

# ART IN GLOBAL HEALTH

Insights and considerations  
for future artist residencies in  
health research programmes

Siân Aggett





24

**Art in Global Health was a £400,000 project by Wellcome Collection (part of the Wellcome Trust) to support the creation of artworks that could explore, in surprising and insightful ways, how global health research is conducted and how its findings are used. Residencies were established in 2012–13 with the five Wellcome Trust Major Overseas Programmes in Kenya, Malawi, South Africa, Thailand and Vietnam as well as with the Wellcome Trust Sanger Institute in the UK. It was specifically stated that the residencies' aim was neither to 'sell' nor anatomise a particular research project. Rather, Art in Global Health aimed to investigate a series of particular local scientific projects across the various sites and build up a comparative impression of global health research, both in terms of the process of research itself and its place in local and global society.**

The project began with the appointment of an artist or group of artists in each of the participating countries to work in residence (for approximately six months) at the research centre of that country. The recruitment of the artists was led by the project manager, independent curator Danielle Olsen, in collaboration with the individual research programmes.

The emphasis was on finding contemporary artists with a research-based approach rather than artists of a particular medium. It was hoped that the interaction between artist and scientific institution would provide opportunities for researchers to explain (and perhaps question and reframe) the relevance of their work.

The chosen artists were given a wide brief: to find out about the research being undertaken, to interact with scientists and team members from other disciplines (anthropologists, ethicists, economists, educators, etc) and to produce work in response to the processes of research and discovery they observed.

When the residencies were completed, the resulting work and documentary materials were exhibited in the country in which they were created. The projects were also presented collectively on the Wellcome Collection website, in publications and in an exhibition entitled *Foreign Bodies, Common Ground*, which launched in November 2013 at Wellcome Collection in London.

The Art in Global Health project has been declared ground-breaking, brave and inspiring by artists, research programmes and audiences alike. In light of this success, this document presents some insights and recommendations for interested parties looking to conduct artist residency projects such as this in the future. The focus of the report is on how the project engaged with the Major Overseas Programmes, particularly instances where both the research programmes' work and the artworks created could be considered 'socially engaged'.





*A key moment: Describing the project brief to Zoe [the local curator] while it was still very loose in my own mind. She immediately connected with the idea and fleshed it out. This was reassuring because I had felt quite alone in holding up the vision to the scientific community. Whereas it wasn't deemed as strange or improbable to someone in the arts world."*

MARY CHAMBERS, DIRECTOR OF TRAINING AND PUBLIC ENGAGEMENT WITH SCIENCE, OXFORD UNIVERSITY CLINICAL RESEARCH UNIT, VIETNAM, NOVEMBER 2013

## Source materials

---

- Project end-of-grant reports received from the research programmes.
- A focus group held with public engagement staff from across the research programmes in April 2013.
- A focus group conducted with artists, public engagement staff and one curator from each of the Malawi, Vietnam and Kenya projects.
- In-depth interviews with Danielle Olsen (the overall project curator).
- Feedback on a draft of initial findings from representatives from all of the projects, including the UK, South Africa and Thailand programmes.

## Insights specific to Art in Global Health

---

### The Wellcome Trust brief

It is important to note that this project was initiated from within the Wellcome Trust. The project's vision, its brief and the appointment of its manager, Danielle Olsen, all helped to set its framework and tone, out of which its activities ensued. Senior buy-in and financial commitment from the Wellcome Trust ensured that, despite initial hesitance – and even scepticism – from senior researchers within the Major Overseas Programmes, there was a willingness to participate. Research programme staff suggested that had the Wellcome Trust not instigated the artist residencies, it was unlikely their programmes would have conducted or even envisaged such a project themselves.

Having an overall project manager meant that the project felt like a collaboration between the Wellcome Trust and each of the research programmes, rather than each site feeling like their work was a Wellcome Trust commission. Public engagement staff from the research programmes highlighted the importance of this and the involvement of the Wellcome-appointed project manager in providing steering and support to take on something so novel. They noted, however, that this did mean that Wellcome's vision featured more strongly in the project than if it were to have used a commissioning model.

It was not known at the outset that the outputs of the individual projects would be brought together to form the *Foreign Bodies, Common Ground* exhibition. It was, however, part of the brief that there would be a national output from each residency, which necessitated that the artists be nationally recognised within their cultural fields.



