

# Health and Disaster Response Workshops

*Discussions held at the  
British Academy and Wellcome  
health policy workshops on  
9 and 29 March and 3 April 2023*

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# Introduction and Context

## Background

These events formed part of a wider series of workshops, organised by the British Academy and Wellcome, which aimed to create a space to explore the importance of the SHAPE disciplines (Social Sciences, Humanities and the Arts for People and the Economy/ Environment) for health policy and how to realise their full potential contribution. The intention was to develop, expand, and consider possible challenges to the ways in which existing health policy is framed, and to begin to set an agenda for health-related research and policy that would be more inclusive of knowledge from the SHAPE disciplines.

## Workshop format

The format of the workshops reported here (which were held virtually) comprised brief insight talks by experts, which then prompted small group and plenary discussion amongst all the participants. The participants (totalling between 20 and 30 people at each meeting) were invited to take part by the British Academy and represented a range of different viewpoints, including academic researchers, representatives from governmental planning and policy agencies, charitable foundations, and funders of research. The workshops were held under the Chatham House Rule so that, while this report aims to represent the general messages emerging from the discussions, specific inputs to the debate are not attributed to individuals or organisations. An exception has been made for summaries of insight talks and closing reflections by invited speakers. This summary of the workshops provides a note of the discussion from each of the three workshops and, where references to other works or initiatives arose in the discussions or provide helpful exposition, they are given here; a full list of references on the topics that were covered, however, is not included. The views represented here are those of the participants attending the workshops and the invited speakers and are not those of the British Academy.

## Focus of the workshops

The response to disasters and crises, whether sparked by conflict or extreme climatic events, has long presented a complex challenge to policymakers – both in the immediate term, but also for longer-term planning and preparedness. With accelerating climate change and increasing geopolitical uncertainty, including a land war in Europe, driving mass displacement and challenges to global supply chains, the need for disaster response to be integrated within health policy debates is a pressing one.

These workshops explored a forward agenda for health and disaster response policy, and the role that research in the SHAPE disciplines can play in protecting and sustaining good health during and after extreme climate events and conflicts, both for individuals and populations. They addressed a number of overarching questions and topics:

- What are the key health policy challenges posed by extreme climate and conflict events and how can insights from the SHAPE disciplines help inform what works well in response?

- Do all relevant stakeholders have a voice in policymaking and are we engaging with them in languages or through methods and media which make sense to their contexts and experiences?
- Where might there be potential for SHAPE disciplines to help build stronger links between stakeholders, helping them to work in partnership and build capacity and resilience?
- The importance of interdisciplinary perspectives, international cooperation and collaboration, and of inclusiveness through an appreciation of local contexts, communities, and needs.

Below, we summarise the main points of discussion arising from each of the three workshops

# Workshop 1: Protecting and sustaining good health during and after extreme climatic events

This workshop focused on how research can help to address the challenges of protecting and sustaining good health during and after extreme climatic events, and how to develop a future agenda for research and policy in this field. In the discussion participants explored key messages from international and interdisciplinary research, including perspectives from the humanities and social sciences, as well as collaboration with policymakers, practitioners and the wider public.

## Introductory talks

The discussion was prompted by introductory talks by invited speakers. The main points raised in their talks were as follows:

**Sarah Curtis FBA**, Professor Emerita, Durham University, Honorary Professor, University of Edinburgh, briefly summarised some of her own experience, including research with a multidisciplinary team on the BIOPICCC (Built Infrastructure for Older People's Care in Conditions of Climate Change) Project, with outputs including a toolkit for planning to improve resilience to extreme weather events.<sup>1</sup> She referenced a paper, drawing on this research, which discusses aspects of complexity theory which might be of general relevance to discussion at the workshop.<sup>2</sup> Four key attributes of crisis events in complex systems were noted: that emergence of crises may be anticipated, but not precisely predicted in advance; that partial openness or closure of different parts of complex systems affects how impacts of crises spread across the system; the co-evolution of different parts of the system affects how they change interactively over time; and the concept of 'path dependency' can explain how response to crises is influenced by past experience.

**Paul R Hunter**, Professor in Medicine, the Norwich School of Medicine, University of East Anglia, commented that much research to date has been focussed on the direct, short-term impacts of events such as storms, severe rainfall, and flooding events (e.g. infectious diseases, injury and drowning), but that evidence suggests that droughts may have cumulatively more severe effects on health, particularly on mental health.<sup>3</sup> Negative impacts can often be indirect,

<sup>1</sup> The BIOPICCC Project and key contacts are set out on the ['Completed Projects'](#) page of Durham University's Institute of Hazard, Risk and Resilience, this research was funded by the Engineering and Physical Sciences Research Council, as part of the Adaptation and Resilience in a Changing Climate programme; The toolkit can be found [here](#). Further funding for this was received from the NERC-PURE Associates scheme.

<sup>2</sup> Curtis, S., Owen, K., Wistow, J., Dunn, C., and Dominelli, L. (2018), ['Adaptation to extreme weather events in complex health and social care systems: the example of older people's services in England'](#), *Environment and Planning C: politics and space*, 26(2), pp. 67-91.

<sup>3</sup> For evidence relating to risk factors for outbreaks of communicable diseases during complex humanitarian emergencies (CHEs), see Hammer, C.C., Brainard, J., and Hunter, P. (2018), ['Risk factors and risk factor cascades for communicable disease outbreaks in complex humanitarian emergencies: a qualitative systematic review'](#), *BMJ Global Health*, 3:e000647.

affecting such things as transport systems, utility failures, communication failures, and damage to infrastructure. In the short term, there can be increased demand for health care from injury and disease, difficulty in accessing health care, delayed elective work, and stalled public health campaigns. Longer term impacts include chronic health impacts, backlogs in elective care, continuing disruption from damaged infrastructure and repairs, and budgetary problems from money having to be redirected to repairs. Professor Hunter referenced a paper relating to risk factors and risk factor cascades in complex humanitarian emergencies. He also drew attention to two useful documents published by the World Health Organization (WHO).<sup>4</sup>

**Mark Pelling**, Professor of Risk and Disaster Reduction, Institute for Risk and Disaster Reduction, University College London, spoke from a climate change vulnerability and adaptation perspective, emphasising ways in which thinking is evolving to shape the framing of understanding and action on extreme events and health. He emphasised non-linearity, pointing out that established framing in climate change has presented health impacts as an outcome of extreme events. This is in spite of the Sendai Framework calling for a reframing towards systemic risk – and highlighting biological, technological, and natural hazard risk interdependencies.<sup>5</sup> In parallel, the literature on complex emergencies has worked through the nexus of compound conflict and disaster shocks. The COVID pandemic has been a “game changer”, which has allowed work to demonstrate the multiple ways in which biological and extreme events interact through co-shaping vulnerability, exposure, and capacity to manage risk and loss.<sup>6</sup> How this recognition might continue and how its findings might be institutionalised by research and policy actors are open questions.

Professor Pelling also considered a shift in emphasis on different outcomes, from mortality to wellbeing, reflecting ways that natural hazards impact assessments have been shaped by the needs for data accessibility and comparability across events. Mortality and injury have been the preferred indicators. Both draw attention to direct impacts of physical hazard. Two changes in understanding have extended this framing – both innovations challenging how we think about who the vulnerable are and how to manage vulnerability: (1) the observed importance of supply chain disruption on nutrition and health for wider populations often at a distance from the physical event; (2) recognition of post-event mental health concerns, which has made more complete thinking and action on event response but can also risk undermining outcomes as mental health is professionalised away from local ownership.<sup>7</sup>

Professor Pelling noted that the idea of dynamic vulnerability asks about the changing nature of vulnerability across the disaster cycle and between events, and challenges interventions to be flexible and orientated towards underlying, long-term vulnerability and development, rather than focussing only on the immediate event and its aftermath. One example built on Save the Children’s Household Economy Approach, monitors food security shocks in rural Sub-Saharan Africa.<sup>8</sup> The approach was modified and applied to urban flooding in Niamey (Niger) amongst very poor households. While girls working in domestic service were most vulnerable to everyday food insecurity, boys were more vulnerable during flood events when access to street and market work was restricted.<sup>9</sup> While static vulnerability focuses on status

<sup>4</sup> See World Health Organization (2015), *Operational Framework for Building Climate Resilient Health Systems*, World Health Organization; and World Health Organization (2019), *Health Emergency and Disaster Risk Management Framework*, World Health Organization.

<sup>5</sup> United Nations (2015), *Sendai Framework for Disaster Risk Reduction, 2015-2030*, United Nations.

<sup>6</sup> Pelling, M., Adams, H., Adamson, G., Barcena, A., Blackburn, S., Borie, M., Donovan, A., Ogra, A., Taylor, F., and Yi, L. (2021), ‘Building back better from COVID-19: Knowledge, emergence and social contracts’, *Progress in Human Geography*, 46(1), pp. 121-138; Pelling, M., Bezner Kerr, R., Biesbroek, R., Caretta, M.A., Cissé, G., Costello, M.J., Ebi, K.L., Lopez Gunn, E., Parmesan, C., Schuster-Wallace, C.J., Tirado, M.C., van Aalst, M., Woodward, A. (2021), ‘Synergies between COVID-19 and Climate Change Impacts and Responses’, *Journal of Extreme Events*, 8.3, 2131002.

<sup>7</sup> Murphy, R., Pelling, M., Adams, H., Di Vinces, S., and Visman, E. (2018), ‘Survivor-Led Response: Local recommendations to operationalise building back better’, *International Journal of Disaster Risk Reduction*, 31, 135-142.

<sup>8</sup> Save the Children, (2000), *The Household Economy Approach: A resource manual for practitioners*.

<sup>9</sup> Boubacar, S., Pelling, M., Barcena, A., and Montandon, R. (2017), ‘The erosive effects of small disasters on household absorptive capacity in Niamey: a nested HEA approach’, *Environment and Urbanization*, 29(1), 33-50.

(often exemplified by age, gender etc.), dynamic vulnerability perhaps takes us closer to entitlements (access to employment, claims on the social economy etc.). There may be lessons to learn from health systems approaches.

In breakout group discussions following these introductory talks, participants considered the following questions:

- What are the key health policy challenges posed by extreme climatic events?
- What currently works well in terms of disaster response?
- Do we have a clear sense of who all the key stakeholders are? Do they all have a voice in health policy making in response to extreme climatic events?

The central points and themes which arose during discussion of these questions are outlined below.

### **Longer term conditions, prior to and following crises, are significant for resilience**

Resilience of health care systems during climate related crises is related to the pre-existing conditions of the populations affected, the environments in which they live, and the health systems provided for them. Key indicators of these factors include information on pre-existing population health and social inequalities, demographic composition, and ‘vulnerabilities’ to the risks posed by extreme weather events, as well as aspects of health care organisation and governance.

Effective preparedness and resilience to climate crises requires anticipatory planning, in advance of extreme events. This needs to take place during ‘quiet times’, with an awareness of ‘slow emergencies’ which develop over time, as well as ‘critical’ short term events.<sup>10</sup> Such a ‘continuous’ strategy for preparedness requires on-going commitment on the part of relevant political and governmental agencies.<sup>11</sup> ‘Emergence’ is theoretically a characteristic of complex systems such as health services, implying that, although some aspects of future extreme events can be anticipated in a general way, they may not be precisely predictable in advance, and may be, at least partly, unexpected.

