Vaccination time, by Janet Carsten

21st February. Yesterday we went to get vaccinated. Despite the grey, damp Edinburgh morning, it seemed like a day of celebration from which we (my husband, Jonathan, and I) emerged elated. A red letter day on a calendar with almost nothing marked on it. Everything at the mass-vaccination centre on the outskirts of the city seemed to run on oiled wheels. We arrived a little early for our simultaneous and precisely-timed 8.51 appointments; by 8.51 we were already on our way out. Staff were cheerful and kind. A volunteer vaccinator who told me she was a dentist, normally on a four-day week, checked routine questions before giving me my injection. Had I had any vaccinations in the last six months? 'No', I responded without hesitation. She enquired brightly about a possible flu jab in the autumn. I had forgotten that, and we laughed.

So much gets forgotten in the strange, elastic time that we have been living for the last year. A time out of time, as many have said, much of it hard to differentiate in retrospect, marked by different small rhythms. The daily ones of domesticity that tend to merge into each other — work, reading and writing, mealtimes, evening films. When did we see that? When did I read that? Monthly rhythms — the changing seasons, the expansive luxury of long novels, Dickens suddenly and unexpectedly coming into his own. Markers of time. The walks that have been repeated daily and are seasonal too — occasions to note small changes in the neighbourhood or to lose oneself entirely in trains of thought. A time of multiple immersions when immersion itself seemed like a good way to lose time, lose oneself.

Vaccinations have also marked off different generations of

family time through the 20th century. In the past few weeks, since they have been on the horizon, I've been thinking about my mother, Ruth, a polio victim in 1916 or 1917 at the age of five. But she didn't think of herself in those terms, and in any case referred to her affliction by the older (and already outdated) term, 'infantile paralysis'. Despite life-changing illness in early childhood, family tragedy in her twenties, losing her right to citizenship, and becoming a refugee in the 1930s, Ruth never saw herself as a victim, but as unbelievably lucky. She spoke occasionally of her vivid memory of the last day she had been able to run before being struck by the diphtheria that had been closely followed by polio. And she was a fierce advocate of immunisations. Born in the mid-1950s, I would have been among the first groups of children in Britain to receive a routine vaccination for polio in early childhood – with no parental doubts about the benefits. Not long after her death, those recollections of my mother's, and my own childhood memories, were brought to mind when, in the mid-1990s, I took our baby daughter for her inoculations. The nurse at the GP clinic, whom I told then, became visibly and surprisingly moved. I recall those memories again now, in 2021, as we are among the first people in the world to receive vaccinations for Covid19 in an immaculately organised centre with wonderfully friendly and efficient staff. What unbelievable luck.

Janet Carsten is a professor of social and cultural anthropology at the University of Edinburgh. She is also a Fellow of the British Academy, and author of many books including Blood Work: Life and Laboratories in Penang (2019).

Covid-19 and football finance, by Mason Robbins

The full impact of COVID-19 may not be realised for years to come, with the associated uncertainty forcing existing and potential broadcast and commercial partners to consider the amount they are willing and able to invest in sport. (2021 DFML, Deloitte, 210127)

In March 2020, the last of the European football leagues decided to stop operations indefinitely after a series of players tested positive for COVID-19. The last top-flight match played in front of a full crowd was the UEFA Champions League tie between Atlético Madrid and Liverpool, played at Anfield, Liverpool, on the 11 March 2020. The football industry is still recovering, and questions need to be asked about its preparations, resilience, and lessons. On the 16 May 2020, the German Bundesliga announced that it would be the first of the big-five leagues to return to competition with Spain (11 June), England (17 June), Italy (20 June), France (season abandoned), and Champions League (7 August) following soon afterwards. The stoppage period in play provides the opportunity to comment briefly on these conclusions about what can be called 'Before-Covid' (BC) and the early reactions to an 'After-Covid' (AC) response to the changing nature of elite football business operations.

COVID-19 has directly impacted the end of the 2019/2020 season and the beginning of 2020/21 season across several areas, namely around the broad variables that affect fans' return to stadiums. Fan and supporter interactions with football are impacting the commercial and broadcasting partnerships due to the challenges transiting to a digital environment. This reflects the evolving nature of the football finance rankings ecosystem where all actors are partners, and success depends

on multi-directional relationships and collaborating towards a common goal. Building on this, Real Madrid's Director of Digital Strategy breaks the COVID-19 recovery plan into three stages: 1) engage with fans; 2) support partners; and, 3) remain socially responsible. COVID-19 has accelerated our digital strategy [Real Madrid Director of Digital Strategy, Web meeting, 20200514]. The current pandemic has seen the football industry struggle. The industry is moving away from brands, athletes, and individuals to a unified partnership; the industry has to learn how to integrate fan into the fan-less environments; innovation will drive sponsorship and branding in the future. 'Covid has resulted in five years of research and development physically, technologically, and methodologically condensed into three months, what we are doing today was only dreamed of by executives back in January (2020)' (Real Madrid Chief Officer, Web meeting, 20200514).

The knock-on effect, along with the changing nature of national governmental regulations means that clubs and football organisations will face another season of uncertainty, especially around matchday, commercial, and sponsorship revenue sources. Deloitte's Sports Business Group has highlighted how, whilst some clubs are better positioned to handle the pandemic's impact, the industry has to experience a transformative process of re-evaluating business models and accelerating their digital strategies. The Deloitte highlighted:

> *[c]lubs' now more than ever, must keep their eye on the ball' to pursue further growth. COVID-19 has emphasised that the clubs who can remain agile, transform and innovate and have a unique opportunity to stabilise and grow, whilst those that accept the status quo risk standing still or even falling behind the pack in these uncertain times. (Deloitte Manager, 20200630)*

The first few months in the AC era have seen clubs,

federations and sports organisations working hard to mitigate the total shutdown's impact whilst attempting to remain connected to supporters, meet a contractual agreement with sponsors, and maintain revenue generation opportunities. According to Deloitte, the 2020/21 season will be directly impacted by COVID-19, across several areas:

- There will likely be a broad range of scenarios impacting the timing and nature of fans' return to stadiums.
- Broadcasters and commercial partners will face economic challenges due to the changes in both fans' attendance and consumers' interaction with the sport.
- Clubs should expect uncertainty in their matchday revenue forecasts until further Government guidance is offered regarding crowd capacity at sporting events.

Deloitte's data demonstrates that whilst the football business industry continues to grow; it is now even more critical to engage with digital technologies in connecting clubs, stakeholders, and supporters. It has become imperative for sports organisations to understand the supporters' base whilst adapting the matchday experience. In turn, knowing a supporter base will help to drive commercial revenue opportunities and the ability to explore new business models and revenue streams.

Whilst some clubs will be better positioned to weather the storm than others, COVID-19 will undoubtedly have implications for all. Each club faces a struggle to retain and grow revenue from commercial and sponsorship agreements, whilst also navigating the future uncertainty of matchday revenues.

The COVID-19 pandemic has provided an impetus for clubs to rethink and recalibrate their wider strategic objectives and business models to ensure a strong recovery from the current situation. In particular, the focus on both internal and external digital capabilities has necessarily accelerated as

In conclusion, the current global climate has rapidly changed the football business industry in just a few months of 2020. The lessons mentioned above are provided to acknowledge and highlight what various football organisations are doing in light of COVID-19. Most importantly, this Covid comment draws out the lessons learned from the last thirty years of evolutions, interactions, and innovations found to play a role in the football business ranking ecosystem and its nexus of actors. It is still early in the global pandemic, and a lot will change in the coming months and years. What can be concluded is that elite clubs are beginning to evaluate their commercial and brand assets, which the football business rankings have highlighted, and utilise their global reach to provide support and improved resilience against this and future global pandemics. This remains a fertile area for future research.

Mason Robbins is the Global Program Manager of the University of Edinburgh- FC Barcelona Partnership. He has recently completed his PhD in Science, Technology and Innovation Studies.

The impact of COVID-19 on individuals with and without

eating disorders in the UK, by members of Eating Disorders and Behaviours Research Group

This blogpost is written by the members of Eating Disorders and Behaviours Research Group: SiennaMarisa Brown, Marie-Christine Opitz, and MacKenzie Robertson.

The University of Edinburgh's Eating Disorders and Behaviours (EDB) research group [1] was established Autumn 2019 as an effort to consolidate postgraduate research (PGR) candidates with eating disorders and/or behaviours as a general area of interest. Principally led by the School of Health in Social Sciences' Dr Helen Sharpe, Dr Emily Newman, and Dr Fiona Duffy, the research group now consists of approximately 15 members and, during the COVID-19 coronavirus pandemic rapidly[2] created, conducted, and published two studies—one interview- and one survey-based—on the perceived impact of COVID-19 on individuals both with and without eating disorders in the UK.

The first study, "A qualitative exploration of the impact of COVID-19 on individuals with eating disorders in the UK" (2020), was the first in depth interview approach with adults with mixed eating disorder presentations in the UK during COVID-19. The second study, "Exploring changes in body image, eating and exercise during the COVID-19 lockdown: A UK survey" (2020), used survey responses to investigate the perceived impact of the COVID-19 related lockdown in the UK on people's eating, exercise, and body image.

An interview-based exploration of the impact of COVID-19 on individuals with eating disorders in the UK [3]

What did we find? Across all interviews, we found that three general themes were important: how participants were restricted in the way they could socialize, how they had to change their daily routines and how differently they could be supported by professionals regarding their eating disorder.

Social Life

Not being able to visit friends or family meant that participants felt lonelier and had more time to think about food. If they were living alone, they usually had less support from people they would otherwise see regularly. However, if they had a supportive partner or family, they sometimes had *more* support than they usually would have throughout the day. Finally, those who managed better during lockdown (despite having less support available), perceived this as an achievement for themselves.

Daily Life

Routine and structure were generally seen as helpful when dealing with disordered eating. New mealtime routines with supportive family members were perceived as beneficial. However, working from home, living alone and sudden changes in daily routines led to more disordered eating for participants who felt overwhelmed by these changes and who had less support than they usually would have at work or during leisure time activities. Not being able to leave the house much also meant that participants intensified their exercise routines to get the most out of it. In addition, participants had problems keeping their eating disorders hidden (while food shopping or when they lived with family/partners), which was perceived as highly stressful. Others used their isolation to avoid uncomfortable questions about how they were doing; avoiding these questions meant that they did not have to be confronted with their disordered eating.

Professional Support

Due to restrictions in face-to-face contact, the ways of accessing professional support had to be changed. Some participants struggled with this new format, while others appreciated the anonymity of online support. Most participants felt that they did not feel deserving of more support, especially with mental health services being overstrained.

Key points:

Overall, the lockdown period was a stressful experience for all study participants. Based on our ten interviews we further found:

- The impact of the lockdown measures was highly dependent on **available resources** (such as participants' living situation, available personal support and amount of responsibilities held during this period)
- The impact of the lockdown measures was highly dependent on **how severe the eating disorder was at the beginning of lockdown**; more severe eating disorder symptoms were associated with more difficulties when dealing with disordered eating during lockdown
- Changes in routine, restrictions and regulations caused significant stress for people with eating disorders and will likely **continue to cause significant stress beyond the lockdown period**, as routines have to continuously be adapted; worries about the future and how routines will have to change (even if the spread of the virus can be contained) need to be considered in the future

Exploring changes in body image, eating and exercise during the COVID-19 lockdown: A UK survey [4]

The COVID-19 related lockdowns have had a major impact on our daily routines, including how we access food. In this study, we explored how lockdown measures might be impacting people's relationships with their body, food, eating, and exercise. We were particularly concerned with how people with pre-existing

eating difficulties, such as people with eating disorders, were coping with these changes.

We asked 264 adults in the UK to tell us about their experiences in lockdown. Initial findings suggest some people report that their relationship with their body, food, eating, and exercise either improved or worsened. Importantly, some groups appear to be more vulnerable to negative effects including women, people under 30 years old, and those with a current or past eating disorder diagnosis. These groups reported an increased concern about their appearance and more difficulties regarding food, eating, and exercise.

This is an ongoing project and future analyses will be important for increasing our confidence in these findings; however, alongside similar results from other studies, the findings suggest that women in particular may be experiencing more mental health difficulties as a result of the lockdown, including increased disordered eating. Additionally, results suggest that we might see an increase in demand for eating disorder services across the UK as current clients may experience worsening symptoms. This highlights the ongoing need for more accessible eating disorder resources and the critical examination of public health campaigns aimed at weight loss that are likely to increase weight stigma and perpetuate eating disorders.

[1] The University of Edinburgh's Eating Disorders and Behaviours research group can be contacted via email at **research.edb@ed.ac.uk**.

[2] As COVID-19 is a rapidly evolving situation, the EDB group aimed to capture perceived effects in real time; thus, a 'rapid study'.

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Religion, trust and Covid-19 in Congo, in conversation with Emma Wild-Wood

In this interview, Dr. Emma Wild-Wood from the School of Divinity answers our questions about her research project on the responses of the religious communities to the pandemic and their contributions in building trust as a component in good public health.

I was wondering if you could explain the religious affiliations of the population in DR Congo. What are their main religions?

It's often said that about 10% of Congolese are Muslim and 90% are Christian. These stark percentages give little sense of the diversity, fluidity and public nature of religious affiliation. Whilst most Muslims are from Sunni traditions and the Catholic Church has a large, prominent role in civil society, there are also many Protestant churches, congregations from both classic and new Pentecostal movements, and one of the largest African initiated churches, the Kimbanguist church. Indigenous religions, often focused upon vernation of the ancestors, are also present and active. Some

people are affiliated to more than one tradition and change affiliation over time.

Your research is about the element of trust in Congolese religious communities during the pandemic. Would you please explain how trust, religion and health are linked to shaping our response to the spread of Covid-19 in Africa?

Studies of health systems in fragile states with complex and multifaceted insecurities, like DRC, have identified building trust as a necessary component in the delivery of good health. A lack of trust may be manifest in several ways, including health care being offered in ways that do not account for cultural or religious norms. Over half the health care in DRC is provided by faith-based organisations who generally have great social capital and trust. But not all religious traditions are represented in this delivery. Indeed, some communities will preach faith-healing and divine protection by prayer only. During the Ebola outbreaks there was significant difference in the way in which religious communities responded to protective measures and the same has been true of Covid-19. The project is attempting to identify 1) relations between faith-based health delivery and communities where trust is strong and to build on that in public health messaging around Covid-19. 2) relations of mistrust to understand the cultural and religious norms that are operating so that public health messages can be communicated more effectively.

In what ways could health professionals and faith specialists or authorities collaborate to tackle health inequalities?

As mentioned above, there already is considerable collaboration in some areas. However, there is important work to be done to recognise the public and diverse nature of religious affiliation as part of the health landscape and therefore an important element in building trust in public health measures. There is also a need for understanding of and engagement with all faith groups. We hope the project will

provide the knowledge able to train and mobilise the large volunteer force in faith groups (women's networks, youth choirs etc. etc.) who will spread public health messages in an engaging and sensitive way.

The research team in Congo, under the leadership of Dr Yossa Way, is currently collecting primary data. Once this is done, they will make an assessment of exactly how this collaboration might be furthered.

As you said Christianity and Islam are two popular religions in DRC. It would be interesting to know if the experience of the Ebola outbreak led to greater integration between the communities of the followers of the Abrahamic religions, or has it exacerbated the disagreements?

Yes, it would be very interesting to know — but unfortunately, I don't think there's any data on this. In our current research we may get some idea of how relationships have changed. Certainly, its relatively common for civic-minded religious leaders to work together. We see this in Acholiland in Uganda. In 2015 I was able to speak with the Acholi religious leaders for peace. There are similar groups of religious leaders emerging in Congo in response to armed conflict and I'm hoping to learn their make-up and how far they have responded to epidemics.

Emma Wild-Wood is senior lecturer in African Christianity and African Indigenous Religions in the School of Divinity. Previously she taught in Cambridge, Uganda and DR Congo. In this project she and other colleagues at the University of Edinburgh are working closely with Drs Amuda Baba, Sadiki Kangamina and Yossa Way of the Anglican University of Congo, Bunia, Ituri.