Film by Lena Bui, Vietnam

## Role of the main project manager

---

It is clear that Danielle Olsen in her role as project manager and curator was pivotal in the set-up and execution of these residencies. Her role extended beyond logistics to relationship building and support, negotiation of briefs, provision of ongoing artistic guidance, and management of overall outcomes (including online documentation). Artists felt that Danielle was the person who understood their needs and processes within contexts in which their approaches were not necessarily understood.

Danielle and other local curators (where employed) negotiated the parameters of the residencies with the research programmes to ensure appropriate levels of autonomy for the artists, identification of appropriate themes to research, and the securing of venues. For a multi-sited project of this scale, this role was not one that many could have performed, yet it was of critical importance. Strong project management skills along with experience and interest in the area of arts and science collaborations – as well as well-honed ‘softer’ skills of diplomacy, empathy and artistic vision – were all highly valued.

## Importance of the local curator

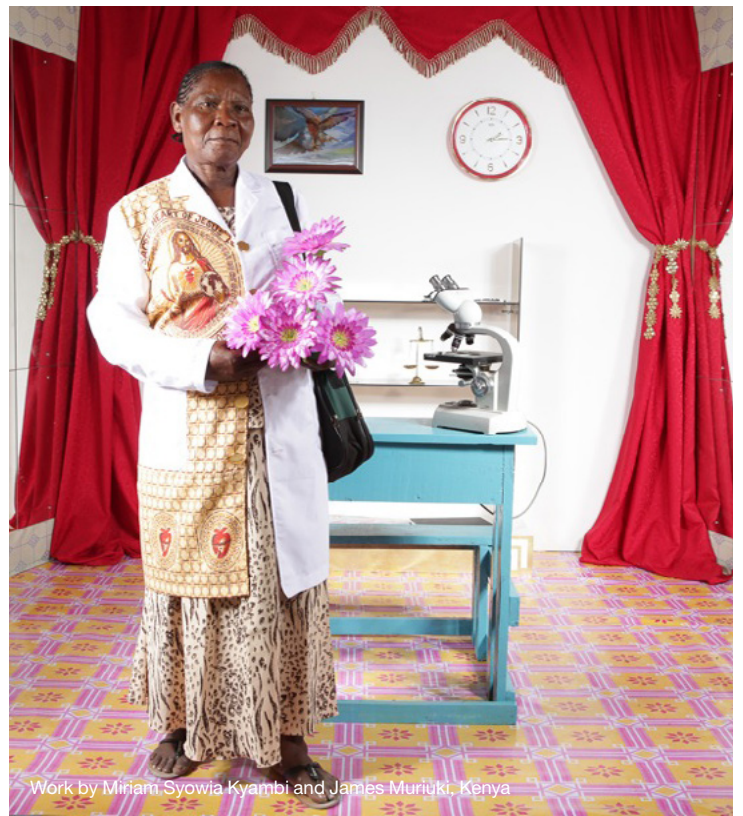
---

In three of the six projects, a local curator was identified and appointed. Where used, local curators were considered the ‘grease’ that supported the artists and ensured that they retained integrity in their process despite conflicting expectations and pressures. They also ensured that venues were secured and marketing and exhibitions took place in a timely fashion.

Where there was no local curator, it was noted that negotiations took a lot of time and energy on the part of the artist, who drew on the Wellcome Trust project manager to support them in lieu of not having the equivalent local support. The local curators were also valued by the research programme administrators, who at times felt torn between those wanting defined objectives and those wanting the project to retain an openness. In Malawi, where there was no local curator, the artist found himself having to negotiate an ill-fitting administrative culture.



Work by Miriam Syowia Kyambi and James Muriuki, Kenya



Work by Miriam Syowia Kyambi and James Muriuki, Kenya

## Art as a way of thinking

The parallels between the research approaches taken by the artists and those in scientific research were frequently highlighted by those involved in Art in Global Health projects. It was even suggested that art and science approaches could complement one another in their efforts to understand the world. Despite these realisations, it cannot be assumed that programmes or artists reached a point where true interdisciplinarity could have been achieved; however, there may be an appetite to explore this potential. Nevertheless, the ways in which artists explored their subject matter and represented it in artistic outputs did on occasion stimulate scientific research staff to think in a new way and reconsider their work from a new perspective. The frequency and depth of such moments was not captured, but they most likely depended on the depth of involvement of scientific staff in the artistic projects and the receptiveness and sensibility of those particular individuals.