Recovery after extreme events is also important for health and wellbeing, as well as immediate disaster response. For example, resilience might be improved by focusing more resources on recovery especially in lower income counties through external aid budgets. Sustainable support and more attention to longer term impacts of extreme events is therefore another challenge faced in building resilience.

It was noted that, while evacuation from areas impacted by extreme weather events may be a necessary response, this is often a damaging event for people, and may have the most severe impacts on more ‘vulnerable’ groups.<sup>12</sup> This is another reason why the longer-term impacts of extreme weather events need to be considered. Moreover, advance training and investment in resources to prepare for possible evacuation needs to be planned, particularly since people often do not take advance warning of an imminent need to evacuate very seriously (as evidenced, for example, in the case of Hurricane Catriona).

<sup>10</sup> See the Rockefeller 100 Resilient Cities and the Resilient Cities Network, bringing together over 200 Chief Resilience Officers, partners, practitioners, and researchers, as an example of good practice: The Rockefeller Foundation, ‘100 Resilient Cities’: [Resilient Cities Network](#).

<sup>11</sup> See, for example, discussion at an event held by the Institute for Government, on 15 December 2022, ‘[How can the government strengthen the UK’s resilience?](#)’.

<sup>12</sup> See the Built Infrastructure for Older People’s Care in Conditions of Climate Change (BIOPICC) Project, as an example of good practice: The BIOPICC Project and key contacts are set out on the ‘[Completed Projects](#)’ page of Durham University’s Institute of Hazard, Risk and Resilience; and the toolkit: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.durham.ac.uk%2Fmedia%2Fdurham-university%2Fresearch-%2Fresearch-institutes%2Finstitute-of-hazard-risk-and-resilience%2FBIOPICCC-toolkit.docx&wdOrigin=BROWSELINK>.



More generally, communication during extreme events is often inadequate, with many different and conflicting sources of communication and varying access to information for diverse communities incorrect and contradictory messages are often transmitted. More work needs to be done to understand levels of population knowledge, attitudes, behaviours and practices to help target effective communication. Furthermore, strategies involving building back in place following climate related disasters may be more acceptable to the communities concerned than relocation over the longer term.

### **Examples of good practice**

- The Rockefeller [100 Resilient Cities](#) and the [Resilient Cities Network](#). Bringing together over 200 Chief Resilience Officers, partners, practitioners, and researchers.
- [Built Infrastructure for Older People's Care in Conditions of Climate Change \(BIOPICC\) Project](#).
- The [TEMPEST Database](#). A freely available database of places and communities affected by abnormal weather events, created as part of an Arts and Humanities Research Council funded project 'Spaces of Experience and Horizons of Expectation': Extreme weather in the UK, past, present, and future. Information has been extracted from a wide range of sources including letters, diaries, church records, school logbooks, and newspapers.
- [The work of the Pan American Health Organisation \(PAHO\)](#) supports local women going door to door in informal settlements to meet with women and have discussions about women's health. This has also created a really good network for responding to extreme and disaster events, as it includes known people who have an understanding of social vulnerability and context of the households. Bringing together community health and disaster risk management.

### **We need to adopt a 'whole society' approach, with sensitivity to locally specific needs and contexts**

Rather than placing responsibility for emergency planning and disaster risk management with specialised agencies, a 'whole society' approach, breaking down the 'silos' between different governmental and non-governmental agencies could be more effective. However, this is also challenging because of the need to be sensitive to locally idiosyncratic factors contributing to risk, vulnerability, and resilience. Communication between all levels of governance, from the local to the national scale, is therefore essential. Also, it implies the need for channels for shared learning and planning for risk management across health and related systems. Benefits of this approach might include more attention to longer term wellbeing outcomes as well as immediate issues of mortality, injury, and illness occurring during extreme climate events. A 'whole society' approach may also build better understanding of the locally variable strengths and weaknesses of the health care systems in different places. It may also help to establish local structures for leadership and response that would promote local resilience and make local communities less dependent on specialised external disaster relief agencies.

## Examples of good practice

- [Breaking down silos](#) that exist between those working in health and those working in Disaster Risk Management (DRM), as done, for example, in [Climate Services for Health](#).
- Social action, and community and decentralised action, which is able to be sensitive, responsive, and accountable.
- Better acknowledgement of the role of local knowledge and community action in response to crises and engaging and empowering society to start tackling disinformation and conspiracy theories at a local level.
- [The Pandemic Institute](#) brings together experts and stakeholders to plan in advance of health crises. A model which could be extended to climate change shocks.
- The [Social Science in Humanitarian Action Platform \(SHAP\)](#) held a roundtable to identify experts who would be able to write briefs on local contexts and provide useful background information on factors such as vulnerabilities. They are now looking to decentralise this approach.
- The [Voluntary, Community and Social Enterprise \(VSE\) Health and Wellbeing Alliance](#) could provide valuable knowledge and insight which could be better linked with efforts such as the National Resilience Review. The way in which the VSE sector organised during the COVID-19 pandemic and engaged with peer educators may also provide valuable insights.
- Resources and outputs from the [Academy of Medical Sciences and the School of Advanced Study, University of London, workshop on health and internal displacement](#).

## We can draw on theories and methods used in the social sciences and humanities to learn more about what currently works well in terms of disaster response, and how to develop policy and practice in future

It was noted that there are various examples (from within the UK and internationally) of the kinds of strategies and actions, such as those highlighted above, which might enhance resilience. This means that there is scope to disseminate more information on strategies which seem to work, in order to build resilience and consider their wider applicability and application.

## Possible examples

- The use of ‘triage’ methods to focus resources where they are most needed during and after crises or disasters, using learning from events such as the Manchester Arena bombings and applying them to other crises and disasters.
- ‘Toolkits’ developed to help improve communication between different levels of government, which often drawn on examples from local case studies and community co-production, illustrating social action as providing the quickest, most sensitive, and locally accountable response.
- Training activities which focus on possible future scenarios using ‘war-gaming’ or scenario planning exercises, which are also useful for considering a range of potential emergencies and provide opportunities for knowledge sharing across agencies.
- Improvements in rapid data collection and dissemination (both qualitative and quantitative), and the role of digital technologies – though acknowledging questions of interoperability which need to be addressed across systems and datasets.<sup>13</sup>

<sup>13</sup>

Challenges in linking relevant datasets were discussed in The British Academy and the Academy of Medical Sciences (2022), [Historic and Geographic Patterns of Health Inequalities. Report of a roundtable](#), especially pp. 17-18.

- Rapid response funding calls, enabling researchers to respond quickly, using a model which can readily be applied to other scenarios. Examples include the likes of the Natural Environment Research Council (NERC) rapid response calls and other cross-council funding for COVID-19 research.
- University research institutes focused on the sorts of issues discussed in these workshops, several of which were represented by those participating in discussions.
- Governmental organisations focussed on international sharing of lessons learned and on collaboration. For example, bringing together the WHO, the World Meteorological Organization, and the Foreign, Commonwealth and Development Office.

Participants went on to discuss in more detail how progress on these and other initiatives might be achieved, with a particular focus on who key stakeholders might be and to what extent more action may need to be taken to ensure that they have a voice in future policy developments.

It was suggested that important groups of stakeholders for future work include:

- Younger people, who in future years are likely to be increasingly exposed to the health challenges discussed in this workshop, due to processes such as climate change.
- Older people, who may have memory and experience of similar and related disasters and responses to them.
- Those who have control or influence over land use and infrastructure which impact on environmental risks of extreme weather events.
- Local and community groups and others at the micro level, who may not have a voice in the debates influencing policy at a wider, macro level, and who might be more effectively engaged using modern technologies.
- Those whose social, cultural, and economic position is important both for their exposure to risks of extreme climate events, but also their opportunities to influence preparedness and planning.
- Those with different positions in family structures which may impact on their risk exposure and responsibilities in crisis and disaster conditions, and whose situation needs to be built more effectively into relevant policies.

There was also discussion about whether the notion of ‘stakeholders’ is sufficiently well understood, and whether ‘stakeholders’ are always able (or willing) to identify themselves as such. Uncertainty surrounding crises and disasters means that, to an extent stakeholders are defined by the nature of the event – including where it happens and at what scale. Those who may seem to be stakeholders at the outset, may come to be less important as a crisis develops, whereas those who are crucial may only come to light as a situation evolves and may change throughout its various phases. There may also be questions over whether stakeholders trust each other enough to engage in collaborative and cooperative work to develop preparedness and resilience and what may be the power balance between them. Different types of emergencies require planning involving different types of stakeholders, and reference was made to the Social Science and Humanitarian Action Platform which offers an expert roundtable to identify local experts to briefs which can help to identify stakeholders.<sup>14</sup>

The implications of path dependency in response to complex emergencies was also discussed, with questions raised about how effectively stakeholders with past experience of such events (often those in older generations) may be able to offer useful advice to those who do not have such past experience (often predominantly younger people). One of the problems for stakeholder engagement and is that support agencies have continuously changing personnel, so that it is difficult to retain the benefits of knowledge from past experience unless they have a means to maintain links with those who have knowledge from collective memory and stable

networks to communities. It was argued that voluntary sector representatives should have a more prominent role in national planning for disasters and may be better placed to help build societal resilience.

### **Closing reflections and takeaways**

**Kate Ardern**, Honorary Professor of Public Health, University of Salford, Visiting Professor, University of Chester, and formerly Director of Public Health for Wigan and Director of Public Health for Health Protection and Emergency Planning, Greater Manchester Combined Authority, offered some closing reflections on the main points to come out of discussion.

- There is a lot of salience between the UK context and the international experience – the sense of place, people’s identity and people’s love of where they live.
- Decentralisation and the importance of localism and citizen engagement – not just in communicating information, but in gathering citizen experience for policymaking and consistently and systematically building this into policymaking and political decision-making.
- Political salience and the role of local politicians and elected members. Both national level and local context. Elected local officials are interested in climate change and local response, perhaps more so than nationally. How could this link into the work of the Local Government Authority?
- Intelligence and the importance of data sharing. Are we learning the lessons from COVID-19 and do we have the right early warning systems in place?
- The importance of history and building the narrative and the crucial role it could play in policymaking. Building on the national resilience review to make this point and linking across into the work of places like Greater Manchester, and other members of the Rockefeller 100 Resilient Cities Network.
- Risk registers and developing better responses to the slow emergencies (which we’re not as good at), not just the ‘big bang’ incidents. Using learning and experience from examples given here to build and improve.

# Workshop 2: Protecting and sustaining good health during and after conflict

This workshop focused on how we can increase resilience to crises arising as a result of conflicts. The participants discussed how research can help to address the challenges of protecting and sustaining good health and wellbeing during and after conflicts, and how to develop a future agenda for research and policy in this field. Discussion explored important messages from international and interdisciplinary research, including perspectives from the humanities and social sciences.

## Introductory talks

The discussion was prompted by introductory talks by invited speakers. The main points raised in their talks were as follows:

**Sarah Curtis FBA**, Professor Emerita, Durham University, Honorary Professor, University of Edinburgh, began by highlighting some of the ideas which arose from the first, climate-focused workshop. The following general points emerged: that longer term conditions prior to and following crisis events are significant for resilience during the event itself; many workshop participants felt that a ‘whole-society’ approach was needed to the question of framing better health policy and responding to disasters and crises; and, finally, that we can use methods employed in the social sciences and humanities to learn more about what currently works well in terms of disaster response and how we might best develop policy and practice in the future.