Women, midwifery and obstetrics during Covid-19, by Lyndsay Mann

My ongoing project is called *Women, Midwifery and Obstetrics: Embodied Knowledge, Institutional Practices, and Shared Experience*. This research examines the tensions between embodied, subjective knowledge and scientific, objective information in the context of women-focused institutional healthcare in Scotland using artists' filmmaking methodologies. The work explores themes of awkwardness, authority and the body, relationships between women working together in institutional contexts, and the embodied experience of recognition. This project was started with support from Creative Scotland's Open Project Funding.

The project began in 2019 with New Mothers' Assembly, a series of interdisciplinary workshops I devised for first-time, new mothers. Weekly sessions took place at the Royal College of Surgeons of Edinburgh, and invited new mothers to reflect on their recent experiences of pregnancy and birth in response to historical midwifery and obstetric artefacts from the museum's collection. Objects became conduits for deeply personal yet collaborative interactions. At this time, I was also beginning to contact women midwives and obstetricians to find out more about their experiences of working in a women-led, women-centred institutional environment. Similarities of responses across all my interactions allowed me to trace a pattern articulating forms of embodied knowledge shared between women, (patients, midwives, and obstetricians) outside of institutional training and practices. Women described some of the most impactful moments of their pregnancy and birth experiences, when they felt seen and heard, resulting from relatable personal anecdotes shared by their healthcare professionals. Fiona Denison, Professor of Translational

Obstetrics and Director of the Edinburgh Tommy's Centre, then introduced me to the Midwifery Research Network for NHS Lothian. Through these meetings, the need became clear for me to create workshops, drawing from New Mothers' Assembly, with midwives and obstetricians who have personally experienced pregnancy and birth to discuss contemporary healthcare practices in the context of museum archive and collection materials.

In my work I examine relations between voice, uncertainty, and authority. I develop vocabularies and contexts for sharing personal experiences in relation to institutional histories. Voice is at the core of my work — as a research topic, as an embodied material, and as a set of processes for making. Processes of voice for making include techniques of recording, editing and speaking voice, as well as devising contexts to harness particular forms of voice, such as creating intimate or visceral environments for conversation.

My PhD research in Art was co-supervised in Cognitive Philosophy by Prof Andy Clark. Titled 'Voicing Uncertainty' (2017), it examines ways that perceptions of our voice and of being heard shape our experiences, expectations and capabilities. My investigations through theory and practice explored the capacity of embodied knowledge to challenge established modes of address and the dominant hierarchies of knowledge and authority they sustain and reinforce.

In developing my work, I often speak with people across disciplines that I perceive as tangentially if not directly related to my research. These sometimes tenuous connections offer ways to rethink or reframe a subject, and the potential to generate new approaches and collaborations on a theme. In so far as knowledge is produced within an historical context of hierarchies that have been assigned values, my interest as an outsider is how outcomes and findings are produced. Which actions, materials, beliefs, equipment, and coincidences bring about a set of perspectives and behaviours that come to be

accepted and attributed to a discipline or subject within it, that becomes established knowledge?

Maternal healthcare is an area of institutional practice in which more and more women are the voices of authority, in which many researchers and clinicians have embodied experience of their subject specialism. What differences in forms of engagement and interaction are produced in this workplace environment? Do forms of shared physicality and experience generate alternate forms of communication between colleagues in institutional contexts? Can and do women-led institutional practices move away from harmful patient or colleague perceptions of not being heard, which could be linked to the understanding of authority?

Science and technology are arguably the last collective, trusted voices of authority. The contexts of Women, Midwifery and Obstetrics uniquely address my interests of voice, uncertainty, and authority. The discourse has been heightened by the coronavirus outbreak, and this research has now been re-imagined in response. Between January and March 2021, I am recording a series of one-to-one conversations (online or via phone) with women midwives and obstetricians who have personally experienced pregnancy and birth, and who are working in maternal healthcare during the pandemic. This component of the project titled, Women, Midwifery and Obstetrics during Covid-19, recently received PRA and RKEI Award funding.

Scholarship on the 'epistemically transformative experience' (Paul, 2013) of pregnancy and birth in relation to healthcare professionals has focused on: the significance of personal connections between patients and their maternity specialists; the complexity of midwives' own maternity experiences in relation to their professional knowledge. (Patterson et al, 2018; Church, 2014; Pezaro, 2018). This project brings together the experiences of women specialists from midwifery and obstetrics for the first time to examine the challenges

and needs of recognition between patients and their healthcare providers, additionally contextualised by Covid-19.

Conversations with midwives and obstetricians will explore potential differences of communication between patient and healthcare professionals with shared embodied experiences, and the shifting ground of affinity and disconnection due to Covid-19 practices. It is expected that gathered data will also capture aspects of categorisation relating to 'increased risk' and BAME experiences during the pandemic, and the wider social and political factors implicated in these categorisations. Data and findings from these conversations will contribute to the development of new artworks and a new artist's film, as well as new collaborations with researchers across disciplines at the University.

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Dr Lyndsay Mann is a research-based, interdisciplinary artist with an expanded performance and moving image practice. She is an ECR and Lecturer in Fine Art in the School of Art at ECA.

Households, bubbles and hugging grandparents: caring and lockdown rules during COVID-19, by Jackie Gulland

When the full lockdown to tackle the spread of Coronavirus began in March 2020, mountains of legislation and guidance were published to coerce or encourage people to stay at home. I followed the daily updates closely to try and understand what the rules meant and what the implications might be for families with caring responsibilities. I was struck early on by the use of the term 'households' as the key element of discourse in the guidance. I wondered how this worked for families and particularly for women who rely on networks of care in normal times and for whom the household may not be a safe, secure or sufficient space.

As the pandemic progressed the rules changed, allowing some people to form 'bubbles' with other households, extending their opportunities for social mixing. As a socio-legal scholar, feminist, lecturer in social work and informal carer I wanted to explore the meanings of the terms 'households' and 'bubbles' in the rules and what this meant for gendered caring roles and for inequalities. My article Households, bubbles and hugging grandparents: Caring and lockdown rules during COVID-19 (springer.com) is the result of that thinking.

In the article I explore the legislation under lockdown in the UK (March-October 2020) and the implications for women's gendered caring roles. The regulations and guidance assumed that households are separate units and ignore the

interdependencies which exist between households and between individuals and wider society. The continuing focus in the lockdown regulations has been on households as autonomous, safe, adequate and secure. This overlooks the interdependency of human life, gendered aspects of caring and the inequalities of housing and living conditions, highlighted by feminist scholarship. In the paper I show that a feminist analysis of the lockdown rules exposes neo-liberal assumptions about the family household as autonomous and sufficient for the provision of reproductive labour. Feminists have long noted that reproductive labour has been, and continues to be, heavily gendered, with women continuing to carry out the bulk of childcare, housework and adult care. Feminist and disability scholars question neo-liberal ideas about autonomy and emphasise the interdependency of human life. A feminist 'ethics of care' recognises this interdependency and that care is fundamentally relational. In the paper I show how the failure by policymakers to take account of this interdependency has made lockdown more difficult for carers and those in receipt of care. This burden has fallen on women and on low paid, working class and black and minority ethnic women in particular.

The article emphasises the unequal impact of COVID-19, with growing evidence that the greatest health impacts of COVID-19 have been on those in the poorest areas of the country, particularly on black and minority ethnic communities and that there are clear relationships between existing structural health inequalities and the effects of the virus. Evidence from disability organisations, older people's groups and carers' organisations shows that life has been particularly difficult under lockdown. Women have been particularly badly affected by the social consequences of lockdown across a range of issues.

The article outlines the main legal and regulatory framework of lockdown in the four jurisdictions of England, Scotland,

Wales and Northern Ireland and how those changed between March and September 2020. Few people probably read the actual legislation but the article notes that language is important and that the use of terms like 'household' and 'care' in both the legislation and the guidance has important symbolic effects, even where regulations are not strictly enforced.

Further examination of these concepts from a feminist perspective helps to reveal the underlying assumptions in the lockdown regulations. The idea of 'household' implies that homes are safe, secure and that there is sufficient space for everyone to isolate together. The idea of the household also assumed that small groups of people or single people could exist in isolation from other households. The exceptions allowing people to leave their homes during peak lockdown were very narrow, with the priorities being work, healthcare, essential shopping, exercise and supporting others who were defined as 'vulnerable'. As the regulations changed over the summer the concepts of 'extended households' or 'bubbles' were introduced to allow some households to mix more often. While these undoubtedly helped some people, particularly those living on their own, the concept of the bubble did not solve the problem of care needs or social isolation for many parents, older people, disabled people or carers.

I conclude the article with a final reflection on my own position as an informal carer and how the lockdown affected my and my relative's position.

I started writing the article in August 2020 and it was published in November. Since then there have been further lockdowns across the UK and a whole new concept of the 'Christmas Bubble' as we approach the holiday period. The article does not address these new rules but the issues remain. The evidence of the unequal effects of the virus and its social consequences has become even stronger. Let us hope that the virus itself will diminish in its effects but the underlying social inequalities will remain unless there is

clear government action to tackle inequality. My own research now turns to thinking about how to better understand and recognise networks of care and inequality and in particular how these affect older women.

Jackie Gulland is a Lecturer in Social Work in the School of Social and Political Science. Her work is inter-disciplinary and crosses the fields of social policy, sociology, social work, history and law. Her research concerns disability, older people, caring, gender and how people negotiate their rights within the welfare state. Her recent book Gender, work and social control: a century of disability benefits (Palgrave Macmillan 2019), was awarded the Social Policy Association's Richard Titmuss book prize for 2020.

The shock of vulnerability: philosophical contemplations on death and dying during the pandemic, in conversation with Michael Cholbi

You are one of the founding members of the International Association for the Philosophy of Death and Dying. I was wondering what the main questions in this field are.

Death and dying is actually one of the oldest and most pervasive concerns within philosophy. In fact, virtually every philosophical tradition explores how human beings should relate to death and mortality. Plato even went so far as to say that philosophy's purpose is to prepare us for death.

But over the past half century, the philosophy of death and dying has undergone a renaissance. Among the main questions about death and dying that philosophers explore are: Does death represent the end of us, or could we survive death — perhaps even become immortal? Should we wish for such immortality? How ought we feel about the fact that we are mortal? Does death itself merit fear — or some other emotional response such as anger or gratitude? Does the fact that we die threaten the prospect that our lives can be meaningful? And is death bad for us, and if so, how?

Death and dying is also a very vibrant area of research because it cuts across various subdisciplines within philosophy, including ethics, metaphysics, political philosophy, philosophy of medicine, philosophy of religion, even philosophy of technology.

During the pandemic, we are experiencing a new form of relationship with death. Every day, we see our friends and family members or those of others passing away, at a distance from us. We cannot attend family ceremonies, and even sometimes we need to mourn in isolation. This is somehow a new experience for many of us. How do philosophers help in this hour of need?

Most people in prosperous modern societies can effectively keep death and mortality at arm's length: Death is an infrequent event that happens behind closed doors, usually occurring with plenty of warning (most people die of long-term chronic illnesses rather than due to accidents or infectious disease). The Covid pandemic has upended these expectations, and in so doing, intensified what psychologists call 'mortality salience,' that is, our awareness of our own vulnerability to death.

Ironically though, while the pandemic has brought death nearer, it pushes the dead and the dying farther away in many respects. Family and friends are barred from physical

proximity to the infected, and social distancing necessitates that we grieve at a distance as well. For many, these experiences of others' death and dying are jarring, even traumatic. What we see in the pandemic, arguably, is individuals being deprived of opportunities to achieve the goods of grief. And that's where philosophy enters the scene to help us make rational sense of the world and our experience in it. In this case, philosophical inquiry can help us clarify what is ethically at stake in grief and mourning by situating them within larger evaluative frameworks. In other words, philosophy allows us to see what is good about grief and mourning and hence to pinpoint what the pandemic has deprived us of in that regard. More constructively, philosophy can help us sort through the social and political imperatives left in the pandemic's wake, including developing practices that foster the goods of grief; implementing policies that ensure just and equitable access to those goods regardless of one's social station or background; and ascertaining how communities should commemorate the pandemic and memorialize its victims.

It has been said that 'philosophy begins in wonder'. The current extraordinary situation makes us think about the things we took for granted in the pre-pandemic world; such as the importance of access to the dead body of the loved one. I know that in your forthcoming project at the University of Edinburgh you are researching this topic as well. Could you please share some of the ideas of your research with us?

My existing research on the philosophy of grief proposes that grief is our response to how our worlds and our identities are altered by the deaths of those in whom we are emotionally invested, and more specifically, how their deaths compel transformations in our relationships with them. In my future research, I'd like to understand better how rituals and other social expectations serve to facilitate those transformations and thereby foster what is valuable or important about grief. In the case of physical proximity to the corpse of a loved

one, my hunch is that this often allows a bereaved to relate to the dead in a state where they are neither alive but also not yet fully departed. This might make the needed transformation in their relationship with the deceased less abrupt and allow the bereaved to begin envisioning the role the deceased might play in their life henceforth. More broadly, I'm hoping that interdisciplinary research in collaboration with Edinburgh colleagues will allow me to articulate the clinical, therapeutic, and institutional implications of the philosophical theory of grief I've advanced in my research thus far.

The interdisciplinary approach to this topic is quite fascinating. While anthropologists are studying the funerary rites and rituals of grief, the medical scientists are more focused on the biological aspects of death. In what ways could these fields help philosophers in understanding death or grief?

There's a useful division of labour between philosophy and other disciplines when it comes to thinking about death. Other disciplines are sources of data about how death is understood in different cultures and institutional settings, data that philosophers can employ as evidence in inquiring into death's significance. Without that data, philosophers would have little to go on — but without philosophy, we'd be confounded in our efforts to understand why death is such a central part of human life.

Michael Cholbi is a professor of philosophy at the University of Edinburgh. He has published in moral philosophy, with an emphasis on Kantian ethics, philosophy of death and dying, paternalism, punishment, and the ethics of work.

Covid: Scotland must learn from testing system failures to ensure mass vaccination is a success, by Alice Street

The greatest danger to any vaccine rollout is that the same shortcomings resurface.

With so much attention focused on the threat from anti-vaxxer conspiracy theories, the risk is that more prosaic, and potentially more easily addressed, reasons people don't get vaccinated are ignored.

The burden that Covid-19 testing is placing on the public is unprecedented, and there is much we can learn from our recent experiences. For the first time in medical history, individuals are being expected to interpret symptoms and determine whether a test is needed – judgements that are traditionally made by a clinician.

Moral dilemma about a 'continuous' cough

People are being asked to book their own test on a website that repeatedly freezes, or sends them to a test centre more than 100 miles away. They are being counted upon to extract swab samples from their own throats and nasal passages, or from those of their children – a procedure for which they receive no training and which, sometimes, they experience as traumatic.

And it doesn't stop there. They are then expected to put their life on hold while they await results and to self-isolate for

even longer in the case of a positive result, often at great personal and economic cost.

Along the way, people must navigate multiple uncertainties and moral dilemmas: When is a cough 'continuous'? Should a child who develops a fever after routine vaccination get tested? Can travel guidelines be broken to enable someone to reach an allocated testing centre? Should a scared child be forced to be tested? Can a negative test result be trusted when the sample extraction didn't 'feel right'? Should a child with a positive result be sent to an ex-partner who has shared custody, but whom you do not trust to self-isolate?

At every stage in the testing process, vital clinical, logistical, and administrative work must be undertaken by the person seeking a test. The emotional, economic and social toll of testing can also be substantial. But guidelines and advice frequently present testing as straightforward and fail to appreciate the burden of work placed on members of the public.

Uncertainty that undermines public trust

Research that my colleagues and I have carried out on public perceptions, expectations and experiences of Covid-19 testing in Edinburgh and the Lothians has been enlightening. It shows that people are overwhelmingly willing to contribute to a society-wide effort to curb the spread of the virus.

People put a value on testing not only for its public health benefits, but also for the reassurance it can provide and the intimacy with friends and loved ones it can permit. But the everyday obstacles that people encounter in their attempts to comply with testing guidelines are many.

It could be the difficulty matching actual symptoms to the testing criteria, the challenge of organising transport to a testing centre, the uncertainty over whether they took a sample properly, or the social and economic toll of self-isolation. All can lead to the perception that guidelines are

impossible to follow and undermine trust in the government's response.

