonable prices, delicious food and great beer. Always busy, so advisable to book in advance.

Busby and Wilds, 8/9 Rock Street, Brighton BN2 1NF, T: 01273 696135
Busby and Wilds is a family owned, neighbourhood pub, which prides itself on its quality of ingredients; all freshly prepared to order.
http://www.busbyandwilds.co.uk

The Pelham Arms, High Street, Lewes, East Sussex, BN7 1XL, T: 01273 476149
The Pelham Arms is a traditional British public house at the top of Lewes High Street, serving local and seasonal food with a relaxed friendly service in charming surroundings. Eat and drink in the lovely bar, courtyard garden or dining room. Built circa 1640, this quintessential Sussex pub has original oak beams, an inglenook fireplace, courtyard garden and is full of age-old charm.
http://www.thepelhamarms.co.uk

The Gingerman, 21a Norfolk Square, Brighton, East Sussex BN1 2PD, T: 01273 326688
An intimate Modern European restaurant with fixed-price 2 or 3-course seasonal menus.
http://gingermanrestaurant.com

The Kings Head, Lewes, 9 Southover High Street, Lewes, East Sussex BN7 1HS, T: 01273 474628
http://www.thekingsheadlewes.co.uk

The Rose Cottage Inn, Alciston, Nr. Polegate, East Sussex, BN26 6UW
A traditional Sussex Country Pub in the cul-de-sac village of Alciston in the heart of the Southdowns National Park. Alciston lies between the A27 and 'The old coach road' which makes it ideal for the great walks that surround it. Alciston is also in the middle of Firle and Alfriston which offers superb walks through each of the villages and the unspoilt countryside. The Rose Cottage Inn has been in the same family for over 40 years, and is celebrated for its good traditional home-cooked food including locally supplied meats, seasonal fish & game.
http://www.therosecottageinn.com

More information on places to eat and drink can be found on these websites:
http://ww.tripadvisor.co.uk
http://www.visitbrighton.com/eating-and-drinking
http://www.thegoodpubguide.co.uk

Nightlife

Brighton probably has the liveliest music and club scene on the south coast. It has always been known as a musical city, influencing everyone from the Who to the Go! Team and the Kooks. Landmark moments in pop history have taken place here including Bing Crosby's last concert (!) and Abba winning the Eurovision Song Contest.

And with Fatboy Slim a resident, it's not surprising there are some of the coolest clubs on the south coast, with nightlife in Brighton offering everything from bubblegum dance to hard house and Latin beats.

Brighton also has one of the largest gay populations in the UK, and the LBGT and straight communities can be found seamlessly mixing right across the city. The gay Brighton village is based around the Kemp Town district with the main focus being St. James Street and the seafront gay venues just to the east of the Brighton's famous pier. The gay seafront strip is

dominated by Charles Street & the landmark Legends Hotel both of which are opposite the beach.

http://www.visitbrighton.com/culture/nightlife
http://www.visitbrighton.com/gay-brighton/pubs-and-bars
http://www.gayguidebrighton.com

Visitor attractions

Brighton is overflowing with places to visit. And being such a compact city, most places to visit in Brighton and Hove are walkable. From the heritage of the Royal Pavilion, an exotic palace in the centre of Brighton http://brightonmuseums.org.uk/royalpavilion, the many museums including Brighton Museum and Art Gallery, http://brightonmuseums.org.uk/brighton to the seaside fun of Brighton Pier, The Brighton Wheel, http://www.brightonwheel.com and the seafront, Brighton is a unique mix of heritage, culture and cosmopolitan fun.

Alternatively, check out one of Brighton's vibrant 'villages' - from Kipling's Rottingdean to the quirkiness of Kemp Town or the fascinating North Laine with over 400 independent shops, pubs, cafes and entertainment venues.
http://northlaine.co.uk

Take your pick from the wealth of attractions in Brighton. There are far too many to list here, but the VisitBrighton website has comprehensive information on all
http://www.visitbrighton.com/things-to-do/places-to-visit

The nearby town of Lewes, to the east of Falmer and north east of Brighton is also well worth a visit. Described by William Morris thus : 'You can see Lewes lying like a box of toys under a great amphitheatre of chalk hills ... on the whole it is set down better than any town I have seen in England'. It has a castle, the remains of a priory, the beautiful Southover Grange and gardens, antiquarian bookshops and the Harveys brewery and shop.
https://en.wikipedia.org/wiki/Lewes

Parks

Brighton has 98 parks and gardens, including:

Stanmer Park is situated next to Sussex University on the outskirts of the city. Stanmer Park and Estate is an excellent example of the vast open countryside available in Brighton - and remains one of its most visited parks.
http://www.brighton-hove.gov.uk/content/leisure-and-libraries/parks-and-green-spaces/stanmer-park

Royal Pavilion Gardens – a green oasis situated in the heart of the city.
http://www.royalpaviliongardens.co.uk

Preston Park - Preston Park is the largest urban park in the city. Due to its size and location the park is also used as a venue for concerts, circuses, fairs, family days and other events. Preston Park is also home to the 'Preston Twins' - widely considered the largest and oldest Elm trees in the world.
http://www.brighton-hove.gov.uk/content/leisure-and-libraries/parks-and-green-spaces/preston-park

Kipling Gardens – in Rottingdean, a short hop down the coast from Brighton. Kipling Gardens were once part of The Elms, where Rudyard Kipling lived from 1897 to 1902. Kipling rented the house for 3 guineas a week and it was here that he wrote Stalky & Co, Kim and some of his famous Just So Stories.
http://www.visitbrighton.com/things-to-do/kipling-gardens-p360661

The full list can be found on the VisitBrighton website:
http://www.visitbrighton.com/things-to-do/parks-and-gardens

Local walks around the campus

The University of Sussex is surrounded by the South Downs National Park so if you fancy a walk in the beautiful countryside around campus, there are plenty of waymarked paths nearby. Leaflets for the University of Sussex boundary walk will be available at the registration desk. This can also be downloaded, along with information on other walks near the campus, via the University of Sussex website:
http://www.sussex.ac.uk/aboutus/campus/boundarywalk

Around Brighton

If you are planning on staying for the full conference or longer, it is worth taking time to explore the surrounding towns and countryside. A unique mix of downs, towns and coastline, the areas beyond Brighton & Hove are home to the stunning South Downs National Park & Brighton & Lewes Downs Biosphere.

From rolling downs and fabulous views to picturesque villages, spectacular gardens, vineyards and historic houses, the areas of natural beauty beyond the city offer the perfect complement to the buzz of city life.
http://www.visitbrighton.com/countryside/home

Notes

Events and meetings

All week

Yoga Tent
Moroccan tent (located behind Arts C building): **09:00-17:30**

Delegates are invited to relax and de-stress in the Moroccan tent (yoga mats provided, yoga teacher isn't!). Yoga mats are available from the Global Studies School Office (contact: Trudy Cadman, anthropology coordinator).

Walks around the Campus

The University of Sussex is surrounded by the South Downs National Park. Enjoy a walk in the beautiful countryside around campus. Leaflets for the University of Sussex boundary walk will be available at the registration desk. The leaflet for this and other walks near the campus can also be downloaded via the University of Sussex website.

Wednesday 9th September

Meeting: Teaching medical anthropology to health professionals: challenges and best practices
Global Studies Resource Centre, Room C175 (Arts C building): **09:00-12:00**

Convened by: Margret Jaeger (Federal University of Rio Grande do Norte (UFRN), School Multicampi of Medicine Caicó - Brazil and Austria); Ruth Kutalek (Medical University of Vienna, Centre of Public Health, Austria)

In this workshop we will discuss the challenges of teaching medical anthropology in the broader medical field. We have invited 12 professionals to openly discuss what theories and methods they use in teaching, which resources they find useful and the challenges they face (e.g. administration, time frames, students, colleagues). We want to investigate best practice models, encourage innovative forms of teaching and think of new interdisciplinary cooperation for the future.

(This is a closed workshop (invited participants only) from 09:00-11:00. From 11:00 open to all-comers)

Drinks reception
Jubilee Social Space: **18:00-19:00**

All delegates are invited to remain after the keynote address, to open the conference 'socially' and to enjoy a drink and some snacks in the company of their colleagues.

Thursday 10th September

The Sussex Glocal Health Hive

Global Studies Resource Centre (ground Arts C building): **12:30-14:00**

Sussex is home to a number of unique organizations working in the area of global health. Through the Sussex Glocal Health Hive we would like to give you the opportunity to meet representatives of these locally based organizations in a relaxed and informal atmosphere. They are keen to explore with you areas of mutual interest around particular areas of global health, to find out more about how your research might contribute or help advance the work of their organizations, and to share with you where they see emerging research needs in the area of global health. Spawning both non-governmental and research-oriented organizations, the topics these organizations cover include – amongst many others:

- humanitarian medicine

- HIV/AIDS

- pharmaceuticals and drug policy

- sexual, maternal and reproductive health

- bionetworking

- tuberculosis

- vision

- mental health

- ageing

- infectious diseases

- genetics and genomics

- global health and development

Confirmed participants: Centre for Global Health Policy; AIDS Alliance; Help Age; Médecins Sans Frontières; Centre for Bionetworking; Health Action International; IDS; Centre for Innovation and Research in Childhood and Youth; Centre for Cultures of Reproduction, Technologies and Health; BSMS Wellcome Trust; Footwork – the International Podoconiosis Initiative.

Come and meet the local community working on global health during your visit to Sussex! Event website: http://www.sussex.ac.uk/globalhealthpolicy/events/conferences/sussexglocalhealthhive

The event is organized by the Centre for Global Health Policy.

Annual meeting of EASA Medical Anthropology Network (MAN)
JUB-144: **17:45-18:45**

All members of the EASA Medical Anthropology Network and those interested in being part of this network, are invited to attend this annual network meeting.

Conference dinner at Stanmer House
19:30-21:00

The conference dinner will take place at nearby restaurant, Stanmer House, on the middle (Thursday) evening. Stanmer House is a Grade I listed mansion west of the village of Falmer and north-east of the city of Brighton and Hove. It stands very close to Stanmer village and Church, within the Stanmer Park, and is a 15-20 minute walk up through the park from Falmer station. Tickets cost £45 for a three-course meal including wine and had to be booked when registering. This event is now sold out.
http://www.visitbrighton.com/eating-and-drinking/stanmer-house-restaurant-p802831

Conference party at Stanmer House
21:00 onwards

There will be music and dancing with the Ska Toons from 9ish. 'Ska Toons is a rocking collision of ska, funk and jazz, where Prince Buster meets Duke Ellington, The Skatalites meet Charles Mingus and The Ventures meet Don Drummond'. All delegates are welcome to come up to Stanmer House for the party.

Friday 11th September

Wellcome trust presentation
Global Studies seminar room, Global Studies Resource Centre (Arts C building): **13:00-13:45**

This interactive session led by *Joao Rangel de Almeida (Wellcome Trust)* provides an overview of the Wellcome Trust Humanities and Social science Funding schemes available to scholars in all career stages.

Daily timetable

Wednesday 9th September

09:00-12:00: **Meeting: Teaching medical anthropology to health professionals: challenges and best practices,** *Global Studies Resource Centre, Room C175 (Arts C building)*
Invited participants only until 11am, then open to all

10:00-12:00: **Registration**

12:30-13:30: **Plenary 1,** *Jubilee Lecture Theatre*

13:30-14:30: **Lunch**

14:30-16:00: **Panel session 1:**

P07 **Anthropology in the time of Ebola: anthropological insights in a Global Health emergency**
Convenors: Juliet Bedford (Anthrologica); Anita Schroven (Max Planck Institute for Social Anthropology)
FUL-101: **single session**

P14 **Differences that matter: inequalities in Global Health**
Convenors: Sandra Calkins (MPI for Social Anthropology & LOST); Emily Yates-Doerr (University of Amsterdam)
Discussant: Simon Cohn (LSHTM)
JUB-G22: **single session**

P24 **Anthropology on trial? The role of ethnography in HIV experimental science**
Convenors: Eileen Moyer (University of Amsterdam); Eva Vernooij (University of Amsterdam)
Discussant: Vinh-Kim Nguyen (University of Montreal)
JUB-118: **single session**

P26 **Conflicting politics underlying obesity in a complex, globalised world: 'glocal' governance, public actions and community engagement**
Convenors: Emily Henderson (Durham University); Kàtia Lurbe i Puerto (AP HP)
JUB-155: **single session**

P38 **Taking account of context: anthropology in the evaluation of Global Health interventions**
Convenors: Ursula Read (University of Glasgow); Matthew Maycock (University of Glasgow); Daniel Wight (MRC/CSO Social and Public Health Sciences Unit)
FUL-103: **single session**

P43 **'Stakeholder' as an emerging keyword in Global Health cultures: but what are the stakes and who holds them?**
Convenors: Gemma Aellah (London School of Hygiene and Tropical Medicine); Tracey Chantler (London School of Hygiene & Tropical Medicine)
Chair: Raymond Apthorpe
Discussant: Bob Simpson (University of Durham)
FUL-104: **single session**

P44 **Children's experiences with Global Health**
Convenor: Colleen Walsh Lang (Washington University in St. Louis)
Discussant: Charles Watters
JUB-116: **single session**

P48 **The role of networks in influencing and implenting Global Health programmes and policy**
Convenor: Colin Millard (Queen Mary, University of London)
JUB-G31: **single session**

P50 **Locating anthropology in qualitative Global Health research**
Convenors: Isabelle Lange (London School of Hygiene and Tropical Medicine); Rodney Reynolds (University College, London)
JUB-117: **single session**

16:00-16:30: **Refreshments**

16:30-18:00: **Opening Keynote,** *Jubilee Lecture Theatre*

18:00-19:00: **Drinks reception,** *Jubilee Social Space*

Thursday 10th September

09:00-10:30: **Plenary 2,** *Jubilee Lecture Theatre*

10:30-11:00: **Refreshments**

11:00-12:30: **Panel session 2:**

P01 **Ambivalent objects: things, substances, commodities, and technologies in Global Health**
Convenors: Andrew Russell (Durham University); Tom Widger (Durham University)
FUL-104: **first of three sessions**

P03 **Anthropology of health indicators and statistics**
Convenor: Sara Randall (University College London)
Discussant: David Reubi (King's College London)
FUL-113: **first of three sessions**

P04 **Global health as a novel form of biopower? Interrogating the fault lines between geopolitics and biopolitics in Global Health policy and practice**
Convenors: Stefan Elbe (University of Sussex); Vinh-kim Nguyen (University of Montreal)
JUB-155: **first of three sessions**

P09 **Maternal precarity at the intersection of households and health systems: interrogating meanings of risk and power in maternal health**
Convenors: Maya Unnithan (University of Sussex); Almudena Mari Saez (Charite); Bregje de Kok (Queen Margaret University)
Discussant: Jane Sandall (KCL)
JUB-117: **first of three sessions**

P16 **Genomics and genetic medicine: pathways to Global Health?**
Convenors: Sahra Gibbon (University College London); Margaret Sleeboom-Faulkner (University of Sussex); Susie Kilshaw (University College London)
FUL-214: **first of three sessions**

P19 **How 'global' is Global Health? Mobility and (dis)connectivity in the Global Health enterprise**
Convenors: Dominik Mattes (Freie Universität Berlin); Hansjoerg Dilger (Freie Universität Berlin)
JUB-144: **first of two sessions**

23

P20 **Global ageing: towards a shift from cure to care**
Convenor: Piet van Eeuwijk (University of Basel)
FUL-103: **first of two sessions**

P22 **A human rights-based approach on migrants' right to health**
Convenors: Laura Ferrero (University of Turin); Chiara Quagliariello (University of Turin); Ana Cristina Vargas (University of Turin)
JUB-115: **first of three sessions**

P23 **Mental health and anthropology: local challenges to 'Global Mental Health'**
Convenors: Sumeet Jain (University of Edinburgh); Sushrut Jadhav (University College London); Claudia Lang (Ludwig-Maximilians-University, Munich)
Discussant: David Mosse (SOAS)
JUB-G31: **first of three sessions**

P28 **Managing trust in an uncertain therapeutic world**
Convenors: Kate Hampshire (Durham University); Trudie Gerrits (University of Amsterdam); Heather Hamill (University of Oxford); Rachel Casiday (University of Wales Trinity Saint David)
FUL-201: **first of three sessions**

P29 **Disability: theory, policy and practice in global contexts**
Convenors: Mary Wickenden (University College London); Maria Kett (University College London)
FUL-107: **first of three sessions**

P31 **Chronicity and care: anthropological approaches to progressive lifelong conditions**
Convenor: Hayley MacGregor (Sussex University)
JUB-116: **first of three sessions**

P34 **Applied anthropological research in the Ebola response**
Convenor: Ruth Kutalek (Medical University of Vienna)
FUL-106: **first of two sessions**

P35 **Unpacking the discourse of safety in Global Health**
Convenors: Paul Kadetz (Xi'an Jiaotong Liverpool University); Barbara Gerke (Humboldt University of Berlin)
Discussant: Elisabeth Hsu (University of Oxford)
JUB-135: **first of two sessions**

P40 **What can anthropology contribute to health systems research and reform?**
Convenors: Helen Lambert (Bristol University); Ciara Kierans (The University of Liverpool)
Discussant: Karina Kielmann (Queen Margaret University)
JUB-118: **first of three sessions**

P46 **Reproductive disruptions & flows: surrogacy & obstetric care in India and the US**
Convenor: Kim Gutschow (Goettingen University)
FUL-101: **first of two sessions**

P47 **Post-human perspectives: how productive or relevant are these for a global medical anthropology?**
Convenors: Simon Cohn (LSHTM); Rebecca Lynch (LSHTM)
JUB-G22: **first of three sessions**

P51 **Remembering Global Health**
Convenors: Paul Wenzel Geissler (University of Oslo); Ruth Prince (University of Oslo)
JUB-G36: **first of three sessions**

12:30-14:00: **Lunch**

12:30-14:00: **Sussex Glocal Health Hive,** *Global Studies Resource Centre (ground Arts C building)*

14:00-15:30: **Panel session 3:**

P01 **Ambivalent objects: things, substances, commodities, and technologies in Global Health**
Convenors: Andrew Russell (Durham University); Tom Widger (Durham University)
FUL-104: **second of three sessions**

P03 **Anthropology of health indicators and statistics**
Convenor: Sara Randall (University College London)
Discussant: David Reubi (King's College London)
FUL-113: **second of three sessions**

P04 **Global health as a novel form of biopower? Interrogating the fault lines between geopolitics and biopolitics in Global Health policy and practice**
Convenors: Stefan Elbe (University of Sussex); Vinh-kim Nguyen (University of Montreal)
JUB-155: **second of three sessions**

P09 **Maternal precarity at the intersection of households and health systems: interrogating meanings of risk and power in maternal health**
Convenors: Maya Unnithan (University of Sussex); Almudena Mari Saez (Charite); Bregje de Kok (Queen Margaret University)
Discussant: Jane Sandall (KCL)
JUB-117: **second of three sessions**

P13 **Global mental health and psychiatric anthropology**
Convenors: Thomas Csordas (University of California, San Diego); Janis Jenkins (University of California San Diego)
FUL-203: **first of four sessions**

P16 **Genomics and genetic medicine: pathways to Global Health?**
Convenors: Sahra Gibbon (University College London); Margaret Sleeboom-Faulkner (University of Sussex); Susie Kilshaw (University College London)
FUL-214: **second of three sessions**

P19 **How 'global' is Global Health? Mobility and (dis)connectivity in the Global Health enterprise**
Convenors: Dominik Mattes (Freie Universität Berlin); Hansjoerg Dilger (Freie Universität Berlin)
JUB-144: **second of two sessions**

P20 **Global ageing: towards a shift from cure to care**
Convenor: Piet van Eeuwijk (University of Basel)
FUL-103: **second of two sessions**

P22 **A human rights-based approach on migrants' right to health**
Convenors: Laura Ferrero (University of Turin); Chiara Quagliariello (University of Turin); Ana Cristina Vargas (University of Turin)
JUB-115: **second of three sessions**

P23 **Mental health and anthropology: local challenges to 'Global Mental Health'**
Convenors: Sumeet Jain (University of Edinburgh); Sushrut Jadhav (University College London); Claudia Lang (Ludwig-Maximilians-University, Munich)
Discussant: David Mosse (SOAS)
JUB-G31: **second of three sessions**

P28 **Managing trust in an uncertain therapeutic world**
Convenors: Kate Hampshire (Durham University); Trudie Gerrits (University of Amsterdam); Heather Hamill (University of Oxford); Rachel Casiday (University of Wales Trinity Saint David)
FUL-201: **second of three sessions**

P29 **Disability: theory, policy and practice in global contexts**
Convenors: Mary Wickenden (University Collee London); Maria Kett (University College London)
FUL-107: **second of three sessions**

P31 **Chronicity and care: anthropological approaches to progressive lifelong conditions**
Convenor: Hayley MacGregor (Sussex University)
JUB-116: **second of three sessions**

P34 **Applied anthropological research in the Ebola response**
Convenor: Ruth Kutalek (Medical University of Vienna)
FUL-106: **second of two sessions**

P35 **Unpacking the discourse of safety in Global Health**
Convenors: Paul Kadetz (Xi'an Jiaotong Liverpool University); Barbara Gerke (Humboldt University of Berlin)
Discussant: Elisabeth Hsu (University of Oxford)
JUB-135: **second of two sessions**

P40 **What can anthropology contribute to health systems research and reform?**
Convenors: Helen Lambert (Bristol University); Ciara Kierans (The University of Liverpool)
Discussant: Karina Kielmann (Queen Margaret University)
JUB-118: **second of three sessions**

P46 **Reproductive disruptions & flows: surrogacy & obstetric care in India and the US**
Convenor: Kim Gutschow (Goettingen University)
FUL-101: **second of two sessions**

P47 **Post-human perspectives: how productive or relevant are these for a global medical anthropology?**
Convenors: Simon Cohn (LSHTM); Rebecca Lynch (LSHTM)
JUB-G22: **second of three sessions**

P51 **Remembering Global Health**
Convenors: Paul Wenzel Geissler (University of Oslo); Ruth Prince (University of Oslo)
JUB-G36: **second of three sessions**

15:30-16:00: **Refreshments**

16:00-17:30: **Panel session 4:**

P01 **Ambivalent objects: things, substances, commodities, and technologies in Global Health**
Convenors: Andrew Russell (Durham University); Tom Widger (Durham University)
FUL-104: **third of three sessions**

P03 **Anthropology of health indicators and statistics**
Convenor: Sara Randall (University College London)
Discussant: David Reubi (King's College London)
FUL-113: **third of three sessions**

P04 **Global health as a novel form of biopower? Interrogating the fault lines between geopolitics and biopolitics in Global Health policy and practice**
Convenors: Stefan Elbe (University of Sussex); Vinh-kim Nguyen (University of Montreal)
JUB-155: **third of three sessions**

P09 **Maternal precarity at the intersection of households and health systems: interrogating meanings of risk and power in maternal health**
Convenors: Maya Unnithan (University of Sussex); Almudena Mari Saez (Charite); Bregje de Kok (Queen Margaret University)
Discussant: Jane Sandall (KCL)
JUB-117: **third of three sessions**

P13 **Global mental health and psychiatric anthropology**
Convenors: Thomas Csordas (University of California, San Diego); Janis Jenkins (University of California, San Diego)
FUL-203: **second of four sessions**

P16 **Genomics and genetic medicine: pathways to Global Health?**
Convenors: Sahra Gibbon (University College London); Margaret Sleeboom-Faulkner (University of Sussex); Susie Kilshaw (University College London)
FUL-214: **third of three sessions**

P22 **A human rights-based approach on migrants' right to health**
Convenors: Laura Ferrero (University of Turin); Chiara Quagliariello (University of Turin); Ana Cristina Vargas (University of Turin)
JUB-115: **third of three sessions**

P23 **Mental health and anthropology: local challenges to 'Global Mental Health'**
Convenors: Sumeet Jain (University of Edinburgh); Sushrut Jadhav (University College London); Claudia Lang (Ludwig-Maximilians-University, Munich)
Discussant: David Mosse (SOAS)
JUB-G31: **third of three sessions**

P28 **Managing trust in an uncertain therapeutic world**
Convenors: Kate Hampshire (Durham University); Trudie Gerrits (University of Amsterdam); Heather Hamill (University of Oxford); Rachel Casiday (University of Wales Trinity Saint David)
FUL-201: **third of three sessions**

P29 **Disability: theory, policy and practice in global contexts**
Convenors: Mary Wickenden (University College London); Maria Kett (University College London)
FUL-107: **third of three sessions**

P31 **Chronicity and care: anthropological approaches to progressive lifelong conditions**
Convenor: Hayley MacGregor (Sussex University)
JUB-116: **third of three sessions**

P37 **Anthropological engagements with the Ebola epidemic in West Africa**
Convenor: Annie Wilkinson (Institute of Development Studies)
Chair: Melissa Leach (Institute of Development Studies)
FUL-101: **single session**

P40 **What can anthropology contribute to health systems research and reform?**
Convenors: Helen Lambert (Bristol University); Ciara Kierans (The University of Liverpool)
Discussant: Karina Kielmann (Queen Margaret University)
JUB-118: **third of three sessions**

P47 **Post-human perspectives: how productive or relevant are these for a global medical anthropology?**
Convenors: Simon Cohn (LSHTM); Rebecca Lynch (LSHTM)
JUB-G22: **third of three sessions**

P51 **Remembering Global Health**
Convenors: Paul Wenzel Geissler (University of Oslo); Ruth Prince (University of Oslo)
JUB-G36: **third of three sessions**

P52 **Communicating bodies: new juxtapositions of linguistic and medical anthropology**
Convenors: Charles Briggs (University of California, Berkeley); David Parkin (Oxford University); Paja Faudree (Brown University)
FUL-103: **first of three sessions**

17:45-18:45: **Annual meeting of EASA Medical Anthropology network (MAN),** *JUB-144*

19:30-21:00: **Conference dinner,** *Stanmer House*

21:00 onwards: **Conference party,** *Stanmer House*

Friday 11th September

10:30-11:00: **Plenary 3,** *Jubilee Lecture Theatre*

10:30-11:00: **Refreshments**

11:00-12:30: **Panel session 5:**

P05 **Different ways to become known and knowable as a person: ideas, ideology and epistemic injustices in Global Mental Health**
Convenors: Nigel Cox (Manchester Metropolitan University); Lucy Webb (Manchester Metropolitan University)
FUL-104: **first of two sessions**

P06 **Urbanisation, health and policy**
Convenors: Linda Waldman (Institute of Development Studies); Ramila Bisht (Jawaharlal Nehru University)
JUB-144: **first of two sessions**

P08 **Collaborations and confusions: how to talk about Global Health?**
Convenors: Christopher Davis (SOAS); Sophie Day (Goldsmiths College, University of London)
Discussant: Barbara Bodenhorn (University of Cambridge)
JUB-116: **first of two sessions**

P11 **Health affects: medical belongings across the globe**
Convenors: Janina Kehr (University of Zurich); Fanny Chabrol (Cermes3)
Discussant: Paul Wenzel Geissler (University of Oslo)
JUB-G36: **first of two sessions**

P12 **Weight loss, bariatric or metabolic surgery, the last hope?**
Convenors: Darlene McNaughton (Flinders University); Bodil Just Christensen (University of Copenhagen)
JUB-G22: **first of two sessions**

P13 **Global mental health and psychiatric anthropology**
Convenors: Thomas Csordas (University of California, San Diego); Janis Jenkins (University of California, San Diego)
FUL-203: **third of four sessions**

P15 **Health for all: policy and practice**
Convenors: Sigridur Baldursdottir (University of Iceland); Jónína Einarsdóttir (University of Iceland)
JUB-G31: **first of two sessions**

P17 **The unintended consequences of Global Health research and interventions - an anthropological view**
Convenors: Jennie Gamlin (University College London); Audrey Prost (University College London)
FUL-210: **first of two sessions**

P18 **De-medicalisation and the rehabilitation of nature in Western culture**
Convenors: Lisa Dikomitis (University of Hull); Vassos Argyrou (University of Hull)
JUB-117: **first of two sessions**

P27 **Rethinking medical anthropology: experiences on global diseases in Latin America from a critical perspective**
Convenors: Diana Oviedo (Universidad Nacional De Colombia); Diana Sarmiento Senior (Universidad El Bosque, Universidad Nacional de Colombia)
JUB-143: **first of two sessions**