**Carly Beckerman**, Interim Executive Director, Institute of Hazard, Risk and Resilience, Durham University, focused on how we might break down what can seem an overwhelming array of problems when approaching the health impacts of conflicts. She focused on three core themes which might provide a framework for thought, moving away from a myriad of specific and context-dependent problems towards an approach which might make such problems more amenable to risk management.

The first of these themes was **scarcity**. Supply chains become vulnerable during times of conflict, and this can lead to insufficient resources coinciding with a sudden rise in serious injuries and secondary effects such as disease. Shortages can prevent delivery of adequate healthcare, but also generate risks associated with black market purchases of drugs and medicine.

The second theme focused on **active threats** to health. Conflict generates active threats to the lives of healthcare workers and patients, both directly as a weapon of war, or indirectly through their use as human shields.

Thirdly, and finally, was the theme of **politicisation**. Healthcare provisions can be weaponised and used against certain groups, or propagandised for the benefit of others, because healthcare has symbolic value. Any side in a conflict can promote their power and prestige by providing or blocking healthcare, even when there is no material benefit to them in the conflict – seen, for example, in the kidnapping of healthcare workers in Mali.<sup>15</sup> This may impact our assessment of what types of attacks are likely to disrupt healthcare in a given conflict.

**Chrissie Steenkamp**, Reader in Social and Political Change in the School of Social Sciences, Director of the Centre for Global Politics, Oxford Brookes University, then spoke about research that she and her colleague Mayyada Wazaify (University of Jordan) had recently completed on conflicts in the MENA (Middle East and North Africa) region, in particular Syria, Iraq, Yemen, and Libya. The project looked at the impact of violent conflict on drug abuse and misuse amongst conflict-affected populations, and the role of social pharmacists. A number of key challenges emerged from this research.

Firstly, the widely reported increase in the abuse and misuse of medicines amongst conflict-affected populations. There are various conflict-related reasons for this, including people's deteriorating economic situations and psychological stress. This can become a widespread societal problem, and one which is unlikely to disappear when a conflict ends.

Secondly, pharmacists themselves reported conflict-related factors which hindered their ability to provide effective healthcare. Weakening state authority resulted in an absence or disintegration of a regulatory framework to control and ensure high standards in public healthcare. Access to resources such as medicines also became restricted in terms of volume, but also quality and variety, and with this an increase in the smuggling of counterfeit medicines. The collapse of infrastructure also complicated the provision of healthcare, for example where power cuts meant that medicines could not be kept cool in fridges. As also mentioned by Carly Beckerman, healthcare professionals are also vulnerable to attack and threats from armed groups as well as healthcare users.

Conflicts directly cause new public health challenges and pose considerable obstacles to the ability of healthcare professionals to provide effective healthcare for conflict-affected populations.

In breakout group discussions following these introductory talks, participants considered the following questions:

- What are the key health policy challenges posed by conflicts?
- What currently works well in terms of disaster response?
- Do we have a clear sense of who all the key stakeholders are?
- Do they all have a voice in health policy making in response to conflicts?

The central points and themes which arose during discussion of these questions are outlined below.

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<sup>15</sup> See for example, World Health Organization (January 2023), '[WHO condemns abduction of colleagues in Mali](#)'; International Committee of the Red Cross (March 2023), '[Mali: Two abducted staff members from the International Committee of the Red Cross \(ICRC\) released](#)'.

## Discussion

Conflicts bring a range of health challenges. There are of course the more acute physical health impacts, which can require rapid response and themselves have lasting impact, but **mental health impacts and trauma** can be more complex to disentangle and remain less well studied. Community mental health support is vital in helping to treat trauma, but there is the potential for this to be significantly disrupted as communities and individuals are dislocated and displaced from their regular contexts.

Deteriorating mental health, as well as the physical impacts of conflict, can also result in behavioural effects, highlighted above, such as increased criminal behaviour, and drug use/misuse. There is also a clear link between deteriorating mental health because of conflict and the misuse or abuse of prescription medicines – also influenced by disrupted access to medicines and medications.

Trauma caused by conflict can also cause people to regress back into themselves. Heritage workshops with displaced persons have helped them to recognise the importance of their cultural baggage and the fact that this may not be so linked to the trauma they have faced but may in fact help them to cope.<sup>16</sup> In conflict situations, the link with place can be a more complex one than what may be seen during and after some climatic disasters, and **displaced people** can have multiple reference points of place and identity. When displaced into towns and cities, there can be acceptance there and so returning to where they came from may be a little further from their mind. There are questions of whether return is possible and whether anything remains to safely return to.

Displacement and people feeling conflict places significant burdens on health systems – both because of health workers being included amongst those displaced, but also increased burden on health systems in regions taking in large numbers of displaced peoples or refugees. Within displacement camps, however, culturally and regionally specific hierarchies and support networks can emerge, with those displaced organising themselves by geography and under traditional leaders. This was seen in displacement camps in Afghanistan, where local networks of authority were transferred and re-established.

Maintaining **essential services and basic healthcare**, such as potable water and sanitation, is a challenge during conflict situations, but is essential for preventing and controlling major disease outbreaks. Governments and leadership face the challenges of where to place their priorities – whether they focus on preventing mass outbreaks of communicable diseases by prioritising sanitation, or whether they focus on maintaining more ‘high-tech’ aspects of healthcare such as intensive care units. While the prior state of health systems infrastructure and policy has an effect, different approaches taken during conflicts can have very different health impacts. During the siege of Sarajevo, water supply had been weaponised by the besieging forces, and the civil authorities in the city prioritised maintaining water, sanitation, and power; as a result of which cholera and typhoid outbreaks were avoided.<sup>17</sup> In Baghdad during the most recent Iraq conflict, the high-tech end of health care was prioritised over sanitation and there were major outbreaks of communicable disease.<sup>18</sup>

<sup>16</sup> See, for example, the ‘BReaTHe – Building Resilience Through Heritage’ project run by a team at the University of Bradford, in partnership with Mercy Corps; for more information on Mercy Corps, see: <https://www.mercycorps.org/>.

<sup>17</sup> The project to ensure a clean and potable water supply for Sarajevo required international aid support, and was undertaken secretly to avoid sabotage. On protection of water in times of armed conflict, see for example Zemmali, A. (1995), ‘The protection of water in times of armed conflict’, *International Review of the Red Cross*, 308; and Baechler, M. (1995), ‘War a threat to sustainable water supply’, 21st WEDC Conference: Sustainability of Water and Sanitation Systems, p. 256.

<sup>18</sup> See, for example, Dyer, O. (2004), ‘Infectious diseases increase in Iraq as public health service deteriorates’, *BMJ*, 23;329(7472):940. Doi: 10.1136/bmj.329.7472.940-a.

Communication also presents a significant challenge during times of conflict and the importance of both **multilingual and multicultural communication** which is appropriate for different groups – both before, during, and after crises – is often underrepresented in responses and policy. Effective translation is not just about translating words, but also about communicating in different cultures.

There are increasingly rapid ways of communicating and obtaining on-the-ground information, however, though the agency of those in the midst of conflict to make use of tools such as social media, can be underestimated by the humanitarian sector and by outsiders in general. Rapid advances in communication technology mean that tools such as Telegram, Facebook and WhatsApp have proven vital to understanding and communicating what has been happening in Ukraine in real-time. These tools carry the added benefit of allowing rapid communication and information sharing in a place which is easy to find and in a language which is understandable. Information dissemination within communities and through social networks is also something that was seen during the COVID-19 pandemic.

Technology can also help to overcome barriers and transmit correct information. Identifying who the key people are in local networks is key in helping to disseminate information where it is most needed and working with these individuals and building trust in advance of a crisis can be vital in terms of preparedness and the ability to react, providing a conduit for humanitarian organisations and their efforts. The International Committee of the Red Cross and Médecins Sans Frontières have successfully made use of this approach – communicating through Telegram and WhatsApp, sending messages in multiple languages through these existing groups and networks, which are then forwarded and can be shared through word of mouth.<sup>19</sup>

There are, however, risks to overreliance on technology, including sustainability of its use and long-term funding. If not managed, this can exacerbate already existing technological inequalities. There are also questions of digital literacy, access and poverty which can leave behind older people in particular. Gendered access to technology can also be a feature of some regions – with girls in Africa, for example, often not having the same access to mobile phones as boys and men.

Data collection can provide valuable information, but data also exists in a political landscape where there are power dynamics and data itself could be weaponised in conflict situations if not handled appropriately. Rapid data collection can provide insights, but there remain important questions to be asked including who it is that is collecting data? what data is being collected and why? and how is data being used and who will have access to it? Many of these relate to general principals of data protection, but in conflict situations, their answers may have significant consequences for certain groups, particularly minorities or marginalised groups.

The ubiquity of technology for many in normal circumstances can also be disrupted in conflicts and other crisis situations when infrastructure is damaged. Things like radio, however, can still be reliable even in conflict situations as wind-up radios, for example, will still work even if power is lost through infrastructure damage. Solutions such as this can also be more accessible to those with reading or sight problems, who may be excluded from other forms of communication. Radio can also play a role in recovery.<sup>20</sup>

Cultural differences can also result in different framings and priorities for health amongst those being impacted – where do they normally find medicines and the people who will help them? What are their own reference points when it comes to health? Understanding the answers to these questions is an important part of ensuring appropriate communication, care and policy

<sup>19</sup> See, for example, International Committee of the Red Cross (2017), *Humanitarian Futures for Messaging Apps: Understanding the opportunities and risks for humanitarian action*.

<sup>20</sup> See, for example, Kimani, M. (2007), 'Broadcasting peace: radio a tool for recovery', *Africa Renewal Magazine*, United Nations.



responses. Different cultural framings can also add a level of complication to mental health impacts, trauma and how best to help people through these in an appropriate and sensitive way. It is important not to 'professionalise' mental health support in conflict situations away from local context, local expertise, and local language.

It should also be acknowledged that the burden of mental health can also fall disproportionately on different groups, and often this burden falls on women. The burden of interpretation and translation, however, often falls on children and young people, who can be interpreting for mental health issues in very difficult situations. The value of young people from refugee backgrounds to act as brokers and mediators and aid in disaster risk reduction within their communities could be seen following the Christchurch earthquakes, where migrant children played a pivotal role in connecting their families and wider communities with information and resources.<sup>21</sup> There are challenges for professional interpreters, who may not always be available (or appropriate) and often don't have the training for the context of conflict and the level of trauma being experienced.

Conflicts can also challenge and erode bonds of trust. There can be a fear of going to authorities, particularly in civil war conflicts and for those who are displaced. Migrants faced with disaster situations, for example, may be concerned about the impact on asylum applications and those without an official status can have concerns about deportation. The latter, in particular, has been seen in responses to hurricanes and other natural disasters in America.

Gaining or retaining trust is vital to ensure good communication and the success of health policy responses and other humanitarian efforts. During the COVID-19 pandemic, for example, the Polish community in Ireland were less trusting of communications coming from government, in part due to their own cultural and historical framework. In-person communication and contact also remains valuable and the social connections of older people throughout a community can be beneficial for humanitarian organisations. Elders in a community also carry a level of trust and respect; though during COVID, the ability of this group to mobilise was impacted and they were more disconnected. There are also still some internationally trusted sources of information, such as the World Health Organisation and the UN High Commissioner for Refugees.