Our research shows that more needs to be done to cater for real-life circumstances and to show appreciation for the contribution that people are making to a society-wide effort. This might include better guidance for interpreting symptoms; better information materials to prepare people for a physically invasive testing process, especially in the case of small children; more convenient walk-in testing centres, particularly in areas where car ownership is low; and enhanced economic support packages for self-isolation.

Ensuring a successful vaccination system

Acknowledging that some of the things people are being asked to do might be difficult can also go a long way to ensuring that they feel their circumstances are being understood. Even small inconveniences and discomforts can feed uncertainty and weaken trust that the government is in touch with the realities of life under a pandemic.

In response to reports of positive results from vaccine trials, the Scottish and UK governments are gearing up for a rapid, mass vaccination programme. Testing will still be important because the vaccine rollout will be gradual and coverage will never be universal. But it is also essential that the lessons learnt from Trace and Protect are not lost.

Much has been made of the anti-vaxxer threat, but it doesn't take vehement belief in conspiracy theories to miss a vaccination appointment. It is possible that the greater risk comes from far more mundane challenges, such as how to take time off work to get vaccinated, how to rebook a missed appointment, or hesitance about the safety of a rapidly developed novel medical product.

Simply telling people they 'should' get a vaccine without acknowledging these obstacles and uncertainties is likely to

be as successful as telling people they 'should' test and self-isolate without providing the support to do so.

Our research has taught us that most people want to do the right thing and value the social solidarity that comes from a collective pandemic response. This ought to provide the foundation for a hugely successful testing and vaccination system.

For this to be possible, people have to be trustful of those in government. But it also depends on governments trusting that people are doing their best, and that when they fail to 'comply' with guidelines and expectations, there just might be reasonable grounds.

Understanding and addressing what those 'reasonable grounds' might be will be crucial to this next stage of the pandemic response.

First published in The Scotsman on 24th November 2020

Dr Alice Street is an expert in diagnostic devices, based at the University of Edinburgh. A study of public perceptions of Covid-19 testing in the Lothians — by Alice Street, Shona Lee and Imogen Bevan — has just been completed.

Care home study maps lockdown impact on families, says George Palattiyil

A new study is to gauge how lockdown restrictions have affected the families of care home residents.

Edinburgh researchers and their collaborators will assess the psychological impact — and the wider social repercussions — of distancing and other COVID-19 related constraints. The team, led by the University of Edinburgh's School of Social and Political Science, will also evaluate how physical-distancing restrictions on families have influenced the quality of care. The study will explore the creative methods used to encourage positive interaction between care home residents and their loved ones. Its findings will inform future policy and practice.

Significant effect

Restrictions such as social distancing and reduced personal contact have had a significant effect on people living in care homes. Since lockdown, residents' family members and non-essential visitors have been unable to enter care home premises. Lead researcher Dr George Palattiyil, Senior Lecturer of Social Work, said ongoing involvement is a key concern for families once a relative has been admitted to a care home. Lockdown, he added, has the potential to compound any fears and anxieties, and possibly amplify the psychological impact of having a family member in care. "An understanding of how to support the health and wellbeing of family caregivers and loved ones supporting older people is significant given the impact the pandemic is having, " says Dr Palattiyil.

Working together

Researchers will work with care homes across Scotland to recruit around 50 family carers whose relatives are residents. They will be interviewed and asked to fill out an online survey. Staff in care homes will also be invited to share innovative ways they have managed to communicate with relatives. The project involves the University's Usher

Institute, the University of the West of Scotland, the University of Strathclyde and the Institute for Research & Innovation in Social Services. It has been awarded £150,000 by the Chief Scientist Office. Researchers will engage with Scottish Government policy teams throughout the project. "What we learn about the creative methods used to encourage positive interaction between residents and their loved ones can make a vital contribution to care in the long term," says Dr Dina Sidhva, Co-Investigator, University of the West of Scotland.

Dr George Palattiyil is a senior lecturer in the School of Social and Political Science at the University of Edinburgh.

A citizen science approach for supporting vulnerable populations during COVID-19 crisis, by Jessica Hafetz Mirman

There is an abundance of COVID-19 research and engagement activities happening across the Arts, Humanities and Social Sciences at the University of Edinburgh and our project team is delighted to be part of such a dynamic group!

The overall aims of our project, based in the School of Health and Social Science, are to conduct a data-driven needs assessment utilizing citizen-science methods with people and families living in or near poverty in communities in Edinburgh. The data from the needs assessment will be used as inputs into a community organizing initiative conducted in

collaboration with Faith in Community to (1) raise awareness of citizens' specific needs, (2) identify available resources and assets to meet these needs, and (3) connect citizens with the resources and assets that they need. Citizens will have an active role throughout this process as key producers and consumers of the data.

We are taking an asset- and resilience-based approach to this project, which means that we seek not to only characterize communities based on "deficits" but also to identify strengths, assets, and champions of positive change. For example, we are:

- measuring individual-level "grit" to determine how grit may be related to mental health, well-being and adaptive behaviours,
- using the selective optimization and compensation (SOC) model to understand how people of all ages and communities are strategically adapting to the crisis, and
- using the CoronaReport app (https://www.coronareport.eu/ to provide a tool for citizens to report on the impact of the virus on their lives by answering close-ended questions and completing an open text "diary". These reports can be updated as often as the citizens want, and are viewable using an interactive mapping tool, thus creating a living digital diary.

To accomplish these goals we are working with Faith in Community Scotland, a registered charity organisation that has a vision to enable Scotland's poorest communities to flourish. They prioritise their work in communities with high levels of poverty, this includes across Edinburgh & South East Scotland. As such, they were a natural organization to collaborate with.

What makes this project unique is its grounding in Applied Developmental Science (ADS). *"ADS is scholarship that seeks to*

advance the integration of developmental research with actions, policies and programs that promote positive development and/or enhance the life chances of vulnerable children and families." (Lerner, Fisher & Weinberg, 2000). I was fortunate enough to do my graduate training with the founders of Applied Developmental Science two decades ago at Fordham University and I couldn't be happier to continue to engage in ADS at The University of Edinburgh. The COVID-19 crisis is a cross-cutting public health problem with its impact reaching from neurons to neighborhoods and back again. ADS provides an established conceptual, theoretical, and practical framework to tackle the numerous challenges posed by Covid-19 and to promote a more civil society by engaging in rigorous scientific research in collaboration with community partners.

For more information about this project come find us on Twitter @Coronareportapp or send us an email at coronareportapp@ed.ac.uk. The ConronaReport App can be downloaded for free for use by citizens and scientists at https://www.coronareport.global/

The CoronaReport App was developed with seed funding from Rapid Response Impact Grant, College of Arts, Humanities and Social Sciences, University of Edinburgh.

The citizen science approach for supporting vulnerable populations during the COVID-19 crisis project, which leverages the CoronaReport App, is funded by the Data-Driven Initiative small grant program.

Dr. Jessica Hafetz Mirman is a lecturer in applied psychology and public health at the University of Edinburgh. She manages this project with Dr. Stephanie Adams

Heat and COVID-19 in the off-grid city, by Nausheen Anwar, Sulfikar Amir, Jamie Cross, Daniel Friedrich, Aalok Khandekar, Marie Morelle, Elspeth Oppermann and Anindrya Nastiti

Amidst almost unstoppable contagion, many have hung their hopes on heat and humidity as a potential defence against contracting COVID-19. In the early months of the pandemic studies of SARS-CoV-2 suggested that the virus is transmitted less efficiently in higher temperatures or at higher rates of humidity, leading to encouraging newspaper headlines around the world, from London to Jakarta. 'Everybody hopes for seasonality,' one US epidemiologist told the New York Times in May 2020, even as comparative reviews of research concluded that summer temperatures might slow but would not halt the transmission of the coronavirus.

Against the backdrop of rising global temperatures, however, the relationship between heat and contagion demands closer scrutiny.

In much of the world heat and humidity are far from benign. Seasonal temperature highs – equated with either summertime, dry, or rainy seasons – continue to break annual records, in what are localised symptoms of global heating. The combination of this extreme heat with extreme humidity is becoming more widespread and more severe. Cities present unique heat-health risks. The combination of a high-density population and a

heavily built environment, the extensive use of asphalt and concrete in construction, and the lack of green space create an urban heat island effect that can add as much as 12°C to average recorded temperatures (Dawson 2017; CIESIN 2013).

Rising temperatures in cities have led urban planners and policy makers to develop new frameworks for action on heat, with the aim of reducing the effects of heat-related illnesses (heat exhaustion, heat stroke) on public health and the economy. Yet the effects of extreme heat on cities is uneven. Modulated by both explicit and implicit politics, the particular patterning of urban growth, its relationship to topography and the building materials used, unequal financial flows, and patchy networks of transport, health, and utilities provision has created particular micro-geographies of heat-health risk. Exposure and vulnerability intersect with gender and socioeconomic difference, increasing the likelihood of negative impacts on low income or marginalised groups. In cities across the Global South these are the grounds for what — in other contexts — the medical anthropologist Alex Nading (2020) has called a thermal politics of life and death, or a 'thermal necropolitics.'

This year, heatwaves around the world will overlap with the spread of a novel coronavirus, and interventions intended to slow the pandemic will interact with interventions intended to reduce the risk of heat illness. Among those at the forefront of this nexus of heat and pandemic risk are those living in in high-density urban environments across the global tropics, from Southeast Asia to South Asia and sub-Saharan Africa; in particular on those who find themselves confined to homes with poor thermal insulation and little ventilation, and with limited access to mains electricity, water, and cooling green-infrastructures.

As the pandemic evolves, there is mounting concern about the specific impacts on people living and working in these 'off grid' cities (e.g. SSHAP 2020). Scholars have begun to

identify the COVID-19 pandemic as a uniquely urban crisis that brings to the forefront the politics of urban governance, spatial inequality and austerity in the South (e.g. Saleem and Anwar 2020; Lancione and Simone 2020a; 2020b). How do these politics intersect with rising temperatures? And how will the combined effects of heat and the COVID-19 pandemic response impact the urban poor?

Our new research project, 'Cool Infrastructures' – housed at the University of Edinburgh, with partners in Yaoundé (Cameroon), Karachi (Pakistan), Hyderabad (India), and Jakarta (Indonesia) – was conceptualized as a comparative attempt to understand how marginalised urban residents find ways to cool themselves and their homes when temperatures in their cities rise. In these cities heat disproportionately impacts the poorest residents, in particular those living in densely populated, low-income settlements. Here, levels of exposure to extreme heat intersects with vulnerabilities and capacities as a result of socially constructed norms, roles, attitudes, and gender relations, as well as with socioeconomic status and forms of labour, to produce highly specific risk profiles and risk management strategies

As we began to organize ourselves in the months leading up to the project's April 2020 start date, the novel coronavirus was also spreading rapidly across the globe. A pandemic was not something we had factored into our research and yet it had obvious implications for the project; empirically, methodologically, and conceptually. Our initial planning discussions quickly turned to thinking through collectively what the temporal coincidence of heatwaves that were anticipated in the next few months in many of our field sites and the COVID-19 pandemic meant. In this essay, we present some preliminary reflections, hoping to elicit further feedback from the broader research community.

Biosecurity meets Climate Security

Little is yet known about how exactly the dynamics of heat and humidity interact with measures to slow infection rates of SARS-CoV-2. But we do know that people living in high-density, income-poor neighbourhoods will be highly exposed and vulnerable to both threats and their compound effects. For those people whose livelihoods depend on movement, social contracts, and the street, a heat season with COVID-19 presents a high-risk trifecta of vulnerability, exposure, and hazard.

One way of understanding and analysing the relationship between heat and contagion is to examine the different kinds of governance interventions they generate. The responses of governments and nongovernmental organisations to the outbreak of an infectious disease on the one hand and the ongoing impact of rising global temperatures on the other reflect different modalities of attempts to govern, care for and secure the health and safety of human populations. 'Biosecurity interventions' (Lakoff and Collier 2008) coalesce around threats to human populations from harmful biological agents. Climate security interventions (Dalby 2013, 2014; MacDonald 2013; Oels et al 2014) coalesce around threats from extreme weather events and rapid environmental or ecological change. Both biosecurity and climate security interventions are accompanied by considerable debate about what these threats look like, how they can be known or understood, what the best kind of intervention is, and who is responsible for it amongst scientific communities, policy makers and politicians.

Today, efforts to secure the health of populations from the COVID-19 pandemic, extreme weather, and climate change are shaping different kinds of intervention, across fields as diverse as public health, humanitarian aid, and urban design. When these interventions overlap, they involve trade-offs across arenas and scales of governance. These are not only negotiations about knowledge. They are also inherently

political processes with decisions shaped by specific kinds of valuation and judgement. Consequently, particular populations and concerns become visible while others are rendered invisible. One inevitable outcome of this is that some types of risk are deemed more dangerous or important than others; the other is that the health of some groups of people are likely to take precedence over the health of others.

Repeatedly, we find biosecurity interventions working against or counteracting climate security interventions. We can see this, most clearly, perhaps, in the relationship between COVID-19, traffic pollution, and urban air quality. Lockdown restrictions around the world created a widely observed drop in urban traffic and dramatic improvements in air quality. However, attempts to promote sustainable public transportation as a public good (by increasing the use of buses or metros) are now complicated by guidance on physical distancing, prompting fears of a post-lockdown rise in private transportation and pollution. These fears are borne out by recent reports of rising nitrogen dioxide levels in post-lockdown European cities. In a different context, tensions between biosecurity and climate security were also evident in struggles to secure the early release of prison populations across sub-Saharan Africa. In national debates, anxieties about the epidemiological threat that newly release prisoners presented to the general public were weighed against the risks of overheating and contagion that overcrowded and poorly ventilated jails presented to prisoners themselves. Such debates offer a powerful illustration of how trade-offs between biosecurity and climate security are, fundamentally, decisions over life itself.

These contradictions play out particularly visibly in the response to COVID-19 and heatwaves in high-density, low-income urban settlements.

Poverty, Density, Heat

Attempts to understand the health needs and health-seeking behaviour of people living in high-density urban environments reveal data gaps, urban interdependencies, specific patterns of vulnerability, as well as forms of local organisation that are all significant in understanding the impacts of COVID-19 (Wilkinson 2020). In southern cities it is not density per se that makes urban populations particularly susceptible to the spread of the virus, but density coupled with insecurity. From Karachi and Hyderabad, to Jakarta and Yaoundé, high levels of residential density are coupled with specific patterns of urban poverty. These include high levels of income insecurity, a lack of social protections, and poorly serviced infrastructures for water, sanitation, and electricity — partly as a result of cuts in public spending that followed programmes of structural adjustment or austerity policies. Put simply, there is a significant difference between *prosperous* dense places, where people have the materials and means to self-isolate or work remotely, and *income-poor* dense places, where multifamily households are crammed into living spaces of between 20 and 80 square yards, and where physical proximity is inescapable.

In October 2019, one month before the first reported case of a novel Coronavirus, The Jakarta Post reported that temperatures of 36.5 degrees was driving hundreds of people per day to visit community health centres, complaining about hot weather and dehydration. Six months later people living in cities across the Global South were confronted the twin challenge of managing a pandemic and managing the heat. Consider what we already know about the incidence of extreme heat events. In June 2015 temperatures in Karachi — where an estimated 12.4 million people (62 per cent of the city's population) live in informal settlements — rose to 44.8 Celsius with over 1000 deaths recorded in 10 days. At the heatwave's peak on June 20th, the heat index had reached 66 Celsius. Increased demand for energy led to prolonged power outages, and the temperature placed further pressure on already limited public water

supplies. The effects were particularly pronounced in high density areas where narrow lanes or congested built environments curtailed wind circulation.

Measures to slow the pandemic have made enormous dents in the incomes of millions of low-income urban residents. The well-documented impact of India's national lockdown and a collapse of informal urban economies — offers a sharp illustration of the ways that the pandemic response (a risk mitigation strategy for the coronavirus) can amplify other risks, including food insecurity and heat illness, by exacerbating social and economic inequality.

Maintaining social distance — the dominant modality of slowing the spread of the COVID-19 infection — for those who remain in high-density urban environments is challenging. So too is reducing the temperature of a body gripped by fever in a poorly ventilated, overheating room. As temperatures rose over the past two months in South Asia, for example, many people — including the healthy, the sick, and their carers — have been confined to indoor environments; from homes and wards, to dormitories and prisons. Meanwhile, those classified as essential workers and those for whom work is a precarious but essential source of income have been compelled to keep labouring in the heat. As rates of infection increase, the risks of exposure to extreme heat amongst these urban residents will be coupled with new limits on their capacity to search for cooler communal or public places, and new limits on their ability to pay for essential, and heat-managing, goods and services, including electricity, water and food.

