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## Commentary

# International Non-Governmental Organizations (INGOs) in Humanitarian Field: Why and How to Engage With Planetary Health?

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Planetary Health is an emerging field reshaping the understanding of Global Health concerns and interventions in the Anthropocene. Many challenges faced by humanitarian actors are exacerbated by the climate crisis, which could be considered itself another humanitarian crisis. However, often the humanitarian response focuses mainly on disaster risk reduction and on efforts to decarbonize operations. Arguing that Planetary Health offers the missing piece to assess and respond to the complexity of the climate crisis, the authors identify the added value of this approach for humanitarian programs. They pinpoint the main barriers among humanitarian actors in adopting or exploring further the Planetary Health approach. Finally, they share a few suggestions toward integrated Planetary Health programs in Low and Middle Income Countries (LMICs). Ultimately, this personal viewpoint calls for an inclusive debate to bring Planetary Health insights, critiques, and innovations into Non-Governmental Organizations (NGOs) hard daily work in order to strengthen co-benefits for health and the environment.

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## Introduction

While authors debated if there is room for Planetary Health within humanitarian operations, humanitarian actors were fully engaged in supporting the people of Turkey and Syria in coping with the aftermath of a 7.8 magnitude earthquake with a death toll of more than 22,000 people and 80,000 injured in early February this year.<sup>1</sup>

Because of our current inability to forecast earthquakes and the traumatic scenes once triggered, those events seem to confirm the idea of Nature as “an evil and indifferent stepmother”<sup>2</sup>, as described by the Italian poet Giacomo Leopardi in 1824.

Rather than accepting such pessimism, lessons learned after big earthquakes, like in Haiti in 2010, in Pakistan in 2015 and again in 2022, or in Nepal in 2015, push humanitarian actors to rethink their assumptions. Namely, about the understanding of the causes and the potential links with climate change<sup>3</sup>, the conceptualization of polycrisis (considering economic and political determinants that exacerbate negative outcomes among vulnerable groups), how humans inhabit their territories and the relationship with the local ecosystems, and, of course, the sustainability and resilience of the rebuilding agenda.

Planetary Health encompasses those topics and could be a unifying narrative<sup>4</sup> able to provide meaningful awareness of

complex interrelated phenomena. There is no consensual definition of Planetary Health<sup>5</sup>, thus, definitions of similar approaches are polysemic and nuanced, and this undermines a clear understanding.<sup>6</sup> Nevertheless, the emerging discourse on Planetary Health frames the understanding of what living in the Anthropocene means. It helps navigate such uncharted territory when coming to humanitarian crises and health emergencies. Ultimately, it may catalyse efforts for living within a depleted and changing biosphere.

Nevertheless, the humanitarian actors who have gained expertise in responding to earthquakes, conflicts, and protracted crises do not confront the Planetary Health approach, and this latter has not offered operational prompts to face humanitarian crises so far. This paper moves from such unsolved tension: is Planetary Health just one step more in the endless process of restructuring the humanitarian organization<sup>7</sup> (and jargon) or a signal of a new critical juncture<sup>8</sup> (or a paradigm shift)? Does Planetary Health offer a useful frame for rethinking humanitarian action in a changing and bankrupted biosphere, fostering systemic transformation of the deep roots of health inequity?

## Climate crisis is a humanitarian crisis

While it is evident that SARS-CoV-2, a zoonosis, has been an unprecedented disaster, hazards related to climate continued to increase.<sup>9</sup> In Pakistan, only in 2022, where unusually heavy monsoon rains destroyed and damaged more than 2 million

houses, caused over 1,600 deaths and 13,000 injuries, and forced almost 8 million people to move, the natural calamity also increased the risk of water-borne diseases and other health concerns.<sup>10</sup> Slow-onset disasters are also dramatic: rapid urbanization of Kabul, the capital city of Afghanistan, coupled with drastic droughts, is reinforcing outdoor air pollution, provoking respiratory problems, and increasing the risk of non-communicable diseases for millions of inhabitants.<sup>11</sup>