## **The long view**

Health impacts do not just take their toll on those killed in battle and a challenge for health policy is to keep both acute and longer-term health impacts such as post-traumatic stress disorder (PTSD) in the frame and to ensure joined up thinking as crises and their affects evolve. This can be particularly challenging in conflict settings, which can evolve so rapidly that there is less delineation between an acute stage and an entrenched stage, and there may be cycles of violence. Some stakeholder groups may fall by the wayside and others emerge. 'Conflict fatigue' can present a related challenge for political and policy, and attentions may falter as conflicts drag on and become more entrenched – as is currently a concern regarding the war in Ukraine. Conflicts may, therefore, need to be thought of differently to a 'single event' crisis in terms of policy responses; though there may be closer comparisons to be drawn with the entrenched nature of climate disaster.

There is a need for greater preparedness, but at the same time this brings questions of what to be prepared for when, as was mentioned at the previous workshop, disasters such as conflicts can be anticipated to an extent, but not precisely predicted and can evolve rapidly. There is also a balance to be struck between providing an adequate level of preparedness and the information

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<sup>21</sup> See, for example, Marlowe, J. and Bogen, R. (2015), 'Young people from refugee backgrounds as a resource for disaster risk reduction', *International Journal of Disaster Risk Reduction*, 14(2), pp. 125-131, doi: 10.1016/j.ijdr.2015.06.013.

that people need to have. There are different levels of responsibility in implementation and a need to think about preparedness and resilience at different scales and levels; for example, ad hoc, versus standing capabilities. Governments and societies face a challenge to clarify the chains of responsibility for preparedness and resilience to the impacts on health and healthcare. Expertise in fields such as Political Sciences and Management Studies may provide relevant frameworks to address these issues. Perhaps it is resilience that we need to think about for the majority of people, rather than preparedness.

There is a lot of learning which could be shared and linked across concepts and regions in an attempt to drive better policy making and responses to complex emergencies and cascading and developing risks and health effects. Both **compound** (multiple disasters following closely on from or overlapping one another) and **cascading disasters** (where one extreme event triggers others) are becoming more common across the globe, and this also impacts the UK – as has been seen in repeated battering by storms in the last few years.<sup>22</sup>

Across different types of disaster, there are different levels of systems that need to be thought through, as well as the interrelated topics and levels of governance and different population groups. Societies and populations which have had to work through crises provide valuable institutional and cultural memory of how to manage crises, and we need to recognise this wisdom and learn from it. Older generations often see those from younger generations as less resilient – how can social science learning help us to understand the resilience from previous generations?

This also applies to the UK and what learning we can take from our own experience of conflict. While there is much that can be learned from the two World Wars and, in particular, the ability of people to cope under extreme stress during the Blitz, there is also very relevant learning from experiences of the Troubles.<sup>23</sup> This represents a close-to home, chronic conflict, from which there will be learnings in refugee management and aid, as well as conflict resolution and trying to bridge deep divides between communities. The UK's potential contribution to global efforts to address disasters and their health impacts, therefore, does not just lie in humanitarian assistance. Could the UK play more of a role in helping other countries and invest more in preparedness not just for ourselves, but also for others?

A significant challenge remains in how to get from policy to implementation – something which will be explored more in Workshop 3. Before the COVID 19 pandemic, the UK was ranked very highly for pandemic preparedness. Plans and policies were in place, including capable multi-agency planning under the Civil Contingencies Amendment Act; although there remained questions around resourcing and actionability of plans, following NHS avian flu and pandemic trials. When the crisis itself began to unfold, implementation of these plans was lacking. During the Swine Flu pandemic, however, normal emergency planning and response contingencies were mobilised, to great effect. There are lessons to be learned for preparedness and disaster response and the potential impacts of short-term politicisation overruling longer-term planning and more established agencies and standing bodies.

<sup>22</sup> See, for example, Lawton, G. (2023), 'No Planet B. Gathering Storms', *New Scientist*, 11 March 2023.

<sup>23</sup> On public morale and the Blitz, see for example, Jones, E. (2016), 'Air raids and the crowd – citizens at war', *The Psychologist*; for a reflection on public morale during the Blitz and lessons for anti-terrorism campaigns, see Jones E., Woolven, R., Durodié, B., and Wessley, S. (2006), 'Public Panic and Morale: Second World War Civilian Responses Re-examined in Light of the Current Anti-terrorist Campaign', *Journal of Risk Research*, 9.1, pp. 57-73.

## Stakeholders

Just as is the case with climate and other disasters, stakeholders may change as the dynamic of a conflict changes. There can also be a difficult balance to draw between ensuring that the key stakeholders are heard, but that networks do not become too large and complicated to communicate and function effectively. The most important people, however, are **those on the ground** affected by conflict. This encompasses many different groups, however, including civilians, health professionals, emergency services, military (as responders as well as actors), displaced persons, and the communities receiving internally displaced persons.

Politicisation and existing structural inequalities mean that some of these groups will have less of a voice than others and there remain important considerations around who it is who speaks on behalf of these people or groups, who has the 'real' voice in stakeholder engagement, and what are the different agendas underlying this. Some, for example warring factions, may also act as gatekeepers of information and assistance, and have their own agendas.

Formal government structures almost always have a voice or seat at the table, **municipal authorities**, however, often do not, even though they and local government carry the burden in terms of accommodating those impacted and reacting to a situation on the ground. Governments can also shy away from discussions about conflict, so there is a need to think about how these conversations can perhaps be held in less direct ways to facilitate meaningful communication.

Governments can also be reluctant to spend time and money on long-term planning and things which may not be needed – creating challenges for preparedness and resilience. As also discussed in workshop 1, political salience and will is essential for ensuring better health policy responses and outcomes. In many cases, political decisions are often made by those with no experience of the first-hand trauma of war, resulting in greater detachment from the impacts and issues. Politicians with military or other conflict experience, however, may be more likely to push for and find a non-conflict pathway. **International aid**, for example, is vital for de-escalating conflict and cuts to it are a real cause for concern, impacting overall preparedness and resilience in ways which may result in significant long-term impacts and cascading disasters.

Organisations like the **Red Cross/Red Crescent** have a remit and experience which bridges both health disaster and conflict, while remaining a non-political entity. These and related organisations, such as international non-governmental organisations, the UN and other humanitarian aid groups, may also have networks across communities and which extend to community level in many countries. These are valuable resources and experiences to learn from when designing better health policy. Such organisations, however, can have different levels of voice or influence in different countries. Smaller social enterprises are often the first port of call for groups during conflict.

For outsiders, however, knowing how and where to find these, as noted above, can be more difficult – better established local and regional networks can help with this. Other relevant international networks with relevant experience and expertise, but which may not always be the first port of call for disaster response, or in policymaking for health and preparedness include the **Rockefeller Resilient Cities Network**.

Given the increasingly important role of technology for communication and transmitting on-the-ground information in real time, as well as collecting and analysing data, policymakers may need to consider whether **technology platforms** and their owners or operators should be considered stakeholders in conflict situations and have their voices included in policymaking.

Other sources of relevant knowledge and experience may come from **counter terrorism and security services**. These often come with good international and regional networks and can help think about the conflict agenda and impacts. There may, however, be tensions between communicating about conflict and ongoing security concerns which need to be considered when approaching these issues.

**Sustainability** is an important consideration for stakeholder engagement and a particular concern for such complex and sensitive challenges for health policy such as conflict and other disasters. Policymakers can sometimes draw upon expertise at particular points, or as a one-off, but there is a challenge to ensure that relevant expertise and insight, particularly lived experience, and multicultural and multilingual expertise, is able to continuously feed into the process of policy development. Are the current mechanisms and platforms for feeding in this expertise appropriate and accessible enough to enable meaningful and sustained interaction?

There is also a balance to be drawn between ensuring broad and equitable inclusion of stakeholders, while also making sure that too many voices do not drown out the key points. Too closed a view of who the relevant stakeholders are and where the relevant insight and experience comes from can also risk overburdening particular groups – who themselves may not always be the most appropriate at all stages. Overly focusing may also result in certain groups of stakeholders being overlooked.

### **Emerging points of commonality and difference: climate and conflict**

Many similar themes and challenges have arisen during discussion of both conflict and other climate and hazard-related disasters, such as the importance of multilingual and multicultural approaches, the importance of political salience and will, and the role of history.

There remain some key differences, however. Unlike some other disaster situations, particularly those caused by extreme climate events, during conflict situations there are groups of people actively trying to undermine and harm the health of other groups of people and the systems and infrastructure which support this. The level of violence seen in conflict is also something not necessarily seen in other disasters. Power and political power are also particularly important in conflict situations and, in cases of civil war in particular, we are faced with divided societies not facing common or shared challenges. When political agency steps in to help address health and other impacts during conflict, decisions may be made by narrow interest groups who may in turn have a narrower focus for their efforts, increasing inequalities of impact.

To an extent conflicts, like other disasters, are socially constructed in the sense that, while a disaster may be created by a particular weather event or conflict, much of the damage and exacerbated impacts come about through political and other decisions (or indecisions). These are not pre-determined but developed over time and to fit certain agendas.

There is a question as to whether health policy, in relation to conflict, actually exists, or whether it emerges only in response to ongoing conflict. There may be health policies in place or being developed for other forms of disaster, but there needs to be joined up thinking and joined up working. As crises and disasters evolve and develop, as stakeholders and those most in need evolve and change, should good policymaking enable a degree of flexibility and reactivity, alongside proactivity, as the dynamics of conflicts and disasters change?

## Examples of good practice

- Coordination and collaboration across different international organisations, such as the [cluster approach](#) advocated by the United Nations Office for the Coordination of Humanitarian Affairs and the [Global Health Cluster](#) in particular, combining country and global level partners and led by the WHO.
  - See also the [Disasters Emergency Committee \(DEC\)](#).
- Using heritage in displaced communities as a way of improving mental health and wellbeing and as a non-pharmaceutical initiative for addressing trauma. For example, the ‘[BReaTHe – Building Resilience Through Heritage](#)’ project using digital heritage to build resilience, wellbeing, and cohesion in displaced societies, run by a team at the University of Bradford, in partnership with the global organisation [Mercy Corps](#).
- Going local and building on the capacity of local communities to respond – developing and sustaining relationships with locally trusted partners. Perhaps developing groups of local ‘resistance champions’. See also the [Māori disaster management response](#) to the Christchurch earthquakes in New Zealand, as an example of community-led initiatives in disaster response and recovery.
- Appropriate and culturally sensitive data and communication – both to help inform responses and to help counter disinformation. Not forgetting less high-tech, more accessible, and less infrastructure-dependent solutions for communication, such as wind-up radios.
- Expertise in disciplines such as Political Science and Management Studies may offer relevant frameworks for outlining chains of responsibility for preparedness, response, and resilience to the health impacts of crises such as conflicts.

## Closing reflections and takeaways

**Kate Ardern**, Honorary Professor of Public Health, University of Salford, Visiting Professor, University of Chester, and formerly Director of Public Health for Wigan and Director of Public Health for Health Protection and Emergency Planning, Greater Manchester Combined Authority, offered some closing reflections on the main points to come out of discussion.