The combined effect of heat, COVID-19 pandemic response measures, income poverty, and population density on infection and death rates remains unclear. But what seem clear is that it is creating unprecedented challenges for public health institutions, local authorities, and national governments. To date, however, the policy responses to COVID-19 and to extreme heat have contradicted each other, creating paradoxes of

governance and infrastructure (e.g. Howe et al 2017).

Paradoxical Pulls

Policy responses to COVID-19 hinge on limiting social contact or subjecting both the sick and the healthy to forms of confinement. By contrast, city level heat action plans (like those drawn up by urban authorities across South Asia) prior to the pandemic hinge on contrasting principles. The measures they introduce — from the addition of extra water facilities in high-risk areas to the provision of public cooling centres — actually increase social contact.

COVID-care and heat-care thus pull the vulnerable in opposite directions. One involves social distancing and degrees of isolation, the other largely necessitates forms of public gathering. Public water taps, for example, may still be cool spots in a heatwave but they will also now be hot spots of potential community transmission. Emergency cooling centres may be important for alleviating the risk of heat stress but they now risk exposing people to infection.

These paradoxes have temporal as well as spatial dimensions. The timescales for biosecurity interventions are different than those for climate security. The outbreak of COVID-19 is an acute condition. Contagion is measured in days: in the stability or decay rates of the novel coronavirus on different surfaces or aerosols, and its incubation period (e.g. van Doremalen et al 2020). The COVID-19 pandemic response, however, is set to have a chronic impact on global incomes and inequality, with the effects on the capacity of urban populations to withstand changes in heat and humidity potentially worsening over the coming months and years.

How will these seemingly paradoxical forms of governance be resolved? If self-isolation and quarantine increase the risk of overheating, what other kinds of interventions may be required to ensure people can keep cool in a pandemic? Some

responses are already emerging. The Global Heat-Health Information Network — an international, independent group of scientists, policy makers and planners established by the World Health Organisation and World Meteorological Organisation — directly addressing the contradictions in public health protocols around heat and COVID-19 by developing specific clarifications and recommendations, including for informal settlements. Meanwhile, in cities like Mumbai, architects and designers are working in collaboration with community based organisations to develop proposals for building amidst contagion and heat; integrating recommendations for social distance, cool air flow, and ventilation into new plans for low-income housing. But how will planners and local authorities manage these overlapping pressures? What kinds of other political and economic considerations will shape their implementation? And, as policy makers and practitioners refine their interventions, what kind of measures will be people be taking themselves?

Compounding Uncertainty

Just as heatwaves are a prominent source of risk in a changing climate, so is uncertainty. The issue is not just that extreme heat is bad or dangerous but that its effects are compounded by other unexpected or unanticipated events (Zscheischler et al 2018; Phillips et al 2020).

Extreme heat coupled with water scarcity or conversely unseasonal rain can exacerbate the effects. One way of understanding the risks facing people living in high-density, low-income urban settlements is to see them as 'multidimensional'; simultaneously about health, the environment, technology, and infrastructure (e.g. SHAAP 2020). But the contours of risk are also shaped by specific urban histories, politics, economies, materialities, and practices. The compounding effects of heat and COVID-19 on cities in the Global South are second-order effects of processes of urban development, patterns of investment, construction, and

employment. Understanding the compound effects of heat and COVID-19 in cities across the Global South demands an epidemiology that can account for both for the extreme uncertainty of the pandemic, as well as the inequalities, pervasive insecurities, and uncertainties of 'late industrialism' (Fortun 2014).

In seeking to reduce the magnifying effects of heat governance on health governance and vice versa, we need to find ways of bringing social science insights to bear on attempts to intervene in the lives of others. If, as Jaideep Gupte (2020) hopes, the coronavirus pandemic holds out the promise of 'course correcting' dominant approaches to urban planning and infrastructure, perhaps leading to interventions that are more people-centred, then we need to understand the compromises and trade-offs being made between biosecurity and climate security. We need to address, more urgently than ever, how people in low-income, high-density urban contexts manage heat, and navigate multiple and converging hazards in constrained and contradictory circumstances. Over the next three years we will be examining this question. *How* we do so in a pandemic is the next challenge, demanding innovations in research methodologies and practices.

Sulfikar Amir is Associate Professor of Science, Technology, and Society at Nanyang Technological University, Singapore.

Jamie Cross is a Senior Lecturer in Social Anthropology at the University of Edinburgh.

Daniel Friedrich is a Lecturer in Engineering at the University of Edinburgh.

Rachel Harkness is a Lecturer in Design Ecologies at the University of Edinburgh.

Aalok Khandekar is Assistant Professor of Anthropology/ Sociology at Department of Liberal Arts, Indian Institute of Technology, Hyderabad.

Anindrya Nastiti is a Lecturer in Civil Engineering at the Bandung Institute of Technology.

Marie Morelle is Maîtresse de Conférences in the Geography Faculty at à l'Université Paris 1 – Panthéon Sorbonne, Paris and a visiting researcher at Fondation Paul Ango Ela, Cameroon.

Elspeth Oppermann is a Researcher in Geographer at Ludwig Maximillian's University Munich.

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Bangladesh's information entrepreneurs rally against COVID-19, writes Julia Qermezi Huang

I recently joined a COVID-19-themed Zoom session with 25 women entrepreneurs living in rural parts of Bangladesh who are trained to provide information- and technology-based services to village residents.

The session and the eSheBee program of which the women are a part are led by experienced social entrepreneur, Mosharrof Hossain, a native of Bangladesh. Over the past several weeks, these women have participated in eLearning courses via their smart phones in order to become COVID-19 first responders. Their role will be to generate awareness about health practices and disseminate the government's advice about mitigating the spread of COVID-19 virus. They will counter social-media misinformation that advocates treatments such as shaving one's head and rubbing saline in one's nose to protect against COVID-19.

The crisis they will respond to is not just — and not even primarily — a public-health crisis, but also a humanitarian one.

When the nation-wide lockdown in Bangladesh began on 26 March 2020, people were advised to remain off the streets. The concepts of sheltering in place and social distancing in Bangladesh, however, are tricky ones to put into practice.

Rural families often consist of a dozen members living

together in a single dwelling and who span 3-4 generations. Families live each day on the income (or products) that their members have earned that day. Their loss of mobility means the loss of income, which means the inability to purchase food. According to recent reports, 14% of families now have no food at home, and over 70% have lost their source of livelihood. This situation is less a public-health crisis, Asif Saleh, Executive Director of BRAC tells us, than "a humanitarian crisis with a public health dimension."

Alongside relief efforts promised by the government's Disaster Management and Relief Ministry and coming from large-scale NGOs such as BRAC, Bangladesh's female entrepreneurs from programs such as eSheBee are also being mobilized.

These young women are trained to provide digital-technology-based services to marginalised villagers. Until the recent shutdown, most of their work covered a vast territory. In different villages during the course of a day, rural entrepreneurs measured blood pressure, checked blood-glucose levels, and provided pregnancy tests. They topped up mobile-phone airtime, arranged digital remittances, and helped migrant workers abroad to skype with their relatives in Bangladesh. They also helped people to access government poverty-alleviation schemes. Now, in addition to key health-related information, these women will deliver medicine, essential goods, and vital information to vulnerable families so people can remain safely at home.

In 2013-14, I conducted ethnographic research among women entrepreneurs in rural areas in northwestern Bangladesh. My book, *To Be an Entrepreneur*, documents their trials and tribulations as they attempted to mobilize their social lives and social contacts in new and entreprenruial ways, while also harnessing market opportunities to support their families and extended kinship groups. These brave women struggled against social expectations that women should stay at home, faced stigma as they rode bicycles from village to village, and

experienced anxiety when they could not convince fellow villagers to pay for the services they provided.

But these women also built a strong community of fellow entrepreneurs who faced similar challenges, experienced the pride of earning their own incomes for the first time, and began to dream of futures where their families could rely on them as much as they relied on their families.

While I attended the COVID-19 eLearning session for eSheBee women entrepreneurs, I witnessed good practice in online education (a skill with which all educators across the world are also experimenting). I saw the women's dedication to continuing to contribute to the health and wellness of their communities, even at a time when their livelihoods and opportunities for earning were temporarily closing down due to the mandates of the pandemic.

Crises such as these (and Bangladesh is certainly no stranger to them) often open windows for new kinds of actors to gain social recognition, and I hope that Bangladesh's rural women entrepreneurs are recognized for the care, service, and valor they will be contributing in the coming weeks and months.

This is a repost from Cornell University Press Authors' blog.

Juli Qermezi Huang is an assistant professor in Anthropology and International Development at the University of Edinburgh in Scotland, UK. She received her PhD in Anthropology from the London School of Economics.

Responding to COVID-19: The coming of age of regionalism in Asia, asks Monalisa Adhikari

A concerted global response has been largely absent in addressing the unprecedented crisis unleashed by Covid-19. The UN Security Council, an institution at the heart of global multilateral efforts, has been condemned for failing to even bring forth a resolution on Covid-19. Similarly, the World Health Organisation, the key technical body for global health governance, hamstrung by its parochial mandate and limited regulatory authority, has come under sharp criticism from the US and other governments for failing on disease surveillance and designing a coordinated response. Likewise, Western governments who have traditionally shown leadership on global responses to pandemics have been occupied trying to address the threat inside their national borders. With the global effort largely absent and the dire need for governments to coordinate response mechanisms, space has opened for regional organisations to lead and complement national responses. This begets the question if regional organisations can fill the vacuum. Or if regional organisations can bridge the gap and provide a middle ground between parochial national responses which have competed to sustain their own health and related supply chains, and failed global multilateral responses. Drawing on the systematic analysis of statements, press releases and timeline of meetings of regional bodies, namely Association of Southeast Asian Nations (ASEAN) and the South Asian Association for Regional Cooperation (SAARC) between February and May 2020, this blog explores the uneven and varied regional responses in Asia. In doing so, it highlights the commitments made by these regional institutions to foster

coordination and support between states, and their inability to translate such pledges into concrete action.

Responses by ASEAN and SAARC

In Southeast Asia, ASEAN states[1] which weathered the storm of SARS in the 2000s, have rallied together with a flurry of diplomatic initiatives to forge a more coordinated regional response. Analysis of the timeline of meetings of ASEAN representatives and the statements issued thereafter demonstrates commitments of coordination and support across multiple sectors in the region. Starting with the meeting of senior health officials of ASEAN member states, and their counterparts in ASEAN +3 countries (the People's Republic of China, Japan and Republic of Korea) in early February, ASEAN has held multiple meetings between Heads of States, Foreign Ministers, Defence Ministers, Ministers for Finance, Ministers for Agriculture and Forestry, and Ministers for Labour. The portfolios of the meetings outline that the pandemic has impelled commitments that are far beyond the immediate domain of managing the health crisis.

On immediate health-related concerns, statements by ASEAN leaders indicates commitments to information sharing on detection, control and interventions; coordinating cross border health response, including contact tracing and outbreak investigation; capacity building interventions on public health emergency, scientific research, preparedness and response; strengthening early warning system for pandemics and other epidemic diseases; and support to ensure the adequacy of essential medicines, vaccines and medical devices both within the member countries and the region. This has been supplemented by long-term institutional commitments, including setting up a reserve of essential medical supplies that enables rapid response to emergency needs, as well as the proposed establishment of the COVID-19 ASEAN Response Fund for public health emergencies. But owing to the lasting impact the pandemic is likely to have across sectors in a region so

dependent on trade and tourism, there have been a series of pledges on economic, agricultural, labour and tourism-related issues. These have included, collective action in responding to the economic challenges, including ensuring the resilience of supply chains; coordinating for preservation, transport and distribution technologies and infrastructure to reduce food insecurity; supporting the development and implementation of a post-COVID-19 Crisis Recovery Plan to build up ASEAN tourism capabilities; and addressing the impact of COVID-19 on labour and employment. Beyond the region, there have also been meetings with Japan, US, China and the EU, where issues of collaborations on the health sector have been highlighted.

The level of institutionalisation, economic cooperation and the relative success of ASEAN cannot be compared to the South Asian Association for Regional Cooperation (SAARC).[2] However, the COVID-19 crisis brought higher hopes for a revival of SAARC where short term collaboration on the pandemic was expected to steer long term institutional coordination. SAARC, which has been hostage to the bilateral tensions between India and Pakistan, has not been able to spur greater integration, and South Asia continues to be the least integrated region in the world.[3] In this context, the pandemic brought forth a promising sign of reinvigoration. On March 15, 2020, leaders of the member states of the SAARC held a video conference to discuss measures to contain the spread of COVID-19 in the region. Led by India, the meeting was attended by all the Heads of Government, with Pakistan being represented by the Health Minister. The meeting discussed resource pooling and setting up a COVID-19 fund, with contributions from member states, to be used by SAARC member states for urgent medical supplies and equipment. The meeting also pledged to use existing institutions like the SAARC Disaster Management Centre, to share best practices and facilitate information sharing by setting up an Integrated Disease Surveillance Portal, as well as a common Research Platform to coordinate research on pandemic control. The

meeting also called for establishing SAARC Pandemic Protocols to be applied on state borders. This call between leaders was followed by a video conference between Health Ministers of member states and another conference between senior trade officials of member states to deal with the impact of COVID-19 on intra-regional trade. Even before the fund and the call, India had taken a regional approach in terms of evacuating citizens from countries of the region, including, Bangladesh, Myanmar, Sri Lanka and Nepal. India also provided medical assistance to the Maldives, under a regional framework. However, the meetings brought in the rest of the member states together and broadened the participation, raising hopes for an institutional framework for health security in South Asia.

Shortcomings in the Regional Response

The dynamism and proposed response efforts by regional bodies like ASEAN and SAARC is noteworthy. However, these regional commitments at high-level meetings have barely matched up with actions on the ground, as member states continue prioritizing effective national solutions. Rather, the crisis has reinforced the existing fault lines of both these regional groupings in varied ways. Firstly, a coordinated regional response was difficult because of the varying levels of infection, specifics of national responses, and political will. In ASEAN, the responses by Singapore and Vietnam, which have been cited as a global success, were no match to lacklustre responses by other countries. For example, Indonesia's response was a lethal mixture of an initial denial, and downplaying the nature of the crisis, including a top leader arguing that prayers had prevented the virus from spreading in the country. While not as uneven as ASEAN countries, within SAARC countries, Sri Lanka's high testing rates, with a well-established healthcare and surveillance system fared much better compared to other South Asian neighbours.

Secondly, the very nature of the pandemic has highlighted

fundamental tensions. On the one hand, it has unleashed a greater recognition that non-traditional security threats like pandemics need an interdependent approach, that needs greater coordination and cooperation within countries in a region. However, on the other, the generic responses to the crisis focused on lockdowns and border restrictions, which undermine the very idea of greater regional integration. Here, lockdowns and border closures have made migrant workers, many of them hailing from other countries within the region, more vulnerable and neglected. Images of Burmese undocumented workers being deported from Malaysia, or tens of thousands of migrant workers from Laos and Myanmar, flocking to border crossings, defying the Bangkok lockdown to return home having been rendered jobless, challenges the commitment of ASEAN leaders to supporting citizens of each other's countries. The absence of social protections for the majority of the seven million undocumented migrant workers in and from ASEAN member states poses further risks to their health and access to health services. Similarly, within SAARC, Nepal and India share an open border, but they started their border shutdowns two days apart, on 22 and 24 March respectively, without any coordination. This left many migrants from Nepal in India stranded, having to navigate through Indian lockdown to reach Nepal, only to find the borders closed.