P30 **Health workers at the boundaries of Global Health: between 'performance' and socio-material practices of care**
Convenors: Karina Kielmann (Queen Margaret University); Johanna Goncalves Martin (University of Cambridge)
Discussants: Kenneth Maes (Oregon State University), Françoise Barbira Freedman (University of Cambridge)
FUL-107: **first of two sessions**

P32 **Global healthcare professionals in medical anthropology: issues of theory methods and practice**
Convenors: David Lawrence (Brighton and Sussex University Hospitals NHS Trust); Rosie Gallagher (University of Durham); Miriam Orcutt; Ana Liddie Navarro
JUB-118: **first of two sessions**

P36 **Justice and healing in the wake of war**
Convenors: Holly Porter (London School of Economics); Tim Allen (London School of Economics)
FUL-213: **first of two sessions**

P39 **What emergency produces…Ebola and its artefacts**
Convenors: Frederic Le Marcis (Ecole Normale Supérieure de Lyon); Veronica Gomez Temesio (Ecole Normale Supérieure de Lyon)
JUB-155: **first of two sessions**

P41 **Containers and the material life of Global Health**
Convenors: Alex Nading (University of Edinburgh); Rebecca Marsland (University of Edinburgh); Alice Street (University of Edinburgh); Ann Kelly (University of Exeter)
FUL-113: **first of two sessions**

P49 **Engaging with Public Health: exploring tensions between global programs and local responses**
Convenors: Helle Samuelsen (University of Copenhagen); Lise Rosendal Østergaard (University of Copenhagen)
FUL-101: **first of two sessions**

P52 **Communicating bodies: new juxtapositions of linguistic and medical anthropology**
Convenors: Charles Briggs (University of California, Berkeley); David Parkin (Oxford University); Paja Faudree (Brown University)
FUL-103: **second of three sessions**

12:30-14:00: **Lunch**

13:00-13:45: **Wellcome trust presentation,** *Global Studies seminar room, Global Studies Resource Centre (Arts C building)*

14:00-15:30: **Panel session 6:**

P05 **Different ways to become known and knowable as a person: ideas, ideology and epistemic injustices in Global Mental Health**
Convenors: Nigel Cox (Manchester Metropolitan University); Lucy Webb (Manchester Metropolitan University)
FUL-104: **second of two sessions**

P06 **Urbanisation, health and policy**
Convenors: Linda Waldman (Institute of Development Studies); Ramila Bisht (Jawaharlal Nehru University)
JUB-144: **second of two sessions**

P08 **Collaborations and confusions: how to talk about Global Health?**
Convenors: Christopher Davis (SOAS); Sophie Day (Goldsmiths College, University of London)
Discussant: Barbara Bodenhorn (University of Cambridge)
JUB-116: **second of two sessions**

P11 **Health affects: medical belongings across the globe**
Convenors: Janina Kehr (University of Zurich); Fanny Chabrol (Cermes3)
Discussant: Paul Wenzel Geissler (University of Oslo)
JUB-G36: **second of two sessions**

P12 **Weight loss, bariatric or metabolic surgery, the last hope?**
Convenors: Darlene McNaughton (Flinders University); Bodil Just Christensen (University of Copenhagen)
JUB-G22: **second of two sessions**

P13 **Global mental health and psychiatric anthropology**
Convenors: Thomas Csordas (University of California, San Diego); Janis Jenkins (University of California, San Diego)
FUL-203: **fourth of four sessions**

P15 **Health for all: policy and practice**
Convenors: Sigridur Baldursdottir (University of Iceland); Jónína Einarsdóttir (University of Iceland)
JUB-G31: **second of two sessions**

P17 **The unintended consequences of Global Health research and interventions - an anthropological view**
Convenors: Jennie Gamlin (University College London); Audrey Prost (University College London)
FUL-210: **second of two sessions**

P18 **De-medicalisation and the rehabilitation of nature in Western culture**
Convenors: Lisa Dikomitis (University of Hull); Vassos Argyrou (University of Hull)
JUB-117: **second of two sessions**

P27 **Rethinking medical anthropology: experiences on global diseases in Latin America from a critical perspective**
Convenors: Diana Oviedo (Universidad Nacional De Colombia); Diana Sarmiento Senior (Universidad El Bosque, Universidad Nacional de Colombia)
JUB-143: **second of two sessions**

P30 **Health workers at the boundaries of Global Health: between 'performance' and socio-material practices of care**
Convenors: Karina Kielmann (Queen Margaret University); Johanna Goncalves Martin (University of Cambridge)
Discussants: Kenneth Maes (Oregon State University), Françoise Barbira Freedman (University of Cambridge)
FUL-107: **second of two sessions**

P32 **Global healthcare professionals in medical anthropology: issues of theory methods and practice**
Convenors: David Lawrence (Brighton and Sussex University Hospitals NHS Trust); Rosie Gallagher (University of Durham); Miriam Orcutt; Ana Liddie Navarro
JUB-118: **second of two sessions**

P36 **Justice and healing in the wake of war**
Convenors: Holly Porter (London School of Economics); Tim Allen (London School of Economics)
FUL-213: **second of two sessions**

P39 **What emergency produces…Ebola and its artefacts**
Convenors: Frederic Le Marcis (Ecole Normale Supérieure de Lyon); Veronica Gomez Temesio (Ecole Normale Supérieure de Lyon)
JUB-155: **second of two sessions**

P41 **Containers and the material life of Global Health**
Convenors: Alex Nading (University of Edinburgh); Rebecca Marsland (University of Edinburgh); Alice Street (University of Edinburgh); Ann Kelly (University of Exeter)
FUL-113: **second of two sessions**

P49 **Engaging with Public Health: exploring tensions between global programs and local responses**
Convenors: Helle Samuelsen (University of Copenhagen); Lise Rosendal Østergaard (University of Copenhagen)
FUL-101: **second of two sessions**

P52 **Communicating bodies: new juxtapositions of linguistic and medical anthropology**
Convenors: Charles Briggs (University of California, Berkeley); David Parkin (Oxford University); Paja Faudree (Brown University)
FUL-103: **third of three sessions**

15:30-16:00: **Refreshments**

16:00-17:00: **Closing remarks,** *Jubilee Social Space*

Keynote, plenary, panel and paper abstracts

Opening keynote
Jubilee Lecture Theatre: **Wed 9th Sept, 16:30-18:00**

Consolations and entanglements: Global Health, anthropology & the coming community
Christopher Davis (SOAS)
"Protection" is to the 21st century what "rights" have been until now. Where "rights" were co-productive with nationalism and internationalism, so is "protection", or the lack of it, co-productive with our partially connected, transnationalized time. It is the form currently taken by our multiple and contradictory emancipatory aims, of which global health is certainly one. Placed in this context, global health becomes perceptible as the most comprehensively political and anthropological of goals; one inspiring – indeed requiring – the emergence of new or renewed discursive domains. Yet the moral imperatives to which we respond are far older than we.

Through a kind of ethnographic bricolage (old wine in new bottles or vice versa? we'll see), this talk will put forward the three broad themes or problems that may form the background to our many discussions during these days and beyond: (a) trust in numbers (or the issue of knowledge production and governance), (b) wizards and scientists (or the issue of logodiversity), and (c) affliction (or the matter of shared suffering).

Plenary 1
Jubilee Lecture Theatre: **Wed 9th Sept, 12:00-13:30**

The Ebola moment: mobilising engaged anthropology for global health
Melissa Leach (Sussex University, Institute of Development Studies)
If the Ebola epidemic of 2014-15 has marked a defining moment for global health, highlighting inescapably the threats unleashed by dynamic bio-socialities in interconnected and unequal worlds, it has also been a defining moment for anthropology's position and contribution. Drawing on deeper wells of personal connection, knowledge and moral sensibility, anthropologists from the affected region and across the world came together and engaged with local, national and international responses in unprecedented ways. While anthropology on the global health frontlines is nothing new, this has been distinct for its rapidity, scale, networks, and legitimacy and voice - including at the highest levels. Speaking for many, with due humility, I will illustrate how these anthropological engagements have unfolded in understanding, learning and action around disease transmission and mobility; care for the sick and the dead; contextualising resistance; health systems and governance, and pharmaceutical and vaccine trials. I will suggest that together, these interactions constitute and signal the emergence of a mode of engaged anthropology that transgresses tired distinctions and productively integrates academic/theoretical and policy/practice producers and audiences; instrumental/solution-focused and critical/reflexive purposes, and immediate/rapid and long/

deep timeframes. Does what we have collectively lived and done this year offer a model for the future in a world of growing global health threats?

What it means to involve and mobilize communities in fighting against Ebola in Guinea Conakry
Slyvain Faye (Faculty of Arts and Social Sciences (FLSH) UCAD Senegal)
Community participation in the struggle against Ebola is much discussed but not yet fully accepted in practice, either by those who establish polices or by those who are their targets. Contrasting experiences of Guinea Conakry and Mali show the importance to partners of recognizing local expertise.

When people are considered to have the ability to find answers to the problem of Ebola and contribute to the fight, as happened in Mali, their collective mobilizations are more positive and facilitate interactions with medical teams. In contrast, in Guinea Conakry, communal violence took place. These events were more an expression of criticism of government denial and lack of recognition of local perspectives than they were reluctance on the part of an ignorant community to accept "good health".

If the Village Vigilance Committees (VVCs) that are proclaimed as community leadership do not put an end to that community's distrust, it is because they refer primarily to "biomedical" sovereignty as the source of their authority. Yet these same communities give proof of their expertise by initiating responses for their own protection, responses that are not adequately recognized (eg. local Vigilance committees and autarkic practices). Violence is also a demonstration of popular criticism of local political authorities, a criticism extending beyond health; including tax breaks granted to large foreign companies extracting natural resources or exploiting the local peasantry. Events also illustrate the questioning of established outsourcing of public tasks by governments and express the demand for better recognition of people's own participation in public action.

Plenary 2
Jubilee Lecture Theatre: **Thu 10th Sept, 09:00-10:30**

Engaged medical anthropology: the lure and perils of Global Health
Brigit Obrist (Institute of Social Anthropology, University of Basel)
The broad field of global health offers medical anthropologists many opportunities for an engagement with crucial issues in our rapidly changing world. Health problems in Africa, Asia and Latin America are no longer peripheral concerns but primary targets of multilateral aid programs, large philanthropic organizations and key commercial players. This shift of attention has resulted in dramatic increases of funding and has transformed the ways in which health problems are identified and tackled. Global health initiatives have increasingly called for cross-disciplinary expertise and often specifically invited anthropologists to participate. Beyond finding individual employment and funding, many anthropologists have seen the new interest in their expertise as an opening for making a difference in the solution of increasingly complex health problems. The lures of joining global health as a field of practice

are great, but they can often only be indulged in at the peril of ignoring critical questions about global health as an object of academic study in social and cultural science. Critically engaged medical anthropologists question the donor-driven and positivist understanding of global health as a technical process, seemingly disconnected to the economic, environmental, political and social context in which it operates. They challenge preconceived norms, expectations and assumptions of biomedicine, public health and development agendas and call for an ideologically neutral, reflexive approach. By explicitly addressing the tension generated between the more instrumental and the more reflexive forms of engagement, medical anthropology can stimulate creative debates on concepts, approaches and underlying epistemologies shaping the field of global health.

Plenary 3
Jubilee Lecture Theatre: **Fri 11th Sept, 09:00-10:30**

Numbers and stories in Global Health: metrics and the evidence economy
Vincanne Adams (University of California, San Francisco)
The recent shift from International Health Development to Global Health Sciences has ushered in complex transformations in the practices of audit, funding, and intervention in the effort to improve health outcomes on a global scale. One of the most important features of this shift has been the growing reliance on specific kinds of quantitative metrics that make use of evidence-based measures, experimental research platforms, and cost-effectiveness rubrics for even the most intractable problems and most promising interventions. Collectively these trends pose a problem of knowledge in relation to how we understand efficacy and how we pay for these efforts. By tracing the shift from DALYs to Randomized Controlled Trials in global health, this paper investigates how counting practices matter not only in relation to health but also in relation to market-driven commercial funding infrastructures. When do efforts to "scale up" become the best indices for successful innovation and, alternatively, when do they become an impediment to health? Do public-private for-profit partnerships in global health work to improve health outcomes and what metrics should be used to determine this? Finally, what alternative kinds of evidence are useful for global health work and how might they impact our sense of accountability?

Widening the range of evidence used to inform decisions and policies: can this improve the accountability and appropriateness of decisions in global health?
Simon Lewin (Norwegian Knowledge Centre for the Health Services and South African Medical Research Council) and Christopher J Colvin (University of Cape Town)
The last fifteen years have seen growing interest in both how research evidence can be better used to inform decisions and policies in global health, and in approaches to facilitate this process. These approaches include systematic reviews of studies, evidence-based guidelines and policy briefs. These approaches aim to bring together the 'best available' evidence to inform a decision and are seen as a way of increasing the transparency of decision making. The concept of evidence-informed decision making has been critiqued on a number of fronts, including for constituting an overly positivist approach to decision making; for failing to capture adequately the complexity of decision making; and for privileging knowledge

legitimated as 'evidence' over other forms of knowledge and experience. In this paper we reflect on our recent efforts to facilitate the systematic use of evidence from qualitative studies in WHO guidelines as well as our work to develop an approach to assess how much confidence to place in evidence from syntheses of qualitative studies. This experience has raised questions of what constitutes legitimate knowledge within these global processes; how different types of knowledge / evidence are used by different stakeholder groups; and interactions between the local and the global in relation to knowledge production and use. We discuss the extent to which these efforts could improve the accountability and appropriateness of decisions in global health, through opening spaces for knowledge that better reflects people's views and experiences of health and health services and through creating opportunities for more critical perspectives.

The Vice-Chancellor of the University of Sussex, Professor Michael Farthing, will address the conference at the end of this final plenary.

Closing remarks
Jubilee Social Space: **Fri 11th Sept, 16:00-17:00**

P01 Ambivalent objects: things, substances, commodities, and technologies in Global Health

Convenors: Andrew Russell (Durham University); Tom Widger (Durham University)
FUL-104: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

Recent years have seen a burgeoning interest in materials and manufactures as they relate to health, illness and disease. Pharmaceutical products, substances such as drugs, alcohol and tobacco, other chemical compounds with ambiguous health implications such as pesticides and plastics, and the technological assemblages that help to disperse them: all are pregnant with theoretical and practical implications. Objects can do many things – attract and repel, kill and cure, help and hinder, benefit and disadvantage, problematize and solve. Sometimes they can do these things simultaneously, sometimes sequentially. Sometimes they do nothing at all. Such is the ambivalence of the object and its position in human and non-human life. This panel invites papers that consider the history and contemporary configurations of the non-human, material world in and of global health. We are particularly interested in contributions that address one or more of the current theoretical approaches to objects, for example material culture studies, thing-theory, ANT, speculative realism, and post-phenomenology. How do concepts like 'agency', 'biography,' 'thing-power', 'actant' and 'assemblage' better enable us to address issues concerning human health, illness and wellbeing at the global level? What is the relationship between objects, people and corporations, and how do these change along global commodity (value) chains? What does it mean, for example, to talk of a 'pharmaceutical person' (Martin 2006), to take an 'object's-eye view', or to 'follow the thing'? 'Can the thing speak?' (Holbraad 2011) in a more than ventriloquistic fashion, and, if so, what things speak and what do they say?

Exploring value through molecules: drug discovery for neglected diseases
Rosie Sims (Graduate Institute of International and Development Studies)
In the context of therapeutic drug discovery and development for neglected diseases, this paper contemplates how we can understand the molecules that lie at the heart of this process as important and desirable things, in order to entertain a discussion of value that emanates from these particular compounds.

Abate: assembling and dis-assembling domestic mosquito control with insecticide in contemporary Delhi
Cressida Jervis Read (University of Oxford)
The control of mosquito-borne diseases like malaria and dengue fever is premised on breaking the lifecycle of their vectors. This paper explores the role of an insecticide in the assembling of global protocols and their dis-assembly in the face of domestic ambivalences towards domestic insecticide.

The making of a medicine: tracing the history and global networks of a malaria vaccine
Sandalia Genus (University of Edinburgh)
This paper presents a biography of a vaccine for malaria, tracing its history and the networks of human and non-human actors linked together to develop, test and evaluate it. Exploration of this vaccine and its supporting networks reveals the ways in which it impacts larger global health networks.

The dose makes the poison: Paracelsus, pesticides, and the ambivalence of remedy
Tom Widger (Durham University)
Pesticides are asked to be a remedial poison but not a poisonous remedy – to explore this paradox I trace the legacy of Paracelsian chemistry on modern toxicology and agrochemical politics.

Silence: cigarettes speaking!
Andrew Russell (Durham University)
This paper engages with current interests in anthropology and tangential social sciences in the notion of things having sentience or even a voice.

Does the hand that controls the cigarette packet rule the smoker? Findings from ethnographic interviews with smokers in Canada, Australia, the USA and the UK
Kirsten Bell (University of British Columbia); Simone Dennis (Australian National University); Roland Moore (Pacific Institute for Research and Evaluation); Jude Robinson (University of Liverpool)
Drawing on ethnographic interviews with smokers in Canada, Australia, the USA and England, we explore the relationships forged between smokers and cigarette packets, which we suggest differ from how they are legislatively imagined.

An investigation of self-monitoring health technologies in Blantyre, Malawi, and their effects on users' health-seeking behaviours and perceptions of illness and well-being
Rosemary Gallagher (Durham University); Kate Hampshire (Durham University); Nicola Desmond (Liverpool School of Tropical Medicine); Mark Booth (Durham University)
In the context of an increasing push in healthcare towards technologically-mediated self-management of chronic conditions, we discuss the potential complications arising from the introduction of self-monitoring technologies into non-western environments by describing a study undertaken in Blantyre, Malawi.

A kind of disassembled and reassembled, postmodern collective and personal Self: the Insulin Pump as material-semiotic node
Elizabeth Berk (Yale University)
This paper explores the Insulin Pump as material-semiotic node, as a potential form of intra-action. It asks after the location of agency in the Insulin Pump and its users, as well as inquires after the politics of differential access to Insulin Pump technology and education globally.

Frugal Disruptions - What are Global Health technologies and how to analyse them?
Rene Umlauf (Bayreuth University)
My paper aims to analyse the specificities of a Global Health technology and suggests that this is best done by conceptualizing its systemic and infrastructural implications.

Following the tank: tracing oxygen from the body, to the industry, and back
Megan Wainwright (University of Cape Town)
In this paper, I ask how to bring the oxygen tank, a 'thing' that transforms a substance from invisible to visible, and intangible to tangible, into focus. I will consider whether existing theories and concepts are adequate for 'following the thing' in this case, both theoretically and practically.

Objectifying care - Using morphine as a care tool
Andrea Buhl (University of Basel)
Morphine has a special role in Tanzanian palliative cancer care. Prescribing and dispensing morphine is at first a way to ease pain, but additionally an act of care where there is no resource for psychosocial and spiritual support. It substitutes and complements palliative care practices.

P03 Anthropology of health indicators and statistics

Convenor: Sara Randall (University College London)
Discussant: David Reubi (King's College London)
FUL-113: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

Indicators and measurements of Global Health are seen by many, especially those wielding political and economic power, as an essential dimension of charting progress and success and highlighting deficiencies in order to guide interventions. These numbers may have immense power in terms of directing resources and guiding action. Contributions to this panel use anthropological research and insights to examine different dimensions of these numbers and indicators. Some questions that are addressed include: why do some indicators get selected over others and what are the implications of these choices at local, national or global levels? Do indicators actually measure what they purport to measure and how can we study and understand what is really happening? In what ways and in what contexts do certain indicators distort the reality experienced by those who are supposedly being measured? Through what pathways and why are the experiences of particular categories of people excluded from the statistics? What are the implications of exclusion for well-being and health? What does the statistical paradigm of comparability mean when we look at local experience? How does the hegemony of indicators influence the diverse ways that service providers interact with their target populations and sick patients? The contributions analyse diverse dimensions of the social life of health numbers and the ways in which these numbers can, or fail to, represent the health situation of different populations and their relationships with health providers.

Health facility data production on 'malaria' in rural Tanzania: exploring the clay feet of indicators as tools of global health governance
Rene Gerrets (University of Amsterdam)
This paper investigates how contextual variations in the production of the category malaria in Tanzanian health facilities influence the generation of indicators aiming to represent the mosquito-borne affliction.

An ethnographic glance at health indicators on ageing and malaria in Indonesia
Philip Kreager (Oxford University); Elisabeth Schroeder-Butterfill (University of Southampton)
Ethnographic research in 6 Indonesian field sites will be used to evaluate standard WHO global health indicators relating to malaria and population ageing.

Inequalities of height or the height of inequality? Children's growth charts and the meanings of height in the Philippines
Gideon Lasco (University of Amsterdam)
Mindful of height as both a measure and source of inequalities, this paper explores the linkages between international child growth standards and the meanings of height in the Philippines by presenting a local history of growth charts and drawing from an "ethnography of height" in a Philippine city.

Debilitating by numbers: I am still diseased, despite my normal creatinine
Andrei Mihail (SNSPA Bucharest)
Access to social benefits for Romanian kidney recipients is controlled by boards who must assess individual degrees of disability. Its members are trained to evaluate individuals through medical indicators which are non functional for emphasizing the disability produced by the new organ.

Metrics and health systems: the Global Fund in Nepal
Kapil Babu Dahal (Tribhuvan University); Ian Harper (University of Edinburgh)
The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a performance based financial instrument. By using the example of Nepal, we assess how the generation of mandatory data has significant effects on how programmes are run.

The power and perils of 'hard' indicators in global maternal health research
Katerini Storeng (University of Oslo); Dominique Behague (Vanderbilt University)
Creating 'hard' maternal mortality indicators has become a global research priority. Researchers recognize that such indicators distort the reality they supposedly measure. Yet, they have limited power to rectify such distortion within a culture in which such indicators have acquired immense power.

Epidemiological reason: epidemiologists, philanthropists and Global Health
David Reubi (King's College London)
Drawing on fieldwork on international initiatives to control the tobacco epidemic in the global South, this paper argues that the ubiquity of numbers in global health today is related to the influence of epidemiological styles of reasoning across the field.

DALYs & the Measure of Efficient Justice: entanglements of health care privatization and 'health as human right' in the emergent statistico-technical forms of life of a dominant global health metric
Margaret Grace Czerwienski (Harvard University)
I explore the ontological politics of the preeminent "global" health metric—disability adjusted life years (DALYs)—by situating the technical features and processes of DALYs within the interconnected institutional, political, and economic histories out of which the metric was born.

Health statistics recast as policies
Lene Teglhus Kauffmann (Aarhus University)
Health profiles as a form of epidemiological knowledge is seen as 'evidence' in 'evidence-based policy. This recasts them as 'policies' and eliminates the gap between research and policymaking. However, the most pervasive influence of the statistics is not only numbers but also categories.

P04 Global health as a novel form of biopower? Interrogating the fault lines between geopolitics and biopolitics in Global Health policy and practice

Convenors: Stefan Elbe (University of Sussex); Vinh-kim Nguyen (University of Montreal)
JUB-155: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

The past decade has seen the emergence of an extensive global health apparatus aspiring and campaigning to save lives. That apparatus encompasses a broad set of actors from international institutions, governments, and NGOS, through to universities, philanthropic organizations as well as medical and health practitioners. It has also become an important site of technical and social innovation. Yet the various interventions undertaken by this apparatus at once aspire to a global enterprise delivering health care to people irrespective of their geographic location, whilst having to nevertheless traverse through – and operate in – a diverse set of sovereign and political spaces. From the perspective of medical anthropology, these panels wish to explore that complex interplay between geopolitics (sovereign power) and biopolitics (biopower) in contemporary global health. How, for example, are geo-political considerations of security, territory, natural resources and national interest imbricated in global health policy? How are wider geo-political developments, such as the growing economic and political influence of BRICSs countries, already re-shaping the apparatus of global health? How does the deployment of global health technologies and discourses impact everyday life and prevailing conceptions of the body and ethical life? How can medical anthropology

help us identify the contact points – and indeed tensions – between the bio-political and geo-political logics of global health? What does all of this imply for those receiving health care on the ground? And to what extent can the emerging global health apparatus as a whole be considered as a qualitatively new form of biopower in the twenty-first century?

Superspreaders: the question of heterogeneous transmissibility
Christos Lynteris (University of Cambridge)
The figure of the superspreader, arising out of the SARS outbreak, has been catalytic in emerging biopolitical and geopolitical entanglements around pandemic preparedness. The paper examines the impact of the displacement of processes of heterogeneous transmissibility by a super-infectious subject.

"Violence of speed": humanitarian logistics and critical ethnography of global health
Sung-Joon Park (Leipzig University)
This paper proposes to examine the "violence of speed" put forth by the philosopher Paul Virilio in developing a critical ethnography of global health. I will ask how humanitarian logistics prompts a set of technologies of speed which organize emergencies logistically

Intellectual Property as a global biopower or a tactics of government?
Eva Hilberg (University of Sussex)
Intellectual Property Rights are becoming increasingly contested on the international stage, especially in the formation of global health agendas. In what ways can debates about IP's contribution to health be better understood with reference to the concept of biopower?

Emerging economies' contribution to re-shaping global health cooperation: a scoping review of the BRICS' discourse
Lara Gautier (Université de Montréal/ CESSMA, Paris-Diderot University)
This scoping review analyses the peer-reviewed and grey literature on the discourse used by BRICS countries around the future of global health cooperation. Our results show that they are building a new global cooperation framework, but it is not clear whether they will use it in their health projects.

Dealing with and defeating measles in Sindh Province, Pakistan
Inayat Ali
My paper explores the ongoing interplay between local and global stakeholders to deal with and define measles in Sindh to further understand global health apparatus and bio-politics in a regional perspective.

The birth of medical societies: a comparative study between the psychiatric patients and the oncological patients in Turkey
Ozden TURHAN (University of Bordeaux)
This article presents the results of the transformation in public health related to the birth of medical societies in a comparative study between the psychiatric patients and the oncological patients in Turkey.

Laboratories and migration: a case study from Nepal
Ian Harper (University of Edinburgh); Rekha Khatri (Health Research and Social Development Forum)
In this paper we explore the geo-political, ethical, social and technical issues that followed in the wake of a laboratory established in Nepal to screen Bhutanese refugees being relocated to the US.

Dreams of de-neoliberalization: forging alternatives to Global Health in Bolivia
Gabriela Elisa Morales (Yale University)
This paper examines how Bolivian policy actors are striving to forge alternatives to global, neoliberal models of health and development. Tracing practices of collaboration, negotiation, and debate, it explores how Bolivians both challenge and reproduce dominant configurations of "global health."

P05 Different ways to become known and knowable as a person: ideas, ideology and epistemic injustices in Global Mental Health
Convenors: Nigel Cox (Manchester Metropolitan University); Lucy Webb (Manchester Metropolitan University)
FUL-104: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

This panel will debate Global Mental Health, and will explore the ideas, moralities, ideologies and methodologies propagated by Western psychology and psychiatry. Over two decades of enquiry, Nikolas Rose and others have shown that, in the West, psychological self-sufficiency is accorded considerable privilege. The means by which a person can become known (and knowable) are ascribed by psychiatric and psychological knowledge and their schemata: for instance, one can be known (or know oneself) as depressed, 'emotionally intelligent', or versed in 'mindfulness'. Such discourses partly establish and sustain ways in which mental well-being is understood in the West. It is from this position that the export of psychiatric and psychological expertise to non-Western contexts may problematized. Can researchers and practitioners reconcile Western and non-Western mental health knowledge, beliefs and practices? What is the nature of this reconciliation? Would such a reconciliation aid or hinder recovery from mental 'illness'? Moreover, in attempting to 'do good', do researchers and practitioners risk misunderstanding, obscuring or misappropriating local practices in ways that are (epistemically) injurious? This panel will debate all of these points.

Poles apart: does the export of mental health expertise from the Global North to the Global South represent a neutral relocation of knowledge and practice?
Nigel Cox (Manchester Metropolitan University); Lucy Webb (Manchester Metropolitan University)
The World Health Organisation currently exports Western psychiatric expertise to low/middle income countries. Our paper explores concepts for mental health in the Global North/South, and the epistemic injustices that may be inflicted without a paradigmatic shift in ideas of evidence for practice.

Learning from local responses to mental distress in urban Nepal to inform policy and improve practice
Pia Noel
Our research draws from qualitative data collected during three months of fieldwork studying a local, small-scale, psychosocial and person-oriented alternative approach to responding to mental distress in Kathmandu. We put forward suggestions for policy makers and development practitioners.