- We have seen some commonality across climate and conflict disasters in terms of the shocks and stresses on peoples and systems, as well as both acute and chronic impacts on health and wider policy.
- Similar considerations in terms of the geographical location of the area experiencing the conflict, but also neighbouring geographies not directly involved but helping to support either militarily or through humanitarian efforts, in terms of migration or exodus of people from the conflict zone – requiring policy for both acute and chronic response.
- Learning lessons domestically – historical knowledge important here – utilising existing emergency planning and response systems, not to “scare the horses” but to bring lived-experience into planning and thinking. Including the Voluntary, Community, and Social Enterprise (VCSE) sector as well in the UK – a route directly through the Cabinet Office. Utilising anthropological, sociological, and historical lessons and learning from them.
- The need to think laterally about how we utilise international networks, such as the Rockefeller Resilient Cities Network, alongside other international networks working in conflict zones.
- International aid is about de-escalating conflict, and cutting this should be a worry for all of us. Social sciences and humanities can help us to make the case for increasing this. It is cheaper to do international aid than it is to engage in an arms race.

# Workshop 3: Climate and Conflict. Where to next?

The three workshops in this series enabled participants to explore a forward agenda for health and disaster response policy, focusing on how different actors can work together and the role that the SHAPE disciplines can play. This final workshop brought together learning and examples from the previous two discussions in order to look ahead to how we can plan for and respond to disasters associated with extreme climatic events and conflicts, and how these crises impact the health and wellbeing of individuals and populations.

## Insight talks

The discussion was prompted by three introductory talks by invited speakers. The main points raised in their talks were as follows:

**Melissa Leach FBA**, Professorial Fellow, and Director of the Institute for Development Studies (IDS), University of Sussex, recapped the main points which emerged from the previous climate and conflict-focused workshops, and what this means for the challenge of closing the gap between policy and research and making the most of the insights from SHAPE disciplines.

In addition to being large challenges in themselves, climate change, conflict, and health all interact within complex systems, in which there are interlocking drivers at multiple scales, interactions, outcomes, and feedbacks.

Impacts on health may be both physical and/or mental and arise directly from the climate event or conflict itself (e.g. trauma, injury, disease in flood zones and displacement camps). Indirect health impacts also arise, resulting from disruption to infrastructure, reduced or diverted supplies of routine health services or reduced access to them. Multiple impacts can therefore converge and intersect in emergencies and disasters, resulting in 'polycrises'. Short term shocks, and the type and magnitude of their impacts, often depend upon pre-existing structural factors such as how resilient and inclusive health care systems are.

These short-sharp shocks are perhaps what is more common to thinking and approaches to emergency planning and response, but these short-term emergencies often blur into one another, or take place within what the humanitarian sector describes as 'protracted crises', characterised by their longevity, intractability and mutability.<sup>24</sup> Within these, there may be particular periods of more intense crises or individual emergency events, but these take place within a more overlapping, longer-term, dynamic, and intractable setting.

According to the United Nations (UN), over 1 billion people are affected by such protracted crises and the number of countries experiencing five or more consecutive years of UN-coordinated humanitarian or refugee response plans has increased dramatically, from 13 in 2005 to 31 in 2019.<sup>25</sup> These figures were before we experienced the COVID-19 pandemic and the war in Ukraine. Where previously humanitarian disaster response plans had been associated with conflict and short-term action in response to crisis, 'polycrisis' is the new

<sup>24</sup> See, for example, International Committee of the Red Cross (2016), *Protracted Conflict and Humanitarian Action. Some recent ICRC experiences.*

normal for humanitarian architecture, which is becoming a more of a protracted crisis management system – a role for which it is not always best suited, and which blurs the line with other humanitarian actors.<sup>26</sup>

Different actors involved in responding to crises are doing so amidst this landscape of protracted crises and there is a growing need to join them up – whether operational responders on the ground, policymakers who can plan for longer-term systems resilience, researchers contributing evidence to both, and also publics, citizens, and community members.

There are particular roles for SHAPE disciplines in complementing health sciences, for example:

1. Analysing context (social, historical, political, economic, citizen-state relations, trust), so that responses can be attuned to the places and communities impacted, rather than relying on a ‘one-size-fits-all’ approach.
2. Understanding the social inequalities and social distributions of consequences, impacts, and outcomes. For example, considering how factors such as gender, ethnicity, class, and place intersect with greater risk of poor health outcomes or challenges in accessing health services etc.
3. Engaging communities and publics more effectively. Ensuring the use of language and discourse that resonates with the perceptions and concerns of local people and utilising familiar, trusted institutions to communicate public health information, risk, and other matters in a way which will generate most traction.

There remain challenges, however, with the time it takes to accumulate and communicate such research, which does not necessarily correspond to the real-time needs and requirements of responders. Researchers are not always good at presenting this information in a way that decisionmakers or policymakers and humanitarian actors can use, particularly when under significant pressure. While the COVID-19 pandemic saw rapid emergency funding for research, this was not always as rapid as was needed and could be quite disparate. Despite best efforts, it was also not easy to synthesise the information and evidence produced in readily usable ways.

A possible alternative is a ‘platform’ model, whereby a network is set up in advance, bringing together different disciplines with relevant policy and social actors, and those skilled at quickly mobilising knowledge to meet their needs during a crisis.

### Examples:

- [The COVID Collective](#), supported by the Foreign and Commonwealth Development Office (FCDO). Between August 2020 to March 2023 the COVID Collective ran 65 rapid impact-orientated projects around the globe, involving 25 partners. These combined a focus on local context with cross-cutting syntheses and lesson-learning events looking at how COVID and the response to it was generating social, economic and political impact, and which initiatives were working well on the ground. This enabled different actors to look across countries and lessons learned for the future. As a model, this may be adaptable to other forms of crisis.
- [The Social Science and Humanitarian Action Platform \(SSHAP\)](#), which in its later stages was supported by both the FCDO and the Wellcome Trust, focused directly on emergencies involving health, but also climate and conflict. The model responds to operational actors

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<sup>25</sup> Development Initiatives (2020), *Global Humanitarian Assistance Report 2020*. Global Humanitarian Assistance.

<sup>26</sup> See, for example, United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2016), *Leaving No One Behind: Humanitarian effectiveness in the age of the sustainable development goals*, OCHA Policy and Study Series.

and their requests for information, with central researchers working with local researchers in relevant countries and setting up decentralised hubs (for example in Central and West Africa). These produce highly topical, easy to use briefs and dialogues, bringing together evidence from social science and humanities research and communicating it into the hands of responders in real time, and in a form which they can readily use.

- Examples of recent work include responding to the 2022 Pakistan floods, where SSHAP explored what could be learned from previous floods and disasters in the region and good examples of joined up working between state actors and civil society, such as the [Pakistan Humanitarian Forum](#).<sup>27</sup> This could then be used to address challenges such as malnutrition faced by populations displaced in 2022.
- A recent series also explored cholera in fragile and conflict-affected zones. Since 2021, 29 countries have reported cases and outbreaks of cholera, including 13 new countries which had not previously reported outbreaks, particularly in Africa and the Eastern Mediterranean – representing a massive peak in global cases.<sup>28</sup> The death rate per infection from cholera, or Case Fatality Ratio, is now the highest that has been recorded in over a decade.<sup>29</sup> Conflict, climate change and displacement seem to be key drivers to this rise, compounded by fragile health systems and a lack of investment in water and sanitation services. Some SSHAP briefings on cholera have been country-specific, for example one focused on Mozambique, where local people have a good understanding of cholera's impacts, but more limited understanding of its causes, with some believing it to be blood-borne, linked to witchcraft, or social problems.<sup>30</sup>
- [SSHAP have created a fellowship programme](#), which pairs up social scientists and operational actors in different regions through an online learning course, enabling each to learn from the others' contributions and needs; building a new category of 'crisis professional' who can help to bridge the gap between research and response/policymaking or practice.

**Hilary Graham FBA**, Professor of Health Sciences, University of York, drew upon examples of research on public perceptions of health risks of climate change – work funded by the National Institute for Health and Care Research (NIHR), and the Lancet Countdown on Health and Climate Change and its group on public and political engagement.<sup>31</sup>

## People's perspective on health and climate change

Highlighting the health impacts of climate change has been advocated as a way of bringing climate change closer to people's lives, particularly in high income societies which are a key driver of climate change but, thus far at least, have been relatively protected from its impacts. This 'health framing' of climate change hopes to achieve greater public understanding and engagement by knitting the abstract issue of climate change more closely to people's daily concerns about their health. The potential for a coupling of health and climate change has been particularly influential in the United States, where it enables climate change to move away from a more politicised, left-leaning environmental framing, which does not appeal to climate sceptics and towards something more neutral and inclusive. The Lancet Countdown on Health and Climate Change is predicated on the assumption that bringing these two areas

<sup>27</sup> See, for example, Khan Mohammad, S., Loureiro, M. and Social Sciences in Humanitarian Action Platform (2022), [Key Considerations: Supporting Better Governance of Flood Relief Efforts in Pakistan](#).

<sup>28</sup> Social Sciences in Humanitarian Action Platform, 'Global Surge Cholera Outbreaks'.

<sup>29</sup> World Health Organization (28 March 2023), 'Multi-country outbreak of cholera, External situation report #1'.

<sup>30</sup> Niederberger, E., Tanner, L., Karam, S. and Social Sciences in Humanitarian Action Platform (2023), [Key Considerations: Socio-Behavioural Insight for Community-Centred Cholera Preparedness and Response in Mozambique](#).

<sup>31</sup> NIHR Public Health Policy Research Unit, 'Public perceptions of the health and risks of climate change and priorities for action'; The Lancet Countdown on health and climate change, <https://www.thelancet.com/countdown-health-climate/about>.



together will enable cut through with both policy and the public.

Evidence for the success of this approach, particularly from qualitative studies, is mixed, however. Numerous studies have shown that those in richer societies view climate change as both spatially and temporally distant – something that happens elsewhere and will primarily impact future generations. In a recent qualitative study in the UK, participants' responses pointed to a framing of climate change focused on extreme events elsewhere, such as Californian wildfires, and devastating impacts from cyclones in Bangladesh, rather than floods that had happened in their local area. Health was a more tangential concern, where it focused more on loss of life than other health and wellbeing impacts. One participant commented that, 'it seems to be that climate change kills people rather than makes them less healthy', and another that, 'I don't really associate climate change with actual people's health'.<sup>32</sup> These more disconnected representations of climate change as something catastrophic, but happening elsewhere, were informed by media representations as an important lens through which people understood climate change and its health impacts.

There is evidence of disaster framing of climate change and health in global discourse. The Lancet Countdown's group on public and political engagement has been looking at the UN General Debates which open the annual UN General Assembly and give political leaders the opportunity to speak to the global community about issues of concern. Climate-vulnerable countries have led the way in talking about climate change and health, but the framing which they use is often one of disaster rather than systemic risk. In his 2022 address, Pakistan's Prime Minister, for example, focused on his country being 'ground zero' for climate change and the 33 million people at high risk from health hazards as a result of floods.<sup>33</sup> A disaster framing of climate change is likely to become more prominent, but does this lead us away from representing it as a systemic risk for health? The public salience of the different framings of climate change and the extent to which it is helpful to buy-into a health framing is highly context dependent.

## Public trust and public trust in government

In democratic societies, policies require public support. This is echoed in the Paris Agreement, which instituted a bottom-up climate governance regime where national governments decide their own plans for emissions reduction and adaptation. The framework of the Paris Agreement therefore offers the possibility of aligning national plans to public concerns.