In both SAARC and ASEAN, the crisis has reinforced the existing challenge of navigating regional cohesion in the context of unequal power dynamics and tensions amongst states. A core problem for SAARC has been the dominance of India in the region, and the reluctance of other smaller South Asian nations to acknowledge dominance, who have instead seen SAARC as a mechanism to tame the Indian hegemony.[4] Accordingly, unlike ASEAN, regional endeavours have largely relied on India's ability and interest (or disinterest) to spearhead greater partnerships. The absence of leadership from other South Asian states, and India leading the meetings in the aftermath of the pandemic further reinforces the India-

centricity of the regional grouping. Relatedly, bilateral efforts led by India in the region have been more tangible than other pan-regional commitments. For instance, India has delivered critical medical supplies to Sri Lanka, Bhutan, and the Maldives; held bilateral discussions on the crisis with heads of states from Bangladesh, Afghanistan, and the Maldives; as well as put its neighbours on a priority list for supply of critical medicines like hydroxychloroquine. Further differences between India and Pakistan continue, notably with regards to the Covid-19 Emergency Fund pooled through the contributions of individual member states. Pakistan has underlined that contributions from individual member-states should be administered by the SAARC secretariat; whereas India has stated that it is for each member state to decide on the timing, manner and implementation of their Emergency Response Fund commitments.

Yet, another fault line reinforced by the crisis in both ASEAN and SAARC has been how the 'China factor' has been critical to the shaping of responses by these regional groupings. India's leading role in South Asia during this crisis is seen to be derived out of concerns of being outbid by China, which has been offering medical teams and sending test kits and protective equipment to different South Asian countries. In ASEAN, where considerable divisions exist between individual Southeast Asian countries in their relationship with China, the crisis has made the divides more evident.[5] There was a visible geopolitical divide on how individual countries engaged with China during the crisis. While Singapore and Vietnam took a calibrated approach, imposing China travel bans, Cambodia maintained no travel restrictions with China, seeking to be on China's good books. This inhibited collective action on travel bans from China within the region, which was critical, given the extensive and relatively free movements of people in Southeast Asia. Such developments underscore how China's engagement in these regional groupings is likely to be either *divisive*, inhibiting a pan-regional initiative or

integrative, like in the case of SAARC- where China's greater engagement with the member states, has compelled competing regional actors like India, to take the baton of regional leadership more seriously.

Given these factors, while the pandemic has reinforced the need for greater coordination within countries in South and Southeast Asia, it has also underlined the fragility and gaps in these regional institutions for coordinating effective regional responses. While meetings with commitments for greater coordination are encouraging, the tests to these commitments are already showing cracks. This is not unexpected, given that much more institutionalised regional bodies like the European Union have struggled to sustain regional momentum. Further, despite the gaps, areas of optimism persist in Asia. In the more immediate term, greater recognition of pandemics as a global and regional security threat impacting health, human and economic security is likely to compel regional institutions to draw plans for greater coordination in the future. Regional bodies are likely to institutionalise cross-border information sharing mechanisms, establish reserves on medical supplies, share best practices and shore-up scientific capacity. Likewise, the economic impact of COVID-19 is likely to be long-term. The Asian Development Bank assesses the economic losses in Asia and the Pacific to range between $1.7 trillion to $2.5 trillion, with the region accounting for about 30% of the overall decline in global output.[6] As the world itself reels from the financial crisis, countries in Asia, will need to look inwards into their regions to address this deep economic impact, and stimulate growth through greater economic collaboration.

This is a repost from the Political Settlements Research Programme.

Monalisa Adhikari is a research assistant in PSRP. She sets out the response by regional organisations in South and Southeast Asia to the COVID-19 crisis and asks what this means

for Asian regionalism. This piece is part of a larger project funded by the University of Edinburgh College of Arts, Humanities, and Social Science to map and analyse the responses of regional and sub-regional organisations to COVID-19 in Asia, Africa, and Latin America. A series of blog posts detailing organisational responses is the first output, and the project will feed into other collaborative projects. It will also produce in-depth pieces to answer the more complex questions around the impact of regional and sub-regional efforts to combat this pandemic and the possibly long-term effects of the COVID-19 crisis on organisational priorities and practices.

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[1] ASEAN formed in 1967 includes 10 member states in Southeast Asia, namely, Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam.

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Responses by African intergovernmental organisations to COVID-19, by Kathryn Nash

Throughout the COVID-19 crisis there has been concern about
the particular vulnerabilities of the African continent in the
face of a pandemic. The Africa Joint Continental Strategy lays
out these challenges in stark terms arguing that Africa's
'baseline vulnerability' is high due to inadequate health and
hygiene systems, increasing travel, and other ongoing health
and social crises.

Despite these underlying challenges and the continually
evolving nature of the pandemic, the World Health Organisation
(WHO) commended the continent on 25 May for being the 'least-
affected region globally'. There has not been uniformity in
how African states have responded to the COVID-19 crisis.[1]
As with any region, there are examples of effective and
innovative responses along with failures in leadership.
However, there has been a significant mobilisation to
coordinate a response at the continental level along with more
limited responses from sub-regional organisations. This blog
provides a very brief overview of the responses of African
intergovernmental organisations (IGOs) to the COVID-19

crisis,[2] leading into a discussion on the impact of these responses and the division of labour amongst states, sub-regional, regional and international organisations in addressing cross-border challenges. When responding to challenges from public health threats to violent conflict, coordination across governance levels is complex, and the innovative strategies and mechanisms used to manage the COVID-19 pandemic may alter responses to future crisis.

African Continental Response

The response at the continental level is led by the African Union (AU) and African Centres for Disease Control and Prevention (Africa CDC). Africa CDC was established in January 2016 by the AU Assembly of Heads of State and Government and launched one year later. There are Africa CDC Regional Collaborating Centres (RCCs) across five sub-regions, but how active the RCCs are and the extent to which Africa CDC collaborates with previously established sub-regional health bodies varies significantly. The Africa Joint Continental Strategy was produced by the AU and Africa CDC and sets out the primary objectives of ensuring a coordinated response and promoting evidence-based practices to prevent, treat, and control COVID-19.

The Joint Continental Strategy calls for two bodies to implement it – the Africa Task Force for Coronavirus (AFTCOR) and Africa CDC's Incident Management System (IMS). AFTCOR's role is to support member states by working through and building upon existing structures, notably the five RCCs. AFTCOR is comprised of a steering committee chaired by the Director of Africa CDC and a number of working groups, and it focuses on six issues – surveillance, infection prevention and control, clinical support, laboratory diagnosis, communications, and medical supply procurement. Africa CDC's IMS and its Emergency Operations Centre for COVID-19 were activated on 27 January 2020. The first confirmed case of COVID-19 in Africa was reported by Egypt on 14 February 2020.

Since then Africa CDC has been tracking cases across Africa through the Africa CDC Dashboard and in weekly briefings that present information by member state and sub-region.

The response has been guided by the six focus areas identified in the Joint Continental Strategy. For example, on surveillance Africa CDC in collaboration with the WHO ran Training of Trainers events across member states to enhance surveillance for COVID-19 at points of entry. To support laboratory diagnosis, as of 17 March 2020, over 40 member states had been trained on laboratory confirmation of SARS-CoV-2, and all laboratories received start-up kits after training. Member states with confirmed cases at the time received additional kits. More recently, Africa CDC partnered with the MasterCard Foundation to deliver one million test kits and deploy 10,000 health workers across Africa to respond to the COVID-19 crisis. On communications, Africa CDC has produced materials for the general public and healthcare workers. There have also been innovative initiatives to combat disinformation and convey risk information. Africa CDC has held numerous virtual training events for policymakers, clinicians, journalists, and other interested parties. Africa CDC is working with partners to launch communication projects in African languages to counter misinformation, and Africa CDC is in direct contact with journalists through a WhatsApp media group.

The AU has spearheaded additional initiatives to support the continental response and address the wider ramifications of the COVID-19 crisis. For example, the AU COVID-19 Response Fund was launched on 26 March 2020. The fund supports the procurement of critical medical supplies that are then distributed by Africa CDC, and it will also be used to mitigate the socio-economic and humanitarian crises brought on by the pandemic. The AU has used it continental convening power and relationships with other IGOs to advocate on other issues that the COVID-19 pandemic has exacerbated. The

communique of the recent 928th meeting of the AU Political Security Council (PSC) highlighted protectionist policies that restrict the access of developing countries to crucial medical supplies and called on the WHO to help ensure access to need supplies. The AU has also pushed for debt relief to help African states devote the necessary resources to the fight against COVID-19 and its societal-wide impacts. In addition, the AU has marshalled parts of its peace and security architecture to respond to the pandemic. The Africa CDC and Operations Divisions of the AU Peace and Security Department deployed 28 responders to several member states through the AU Strategic Lift Capacity. This was done in line with Article 6 of the AU Peace and Security Protocol that lists one of the functions of the PSC as 'humanitarian action and disaster management'.

Sub-Regional Initiatives

The continental response led by the AU and Africa CDC is one piece of a very complex puzzle with other actors across governance levels from local to international marshalling responses to a crisis that transcends governance boundaries and physical borders. Beyond the Africa CDC RCCs, sub-regional organisations have also been active in responding to the COVID-19 pandemic. Sub-regional organisations encompass the AU-recognised regional economic communities (RECs) but can also include bodies that are not recognised by the AU. One of the most established bodies, the Economic Community of West African States (ECOWAS), is tracking cases in the West African region. The sub-regional health body is the West African Health Organisation (WAHO), which was created in July 1987.

In response to the COVID-19 crisis, ECOWAS and WAHO activated the West African communication platforms, distributed supplies to member states, finalised a Regional Strategic Plan, and raised funds for the response effort. Beyond sub-region specific initiatives, West African institutions are also

collaborating with Africa CDC, particularly on support for laboratories and medical supply chains. During a 23 April videoconference, the ECOWAS Authority of Heads of State and Government recommended strengthening collaboration between WAHO and Africa CDC. The Authority also recognised the profound economic impact of COVID-19 and recommended a number of initiatives, including issuing treasury bonds and bills, deploying financial tools through Central Banks, mobilising resources from the international community, and supporting AU work to negotiate debt cancellation and raise funds.

Other sub-regional bodies have responded to the COVID-19. For example, the Southern African Development Community (SADC) is also tracking COVID-19 cases in its region. SADC has issued bulletins throughout the crisis with information on the pandemic, its economic impact, and recommendations for member states. It also adopted guidelines on 6 April to facilitate cross-border transportation of essential goods while limiting non-essential mass movements. Also in early April, the UN negotiated a humanitarian corridorin southern Africa to facilitate the distribution of food aid to countries in the region facing food shortages. This underscores the complexity of cross-border movement and the multiple organisations involved in facilitating access for essential supplies and goods. On 29 May, SADC's Council of Ministers called for increasing coordination with other regional and sub-regional bodies, specifically the AU, the Common Market for Eastern and Southern Africa (COMESA), and the East African Community (EAC), to harmonise measures and regulations. Some other sub-regional organisations have struggled to respond to both COVID-19 and other ongoing challenges, such as violent conflict. The Economic Community of Central African States (ECCAS) held a high-level meeting in early June and adopted a regional strategy to respond to the COVID-19 crisis and its impacts. However, ECCAS in the midst of institutional reforms, and Central Africa is grappling with multiple, persistent conflicts. The UN Regional Office for Central

Africa (UNOCA) is continuing operations, and there is a newly created UNOCA-ECCAS working group to support the ECCAS response. These varied responses show coordinated efforts to address both the health and economic dimensions of the pandemic and institutional cooperation with continental and international organisations. However, the resources available for responses and levels of coordination are uneven.

Responding to Cross-Border Challenges

This brief overview of African IGO responses to the COVID-19 crisis, provides a baseline of understanding but leaves many unanswered questions. First, how impactful are the continental and sub-regional initiatives? To what extent do continental and sub-regional strategic plans, support, and recommendations matter in member state responses? The impact of these organisations is an open question with ongoing academic and policy debates about the extent to which IGOs can act as norm and policy entrepreneurs and help to shape regional ideas, policies, and practices that then influence policies and practices at the national level in member states.[3] The impact of IGO responses to the COVID-19 pandemic is an open question as events are still unfolding, but there are research projects underway that aim to address these larger questions. For example, the University of Edinburgh COVID-19 response governance mapping initiative aims to understand how COVID-19 response decisions were made in several African states and what factors influenced them, which may provide additional insights into the impact of IGOs on state-level decision making.

The second pressing question is how are issues that transcend borders dealt with by the plethora of IGOs? Africa is a particularly dense space when it comes to IGOs due to an active continental organisation with strong international partnerships and several active sub-regional organisations. The division of labour amongst continental and sub-regional organisations in peace in security is an ongoing discussion in

Africa within the AU, between the AU and RECs, and amongst the various RECs.[4] Furthermore, the practices around the division of labour in peace and security vary in different sub-regions and in different arenas, from peace support missions to engagement in peace processes.[5] As this piece has shown, there are also numerous IGOs at multiple governance levels responding to this health crisis. While COVID-19 is clearly a public health crisis, it is also a human security issue because of the loss of life and livelihoods and its potential to exacerbate ongoing inequalities and conflicts. The African continental public health and security mechanisms have worked together throughout this crisis. For instance, the AU has used African Peace and Security Architecture (APSA) mechanisms to respond to the pandemic. As such, it is likely that the response to the current pandemic will have far-reaching impacts not only on how African IGOs manage health crisis but other challenges that transcend borders. Moving forward this project will examine how the responses of African IGOs may impact future policy and practice. Will this lead to an expansion of how APSA is used? Will the strong response by continental organisations lead to an expansion of their role not only in Africa but globally as other international institutions are side-lined due to rivalries between powerful states? All of these questions will be critical to understanding the state of global governance as we continue to navigate this crisis and eventually move beyond it.

This is a repost from the Political Settlements Research Programme.

Dr Kathryn Nash is a postdoctoral research fellow with the Political Settlements Research Program (PRSP).

About this Project

This piece is part of a larger project funded by the University of Edinburgh College of Arts, Humanities, and Social Science to map and analyse the responses of regional

and sub-regional organisations to Covid-19 in Asia, Africa, and Latin America. A series of blog posts detailing organisational responses is the first output, and the project will feed into other collaborative projects. It will also produce in-depth pieces to answer the more complex questions around the impact of regional and sub-regional efforts to combat this pandemic and the possibly long-term effects of the Covid-19 crisis on organisational priorities and practices.

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Syria: local agreements, regional rivalry and a global pandemic, by Juline Beaujouan and Eyas Ghreiz

As Syrian President Bashar al-Assad is moving towards his goal to recapture 'every inch' of the Syrian territory, Idlib governorate in northwestern Syria has been targeted by escalating military offensive from the regime, supported by

Russia and Iranian-backed militias. In the last bastion of the rebel forces, an array of opposition factions, including jihadi group Tahrir al-Sham and the Free Syrian Army (FSA) are holding on their positions, backed by Turkish military forces. But the pursuit for full military victory has been (temporarily) halted in March 2020 when Russian President Vladimir Putin and his Turkish counterpart Recep Tayyip Erdogan struck the truce for Idlib province.

Since then, the outbreak of the COVID-19 pandemic coupled with the worsening economic crisis and public pressure have pushed al-Assad to engage in several local agreements with rebel groups in northern Syria. The core of these deals is to provide for the exchange of prisoners and the opening of trade routes between the 'liberated' zones and the areas under the control of the Syrian regime. These agreements show how ongoing practice of local conflict management are shaped by power competition at the (inter)national level. In Syria, a wider survey of local agreements reveals that they often work, less as constructive peace initiatives and more as tactical tools to grant at least one of the signing parties a strategic advantage on the battlefield.

Three secret agreements and the release of 18 prisoners

In March and April 2020, the Syrian regime brokered three top-secret agreements with rebel groups to exchange a total of 18 prisoners. The first exchange took place around the city of Darat Azaa, in the western countryside of Aleppo, on 16 May 2020. Tahrir al-Sham — who aims to establish an Islamic Caliphate inside the Syrian borders — released a Colonel and a soldier of the Syrian regime forces in exchange for three fighters.

Two days later, around the town of Tal Hiyah, three soldiers of the Legion of the Levant, a faction of the National

Liberation Front, were traded for a fighter and a female intelligence officer of the Syrian regime, in addition to two bodies of Shi'a fighters (including a Lebanese one).

Given the COVID-19 pandemic, the three exchanges were subjected to particular hygiene guarantees

On 22 May, Haradh al-Mu'minin operation room — a jihadi coalition affiliated to al-Qaeda — released three "militia members" against two women and their children. One of the women was the wife of a leader of Tahrir al-Sham and had been captured two years before. She reportedly divorced her husband upon her return and left the jihadi group.