Most vulnerable countries, characterized by political violence, poor economies, weak health systems, and no social protection, are the first to pay the externalities of the unbalanced and colonial exploitation of ecosystems' services. Therefore, it is anything but surprising that Low and Middle Income Countries (LMICs) are suffering most from the negative impacts of climate change.<sup>12</sup>

While responding to current crises, International Non-Governmental Organizations (INGOs) witness the ongoing dramatic direct and indirect effects of the climate crisis on health in those complex settings. Their experience in responding to such dramatic crises pushes to state that the climate crisis is (another) humanitarian crisis.

## Humanitarian responses to the climate crisis

To tackle environmental issues in developing countries since the late Seventies, United Nations (UN) experts and INGOs have focused their efforts on risk and vulnerability analysis and Disaster Risk Reduction<sup>13</sup>. In 2015, the Paris Agreement on climate change pushed states' efforts toward climate adaptation and mitigation strategies. This policy offers common ground with the Sendai Framework for Disaster Risk Reduction 2015–2030, endorsed by the General Assembly of the UN<sup>14</sup> that same year. Such ambitious agreements and relatively convergent policies strongly oriented the limited and insufficient funds<sup>15</sup> of humanitarian aid and official development assistance (ODA) dedicated to environmental issues. During the last eight years, Disaster Risk Reduction and Climate Change Adaptation (DRR-CCA) challenging tasks have absorbed the efforts of many INGOs.

At the same time, as stated by the second point of the Climate and Environment Charter for Humanitarian Organizations<sup>16</sup>, INGOs committed to maximizing the environmental sustainability of operations. Decarbonizing the aid sector is in line with the principle of “do no harm” extended from populations to ecosystems too. Implementation of this principle in the health sector could contribute to reducing the greenhouse gas emissions of the health sectors, of which many INGOs are part, a sector that accounts for 5% of global emissions<sup>17</sup>. However, it is difficult to measure the real carbon footprint of the humanitarian sector, and it seems that reductions may achieve mainly symbolic goals<sup>8</sup>.

Interestingly, flights accounted for one of the UN's biggest sources of emissions.<sup>18</sup> Reducing travel means challenging the programs' ownership and power relationship between headquarters based in the so-called Global North and field operations in the Global South. It is not simply a logistical

decision: it is a matter of decentralization, empowerment, and, finally, decolonization of aid. Despite the debate about decolonization regularly gaining space in humanitarian self-reflection<sup>19</sup>, sustainability action is likely to have limited impact on both the carbon footprint and the decolonization journey. For sure, awareness of the impact of unnecessary flights, what the Swedish call “flygskam” or flight shame, is a first step toward changing habits and social norms about travelling and even organizational schemes and power imbalances.

Despite the importance of both strategies, DRR-CCA and decarbonizing the aid sector, they may prove insufficient to respond to the magnitude of the ongoing complex climate crisis.

## The climate crisis is also a crisis of humanitarian aid

In the authors' experience in the humanitarian field and within global health networks of experts participating in and observing the emergent discourse about climate, the debate about how to face the climate crisis is often narrowed to operational gaps. DRR-CCA and decarbonizing aid actions are certainly useful steps in this direction, but they hide a missing piece of the complex puzzle of the climate crisis, its multiple effects, and the need for a systemic response; thus, it is difficult to catch the full picture of the environmental-health nexus.

Climate change and environmental degradation undermine the Sustainable Development Goals (SDGs) 2030 agenda. Global phenomena in the biosphere could work as threat multipliers, exacerbating other needs and triggering cascade crises. From a more radical critique, some scholars have stated that the SDGs are not only ineffective in saving the planet, but they divert attention from deeper reforms of a system based on fossil fuels<sup>20</sup>.