Public trust in government is key to delivery. Trust signals a willingness to trust the knowledge because of the source from which it comes – who says it, rather than what they say. A forthcoming, quantitative study, conducted in late 2022, suggests that in the United Kingdom, there are currently very low levels of trust in the key institutions of democracy. When asked whether they trusted 'x' to tell the truth about climate change, less than one fifth (aged 18 and older, from across the UK) totally or mostly trusted the government, and nearly half did not trust the government at all. Particularly low levels of trust were expressed by those who, in the event of an immediate election, would vote for parties other than the Conservatives.

By contrast, there were high levels of trust expressed in scientists, with over 70% of respondents saying that they would totally or mostly trust this group. Healthcare professionals also elicited high levels of trust, with nurses more trusted than doctors. These high levels of trust were found

<sup>32</sup> Martin-Kerry, J.M., Graham, H.M. and Lampard, P. (2023), "I don't really associate climate change with actual people's health": a qualitative study in England of perceptions of climate change and its impacts on health', *Public Health*, volume 219, pp. 85-90.

<sup>33</sup> A summary of the key points made and a recording of the address can be found here: <https://news.un.org/en/story/2022/09/1127791>.

across the political spectrum, and thus independently of voting intentions, and reflect what has been seen in other studies.<sup>34</sup> A health framing of climate change therefore brings together two knowledge vectors – scientists and healthcare professionals - in which there are high levels of public trust.

**Hanna Ruszczyk**, Postdoctoral Research Associate, Department of Geography and the Institute of Hazard, Risk and Resilience, Durham University, offered the third and final insight talk. Dr Ruszczyk provided further emphasis on the importance of people's everyday lived reality for informing synergistic thinking around health and disaster response in relation to both conflict and climate.

## Survivors

Survivors of these disasters represent both an important source of information and insight, but also a diverse range of needs requiring response. Important questions must be asked about who gets to speak on their behalf and communicate their experiences. As emphasised across both preceding workshops, cultural differences can result in different framings and priorities amongst those who are most impacted by such events, and this range of needs will therefore require different responses.

Being cognisant of these different cultural framings is important not just to individual health, but also to the overall wellbeing of people and, again, there are questions which should be asked in order to appropriately help and support survivors. Who are the people that survivors trust to help them? What are their own reference points in terms of health and where do they find the medicines that they need? In terms of mental health provision, we must consider whose framing and priorities we use to approach this in the aftermath of disaster – is this being drawn from those most impacted or from those coming in, often from outside, to help them? Who has the skills required to engage with these differences? Trauma is complex and something which is often not thought about and explored enough in terms of health and disaster response.

It is also important to recognise the different societal expectations and unequal burdens which can be placed on women. During and after extreme events, women are relied upon to keep things together and create a home in a situation of extreme crisis, whether that be a conflict, an extreme climatic event or other hazard event. The role of gender and the function of care during and after crises in both poorer and richer countries continues to be overlooked in both research and practice. Despite this unequal burden, during and after disaster events women are often excluded from disaster relief policies and medical and healthcare services, and are often victims of increased rates of sexual and gender-based violence, all while having to cope with complex bureaucracies and vague government roles. It is often assumed that the man is the head of the household and financially supporting women and children, resulting in unequal burdens for, but also unequal engagement with women in crisis and disaster settings. This inequality results in negative impacts for trust in governmental and institutional forms of support. Research demonstrates that, following extreme events, women's trust in institutions, political leaders, parties and parliament decreases.<sup>35</sup> This has recently been seen during and after the earthquakes which struck southern Turkey and northern Syria in early February 2023.<sup>36</sup>

<sup>34</sup> This also reflects levels of trust seen during the COVID-19 pandemic, which saw low and unstable levels of trust in central government, compared to local government, with scientists, doctors, experts, and national and global health organisations eliciting the highest levels of public trust as sources of information about the pandemic. See the British Academy (2021), *The COVID Decade. Understanding the long-term societal impacts of COVID-19*, especially pp. 53-59, 67-70, and 77-82.

<sup>35</sup> See, for example, Kreutzer, W. (2022), 'Women's support shaken: A Study of Women's Political Trust after Natural Disasters', *Politics & Gender*, 1-31, doi:10.1017/S1743923X22000289.

<sup>36</sup> Kreutzer, W. and Bagwell, S. (2023), 'In Turkey, women are feeling the worst aftershocks of the earthquake disaster – this disparity may lead to dwindling trust in government', *The Conversation*, 30 March, 2023.

## The future

People's agency during and after crises is not something which should be ignored and, increasingly, social media and technology is influencing the decisions which people make and helping them to make them. This is an area which is rapidly changing and requires urgent attention and care, and there is cause for both optimism and pessimism.

A recent and problematic example from Turkey is the collaborative hypertext dictionary Ekşi Sözlük, which offered a platform combining elements resembling Wikipedia's social network and Reddit. This was being used by people following the February 2023 earthquakes to express views on the limitations of governmental support following the disaster. In response to which, the platform was shut down by the government.

Technology can, however, overcome barriers and help to transmit correct information, though preparation is key if this is to be achieved. Recent anecdotal evidence from the Polish Red Cross, for example, suggests that they were not prepared for the use of technology in responding to requests for lost persons from the war in Ukraine. While responsive and agile systems were put in place by this organisation, the role and importance of technology remained a gap.

Identifying individuals, groups, and existing networks within impacted places is key for those from outside hoping to respond appropriately to a crisis and disseminate information where it is most needed. Working with those who have good levels of trust locally is therefore an important part of preparation and the ability to react, as well as helping provide an appropriate conduit for the efforts of humanitarian organisations.

Quick funding streams, even involving small amounts of money can also help research to be innovative and responsive. Whether this involves building upon existing research or conducting new research.

The topics and themes being discussed are not isolated and it is important to appreciate and understand the interrelationships between cascading and cumulative crises. There is increasing displacement of people, and it is important also to recognise the temporality and trauma associated with this. As we have been emphasising the importance of the local throughout these workshops, the creation of home in these situations is really important.

In breakout group discussions following these introductory talks, participants considered the following questions:

- Where might there be potential for stronger links to be made between stakeholders, helping them to work in partnership and build resilience?
- What role can the social sciences, humanities and the arts play in building these collaborations?
- Considering the 'three I's' (interdisciplinary perspectives; international co-operation; and inclusiveness) – are there other important principles which should be prioritised ahead of these for future policy? What might these be?
- What might an alternative framing for policy and research be?
- How might we make a difference to research, policy, and communities?

The central points and themes which arose during discussion of these questions are outlined below.

## Stronger stakeholder partnerships

Discussion first turned to the relationships between different stakeholders, and how insights and techniques from the SHAPE disciplines can help create stronger partnerships and help build resilience.

One key challenge is that different stakeholders across the themes of disaster response, conflicts, climatic events, and health can be quite disparate and discrete in nature and represent a broad spectrum of interests. As a way of expressing this complicated problem, the concept of ‘**bubbles**’ was used to describe how the various groups of stakeholders tend to work day-to-day. A long-term objective, therefore, and one which could bring great benefits for health and disaster response, is to better connect and overlap these bubbles.

Experiences are shaped by the levels at which we all live and work. There are substantial stumbling blocks which arise from thinking only at the macro, strategic level, including less opportunity to feed these different experiences and histories into planning and preparedness. Discussions at this level often neglect the important voice of people, their concerns, priorities and lived experience. An **increased focus on the local** can, therefore, help to bridge the gap between science or research, public engagement, and responsiveness. The local level is also that at which there can be greater linkage between health and resilience, as well as a level at which there is often greater trust.

There are different groups who could be better incorporated into discussions about planning and response, and whose experience, knowledge and connections capitalise on the asset of place, and which we could learn from. As shown during the COVID-19 pandemic, cultural and creative organisations were able to rapidly shift function and focus, utilising pre-existing community-level trust and relationships. One of the seven policy goals set out by the British Academy’s COVID Decade reports and developed through evidence of what had worked well in terms of response to the pandemic, was to strengthen and expand the community-led social infrastructure which underpins the vital services and support structures needed to enhance local resilience, particularly in the most deprived areas.<sup>37</sup>

One current barrier to their involvement is the lack of systematic inclusion of knowledge and expertise from the social sciences and other SHAPE disciplines into the established mechanisms of the UK’s emergency planning and response. When it comes to insight, information and evidence, there are two cultures, with greater emphasis given to quantitative rather than qualitative data. **SHAPE knowledge** should be integral to the discussions on emergency and disaster planning and response at local resilience forums (LRFs).<sup>38</sup> Many members of the public are, however, unfamiliar with these resilience forums, despite their comprising Category 1 and 2 responder organisations at the core of putting emergency plans into place. Public engagement activities could therefore help to provide valuable information and insight, but also raise awareness of local arrangements for civil protection. Such an approach would help to balance the national and international agenda with the local system, as well as helping to build grass-roots links and influence.

These relationships need to be built over time and there are expectations which need to be managed on both sides throughout this process. This brings us back to the issue of **trust**. A SHAPE approach does depend on trust and people’s willingness to participate and cooperate. A lack of trust can undermine the capacity of stakeholders to share information, as well as efforts to create platforms of interconnected stakeholders. Words need to be backed up by salient actions to build public collaborations, as people can lose faith if their efforts are not

<sup>37</sup> The British Academy (2021), *Shaping the COVID Decade: Addressing the long-term societal impacts of COVID-19*.

<sup>38</sup> Information about Local Resilience Forums and relevant contact details can be found here: <https://www.gov.uk/guidance/local-resilience-forums-contact-details>.

seen to be worthwhile. This is not just the case in weaker democracies, but in stronger ones too. Recent cuts to the Office Development Assistance (ODA) budget have had a chilling effect on many relevant programmes and initiatives, with some shutting down altogether. This signals a lack of interest in following up on global commitments and sustainable funding for long-term partnerships, and therefore impacts trust.

**Co-design** and bringing in different stakeholders from early stages of research or policy development is one way to foster bonds of trust and incorporate the voices of lived experience and those most impacted by disasters. This is often preferable to single extractions of information, or simply gathering feedback and consulting once processes have already been developed. There are co-benefits to including people in the process of research which can be better publicised, as well as what the partnerships mean and how they can support each other.

Some examples of place-based and partnership approaches to resilience:

- [New Zealand's National Disaster Resilience Strategy](#), governed by the Civil Defence Emergency Management (CDEM) Act. The strategy explicitly links resilience to the protection and growth of living standards, as well as promoting a participatory and inclusive, whole society approach. Importantly, it also accepts and recognises an increasing level of uncertainty about future hazards, balancing risk management with broader societal resilience. The strategy prioritises community engagement and place-based approaches, alongside national-level coordination, and has relevant sections for all members of society, from individuals and families/whānau, businesses, communities, and cities and districts. Objectives include:
  - Putting in place organisational structures and identifying necessary processes – including being informed by community perspectives – to understand and act on reducing risk
  - Building risk awareness, risk literacy, and risk management capability, including the ability to assess risk.
  - Building the relationship between emergency management organisations and iwi/groups representing Māori, to ensure greater recognition, understanding and integration of iwi/Māori perspectives and tikanga in emergency management.
  - Enable and empower individuals, households, organisations, and businesses to build their resilience, paying particular attention to those people and groups who may be disproportionately affected by disaster.
  - Cultivate an environment for social connectedness which promotes a culture of mutual help, and embed a collective impact approach to building community resilience.
  - Recognise the importance of culture to resilience, including to support the continuity of cultural places, institutions, and activities, and to enable the participation of different cultures in resilience.