Given the COVID-19 pandemic, the three exchanges were subjected to particular hygiene guarantees. The opposition factions were reportedly anxious about the potential infection of the prisoners released by the Syrian regime. According to private sources, they had stipulated in the negotiations that they would cancel the exchange if any prisoners had been injured or if their health was not carefully checked beforehand.

The Head of the Free Doctor Union in Idlib told the authors that the prisoners released by the Syrian regime — of whom some were kept in Sednaya and Adra prisons in the north of Damascus and other intelligence military branches — were evacuated to an area under the Directorate of Health around Ma'ara to be sterilized and quarantined for two weeks. Once their health condition was checked, they were then allowed to go back to their families.

As it is often the case in Syria, the three exchanges were logistically supported by the Syrian Arab Red Crescent. Several activists interviewed in Idlib governorate pointed to

the ambiguous status of this humanitarian organization. The latter is the (only) official government partner through which all UN and international agencies must work in Syria. Formally affiliated with the ICRC, it is perceived to be affiliated with the Syrian regime and under the tight control of the air force intelligence.

Local agreements to ensure key internal and external support

These kinds of local deals are interesting because they serve a number of purposes for the Syrian president. Most importantly, Bashar al-Assad is under pressure from his ally Iran. The latter systematically insists to recover the bodies of soldiers who died on the battleground. Those soldiers belong to Iranian-backed militias and Hezbollah-affiliated groups. They are Iranian, Iraqi or Lebanese and at the centre of a propaganda strategy framed around their martyrdom and the sacrifices of the Shi'a Muslims to free the Syrian land from (Sunni) terrorism.

Prisoner exchanges offer a means for the Syrian President to show his benevolence to the Syrian people

Internal support, however, is also important to al-Assad's power within Syria, and prisoner exchanges offer a means for the Syrian President to show his benevolence to the Syrian people. While the deals are always top-secret, the Syrian regime depicts the practice as the exchange between heroic 'Arab sons' of the Syrian people against valueless "terrorists". In practice, the exchanges are also opportunities to retrieve precious intelligence about the other side.

Most surprisingly, the Syrian regime has been increasingly involved in local deals with jihadi groups in Idlib governorate. For instance, in February 2020, it agreed on the opening of a crossing for the exchange of goods with Tahrir al-Sham around Saraqib. These kinds of deals are likely to reinforce the role and legitimacy of Tahrir al-Sham inside the rebel-held areas. At the same time, the jihadi group remains one of the strongest opponents to the Syrian regime both ideologically and militarily.

The apparent rapprochement between the Syrian regime and the jihadi insurgents is less surprising when one considers the Syrian president's strategy to portray the conflict as the struggle of the (legitimate) regime against terrorism. In the end, this binary vision of the conflict makes al-Assad the lesser evil and would grant him the support of the international community to launch a wide-scale offensive in northwestern Syria.

Between 2011 and 2017, several observers detected clear signs of cooperation between al-Assad and jihadi factions

In the early days of the Syrian revolution, al-Assad had already given the order to release hundreds of Islamist militants from Sednaya prison. Between 2011 and 2017, several observers detected clear signs of cooperation between al-Assad and jihadi factions. On the one hand, it was believed that Syrian government forces did not engage in a military confrontation with jihadi groups when they had the opportunity to do so. Instead, regime forces focused their military operations against the moderate elements of the opposition. On the other hand, the Syrian government has been accused of engaging in energy dealswith insurgent groups, purchasing oil and gas from territories controlled by the Islamic State (IS)

organisation and Jabhat al-Nusra.

The spreading shadow of external powers

A dozen interviews conducted in Idlib with doctors, civil defence soldiers and human rights activists confirmed the upper hand of Russia and Turkey on the military and political affairs in Syria. Even the most mundane local agreements such as the exchange of a few prisoners are approved, mediated and sometimes supervised by the two powerful players. While external influence poses the question of the agency of the Syrian regime and opposition armed groups, it also jeopardizes the role of the civil society and more broadly representatives of the Syrian population in the management of the conflict.

In the words of a high-ranked officer who took part in several high-level negotiations in Syria, "When a Russian [military man] is in the room, nobody dares to open his mouth. The Russians are in control of everything in the regime-held areas and everyone listens to them". Besides, it seems that the Russian military was able to gain the relative trust of all warring groups in Syria, including in the camp of the rebels. As the anonymous officer testified: "We know that the words of the Russians are always followed by actions, whether we like it or not".

As COVID-19 hit Iran and Russia severely, the former is also struggling with international sanctions and a failing economy. As a result, experts expect the Islamic Republic of Iran to have a hard time recovering on the political and economic front, thereby pushing for a retreat from the Syrian battlefield but also the expensive support to several militias across the Middle East.

Assad's reshuffling "gives Russia the

upper hand to the detriment of Iran"

Last year already, accounts of the competition in the highest spheres of the Syrian regime was lending weight to Russian influence. On 8 July 2019, Bashar al-Assad announced numerous changes in the top security personnel — the most important restructuring since the 2012 bombing of the National Security headquarters in Damascus. While Russia attempted to dilute the importance of the Syrian reorganization, it was seen as the main beneficiary of the reform. The decision granted key roles to pro-Russian figures in the Syrian intelligence and security apparatus. It was interpreted as a sign of external growing influence and more precisely as "part of a larger rivalry between Russia and Iranover the control of Syria's military and security agencies and thus part of the framework of a geopolitical competition". According to former Lebanese General Elias Hanna, Assad's reshuffling "gives Russia the upper hand to the detriment of Iran". A similar analysis was offered by the Saudi Independent Arabia in a paper untitled "Will Russia overthrow Iran's influence in the Syrian security services".

In Syria, a negotiated peace is all but impossible. With the support of Russia and Iran, Bashar al-Assad is progressively retaking control of the territory. Yet, the destruction of the trust and social fabric in the country ravaged by almost a decade of atrocious conflict might well be the greatest challenge for whoever wins the final battle, and will require civic engagement.

This is a repost from the Political Settlements Research Programme.

Juline Beaujouan received her Ph.D from Durham University where she was awarded the al-Sabah doctoral fellowship and acted as a member of the AHRC's Open World Research Initiative (OWRI). She then joined the Political Settlements Research

Programme (PSRP), based at the University of Edinburgh, where she researches trust-building between ethnical and religious communities in Iraq and Lebanon. Juline is the co-editor and contributor to the volume Syrian Crisis, Syrian Refugees — Voices from Jordan and Lebanon, and co-author of Islam, IS and the Fragmented State: The Challenges of Political Islam in the MENA Region.

Eyas Ghreiz is a researcher and consultant in areas of human rights and development. Ghreiz is also a Master student in International Development, specialising in conflict, security and development, at the University of Birmingham, UK. Ghreiz has over eight years of experience working with international NGOs, and UN bodies in Jordan, Syria, Turkey and Yemen. He has published several articles in both Arabic and English and contributed to the book Syrian Crisis, Syrian Refugees: Voices from Jordan and Lebanon, published by Palgrave Macmillan in both English and Turkish, and will be published in Arabic soon.

Scratching below the surface: what can local peace agreements tell us about armed groups and conflict fragmentation, writes Juline Beaujouan, Tim Epple, Robert

Wilson and Laura Wise

The call for an immediate global ceasefire launched by UN Secretary-General António Guterres on March 23, 2020, as a response to the COVID-19 pandemic, has been backed by some 70 states and answered by conflict parties in at least 9 countries around the world. In some of the most protracted contemporary conflicts, such as in Syria, Libya, and Yemen, the global call was briefly touted as a possible opportunity to re-energise stalled or struggling national peace talks. However, this optimism was short lived following sustained clashes in Idlib (Syria), escalated confrontations in Tripoli (Libya), and continued advances by Houthi rebels in Yemen.

Whilst the COVID-19 pandemic is the latest threat to already-struggling Track 1, national-level peace processes, locally-led attempts to mitigate or end violent conflict in contexts across MENA and sub-Saharan Africa remain ongoing, albeit under extremely difficult circumstances. The prevalence of local peace processes in the absence of sustained progress of national mediation efforts has led to more focussed attention on this phenomenon in recent years, and in this post we draw on a new collection of local peace agreements to reflect on the state of contemporary conflict management and peacemaking in an increasingly fragmented world.

The fragmentation of conflict management and peacemaking

A closer look at conflict and socio-political dynamics in MENA and sub-Saharan Africa reveals the multi-level fragmentation of conflict-affected countries: the geographical and identity fragmentation where the state and society are divided in times of conflict and peace. The discord of those countries can be understood as where the state itself is not only fragmented but it is also only one fragment within a complex constellation of groupspositioned by geography and identity — groups who bargain for peace at the national and the local

level. As such, both theatres — the national and the local — are sites of conflict and peace where groups' motivations, strategies and affiliations shift over time. The vacuum of power and legitimacy left by this fragmentation results in the multiplication of warring parties — often in the form of armed groups — which impose their rule over parts of the national territory.

These dynamics of localisation and fragmentation of conflicts echo a development that can be observed not only in Syria, Yemen and Libya in the MENA region, but also in the Central African Republic (CAR), Somalia and South Sudan in sub-Saharan Africa. We suggest that these conflicts could be better described as sets of complex conflict systems that are nested within the local, regional, national, and international levels. These dynamics are also mirrored in processes of conflict management and peacemaking, which sometimes respond to this complexity by brokering and signing agreements between locally-based and other actors within a part of the wider conflict-affected area. Researchers, peacebuilders and policymakers are increasingly interested as to whether locally brokered commitments could provide a necessary complement, if not an alternative approach, when national peace initiatives have stalled, to foster an all-encompassing and more inclusive peace.

 Introducing the PA-X Local Peace Agreements Database

At the Political Settlements Research Programme (PSRP) we are investigating the fragmentation and localisation of conflict management and peacemaking through a collection of almost 300 local peace agreements. PA-X Local is the first open-access database of publicly available written local peace agreements from across a global set of conflict-affected contexts. The agreements, which span from 1990 to 2019, were signed between locally-based and other actors to address local conflict-generating grievances only within a part of the wider conflict-affected area, rather than the entire conflict zone.

PA-X Local offers a glimpse into the processes and outcomes of local peacemaking, including information on how it relates to any national peace process.

This collection of local peace agreements raises the potential for analysing patterns in local peacemaking over time and across varying contexts, as well as exploring any links between local, regional and national-level peace processes. It also helps us to better understand the practices of highly localised actors, their influence on wider conflict dynamics, and their interactions with actors more embedded in the national-level process whose wider conflict agendas ultimately shape conditions at the local level. PA-X Local exposes the diversity of local peace agreements, that are highly dependent on the local settings where the conflict takes place and is managed between local parties. This includes the emphasis on categories of substantive issues addressed by local agreements: use of rituals and prayer; acknowledgement of grievances; references to cattle rustling or livestock theft; and, removal of social cover.

Here are three initial observations on dynamics of conflict and peacemaking that have emerged from our review of local peace agreements.

Observation 1: The diversity of actors in local peacemaking

The diversity of actors involved in the signing of local peace agreements echoes the plethora of contextual settings in conflict-affected countries. It also highlights how those settings shape the nature and scope of local commitments to cease hostilities. For instance, the negotiation and signature of local peace agreements often give a prime role to representatives — such as religious leaders, community elders or civic society groups — whose credentials and legitimacy are grounded within the local community. The Resolutions of the Marsabit-Moyale District Peace Committees' Civic Dialogue in Kenya in 2006 is a good example of the diverse inclusion of

local actors within a peace process that aimed to resolve issues around cattle rustling and communal insecurity in the district. This diversity also raises the question as to whether local peace processes may offer greater inclusion of women, or if women still face different and contextual barriers to participation than they do to access national negotiations.

Within this diversity of local peacemakers, there can also be a duality of role which is highly contextual. In Yemen, the title of Sheikh is often synonymous with leadership and tends to be listed alongside other prominent societal or community figureheads in agreements. Their role tends to convey a sense of civic responsibility, calling for agreements and representing the interests of the communities, tribes or specific armed actors involved, and functioning either as mediators, facilitators or witnesses. As local actors however, their true alignment continues to appear amorphous. The title can convey a sense of religious or tribal identity or community representation, however often they cannot be disentangled from the complex web of armed actors.

Nonetheless, this diverse participation of hyper-local actors does not necessarily suggest an absence of the state. In the case of intercommunal conflicts, the latter may play a key role in the mediation phase that brings all potential signing parties around the same table. Conversely, the signing of countless local agreements between armed groups in Syria has come to enshrine the quasi-absence of the state in local conflict management across different parts of the country. This diversity of actors suggests that not only does localisation of peacemaking raise challenges for peace process designs that anticipates the state to be one of the parties, but that those wishing to support local peace processes may need to look beyond 'the usual suspects' for finding mediators and brokers with the requisite local legitimacy to engage with the process.

Observation 2: The role of religious rules, rituals, and prayer in local peacemaking

In both the MENA and sub-Saharan regions, the religious credentials of some armed groups are mirrored in the texts of local peace agreements. These religious references can include the inclusion of religious rules, including the Islamic Shariah law, to settle specific cases or provide implementation mechanisms for elements of the agreement, as in an agreement between the al-Nusra Front and the Free Syrian Army, in 2014 in Idlib. Other religious references in local peace agreements include sealing the agreement through shared Christian worship, such as the 1999 Waat Lou Nuer Covenant in South Sudan and swearing an oath on the Koran by members of a local community as part of the 2019 Proces verbal de gestion de conflit in CAR.

Religious actors, rituals, and prayers do feature in national and internationalised peace processes, such as the Papal benediction in 1998 as part of the Ecuador-Peru border dispute peace process. However, the inclusion of religious rules, rituals and prayer appears to be more prevalent and central in local peace agreements than national ones, and in some instances the inclusion of religious references may account for the importance of religious identity as an additional layer within nested conflicts.

Observation 3: The variety of purposes and functions of local agreements

Local agreements serve a variety of purposes. While some local peace agreements may be regarded as crucial steps for the broader peace process, others pursue more limited and immediate goals, such as allowing humanitarian access or solving daily disputes over natural resources. Interestingly, some agreements challenge our notion of agreements functioning as peaceful tools for conflict management. In Syria and Yemen for instance, a number of local peace agreements were used as

tactical tools to manage the conduct of warfare in order to improve outcomes for certain groups within the broader peace settlement, such as Hayat Tahrir al-Sham response to an initiative to end the conflict with Harar al-Shamin July 2017, or the 2014 agreement between the Tihami Movement and Ansar Allah. In other instances, agreements that provided for a cessation of hostilities in one locale, displaced warfare to another area, or reiterated commitments of signing parties to their struggle against a third actor. In fact, the majority of local agreements signed in Syria are assertions of the commitment of the non-state armed groups to sustain their struggle against central rule.

Yet in other contexts, local peace agreements may have positive knock-on effects. Local agreements can help contain violence in some instances, inspire peacemaking in neighbouring areas by demonstrating their effectiveness, or even improve conditions for brokering peace at the national level. For instance, the 'people-to-people' processes facilitated by the New Sudan Council of Churches (NSCC) in South Sudan led to the signing of a series of local peace agreements, including the Wunlit Dinka Nuer Covenant and Resolutions in 1999. While this series of agreements was not technically linked to a national process between the government in Khartoum and South Sudanese opposition forces, the 'people-to-people' process contributed to the creation of a peace movement in southern Sudan and fostered 'Southern unity.'

Conclusions

In this post, and throughout our work with local peace agreements more broadly, we have argued that we cannot understand the increasing fragmentation of conflict management and peacemaking without turning our collective attention to peace processes beyond national arenas of peacemaking, and analysing the involvement of armed groups in local peace processes. Through our own efforts to research this, by

compiling PA-X Local and through Joint Analysis Workshops with actors involved in local peace processes, we suggest that local peace processes are a global practice across diverse conflict settings, and the documents resulting from this practice are just one initial avenue for shedding light on the opportunities and challenges that local peace processes pose.

This is a repost from the Political Settlements Research Programme.

Juline Beaujouan, Tim Epple, Robert Wilson and Laura Wise are Research Associates at the Political Settlements Research Programme at the University of Edinburgh. They are the part of the core research team behind the PA-X Local Peace Agreement database, led by Professor Christine Bell, and are collectively interested in global comparisons of multi-level peace processes, as well as individually focused on conflicts past and present in the Middle East and North Africa (MENA), sub-Saharan Africa and Europe.