To avoid such a scenario, the humanitarian mantra has focused on scaling up what the sector has learned and implemented so far. It is hardly likely that business as usual could be sufficient. There are many reasons for doubting. Since the early beginnings of humanitarian aid more than 150 years ago<sup>21</sup>, witnessing violence and suffering, humanitarian actors have focused their efforts on immediate relief and life-saving actions. Humanitarian intervention is characterized by solution-oriented thinking; a focus on managing difficult situations; and the promotion of coping, but lacking agency on more structural issues. Moreover, considering alerts about the tipping point of Earth's vital systems, a sense of urgency is built into the climate crisis' narrative, and this pushes attention, once again, toward immediate solutions. On the contrary, adopting systemic thinking raises doubts about current scaling-up strategies facing potential tremendous needs that could affect 3 billion people living in contexts highly vulnerable to climate change<sup>22</sup>.

## An imaginative gap

An INGO CEO admitted that “With the climate problem [...] the humanitarian sector isn't able to say to its support base ‘that's the problem, we've got a solution,’ because we haven't.” When there are no answers, it is probably better to reformulate the question. In this case, this could sound like: “why are we not able to imagine such a solution?” Not only is imagination one of the

greatest resources humans have<sup>23</sup> since primates' brains allowed them to engage in storytelling, but it also promotes change. The future is difficult to forecast, but not to imagine. In the postmodern era, there is no single truth<sup>24</sup> to build over revolutionary expectations for a better future. Therefore, science provides more and more evidence of the disaster our species is facing, having broken 6 out of 9 planetary boundaries<sup>25</sup> that allow life functions on Earth, but those motivated to change and help others have no direction to move forward. A vision of an ideal (thus, sustainable) future could be considered a form of utopia. Despite the common pejorative meaning of an impracticable and naïve picture of society, utopian thinking challenges the status quo and opens the door to creative solutions to new problems<sup>26</sup>. There is no shame in defining the Planetary Health discourse as a utopian storytelling.

Facing great uncertainty, humanitarian action needs a vision, a utopia, a narrative, or a frame. Frames matter<sup>27</sup>, especially in Planetary Health, because they cluster information, concepts, and images, thus the opinions and ideas humans use to make sense of the world and its transformations. Frames define how to conceptualize a problem and if it could be considered a priority, which solutions we have the right to imagine, and which possibilities we may consider available and feasible to solve it.

## Planetary Health: A roadmap for tackling climate-related humanitarian crises?

Authors argued that Planetary Health is an ongoing storytelling endeavour that helps to accept and understand the complexity of direct and indirect pathways between environmental conditions and human health. The Sars-CoV2 pandemic, like other zoonoses, offers a dramatic example: it has actually been described as an example of 'Anthropocene disease'<sup>28</sup> because of the role of human activities in altering the patterns and mechanisms of interactions between species<sup>29</sup>. Moreover, the globalized transport system spread the virus incredibly fast, meanwhile environmental conditions such as outdoor air pollution have increased infectivity and the COVID-19 mortality rate in England<sup>30</sup>, for instance. It has been proved<sup>31</sup> that in that same country, COVID-19 indicators followed a social gradient, hitting more severely disadvantaged groups. Social injustice in accessing social determinants of health<sup>32</sup> (like, among others, education, employment, working conditions, weak local health systems, etc.) resulted in unacceptable health inequities. Climate-related phenomena are likely to follow a similar pattern in determining negative health outcomes first and foremost among marginalized groups. What could be the added value of a Planetary Health frame in looking at, preventing, and responding to climate-related humanitarian crises?

**Understanding and assessing syndemics:** The Planetary Health framework zooms out from a single disease and encompasses all those upstream factors that represent the deep roots of a syndemic – the presence of two or more disease states that adversely interact with each other, negatively affecting the mutual course of each disease trajectory, enhancing vulnerability, and which are made more deleterious by experienced inequities<sup>33</sup>. Applying such lenses to humanitarian

settings will offer a coherent and meaningful assessment of complex and interrelated elements of complex humanitarian emergencies (CHE) and syndemics in humanitarian and fragile settings.