New Zealand also has a specific Ministry for Civil Defence (and associated Cabinet Minister), while each region also has a local civil defence group.<sup>39</sup> Within regions, defence centres are generally situated within existing social infrastructure, such as schools or town halls.

- [Tsunami Blue Lines](#) was a community-led initiative, originating in Island Bay in Wellington, New Zealand. During a co-working project between the Wellington Region Emergency Management Office (WREMO), the Institute of Geological and Nuclear Sciences Limited (GNS Science) and local residents to find better ways to promote tsunami preparedness and

<sup>39</sup>

<https://www.civildefence.govt.nz/find-your-civil-defence-group/>.

actions, one resident suggested it would be helpful to have a line painted around the suburb showing the maximum height a tsunami would get to, so that people could easily know where to evacuate. A simple idea, which was first put into place in February 2011, shortly before the Japanese earthquake and tsunami of that year, turning some initial scepticism into relief and appreciation of the new guidance. The scheme has been so effective and easily understandable, irrespective of language or culture, that it has been adopted in similarly at-risk areas around the world, including in the United States and Indonesia.<sup>40</sup>

- A project undertaken as part of the British Academy and Nuffield Trust funded Understanding Communities Programme, looked at how community engagement with place could help better communicate the relationship between the more abstract concept of climate change and the lived experience of local weather, and how local understanding might be used to inform planning around place-specific climate change communication and engagement. The project used walking and 'walkshops' as a means to engage locals in the Liverpool City Region and gather information on how people understand and respond to climate change and its impacts in their area – as a way to help bridge the gap between local understanding and action on climate change with global understanding and action.
- The above project was one of six commissioned to examine various facets of environmental sustainability using a place-sensitive lens and which are synthesised, along with other evidence and insights, in the report Understanding the role of place in environmental sustainability. The report is part of the British Academy's 'Where We Live Next' programme, exploring environmental sustainability through place and place-based policy, and examining how visible different places, and the people and cultures within them, are to decision makers and the benefits of place-sensitive approaches. The report identified several common themes that underpin effective place-sensitive policy making: environmental knowledge and education, language and a discourse that resonates, long-term trusted and inclusive relationships and partnerships, nested governance mechanisms and spaces, and delegated power and resources. The report also highlights the importance of place-sensitive approaches being inclusive, forward looking and adaptive.

We still have some way to go in gathering and taking on board all the different points of view necessary for considering the health impacts of disasters such as conflicts and extreme climatic events. In looking to the public for discussion and to gauge their perception, research shows limited success when trying to engage on matters such as behaviour change. Messaging about potential health impacts of heatwaves and other extreme climatic events, can often be met with nonchalance, suggesting that a different approach and more creative messaging is needed. There may be some groups within the UK's population, such as younger people, who are more aware and concerned about the challenges that we face and are more alert to them, for example in terms of climate change. More direct impacts, such as dehydration and effects which people more directly associate with harm, may have more traction. The moral agenda and impacts on future generations, may also serve as a useful mechanism for shifting policy – both in engaging public interest, but also the political buy-in which this can leverage.

SHAPE disciplines can offer a range of diverse and creative methods for gathering and sharing data, such as recording experiences of crisis events and communicating them in more accessible ways. **Arts-based approaches** have been shown to be effective in different settings, as well as helping to democratise the exchange of information between communities, particularly between citizens.

<sup>39</sup> <https://www.civildefence.govt.nz/find-your-civil-defence-group/>.

<sup>40</sup> Wellington City Council (March 2016), 'Tsunami Blue Lines Project adopted in the United States', *Our Wellington/Tō Tātou Pōneke*.

Some examples of arts-based approaches for gathering and sharing information:

- [Research and engagement in Colombia](#), undertaken between 2017-18, has examined the experiences of people displaced by conflict and, as a consequence, their increased risk from environmental hazards in places where they resettle. Participants were invited to use different methods, including qualitative interview and arts-based methods and creating a 'Museum of Re-encounters', to convey their stories. As a population, these displaced groups tended to be excluded from formal processes of disaster preparedness and mitigation. Local government had typically seen them as a problem, rather than a resource to help deal with a problem. Researchers also used music as a way of enabling people to tell their stories with agency and dignity, with the knowledge that traditional/conventional social science interview methods may cause distress and raise significant loss and trauma which they have experienced. Participants were instead invited to share a piece of music or song which they valued, creating a more comfortable and dignified space before opening conversation about their life stories.<sup>41</sup>
- In New Zealand, art and design have been used to help synthesise broad scientific principles about climate change and its impacts with local, place-specific culture and visual languages, to communicate with [indigenous coastal farming communities in the Horowhenua – Kāpiti rohe](#) (region) about short and long-term impacts. The research team involved was also multidisciplinary, including landscape architects, climate change scientists, ecological economics, and kaupapa Māori researchers.
- The role of the arts in communicating things which are complex and difficult to communicate in quantitative ways is currently underestimated. Different methods of interpretation are just as valuable and important for multiple voices, but also for accessibility. UK initiatives such as the [Art's Council's Creative People and Places programme](#) may offer good links and traction with local communities.

In a similar vein, **the humanities** can provide means by which to gather and incorporate qualitative evidence into public reasoning to help inform decision-making, through methods like 'storylistening'.<sup>42</sup> The narrative of place, and the history that goes with this, is powerful and can resonate more with local populations than quantitative data. This was made use of by the National Institute of Health and Care Research (NIHR)-funded Communities in Charge of Alcohol programme, directed at those areas in Greater Manchester identified as having higher instances of alcohol harm and employing local Alcohol Health Champions.<sup>43</sup> While there is great value in qualitative data, the balance of funding awarded to this, as opposed to quantitative data, is unequal.

Given the nature of disasters and emergency response and the research and engagement which can underpin the best responses and policies, there is a need to balance the complex and detailed, with the brief and focused. Part of the challenge in bridging this gap comes from the range of groups, interests and experiences which are represented across the different stakeholders and the, often disparate, ways of working which they represent. The way in which things operate 'on-the-ground' is very different from the way things operate in a university or research institution. This takes us back to the idea of 'bubbles', mentioned above. Here, **training researchers**, in particular early career researchers (ECRs), may be important for the future of research and input into discussions around topics such as climate change, conflict, health and disaster response. Enabling researchers to balance and better understand differences between a rapid approach to 'get things done' and a more systematic research review, may help them to bridge this gap.

<sup>41</sup> Marsh, H., Armijos, M.T., and Few, R. (2020). "'Telling it in our own way': Doing music-enhanced interviews with people displaced by violence in Colombia', *New Area Studies*, 1:1, pp. 132-164.

<sup>42</sup> Craig, C. and Dillon, S. (2022). 'Storylistening: a case study in how to include the humanities in evidence provided for public reasoning', *Journal of the British Academy*, 10, pp. 21-28.

<sup>43</sup> University of Salford, Manchester, 'Communities in Charge of Alcohol Programme'.

There are potential routes outside of central government and Whitehall for building networks, sharing knowledge and capitalising on place and localities. Combined authorities and devolved mayors, for example, also engage internationally and these connections offer the potential to bypass blockages which may exist at national level, have discussions across nation and build sustainable relationships.

## Potential frameworks for policy and research

Participants then debated potential frameworks for policy and research and what important principles of these might be. Developed from key points to have emerged in the two preceding workshops, a potential framework – “the three ‘I’s” - was offered as a starting point for further discussion. The three ‘I’s’ in question were:

- **Interdisciplinary** perspectives
- **International** co-operation
- **Inclusiveness**

Context is all important for this or any other potential framework, and prioritisation of any principle may depend upon a number of factors, including context and culture, and differ by stakeholder. The importance of going beyond the ‘bubbles’ in which different groups operate and experience disasters such as extreme climate events and conflicts was discussed above. A challenge to such frameworks, therefore, is whether they limit our ability to think and work beyond these bubbles. We have already seen how some existing frameworks, such as those for humanitarian operations, can fail to keep pace with changes in technology and the ways in which people communicate on the ground in times of crisis and disaster. We have also seen many examples of why ‘tick box’ exercises and ‘one-size-fits-all’ approaches are inappropriate and less effective. Perhaps a more iterative and adaptive approach is required.

On **interdisciplinary** approaches, the importance of incorporating SHAPE insights and methods has been demonstrated above and throughout this series of workshops. The impacts of extreme climate events and conflicts, for example, come with a range of costs. Economists are trying to work out what the financial costs of climate change are and will be. These types of crises, however, can devastate economies in ways which cannot be calculated using traditional economic methods. SHAPE methods and knowledge offer a greater richness of approaches and potential information. Better integration and **interdisciplinarity is therefore required at different scales**. Not just between natural sciences and social sciences, humanities and arts, but also across disciplines within these.

The process of interdisciplinary research also takes **time**. Funders often underestimate the time commitments needed for proper interdisciplinary research and, when funding committees and panels are comprised of ‘unidisciplinary’ individuals, attracting funding can be challenging. Even three-year funding programmes do not really provide the time needed to build the strong and trusting relationships needed to conduct research effectively, as well as with those the research is intended to influence. There are also questions of sustainability and what happens when the funding stops. The places where research and policy are done are often discrete, with few policy institutes hosted within universities. There is a lack of broader opportunities for secondment and knowledge sharing between the two spheres, particularly when comparing the UK with the United States. Greater movement between research and policy, if facilitated and funded, would be hugely beneficial in helping to address challenges such as the health impacts and implications of extreme climatic events and conflicts.

**International** co-operation is important in addressing such global challenges, but a framework focusing solely on this macro level can lose elements of inclusiveness and differences of scale. The **local** is just as, if not more important. International co-operation could potentially encompass many different approaches, from increasing aid budgets to learning from other



countries. Arguably, all of these things may be important to different degrees in different contexts. Relationships are, once again, key to incorporating these different perspectives and scales. Influencing the decisions made by policymakers requires building relationships and establishing trust. While learning from different places and spaces is important, time and credibility is needed to build the relationships with policymakers which will enable this learning to be taken on board and incorporated into policymaking. It is more difficult, however, to incorporate this process into a framework, however, as these connections and interactions often take place in a more informal manner – for example, a policymaker coming to an expert and asking what they think on a topic.

Perhaps a third ‘I’ could be added to those above: **impact**. Time spent building these relationships is both important and impactful. It is also, however, less tangible and, currently at least, less fundable. Funding proposals and frameworks are becoming more open to these ways of working and types of impact, but there is a need for relationship building to be understood in a more positive way and made more explicit in impact pathways. There are key, committed, and progressive individuals in government and other units, but the health impacts of climate and conflict-related disasters are real and complex, and benefit comes from researchers being able to take these people into the field as a learning process, to gain first-hand experience. Again, building relationships of trust is essential if this is to work.

An important word for achieving policy buy-in and attention is **affordability**. Relationship building, at the local level, at the international level, and between communities, researchers, and policymakers, is important and therefore needs financial resource. There are, however, some funding programmes which seek to encourage and support trusted and productive relationships between policymakers and researchers.

- [The Public Health Research \(PHR\) Programme](#), run by the NIHR, provided funding for 14 sites across the UK to support local government health research and explore how a local authority might form the basis of a research system that will enable it to become research active. Funded projects focused on many of those elements of effective, joined up thinking, discussed above, including what relationships contribute to generating research evidence, what infrastructure and capacity is needed, and what the barriers and facilitators are for councils and universities to collaborate.
- [British Academy Innovation Fellowships](#), funded by the former Department for Business, Energy and Industrial Strategy (BEIS), are designed to enable researchers in the humanities and social sciences to partner with organisations in the creative and cultural, public, private and policy sectors, in order to address policy or societal challenges which require innovative approaches and solutions. Amongst other things, the partnerships may develop new approaches for supporting innovation across the economy, regions and society; contribute to and lead on challenges targeted at increasing links with industry and business, broadly defined; and improve direct connection of researchers with policymakers, leaders, and innovators at local and regional levels.