The epistemology of inner peace: therapeutic applications of yoga for treatment of mental health problems
Krzysztof Bierski (Freie University Berlin)
This paper examines yoga-inspired therapies for treatment of mental health problems. By emphasising patients' focus on self-knowledge, these novel forms of therapy promise a transformation of biomedical understandings of mental illness.

Time to think about how we offer help to people with psychosis
Vasiliki Tzanetou (Company Social Psychiatry and Mental Health)
Schizophrenia is a mental disorder, whose treatment in the West is based mostly on medication, while most people feel unable to get access to psychological treatment. This paper aims at shedding light on the role of culture and personality in understanding this disorder in depth.

P06 Urbanisation, health and policy
Convenors: Linda Waldman (Institute of Development Studies); Ramila Bisht (Jawaharlal Nehru University)
JUB-144: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

Unprecedented urban growth in Africa's and Asia's urban areas is occurring (UN, 2014) and making evident the limits of city planning and public service delivery. The resulting peri-urban sprawl and informal settlements are liminal spaces between the city and the hinterland; heterogenous and unplanned spaces where urban growth continues unabated yet rural dimensions remain; and unregulated spaces where neither urban nor rural policies prevail (Marshall et.al., 2009). People living here experience physical ill-being, abysmal water and sanitation facilities, overcrowding, toxic exposures, unregulated employment conditions, a lack of access to, and an inability to utilize, urban health services (Hawkins, MacGregor and Oronje, 2014).

There is increasing recognition of the health, environment and urbanisation intersections and growing academic and policy recognition of the peri-urban as critical for development (Dupont, 2007; Narain et.al, 2013), yet little anthropological research detailing health inequity in rapidly-urbanising cities. This session explores the equity, emic, and emotive aspects of urbanization and health, asking about health system exclusions. How do peri-urban residents engage in health seeking? What are the coping mechanisms for ill-health in informal settlements? What shapes women's experiences of health and how are socio-cultural norms,

such as restrictions on women's movements, negotiated in relation to urban health seeking? What are residents health concerns? Does peri-urban residence reinforce health inequity? What policies and interventions enable poor urban communities to address sexual and reproductive health needs or to tackle health conditions, and with what effect?

A chessboard called Urban Health System in India: an explorative study

Pragya Tiwari Gupta (National Institute of Urban Affairs)

India urban growth is phenomenal. In such a scenario urban health not only becomes crucial for health accessibility but also has huge importance to sketch how the urban health system works in Indian cities.

Geographies of care: corporate responsibility & HIV at South Africa's mines

Dinah Rajak (Sussex University)

This essay focuses on HIV management at the world's third biggest mining company. Through ethnographic research at South Africa's mines, I examine how the disjuncture between corporate and state healthcare creates an awkward urban topography of authority, and uneven service provision.

Peri-urbanism in globalising India: a study of pollution, health and community awareness in Delhi/Gaziabad

Linda Waldman (Institute of Development Studies); Ramila Bisht (Jawaharlal Nehru University)

We explore the intersections between agricultural activities, pollution and health in Ghaziabad, on the outskirts of New Delhi, India. We argue that residents' conceptualize 'polluting activities' and health through a pragmatic livelihood lens, rather than through biomedical concepts of sanitation.

Health seeking by peri-urban/urban migrant labouring Dalit residents: tracing perceptions over twenty-five years

Ritu Priya (Jawaharlal Nehru University)

This paper brings together perceptions related to health seeking by migrant laboring low caste urban residents from four studies undertaken by the author in Delhi and its peri-urban area over twenty-five years, and examines them with reference to the health and urban planning approaches over the years.

Gender and women's participation in reproductive health policy making in state and indigenous governance systems in Shillong, Meghalaya, India

Pauline Oosterhoff (Institute of Development Studies); Sandra Albert; Lipekho Saprii (Indian Institute of Public Health); Darisuk Kharlyngdoh (Indian Institute of Public Health-North East India)

Matrilocal indigenous Khasi women in India have poor maternal health indicators, but are excluded from the indigenous political arena. State health policies are influenced by the central state and health data are lacking. Gender and healh equity require reforms of indigenous and state institutions.

P07 Anthropology in the time of Ebola: anthropological insights in a Global Health emergency

Convenors: Juliet Bedford (Anthrologica); Anita Schroven (Max Planck Institute for Social Anthropology)
FUL-101: **Wed 9th Sept, 14:30-16:00**

Anthropology has played a prominent role in the Ebola response in West Africa. In the context of a global health emergency, unprecedented numbers of anthropologists were actively engaged, both in-country and working remotely. By providing a contextualised understanding of 'the local', their contribution was often framed by the need, as perceived by national and international agencies, to translate or mediate between communities, the responding institutions and their interventions.

The papers in this panel present new empirical data generated by anthropologists and other social scientists working 'on' and 'in' the response across Liberia, Sierra Leone, Guinea and West Africa more broadly. The papers are based on primary fieldwork and secondary data, and provide rich ethnographic accounts of Ebola and the response from multiple perspectives.

Using the papers as case studies, the panel addresses tensions in "operationalising" anthropological knowledge in policy and practice within the larger global health emergency. From challenges in conducting rapid data collection and analysis in an environment where movement and social interaction was restricted, to issues of collaboration, coordination and negotiation, and questions about how knowledge was translated, packaged, circulated and utilised, the panel explores ways in which anthropologists contributed to an emerging evidence-base that was used (to a greater or lesser extent) to shape and influence the strategies and interventions of the Ebola response over time.

Ebola in Monrovia: lessons learned and unlearned
Sharon Abramowitz (University of Florida)
This presentation highlights community-based responses to Ebola, community-based understandings of Ebola, and co-morbidity and co-mortality in a context of health systems failure at the height of Monrovia Liberia's Ebola epidemic in August-October 2014.

Ebola; from within the communities perspective.
Najmeh Modarres (Johns Hopkins University Bloomberg School of Public Health)
A qualitative study was done to understand community perspectives on attitudes, norms and practices related to the Ebola outbreak in Liberia. The key findings highlight the importance of the role that communities have played in the Ebola response.

Determinants of Ebola health-seeking behaviors: reflections from Freetown
Sergio Bianchi (MSF-Switzerland)
The proposed paper exposes how public messaging as well as a set of social factors influenced health-seeking behaviors during the declining phase of the Ebola epidemic in Sierra Leone.

Perceptions and practices of an Ebola-affected population with regards to Ebola control in Sierra Leone
Nell Gray (Médecins Sans Frontières UK)
Local acceptance and adoption of control measures has proved a challenge in stopping the spread of Ebola. A qualitative study is underway to ensure an in-depth understanding of community perceptions and practices with regards to control measures in order to inform current and future Ebola response.

P08 Collaborations and confusions: how to talk about Global Health?

Convenors: Christopher Davis (SOAS); Sophie Day (Goldsmiths College, University of London)
Discussant: Barbara Bodenhorn (University of Cambridge)
JUB-116: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

If, as Latour (2004), Despret (2004) and others have argued, the body is a site of learning and learns to be affected, might it be helpful to think about how such bodies produce, consume or reproduce the concerns and practices that assemble a global health? The global only happens in local regimes (including of course Geneva and New York) but what is learned and what is disregarded, or perhaps considered mere noise (Serres, 1982), will depend upon a range of factors – not least, national policy and discourse, diverse medical logics, the experience of ill health and of caring for the sick. These factors create varied trajectories and shape further events; they create different modes of attention and suggest alternative ways of visioning global health.

Our panel explores the varied practices having place in the midst of this always-local, always-heterogeneous and always noisy field of 'global health'. Contributions might consider the field in relation to boundary objects (Star and Griesemer, 1989), to a range of non-hierarchical plotting or narrative devices such as story boards (film), concept boards (design) and mood boards (marketing), or to other methods of uniting unlike things. Together we examine the diversity of logics and collaborations in any global health forum, along with the productive misunderstandings and translations uniting and dividing them. Our aim is to consider the contingent and dynamic qualities within the unstable but enduring assemblage that is 'global health'.

Global health in the 'real world': from the shop floor of breast cancer services in London
Sophie Day (Goldsmiths College, University of London)
What might global health look like from the shop floor? Considering one London hospital's cancer services in terms of its global reach and constitution, I argue that any 'global cancer health' rests on competing, sometimes conflicting and intrinsically multiple positions.

Rumours and reticence in an Ebola Treatment Unit in Guinea: the affective materiality of global health
Emmanuelle Roth (SOAS)
The dynamics at play in the response to the Ebola epidemic in Guinea exemplifies the violent misunderstandings fostered by affect in global health. Indeed, techniques used by the response actors to monitor "reticence" feed suspicion, which effectuates in return rumours and fear.

Modes of anthropological engagement: negotiating collaboration with policy makers in an interdisciplinary research project
Hayley MacGregor (Sussex University)
I explore tensions that have emerged whilst negotiating relations with policy-makers as part of a research collaboration in a particular 'global health forum' in South Africa. I reflect upon trade-offs and the implications for ethnographic work within an interdisciplinary funding environment.

Whose collaboration counts? Relationality, global health and the state in HIV-patients' activism in China.
Giulia Zoccatelli (School of Oriental and African Studies)
Based on 15 months of fieldwork among grassroots organizations of HIV-positive heroin users in Yunnan Province, this paper unravels the collaborations, relationships and agencies cobbled around the introduction of the global principle of Greater Involvement of People with AIDS in China.

Who's afraid? - Exterminations, eradications, entanglements
Christopher Davis (SOAS)
How can stories of wolf reintroduction offer insight into the principles and practices of global health? The transformation of wolves from vermin to co-inhabitants demonstrates the way a politics of protection & immunity reflects expanding moral horizons & the entanglements these entail.

The prosthetic paradox
Kate Milosavljevic (University of Edinburgh)
This paper considers the peculiar place of the prosthesis when thinking about disability, citizenship, health and rehabilitation. The bodies produced that emerge and not only sleek, replicable and desirable but are also historically constituted; fleshy, porous and fallible.

Anthropology and the epidemiological Turn in Global Road Safety Campaigns
Mark Lamont (Goldsmiths, University of London)
Public health's entry into the global road safety lobby means re-reading the politics of road death and injury through an epidemiological lens. What difference can anthropologists make to this global health concern? In this paper, it is argued that anthropological debates on agency and the relation can make a difference, if voiced in an accessible way.

Transplant travels from Japan: between humanitarianism and scarcity
Alessia Costa (School of Oriental and African Studies)
This paper explores families' travel from Japan to North America and Europe for paediatric transplants, offering an analysis of 'transplantation tourism' that differs from other accounts. I use ethnography to question relationships among scarcity, humanitarian aid, and the global economy of care.

P09 **Maternal precarity at the intersection of households and health systems: interrogating meanings of risk and power in maternal health**
Convenors: Maya Unnithan (University of Sussex); Almudena Mari Saez (Charite); Bregje de Kok (Queen Margaret University)
Discussant: Jane Sandall (KCL)
JUB-117: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

The panel explores the meaning of reproductive risk as a conceptual category and in terms of how it emerges and is articulated in household decision-making, perceived and performed in health worker practice and embedded in health policy discourse. With a specific focus on the relationship between risk and power, the panel invites papers which examine the following issues: What kinds of notions of risk are mobilised in the context of promoting maternal health? How are these framed, articulated, perceived and practised and what kinds of tensions arise in their deployment? What role do 'gender, social relationships and power play in the interpretation of maternal risk and in the functioning of health systems? What understandings of risk hide or reveal individual access and priority in care? In the context of labour, delivery and postpartum practices we ask how health practitioners navigate the tension between normal care and risk protocols to do with birth? What is the relationship between the 'management of risk' and the 'management of rights' (choice)? With regard to health systems, we seek to learn of the implications for understandings of risk and for maternal health in the aftermath of health crises such as Ebola, when care priorities shift.

'Birthing outside the System' in the Netherlands: preliminary findings of the WONDERstudy
Lianne Holten (VU university Amsterdam); Esteriek de Miranda (Academic Medical Center Amsterdam)
This paper will present the preliminary findings of research on the motivations of Dutch women to go against medical advice and protocol in choosing high risk homebirth, unassisted birth and cesarean delivery on maternal request.

Of risks and complications, and interpreting the 'safety' of deliveries: multi-actors perceptions from rural communities in Malawi
Isabelle Uny (Queen Margaret University)
This paper explores the distinct conceptualisations of risk, complications, and' safe' deliveries by different actors in maternal health in Malawi, which shape the choice of 'best' delivery place. We discuss how tensions may arise between the expectations of, and satisfaction with, the care women receive in hard to reach rural areas.

Risk and power in changing models of maternity care in Rwanda
Frances Haste
This study explores ways in which policies to reduce maternal mortality in Rwanda impacted on perceptions of risk and on behaviour, and how women and health workers negotiated biomedical and 'traditional' concepts within financial and organisational power relationships.

Risky people in risky environments: understanding notions of risk and birthplace in a First Nations community in Manitoba, Canada
Rachel Olson (The Firelight Group)
Critical examination of state opposition to the return of midwifery services in one community reveals how both people and their home environments are constructed as high risk and its implications for birthplace for Indigenous families in Manitoba, Canada.

Mala Leche: interpretation of risk and medical challenges to exclusive breastfeeding
Jenna Murray de Lopez (University of Manchester)
This paper looks at women's maternity narratives and beliefs concerning mother's milk as a source of contamination for their baby. Resistance to doctors' instructions to stop breastfeeding demonstrates how women interpret and measure risk against what it means to be a good mother.

Choice and purchase in Russian maternity houses: negotiations and domestification of risks
Anna Temkina (European University at St.Petersburg)
Discourse of anxiety and lack of trust to institutions characterize maternity care in Russia. Women make effort to create quasi-domestic relations within impersonal relations in hospitals. Personified and domestified relations are negotiated and paid for as a way of risk and "fate" management.

Risky births in Southern Mexico: State discourse, women's decisions and indigenous midwives' resistance
Mounia El Kotni (University at Albany, SUNY)
This paper explores discourses of risk in Chiapas. Using maternal mortality rates, the Mexican state presumes that birthing with a traditional midwife is unsafe. However, cases of obstetric violence create a counter-discourse, where for indigenous women hospitals are risky places to give birth.

Caesarian sections in Argentina: birthing and obstetric violence risk in configurations of maternal health
Rebecca Martinez (University of Missouri)
Obstetric violence is a recent term used to broadly describe dehumanizing treatment and abuse of medicalization in the birthing process. This paper explores global, national, and personal discourses of obstetric violence risk within the context of maternal and familial decision-making in Argentina.

Maternal threats: perceptions of risk between Somali women and medical professionals in Nairobi

Lucy Lowe (University of Edinburgh)

This paper examines how a focus on multiple notions of 'risk' can illuminate the tensions of security, the state, and reproductive futures between pregnant Somali women and Kenyan medical professionals working in the Somali-dominated area of Nairobi.

Water birth immersed in a "scientific" conundrum of "safety" and "risk": the case of Hospital de São Bernardo.

Susana Silva (University of Coimbra); Joyce Camargo (Institute of Biomedical Sciences Abel Salazar, University of Porto); Manuela Néné; Catarina Grande (ação da Universidade do Porto)

This paper explores local narratives and social dynamics around water birth, from a retrospective standpoint in respect to a Portuguese public hospital. This hospital suspended water birth due to lack of evidence on the overall safety and risks involved.

"She told me off as if I were her child": maternal ambiguities in the atate provision of care of Cape Verdean women in Portugal

Elizabeth Challinor (University of Minho)

The paper examines the ways in which professionals in the social and health care sector in Portugal mobilize the concept of reproductive risk from a socio-economic rather than biological perspective, to encourage young Cape Verdean students to use contraceptives and in some cases to have abortions.

P11 Health affects: medical belongings across the globe

Convenors: Janina Kehr (University of Zurich); Fanny Chabrol (Cermes3)
Discussant: Paul Wenzel Geissler (University of Oslo)
JUB-G36: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

What does the Treatment Action Campaign in South Africa of the 1990's have in common with recent strikes of health care workers in Spain? What links USA's introduction of Obamacare with Brazil's existing public health care system? As different as these examples may seem, all exemplify what one could describe as a political desire for medical belonging or "health citizenship". This panel wishes to take the analysis of health citizenships in a new direction, in focussing not only on the political or legal dimension of « a right to health » -inscribed in the Universal Declaration of Human Rights after WWII – but also on its affective one. How do moral and emotional claims have shaped and shape public health politics around the world? Which « affect economies » (Adams 2012) emerge? How are the « affective attachments » (Berlant 2011) to health care interiorised and materialised differently and unequally across the globe today? Which circulation of ideas, actors and objects between the North and the South, and the East and the West does a "right to health" enable or impede? In tracing the moral attachments, emotional frustrations and collective mobilisations of a right to health – this productive and precarious utopia – we wish to interrogate the history and present of citizens' affective attachments to it and the political innovations it engenders.

Hug a hospital and love the NHS! Activism and affect for public health infrastructures in England
Janina Kehr (University of Zurich)
In my paper, I will demonstrate which social, political and affective attachments to the NHS materialise today. The larger aim of the paper is to develop an ethnographic theory of affective biopolitics.

Weeping Charity Hospital in New Orleans, yelling at Central Hospital in Yaounde
Fanny Chabrol (Cermes3)
In this presentation I wish to reflect on two distinct research experiences dealing with medical belongings, the hospital and the State across the Globe.

Feeling cared for in medical research projects in Zambia and Denmark
Birgitte Bruun (University of Copenhagen)
This paper discusses the apparent paradox that people – whether they live in Lusaka or Copenhagen – feel more cared for as study subjects in medical research projects than as patients or clients in a public health care system.

Becoming legitimately vulnerable: the moralisation of health care in Morocco
Irene Capelli (University of Torino)
In Morocco unwed mothers and their children lack of legal recognition but are provided health services by NGOs and potentially by the state: I shall question the mobilisation of moral sentiments (instead of a 'right to health') toward 'illegitimate'categories within broader health inequalities.

P12 Weight loss, bariatric or metabolic surgery, the last hope?
Convenors: Darlene McNaughton (Flinders University); Bodil Just Christensen (University of Copenhagen)
JUB-G22: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

In the last decade, weight loss or bariatric surgery has gone global and is now the most rapidly growing 'treatment' for reducing obesity globally. Recent estimates indicate that the number of surgeries globally has more than doubled since 2003 with a 69% increase in Europe, 74% in Latin and South America and 54% increase in the Asia Pacific region. The scale and geographical distribution of this rise speaks to the growing availability and acceptance of surgery to ameliorate a larger than average body.

The rise of bariatric surgery parallels a rise in concern about the 'threat' posed by weight, the alleged global obesity epidemic, the apparent failure of lifestyle interventions, reconstructions of obesity as a disease, the increasing availability of surgery through national healthcare systems and/or private health insurance and claims about its success, cost effectiveness and capacity to ameliorate diabetes.

Few studies explore, contextualise or critically reflect on the practice and paradigms of bariatric surgeries; the hopes, expectations and experiences of those seeking surgery; the growing acceptance and normalisation of surgery; issues of equity, access and health care privatisation; or the framing of weight loss surgery in popular, public health or biomedical discourses and how these are responded to, negotiated and resisted.

We envisage a lively discussion drawing on a range of perspectives from anthropologists working at the intersections of anthropology, sociology and public health, as well as anthropologists of public health.

Do bariatric surgery patients reframe normality along their weight loss journey?
Catherine Homer (Sheffield Hallam University); Andrew Thompson (University of Sheffield); Angela Mary Tod (University of Manchester)
NHS funded bariatric surgery (BS) in England is increasing, as are interventions to support patients. Little research exists about the experience of BS or how pre-operative expectations may influence outcomes. This longitudinal study explored patient's narratives pre and post BS.

Shape-shifting, proxemics and perceptions of obesity: a personal account of weight-loss surgery
Cathy Greenhalgh (University of the Arts, London)
This paper tracks UK National Health Service medical and psychological discourse and environments experienced before, during and post (one year) the author's weight loss surgery journey. Auto-ethnographic observations track reaction and realisation accompanying rapid physical change.

Normativities of obesity surgery - a patients' perspective
Bodil Just Christensen (University of Copenhagen)
Researchers are divided on the subject of bariatric surgery, its efficiency, safety and morality. Based on ethnography from Denmark the paper discusses the normativities of bariatric surgery. What are patients' expectations, fears and hopes? And how does surgery alter these concerns?

Damned if you do and damned if you don't: the experience of shame and stigma post WLS
Darlene McNaughton (Flinders University)
Life after surgery in Australia: shame, blame and healthism.

P13 Global mental health and psychiatric anthropology

Convenors: Thomas Csordas (University of California, San Diego); Janis Jenkins (University of California, San Diego)
FUL-203: **Thu 10th Sept, 14:00-15:30, 16:00-17:30; Fri 11th Sept, 11:00-12:30, 14:00-15:30**

The field of Global Mental Health is sometimes conceived in simplistic fashion as an effort to make "evidence-based" treatments and interventions available to communities and peoples around the world. The field of Psychiatric Anthropology is sometimes simplistically conceived as an understanding of indigenous systems of treatment for suffering and distress. Our task as anthropologists is to create an intellectual platform from which to bridge the clinical concerns of global mental health and the interpretive concerns of psychiatric anthropology that advances both areas of investigation and broadens the field of discourse about cultural conditions of illness experience and therapeutic process. Constructing this bridge will require less formulaic and more nuanced anthropological analyses of the complexity and paradoxical features of healthcare for extraordinary conditions of affliction that take into account experiential modes of suffering and institutional processes for the provision of healthcare in a globalizing world.

Extraordinary conditions: culture and experience in mental illness
Janis Jenkins (University of California, San Diego)
Current debates surrounding global mental health are noteworthy for what they neglect to take into account, i.e., the lived experience of mental illness, including psychopharmacology. I argue for an approach that can specify substantive domains of relevance in terms of "extraordinary conditions."

Crisis in intimate relationships and decision making
Helene Basu (Westfälische-Wilhelms-Universität)
The paper explores practices of decision-making in India in response to experiences of a social crisis resulting from mental illness.

Addiction as a global problem/addiction as problematically global: drug-use and recovery in Global Health and globalized discourses
Jamie Saris (NUI Maynooth)
This paper explores some of the ambiguities between globalized and global health discourses on addiction.

For a substantial revision of global mental health
Stefan Ecks (University of Edinburgh)
Any dialogue between global mental health and psychiatric anthropology will stall as long as "culture" is defined without psychopharmaceuticals.

What psychiatric anthropology can learn from critical moral anthropology: and why it matters for global health
Steven Parish (University of California, San Diego); Charlotte Hajer (The Long Now Foundation)
This paper will examine the role that anthropological understandings of human moral experience can play in understanding psychiatric distress.

Dolls, documentaries and death: meeting the onto and discovering the self
Henrik Ronsbo (Rehabilitation and Research Centre for Torture Victims)
This paper is informed by the simple question 'Can there be a post-humanist anthropology that is humanist?' The paper forms part of a larger project in which I explore the emergence of psycho-social interventions in Central American post-conflict societies (Ronsbo 2014, 2015).

The Suffering of the Other
Lotte Buch Segal (University of Copenhagen)
This paper inquires into the idea of the Other as the subject of transcultural psychiatric intervention aimed at torturesurvivors living in Denmark. I elucidate the ambiguities underpinning therapeutic interventions, engaging with critical concepts such as empathy, suffering and other minds.

Ethics and trust in co-laborative research between anthropologists and health care professionals: the example of early intervention in french- and german-speaking psychiatry
Stefan Reinsch; Nicolas Henckes (CNRS)
Early psychosis is a new label for being mentally healthy and at the same time having a strong probability of developing psychosis.We explore the possibility for anthropologist to participate in the debates around this emerging liminal condition.

Mental illness or spiritual trouble? Tactical uses of religion and psychiatry by suffering people in Ethiopia and above
Pino Schirripa (Sapienza - University of Rome); Osvaldo Costantini (Sapienza- University of Rome)
The paper uses the De Certau concepts of "strategy" and "tactics" to analyse how suffering people deal with the categories of mental problems and with those of spiritual troubles. From the point of view of the suffering they are tools in a tactical struggle to find their place in a social arena.

Prayer and psychological wellbeing in post-genocide Rwanda
Nofit Itzhak (University of California, San Diego)
This paper investigates the relationship between engagement in particular prayer practices and psychological wellbeing among members of a Catholic Charismatic intentional community in Rwanda.

The place of religion in Global Mental Health
Thomas Csordas (University of California, San Diego)
Anthropology and psychiatry have a long relationship, and one of the places at which they overlap most significantly is in addressing religious phenomena in relation to mental health. This paper discusses how that relation is carried over into the developing field of global mental health.

The damaged self and the biopolitics of global mental health
Angel Martínez-Hernáez (Universitat Rovira i Virgili)
This paper analyzes the biopolitics of global mental health in terms of two categories: total nosology and total therapy. In this model human distress is managed less in terms of human needs than through a self-referential expert system.

Gaps in Global Mental Health: 'credibility' and its implications in Andean Peru
David Orr (University of Sussex)
The notion of the 'credibility gap' has recently been invoked in Global Mental Health to explain why mental health specialists are not resorted to more frequently. This paper explores how well this concept applies within medically pluralist settings such as Peru, asking 'What happens in the gap?'

"Evo only likes señoritas": humanness at Bolivia´s National Psychiatric Hospital
Carolina Borda-Niño (University of St. Andrews)
This paper delves into the fluid intertwining between psychiatric and indigenous medicine discourses and its effects on the trajectories of indigenous women who have experienced sexual violence (violent intergenerational incest) and are hospitalised at Bolivia's National Psychiatric Hospital.

Anthropology, brokerage and collaboration in the development of a public psychiatry: local lessons for Global Mental Health
Mike Poltorak (University of Kent)
The case study of the development of a local Tonga psychiatry, that drew on medical anthropology and transcultural psychiatry, provides a propitious case study to explore the biomedical imperialism vs cultural adaptation dialectic informing debate on Global Mental Health.

P14 Differences that matter: inequalities in Global Health
Convenors: Sandra Calkins (MPI for Social Anthropology & LOST); Emily Yates-Doerr (University of Amsterdam)
Discussant: Simon Cohn (LSHTM)
JUB-G22: **Wed 9th Sept, 14:30-16:00**

There is a shared commitment between the fields of global health and medical anthropology that inequalities in health must be eliminated. But how to do so, and what inequality may be are unsettled questions. This panel explores how inequalities come to matter, unpacking the

evidentiary practices in global health that mark some concerns as worthy of attention and aid. It asks how anthropologists can intervene in spaces of global health, humanitarianism, development cooperation, and other sites where decision-making is infused with a sense of urgency. Whereas global health practitioners tend to assume the universal applicability of their methods and evidences, medical anthropologists often study how differences materialize in specific therapeutic assemblages. Instead of only pointing out differences and incommensurabilities in global health, how can we use our methods and their strengths to build better worlds?

We invite theoretical and empirical papers that examine:

1) What evidentiary practices are used to qualify health inequalities, compare them, set priorities and propose solutions?

2) How might medical anthropologists interfere in global health decision-making to make a difference? What criteria and normativities mark our knowledge claims?

3) How can we study the un/making of differences in global health in times of urgency without hiding behind standard critical stances? How does this relate to hopes for better futures?

Social inequalities in health in Arab populations
Mohammed-Ali Abazeed (University of Michigan)
Countries of the Middle East and North Africa have significantly improved economic, social, and health conditions of their populations, but improvements were not equally shared and social inequalities have been exacerbated over the decades, particularly following the "Arab Spring."

Bodies at risk and "unsafe identities": legislative regulations affecting gay men and other prevention groups with the advent of HIV in Sweden
Fredrik Nyman (Stockholm University)
This paper examines how Swedish public health policies have developed over the years with emphasis on regulations with impact on social minorities, such as gay men. It asks what the anthropologist can do to affect knowledge production where white heterosexual hygiene is often left undisputed.

Gendered inequalities: substances and maternal nutrition
Sandra Calkins (MPI for Social Anthropology & LOST)
I explore how gender inequalities come to matter as distinct bodily states in recent nutrition interventions in Uganda. I ask whether attention to instabilities of evidences linking the problem and its purported solution could help to move beyond some common critiques of global health.