**Coordinating diverse expertise:** To understand and tackle such complexity, Planetary Health promotes transdisciplinary research: this implies, as a first step, bringing diverse stakeholders to the table, as in Planetary Health global working groups and conferences<sup>34</sup>. Such transdisciplinary dialogue is a pre-requirement for integrated humanitarian programs able to respond to multiple and simultaneous needs of persons suffering from CHE and syndemics' short and long-term consequences. Nevertheless, transdisciplinarity is also about expanding acceptance of diverse expertise and even epistemologies. In breaking knowledge silos, transdisciplinary research challenges societal and scientific norms, including established hierarchies and power relations<sup>35</sup> of experts.

**Supporting efforts for decolonization:** Marginalized and underrepresented groups are finally entitled to influence and collaborate in research, bringing diverse voices, languages, and ways of thinking. The interest of Planetary Health practitioners in indigenous knowledge cannot hide the risk of recuperation or exploitation of cultural resources, but it also may genuinely contribute to the decolonization journey. Decolonizing aid is still an unsolved issue, and Planetary Health's participative and open approach could support this process.

**Expanding rights and values:** Moreover, indigenous knowledge provides a holistic and interconnected vision of reality<sup>36</sup>, accepting complexity from a relational way of thinking. In such a world vision, the border between the self and the other (nature) becomes blurred, and the very concept of humanity is accompanied by a new kind of subjects entitled to rights<sup>37</sup>. If the definition of humanity as a form of ethic is shifting<sup>38</sup>, humanitarianism, thus solidarity and care, are changing too, as well as, by definition, humanitarian actors. Planetary Health is one of the platforms to rethink humanitarian aid.

**Fostering a structural critics perspective** (a pre-requisite for social change): The early Anthropocene has been characterized by the exploitation of natural resources beyond the safe operating limits of vital ecosystems, the myth of infinite growth based on consumption, and huge structural inequities. Marxist critical scholars argue that the Anthropocene is, in reality, a Capitalocene<sup>39</sup> epoch, spotlighting economic ideology as a crucial topic in the field of health. This radical critical and revolutionary thinking has been pointed out as a reason for the underfunding of Planetary Health by big global health players like the Gates Foundation or the Wellcome Trusts<sup>40</sup>. INGOs often heavily rely on donors and the so-called 'philanthrocapitalism'<sup>41</sup>, generating moral injuries among those who work for changing the systems within that same model. Planetary Health reignites the critical political discourse in the field of cooperation.

In a nutshell, Planetary Health offers to the fatigue of endless humanitarian work the priceless hope of making sense of the overall change we need for living healthily in the Anthropocene and caring for this new gestalt composed of humans, animals, and the environment.

## Barriers to adoption of the Planetary Health framework in the humanitarian field

Despite the value of Planetary Health for the humanitarian system walking in the uncharted territory of a warmer and more polluted planet, this approach sometimes raises resistance. The authors' ongoing journey in translating Planetary Health to humanitarian programs brought out some of those frames that hinder the potential of adopting a new vision for new problems. The author identified ten frames that often drive the conversation about this topic among humanitarian actors and limit its development:

1. *"It is (another) buzzword"*: Being Planetary Health a storytelling in progress, some could believe that this concept is just a fashionable title for smart LinkedIn profiles instead of an emerging field for research, policy, and action.
2. *"It is not my field"*: Breaking silos, moving from coordination (a mantra in the humanitarian field in the last 20 years) to integration of diverse expertise and practices, implies a huge change in work habits, and not enough support is given to such professional behavioural change;
3. *"I don't know"*: Integrating climate data when analysing health issues is still a challenge for researchers, so it is for project designers and managers without adequate capacity-building and tools on Planetary Health. More education is needed, and frameworks and resources exist<sup>42</sup>;
4. *"It is not for us"*: The traditional mandate of humanitarian organizations sounds narrow in front of Planetary Health issues. The hyper-specialization of INGOs in a competitive market impedes targeting a Planetary Health overall challenge;
5. *"It is too expensive"*: The Return on Investment (RoI) for cleaning humanitarian operations or for engaging in Planetary Health is not yet clear, and it is difficult to make the case for more mitigating actions;
6. *"It is politically sensitive"*: Presenting Planetary Health as a neutral technical approach sounds naïve. It is clear that global health, in addition to suffering from colonial power imbalance, is a conflictive space, and there is no reason for Planetary Health to be different. The political consequences of this approach deserve further research by social sciences;
7. *"It is too fresh and new"*: Wishing to ensure professionalism, global health networks of experts set standards and protocols of interventions. Nowadays, there is limited room and scarce boldness for innovation in terms of processes; creativity is not nurtured, and piloting is considered too risky (and not funded).
8. *"It is too complex"*: Planetary Health accepts complexity. For this reason, despite many good local practices, the lack of a ready-to-use handbook waters down enthusiasm among frontline workers who are asked to solve urgent real problems;
9. *"It is not measurable"*: Complex processes where global and local phenomena interact constantly, simultaneously, in a nonlinear way, and with feedback mechanisms cannot be

reduced to discrete units. Therefore, measurement becomes a scientific endeavour rather than a task for those implementing programs, despite the pressure by donors within a neoliberal system based on the concept of performance, cost-benefit analysis, measuring rather than solving<sup>43</sup>.

10. *"It is too stressing"*: Action (even within complex systems such as humanitarian aid or even global health architecture) happens through human beings. Therefore, there will be no change without support in acknowledging human emotions facing those existential challenges. Promoting Planetary Health among humanitarian workers should take care of such negative emotions and positive coping. INGOs have gained huge expertise in staff care, and it is time to take care of Planetary Health emotions.

## Applying a Planetary Health lens to humanitarian action: a challenging reframing

Planetary Health aims at a transformation of unhealthy pathways between human action on the environment and health, going beyond impact assessment only. Following this principle, scholars<sup>44</sup> proposed a roadmap for guiding transdisciplinary research in this emerging field for changes needed to achieve the SDG2030 agenda. Nevertheless, there is not an agenda for action and implementation of Planetary Health in humanitarian settings; this remains a blind spot in humanitarian debates. This simple statement could sound obvious to researchers who may find it absurd to summarize transdisciplinary evidence in a "to do list"; however, it sounds like a big obstacle for action by humanitarian workers at the frontline of the climate crisis in need of concrete tips to better respond to multiple and urgent needs. Far from the ambition to fill such a gap too quickly, the author is aware that experts can play the role of knowledge brokers in moving toward real-world solutions. However, in parallel with disseminating clear information and building options for action, this paper argued that a shared framework is needed to nurture a vision where meaningful solutions become possible. Therefore, instead of pragmatic recommendations about 'what to do' or 'what is a priority'<sup>45</sup>, the conclusions drafted here connect the dots of the themes evoked above in order to offer a map of challenges for humanitarian actors interested in the Planetary Health vision of a healthy future for all.