Social media, blockchain, big data & co: How do we support women mediators in peace processes in a technology-driven world, writes Fiona Knäussel

Since the introduction of UNSCR 1325 on Women, Peace and Security in 2000, women's inclusion and active participation

in peace processes have been promoted and promised on multiple occasions. Within the last 20 years, we have also learned and recognized that women's involvement is important for achieving sustainable peace. Yet, the reality is that women are still excluded from many political efforts to end conflict, or have to risk their personal safety to secure a seat at the negotiating table. Enabling women mediators to participate in and lead peace talks remains an urgent goal in the 20th anniversary year of UNSCR 1325. How and when can technology help?

PeaceTech for Women

In recent days, women have been involved in online consultations and mediation in a number of conflicts around the world. Online consultations – now fast-tracked with the COVID-19 pandemic, are one part of a multi-disciplinary development of technologies aimed at supporting peacebuilding activities, or in-short 'PeaceTech'. PeaceTech offers new opportunities to support inclusion in peace processes. While many industries in the world, including warfare, have heavily benefited from the rapid emergence of new technologies, peacebuilders have only recently begun to engage with this trend. However, as the disruption of the COVID-19 pandemic demonstrates, the use of new technologies for peacebuilding has become an urgent necessity. The potential for PeaceTech is vast, and goes beyond the exchange of information on social media, and the use of ICTs (Information and Communication Technologies) such as smartphone apps.

The Challenges

However, PeaceTech is still an emerging practice with limited sources for funding. Therefore, its application on the ground is underdeveloped, and there are additional challenges involved for women to engage with nascent PeaceTech initiatives.

Lack of infrastructure: Conflict-affected and developing countries struggle with the lack of access to digital devices, including smartphones and PCs, and to continuous, stable internet coverage and broadband connection. According to a 2019 report by the International Telecommunication Union (ITU), 53% of the global population use the internet, while only 19.1% of the people living in the least developing countries have internet access. This is despite the fact that 93% of all people live within the reach of mobile broadband. Additionally, even places with existing connections face connectivity issues, such as in Yemen, where connectivity is unstable as fallback options for damaged undersea cables are more tenuous than in many other countries. Hence, days-long internet outages, such as most recently in January 2020, take place regularly. Furthermore, the internet is now divided and controlled with different ISPs for the government-controlled and Houthi rebel controlled internets. Another problem in many countries, is lack of privacy (and therefore security), and the common occurrence of deliberate internet shutdowns and social media restrictions, as well as state-based censorship, particularly during times of unrest and crisis, which, for instances, has been the case in many countries during COVID-19. On top of this, women are prone to having insufficient or no access to a phone and the internet. On a global average, women are 26% less likely than men to have a smartphone and access to mobile internet. In the global south, this percentage is even higher, with 34% in Africa and 70% in South Asia.

Lack of financial resources: The lack of funding for devices, access to the internetand further research into their use for peacebuilding purposes poses a great hurdle. Among conflict-affected people, and in particular, women, as well as peacebuilding and women's organisations, money for expensive technologies is scarce. For women, especially when they have been displaced, forced into dependency, or made the family's only breadwinner, such an expense is unthinkable.

Digital illiteracy: Due to the lack of access to phone and internet, and prevailing structures of gender inequality, women are less likely to own and regularly use digital tools. This makes digital illiteracy among the population, but especially among women and girls, who have less exposure to technology than their male peers, a significant problem. Despite this, in some contexts, established women peacebuilders have utilised the internet as an opportunity to expand their existing networks and promote their activities. Members of the Yemeni women's coalition, Peace Track Initiative, for example, have continued with their peacebuilding efforts throughout the COVID-19 pandemic by corresponding over digital platforms such as Whatsapp, and have even tracked ceasefire negotiations over Twitter. However, women without this existing link to a network or who lack confidence with basic online tasks may face difficulties with accessing initiatives, and risk being isolated from digital activities.

Becoming a target: For anyone in a conflict-affected setting, participating in peacebuilding may turn them into a target of displeased authorities. Authoritarian governments have long opted to using surveillance methods, such as trackers, to monitor and disrupt activists' and peacebuilders' online activity, which, in some instances, may lead to them being threatened, harassed, arbitrarily detained, tortured, vanished, or killed. In Vietnam, for example, a repressive new Cybersecurity law from 2019 has intensified the use of surveillance to target human rights activists operating online and increased the number of prisoners of conscience in the country's detention facilities. In other contexts, women are specifically targeted if they stand up for their rights or are politically active, such as in Houthi governed regions in Yemen, where for some women this has meant being captured, detained and sexually abused.

Online gender-based violence (GBV): Besides general challenges

that women face in, use of technology can carry gender-specific risks. These include the spread of online gender-based violence (GBV), which can manifest itself as bullying, hate speech, blackmailing, cyberstalking, sex trafficking and more. Twitter, for example, has been named the most toxic social media platform for women to interact on. Its open and public nature has created a space in which harassment of women is immediate and widespread, when at the same time, it is one of the most important platforms for them to be vocal on. In May 2020, this was the case for Nobel Peace Prize Laureate Tawakkol Karman, who became the target of a smear campaign led by Saudi Arabian media. The stress and anxiety women experience as a result of online GBV often has real-life implications, such as a fear for physical harm, and can cause them to self-censor, leave a platform, or become tech-averse altogether. Many female journalists, for example, as a survey by the International Women's Media Foundation has revealed, feel the need to withdraw news stories or avoid certain topics in their work as a consequence of encountering online attacks and harassment. Additionally, some forms of online GBV can also have severe implications for the involved in real-life, notably when harmful threats are realised in person.

Too few women in tech: Within 'Big Tech'—the five largest tech companies in the US (Amazon, Apple, Facebook, Google and Microsoft)—less than 25% of tech jobs are held by women. This figure is not an abnormality in other tech-savvy countries either. As a result, devices, applications and content are mostly created by men, and are more likely to be tailored to men's interests than aimed at benefitting everyone regardless of gender roles. For the above challenges to be addressed more effectively, gendered perspectives in technological development are needed, and ideally, women will be at the forefront to lead on them.

What does a PeaceTech solution need to do to be useful for women mediators?

Participating in peacebuilding activities can put individuals, and especially women, at a risk. Increased online activity and the use of digital devices may reinforce this risk if insufficient protective measures are put in place. This, in turn, creates an adverse effect on women's inclusion. To ask ourselves if a technological solution for women does more harm than good, we should consider if it tackles the challenges described above. This means thinking of what kind of technology women mediators on the ground find practicable and user-friendly, and how to utilise and adapt these technologies to provide adequate peacebuilding tools. The following are some important aspects to consider:

Does it inform? An aim of PeaceTech is often to provide better information, for example, to make sense of 'Big Data'—the abundance of information in the world—in a concise way to, then, better inform peacebuilding efforts. If done right, this can contribute towards equipping women with the necessary knowledge and skills to enter the peacebuilding arena, or to be offered greater support if they are already experienced.

Does it support? A PeaceTech solution can build on existing knowledge, motivations and goals, and support women with further tools. This can be by creating platforms to build networks, by providing resource hubs that makes it easier for mediators to access certain data, by facilitating decision-making through scientific methods and algorithms, by offering applications to collect data (e.g. survey apps), by enabling knowledge-exchange on dedicated dialogue platforms, and by simplifying the presentation of information (e.g. with data visualisation tools).

Does it enable? Women who previously were not able to effectively participate in peacebuilding should find themselves empowered and enabled through PeaceTech solutions, rather than further disempowered. If a tool provides the right skeleton, female users will be able to use it to acquire vital competences, for example, by: bridging important gaps in

knowledge; providing data-supported arguments for negotiations; raising international awareness and support; founding and expanding networks; finding common ground and building coalitions; running own projects on their platform; or by learning about their rights and what tools might help to realize them.

Does it aim to mitigate the associated risks? Women face greater societal, mental and physical risks when accessing technologies. The design of safeguards and protective measures for existing and new tools is needed to guarantee that online spaces are safe for women to use and do not further replicate or reinforce offline gender inequalities and exclusion. Secondly, offline availability of PeaceTech tools can be a critical asset to its practicability. It tackles the issue of low or unstable network connectivity, as well as the fact that women are less likely to own their own devices.Thirdly, the easy navigation and straightforward use of an application can be beneficial in circumventing digital illiteracy. There are many innovative and promising applications out there that are too complicated to be used by the average user without tech background, and even less so by people without the necessary infrastructure. If peacebuilders with limited access to technological infrastructure and digital literacy cannot apply PeaceTech solutions in practice, we are wasting important opportunities. Finally, a PeaceTech tool should be universally accessible and eliminate cultural and language barriers. In practice, this means that the application designs need to appeal to women from different ethnic, cultural and religious backgrounds, and ensure availability in multiple languages, which raises key development requirements, such as user interfaces which function as well in Arabic as they do in English.

Challenges going forward

As informed and well-intentioned any new PeaceTech tool might be, its practicability and impact will only reveal themselves

in the hands of its end-users. In the case of PeaceTech tools for women's inclusion in peace procceses, women mediators' user experiences will be critical to its development. The focus should be what benefit the tool gives to a peacebuilder that they otherwise would not have, and if it does so in a safe matter. Technologies have only come this far because they are continuously scrutinised, adapted and improved, and women mediators and their supporters need to have the same honest conversation about what works and what does not, where problems and risks lie, and how we can address these most effectively. This might mean taking a closer look at the circumstances of end users, what options are needed to provide the necessary knowledge and infrastructure, and in the longer-term, to vehemently advocate for women's education, digital literacy and access to technology. PeaceTech as a field is just as much about the exchanging of knowledge and sharing good (and bad) practice as it is about delivering a technological solution. And any PeaceTech solution is only useful if it effectively supports a peacebuilder on the ground.

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Fiona Knäussel is a graduate fellow from PSRP. She was part of a women-led team developing 'PeaceFem' which works to develop a PeaceTech platform to support women mediators, is through a new mobile app. This is the result of a collaboration between UN Women and three leading research programmes on women's mediation. PeaceFem is a mobile app that provides a full picture to selected peace processes by combining women's strategies for mobilisation, the factors enabling and constraining their engagement and the gender provisions incorporated in peace agreements as a result of those engagements.

Changing consumption practices, by Lisa Howard

Much has been written in the media about changes in consumer spending over the lockdown period. More food and alcohol, fewer non-essential goods such as clothing and footwear, furniture and recreational goods. The patterns of our spending have reflected constraints on our mobility and perceived risks of contracting the virus in public spaces, as well as parts of the economy shutting down, such as the travel and leisure industry. The question is, now that restarting of the economy is on the government's horizon, will we revert back to old consumption habits once lockdown is over? From the evidence in my photos, I believe the marketers of these goods and services think perhaps not.

I took the photos on 9th June, at the Phase 1 stage in the Scottish Government's strategy to exit from lockdown. The photos show a series of advertisements from a rotating billboard near Murrayfield. I thought the products were particularly emblematic of the times: Wine delivered to your door; A virtual livestreamed rave; A high-spec indoor fitness bike; and learning to write packs for children. Despite lockdown easing, the investment in advertising these products and services suggests that marketers predict our consumption habits will remain home-oriented in the near future. How might a sociologist analyse such shifts in consumption practices?

The sociology of consumption is a vast field, having seen numerous 'turns' over years, but can commonly be understood as the 'social organization of activities through which items are incorporated, deployed, and disposed of' (Warde, 2015, p. 118). The 'practice turn' in the sociology of consumption is

informed by social practice theory. This seam of thought de-centres the human actor in consumption, but without prioritising structure or agency. A social practice is seen by Shove et al (2012) as integrated elements of **materials** (objects, tools and infrastructures)**, competencies** (knowledge and embodied skills) and **meanings** (cultural conventions, expectations and socially shared meanings). Social practices interlock, for example the practices of mobility, shopping and eating. They are dynamic, emerging or disappearing when links between their defining elements are made or broken.

Within this framework, the rupturing of links due to COVID-19 (for example, access to **materials** brought about by lockdown measures and economic shutdown) has resulted in new practices emerging, in part due to **competencies** to perform these having been developed during this period. For example, school closures and the need for home schooling have demanded parents learn skills of teaching, and the enforcement of spending leisure time at home has developed **competencies** in using technology for socialising. The **meanings** element of some practices may have changed due to narratives of risk, so that having wine delivered to your door could mean feeling safer (than going to the supermarket) or greater convenience. The **meaning** of taking exercise on a static bike may be related to expectations of continued gym closure, efforts towards preventative healthcare, or the need to spend more time at home due to caring responsibilities.

I wonder whether – in the coming months and years as we start to feel the financial pinch of the economic downturn, we will see social practices shift again, with products advertised on these billboards reflecting a shift towards constrained household budgets and frugality?

This piece is reproduced from Edinburgh Decameron: Lockdown Sociology at Work.

Lisa Howard is a PhD researcher researching climate change and

personal life.

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Next: The possible second wave, by Liz Stanley

A consortium of the leaders of the UK's medical, nursing and public health professions on 24 June published a joint letter in the British Medical Journal, sent to the leaders of all UK political parties. It argues for procedures to plan for what happens next, now that strict lockdown has been lifted, because in their view the possibility of a second wave of coronavirus is actually likely rather than just possible. Succinctly, it proposes a cross-party all-interest group or inquiry but which would have planning for what happens next as its aim, rather than enquiring into what went wrong with the first wave of the coronavirus pandemic. It proposes that the focus for this inquiry should be:

- "Governance including parliamentary scrutiny and involvement of regional and local structures and leaders
- Procurement of goods and services
- Coordination of existing structures, in a way designed to optimise the establishment of effective public health and communicable disease control infrastructure, the

> resilience of the NHS as a whole, and the shielding of vulnerable individuals and communities
> - The disproportionate burden on black, Asian, and minority ethnic individuals and communities
> - International collaboration, especially to mitigate any new difficulties in pandemic management due to Brexit"

Important in its own right, there are a number of aspects worth thinking about in a bit more detail.

First, there is the fact that these professions are working together and doing so through the highly regarded vehicle of the *BMJ*. The medical, nursing and public health professions are all important, but in worldly and political terms the most powerful of these is the medical profession. The *BMJ* is a kind of lodestar, with social scientists as much as others working within medical areas aspiring to publication even as one of a very large team in its pages.

Second, the letter is addressed to the leaders of all political parties, not the government specifically or at least not in a public way in this letter. This is itself a sign of the changing times, for even just a few weeks earlier it would have been addressed to the government or some part of it. It is a return to political life that is being signalled in who the letter is addressed to, in which political debate and manoeuvering will resume publicly, for one assumes it had not entirely gone away out of the public eye.

Third, the leaders of the medical, nursing and public health professions have used a letter, a public open letter, to make their intervention. In academic terms, much has been pronounced (wrongly) about the so-called death of the letter. Against this, not only is there a massive upsurge in forms of communication premised on 'letterness' aspects, text and email amongst them, but in formal circumstances it is notable that only a written letter directed to a known person and physically signed by the letter-writer will do for legal,

official and other public purposes. Using a public letter as the device of communication is a strong signal of intent on the part of identified persons, with their names and positions specified as part of 'the letter' overall, which includes its address and sign off as well as its specific content.

And fourth, in the *BMJ* letter the way that what happens 'next' appears is that this might well be rather like previously, unless problem areas are tackled and better forward thinking mechanisms put in place. 'The future' is described as 'the future state of the pandemic' and the letter is concerned with planning for this. It is notable that there is no sign of an 'after', in the sense of the pandemic coming to an end, of this being a possible state that UK society will be in. Instead there is next, a haunting by a possible future that could be as terrible as what has happened already.

This piece is reproduced from Edinburgh Decameron: Lockdown Sociology at Work

Professor Liz Stanley is a professor of Sociology in the School of Social and Political Science at the University of Edinburgh.

CAHSS funds nine innovative COVID-19 knowledge-exchange projects

The College of Arts, Humanities, and Social Sciences (CAHSS) College Research Award has awarded nine COVID19-related projects with grants of up to £100,000. The projects were required to be deliverable in a 2.5 month timeframe. All

projects are listed below, with comprehensive summaries of six projects.