Trust between the different stakeholders can be easily eroded due to inequality and discrimination, a lack of funding, and the erosion of important services such as those focused on mental health. This creates something of a vicious circle for policy, as this confidence becomes harder to regain over time, and yet is needed to achieve intended outcomes. Regaining public confidence and trust is something that should be prioritised and, as noted throughout these workshops, matching communication and output is fundamental to successful stakeholder partnerships.

- [Governing Life through Technology, Connectivity and Humanitarianism \(GLITCH\)](#) is an Economic and Social Research Council (ESRC) funded, project exploring how financial and digital technologies are transforming the governance of refugees, asylum-seekers and migrants in Greece, Jordan, Lebanon and the UK. The project is a partnership between

Durham University's Department of Geography, Goldsmiths University of London's Department of Politics and International Relations, and Leeds University's School of Geography – offering different disciplinary insights across the social sciences. The project has explored how use of and accessibility to methods such as WhatsApp and questions of online access, data ethics, and privacy may invite new actors into the refugee and asylum sector and create new spaces for refugee governance. Changes in aid provision in post-disaster response and the move towards cash aid shifts in the geography of refuge, from encampment to urban areas have influenced one another, have also been explored. The use of blockchain, biometric data and app-based authentication as ways of validating the identify of refugees and asylum seekers and their claims for protection is also explored.

In promoting **inclusiveness**, it is important not to lose the importance of place, local communities, and local action for these challenges. As with international co-operation, inclusiveness could mean many things and so requires further definition and may change with context. One important aspect of inclusiveness, and which has been a recurring theme across these workshops, is appropriate and accessible communication. Communication in straightforward, plain language, is not always the easiest to achieve, but it helps to engage communities on very complex topics such as health, disaster response, climate and conflict.

- The [Dahlgren-Whitehead rainbow](#) is a particularly successful example of using a simple, visual language to map the social determinants of health and the complex relationships between individuals, their environment (in its broadest sense), and health.<sup>44</sup>

While the “three ‘I’s” may not be a perfect framework for bringing together the appropriate stakeholders to better address the health implications of disasters such as extreme climate events and conflicts, it offers a starting point.

Whatever framework is used, there remains a challenge of translating this into practical implementation which has community buy-in. It is not a shortage of analysis which is the problem, but rather the shortage of ability to respond to this analysis and provide people with a sense that, from a policy point of view, there is someone listening and acting on it.

## Implementation and making a difference

Reflecting on earlier discussion, participants then focused on how to make a difference to research, policy and communities.

There is a need to invest in **longer-term relationships and relationship building** between stakeholders, and to facilitate more opportunities for researchers to engage with government and policymakers (at all levels). Longer-term funding for research can help provide the time needed to build these relationships and to direct research towards policy priorities. There are many positive relationships which exist already, and which could be built on. It was acknowledged, however, that there is a need to navigate the balance between the time constraints felt by governments and other policy actors and their need of timely, digestible policy advice, with the rigour and time which is required for good quality research. When that research is concerned with crises such as extreme climate events and conflicts, it needs to be conducted with sensitivities and ethical considerations in mind. Incorporating the voices and experiences of those most impacted without exacerbating existing trauma or existing inequalities must be done methodically and takes time. Where the funding of research is tied to the provision of policy advice, however, this can create perverse incentives.

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Rapid research for short-lived emergencies and crises is often not rigorous enough, and we have seen across these workshops that a longer view is needed to understand and address some of the more significant health impacts. The most harmful crises in terms of health impacts may also be more protracted, such as droughts discussed in the first climate-focused workshop, and these require more longitudinal study and sustained funding. While extreme events in certain contexts can offer a window of public and political interest and opportunity, in a global climate of increasing numbers of compounding and cascading disasters there is a need to facilitate proactive research which can focus on longer-term challenges and risks, which may not be an immediate political priority, but which enable us to plan ahead. We need to find ways to communicate why this type of research represents a longer-term investment which is value for money. There are some funding initiatives already supporting such research.

- [Global Challenges Research Fund](#), led by the Royal Society on behalf of the UK's National Academies (the British Academy, the Royal Society of Engineers, and the Academy of Medical Sciences), provides funding to support research consortia involving groups in the UK and in developing countries to address Global challenges with a focus on resilience. As a result of this research, a series of briefings have been produced, including '[Why Representation Matters in Disaster Recovery](#)'.
- The Wellcome Trust focuses funding on giving researchers the time and support they need to make breakthroughs for health and wellbeing. This approach responds to a survey on research culture which found that many researchers felt the current research system favoured quantity over quality, often stifling creativity in research. Their [discovery research](#) funding enables curiosity-driven research across a diverse range of perspectives and contexts. Specific areas of research at Wellcome include the [Climate and health programme](#).

Research such as this can address key policy questions and provide the evidence and advice which is needed. Space and time are needed for this research to progress and enable researchers to develop approaches and a trajectory informed by communities, government and other stakeholders, and by the evidence, rather than by having predetermined outcomes or views imposed on the project. This type of research is in line with a Disaster Risk Reduction (DRR) approach, as advocated by the Sendai Framework for Disaster Risk Reduction, and is focused on systemic risk, prevention and resilience.<sup>45</sup>

Universities can act as connectors in their local areas and regions, as well as nationally and internationally, helping to bring voices together in debates on health and disaster response.

- The [University of Lincoln's 21st Century Lab](#), focused on the concept of the 'permeable university', active across organisational and national boundaries, and between different groups, communities, technologies and disciplines. It focused on ten, interrelated grand challenges for the 21st century, including mitigating environmental and ecological damage, void of vision and foresight, and conflict and war.
- The British Academy's [Early Career Researcher Network \(ECRN\)](#), brings together early career researchers to help strengthen their skills, facilitate greater engagements between and across ECRs and the wider research community, and respond to their needs and interests through a programme of activities. Sponsored by the Wolfson Foundation, events and opportunities are inspired and led by or co-designed with the ECRs themselves and have included events on interdisciplinary approaches to community welfare and social justice, and engaging with policymakers.

Looking outside of central government also offers opportunities for researchers to engage with others who act as convenors of place, democratic decision-making, and policymaking, with a direct line to local communities and networks.

- The [Local Government Association \(LGA\)](#) provides links through councils and examples of successful engagement with communities and young people, particularly on topics such as climate change. The LGA also offers [case studies on climate change communication](#) and public engagement to inform local policy.

It is also important to engage with non-governmental organisations, as trusted and experienced voices which themselves rely on solid evidence bases for their work, and building relationships with these organisations and ensuring that their voices are heard in policymaking can also help to amplify research in a policy space. Groups such as this can help to bring a range of voices together and foster interdisciplinary approaches through **collaboration, networking and ‘workshopping’** ideas. The in-person element is important, but there are many methods and platforms which can help to contact and connect communities.

- The [Robert Wood Johnson Foundation](#), is an American organisation, working in collaboration with policymakers, business leaders, community groups and others, to advance health for all. It focuses on the many harmful obstacles to health, including poverty, powerlessness, and discrimination – all inequalities which can be exacerbated during times of conflict, extreme climate events and other disasters. The further its aims of building a Culture of Health, the foundation also offers funding opportunities for research and other initiatives.

A variety of methods for purposeful engagement can help individuals and groups, including young people, to cope with change and perhaps even crisis at their local level. Many people already make use of social media and other platforms for everyday communication, including in times of crisis and disaster, and so these offer already familiar means of communicating with different groups. Similarly, the creative arts, whether through dialogue/narrative, video, social or other media, can offer different ways to communicate and gather evidence. We should not exclude people from discussions because we cannot understand why they are trying to say or are unfamiliar with how they are trying to communicate.

## **Conclusion and closing remarks**

**Melissa Leach FBA**, offered some closing thoughts on what we have learned across this run of three workshops.

## **Public engagement is crucial**

This means engaging seriously with publics and their perceptions and cultural framings of topics such as climate change, conflict, health and wellbeing. These need to be considered both for ensuring appropriate means and methods are used to communicate with them, but also when using the evidence which they provide to inform policy and response.

This also means differentiating between publics and thinking broadly in terms of gender, youth, those in different positions as agents, victims or survivors and how they might shift between these. It is important to recognise that the different positions of publics reflect their experiences of a disaster or emergency, but also their ability to communicate that experience.

## **Trust is crucial**

This is the case for the ‘what’ of experiences and messages about them, as well as the ‘who’ of who is asking the questions, who is delivering the messages and who are the intermediaries.

There is a need to move beyond short-term risk and towards the perspective that an emergency and disaster risk reduction approach would bring, to see how risks and perspectives are embedded in longer-term, protracted crises and structural issues, and more systemic and longer-term experiences.

## **The importance of the local**

This needs more emphasis, and we need to think local both in the UK and elsewhere. Local context matters and it comprises histories, local authorities and the way in which relationships of trust have developed over time. There are opportunities to engage with a number of British Academy programmes which focus on place, such as the work on [Net Zero](#) and [Where We Live Next](#). There are also opportunities to engage with local networks such as the LGA.

## **The value of SHAPE disciplines and methods**

These are valuable both for understanding and for creative communications. Qualitative, participatory, and arts-based forms of communication and engagement offer ways of attuning media and communications to be effective and gain better traction with particular groups, such as young people.

## **The importance of building relationships**

Looking at future relationships between research and policy, there is a need for greater joined-up engagement, both horizontally and vertically, through and across these challenges. The three 'T's offer a potential framework for progress and engagement, but not without some tweaking.

Interdisciplinarity? Yes, but not just between the social and natural and engineering sciences, but also between social sciences and across SHAPE disciplines too.

Internationalism and co-operation? Yes, but it must be equitable and attend to locality, not just in terms of international learning between states.

Inclusiveness? Yes, but amongst and between different groups; amongst publics, policymakers and researchers, and also between them.

Given these considerations, perhaps a matrix is better suited. To the three 'T's, we might, therefore, also add four 'C's: cost, confidence, context, and communication. There is a need to think about how all of these elements work together and the tensions between them, but also the ways in which we might build virtuous circles between and amongst them.

There remains a tendency for people to fall back into silos or 'bubbles' of work or expertise. This relates primarily to structural issues, and it is not for want of trying or the efforts of individuals to go beyond these. While the UK may be worse than some, this is something that happens in many places. Integrative opportunities for placements, for platform relationships and fellowships, could create something of a bridging professional who can work across boundaries and joint learning in inter- and transdisciplinary projects.

Ultimately, this is about relationships and relationships of trust between researchers and policymakers, which take time to build and require sustained funding. Funders need to recognise this and the value of investing in relationships beyond political timeframes.

There is no shortage of analysis of the problems discussed across these workshops, but there remains an inability for this to be conveyed to policy and for policymakers to then deliver on it. Often this is due to structural reasons. Making a difference for those who have suffered, are suffering, and may come to suffer the health impacts of these disasters means tackling these structures and for individuals to work across boundaries, and work in and invest in these relationships. It is about people as well as the structures that we all work in.

# List of participants

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