1. **Reframing the issue of climate crisis**: Environmental changes are coupled with shifts in the policy landscape and even epistemological transformations. Reframing current disasters and problems in terms of Planetary Health is a long-term journey. Stating that the climate crisis is a health crisis<sup>46</sup> is a first step;
2. **Open dialogue** within humanitarian organizations and networks, Planetary Health researchers and practitioners, and engaging in honest and active listening to local communities and indigenous knowledge are pre-requirements to look for enriching the understanding of unseen crises;

3. **Develop common language** about what the current crisis is about, naming pathways in the continuum between environment and health, and agreeing on convergent approaches like One Health and Planetary Health to not waste time defending one field or term (and the related power of experts);
4. **Engage in Planetary Health storytelling and learning.** Action is the elephant in the room: how to operationalize Planetary Health in pragmatic terms has not yet been answered. However, Hannah Arendt's conceptualization of labour, work, and action<sup>47</sup> made clear that speech and action are intertwined and not aimed at producing results, but at enriching relationships. Storytelling is not a futile exercise: it is probably the most valuable capability of human beings;
5. **Strengthen advocacy** efforts towards ambitious changes as part of the storytelling efforts in order to create new opportunities from donors, asking for flexible calls for innovative proposals instead of vertical programs based on current insufficient measures;
6. **Promote acceptance** of the new understanding of the situation and its dramatic implications, changing our current personal and collective lifestyle and working, including the way of expressing solidarity and caring, and the need for radical action may generate anxiety, mourning, and frustration, among other emotions. Humanitarian workers and groups are not exempt from deep work on their own emotions to go successfully through the great transition and its existential challenge. The well-developed system and knowledge for staff support could help such self-reflection and integration;
7. **Expand goals of climate action:** integrating DRR-CCA and decarbonizing aid engagements with a cross-cutting effort to apply the Health in All Policies approach<sup>48</sup> that promotes an inter-sectoral and synergistic work on social, commercial, and environmental determinants of health for reinforcing prevention;
8. **Promote innovative partnership:** Expertise required by addressing multiple dimensions of the environmental-health nexus, thus diverse determinants of health at global and local levels, cannot be found in one single consultant profile or organization, but it is the effort of strong partnerships. The Quadripartite Agreement for One Health by the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE), the UN Environment Programme (UNEP), and the World Health Organization (WHO)<sup>49</sup> is a good example that invites similar initiatives at the INGOs level;
9. **Focus on localization and pilot experiences:** representing our society as a web of networks<sup>50</sup> changes the architecture of the centralized INGOs system based where donors are, fostering bottom-up small experiences of care for local ecosystems and communities;
10. **Redefine the target** of interventions from the sole focus on the potential victims of the climate crisis disasters to social and behavioural change of emitters.

## Conclusions

It could be quite easy to acknowledge that, living in the Anthropocene, scaling up 'business-as-usual' is not an option. However, it is much more difficult to find a more meaningful alternative action able to respond to current needs and to next social and environmental changes. This paper pointed out the imaginative gap that precedes the operational one. This particularly affects the ability of humanitarian actors to rethink their practice beyond equipping the aid system to face the consequences of the climate crisis, thus preventing and responding to disaster, while not harming.

We evoked the potential of the Planetary Health approach in expanding the understanding of complex crises and syndemics, contributing to decolonizing aid and global health.

However, we also highlighted some misunderstandings and stigmatizing assumptions about Planetary Health that limit the debate among humanitarian actors as well as creativity in exploring new approaches to new needs.

We sketched a few recommendations that attempt to promote the dialogue between Planetary Health scholars and humanitarian actors. It is pivotal to build the Planetary Health narrative via an inclusive and participative process, and this paper has been a humble attempt to add one voice to such a polysemic discourse. INGOs could fruitfully contribute to such a dialogue and also connect the Planetary Health discourse with the local reality of marginalized or underrepresented communities. Only inclusive dialogue lets emerge collective intelligence that may ultimately fill the imaginative gap the humanitarian community is suffering from now and make Planetary Health a reasonable hope to cope with the Anthropocene and its related humanitarian crises and finally thrive.

## Declarations

Authors declare no competing interests.

Both authors engaged with the conceptualization of the article. The original draft was written by DZ on the resources by DZ under the supervision of MA, and reviewed and edited by DZ and MA. The positions expressed in this paper do not bind all the members of the Be-cause Health network.

## Footnotes

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