Inequalities in practice: reworking 'Social Determinants of Health' through Praxiography
Emily Yates-Doerr (University of Amsterdam)
Through an analysis of an obesity prevention initiative in Guatemala, the paper suggests that the 'social determinants of health' framework risks remaking conditions of inequality by targeting a narrowly defined, determinant form of health.

P15 Health for all: policy and practice

Convenors: Sigridur Baldursdottir (University of Iceland); Jónína Einarsdóttir (University of Iceland)
JUB-G31: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

The global health landscape, characterized by public and private actors, has a great impact on policy and funding of health interventions in the resource-poor health sector in low-income countries. The level of funds and the priorities shift in line with the political and ideological trends of the time. The neoliberal policies promoted by the World Bank and IMF in the 1980s had a far-reaching impact on the health sector, for instance in sub-Saharan Africa. It resulted in introduction of user fees, cost recovery, private health insurance and public-private partnership with consequent inequalities in access to services. Later, in the 1990s, with the post-Washington consensus, global institutions again recognised health services as the responsibility of the state. Today under the influence of the ideology of Alma Ata, formulated in 1978, the emphasis is on universal health coverage through alleviation of user fees.

This panel explores the production of global policies and how these affect practices in health care and access to services at the local level in low-income countries and resource-poor areas. Are health practices driven by policies or is it practice that produces policy? For whom are health policies and practices designed? How are health policies formulated and acted on by local community members, other national actors and authorities? How does policy affect access to health care? What have we learned from past experience? How can future health policy and approaches benefit from past experience? We welcome theoretical and ethnographically founded papers as well as those concerned with practice.

Revitalization of primary health care in rural Guinea-Bissau: effects and consequences
Sigridur Baldursdottir (University of Iceland)
Based on qualitative data from 2009 to 2012 this paper explores the elaboration of a new community health policy in Guinea-Bissau and its effects based on theories of global governance. It argues for the importance of taking the local context into consideration when elaborating a new health policy.

What could ethnographic evidence offer in informing the development and implementation of WHO policies on Maternal Health?
Helen Young (Gloucestershire Hospital NHS Trust)
Despite over two decades of WHO policies focused on reducing maternal deaths, the decline has been slow. Through analysis of birth ethnographies and WHO policies I explore whether

there is a role for ethnographic research in informing the development of policies relating to pregnancy and childbirth.

Politics of (palliative) care in humanitarian crises

Elysee Nouvet (McMaster University); Sonya de Laat; Kevin Bezanson (University of Toronto); Lorraine Elit (McMaster University); Carrie Bernard (University of Toronto); Matthew Hunt (McGill University); Lisa Schwartz (McMaster University); Ross Upshur (University of Toronto)

This presentation draws on humanitarian healthcare professionals' accounts of morally distressing encounters with death and dying, and Nguyen's work on therapeutic citizenship (2010) to unpack the politics of palliative care in humanitarian emergencies.

Twists and turns on the path towards maternal health user fee removals in West Africa

Isabelle Lange (London School of Hygiene and Tropical Medicine)

This paper explores the drivers behind the generation of maternal health user-fee policies in West Africa, in particular whose voices are heard and the dynamics and tensions between international and local aims, agendas and evidence.

Implementation of the Bamako Initiative in Guinea-Bissau

Jónína Einarsdóttir (University of Iceland)

Based on data collected in 2011, this presentation aims to evaluate the implementation of the Bamako Initiative in general, but in particular in Guinea-Bissau. The question posed is: Can universal health coverage be realized, as currently advocated by global institutions?

Changing policies towards traditional birth attendants and the implications for maternal healthcare in rural communities: insights fieldwork in Luwero district, Uganda

Emmanueil Benon Turinawe (University of Amsterdam)

The policy towards TBAs in Uganda is highly un-social and fails to address the underlying reasons for the existence of TBAs. By drawing from a global menu that is insensitive to local peculiarities the policy tends to work in tandem with the goal of access to maternal health for the vulnerable women.

Reaching MDG5: ban on TBA assisted births in Malawi

Geir Gunnlaugsson (University of Iceland)

This presentation describes and analyses the services of TBAs in Monkey Bay Area in Mangochi District in Malawi for the period 2004-2011, and evaluates the impact of the ban. It exemplifies the difficulties to apply ambitious global goals to diverse local settings.

"They would never receive you without a husband": paradoxical barriers to antenatal care scale-up in Rwanda

Jessica Påfs (Uppsala University)

Partner involvement is encouraged for first antenatal care visit, which consequently expose and exclude single women. Men wish to join to ensure quality of care but are denied access and increased commitment. Partner involvement should be embraced but only upon the consent of the expectant mother.

P16 Genomics and genetic medicine: pathways to Global Health?

Convenors: Sahra Gibbon (University College London); Margaret Sleeboom-Faulkner (University of Sussex); Susie Kilshaw (University College London)
FUL-214: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

The increasing visibility of the meeting points between genomics and 'Global Health' reflect a dynamic terrain in which an emerging focus on public health and the complex inter-linkages between, epigenetics, environment and human biological variation are being configured across a wide variety of national and transnational contexts. Genomics is now tied to large-scale global epidemiological studies, seen as increasingly central to addressing not only infectious disease but also the growing economic and social burden of common chronic conditions in low and middle-income developing countries. The issue of genomics and health inequalities has also become part of the landscape in which these developments are unfolding with calls to bridge the so-called 'genomic health divide' through economic investment in research and expanding provision of genomic services and technologies in the global south. This panel will contribute to emerging anthropological examination of genomic research and medicine as both a product of and vector for globalisation. We welcome papers that explore the diverse expressions, dynamics, tensions and disjunctures in the way that genomics and genetic medicine are being configured as a pathway to 'Global Health'. Themes might include how different national histories of genetic medicine or community genetics (including newborn screening programs) interface with the globalisation of genomic research and health care, the competing agendas of transnational genomics research agendas and local or national health priorities relating to rare or neglected diseases, the complex entanglements of population genetic variation and 'race' and the (re)configuring of genetic counselling programs orientated to individual risk management.

Strategic scaling and imagined communities - Exemplified by genetic epidemiology in China Medical City

Margaret Sleeboom-Faulkner (University of Sussex)
Genetic epidemiology is making headway in China. Analysing the way genetic epidemiological research in China Medical City is presented by its leaders using 'strategic scaling', I show how socio-historical context of epidemiology and state concerns with biosecurity delimit the way scientists argue their case.

Diverse engraftments: promissory notes on bone marrow stem cell transplantation in South Africa

Emily Avera (Brown University)
This research examines a NGO focused on bone marrow transplant donor recruitment in South Africa, and how their instantiations of promise in policy and practice marshal a combination of race and class, immunogenetic compatibility, post-Apartheid political exigencies, and biomedical technology.

Genetics, contagion and global public health: migrants, mutants and diseases that travel?
Sangeeta Chattoo (University of York)
This paper engages with the global assemblage framing racialized recessive gene disorders as a 'global health crisis', and the ramifications of policies prioritising the use of genomics/ carrier screening for 'prevention' to contain the spread of 'deleterious genes' into the European populations.

'Rare' genetic disease in the globalization of genomics; the case of Li-fraumeni and R337h in Brazil
Sahra Gibbon (University College London)
Focusing on a cancer syndrome known as Li-fraumeni in an emerging field of Brazilian cancer genetics, this paper examines the growing interest in rare genetic disease as part of a globalizing discourse of genomic health care.

Genomics and cures: narratives of scientists and DMD patients on genetic therapies in Japan
Masae Kato
This presentation discusses the limits and possibilities of genomics becoming global by analysing narratives of scientists and Duchenne Muscular Dystrophy patients on genetic therapies in Japan. I ask: to what extent do 'local' socio-cultural conditions affect practices of genetic therapies?

Epigenetics versus Genetics. A comprehensive approach to global health issues and health in a global(ised) world.
Eugenia Ramirez-Goicoechea (Universidad Nacional de Educación a Distancia)
Biology and biological disorders cannot be understood only from Genetics and Genomics. I will claim that Epigenetics and Epigenomics offer a much more robust explanatory when considering the spread and prevalence of specific health conditions and disorders in our contemporary globalised world.

Babies and fetal environment: intersections between Qatari and genetic knowledge systems
Susie Kilshaw (University College London)
This paper considers Qatari negotiations of the globalized genetics discourse and how intersections are influenced by local conceptions of the body, kinship and religion.

Genetics as cosmology: inheritance and health in Dubai
Aaron Parkhurst (University College London)
This paper briefly explores the relationship between indigenous understandings of the 'Arab Genome' and desert cosmologies in the United Arab Emirates, arguing that indigenous categories of the body and fate radically inform attempts the promote health seeking behaviour in the Emirates
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P17 The unintended consequences of Global Health research and interventions - an anthropological view

Convenors: Jennie Gamlin (University College London); Audrey Prost (University College London)
FUL-210: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

We invite papers that look critically at the unintended social, emotional and health (in the broadest sense) consequences of global health research and interventions. From a theoretical position or using empirical data, papers may discuss the negative consequences of well-intentioned national health policies or programmes on, for example, gender equality, access to care, quality of care or emotional, social, cultural or physical wellbeing.

We are also interested in discussing how large scale research impacts upon the localities where it is done, potentially leading to changes in families or communities, effecting individual attitudes to health or social issues, in ways that go beyond the aims, scope and proposals of the project itself. Empirical research that has been conducted in the wake of large research programmes is of particular interest.

We also invite papers that explore how clinical encounters may have unintended and unanticipated consequences, for example acting as a deterrent to future care seeking or impacting negatively on the social or family level. In some cases these unintended consequences have been described as 'violent', 'discriminatory' or 'culturally damaging'. What are the theoretical underpinnings of these interpretations, and should we consider how to incorporate a greater anticipation of 'unintended negative effects' into ethical reviews? To what extent can macro factors be held responsible for these negative consequences and what are the local factors that work to mitigate and exacerbate them?

The looping effect involving stillbirth classification: an example of unintended consequences
Samuel Beaudoin (University Laval)
This paper aims to show how global health research, public policy interventions as well as community groups' claims have actively participated in the refining of the categories of stillbirth and bereaved parents. This process made unintended consequences on the wellbeing of those they are designed to benefit.

Beyond growth? The unintended consequences of reframing children's development as physical growth in rural eastern India
Audrey Prost (University College London)
Child stunting is a manifestation of chronic undernutrition, and an important focus of current global health interventions. We examine the unintended consequences of construing the problem of chronic undernutrition primarily as a matter of stunting reduction in the context of rural eastern India.

Rethinking maternal-infant health: unintended consequences of macro-level policies
Christine McCourt (City University London)
Macro-level policy goals on maternal and infant health such as the MDGs remain out of reach in many places. This paper will discuss and review our research in the context of wealthy, middle income and resource constrained countries to question received wisdom about the benefits of global MCH policies.

Mainstreaming Tibetan medicine in Himalayan India: high expectations and unforeseen effects
Calum Blaikie (Austrian Academy of Sciences)
This paper examines some of the unintended consequences arising from the mainstreaming of Tibetan medicine in the Indian Himalayas, focusing on its effects on the social and economic dynamics of healing and on patterns of drug production and procurement.

Results of the Mexican Non-Contributory Social Pension Program on older adults' mental well-being.
María del Pilar Torres Pereda (National Institute of Public Health)
This mixed methods quasi experimental evaluation on the Mexican Non-Contributory Social Pension Program, shows mixed results. While results suggest that the program have an impact beyond the economic sphere, impacting even the mental well-being, delivery processes must be revisited due to unintended effects.

Entitlement, dependency and symbolic violence, the 'unintended' consequences of development strategies in Mexican indigenous communities.
Jennie Gamlin (University College London)
Health, social and cash transfer programmes based largely on a philosophy of 'asistencialismo' make up the 'development' strategy that aims to improve the lives of Mexico's indigenous communities. In response to this welfareism self belittling attitudes of entitlement and dependency emerge.

Un/intended impacts: interrogating HIV testing as prevention among Men Who Have Sex with Men in China
Elsa Fan (Webster University)
What do global health interventions do? What do they enable in unanticipated ways? This paper examines the scaling-up of HIV testing among MSM in China, and how this intervention turns tests into commodities and procurement into profit. In doing so, I consider possibilities for future interventions.

Global prescriptions, local pragmatics: unintended interpretations of HIV/AIDS interventions in rural Malawi, 1999-2014
Amy Kaler (University of Alberta)
Using 15 years of observational journals, we demonstrate how global guidelines concerning HIV prevention, testing and treatment have been taken up by rural Malawians in unexpected ways.

P18 De-medicalisation and the rehabilitation of nature in Western culture

Convenors: Lisa Dikomitis (University of Hull); Vassos Argyrou (University of Hull)
JUB-117: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

The aim of this panel is to explore what might be called the rehabilitation of the natural and the 'traditional' in 'modern' Western cultures when it comes to issues concerning health and wellbeing. What we have in mind is a range of practices that include the 'de-medicalisation' of pregnancy, the turn towards 'natural' or 'traditional' childbirth and breastfeeding, the increasing popularity of natural, homeopathic or 'naturopathic' medicine and the anti-vaccination movement. It would seem that what underlies these practices is the view, often implicitly maintained rather than explicitly stated that nature 'knows best' and that therefore, it should be allowed to take its own course without outside intervention. Related to this is the idea that outside interference often has contrary results and may cause irreversible damage. This contrasts sharply with the medico-scientific view that we know better than nature and the preceding generations and that intervention is the only way to achieve high standards of health and to prolong human life. It also differentiates 'modern' Western cultures from peripheral European and non-Western cultures in which the medico-scientific view may be still be dominant and distinguishes them for having questioned what was for so long taken for granted—a practice that some authors understand as 'reflexive modernisation'. It is at this point that the natural and the 'traditional' become 'modern' and the modern—the medico-scientific paradigm—traditional or worse. This panel invites colleagues to reflect on these changes with ethnographic and/or theoretical contributions.

De-Medicalicalizing Dying: the right to die as critique and biotechnical embrace
Ari Gandsman (University of Ottawa)
The right to die is often seen as a reaction against the medicalization of death, but it is also simultaneously part of medicalization processes. By examining how right to die advocates navigate this contradiction, this paper will show how they argue for a particular kind of "natural" death.

How alternative medicine revive traditional healing therapies: the case of segnatura in Italy
Isabella Riccò (Rovira i Virgili University)
The aim of the article is to describe the traditional therapeutic ritual of segnatura and explore how alternative medicine uses it like a part of his therapies.

Naturismo: re-imagining pre-hispanic natural medicine in Mexico City
Kimberly Sigmund (University of Edinburgh)
This paper discusses the practice of natural medicine in Mexico City, and how practitioners of natural medicine challenge existing conceptions of health while subverting biomedical dominance through a focus on the clean or dirty state of the body as an indicator and catalyst for health or illness.

'Regenerative medicine' as scientific rehabilitation of 'nature'
Márcio Vilar (University of Leipzig)
Can the advent of regenerative medicine, which has been reported in the last decades in several countries, be seen as a scientific rehabilitation of nature? To explore it, I reflect on the unofficial uses of immune-stimulants based on ´natural substances` to treat auto-immune diseases in Brazil.

P19 How 'global' is Global Health? Mobility and (dis)connectivity in the Global Health enterprise

Convenors: Dominik Mattes (Freie Universität Berlin); Hansjoerg Dilger (Freie Universität Berlin)
JUB-144: **Thu 10th Sept, 11:00-12:30, 14:00-15:30**

Mobility and connectivity are central elements of the field of Global Health. Thus, the increasing mobility and connectedness of persons, pathogens, and politics across national and regional boundaries produce often novel health conditions of potentially global urgency. The responses to health issues, in turn, trigger (equally transnational) flows of finances, policies, and medico-technical interventions establishing new types of assemblages with an often strong humanitarian impetus. This panel interrogates how the field of Global Health is "patterned" by geopolitical power relations, conditions of inequality and vulnerability, and the agendas and strategies of particular actors. Workshop submissions should pay special attention to the phenomena of (dis)connectivity, mobility, directionality, (in)equality and neglect. They may address why certain health conditions become the target of global health interventions while others, that are similarly "urgent" in terms of morbidity and mortality, do not attract the same medical, political and financial attention? Which (geographic as well as metaphoric) spaces and types of problems remain unmarked in the Global Health landscape? How does the "Global North" become part of the Global Health paradigm, other than intervening in the health crises of the "Global South"? Do notions of Global Health that pay attention to "austerity" and "crisis" in the "Global North" simply replace geographical boundaries by markers of class, ethnicity or race? Finally, what (new) connectivities are established between the multiple actors of the Global Health enterprise, and how do they produce new solidarities, but also hierarchies and power relations in "South-South" or "East-West" cooperations?

Within the gaps of global health: clinical volunteering, marketed scarcities, and emerging connectivities in Tanzania
Noelle Sullivan (Northwestern University)
Among foreign volunteers in Tanzanian health facilities is a growing number of volunteers from other African countries. What can engagements within the gaps in Global Health tell us about emerging global connectivities and their politics?

Health and hierarchy: mobility and desire in East African capacity building
Branwyn Poleykett (University of Cambridge)
Training and capacity building represents an important axis of connection across distant spaces and unlike times. This paper explores circuits of exchange of capacity between Denmark and East Africa reflecting on the recent past of global health and on its future.

Site's resistances, health providers' deficiencies, women's negotiation: about prevention of mother-to-child transmission of HIV (PMTCT) in Cameroon
Annick Tijou Traore (Les Afriques dans le Monde); Josiane Tantchou (CNRS)
We look at site-level deficiencies (spatiality, mobility and transportation) to understand why prevention of mother-to-child transmission (PMTCT) interventions are not increasing as fast as expected.

Barren and fertile grounds for imaginary futures - An anthropological perspective on the politics of infertility treatment in urban Kenya
Nicole Ahoya (University of Zurich)
Fertility and infertility in sub-Saharan Africa receive unequal global attention. The paper explores whether the neglect of infertility in global health programs affects the outcomes of programs for prioritized health conditions and how new forms of biosociality emanated due to the lack of resources.

Negotiating medical knowledge in South-South-Cooperation: The Cuban medical 'mission' in Rio de Janeiro's urban peripheries
Maria Lidola (Universidade Federal do Rio de Janeiro)
The paper explores the current Cuban medical "mission" in Brazil's peripheries by examining Brazilian and Cuban perspectives on public health in their divergent national discourses and local practices, their efforts of alignment and delimitation to the Global Health dispositif of the Global North.

From coastal to global: the transnational circulation of Ayurveda and its relevance for Indo-African linkages
Caroline Meier zu Biesen (Cermes3)
This paper critically explores the expansion of India's healthcare interventions in Africa with regard to Ayurvedic medicines in Tanzania, as they are framed in the context of an "Indo-Africa renaissance" and "South-South" development cooperation.

Therapeutic geographies of war: the medical travel industry in Lebanon following the US invasion of Iraq
Neil Singh (American University of Beirut); Anthony Rizk (American University of Beirut); Omar Dewachi (American University of Beirut)
This paper describes the emergence of a medical travel industry between Iraq and Lebanon that has been contingent on a political economy of care, involving the systematic dismantlement of public health care in Iraq, on one hand; and the expansion of privatised healthcare in Lebanon, on the other.

Comparison of global health infrastructure, thick and critical
Sung-Joon Park (Leipzig University); Rene Umlauf (Bayreuth University); Ulrike Beisel (University Halle-Wittenberg)
This paper approaches the mobilities of and connections between things, knowledge, and people as an infrastructure. We focus on infrastructural fragmentations characteristic for global health and approach these fragmentations through 'thick comparison'.

P20 Global ageing: towards a shift from cure to care
Convenor: Piet van Eeuwijk (University of Basel)
FUL-103: **Thu 10th Sept, 11:00-12:30, 14:00-15:30**

Population ageing has become a global challenge. Along with epidemiological and social transformations, increasing urbanisation and change of lifestyle it leads to a distinct shift of priority in health settings from cure to care. 'Care' as social and cultural practice comprises not only a medico-technical activity, but also social, emotional, psychological, physical and economic assistance for a person who needs some kind of support. Care is thus a relational phenomenon.

Starting from this broad understanding of 'care' we shed light on global ageing and related dynamics of eldercare such as: flows of global concepts of 'successful/active/healthy ageing' and their impact on older persons; chains of transnational (elder)care-giving and its influence on care-givers' and care-recipients' families; gendered global eldercare; commodification and privatisation of (elder)care work; virtual eldercare over distance; institutionalization and formalization of eldercare (non-kin care, e.g. nursing homes in the Global South); 'elderly on the move' e.g. in a migration context, to southern retirement places (creating new 'carescapes') or as medical tourists; non-communicable diseases and long-term care and their impact on elderly and their households (e.g. becoming old and diabetic in a resource-constrained setting); new forms of care arrangements (e.g. inter- and intragenerational care-giving, kin and non-kin carers); manifold impacts of formal welfare schemes on eldercare in the Global South.

We encourage interested participants to explore how these emerging global issues of ageing and eldercare are reflected, represented and practiced by different actors of/in global health on different societal levels.

"Care homes are human scrap heaps": violence and vulnerability among Japan care workers
Jason Danely (Oxford Brookes University)
Care workers in Japan, already facing poor conditions, burnout, and high turnover, will be experiencing huge shortages in the coming years. This paper examines the lives of precarious workers, most vulnerable to fatigue and other kinds of invisible suffering, who are shaping Japan's eldercare.

Ageing and dying at home in England

Renske Visser (University of Bath)

This paper problematizes the notion of ageing and dying 'at home'. It will offer ethnographic examples from the UK and shows some of the challenges that older people living alone face. Older people's perspectives are often not incorporated in policy yet are essential in creating more adequate practices.

Multiple temporalities of care among older people in Poland

Jessica Robbins-Ruszkowski (Wayne State University)

Some older Poles strive for European futures through self-care practices. Yet ethnographic focus on practices of sociality highlights other forms of care that maintain moral personhood, suggesting that multiple temporalities comprise contemporary experiences of care, aging, and life itself.

Precarious intimacies: (Grand) parenting over time in rural northwest Tanzania

Josien de Klerk (Leiden University College)

Care arrangements between grandparents and grandchildren in northwest Tanzania alter over time as grandchildren come of age and grandparents slowly age into advanced old age. The difficulty of reconciling the needs of young adults with care for frail grandparents, contributes to the precarity of old age care.

From cure to care: becoming old and diabetic in Tanzania

Piet van Eeuwijk (University of Basel)

Becoming old and diabetic in Tanzania means a chronification of progressive insecurity and an entangled control and management of cure and (self-)care on household and community level. 'Kinning' social relations – including diabetes-induced biosociality – become increasingly meaningful.

P22 A human rights-based approach on migrants' right to health

Convenors: Laura Ferrero (University of Turin); Chiara Quagliariello (University of Turin); Ana Cristina Vargas (University of Turin)
JUB-115: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

Fundamental rights, and in particular the right to the best attainable standard of physical and mental health, should be understood not only as a theoretical framework. It can also be an instrument to analyse healthcare policies, to evaluate the right to health of vulnerable groups, such as migrants, and to promote viable and adequate solutions.

The United Nations Committee on Economic, Social and Cultural Rights stated that there are four criteria that National health services must comply with in order to ensure the right to health: availability, accessibility, acceptability, and quality. These categories, even if not often used in Medical Anthropology, can offer a common ground for the development of an interdisciplinary and comparative approach.

At the same time, concepts developed in Medical Anthropology such as structural vulnerability (Quesada, Hart, Bourgois), social suffering (Kleinman, Das, Lock) and structural violence (Farmer) can offer an essential contribution to the construction of a human rights-based approach to health issues thanks to their focus on inequities and social determinants of health.

Moreover, ethnographical methodology can give voice to migrants' experiences providing a critical understanding of the social reality in which the four criteria mentioned before are grounded and offering the opportunity to show that right to health does not correspond uniquely with access to healthcare.

On these basis, we invite researchers working on the field of migrant's right to health to submit proposals in one of the following areas:

1. How can a human rights-based approach be used in anthropological studies on migrants' right to health?

2. What are the more relevant consequences of inequities, marginalization and other social determinants of health?

3. How the privatisation of healthcare, the shrinking of public resources and normative restriction affects migrant's right to health?

4. What are the local/national answers of institutions, such as national health services, healthcare operators, migrants' communities, associations and NGOs to provide and promote the right to health?

Constructing the undeserving citizen: limiting immigrants' rights through immigration enforcement in Atlanta, GA
Nolan Kline (Purdue)
Based off fieldwork in Atlanta, GA, this paper underscores how immigrant policing efforts constrain undocumented immigrants' health-related rights in the United States. Informed by theories of citizenship, this paper further highlights how immigrant policing upholds rights-based power hierarchies.

Human rights at stake: media framing and undocumented immigrants' rights to health care
Anahi Viladrich (Queens College & The Graduate Center, CUNY)
Passage of the 2010 US Health Reform Act excluded unauthorized immigrants from receiving all types of federal aid for health coverage. This paper uses a human rights framework to examine media constructions of immigrants' deservingness on the basis of economic and public health grounds.

Roma and right to health. Structural vulnerability, poverty and cultural misunderstandings
Pietro Cingolani (FIERI - International and European Forum on Migration Research)
The Roma are one of the groups that has the worst health conditions and whit which medical professionals have the biggest relational difficulties. Is the concept of culture an adequate source of explanation? The answer is rather an integrated approach that address the roots of structural vulnerability.

Uncertainty, disbelief and discourses of deservingness
Anna Beesley (Glasgow University)
The Scottish Government states that an individual at any stage of the asylum process is entitled to the same medical treatment as a UK national. This paper argues that the culture, discourse and uncertainty which surround the asylum process affect perceptions of entitlement, and thus applicants' access to wellbeing.

Searching for protection: refugees' vulnerabilities and the Italian health system
Chiara Dallavalle
The paper explores the issue of migrants' access to health focussing on the specific case of refugees within the Italian scene. The analysis will take into account the limits of the Italian Health System in taking in charge refugees' psychological vulnerabilities.

Migrant women and health rights between barriers and welfare cuts. Two "case studies" in Italy
Milena Greco (University of Study Federico II - Naples)
This intervention intends to consider the right to health for foreign women and its barriers and issues focusing on two Italian regional case studies within considerably different contexts because of their management, policies and the organization of health services.

Using critical theory to broaden understandings around access to and engagement with preventive health care by migrants from Sub-Saharan Africa living in Glasgow.
Anna Isaacs (University of Glasgow); Nicola Burns; Sara Macdonald; Kate O'Donnell (University of Glasgow)
A focused ethnography to explore perceptions of chronic disease risk and engagement with preventive health care by migrants from Sub Saharan Africa in Glasgow, Scotland. Critical theory will help to draw links between broader structural forces and health outcomes at the individual level.

"Community welfare": community-based network as migrants' health promoter
Laura Ferrero (Turin University)
A case study of 5 ethnic associations actively involved on health will be presented to discuss a form of community welfare in which associations can be described as health provider for their communities and migrants became more than service users, but also providers and defenders of the right to health

P23 Mental health and anthropology: local challenges to 'Global Mental Health'

Convenors: Sumeet Jain (University of Edinburgh); Sushrut Jadhav (University College London); Claudia Lang (Ludwig-Maximilians-University, Munich)
Discussant: David Mosse (SOAS)
JUB-G31: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

The 'global mental health' (GMH) agenda has emerged as the major driver of north-south knowledge transfer in mental health. GMH aims to improve access to mental health services in the 'global south' and reduce inequalities in care. Two tenets underlie GMH: generation of scientific evidence and human rights discourse. Policy influence derives from assembling 'evidence' for mental health interventions and situating GMH within global health and development priorities. Medical anthropologists and cultural psychiatrists have questioned the cross-cultural applicability of the GMH 'evidence' base and the GMH agenda's top-down nature. They argue such interventions promote medicalization of distress and edit local voices, particularities and healing practices.

Medical anthropologists and culturally sensitive clinicians have argued for a bottom-up, radical approach: 'local mental health' (LMH). LMH studies of distress and well-being, mental health and healing practices, and flows of technologies and expertise challenge the basis of global interventions. This approach is thus well placed to critically consider relationships between locally rooted alternatives and GMH. This panel focusses on the emergence of conceptual, policy and programmatic 'local mental health' alternatives to 'global mental health'. The panel will address questions such as: What alternatives to GMH have been effectively applied? How are LMH ideas appropriated and re-shaped by GMH practice & reverse? How might local conceptions of distress, well-being and healing be incorporated into mental health policy and practice? How are psychiatric nosologies constructed, appropriated, translated and resisted? How could voices and concerns of socially excluded groups shape mental health policy and practice?

