Global risks and consilience: mapping a way forward

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Along with good intentions, fear and anxiety pervade the agendas of recent world community gatherings such as the World Humanitarian Summit that took place in May 2016, the High-Level Signing Ceremony of the Paris Agreement

on Climate Change in April of the same year, the High Level Conference on Global Health Security in March 2016, and the World Economic Forum in January. World leaders as well as ordinary people are increasingly worried about rising numbers of catastrophic events, including those related to climate change, migration, global health security, and social instability.

Concurrently, there is a broadening and deepening of public awareness of conspicuous inequalities, plummeting social trust, and failure by the global community to mitigate and adapt to risks even as they cascade into one another. Over the last two decades, the global community has sought to address risk, for example, by reducing relative and absolute poverty. The evolution of international health into global health, and its introduction into foreign affairs, diplomacy and international relations are part of this trend.

However, with global warming, terrorism and migration now at the fore, other efforts to understand and deal with new and existing risks have emerged. For example, public and private sectors (as well as academics) are turning to so-called superforecasters to predict near-term social and political events. With a record of consistently outperforming the experts, superforecasters use statistics and systematic analysis to synthesize material from diverse fields of investigation; although they make predictions with precision, they keep an open mind and are prepared to adjust and readjust their predictions as they learn from mistakes and take into account new data. Other efforts have built on research into social networks (which suggest that we are led by people around us) that may help predict major events such as epidemics. Elsewhere, there is a focus on connectography which claims that connectivity not geography will map out destiny and integration and globality will be our new morality.

Another means of understanding anxiety-producing global risk is by looking at historical events and the maps that described them. For example, the public health and epidemiological factors underlying the Black Death in 14th Century England that killed more than one third of the population are today well understood. Recent research and mapping of the epidemic reveal a country living "in constant fear of God's wrath and the end of the world". This is captured in what today might pass for a blog post or a tweet: scratched into the stone of St. Mary's Church (north wall of the nave) in Ashwell, Hertfordshire in 1361 is the following -"There was a plague 1000, three times 100, five times 10, a pitiable, fierce violent [plague departed]; a wretched populace survives".

In contrast, when cholera hit a district of London known as "the Golden Square" centuries on (1854), it elicited a different response; this time maps were not drawn retrospectively by historians but rather by a local physician, Dr. John Snow. He is described as a consilient thinker, that is, he drew on different disciplines (including bacteriology, medicine, statistics and what would be, epidemiology) to plot out cholera cases and a map of the epidemic.

With the help of a clergyman who provided local knowledge he identified the neighbourhood water pump as the source of the outbreak and then acted as an advocate to persuade authorities to close the pump, thus endingthe epidemic.

This notion of consilience (a term resurrected by E. O. Wilson) is discernible in the Global Risk Report's interconnected maps, global health (as defined by the Consortiumof Universities for Global Health), superforecasting, and connectography all of which draw on many disciplines. Global health bolsters its consilient profile by drawing on knowledge and experience from developed and developing countries, by using quantitative, qualitative, perception data (from ordinary people as well as specialists) and, by stressing partnerships and collaboration to bring these worlds together. If "consilience" evokes the notion of reform of global learning in order to tackle global risk, it is relevant to this discussion.

However, despite E.O. Wilson's "noble and unifying vision" of consilience and its embrace by parts of the global community, the community itself is not unified. Many observers are disconcerted by the great divide between the development and humanitarian communities as well as between the global health and humanitarian communities. For example, the scheduling conflict between the World Humanitarian Summit and the World Health Assembly (in May 2016), and the notable absence from the Summit of high-level support, Ministers of Health and other stakeholders seem to underscore this divide – one which makes any significant decisions less likely, especially as they relate to resource allocation – leaving ordinary people vulnerable to catastrophic events still vulnerable.

In a recent BBC interview, Peter Piot reached back 20 years ago to when, as Executive Director of UNAIDS, he witnessed up-close a fractured global community as it sought to deny antiretroviral therapy (ARVs) to Africans – when the science and opportunity existed to save lives. He was surprised and angered by this ignoble undertaking. Yet it's unclear how much has changed over the last two decades. Despite the science and mapped predictions, the global community has failed to deal effectively with climate change. With consilience as a backdrop, perhaps the way forward is to examine the fracture itself and the handful of stakeholders that direct it through opaque negotiations and decisions typically unmoved by science, peers, or victims. In the meantime, it appears that the global community has not yet the capacity to deal with the overarching paradox – that while we are more hyperconnected than ever, we are increasingly fractured.