Although many scientists started their involvement with the project expecting that art might directly illustrate their work, some appreciated that exploring and representing concepts around their work through something more like intuition could be far more attractive than something tied to facts. Some scientific staff practised art themselves; these individuals tended to be those most enthused by the project. Therefore, it is worth cautioning against envisioning artists and scientists as being polar opposites, and instead promoting recognition of the creative and inventive urges of many individuals, irrespective of their 'expertise' and training.



*It was always interesting and enlightening talking to them [the artists], because they always had another way of looking at things, quite different from my usual way (and would always bring a new perspective to my understanding)."*

COMMUNITY LIAISON TEAM MEMBER, KEMRI WELLCOME TRUST  
RESEARCH PROGRAMME, KENYA, NOVEMBER 2013

## Art cultures

---

Finding an artist able to produce work to the Wellcome specification was easier in some countries than in others. In Malawi there is less of a contemporary arts scene than elsewhere, and in Vietnam and Kenya the arts scenes are small but growing. Artists felt it was important that their work produced something of meaning to the communities involved as participants in the biomedical research of the respective programmes. Projects were therefore quite socially engaged, drawing on local non-scientific-community perspectives, and in some instances involving those communities in the artistic production. The artists tended to work with their primary audiences in mind, and in most of the projects there were multiple primary audiences, which included local communities, expat science staff, national science staff and national contemporary arts audiences. Involving these groups was no mean feat given the breadth of their experiences and attitudes towards both art and science.

Explaining projects to the local media was a challenge at times, especially in places where art is typically used as a communication tool (ie more narrowly than it was in Art and Global Health). Suggestions that came out of the project were that in future there could be public events to discuss the roles that art can play in society, and to offer potential audiences more support, particularly if witnessing projects of this kind for the first time.

The Art in Global Health project provided a unique opportunity for the artists involved, and their professional development was key in motivating them to take up this opportunity. For most, it was the first time that they had conducted an artist's residency or engaged with scientific research as subject material. For the Kenyan artists, of whom there were two working collaboratively, it was the first time that they had worked alongside another artist.

In Vietnam in particular it was noted that, although there was a small contemporary arts scene, the sort of person who would enter scientific research would be quite traditional, and not the sort who would be exposed to art other than through a project such as this. It was also noted in Vietnam that not only were the Vietnamese researchers new to the contemporary arts scene, but also that some of the researchers from outside Vietnam found the exhibition a difficult space to be in. In this instance, having an exhibition actually within the research programme itself (as well as in a public gallery) proved valuable.

In most locations, including the UK, government support for the arts is in decline. In Kenya, art has been taken out of the school curriculum. This is concerning, not only because it threatens losing a culture that embraces the arts, but also because it risks losing the creativity of thought that artistic societies are thought to have. Given the degree of creativity required in strong science, it could be that artist residencies or other such artistic projects are all the more important.





*There is an expectation that the audience will interpret the work without the need for an explicit message. This is a new way of looking at art in some cultures. Our education system perhaps isn't conducive to this."*

TAMARA CHIPASULA, SCIENCE COMMUNICATION OFFICER,  
MALAWI-LIVERPOOL-WELLCOME TRUST CLINICAL RESEARCH  
PROGRAMME, MALAWI, NOVEMBER 2013

## Managing expectations

---

It was admitted that this project challenged people's comfort zones, and at first most centres reported a sense of scepticism. Local curators were not used to seeing such an open brief; normally, art in these contexts is commissioned for a more specific end, such as the promotion of a particular organisation and its agenda. Given the degree of openness and creativity the artists required, there was uncertainty about how they could be accommodated in the research programmes, which had worked over years to build trust with local communities. Some of this anxiety was to do with having to accommodate something quite alien and unknown, but for others this was also part of the excitement and interest.

Bringing people together from different fields with their own idiosyncrasies and norms meant that there would always be points of difference. When setting up such a project, a few of these points can be managed in the early stages, and these are outlined in due course; others will be unpredictable and must be managed as they arise. For all parties involved in this project, fostering strong relationships, ensuring good communication, and being open and flexible were some general methods that ensured points of difference became points of 'lesson learning' rather than contention.