The "mental health and culture" nexus: a genealogy
Doerte Bemme (McGill University)
This paper explores the shifting conceptualization of "mental health and culture" throughout time, arriving at a discussion of the current iteration of the nexus through Global Mental Health.

Towards a diversified evidence base for global mental health: cultural adaptation of community mental health interventions in Pune, India
Sumeet Jain (University of Edinburgh); Bhargavi Davar (Bapu Trust for Research on Mind & Discourse)
An inclusive global mental health 'evidence-base' must consider how programmes adapt interventions to local context. This paper examines the processes through which the Seher community mental health programme (Pune, India) has innovated to adapt interventions to the cultural context of local communities.

Global pharmaceuticals in a religious shrine: questions about community psychiatry in India
Shubha Ranganathan (Indian Institute of Technology Hyderabad)
Based on an ethnographic study of a biopsychiatric clinic located within a religious shrine in India, this paper interrogates the increasing psychiatrization of local categories of distress reflected in global mental health discourses and practices in low and middle income countries.

Screening for dementia: fluidity and the Mini Mental State Examination in India
Bianca Brijnath (Monash University)
Using the concept of 'fluidity' from Science and Technology Studies, this paper analyses the cultural and contextual fluidity of the Mini Mental State Examination (MMSE) in screening for dementia in urban India.

The WHO paradox and mental health hybridity in Kerala, India
Murphy Halliburton (Queens College, CUNY)
This paper will examine the paradoxical relationship between research and policy on mental health at the WHO, and present a study of mental health programs in Kerala, India including a center that combines biomedical and ayurvedic treatments and a WHO program to expand the use of psychiatry.

(Re-)Invented Ayurvedic psychiatry and Local Mental Health in Kerala
Claudia Lang (Ludwig-Maximilians-University, Munich)
The aim of this paper is to explore how the creation of Ayurvedic psychiatry engages GMH discourse in which mainstream psychiatry is hegemonic. This could contribute not only to a greater availability and accessibility but also to a greater diversity in the field of mental healthcare in Kerala.

Strategies for assessing mental distress: communication, idioms of distress, and local instrument development
Bonnie Kaiser (Emory University)
This paper explores how a local mental health agenda advances communication and measurement in mental health practice. Drawing on examples from Haiti, the paper describes development of culturally appropriate instruments and the identification of particularly local means of communicating distress.

"How I floated on gentle webs of being": African psychiatrists' stories about the mental health treatment gap on the continent
Sara Cooper (London School of Hygiene and Tropical Medicine)
This paper explores the stories 28 African psychiatrists told about the mental health 'treatment gap'. Despite the dominance of a biomedical paradigm, there were cracks in this master narrative which offer important alternative insights into mental health care provision in Africa.

Global Mental Health: the importance of contextual sensitivity and appropriate methodologies

Ross White (University of Glasgow); Richard Fay (The University of Manchester); Okalo Ponsiano (Center For Victim of Torture); Rosco Kasujja (Makerere University)

Drawing on research seeking to develop culturally appropriate psychosocial interventions for Lango-speaking people in Uganda, this paper problematizes the dichotomy drawn between 'Global' and 'Local' perspectives. Lango descriptions of distress highlight the complex reality that exists on the ground.

The global mindset of development: the mental health-poverty nexus through a lens of psychiatrization

China Mills (University of Sheffield)

Some say that mental health is an obstacle to development goals because of the relationship between mental health and poverty. Here it is imagined that improving mental health will help to reduce poverty. However, this relationship may also be a sign of the psychiatrization of poverty.

P24 Anthropology on trial? The role of ethnography in HIV experimental science

Convenors: Eileen Moyer (University of Amsterdam); Eva Vernooij (University of Amsterdam)
Discussant: Vinh-Kim Nguyen (University of Montreal)
JUB-118: **Wed 9th Sept, 14:30-16:00**

Over the last twenty-five years, anthropology has provided important critical examinations of HIV-related experimental science. Anthropologists have explicated the hidden cultural transcripts and unintentional social 'side effects' of experimental practice; raised ethical concerns related to recruitment, consent, and confidentiality in cross-cultural contexts; questioned the growing commercialization of both experimentation science and study populations; as well as the power relations embedded in experimentation practices carried out among the economically and politically marginalized. Whereas much early ethnographic research on experimental AIDS science was conducted from 'outside', the past decade has seen increasing involvement of anthropologists in experimental designs in HIV research, executing preliminary qualitative explorations to inform interventions, instruments or designs of trials; conducting field studies and observational studies parallel to trials to, for example, increase external validity; and undertaking critical ethnographies of 'trial communities'. This panel aims to bring together anthropologists and other sympathetic ethnographic researchers who participate in collaborative HIV/AIDS research to discuss experiences—chances, problems, obstacles and dilemmas—and ways forward in ethnographic theory. From a theoretical perspective, we ask how anthropological research carried out in and on HIV/AIDS interventions and trials might engage with and contribute to wider debates in the anthropology of trials, the anthropology of collaborative research, and the sociological study of science more generally.

Diverging standards of care in real-world research: implementing HIV treatment as prevention in Swaziland
Eva Vernooij (University of Amsterdam)
This paper will discuss the concept of real-world research by examining conflicting perspectives about the 'standard-of-care' in an implementation study evaluating the effectiveness of offering antiretroviral treatment as prevention in a government-managed health system in Swaziland.

What are the challenges and possibilities for anthropological involvement in in HIV, gender-based violence and Ebola Virus Disease prevention trials?
Shelley Lees (London School of Hygiene and Tropical Medicine)
There are lessons to be learned from anthropological involvement in clinical and community-based trials that contribute to both anthropological knowledge and ethical conduct of trials.

Lost in translation: a conversation with an epidemiologist on the Trial Communities collaboration(s)
Denielle Elliott (York University)
This rather unorthodox paper is a conversation with an epidemiologist who was the director of HIV Research for a large state run clinical research centre in Kenya and a co-investigator on a collaborative ethnographic project exploring medical field studies, or 'trial communities,' in western Kenya.

[e-paper] (Re)producing community in clinical trials: possibility and power in HIV research in South Africa
Lindsey Reynolds (Brown University)
The paper aims to explore imperatives, narratives, and performances of 'community' as they find expression in sites of experimental HIV prevention research in South Africa.

P26 **Conflicting politics underlying obesity in a complex, globalised world: 'glocal' governance, public actions and community engagement**
Convenors: Emily Henderson (Durham University); Kàtia Lurbe i Puerto (AP HP)
JUB-155: **Wed 9th Sept, 14:30-16:00**

As our world becomes ever more globalised, the complexity of addressing obesity-related public health concerns increases. Global governance is heavy influenced by billionaires such as the Gates and transnational corporations such as Pepsico. A handful of corporations supply much of the world's food and are ever more challenging to regulate. In such contexts, to what extent are 'health discourses' thwarted or misappropriated by market forces? How do health policies become biased and limited in favour of profit? Why is it, despite evidence that obesities are heavily determined by environmental, social, political and economic factors, governmental responses tend to 'drift' back to individual focused behaviour change (known as 'lifestyle drift')? How can action on global issues be taken at the local level (the idea of a 'glocal' world)? How do local contexts redefine both the meaning of obesity and global policies? What roles are patient, citizen and community groups playing? Whilst funds

are increasingly sourced from food companies, how can researchers on obesity produce independent research? How can we challenge the ever widening gaps in global health inequalities? To what extent can our research influence policy and practice?

Building on the 'Bodies out of bounds' panel at the 2014 EASA/AAA conference, this panel invites papers that further this thinking into public action and community engagement within current global contexts. This panel also seeks to provide a platform for identifying future networks across European academic institutions and to discuss potential anthropological research on obesity and food/health related practices.

Taking measures in a time of "crisis": the politics economic of obesity prevention in Spain
Mabel Gracia-Arnaiz (Universitat Rovira i Virigili); Lina Cristina Casadó Marín (Medical Anthropology Research Centre)
This article raises the question of whether the limited importance given Spanish public health policies to macro/micro structural factors and to social determinants of health that account for the unequal social distribution of obesity may be the cause of the apparent failure to reduce its incidence.

A critical review of behaviour change approaches to address obesity in the UK
Emily Henderson (Durham University)
Despite progress in thinking of obesity as being caused by wider determinants, policy in the UK tends to 'drift' back to changing individual lifestyles. How can we truly move beyond responsibilising and stigmatising individuals, but rather foster public action and hold government to account?

Public policies struggling with obesity in France: nutritional labelling and patient-experts educational teams as new tools for governing individuals' behaviour
Kàtia Lurbe i Puerto (AP HP)
Drawing from a critical deconstructionist review of the PNNS and PO, I discuss the "diagnostic narratives" underlying French public policies on obesity. I then analyze the rationales of the latest instruments for the regulation of individual behaviour and debate their scope for citizenship action.

Social awareness of obesity in Poland. The interplay between the 'local' and the 'global'
Agnieszka Maj (Warsaw University of Life Sciences)
The paper explores awareness of factors which can lead to obesity among research participants from Poland. The main focus is on indicating how it is shaped by the interplay of factors form both the local and the global level and what barriers can make obesity prevention difficult for certain groups of people.

P27 Rethinking medical anthropology: experiences on global diseases in Latin America from a critical perspective

Convenors: Diana Oviedo (Universidad Nacional De Colombia); Diana Sarmiento Senior (Universidad El Bosque, Universidad Nacional de Colombia)
JUB-143: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

Medical anthropology has approached to cultural and communities' interpretations of health-disease processes. Nevertheless these must be understood as interrelated to a global world in which geographical and political boundaries have been exceeded. Latin America and the Caribbean experience epidemiological transition dynamics nowadays, that implies to work on the reduction of infectious and chronic diseases.

Respiratory infections related or not with bacterial contamination have grown important among these, having high impact on the group of chronic diseases in the region. HIV/AIDS is the main infectious disease and affects morbidity and mortality on patients. This group of diseases explains 60% of all deaths in the region, being main cause hypertension, obesity, hyperglycemia and hyperlipemia (Mitral: 2010).

Having said that, the neglected diseases must not be forgotten as they persist in the most unequal region of the world and they became a priority to achieve the Millennium Development Goals. Their disease burden is higher than malaria, HIV/AIDS and tuberculosis (Hotez: 2008).

Interpretation of such health-disease processes is one of Medical Anthropology's contributions. It also researches and provides elements for strengthening of community participation mechanisms and produce empowering through knowledge and strategies that reduce the impact of infectious and chronic diseases to improve the quality of life in local level for a global impact.

"I prefer he dies of a sensitive Tuberculosis, than he spreads a resistant strain in the future". Stereotyping and health inequalities.

Hanna Henao Vanegas (Universiteit van Amsterdam)
Narratives produced in a hospital ethnography, in a Colombian city, unveil the differential access to health care services that can be given when one is stereotyped as homeless. The medical community must be aware of the influence that stereotyping can have on medical decisions.

Understanding the gap between HIV policy formulation and implementation in Cartagena, Colombia through participatory research

Nehla Djellouli (University College London); Maria Cristina Quevedo-Gomez (Universidad Javeriana)
While formulating a national plan – influenced by international organisations – to tackle HIV in Colombia, the voices of locals affected by HIV were silenced. This resulted in implementation barriers in Cartagena; a participatory approach is thus needed in policymaking to include local stakeholders.

Dengue prevention in Latin America: does the social count?
Diana Sarmiento Senior (Universidad El Bosque, Universidad Nacional de Colombia)
Since mid-20th century dengue has become pandemic. Multiple interventions tried to control the expansion of the disease. A review of the methods employed in LatinAmerica assesses the goals and barriers of interventions. A Colombian experience shows an intervention with multisectorial participation.

The traditional view of altitude sickness in the Quechua culture
Luperio David Onofre Mamani (Universidad Nacional del Altiplano)
The item entitled "The traditional view of altitude sickness in the Quechua culture" refers to an anthropological study of high altitude sickness in Puno Peru Quechua area. Contains perceptions, knowledge, causes, signs, symptoms, treatments, preventions and factors causing complications or deaths.

Judicialization of politics as a new experience of relation with the State. Colombia, Argentina and Brasil.
Diana Oviedo (Universidad Nacional De Colombia)
This paper presents three cases how judicialization of health politics puts the power of new actors such as judges and high courts in mobilization repertoires, protest cycles and construction of citizenship.

Health litigation in Colombia: have we reached the limit for the judicialization of health?
Daniel Alzate (Universidad del Rosario)
The purpose of this article is to present a critical view of the standardized interpretation of the Colombian Constitutional Court's role and health litigation. Include an analysis of the health system dynamics and contradictions shows the strategy for judicialization of health is weakening.

P28 Managing trust in an uncertain therapeutic world

Convenors: Kate Hampshire (Durham University); Trudie Gerrits (University of Amsterdam); Heather Hamill (University of Oxford); Rachel Casiday (University of Wales Trinity Saint David)
FUL-201: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

The globalisation of healthcare is associated with the emergence of increasingly complex, dispersed and often virtual therapeutic arenas, with a proliferation of actors and technologies. In this context, establishing trust becomes a major challenge for prospective patients and other actors operating across (and often blurring) the local and global, state/non-state and formal/informal. From the perspective of patients/consumers, trying to distinguish between bona fide practitioners (itself a slippery concept) and 'charlatans' trying to make a quick buck becomes a serious challenge, particularly in the context of widespread drug counterfeiting and weak regulation. Developments in electronic telecommunications have enabled the bridging of longer geographical distance between healers, medicines and patients, enabling information, medicines and money to move thousands of miles very quickly; online pharmacies, for

example, enable the bypassing of health professionals and national regulatory systems. Practices of establishing trust, and the risks of mistrust and/or misplaced trust, play out all the way up the supply chains of drugs and other therapeutic technologies in the opaque and weakly-regulated global health marketplace. While these issues have been widely discussed in the literature, they remain seriously under-theorised, and often draw on very 'thin' empirical material. This panel invites contributions from researchers and practitioners working on any area of global health where trust is an issue. We particularly encourage papers that draw on detailed empirical material but also attempt to draw on appropriate (and perhaps innovative) theoretical approaches/tools to understand and respond to 'trust problems' in contemporary global health.

Choosing among diversity: discourses on trust and cultural relations with medicines in Maputo
Carla F. Rodrigues (University of Amsterdam)
In developing countries, mainly in major cities, the increasing variety of medicines available in the market creates new opportunities of choice. This paper aims to present and discuss the discourses around the conception of trust and the criteria behind those choices in Maputo, Mozambique.

Infertility, global medicine and social networks: trust building strategies of Mozambican infertile couples attending South African fertility clinics
Inês Faria (University of Amsterdam)
This paper focuses on Mozambican couples resorting to assisted reproduction technologies (ARTs) in South Africa and on the importance personal, local and transnational, social networks have as trust building mechanisms regarding foreign clinical sites and global ARTs.

Signalling trust in an uncertain therapeutic world: an example from Ghana and a manifesto for research
Kate Hampshire (Durham University); Heather Hamill (University of Oxford)
We apply the principles of Signalling Theory to understanding how prospective patients in Ghana come to trust certain healers and how healers try to signal their trustworthiness, and consider the usefulness of this approach in relation to other trust problems in global health.

Therapeutic citizenship, trust, and religious community in Germany
Malgorzata Rajtar (Adam Mickiewicz University)
This paper focuses on Jehovah's Witnesses and analyzes ways in which religious groups could effectively deploy their own structures, such as Hospital Liaison Committees, in establishing trust between doctors and religious patients without compromising the health care outcome of such encounters.

The acceptance of homeopathy in Japanese healthcare: trust between practitioners and patients/consumers
Yuri Nonami (Otemae University)
This paper explores how newly imported homeopathic techniques were accepted by Japanese patients and how trust between patients and practitioners has had an effect on therapeutic

efficacy. The analysis will centre on relationships between the patients and the practitioners in the ethnographic data.

In times of flux and flu: configuring patients and the public in epi/pandemic clinical research
Jill Turner (University College Dublin); Ronnie Moore (University College Dublin); Prasanth Sukumar (University College Dublin); Micaela Gal (Cardiff University); Alistair Nichol (St Vincents University College)
This paper explores the tensions and paradoxes inherent in governing discourses surrounding patients and user groups in relation to public understanding, risk, trust and current clinical research of global infectious diseases.

Trust and trust relations from the providers perspective: the case of the health care system in India
Sumit Kane (KIT Royal Tropical Institute); Michael Calnan (University of kent)
There is erosion of trust between healthcare providers and regulators in India. A variety of influences, including corporatization of care, regulatory failures, and wider social changes, shape these trust relations, and thereby shape providers' practices and relations with their patients.

Do participatory and community engagement approaches increase trust in health care?
Rachel Casiday (University of Wales Trinity Saint David)
This paper reviews community engagement approaches to health and their implications for trust. Community engagement may increase trust between service users and service providers, but this trust can be undermined if community members do not feel that the relationship exists on a truly equal footing.

Choosing a miracle: poverty and mistrust in abandonment of childhood cancer treatment in El Salvador
Nuria Rossell (University of Amsterdam)
Parents who abandoned their child's cancer treatment showed a religious-based logic running in parallel to the oncology teams' scientific belief system and logic. Poverty and misgivings drive the parents to turn to their church community where traditionally they obtain answers (miracles) and support (financial and emotional).

P29 Disability: theory, policy and practice in global contexts
Convenors: Mary Wickenden (University College London); Maria Kett (University College London)
FUL-107: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

The lived experiences of disabled people have rarely been investigated from anthropological or global health perspectives. When they have been a focus, it is often assumed that disability is a purely health or medical issue and emphasis is usually placed on exploring the impact of impairments (differences in body or mind), rather than on broader aspects of people's lives.

Disabled people themselves say that their concerns are more likely to be about ontological matters related to the nature of difference and the myriad of ways in which they experience stigma and social exclusion, as well as about more prosaic aspects such as being denied equal access to a range of mainstream services such as health and education or to employment, leisure and community involvement.

Anthropologies of disability have begun to explore core aspects of being human such as: identity, body and mind sameness or difference, self versus others' perceptions, the concept of 'normality', relationships between impairment illness health and wellbeing, caring independence and dependence, as well as life-course dilemmas including antenatal screening, euthanasia and the judgements about quality of life. However, these have almost exclusively been examined in global north contexts. There is an urgent need for in-depth analysis of the lives of disabled people in the global south and a better understanding of how and if, theories of disability developed (largely) in the north may apply in a diversity of realities.

Rethinking (global) public health interventions (RCTs): ethics, polemics and practices for equity
Maria Berghs (University of York)
Using 'disability' we critically rethink what (global) public health interventions should encompass to be equitable.

Disability within the framework of development evaluation
Lisa Popelier (University of Antwerp)
Development evaluators have paid relatively little attention to the inclusion of people with disabilities within evaluation processes. Their voices have often remained unheard in development evaluations despite the disproportionately high representation of people with disabilities among the poor.

The paradoxical injunction of autonomy for people with disabilities in Cape Town (South Africa)
Marie Schnitzler (University of Liege)
This article discusses a paradoxical injunction linked to the concept of autonomy in the field of disability. On one side, this discourse asks for the recognition of the capacities before the disability, but, it also emphasizes the need to acknowledge the disability and its daily consequences.

Polio and health inequality in Sierra Leone
Diana Szanto (University of Pécs)
The objective of the paper is the reexamination of taken for granted ideas about disability in the Global South through the presentation of self-managed communities of polio-disabled people in Freetown, with a special attention to their health status and to their access to medical care.

Disability and inequalities: the life stories of 'Gudat Akal' in Tigray Region (North Ethiopia) between cure and care

Virginia De Silva (Sapienza, University of Rome)

In Tigray region, people with physical disability are called 'gudat akal' that literally means 'damaged body'. This paper aims to explore the local perceptions about different kinds of physical impairments and the differences in their management.

Freedom and people who have an intellectual disability: an ethnographic exploration of care and support practices

Carys Banks (University of Bath)

Social care support for intellectually disabled adults living in England is directed by statute aiming to enable people with freedom of choice and protection from harm. Through ethnographic exploration into support settings I hope to explore the tensions that exist between these two imperatives.

Why is disability such a challenge? Personhood, humanity and difference: reflections on the perspectives of disabled children in diverse communities

Mary Wickenden (University College London)

This paper explores the perspectives of disabled children in the global north and south, using data from them. It asks why they often experience exclusion and abuse within their families and communities and makes links with theory about identity, personhood, diversity and structural violence.

Mexican disability worlds: understanding congenital diseases and parenthood in a charity care centre

Francesca Vaghi (University of Oxford)

Little has been written about disability in Mexico, although the issue has become increasingly visible in recent decades. Using the analogy of 'disability worlds' this paper explores the different local and global tensions that families encounter outside and within a charity care centre.

The enactment of ability in disability

Camilla Hansen (Oslo and Akershus University College of applied science)

Acknowledge discourse as practices, doings, activities and interaction between people, objects, environments, technology; disability becomes enacted as heterogeneous understanding.

"They have an idea, they have a goal, they always have something new - stage, arts, what not!": views on disability and normality in the narratives of visually impaired people doing arts (Moscow area)

Alexandra Kurlenkova (N.N. Miklukho-Maklai Institute of Ethnology and Anthropology, Russian Academy of Sciences)

This paper suggests the affirmative model of disability to analyse experiences of visually impaired Moscow artists whose works open up ways to overcome social stereotypes and set forth a new, non-tragic view of the world of individuals with visual impairments.

Empathy and embers: an ethnographic study of the Smoke-Free policy in Boston Housing Authority Elderly and Disabled Developments
Inez Adams
This paper presents data from an ethnographic study of Boston subsidized housing developments for the elderly and disabled in order to examine the experiences of residents two years after the initiation of a smoke-free policy. Failure to make reasonable accommodations for smokers had the unintended consequence of an increase in indoor smoking.

P30   Health workers at the boundaries of Global Health: between 'performance' and socio-material practices of care

Convenors: Karina Kielmann (Queen Margaret University); Johanna Goncalves Martin (University of Cambridge)
Discussants: Kenneth Maes (Oregon State University), Françoise Barbira Freedman (University of Cambridge)
FUL-107: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

Global health discourses on 'universal coverage' and 'continuity of care' place renewed focus on the potential of community health workers (CHW). 'Task shifting' has professionalised the activity of people who historically inhabit border zones in between different health systems – clinic and community, biomedical and 'traditional'. CHWs juggle multiple priorities and accountabilities; they are often seen embedded in, hence responsive to 'community' needs, yet the complex social relations that make (or break) 'communities' are rarely acknowledged. At the same time, they act on the imperatives of multiple, often donor-driven, public health programmes. Public health evidence on the success of CHW initiatives is mixed, not least because 'performance' is measured through indicators that assess health workers' capacity to mimic tasks defined by specific protocols for managing patients. These parameters fail to capture the socio-material practices inherent to their boundary work. We ask panellists to critically examine the bases and implications of tensions in CHW 'performance' for relations of care, trust, and accountability in the context of poorly resourced and highly pluralistic health systems. Panellists are invited to consider the following questions: How are different forms of care enacted through the work of CHWs? What kinds of social relations do CHW activate through their subject positions and agency (e.g. being female, indigenous, 'expert patients') and to what purpose? How do they appropriate, deploy, and reinvent tools of their trade (e.g. training manuals, medicines, uniforms)? Finally, which transformations and translations of and between systems are enabled, challenged or impeded?

Tracing beyond reason: lay health workers at the interface between care and surveillance
Fabian Cataldo (Dignitas International); Janet Seeley (London School of Hygiene and Tropical Medicine)
We draw on data from Malawi, Uganda and Zimbabwe to explore and reflect on the uncomfortable spaces created through the instrumentalization of lay health workers for the purpose of retaining and bringing women who default from Option B+ back into care.

Evidentiary politics and relations of distrust in sex worker programs in Kenya
Rob Lorway (University of Manitoba)
This paper illuminates the conflicts that outreach workers contend with as they attempt to build relations of trust with their fellow sex workers at the same time as more aggressive surveillance procedures, like the introduction of biometric registration protocols, impart relations of distrust.

Learning to walk the paths of health: the Yanomami health agents' training course as an act of translation
Johanna Goncalves Martin (University of Cambridge)
I examine Yanomami health agents' experience of training as an act of translation that paradoxically aimed to join while separating globalised practices of biomedicine and Yanomami practices of shamanism, raising important issues about intercultural care and health agents' training courses.

The micropolitics of task-shifting and care-giving in Ethiopia: a comparative biosocial analysis of urban AIDS care and rural maternal and child health care
Kenneth Maes (Oregon State University)
This paper uses a biosocial approach to explain the variable forms of care and micro-politics in which Ethiopian community health workers (CHWs) engage, comparing across two contexts: urban CHWs deployed by NGO-government partnerships and rural CHWs deployed primarily by the government.

Learning from the aftermath: the rise and fall of birth workers at the boundary in Malawi
Claire Wendland (University of Wisconsin-Madison)
Hopes invested today in community health workers echo those once invested in "traditional birth attendants." In Malawi, TBAs once treated as stop-gap extensions of the modern state are now often vilified as dangerous non-moderns. Their experience raises cautions about health work at the boundary.

Health Agents in the mi(d)st: Yanomami agency and the struggle for well-being
Alejandro Reig (University Of Oxford)
This paper examines the sanitary and socio-political impact of the work of a Yanomami Health Agent, and his relation with the health system. It argues that community welfare relies more on the co-option of state resources by the people than on the State´s effort to sanitize them.

Intermedicality and agency: the role of Indigenous Health Agents (AIS) on the Indian Reserve Kwata-Laranjal, Amazon, Brazil.
Raquel Dias-Scopel (ILMD/FIOCRUZ); Daniel Scopel (ILMD/FIOCRUZ); Esther Jean Langdon (Universidade Federal de Santa Catarina)
Results of ethnographic research regarding the role of Indigenous Health Agents (AIS) in Brazil suggest that AIS role is central to the production of the social field of intermedicality and that such community health workers emerge as new political subjects to act in inter-ethnic contexts.

Health Workers as cultural translators and mediators between shamanic popular medicine and the hospital in Western Amazonia (Peru, Ecuador, Bolivia) since the 1980s: revisiting the aims of Alma Ata?
Francoise Barbira Freedman (University of Cambridge)
This paper compares the role of indigenous health workers in Western Amazonia as cultural mediators between shamanic popular medicine and health services in the 1980s and now. The rise of both indigenous movements and shamanism in Latin America call for consideration of this cultural mediation in the new health goals for integrated primary health care.

P31 Chronicity and Care: anthropological approaches to progressive lifelong conditions
Convenor: Hayley MacGregor (Sussex University)
JUB-116: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

At a summit in 2011, the UN declared the rising global burden of non-communicable disease "a threat to development", especially in contexts where public sector health systems are still angled towards acute illness, and where people pay out-of-pocket for health and social care. In settings with a significant HIV prevalence, policy makers have been experimenting with models of care that "retain" people on biomedical regimens and taking medication over the longer term. This experience is increasingly seen as relevant to the challenge of providing for a broader range of progressive illnesses, often with the intention of "integrating" all such care. These developments reveal disjunctures in understandings of chronicity and care, across biomedical settings and beyond, in contexts where people seek services and support in the face of affliction.

This panel invites papers which explore different understandings of care for conditions that are thought to be chronic and lifelong. What might a greater presence of chronic illness mean in terms of notions of intergenerational support? What are the implications of biomedical framings that emphasise individual lifestyle change, and paradigms of care encouraging "self-management" of illness? How do people negotiate chronic ill health in their everyday lives and what support do they seek? How might commercial interests stand to gain from promoting categories of chronic disease? What are the implications of identifying those "at risk" of disease in contexts where access to treatment is limited, and how might the pragmatics of medicine in low resource settings shift the moral economy of care?

Chronicities & synergies of diabetes and HIV/AIDS in two sub-Saharan African cities
Emily Mendenhall (Georgetown University)
This paper examines political, economic, and social synergies among chronic conditions that require attention by international stakeholders in research and healthcare delivery by an examining two case studies of women with Type 2 diabetes who are HIV-infected (Kenya) and HIV-affected (South Africa).

'Coming of age' when 'AIDS is old': experiences of adolescence and risk in times of chronicity in Khayelitsha
Alison Swartz (University of Cape Town); Christopher Colvin (University of Cape Town)
This paper explores 'coming of age' in a South African township in the context of HIV chronicity. Against this backdrop we explore the experiences, opportunities and risks for young people, as well as the ways that these contribute to new understandings of generation, social status and responsibility.