Lothian Lockdown: The Lothian Video Diary Project

Lauren Hall-Lew, Catherine Lai and Claire Cowie (PPLS); Sarah Liu and Clare Llewellyn (SPS); Beatrice Alex (LLC); Nini Fang (HiSS)

The founder of *The Lothian Video Diary Project*, Dr Lauren Hall-Lew, is a sociolinguist and member of *Edinburgh Speaks,* a project interested in sociolinguistic variation across the Edinburgh and the Lothians. Her research interest is focused on how pronunciation, speech and language choices change correlating with the ways of living life in the city: whether this is by the typical sociological demographic categories or by more nuanced practices, identities, or other aspects of performativity. *Edinburgh Speaks* has to date operated by gathering focused pockets of data, with student projects collecting data within one neighborhood at a time. A larger sampling of the community has not yet been done.

In the COVID-19 lockdown Dr Hall-Lew recognised the opportunity to promote oral history and explore the methodology of linguistics. "Collecting oral histories is exactly what we should be doing now," she says. Joining forces with Dr Claire Cowie, they grew the team and received both the CAHSS CRO college funding and a knowledge-exchange funding. This has enabled research and project assistants to come on board to create data processing tools, process data, and engage in dissemination and community outreach. Ironically, funding for the project was confirmed in the last week of lockdown: "The very first day that we started recruiting in earnest was the very first day of Phase 1 of opening up," Dr Hall-Lew smiles at the irony. However, participant recruitment has been improving over the months and it is the team's hope to receive funding for another month and half, to maximise their research outputs.

Thanks to the Knowledge Exchange fund, Dr Hall-Lew has two outputs already in place: 1) a sample of the recordings, which the participants have given permission to be distributed publicly, will be sent to the oral history collections of Museums and Galleries Edinburgh, for a long-term repository and possibly future exhibitions; 2) the COVID-19 committee of the Scottish Parliament will receive a report of the findings in spring/summer 2021.

In this time of employment and financial insecurity, Dr Hall-Lew's team aims to give back to the communities they are sampling from: money from the college research funds and from individual researchers' own funds is currently going towards participant payment. "Every participant who contributes gets paid in by direct bank transfer." Dr Hall-Lew explains, "They can also choose to make a contribution to a local charity or they can ask for a voucher for groceries."

The Lothian Video Diary Project is currently seeking video contributions until the end of July 2020 and welcomes all contributions inclusive of a diversity of language, gender, background, etc. The project's remit is to showcase that Edinburgh and the Lothians are not only multicultural but also multilingual, and to represent these voices the best they can. Videos in Gaelic can already be found on the website, and the team hopes to encourage recent immigrants and refugees to contribute in their native languages. All contributions can be either audio-only, or video, and your anonymity is ensured (unless you'd rather it not be). Any contributor of any age is welcome.

Find out more: https://lothianlockdown.org/

Twitter: https://twitter.com/LothianLockdown

Facebook: https://www.facebook.com/lothiandiaryproject

Covid-19 and Young People: Perceptions around messaging and experiences of young people in Scotland aged 11-25 years old

Ruth Jepson (SCPHRP), Jillian Manner (SCPHRP), Divya Sivaramakrishnan (SCPHRP), Kathleen Morrison (SCPHRP) Audrey Buelo (HiSS), Tom Hughes (intern), Sorna Paramananthan (intern) & Marike Andreas (intern)

Overview

During the COVID-19 outbreak in the UK, there have been concerns that young people have shown greater reluctance towards following the government guidance associated with hand washing, social distancing and self-isolation.

This research project aimed to explore whether messaging related to the COVID-19 pandemic has influenced young peoples' beliefs and perceptions surrounding the transmission of the virus and prevention measures. The objectives explored:

1. How young people understand and respond to the coronavirus outbreak and restrictions such as social distancing and self-isolation
2. Whether and how messaging related to the COVID-19 pandemic has influenced young people's beliefs and perceptions surrounding the transmission of the virus and prevention measures.

Why is this research important?

Public behaviour plays a huge role in virus transmission, and the current coronavirus outbreak has seen countries across the globe respond with key messaging to protect the safety and wellbeing of members of the public.

Much of the key messaging around COVID-19 in the UK has featured risk communication and perception of risk. Young people may perceive risk differently than others which can have implications for compliance with advice within these

messages. It is therefore important to understand how young people perceive messaging in the context of a public health emergency and how this can be tailored and designed to best communicate important information to this group so that they are better informed, more able to protect themselves and others and more compliant with advised measures.

This study is part of a wider collaborative effort with the University of Southampton, which shows that young people may have different understandings and perceptions of the current coronavirus pandemic compared with other age groups meaning that they may need to have different messaging and communication designed and delivered to them. To better understand this issue in a Scottish context, five online focus groups were conducted with young people aged between 11-25 years old in March and April 2020.

Findings will provide insight into young people's perception of government measures and advice, messaging and communication related to the COVID-19 pandemic alongside information on their mental and physical health, perceptions of the situation, their communities and social connections. The pandemic, and the messaging and advice associated with it has had a profound impact on the day to day lives of this population, and in differing ways to that of the rest of the public. It is important for individuals and organisations to consider this when developing and disseminate messaging and advice around this and other public health events.

Follow the team on Twitter: @scphrp

Going Viral: The changing role of digital performance during COVID-19

Performance Research Network (Edinburgh College of Arts)

The Performance Research Network is a recently established

cohort of staff from across CAHSS, including ECA, The School of Health and Social Science, Languages, Literature & Culture and the University Collections, as well as Science, Technology and Innovation Studies, with a shared broad collective interest and expertise in Performance. The group's interdisciplinary bridge building includes colleagues working on performance technologies and technical practitioners in performing arts within Science, Technology and Innovation Studies, covering an abundance of expertise in creative, social and political studies of information and communication technologies.

Going viral – the changing role of digital performance during COVID-19 will be the first project initiative of the Performance Research Network and will enable the cohort to take their research synergies into actuality.

The Network proposes to conduct a scoping study to collate qualitative and quantitative data about the role of performance during the COVID-19 pandemic. The study will attempt to capture a snapshot of who is getting to see digital performance, what are they watching and what are they making at this extraordinary time. How will the ways that we are making and watching performance now, affect our access to culture in the longer term, unknown future ahead? What new precedents are being set?

The study will involve hiring an RA to gather data on digital platforms being used for performance, analytics, performance genres (user generated content, comedy, dance, theatre, performance art, music) and funding sources. For example the 'One World: Together at Home' eight hour concert organised by the World Health Organisation, was funded by large-scale corporations including pharmaceutical company GlaxoSmithKline. The significant investment the National Theatre had already put into its NT Live programme is enabling the company to replicate their programme online. Some performances are being broadcast as 'events', scheduled for specific times, in an

attempt to create a collective audience experience, in some way bringing aspects of the shared, collective nature of live events. On the more grassroot level, social media platforms such as TikTok enable everyone to be a performer. From quickly captured, spontaneous moments, to the much rehearsed versions of the Blinding Lights and Stair Shuffle dance, social media is proving to be perhaps the most egalitarian of performance platforms. This scoping study will attempt to capture information about which audiences are accessing content, how democratic the digitisation of these materials is, and whether the same hierarchical structures are merely transferred, with the same dominances i.e. do the same people who go to the theatre watch digital theatre?

Grandparenting, Consumption Practices and the Circulation of Care within Socially Distancing Families

Stephanie O'Donohoe (Business School)

This pilot study aims to identify ways of mitigating the social impact of the Covid-19 crisis on family life, particularly for grandparents whose face-to-face contact with grandchildren has been disrupted for an extended but uncertain period of time. It seeks to explore Scottish consumption-related grandparenting practices and relationships in an era of social distancing, in order to identify practices that may foster intergenerational resilience and wellbeing, Specifically, this qualitative study aims to explore:

- How grandparenting practices, especially those involving consumption, have changed in response to the Coronavirus crisis
- To what extent these changes are understood as helping or hindering intergenerational wellbeing and family relationships
- How their experiences during the Coronavirus crisis are shaping their hopes and plans for intergenerational

family life after the crisis

The study will involve 12 in-depth semi-structured online interviews with grandparents, exploring the circulation of care across three generations of families when established patterns of face-to-face contact and usual consumption practices are disrupted. Interviews will explore their pre-crisis patterns and experiences of interaction, especially in relation to grandchildren, and consumption practices associated with these, such as personal communication technology; sharing, preparing and providing food; leisure time spent together; and gift-giving. Grandparents will be asked about the big and little ways that care typically circulates between the generations, and how social distancing has affected these. In particular we seek to explore what has surprised them; what they miss most and least; what practices if any have been invented or reinvented; and their hopes and plan for family life post-crisis.

Analysis of the Responses of Intergovernmental Organisations (IGOs) in the Global South to the COVID-19 Crisis

Kathryn Nash (Edinburgh Law School)

Dr Nash's ongoing work investigates the role of Global South intergovernmental organisations (IGOs) in peace and security. She has found that regional and sub-regional organisations in particular are often playing increasingly robust roles in responding to crises that have global ramifications. In the face of a pandemic, regional and sub-regional organisations have the capacity to play vital roles in coordinating and supporting responses in their regions through pooling resources and using their convening power. It is therefore vital to understand how organisations are responding and how responses to the current crisis may impact coordination going forward and responses to future challenges. An analysis of

these findings will be targeted at policymakers initially and will be applicable to navigating ongoing responses to COVID-19 and shifting global governance trends as we move beyond this crisis.

Dr Nash's project will focus on IGOs below the international level in Africa, Latin America, and Asia. This project will collect electronic copies of responses by IGOS, including press releases, joint statements, declarations, resolutions, and other similar documents to track organisational responses and produce original research. Dr Nash's team for this project includes Hannah den Boer and Monalisa Adhikari.

Outcomes

The primary outcome will be knowledge of how Global South IGOs have responded to COVID-19 that can be applied to ongoing response efforts and future challenges. The pandemic will have profound impacts on global governance. For example, in Asia, responses by the Association of Southeast Asian Nations (ASEAN) and South Asian Association for Regional Cooperation (SAARC) have fostered possibilities for future coordination but have also underscored existing tensions between states in these regions that could be further exacerbated. Whereas in Africa, the

African Union (AU) and Africa Centres for Disease Control and Prevention (Africa CDC) have been praised for robust responses to address not only the health crisis but COVID-19's broader ramifications in the wake of criticism of international response efforts. This may impact how African organisations are able to respond to other crises that transcend borders on both regional and international stages.

Outputs

The project will produce research on the responses of organisations in Latin America, Africa, and Asia. Initially, this will include blogs targeted at policy audiences that set

out IGO responses and provide analysis on the wider ramifications of these response efforts. A second output will be two academic articles and a policy briefing on responses by IGOs in Africa and Asia. Furthermore, Dr. Nash is engaging policymakers through multiple forums including podcasts, webinars, and virtual roundtables to disseminate findings and feed into policy discussions on global governance in the post-pandemic world.

Impact of the UK's Coronavirus Job Retention Scheme ("CJRS") on UK employment law

David Cabrelli (Edinburgh Law School)

In response to the COVID-19 pandemic, the UK government introduced a job retention scheme, i.e., the 'furlough' scheme for workers across the UK. This idea was introduced by the government as an incentive for businesses to put their staff on furlough rather than make them redundant. The remit of Professor David Cabrelli's project is to examine how the legal system will analyse furlough in regards to common law employment rights. These common law rights can be contrasted with statutory employment rights. Statutory rights are passed by Parliament and written into legislation, and concern e.g., maternity/paternity leave, sick leave, annual leave, holidays and holiday pay, etc. Common law rights, on the other hand, exist because the judiciary has recognised these rights in the courts, many over long periods of time. While the current government legislation on the job retention scheme explains how the concept of furlough interacts with statutory rights, it does not specify what the impact of furlough is on common law employment rights.

Professor Cabrelli's project is thus examining the common law rights that protect employees and workers during furlough from 'bad behaviour' by the employer, e.g., if the employee is

harassed to do more work than they normally do; if the employer fails to tolerate childcare or other care obligations of the employee; or if employees are threatened into returning to work earlier than the lockdown is lifted, etc. To gather this data, Cabrelli conducted traditional legal research methods of analysing decisions by judges and identifying gaps in the legal cases, seeking to answer four questions:

1. If an individual is not an employee, i.e., if the individual is a gig-economy or a zero-hours contract worker, is he/she eligible for furlough? While the answer may be yes, this is likely to apply to only 10-20% of gig economy, zero-hours and other casual workers due to the rules in the job retention scheme.
2. What common law rights do employees have? This requires looking at common law contractual terms that give rights to workers and is where 'policing' bad behaviour on the part of employers comes in.
3. Are these rights available to workers as well as employees? Having undertaken doctrinal research of the existing case law, Professor Cabrelli noted that there is no clear answer to this question, but that the likelihood is that workers would be entitled to the benefit of these common law rights.
4. Is there any way in which these rights are modified by the fact that the furloughed worker is not actually working? The answer is yes, and Professor Cabrelli's project discusses the ways in which these rights are diluted and what this may mean.

Professor Cabrelli is now expanding onto the next stages of the project: first, while workers are on furlough, they may not want to 'rock the boat' and create legal disputes based on the above questions. However, once workers are made redundant, which may come with the easing of lockdown, Professor Cabrelli predicts a tsunami of legal disputes. Secondly, some employers may discover, as the furlough scheme ends, that the workers

they put on furlough were not in fact eligible for it under the rules of the CJRS, meaning the employer will therefore not be reimbursed by the government. In such circumstances, Professor Cabrelli identified two options available to the employer: 1) To make the employees redundant. The problem with this option is that they will not recover any wages they paid to the employees by mistake; 2) They may 'frustrate' the employment/worker contract, meaning that the contract would be seen as having terminated when the individual was first put on furlough. Employers still won't receive government reimbursement, but they may try to recover this money from the employee. Whether this would work legally or not is the upcoming research focus of Profesor Cabrelli's project.

To find out more about the project, see: https://uklabourlawblog.com/2020/06/08/furlough-and-common-law -rights-and-remedies-by-david-cabrelli-and-jessica-dalton/ and https://www.law.ed.ac.uk/research/covid-19

Follow David: @CabrelliDavid

Exploring family members of Intensive Care and end of life patients experiences of using a family authored diary.

Dr Sheila Rogers (School of Health in Social Science)

There is an urgent need to understand how best to support family members (FM) of people in hospital or care settings where visiting is not allowed, with only exceptional very limited visiting by one family member at the end of life, due to the high infection risk with COVID-19. Some patients communicate with their families using mobile devices however, those in the Intensive Care Unit (ICU) or receiving End of Life care (EoL) are unable to do so. Apart from a phone call with staff, there are no other means of providing support for FM or for FM to record communications for the patient.

We propose a small qualitative study to: **Explore FM (of ICU and EoL patients) experiences of using a family authored diary** at home to support their communication and emotional needs. The diary will be co-ordinated by a nominated FM and could be paper copy or electronic according to family wishes. FM will be encouraged to record events to help them keep track of what has happened, 'day to day' information (may include updates from hospital staff), what has been happening at home, thoughts and feelings, messages from other friends and family such as letters, cards, and drawings.

An understanding of how families experience the diary can inform whether this is likely to be a useful intervention, identify who might benefit most, use of paper versus electronic diaries, understand any potential risks and form the basis for a larger evaluation study. There is a high level of commitment in NHS Lothian (NHSL) who are keen to find ways to support family members and implement both healthcare staff (HCS) authored and family authored diaries. This project is a collaboration between NHSL and University of Edinburgh which builds on the Clinical Academic Research Careers Scheme (CARC) that initiated a research partnership between Nursing in NHSL and Nursing Studies in the School of Health in Social Science.

The research team has wide and varied expertise in diary interventions, critical care, end of life care, family interventions, psychological trauma, mental health and wellbeing and counselling support putting us in a unique position to conduct this study. This exploratory study would provide a foundation from which larger intervention development and testing studies will be developed across wider population groups. There is also the possibility of developing an application which could enable the family authored diary to be part of a secure diary system for both staff and family to contribute to.

Further projects include:

"Mapping Unhealthy Commodity Industries Responses to COVID-19: Examples of Industry Conduct", Rob Ralston, Sarah Hill, Jeff Collin (HiSS)

"(Un)Employment Policies under the asymmetric COVID shock", Sevi Rodriguez-Mora and Ludo Visschers (School of Economics)