Herbal medicines for diabetes control among Indian and Pakistani migrants with diabetes
Tania Porqueddu (University of Oxford)
Indians and Pakistanis decrease medication dosage and turn to non-allopathic remedies so to avoid medications side effects. Remedies are combined with allopathic ones and at times also replaced. Indians and Pakistanis desire having a grater role over main decisions about their diabetes self care.

Momentarily asthmatic: when self-management turns into re-diagnosis
Susanna Trnka (University of Auckland)
This paper considers the phenomenology of asthma among New Zealanders to explore how experiential temporalities of asthma structure sufferers' understandings of their conditions, leading them to reject medical understandings of asthma as chronic.

Afflicted modernity: Polycystic Ovary Syndrome in contemporary globalizing India
Gauri Pathak
Polycystic ovary syndrome (PCOS), a lifestyle disease with outcomes on fertility, appearance, and diabetes risk, affects a growing number of Indian women. Here, I investigate the interaction between sociocultural change in contemporary India, PCOS, and lived experience of the condition.

Using the Candidacy model to explore health beliefs, self-care and lay treatment-seeking behaviours of patients with podoconiosis (a progressive, lifelong condition) in northern Ethiopia
Gail Davey (Brighton & Sussex Medical School); Max Cooper (Brighton and Sussex Medical School); Harrison Banks
We present findings of recent in-depth interviews conducted with patients with podoconiosis, a lifelong progressive condition common in tropical highland areas of Africa. Particular emphasis is given to recognition of the condition, to health-seeking behaviours and to perspectives on self-care.

Living with cancer: dealing with cancer rehabilitation in Austria
Margret Jaeger; Julia Klech (Medical University Vienna); Kathryn Bouskill (Emory University)
Despite the elusiveness of a cure for cancer, therapeutic advancements have extended the lives of those affected by it. The chronification of cancer impacts aspects of daily life. The presentation shows results of a mixed-methods study regarding the impact of cancer rehabilitation in Austria.

To Cure/to Cure with the terminal sick people: an ethnographic research in the Hospice
Annamaria Fantauzzi (Université de Turin)
In this communication we want to reflect about the results of an ethnographic research made in the Aosta hospital with the terminal sick people of cancer. Which kind of healing do they have from the palliative treatments?

"We can treat everyone with measles, but we can't treat everyone with cancer": cancer prognosis, chronicity, and the body in the era of Global Health
Sara Smith (Yale University)
Based on research in Jordan, this paper examines how the chronicity of cancer intersects with forms of social affliction. It thinks through the concept of prognosis to explore how the designation of cancer as an epidemic transforms the body into a tool of care provisioning.

P32 Global healthcare professionals in medical anthropology: issues of theory methods and practice
Convenors: David Lawrence (Brighton and Sussex University Hospitals NHS Trust); Rosie Gallagher (University of Durham); Miriam Orcutt; Ana Liddie Navarro
JUB-118: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

Healthcare professionals are often key stakeholders at the intersections of Global Health and Medical Anthropology, but discussion around what this means for the disciplines and practitioners involved remains limited. This panel, convened by junior doctors and medical students, seeks to explore the impact of this work and to interrogate what this might mean for both disciplines, their practitioners and, crucially, for their patients and research subjects.

The role of 'physician-anthropologist', spearheaded by Paul Farmer, Vinh-Kim Nguyen and other high-profile individuals, is inspiring a new generation of healthcare professionals to combine clinical work with anthropologically-grounded research and practice. How does their depth of understanding and experience as well as their stakeholder status impact upon their theoretical approaches and chosen research methodologies? Do healthcare professionals have a bias when formulating objectives, interpreting data and developing practical applications from their research? What are the ethical issues raised?

Anthropological research is gaining increasing appreciation and credibility as it aids the design, implementation and evaluation of Global Health interventions. Consequently, healthcare professionals are increasingly involved in Medical Anthropology as participants.

How can their engagement with research be better understood? How can resultant evidence-based interventions requiring collaboration with healthcare professionals be optimised to maximise positive outcomes for patients?

This panel invites papers that explore the questions above, stimulate considerable discussion and further the discourse in this field. We particularly welcome papers that showcase best practice and lessons learned, specifically with a focus on applied research that has impacted patients and participants.

Motivation and altruism in Global Health: reflections of British healthcare professionals
David Lawrence (Brighton and Sussex University Hospitals NHS Trust)
With many British healthcare professionals working in the field of Global Health, it becomes increasingly important to explore their motivations. By combining narratives and reflection from healthcare professionals and the author, this paper aims to further our understanding of this complex concept.

The smoking proper: theoretical and practical conflicts as a 'physician-anthropologist'
Kwanwook Kim (Durham University)
Tobacco use has become an issue of global health as the risk factor of Noncommunicable diseases. Medical anthropologists have been fulfilling ethnographic researches to tackle smoking issues. In these processes, a physician-anthropologist faces theoretical and practical conflicts.

Health as a human right: the ethical implications of medicalised subjectivities
Piyush Pushkar (University of Manchester)
This paper seeks to explain and explore the ethical implications of the medicalisation of our subjectivities, with a particular focus on the right to health.

A two-headed monster: a case example from an anthropologist and doctor about how mixed-up thinking can be good for our health
Rosellen Roche (University of Southampton)
Exploring how anthropology can be wholly companionable in research situations where it is impossible to attain a control group, I discuss a scenario where such an approach was abandoned because it could not meet strict medical methodological standards.

At the margins of biomedicine: the ambiguous position of Registered Medical Practitioners in rural Indian healthcare
Papreen Nahar (Durham University and Newcastle University); Peter Phillimore (Newcastle University)
This study focuses on a figure: the Registered Medical Practitioner, a type of community health human resource, who occupies a niche in the medical market-place as an informal exponent of quasi-biomedical treatment in India. We challenge the overdrawn dichotomy of formal and informal health sector.

P34 Applied anthropological research in the Ebola response

Convenor: Ruth Kutalek (Medical University of Vienna)
FUL-106: **Thu 10th Sept, 11:00-12:30, 14:00-15:30**

The current Ebola crisis in West Africa is unprecedented. While former outbreaks have been relatively small and contained within a few months, this epidemic has caused thousands of people, families and communities to suffer. The social, economic and humane impact is immense.

From an anthropological viewpoint, several narratives are dominant in national and international discourse. One is around "resisting communities" - depicting those affected as "not willing to cooperate", not reporting sick family- and community members to public institutions, hiding dead bodies of loved ones and burying them in unsafe ways. Another narrative takes place around the way Ebola is transmitted – through the consumption of bush-meat, unsafe burials and religious practices. Finally, EVD survivors are the new focal point of attention. They are important research subjects (because of their immune response), but they are also often considered as carriers of the disease (especially as one case in Liberia was known to be infected by a survivor) - a narrative which is often creating discrimination and stigma in communities.

These narratives often miss the viewpoint of those concerned and what communities consider meaningful, they lack socio-cultural and historic understanding and often employ a "culture of blame". In this panel we would like to discuss the role of medical anthropology in the Ebola response in West Africa and how its cooperation with media, international-, government- and non-government organizations could be used to successfully strengthen emergency response.

Surviving Ebola in Liberia: loss, stigma and support

Ruth Kutalek (Medical University of Vienna); Davison Munodawafa (World Health Organization); Josephine Monger (Ministry of Health and Social Welfare)
Survivors had very diverse experiences during the outbreak but they have vey similar needs. When implementing support mechanisms it will be necessary to consider the psycho-social impact of the disease and include those who are currently "invisible".

Engaging communities in the post Ebola transition process: the decommissioning of former Ebola Treatment Centers

Adama Thorlie (Robert Koch Institute)
As new lessons emerge on the response to the Ebola outbreak in the West African Region, it is becoming increasingly clear that community engagement is critical in the rolling out of any public health intervention. Due to the overwhelmingly high number of cases reported at the height of the epidemic, several facilities had to be reconfigured to admit, isolate and treat patients. Many such facilities were constructed in existing hospitals, schools or buildings that provided other functions prior to the outbreak. New facilities were also constructed to deal with the epidemic.

Popular views on Ebola in the aftermath of the epidemic and their affects on health care in Liberia – insights from applied medical anthropological research
Elena Jirovsky
Liberia was declared Ebola-free on the 9th May 2015, but new cases emerged. People reacted differently on this fact. Often, their reactions were coined by mistrust due to events during the first outbreak and the declaration of the end of the outbreak. Locally appropriate strategies for dealing with new outbreaks despite the weak health care system need to be developed together with the local communities. This paper focuses on some of the reactions on the new cases and reflects on the attempts to assure a long-term awareness even after the new outbreak is declared over.

Organizational responses to the Ebola epidemic of 2013 - 2015: a qualitative analysis of documents
David O'Kane (Max Planck Institute for Social Anthropology)
Both UNESCO and Sierra Leone's University of Makeni have made responses to the Ebola Virus Disease epidemic of 2013 – 2015. Thematic comparison of documents produced by both organizations allows us to understand the role of culture in organizational responses to the crisis.

Localizing global health communication strategies: lessons from the 2012-2013 Ebola outbreak in Luwero district, Uganda
Jude T. Rwemisisi (University Of Amsterdam)
This paper demonstrates how an Ebola affected community utilized local information resources to construct an alternative understanding of the outbreak. An ongoing follow-up community-led intervention to promote primary health has adopted some elements of the identified local communication resource.

The impact of ebola on FGC/M and indigenous sovereignty in Liberia
Kerrie Thornhill (University of Oxford)
Some reports suggest that ebola has 'helped' eradicate FGC/M in Liberia. The ebola crisis, I hypothesise, is likely to exacerbate rather than relieve tensions between institutions contesting FGC/M.

P35 Unpacking the discourse of safety in Global Health
Convenors: Paul Kadetz (Xi'an Jiaotong Liverpool University); Barbara Gerke (Humboldt University of Berlin)
Discussant: Elisabeth Hsu (University of Oxford)
JUB-135: **Thu 10th Sept, 11:00-12:30, 14:00-15:30**

The biomedical concept of safety has served as a unifying principle and motivational force in the development of global health policies and governance. Although the biomedical discourse represents safety as a hegemonic concept, anthropological research problematizes such representations. This panel will examine the construction and application of the normative discourse of biomedical safety in global health and critique the assumptions of hegemony

embedded therein. We are particularly interested in analysing the interactions between global and local-level understandings of safety. We seek to examine: how a single construction of safety became hegemonic, authoritative, and representative of global health expertise? How local health practitioners with local understandings of safety have responded to this hegemony? How safety is constructed in global health policy making? And if and how the discourse of global health safety is related to colonial discourses of safety? We also seek to better understand: the link between health, the state and global securitization. The relationships between trade, toxic commodities and the safety discourse of global institutions. And the problems identified in applying one system's methods of proving safe practices (such as randomized control trials) on different ordered systems of understanding. This panel aims to examine these and other areas of the discourse of safety through local ethnographies, discourse analyses, historiography and critical, constructivist, and interpretive medical anthropological studies.

The Global Colonisation of Safety: protecting a hegemonic system of order
Paul Kadetz (Xi'an Jiaotong Liverpool University)
Through twenty-two months of field and archival research this paper examines how rituals of safety are mechanisms by which dominant social orders are protected and identifies how the enforcement of an etic system of safety onto any given group may, ultimately, compromise the safety of that group.

Revisiting Occupational Health and Safety: a view from the ground.
Mei L. Trueba (Sussex University)
This paper critically evaluates core assumptions and practices in dominant approaches to Occupational Health and Safety (OHS) through an anthropological exploration of the everyday perceptions, experiences and practices related to OHS risks amongst Bolivian cooperative miners.

A genealogy of 'safety': mobilising occupational health and safety from global policy makers to Bangladeshi garment factories
Rebecca Prentice (University of Sussex)
This paper explores how concepts of 'safety' circulate and become contested. Ethnography of occupational health and safety reveals a mismatch between technocratic, procedural constructions of safety in global policy and local Bangladeshi interpretations that are adversarial, economic, and embodied.

Updating the local understanding of assisted reproduction in Lithuania: normative assessment, time and movement
Auksuole Cepaitiene (Lithuanian Institute of History)
The paper analyses the ways in which ideas and discourses on safety and potentiality that appear alongside biotechnical and biomedical aspects of assisted reproduction (ART), child's identity, or concepts of family and kinship shape the contemporary debates on legal regulation of ART, and specify approaches to their interpretation by law.

How is the safety of Ayurveda constructed in the Czech Republic
Alžběta Wolfová (Charles University in Prague)
Based on my ethnographic research of Ayurveda in the Czech Republic I intend to interpret how is the safety of Ayurveda constructed in the dialogue of ayurvedic and local biomedically formed understanding of safety and to contribute to the discussion of the safety of traditional medicine use.

Safety perceptions and management among Tibetan and Ayurvedic doctors processing mercury for use in medicines
Barbara Gerke (Humboldt University of Berlin)
This paper presents ethnographic examples from India on the perceptions of safety among Tibetan and Ayurvedic doctors processing mercury for use in medicines. Perceptions of mercury's toxicity and how safety concerns are negotiated in the wake of the global UN ban of mercury will be examined.

Collectors of Chinese medicinals/ of data: 'Terroir' besides universalised, decontextualized science
Lena Springer (University of Westminster)
Local actors encounter two evidence discourses in global health: the ranking of cultural commodities according to "terroir", and various yet common languages of science. This paper introduces collectors of Chinese medicinal substances, and how scientific data is collected about the same substances.

P36 Justice and healing in the wake of war

Convenors: Holly Porter (London School of Economics); Tim Allen (London School of Economics)
FUL-213: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

The panel seeks to explore the intersection of notions of health and justice as people who have experienced extreme violence (particularly war and conflict) pursue avenues for greater well-being.

Concepts of well-being, how to pursue, restore and maintain it are often intertwined with notions of justice. Vernacular expressions of malady and misfortune often reference believed origins—sometimes rooted in transgressions the sufferer is associate with. In what ways does the pursuit of well-being overlap with notions of justice? How does this reflect and constitute practices of social inclusion and exclusion? What is the relationship between such measures and public authority?

The panel will explore these themes from various angles, including a focus on the intersections of a variety of mechanisms for redress/treatment, how public authority interacts with this, gendered dimensions of these phenomena, the significance of physiological and cosmological 'symptoms' such as 'abnormal' social behavior, sexual or reproductive deviance from norms, mental distress and physical illness.

Papers are invited which examine paradigms and practices surrounding wrongdoing, evidence, guilt, accountability, and redress and the ways these notions are both concurrent and diverge from notions of illness, symptoms, processes of contagion, diagnosis, treatment and healing.

'Get it out there' - performed testimony of conflict, a three-fold approach to dealing with a violent past
Magdalena Weiglhofer
This paper examines the intersection of healing and justice within the different approaches of individuals who have been directly or indirectly involved in the violent conflict in Northern Ireland to speaking about experiences of accountability and suffering through publicly performed testimony.

Explaining suffering: implications of a spiritual rape
Holly Porter (London School of Economics)
Explanations of misfortune among Acholis in northern Uganda are often attributed to social or cosmological transgressions. The paper explores how responses to suffering even when plausibly attributable to human causes are often less about accountability and more about addressing symptoms of distress.

Justice and punishment for witches, zombies and vampires in Northern Uganda
Tim Allen (London School of Economics)
Understandings of the spirit world, religion, the allocation of accountability, and wealth accumulation relate to local notions about egregious acts. Very different conceptions of wrong-doing and redress prevail in the region to norms associated with formal judicial processes.

Witchcraft, medicine, and magic among the Acholi
Ryan O'Byrne (University College London)
Many Acholi concepts around health link with witchcraft and sorcery. This paper describes Acholi ideas about medicine, magic and misfortune, arguing affect and intention are important dimensions in Acholi notions of health and that healing involves the individual as well as the social body.

What happened to the really invisible children?
Melissa Parker (London School of Hygiene and Tropical Medicine); Jackline Atingo Owacgiu
Northern Uganda has been affected by war and conflict for decades, with around 30,000 young people being abducted or joining the Lords' Resistance Army between 1996 and 2000. This paper asks: what happened to those people that subsequently escaped and passed through reception centres on their way 'home'?

The therapeutic care of asylum seekers: health, violence and the sense of justice in a medical centre for the exiled in Paris
Giacomo Mantovan (EHESS)
This paper offers an analysis of the interplay between health, violence and the sense of justice at the Medical Committee for the Exiled (COMEDE) in Paris, which provides treatment to

asylum seekers, along with medical certificates attesting to the fact that the patient is a torture victim.

Madness and fear in post-war Acholiland
Julian Hopwood (London School of Economics)
This presentation explores help-seeking around, and conceptualisations of, mental disturbance and distress in the Acholi community of northern Uganda following the 20-year LRA conflict, and how these impact on community survival in the face of overwhelming levels of mental suffering and dysfunction.

The Catch-22s of contemporary military psychiatry: clinical vs. soldierly reasoning about war syndromes after 9/11
Alexander Edmonds (University of Edinburgh)
This paper analyses contemporary versions of Catch-22 experienced by American soldiers who deployed in the Iraq and Afghanistan wars.

P37 Anthropological engagements with the Ebola epidemic in West Africa
Convenor: Annie Wilkinson (Institute of Development Studies)
Chair: Melissa Leach (Institute of Development Studies)
FUL-101: **Thu 10th Sept, 16:00-17:30**

As one of the most dramatic public health events of recent years, the West African Ebola outbreak has revealed the disjunctures and elisions within the structures of global health and has brought to light important questions about international development activities, health system resilience, and social responses to and consequences of health disasters. The engagement of anthropologists with international response efforts highlights important questions as to the role, practice and value of anthropology in contexts of epidemics and emergencies, as well as the broader conceptual, methodological, political and ethical tensions that arise at the intersection of anthropological and global health practice. This panel is organised by members of the Ebola Response Anthropology Platform (ERAP), which was established to network anthropologists and to provide an accessible platform for integrating anthropological perspectives into the 2014-15 Ebola response. Reflecting on the ERAP initiative, the panel will explore connections between Ebola, anthropology and global health around three themes: the contextual granularity which ethnography can offer on the configuration of the crisis; opportunities and challenges for anthropologists to engage during the outbreak; and methodological and collaborative dimensions of that engagement in rapidly unfolding crisis contexts. Cross-cutting the specific themes, panellists will reflect on the question of whether and, if so, how, the Ebola epidemic marks a turning point for anthropological engagements with global health, and how best to blend new roles within the response with maintaining a critical voice and pursuing long term research priorities.

Epistemologies of Ebola: reflections on the experience of the Ebola Response Anthropology Platform
Fred Martineau (London School of Hygiene and Tropical Medicine); Annie Wilkinson (Institute of Development Studies); Melissa Parker (London School of Hygiene and Tropical Medicine)
This paper reflects on the Ebola Response Anthropology Platform's experiences providing rapid response advice to government and international agencies on the Ebola outbreak. It asks how epistemic communities mobilised in response to the outbreak and how the politics of knowledge influenced policy.

What's Anthropology's 'so what'? Exploring the realities of Applied Anthropology through the Ministry of Defence's response to Ebola
Alice Gore
The Ebola outbreak presented an unusual challenge to the UK's Ministry of Defence. In doing so, it both reinforced the importance of socio-cultural understanding within the Department and exposed the challenges of applying Anthropology to such complex issues, and within this particular institutional context.

Ebola and diaspora: researching transnational communications between the UK and Sierra Leone
David Rubyan-Ling (University of Sussex)
This paper reflects on recent research on the transnational communications of the Sierra Leone diaspora, their impact on health-seeking behaviour during the ebola outbreak, and the lessons that can be drawn for anthropological research on the role of diasporas in humanitarian emergencies.

Understanding social resistance to Ebola response in Guinea
James Fairhead (Sussex University)
This paper seeks to understand the fear many Guineans feel towards Ebola response initiatives and why the educators, doctors and burial teams have sometimes encountered resistance, occasionally violent.

P38　**Taking account of context: anthropology in the evaluation of Global Health interventions**
Convenors: Ursula Read (University of Glasgow); Matthew Maycock (University of Glasgow); Daniel Wight (MRC/CSO Social and Public Health Sciences Unit)
FUL-103: **Wed 9th Sept, 14:30-16:00**

Once dismissed as a confounder, context has gained increasing attention in the evaluation of global health interventions through recognition of 'complexity' and the dynamic interaction between intervention and context. This is particularly pertinent in global health where 'local contexts' have been traditionally conceived as problematic cultural differences in behaviour and beliefs. From an ecological perspective, however, context includes not only individual and community characteristics but global political, economic and historical influences. This

recognition of intervention outcomes as context dependent has led to calls for the contribution of social science, including anthropology, to discover 'what works, for whom, why and in what circumstances'. However there are challenges in accounting for the broader context and in aligning anthropology's critical interpretive approach with the programmatic objectives of health interventions. Though ethnography is increasingly valued to appraise implementation on the ground, anthropology extends beyond this to a historical and comparative consideration of evaluation itself as cultural process.

This panel will discuss challenges and opportunities presented by this ethnographic turn in evaluating health interventions, including critical appraisals from anthropologists in the field. We will consider questions such as: What are the challenges of conducting ethnography within the constraints of research budgets and timelines? How can anthropology as critical practice be operationalised? How do insights from anthropological inquiry intersect with other approaches to evaluation? How can anthropology span differences of scale contained in a broader notion of context? How might ethnographic approaches to evaluation within low-income settings inform those in high-income settings, and vice-versa?

Encountering 'local knowledges' in project monitoring and evaluation activities: a critical ethnography of a maternal newborn and child health project in Kenya
Elsabe du Plessis (University of Manitoba)
In a global health program, local knowledge systems inform how village-level enumerators participate in monitoring activities. Exploring the collisions between local knowledges and universalistic project imperatives raises crucial implications for understanding intervention 'success'.

Transnational networks of Global Fund in Ukraine: the unintended consequences of NGO-to-the-state juxtaposition in delivering HIV prevention services
Svetlana McGill (Queen Margaret University)
The specificity of NGO delivery systems funded by Global Fund, is discussed, as they were juxtaposed to the state-owned HIV healthcare in Ukraine.

Commensurating Psychiatric Knowledge in Disaster Mental Health
Ben Epstein (University College London)
This paper will present an outline of my research surrounding the expansion of post-emergency clinical mental health services in Tohoku, Northern Japan, after the unparalleled catastrophic events of March 2011. It will ask: how are experiences rendered commensurable in disaster mental health practice?

Locating the 'cultural context' in the evaluation of health interventions
Ursula Read (University of Glasgow)
Recognition of the intersection of health interventions and cultural context seldom account for increasing global diversity. This paper draws on two case examples to consider how anthropology might contribute to the evaluation of health interventions in settings of cultural complexity.

P39 What emergency produces…Ebola and its artefacts

Convenors: Frederic Le Marcis (Ecole Normale Supérieure de Lyon); Veronica Gomez Temesio (Ecole Normale Supérieure de Lyon)
JUB-155: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

Emergency is analysed as a rhetoric characterizing the moral economy of the contemporary (Fassin, Pandolfi 2013). Grounding our reflection on current Ebola epidemic, we want to re-interrogate emergency focusing on its specificity: the articulation of Science, Global Health, poscoloniality and States. What does this articulation produce with regard to spaces and scales. We propose three questions:

1) Emergency and the experience of citizenship: Ebola has highlighted the (re)configuration of the social contract (what it means to be cared for by the State, or by NGO's). Although Ebola pandemic can be seen as a test for citizenship (Somers 2008), it can be seen as well as a concrete experiment of how people practically belong to the world.

2) Science and Emergency: Ebola epidemic gave rise to mobilization of research teams. They became involved building on their experience gained in other fields. How did they negotiate their experience with emergency? What consequences on their practices? How did science redefined what emergency is? Reacting to emergency imposes itself as a moral duty. Nevertheless the rapidity of the answer has to do with know how. Emergency needs to be thought as preparedness too.

3) Care and Emergency: the question of the quality of care within Ebola Treatment Centres has raised sharp critics (ie: prevention of contagion for the health workers versus quality of care provided to patients). How do precautionary principle and emergency interact? How issues of biosecurity and humanity care do articulate (lakoff 2010)?

Using anthropology in health emergency: methodological reflections from the experience of the Ebola outbreak
Sylvain Landry Faye (UCAD)
By taking up the challenge of a reflective and critical perspective, this paper seeks to examine the issue of confrontation between the methodological requirements of the discipline and the pragmatic ones imposed by the terrain or the "sponsors" of its intervention and adjustments induced.

Devouring citizens: Ebola Treatment Units (ETUs) and the camp model genealogies
Veronica Gomez Temesio (Ecole Normale Supérieure de Lyon); Frederic Le Marcis (Ecole Normale Supérieure de Lyon)
As from the start of the outbreak in Guinea, Ebola Treatment Units appeared as self-evidence. In unpacking the obviousness of the camp model, we want to interrogate its genealogies both within and outside of Ebola history and answer following questions: What are its products? What does it creates?

To be deprived of elections by Ebola?
Cretin Nathanael (University of Amsterdam)
The presentation seeks to draw some parallels between the current Ebola response and some elements of the political history in Guinea useful to understand how the intervention has sometimes been avoided, distrusted and even rejected.

"Every ten years disappointment hits us"- A different kind of Ebola story
Anne Menzel (Justus-Liebig-University Gießen)
The paper offers a different kind of Ebola story (to borrow from Caroline Nordstrom's famous "A Different Kind of War Story") that stresses the continuity of suffering and the recurrence of disappointment in Sierra Leone, rather than adhering to notions of unprecedented emergency.

Situating vaccinology within health systems after the West African Ebola emergency
Janice Graham (Dalhousie University)
The Ebola emergency opened neoliberal doors of opportunity for fast-tracking development of nascent treatments and vaccines that were lingering in national laboratories and the intellectual property drawers of biotech companies. Health system strengthening will advance via biotechnology assemblages.

P40 What can anthropology contribute to health systems research and reform?

Convenors: Helen Lambert (Bristol University); Ciara Kierans (The University of Liverpool)
Discussant: Karina Kielmann (Queen Margaret University)
JUB-118: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

In global health, local and national health systems are attracting concern from policy makers, funders and researchers. The global economic downturn, weakening role of the state, proliferation of private health care markets and increasing burden of chronic diseases have all contributed to a refocusing of attention on the institutional structures through which health care is provided to people. Epidemics such as the current Ebola crisis have been attributed to poorly functioning and under-resourced health care systems. Initiatives to improve 'human resources for health' or provide 'universal care', however, are driven by supply-side considerations informed by health economics, financing and policy. With few exceptions (e.g. Global Public Health 2014; 9(8)) ethnographic and qualitative evidence to inform these initiatives is scarce. Yet if health systems are really to be 'people-centred' (Sheikh, George & Gilson 2014), attention must be directed to the sociocultural dimensions of their design and operation and to actors' perspectives on their organisation and effectiveness.

In this panel we explore how formal and informal health care structures operate 'on the ground' and examine the critical role for anthropology in shaping future arrangements. We seek contributions that empirically address the role of ethnography in mediating between the rhetoric and reality of health systems; consider the politics of evidence in 'health system strengthening'; or bring local anthropological insights to bear on salient issues including treatment trajectories where health care delivery is fragmented, intersections between public,

private and philanthropic forms of provision, political economies of 'resource gaps' and care, and the role of non-biomedical providers in biomedical systems.

Humanising human resources: The All India Institute of Medical Sciences through an anthropological lens

Anna Ruddock (King's College London)

Reflecting on fieldwork at the All India Institute of Medical Sciences (AIIMS) in Delhi, this paper demonstrates the value of anthropology for understanding India's premier public hospital as both insulated from and permeated by the social and political context beyond its walls.

The troublesome dynamic between periphery and centre: challenges to the health system of Mongolia

Benedikte Victoria Lindskog (University of Oslo)

This paper draws on ethnographic research among nomadic herders in rural Mongolia. It examines the ways in which environmental challenges, rural-to-urban migration and weak rural politics affect access to health services and impinges on national efforts to strengthen the health system.

Welfare bricolage: new patterns of accessing healthcare afford new methods of research

Martin Gruber (University of Bremen); Michi Knecht (Instituts für Ethnologie und Kulturwissenschaft (IFEK)); Florence Samkange-Zeeb (University of Bremen)

This presentation introduces the concept of welfare-bricolage – the practices by which residents of superdiverse neighbourhoods combine formal and informal health services across public, private and third sectors – as well as the interdisciplinary methods used for studying these processes.

Rights and responsibilities: philanthropy and the provision of healthcare in a Brazilian shanty town

Jessica Sklair (Goldsmiths College, University of London)

Through an ethnography of a private São Paulo hospital's philanthropic healthcare project, this paper explores ideas among wealthy Brazilian elites on social responsibility, the relationship between philanthropic and state provision of healthcare and the 'right' of the poor to health philanthropy.

Between rhetoric and reality: anthropological perspectives on the rollout of antiretroviral therapy in resource-limited settings

Anat Rosenthal (Ben Gurion University of the Negev)

Analyzing the "on the ground" manifestations of global health policies in an ART clinic in rural Malawi, the paper challenges notions of normalization of ART in resource-limited settings, and points to the discrepancies between rhetoric and reality as experienced by healthcare providers.

Per diems in the global polio eradication initiative: using ethnography to illuminate the health systems effects of global policy
Svea Closser (Middlebury College)
This paper describes a comparative ethnography of 8 districts across Sub-Saharan Africa and South Asia tracing the effects of global health policy on local health systems. This paper explores the health systems effects of per diems provided by the Global Polio Eradication Initiative.

Rhetoric and reality: the role of anthropology in pandemic research
Ronnie Moore (University College Dublin); Jill Turner (University College Dublin); Prasanth Sukumar (University College Dublin); Micaela Gal (Cardiff University); Alistair Nichol (St Vincents University College)
This paper is concerned with how health care systems operate in times of epi/pandemic emergencies; the role of anthropology and anthropological research strategies for directing health policy guidelines; and for informed clinical practice at national and international levels.

Compelled to choose: ethnographic engagements with consumer directed healthcare
Sarah Raskin (University of Arizona); Jessica Mulligan (Providence College)
This paper examines how the misleading neologism "consumer directed healthcare" plays out in two U.S. settings: a dental "safety net" and an electronic insurance marketplace. Patients are obligated to act, and even feel, like consumers despite the reality that their "choices" are highly constrained.

Anthropological context and knowledge can alleviate or even prevent medical problems
Judith Okely (Oxford University/University of Hull)
Anthropologists have grounded knowledge of total contexts. Too often their warning work is ignored by medical authorities because 'not evidence based'. Anthropologists' examples from Africa and the UK offer alternative possibilities achieving healthy medical impact or significant potential.

Ethnography as mediator between community and maternal healthcare providers in Rukwa, Tanzania
Adrienne Strong (Washington University in St. Louis)
Nineteen months of research in communities and health facilities in Tanzania sheds light on quality of care, patient satisfaction, and trust between clients and providers by focusing on historical, social and institutional dynamics of facilities during obstetric care and crises.

Hearing patient voices: understanding health knowledges and health needs of migrants at risk of tuberculosis in East London
Julie Botticello (UEL)
This paper counters top down approaches to health by bringing out the patient's voice and knowledge around tuberculosis and illness management in East London.

Shamans' encounters: on medical pluralism in El Alto, Bolivia
Melania Calestani (Kingston and St George's University, University of London)
This paper focuses on Andean households' strategies in terms of medical pluralism. Despite their existing access to biomedical care, my informants may choose other options linked with traditional medicine.

P41 Containers and the material life of Global Health

Convenors: Alex Nading (University of Edinburgh); Rebecca Marsland (University of Edinburgh); Alice Street (University of Edinburgh); Ann Kelly (University of Exeter)
FUL-113: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

The anthropology of global health has done much to theorise "containment," or the practice of limiting the spread of infectious agents, but we propose instead to turn attention to containers themselves. We aim to explore the modes of interiority and exteriority that containers produce. How is containment fabricated, even in spaces that are not physically enclosed?

By "containers," we mean the objects, technologies, and practices that encapsulate, make mobile, or limit both the spread of disease and the dissemination of cures, diagnosis, and preventive measures. Containers are constitutive of global health's operative infrastructure, but they are also frequent objects of global health concern. One can think at once of the sachets of insecticide carried by mosquito control workers and the sinks and barrels into which they deposit them.

Papers might include studies of packaging and health "kits;" of containers such as tents that inhibit mobility and saline solution bags that enable it; or the makeshift containers that are constructed from to-hand materials in contexts of resource shortage (e.g. the use of bin bags as protective clothing in communities hit by Ebola). The organisers also welcome theoretical interventions into, for example, how conceptual categories themselves might "contain" global health, or how inanimate material objects generate distinctions between external and internal space. The overall objective of the panel is to further our understandings of how containers mediate and materialise the "global" in global health.

"Containing" stigma, preventing Tuberculosis: the materiality of N95 respirator
Kate Abney (University of Cape Town)
N95 respirator masks do more than physically "contain" TB. This paper uses containment as a lens to understand N95 masks as social objects which enable stigma.

The wild-indoors: the room spaces of scientific inquiry
Ann Kelly (University of Exeter); Javier Lezaun (Oxford University)
This paper develops the notion of 'room space' to rethink modes of scientific inquiry and attention.

Lab in a box: the internalities and externalities of mobile infrastructures
Alice Street (University of Edinburgh)
This paper explores the rise of the mobile laboratory in global health and examines the ways in which that mobility is premised on the capacity to compress laboratory infrastructures into small-scale containers.

Crafted bureaucracy and the containment of shit in Nicaragua
Alex Nading (University of Edinburgh)
I describe how Nicaraguan hygienists work with health certificate applicants to improvise methods for collecting and anlyzing human waste.

Containing masculinity: the work of gender equality and male involvment
Eileen Moyer (University of Amsterdam)
This paper examines the 'gender work' done by international global health programmes that target men in Africa through so-called male involvement initiatives.

Inside and outside the beehive
Rebecca Marsland (University of Edinburgh)
This paper will analyse the politics of 'opening up' and 'sealing in'; seemingly opposite techniques of caring for and maintaining the health of honeybees.

The blind glass and the construction of "social time" inside the E.R. of Modena, Italy
Mirko Pasquini (Alma mater studiorum)
The paper explores the network of relations connected to the glass barrier that divides the waiting room from the Triage area of the E.R. Patients, providers and "the Glass", these are the protagonists of the grassroots reshaping of the most important resource of the Emergency Room: The Time.

Trapping surfaces: contributions to the study of the concept of container
Viviana Lebedinsky (CONICET)
Which elements of analysis may the study of a device add to the reflections on the idea of container when such a device is conceptualized as a flat surface that suddenly traps? This is one of the most significant questions that we aim at deepening in the paper.

P43 'Stakeholder' as an emerging keyword in Global Health cultures: but what are the stakes and who holds them?

Convenors: Gemma Aellah (London School of Hygiene and Tropical Medicine); Tracey Chantler (London School of Hygiene & Tropical Medicine)
Chair: Raymond Apthorpe
Discussant: Bob Simpson (University of Durham)
FUL-104: **Wed 9th Sept, 14:30-16:00**

'Key stakeholder involvement', 'stakeholder analysis', 'learning from stakeholders' -Travelling from domains of political and business talk, 'stakeholder' has become a

ubiquitous, powerful term in global health discourse, entering into bio-ethical discussions and structuring relationships across multiple levels and in diverse settings. Borrowing from linguistic anthropology, in this panel we treat 'stakeholder' as a possible keyword of global organisational cultures – a socially prominent shorthand or gloss which is easy to use, difficult to explain and which has the power to obscure its own complexity and critique. By thorough consideration of the use of 'stakeholder' in context, across diverse settings, we hope to learn something about the underlying moral values of global health in this moment.

Taking a comparative cross-cultural ethnographic approach, we ask what work this keyword does in particular contexts, what identity statements it invokes for those involved and what claims to material resources it opens up or shuts down for which people in resource-pressured settings.

We invite papers that offer fine-grained ethnography of stakeholder relationships, engagements and practices in global health intervention and global health research across a range of contexts but with a particular focus on resource-pressurised settings. We also warmly encourage reflexive papers by anthropologists working on the interface on the complexities of their own role as a 'stakeholder' or as a mediator of stakeholder relations and best practices.

'Quality' cord blood banks: various perspectives from different stakeholders
Hung-Chieh Chang (School of Global Studies)
This article investigates different stakeholders' perspectives on what a 'quality' cord blood banks means in China. It is found that the disparities between international and national regulation has limited exporting cord blood from China to other countries.

From the District to the County, chaos as stakeholders scramble for stakes in a country experiencing devolution
Mary Nyikuri (Jomo Kenyatta University of Agriculture and Technology)
Kenya is undergoing what the World Bank describes as the most ambitious decentralization process. Counties are experiencing chaos as they struggle to form structures including stakeholder forums to coordinate the health function with no or very little guidelines on how this is to be done.

'Becoming part and parcel of KEMRI-CDC': hopes and expectations undergirding stakeholder engagement in health research
Tracey Chantler (London School of Hygiene & Tropical Medicine)
Governmental stakeholders argue that collaboration between health researchers and local communities must account for moral concerns, foster a sense of mutuality and result in concrete material contributions. They are more than ready to foster partnership and support health research on this basis.

Stakeholders and style: knowing how to talk the talk in a 'researched' village in rural western Kenya
Gemma Aellah (London School of Hygiene and Tropical Medicine)
How does a person come to stand for others? In a site of intense transnational medical

research in rural Kenya, 'stakeholder' has become a new person-category, form of authority and opportunity to leverage value for residents of an otherwise subsistence farming economy.

P44 Children's experiences with Global Health

Convenor: Colleen Walsh Lang (Washington University in St. Louis)
Discussant: Charles Watters
JUB-116: **Wed 9th Sept, 14:30-16:00**

Children make up the majority of the population throughout much of the world where global health interventions are targeted. Interventions often focus on technological innovation as the solution to complex health issues. Furthermore, children are often the direct target of global health interventions, and as targets are often reduced to quantifiable measures such as the number of vaccines administered, bed-nets provided, packets of RTUF handed out, hospital births delivered, or number of ARVs given. While global health often reduces beneficiaries to quantifiable variables, anthropological perspectives offer a more holistic approach. Situating children and childhood within a larger cultural context and recognizing the lived experience of children themselves.

This panel seeks to explore children's experiences with global health. It asks questions such as how children themselves interact with global health initiatives, how global health initiatives are motivated by and framed within a western idealized concept of childhood, and how understanding the diversity of childhoods can foster more effective global health interventions.

How children manage the meanings about health: everyday experiences of primary school children in Barcelona
Araceli Muñoz (Universitat de Barcelona)
This paper analyses how a group of primary school children in Barcelona manage the meanings about health in their everyday experiences, taking into account the children's own perspective and their role in shaping these meanings.

Westernizing emotion socialization in Russian Detskie Doma
Rachael Stryker (California State University)
This paper examines trends in emotion socialization in Russian children's homes (detdoma) between 1996 and 2002, with a focus on attachment socialization.

Young mothers and breastfeeding advocacy in the Dominican Republic: messaging exclusive breastfeeding and six-month targets.
Kathleen Skoczen (Southern Ct. State University)
Research exploring breastfeeding practices and perceptions among young mothers in the Dominican Republic revealed generational shifts toward shorter duration of breastfeeding and, despite advocacy, confusion over general recommendations from professionals.

Children's experiences living with HIV

Colleen Walsh Lang (Washington University in St. Louis)

This research explores Children's experiences living with HIV as a chronic illness. Through anthropological fieldwork this research explores children's understanding of HIV, their social roles, and their interactions with international global health programs.

P46 Reproductive disruptions & flows: surrogacy & obstetric care in India and the US

Convenor: Kim Gutschow (Goettingen University)
FUL-101: **Thu 10th Sept, 11:00-12:30, 14:00-15:30**

This panel considers the causal factors and flows that shape access to and quality of reproductive and maternal healthcare within the fragmented, highly deregulated, increasingly commodified landscape of surrogacy in India, the US, and Israel. It will consider the ethical, medical, and socio-cultural issues that arise when a variety of individual and institutional actors--including surrogates, intended parents, fertility specialists, obstetricians, neonatologists, lawyers, and surrogacy agents---negotiate their goals and needs that often coincide or conflict. It is interested in papers that conceptualize surrogacy as a social field or biosocial process with actors, rules, and goals that can be measured through maternal, perinatal, and neonatal outcomes as well as through broader social, economic, and institutional practices and impacts. The panel explores the dynamic social landscape that emerges from the interactions between buyers/sellers, products/services, and medical specialists/laypeople that are engaged in the process of surrogacy. How are social and health inequities, as well as individual agency and subjectivity, reproduced within a climate of largely unregulated ART? Can India and the US continue to promote themselves as global hubs for transnational surrogacy, even as they fail to provide high quality reproductive care for their own citizens and face the predicament of excess of maternal and neonatal mortality? Finally, how might the intersection of obstetric care and surrogacy help illuminate the highly contested issues of access, regulation, and agency within the transnational landscape of surrogacy and CBRC?

Maternal mortality and surrogacy in the US and India

Kim Gutschow (Goettingen University)

Why is there such excess maternal and neonatal mortality in India and the US and how might one relate this social fact to the expanding role of surrogacy in both countries? We look at the policies seek to level reproductive inequity even as they may wind up increasing certain forms of social hierarchy.

Reproductive disruptions during surrogacy: end of a beginning

Sayani Mitra (Goerg August Universitaet Göttingen)

This paper discusses various forms of reproductive disruptions causing pregnancy loss during gestational surrogacy in India. It underlines how absolute belief in the supremacy of medical technology enables the actors to envisage high hopes of success; without apprehending any aberrations.

Local surrogacy in a global circuit: considering Israeli surrogacy arrangements in a comparative framework
Elly Teman (Ruppin Academic Center)
I compare surrogacy in Israel to gestational surrogacy in India and the US, arguing that this culturally-specific, local and nationally-bounded form of surrogacy may be more ethical.

The pregnant woman: surrogate pregnancy in transnational commercial surrogacy in India
Nadimpally Sarojini (Sama Resource Group for Women and Health)
The pregnant body is a source of awe and veneration—but only if it exists and thrives within socially endorsed contexts, such as within a marriage. The surrogate pregnancy on the other hand occupies a deeply liminal zone that is both socially endorsed and abhorred.

Inequalities in India and the socio-ethical challenges of global surrogacy
Sheela Saravanan (Goettingen University)
Reproductive health and socio-economic inequlaities are reinforced in global surrogacy in India. The paper discusses ethical questions of violation of good clinical practices, autonomy, informed consent and objectification.

Options to parenthood- with focus on transnational surrogacy, Sweden and India
Anna Arvidsson; Sara Johnsdotter
With study among Swedish commissioning parents and people in Assam, India, the paper aims to provide a multifaceted and transnational perspective on surrogacy. Conflicting perspectives on legal and socio-cultural issues on surrogacy as a reproduction method will be discussed in this research paper.

P47   Post-human perspectives: how productive or relevant are these for a global medical anthropology?
Convenors: Simon Cohn (LSHTM); Rebecca Lynch (LSHTM)
JUB-G22: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

The intellectual and moral imperatives that underscore medical anthropology have invariably sustained the idea that its fundamental scope is the study of human health, illness and suffering, and that these are self-evidently attributable to individuals and groups of people. This panel will explore to what extent the shifts towards more post-human perspectives taking place in contemporary anthropology and beyond, in which the status of the human as the obvious focus for our attention is de-stabilised, might catalyse complimentary or alternative accounts of common topics addressed by the sub-discipline. The potential is that such standard categories as health, illness and even the body might be re-conceived as more distributed features arising from the interactions between such things as people and the environment, people and other living things, and people and material objects across time and space - rather than as inherently human properties. Beyond having ramification for the meaning of such key terms, and what kind of things we might study, the panel will collectively ask:

- Does a post-human perspective allow for a more nuanced understandings of scale and relationships between 'the global' and 'the local'?

- How might the concept of global health be reconfigured if we take into greater account non-humans and relationships between humans and non-humans?

- Can it ever be productive to think about medical anthropology as not always primarily interested in the lives of people, and what happens to its moral and ethical commitments if it no longer puts humans first?

Post-humanism, One Health and medical anthropology
Melanie Rock (University of Calgary)
Anthropologists have begun to engage with the One Health concept, but without considering the implications of extending posthumanism to social suffering or mental health. Drawing on longitudinal fieldwork, this paper reconsiders anthropological theory regarding non-humans in Western societies.

Making and remaking the relevance of the environment to human health: epigenetic toxicology in China
Janelle Lamoreaux (University of Cambridge)
Based on fieldwork among reproductive toxicologists in China, I show how longstanding ideas of mutual resonance and the oneness of heaven, earth and humans harmonize with biomedical epigenetic research, reconfiguring understandings of the interconnectivity between human and non-human health.

What does a post-human perspective mean for understanding human undernutrition; and does it matter?
Nicholas Nisbett (Institute of Development Studies)
This paper will consider what is added by a post-human perspective to studies of nutrition and whether this helps move beyond alternatives more commonly utilised in policy and practice.

Biopolitical precarity: living life in the wake of the struggle for AIDS biomedicines in South Africa
Elizabeth Mills (University of Sussex)
Based on twelve months' ethnographic research in Khayelitsha, South Africa, the paper outlines the recent biomedical and political shifts in the country and considers them in light of an emergent biopolitical landscape that brings embodied inequality into focus.

Travelling subjects and objects: global relations of knowledge, illness and well-being
Anne Sigfrid Grønseth (University College of Lillehammer)
Starting off from a study of Tamil refugee's illness and well-being in Norway, this paper discusses how migration implies a transit and movement of people, objects and practices travelling within a global network to new localities in which they take on shifting values and meanings.

Medical design anthropology: affects of product design processes within Global Health practices
Jonathan Ventura (RCA); Wendy Gunn (Mads Clausen Institute)
Design anthropology (DA) is an emerging discipline, within which we are developing a sub-discipline titled "medical design anthropology". In this paper we wish to present theoretical and practical outlines of this new sub-discipline, and its relevance to global health systems.

Subjectivity in schizophrenia: networks, enactment and the cyborg
Anthony Page
This paper uses concepts from science and technology studies such as the materially heterogeneous network, enactment and the cyborg to explore, by means of a case study, the question of subjectivity in schizophrenia.

Outside the person: The construction of blood as a resource for donation
Rebecca Lynch (LSHTM); Simon Cohn (LSHTM)
Taking a post-human approach to blood donation we consider donated blood as something that is 'made' only when it leaves the body, not simply extracted but constructed through the process of donation. This blood is a different kind of substance that mediates relationships between donor and society.

The injecting event: Harm Reduction from a posthuman perspective
Fay Dennis (London School of Hygiene and Tropical Medicine)
This paper uses my PhD project on injecting drug use and Harm Reduction to argue in favour of posthumanism as a productive perspective. That is, by focusing on the injecting 'event' rather than the individual 'drug user' a more complex and ethical approach can be forged.

Post-human perspectives of paternal postnatal depression: lived embodiment and a culture of hormones
Rebecca Oxley
This paper outlines a few crucial ways that post-humanism can offer a valuable insight into the lived embodiment of postnatal depression in new fathers.

P48 The role of networks in influencing and implenting Global Health programmes and policy

Convenor: Colin Millard (Queen Mary, University of London)
JUB-G31: **Wed 9th Sept, 14:30-16:00**

The panel examines the role of a diverse range of actors including (but not limited to) civil society (NGOs, professional associations, and individuals), government agencies, intergovernmental agencies, funding bodies, research bodies, academic institutions and pharmaceutical companies. The panel invites papers on global health networks which have been variously called global health assemblages, pharmaceutical nexuses, communities of practice, and global health partnerships. The panel aims to enrich anthropological theoretical approaches to global health networks.

Misoprostol assemblages and Global Health governance
Colin Millard (Queen Mary, University of London)
The paper uses assemblage theory to examine social networks promoting misoprostol for postpartum haemorrhage.

A global assemblage of civil society organisations and medicines policy change: a case study of misoprostol's introduction in Uganda
Petra Sevcikova (Queen Mary College, University of London)
The paper uses assemblage theory to examine the country-level network of CSOs that contributed to health policy change and roll-out of misoprostol for postpartum haemorrhage across Uganda.

The role of social networks in health promotion: insights from village savings and loans associations in Luwero, Uganda
Laban Musinguzi (University of Amsterdam)
Social networks of friendships and family relations influence a range of outcomes for community members. The paper shows how social networks influenced and negotiated within the context of externally initiated programs impact on health outcomes for members.

P49 Engaging with Public Health: exploring tensions between global programs and local responses

Convenors: Helle Samuelsen (University of Copenhagen); Lise Rosendal Østergaard (University of Copenhagen)
FUL-101: **Fri 11th Sept, 11:00-12:30, 14:00-15:30**

This panel invites papers that reflect critically on the differentiated forms of public health in low income societies and the multiple ways that the public of public health care engages with state-sponsored facilities and programs. Contributors reflect on the role of public health in a political landscape of widening global and national inequalities and of relative poverty. How do citizens in low income societies view the responsibility of the state in providing for access to biomedical health services? Over the past years low income countries have been subject to multiple global public health interventions in the forms of programs targeting specific diseases from HIV, TB, malaria and many others which all rely on biomedicine and which all seek to intervene on the health of the collective. Each program comes with specific expectations to the people defined as legible to these interventions, establishing new forms of moral responsibilities, patientships and citizenships. This happens in a situation where we in many low income countries see faltering state-sponsored services, increasing privatization of health care provision and growing influence of non-state actors on national priority setting of which diseases to target and which population groups to reach out to. What are the tensions between global (and national) public health programs and people's embodied encounters with public health services? And how do the public in low income societies navigate changing health care landscapes and negotiate care within the public health care sector?

Rumours, riots and resistance: dilemmas in treating neglected tropical diseases in Morogoro Region, Tanzania
Julie Hastings (Brunel University)
This paper examines why a global health intervention in Tanzania to teat neglected tropical diseases was so vehemently rejected. While officials blamed locals for spreading 'rumours', ethnographic research reveals how global inequalities shaped local fears of covert eugenic plots.

Doing public health in rural Burkina Faso: front line health worker perspectives
Lise Rosendal Østergaard (University of Copenhagen)
This paper takes the perspective of 'front line health workers' to discuss how global public health priorities are implemented in public health facilities under extreme material limitations. How can public health care workers make sense of their work in a context of material limitations?

Translating maternal and child health policies into local interventions: provision of Postpartum care services in Sub-Saharan Africa, the missing link?
Emilomo Ogbe (International Center for Reproductive Health, University of Ghent); Els Duysburgh; Sue Mann (Institute for Women's Health, University College London)
This paper presents findings from a comparative policy analysis done in 4 SSA countries to develop a programme theory for designing and implementing context specific interventions targeted at improving postpartum care, for the Missed Opportunities in Maternal and Infant care (MOMI) project.

Fragile relationships: exploring critical relations between health facilities and citizens in rural Burkina Faso
Helle Samuelsen (University of Copenhagen)
In this paper, I explore the pragmatic use – and non-use of primary health care facilities by citizens in rural Burkina Faso and discuss why the relationship between the state and its citizens appears so fragile.

Encountering nutrition in the Peruvian Andes
Bronwen Gillespie (University of Sussex)
A discussion of the nutrition awareness work carried out by the state in the rural Peruvian Andes will help shed light on how social relations are intrinsic to the way that public health work is implemented and understood by those targeted by the health service.

Global health as global treatment - the challenge of global drug resistance
Jens Seeberg (Aarhus University)
This paper discusses the tension between access to TB treatment as a human right in a context of underfinanced health systems and the risk that large-scale distribution of antibiotics contributes to a transition from a treatable TB epidemic to a increasingly untreatable XDR-TB epidemic.

Being a Syrian immigrant in Turkey: health policies and inequalities

Aysecan Terzioglu (Koc University)

This talk investigates the global and local organizations' perspectives and activities to overcome the health problems of Syrian immigrants in Istanbul, Turkey. It explores how they address the challenges and discriminations that these immigrants experience in their social and medical interactions.

Public health care and public opinion: malaria and murcha jor

Tina Otten (Ruhr Universität Bochum)

The paper discusses in which ways local women trained as public health care workers, who are traditional midwives, too, categorize illness in a low income society.

P50　Locating anthropology in qualitative Global Health research

Convenors: Isabelle Lange (London School of Hygiene and Tropical Medicine); Rodney Reynolds (University College, London)
JUB-117: **Wed 9th Sept, 14:30-16:00**

As a field, 'Global Health' integrates several overlapping, but different social imaginaries. Each of these principally emerges from a specific discipline and draws on that discipline's methods and language. By bringing social and medical sciences together, global health uses research to try and shape policy and practice in diverse social, cultural, economic and health settings. The ways in which research from these fields functions in collaboration with political and administrative processes serve to nudge the putative liberal subjects of modern states towards certain behaviors and away from others. The achievement or deficit of these efforts and their effects is most often articulated via quantitative results. Talal Asad argues that qualitative experiences and research in such a world may be strategically positioned to test how thoroughly the values associated with the imaginaries of quantitative methodologies and statistics have been embodied by local populations and inform their social practices. Recognition within global health that knowing why people do things matters as much as knowing what they do has created the opportunity for qualitative research to contribute to global health. While qualitative research experience may inform anthropology, it is not congruent with it. So, where is anthropology located within global health's evidence base and how is it to be found? This panel invites research, methodological and speculative papers that explore how qualitative research across the domain of global health becomes anthropology and leads to more nuanced understandings of how communities and people emerge from, stand-out against and help shape statistical imaginaries.

'I'm not that kind of doctor': positioning the anthropologist in a global sexual health intervention

Erica Nelson

This paper is a critical reflection on the competing imaginaries of 'scientific' knowledge in a multi-country, multi-partner sexual health research intervention. What were the tensions between the project's hard science disciplines and the practices of an ethnographer, and what were the options for strategic positioning in such circumstances?

Making room for anthropology to evaluate health interventions? The social imaginaries of performance-based logisticians delivering family planning commodities in Senegal
Diane Duclos (London School of Hygiene and Tropical Medicine); Sylvain Landry Faye (UCAD); Tidiane Ndoye (Sheik Anta Joob University); Caroline Lynch (London School of Hygiene and Tropical Medicine)
It is recognised that the success of a health intervention depends on its local translation into practices. Drawing on results from the evaluation of an Informed Push Model for Family Planning in Senegal, this paper explores how anthropological approaches contribute to complex evaluations.

Qualitative lessons from the field - the anti-sleeping sickness campaigns and the implementation of verbal autopsy tool in Angola
Jorge Varanda (University of Coimbra)
Drawing on the fieldwork in Angola on anti-sleeping-sickness campaigns and implementation of verbal autopsy, this paper highlights the importance of qualitative experiences and research to unpack the quantitative imaginary dominating global health archipelagos.

Anthropology and theory-driven inquiry in global health research
Sara Van Belle (Institute of Tropical Medicine)
As a social anthropologist and a practitioner in theory-driven inquiry and evaluation, the author compares practitioners' use and positioning of theory-driven inquiry approaches on the one hand, and methods used in social anthropology on the other, in the current landscape of global health research.

P51 Remembering Global Health

Convenors: Paul Wenzel Geissler (University of Oslo); Ruth Prince (University of Oslo)
JUB-G36: **Thu 10th Sept, 11:00-12:30, 14:00-15:30, 16:00-17:30**

Global health anthropologies often emphasise space over temporality and, if reflecting on time, evoke tropes of rupture rather than exploring continuities, memory or temporal contestation, thus reiterating global health's own framings and indeed, problem with time. Structural factors like short project cycles, ephemeral collaborative arrangements, high staff mobility, and short-term evaluations and innovative leaps, make post-1980s 'global health' remember little and selectively. Claiming mythologized achievements of earlier interventions as pedigree, its self-understanding is largely unhinged from colonial history, and even from its immediate pre-histories – recent projects, failed trials and successful interventions- which often are inaccessible or left unused in global health's urgent forward thrust. This amnesia has political implications, deflecting attention from historical legacies, and making structural changes harder to attain; it also affects global health science itself, missing out on lessons from the past, repeating previous interventions, successful or otherwise.

Yet, pasts, continuities and prehistories remain present in global health through material traces: buildings carry historical connotations; archives contain stories of abandonment; circulations of data, specimens, students and professionals leave imprints; bureaucratic and

technical apparatus change slowly; terminologies persist through diverse political-economic situations; and people carry memories – more or less articulate, silenced in some situations and emphatically memorialized in others. This panel encourages its participants to revisit traces and remains of global health; to unearth older practices and visions, structures and movements, that underlie the edifice of contemporary global health – unacknowledged foundations, abandoned time capsules, expired anticipations, unfulfilled past promises for the future.

Old wine in new bottles? Tuberculosis, DOTS and the return of vertical programs.
Jean-Paul Gaudilliere (EHESS); Christoph Gradmann (University of Oslo)
In 1993, WHO proclaimed tuberculosis to be a global emergency to be attacked through the so-called Directly Observed Treatment, Short Course strategy. This paper will discuss the links between history and memory in the advent of the DOTS strategy looking at the cases of East Africa and India.

Controlling sleeping sickness amidst conflict & calm: remembering, forgetting, and the politics of humanitarian knowledge in Southern Sudan, 1955-2005
Pete Kingsley (University of Edinburgh); Jennifer Palmer (University of Edinburgh)
Diverse actors have tried to tackle sleeping sickness in Southern Sudan. The absence of a central authority hampered learning and planning in disease control work, tasks that were further complicated by fluctuations in the dominant actor types during different phases of the conflict.

Were assessments of the present and hopes for the future different in the past? An analysis of historical discussions on rules and practices of WHO's governance bodies
Julian Eckl (University of Hamburg)
Drawing on the official records of past Executive Board and World Health Assembly meetings, the paper will reflect on the contemporary rules and practices, which where observed (or otherwise noted) in the course of an on-going ethnography at these core sites of WHO's annual policy cycle.

Remembering Uzuakoli: horizons and echoes through the pasts of global health
John Manton (University of Cambridge)
This paper contrasts the mechanisms by which the scientific and cultural lives of disease control have been rendered in/as memory at a medical site of one-time global renown, the Leprosy Centre, Uzuakoli, Nigeria.

Remembering public health
Ruth Prince (University of Oslo)
In 1960s Kenya, public hospitals projected a vision of civic entitlement and medical modernity. Today they remain as ambivalent materializations of both progress and decay. I attend to efforts, amidst this ambivalence, to reach for a public health in an era of privatization and growing inequality.

Delayed reciprocity: memories, temporalities, and care of Korean family planning projects in Ethiopia
Young su Park (Stanford University)
I examine recent formation of Korean maternal health services in Ethiopia as an exercise to rewrite histories of both donor and recipient of global health. I explore the ways in which historical memories of war, developmental state, and religion helped foster these new forms of care in Ethiopia.

African laboratories unbuilt. From the prehistory of global health's double bind
Paul Wenzel Geissler (University of Oslo)
This paper charts the unbuilding of several East African laboratories, intertwined with the life of the scientist who worked in and sought to re-work them (1960s-80s). Attending to post-colonial 'Africanisation', reconstructing an exceptional story of hope and failure, it sheds light onto the lasting double-bind of universal promise and material inequality in today's African 'global health' science.

Recurring dreams of public health in Senegal: plan, fantasy, archive, resurrection.
Noemi Tousignant (University of Cambridge)
Health scientists and historians encounter the debris, reversals and opportunities that form in the wake of changes in plausibility. This paper explores the survival of three abandoned dreams of (inter)national public health amid a reopening of futures in the time of global health in Senegal.

Health along the shores of Lake Turkana
Marianna Betti (University of Bergen)
The town of Kalakol has some of the worst health indicators in Kenya. Healthcare here is symptomatic of marginalization and a history of failed development plans. I show how past interventions still inform the agendas of current health strategies and how their rhetoric has changed since the 1980s.

Origin stories: structural adjustment, continuity, and health in the Caribbean
Alexis Walker (Cornell University)
Historical ethnography in Guyana draws attention to strong continuities between reforms under cooperative socialism and structural adjustment, encouraging us to revisit our origin stories and tales of neoliberalism in health.

P52 Communicating bodies: new juxtapositions of linguistic and medical anthropology

Convenors: Charles Briggs (University of California, Berkeley); David Parkin (Oxford University); Paja Faudree (Brown University)
FUL-103: **Thu 10th Sept, 16:00-17:30; Fri 11th Sept, 11:00-12:30, 14:00-15:30**

During the past two decades, anthropologists shifted from viewing language, medicine, and public health as actually existing objects to documenting the practices, discourses, and

technologies through which they are continually produced. This attention to how anthropology emerges has also meant turning the ethnographic project towards examining the material, social, and political consequences of particular constructions of language, medicine, and public health. Nevertheless, subdisciplinary epistemological commitments of anthropologists have generally resulted in forms of boundary-work that impede fruitful exchanges surrounding the co-production of these two sets of powerful objects. This is particularly lamentable where linguistic and medical anthropology are concerned, as numerous developments in recent decades – the biomedicalization of wellbeing, the emergence of neoliberal markets for language practices, the development of new forms of mediatization, and how discourse, practices, and personnel circulate in global public health – imbricate language and medicine in ways that would seem to call out for collaboration across subdisciplinary divisions.

This panel will bring together anthropologists who examine the co-constitution of linguistic (or semiotic), medical ideologies, and global public health practices as they emerge in complex contemporary settings at a range of scales. The goal is to bring together anthropologists from both sides of the Atlantic who work in different ways on issues of linguistic/communicative, medical, and global public health issues. We are particularly interested in papers that will not only bridge perspectives in linguistic and medical anthropology but forge new connections that can be transformative for both areas.

Mind the gaps: fatal alignments between health and communicative inequities in Global Health
Charles Briggs (University of California, Berkeley)
An epidemic in a Venezuelan rainforest went unexplained for a year. This paper follows indigenous leaders investigating how rabid vampire bats and communicative inequities between indigenous patients and doctors, epidemiologists, and journalists thwarted diagnosis and deepened the epidemic's impact.

The presentation of painful injustice: Kurdish linguistic ideology and the production of evidence
Alexandra Pillen (University College London)
This paper concerns a linguistic anthropology of the presentation of evidence by Kurdish refugees in London. Evidence-based medical practice as well as human rights work, are thereby considered from the perspective of a linguistic anthropology of evidentiality.

A web of care: linguistic resources and the management of labor in the Swiss healthcare industry
Sebastian Muth (University of Fribourg); Alexandre Duchene (University of Fribourg); Beatriz Lorente (University of Basel)
This presentation highlights the regulatory processes of language supply and demand in the Swiss healthcare industry. By tracing the trajectories of care workers, we examine the role of language in the production and reproduction of social inequalities within the current political economy.

Experiencing performance: pragmatics, attentional modification and the scale of HIV support

Steven Black (Georgia State University)

This presentation synthesizes scholarship on language ideologies of scale, transnational aid amid neoliberal governance, and embodied experience to discuss how the experienced pragmatics of everyday performance were linked to the development of HIV support amid stigma and inequality in South Africa.

Sacred plants and active compounds: constructing medical knowledge in the global Salvia trade

Paja Faudree (Brown University)

This talk discusses competing medical constructions of – and engagements with – the new "drug" salvia, aka the plant Salvia divinorum. I show how diverse linguistic and other practices produce different valuations of salvia, with significant implications for it surrounding social communities.

Taming uncertainties: how Polish parents and experts engender 'ADHD children' online

Anna Witeska-Młynarczyk (Adam Mickiewicz University, Poznan)

This paper looks at the narrative exchanges posted on the Polish online board devoted to ADHD in children. The forum is understood as a form of biosociality, a space where uncertainty and social conflicts are represented and managed and where identities, informed by the transnational flows of biomedical knowledge and practice, are interactively engendered.

Securitizing medical practice: Ebola between scripted realities and obstinate practices

Rose Marie Beck (University of Leipzig)

The paper experiments with Actor-Network-Theory to turn language into an actant in an attempt to re-entangle language with the world. Empirically I analyze and compare safety protocols and scripts with their implementation in actual medical practice in the current Ebola epidemic.

Communication and negotiation of Disorders of Social Functioning in a paediatrician practice in Berlin

Gabriele Alex (University of Tuebingen)

This paper looks at the communication between a doctor, underaged patients and their parents in a paediatrician's practice in a superdiverse Berlin district. I am investigating how specific symptom categories from the ICD10 are communicated between doctor and patients in different languages and dialects.

Interruption as prosody in healing: Muslim and 'Muslim' medical discourses

David Parkin (Oxford University)

The global spread of Islamic medicine had to adjust to new technologies long before the digital communication revolution. So-called interruptions did not necessarily disturb medical communication and treatment but regulated it like prosody, an example of which is given of Muslim healers in East Africa.

Enacting health and conventional health discourse in middle-class family life in California
Linda Garro (UCLA)
Relying on video-recorded family interactions and interview data with parents from a larger study of thirty-two dual-earner families with children living in or near Los Angeles, California, this paper explores what is lost in dominant discourses that construe health as primarily an individual-level concern.

Towards a phenomenology of language: the sound of lightness/qing in Chinese medicine
Elisabeth Hsu (University of Oxford)
In Chinese lexicography sounds and meaning tend to be intricately related, and this is so also in some Chinese materia medica texts. The sound of the word qing, 1st tone, can mean light, transparent, bluegreen, pure, clear, clean, depending on the graph with which it is written.

Real versus fake appointments: the logics of access at the admision desk in a public healthcare centre
Beatriz Aragon Martin (UCL/ Max Planck Institute for the Study of Ethnic and Religious Diversity)
This paper explore how the staff at the admission desk of a public hospital talk about their job as giving real or fake appointments. The idiom used to refer to this task reveals aspects of healthcare that go beyond access and entitlement and it shows how health-related deservingness is reckoned.

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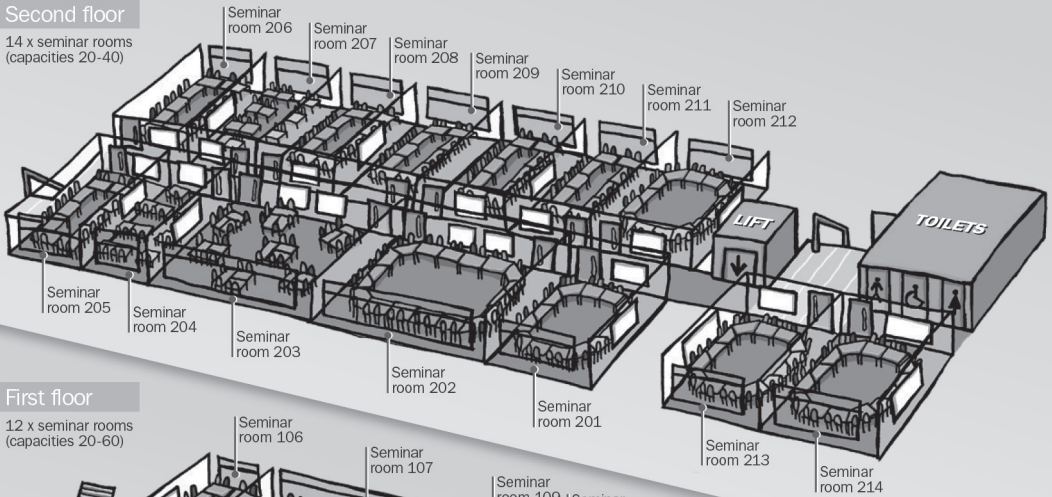Sleeboom-Faulkner, Margaret -- P16

Smith, Sara -- P31

Springer, Lena -- P35

Storeng, Katerini -- P03

Street, Alice -- P41

Strong, Adrienne -- P40

Stryker, Rachael -- P44

Sukumar, Prasanth -- P28; P40

Sullivan, Noelle -- P19

Swartz, Alison -- P31

Szanto, Diana -- P29

Tantchou, Josiane -- P19

Teman, Elly -- P46

Temkina, Anna -- P09

Terzioglu, Aysecan -- P49

Thorlie, Adama -- P34

Thornhill, Kerrie -- P34

Tijou Traore, Annick -- P19

Torres Pereda, María del Pilar -- P17

Tousignant, Noemi -- P51

Trnka, Susanna -- P31

Turhan, Ozden -- P04

Turinawe, Emmanueil Benon -- P15

Turner, Jill -- P28; P40

Tzanetou, Vasiliki -- P05

Umlauf, Rene -- P01; P19

Unnithan, Maya -- P09

Uny, Isabelle -- P09

Upshur, Ross -- P15

Vaghi, Francesca -- P29

Van Belle, Sara -- P50

van Eeuwijk, Piet -- P20

Varanda, Jorge -- P50

Vargas, Ana Cristina -- P22

Ventura, Jonathan -- P47

Vernooij, Eva -- P24

Viladrich, Anahi -- P22

Vilar, Márcio -- P18

Visser, Renske -- P20

Wainwright, Megan -- P01

Waldman, Linda -- P06

Walker, Alexis -- P51

Walsh Lang, Colleen -- P44

Watters, Charles -- P44

Webb, Lucy -- P05

Weiglhofer, Magdalena -- P36

Wendland, Claire -- P30

White, Ross -- P23

Wickenden, Mary -- P29

Widger, Tom -- P01

Wight, Daniel -- P38

Wilkinson, Annie -- P37

Witeska-Młynarczyk, Anna -- P52

Wolfová, Alžběta -- P35

Yates-Doerr, Emily -- P14

Young, Helen -- P15

Zoccatelli, Giulia -- P08
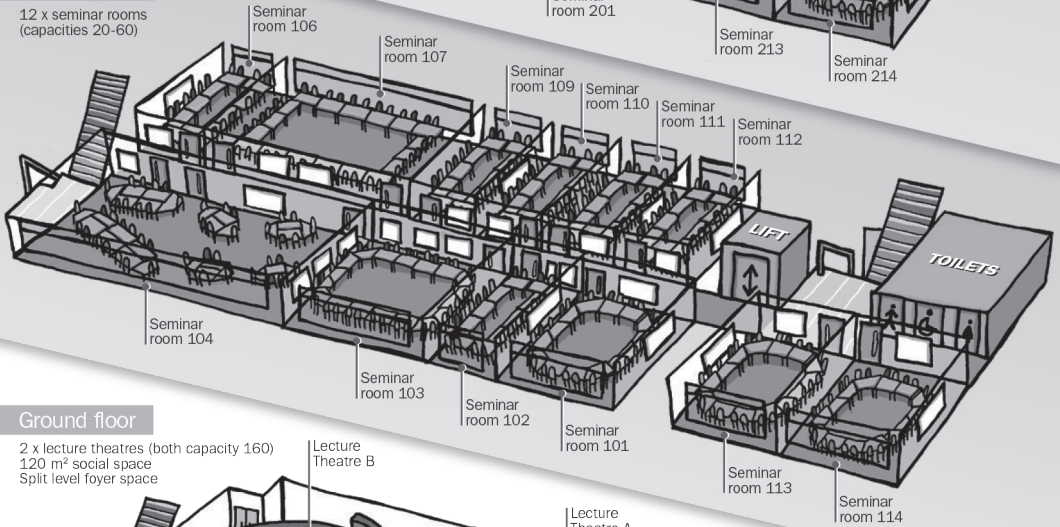
Østergaard, Lise Rosendal -- P49

Fulton Building

## Second floor

14 x seminar rooms
(capacities 20-40)

Seminar room 206
Seminar room 207
Seminar room 208
Seminar room 209
Seminar room 210
Seminar room 211
Seminar room 212

Seminar room 205
Seminar room 204
Seminar room 203
Seminar room 202
Seminar room 201

Seminar room 213
Seminar room 214

LIFT
TOILETS

First floor

12 x seminar rooms
(capacities 20-60)

Seminar room 106
Seminar room 107
Seminar room 109
Seminar room 110
Seminar room 111
Seminar room 112

Seminar room 104
Seminar room 103
Seminar room 102
Seminar room 101

Seminar room 113
Seminar room 114

LIFT
TOILETS

Ground floor

2 x lecture theatres (both capacity 160)
120 m² social space
Split level foyer space

Lecture Theatre B
Lecture Theatre A
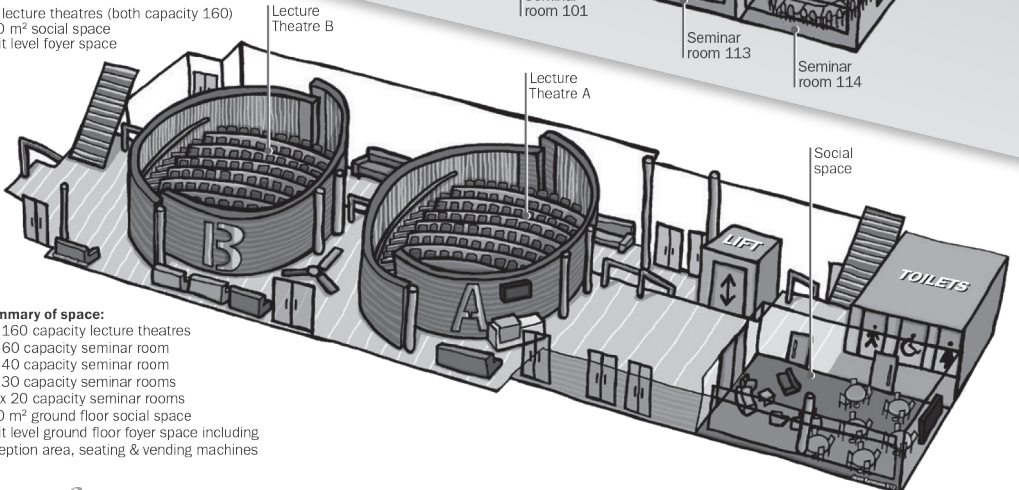
Social space

Summary of space:
2 x 160 capacity lecture theatres
1 x 60 capacity seminar room
4 x 40 capacity seminar room
6 x 30 capacity seminar rooms
15 x 20 capacity seminar rooms
120 m² ground floor social space
Split level ground floor foyer space including
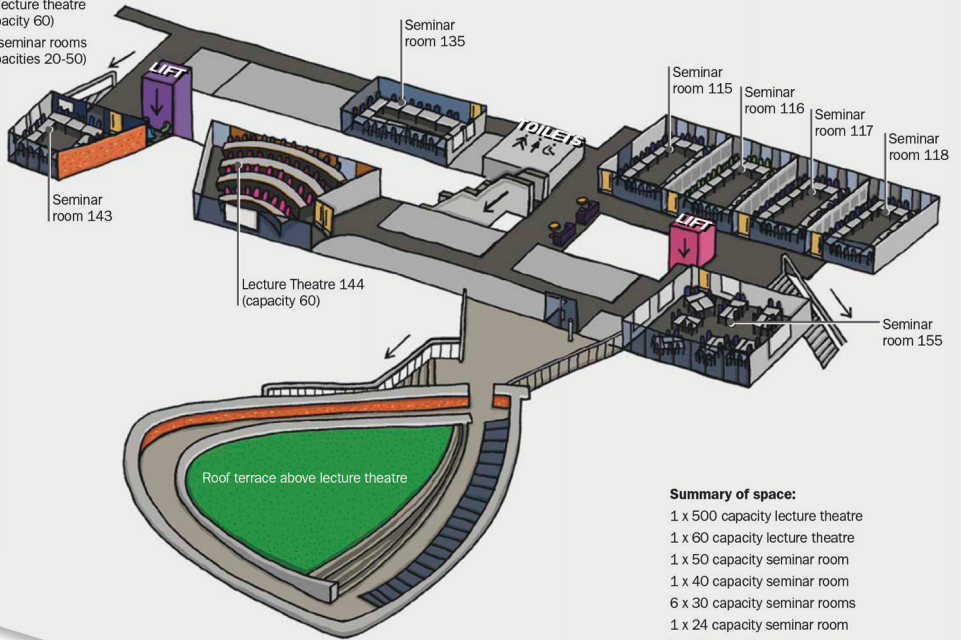reception area, seating & vending machines

LIFT
TOILETS

Conferences &Events
University of Sussex

Jubilee Building

First floor

1 x lecture theatre (capacity 60)

7 x seminar rooms (capacities 20-50)

Seminar room 143

Seminar room 135

LIFT

Seminar room 115

Seminar room 116

Seminar room 117

Seminar room 118

TOILETS

LIFT

Lecture Theatre 144 (capacity 60)
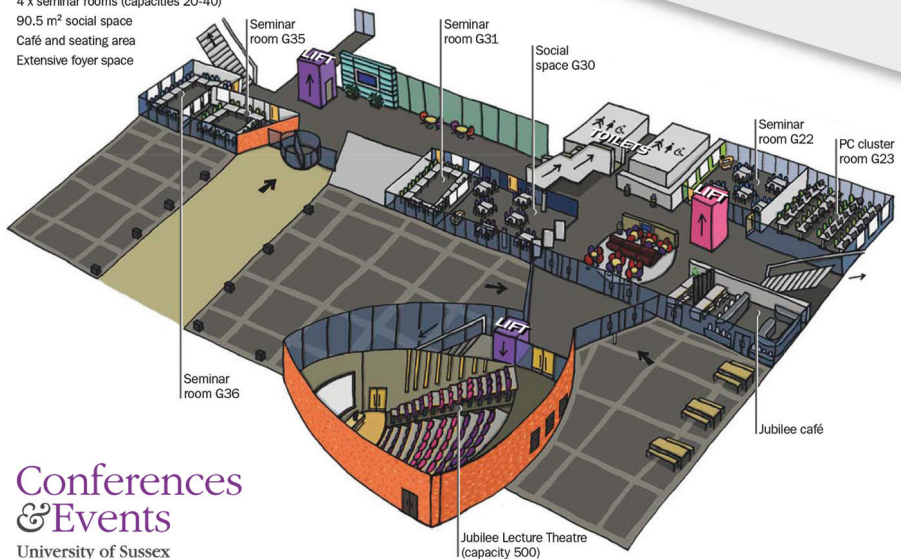
Seminar room 155

Roof terrace above lecture theatre

Summary of space:

1 x 500 capacity lecture theatre
1 x 60 capacity lecture theatre
1 x 50 capacity seminar room
1 x 40 capacity seminar room
6 x 30 capacity seminar rooms
1 x 24 capacity seminar room
2 x 20 capacity seminar rooms
90.5 m² ground floor social space
Café and seating area
Extensive ground floor foyer space

Ground floor

1 x lecture theatre (capacity 500)
4 x seminar rooms (capacities 20-40)
90.5 m² social space
Café and seating area
Extensive foyer space

Seminar room G35

Seminar room G31

Social space G30

LIFT

TOILETS

Seminar room G22

PC cluster room G23

LIFT

Seminar room G36

LIFT

Jubilee café

Conferences
&Events
University of Sussex

Jubilee Lecture Theatre (capacity 500)

NORTH

0   50m   100m

Main buildings

Building	No.
Accelerator Building	49
Aisin Seiki	41
Arts A	22
Arts B	18
Arts C	17
Arundel	28
Asa Briggs (A1 and A2) Lecture Theatres	21
Ashdown House	42
Attenborough Centre	56
Boiler House	31
Bramber House	13
BSMS Research	45
BSMS Teaching	46
Chichester I	24
Chichester II	25
Chichester III	27
Chichester Lecture Theatre	51
Childcare centre	58
Clinical Imaging Sciences Centre (CISC)	39
Essex House	12
Falmer House	55
Falmer Sports Complex	36
Freeman Building	43
Friston	33
Fulton	30
Genome Centre	48
Hastings	34

Building	No.
Health Centre	6
Institute of Development Studies (IDS)	19
John Clifford West	35
John Maynard Smith	47
Jubilee Building	15
Jubilee Lecture Theatre	15a
The Keep	60
Library	20
Mantell	32
Meeting House	53
Pevensey I	52
Pevensey II	50
Pevensey III	26
Richmond	29
Shawcross	23
Silverstone	16
Sport Centre	57
Sussex Health Outcomes Research and Education in Cancer (SHORE-C)	37
Sussex House	54
Sussex Innovation Centre	44
Sussex Centre for Language Studies	22
Thermo-Fluid Mechanics Research Centre (TFMRC)	40
Trafford Centre	38
Visitors' car park	VP

Student residences

Residence	No.
Brighthelm	4
East Slope	5
Kent House	8
Kulukundis House	9
Lancaster House	7
Lewes Court	2

Residence	No.
Northfield	1
Norwich House	11
Park Village	3
Stanmer Court	59
Swanborough	14
York House 24-hour reception	10

School offices

Office	
Business, Management and Economics	K
Brighton and Sussex Medical School (BSMS)	H
Education and Social Work	A
Engineering and Informatics	G
English	E
Global Studies	C

Office	
History, Art History and Philosophy	F
Law, Politics and Sociology	B
Mathematical and Physical Sciences	L
Life Sciences	J
Media, Film and Music	D
Psychology	I

Bus stop
Car park
Information point
Railway station
24-hour security point/reception
Wheelchair access for Library

Playing fields
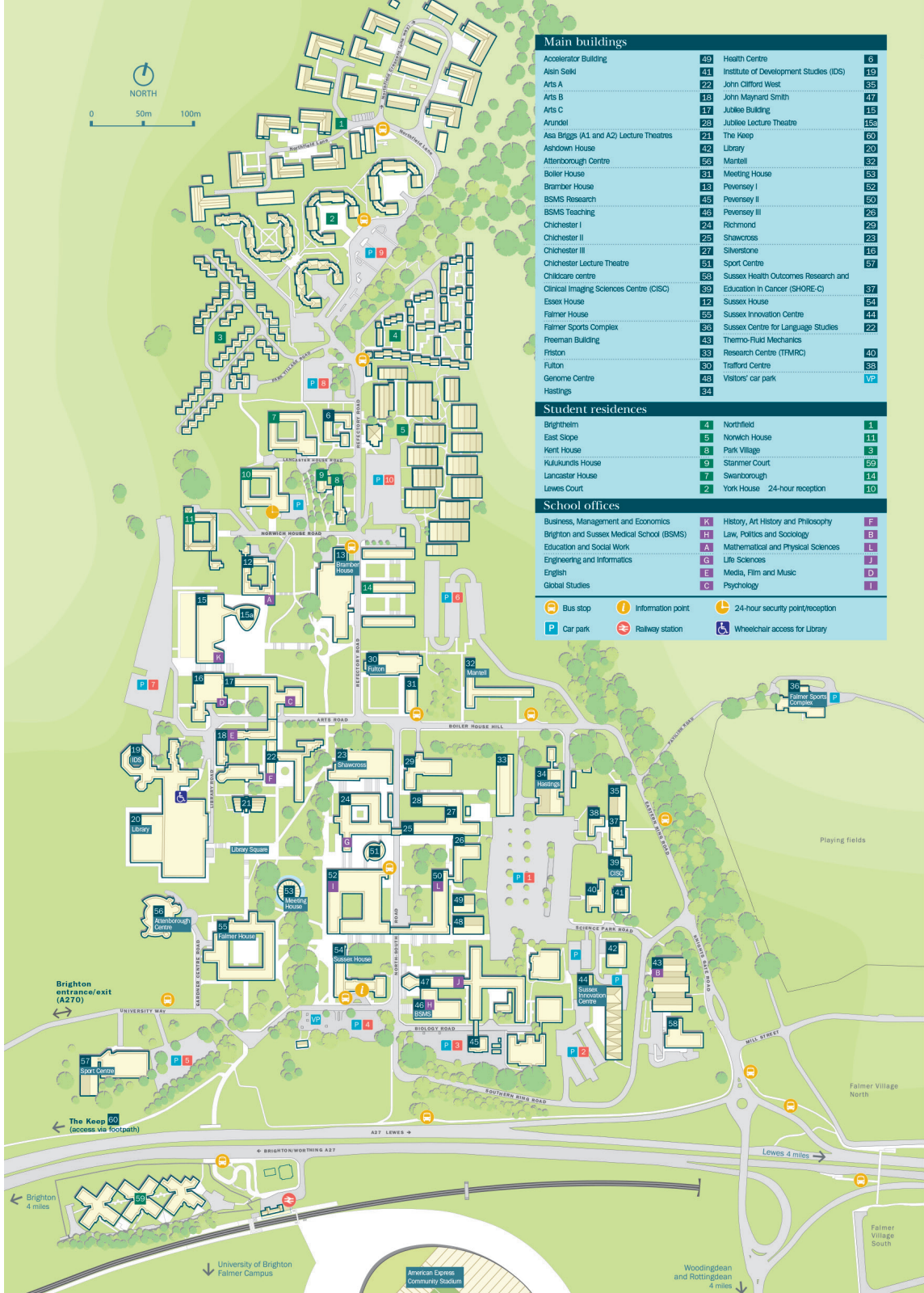
Brighton entrance/exit (A270)

UNIVERSITY WAY

Brighton 4 miles

The Keep (access via footpath) 60

BRIGHTON/WORTHING A27

A27 LEWES

Lewes 4 miles

Falmer Village North

Falmer Village South

University of Brighton Falmer Campus

American Express Community Stadium

Woodingdean and Rottingdean 4 miles