In almost all of the residencies the artists were required to explain that their role was not to directly communicate or illustrate the research of the centre, nor to communicate health messages. Even towards the end of the residencies, some scientists were confused about where their science was in the artwork created. This suggests that there was an opportunity for researchers to be better engaged in the processes of the residencies. Art in health and art in science can take many forms and play various roles. In future, it may be useful to communicate what these can be and explicitly rule out certain approaches from the outset.

All parties had their own hopes for Art in Global Health, and these were navigated over the course of the project by the artists, research programmes and curators. There were a few key moments where artists' approaches contrasted with the agendas of the research programmes. It was at points such as these that questions would arise regarding who the artists were contracted to work for. In the case of this project, it was the Wellcome Trust. This was primarily for logistical and time-saving reasons; however, it became apparent that having Wellcome in this position created some space for the discussion about protecting the artists' autonomy.

The research programmes' community engagement or public engagement teams were the groups that provided the local administrative support for the project. These teams were used to identifying specific project objectives and measuring their success in order to gain approval and resources for proposed interventions. But in Art in Global Health, they were asked to leave the objectives quite open so as to allow the artists the freedom to explore their themes and execute their work. This does not mean that the projects did not have beneficial impacts, but rather that these were not defined at the outset – they emerged through interactions between the artists, individuals within the programmes, communities and the UK-based Art in Global Health project manager. For many, this was a different way of working – and it was evidently a cause of discomfort for local staff who found themselves relying on trust and the unknown rather than clearly defined objectives. However, it was recognised as important that the ownership of the artistic outputs be contractually agreed up front – and it was agreed that works would belong to the artists.





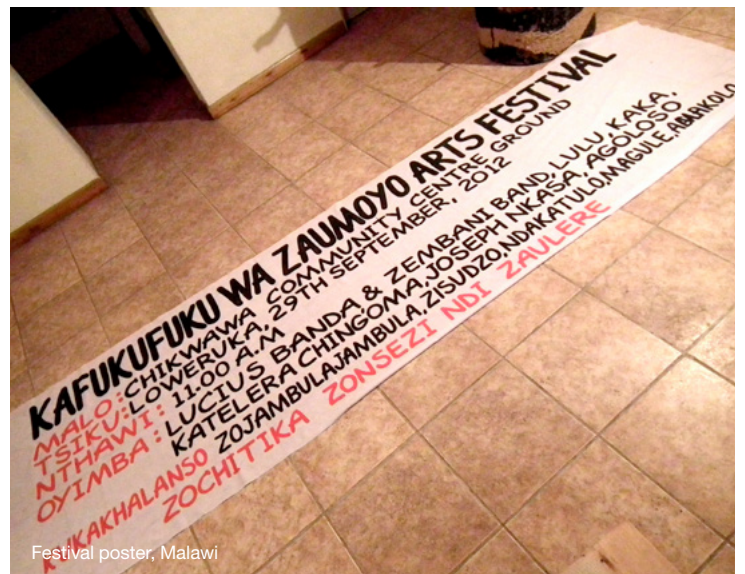
Elson Kambalu with participants, Malawi

## Monitoring and evaluation

The challenge of evaluating success was highlighted on more than one occasion by research programme staff. This raises the question: evaluation from whose perspective and measuring what objectives? Evaluating the quality of artistic outputs is a perennial challenge, as is calculating any lasting impacts on those who were involved in the process as participants or audiences. The impact of any social intervention cannot always be predicted and may emerge over time rather than manifest itself as an immediate effect. It is important not to let this deter future projects from exploring options for capturing lessons and critical reflection. While quantitative data is useful, qualitative monitoring and evaluation methods that allow for emergent outcomes and which encourage ongoing reflection and learning should be explored. This can complement the project activity rather than become a time burden or tick-box exercise.



Participant, Malawi



Festival poster, Malawi





Performance by B-Floor Theatre, Thailand

## Sense of impact on scientists

---

The depth of research staff involvement in the projects varied. This most likely depended on personal interest, levels of demonstrated senior buy-in and the nature of the artist's work. Some researchers had not previously had the opportunity to communicate their work to interested individuals outside of research. Where scientists had the opportunity to interact with the artists over the period of the residency, they reportedly found it enthusing and validating. In some instances, the projects created opportunities for researchers to engage directly with groups from outside of research, for instance at a festival event held in Malawi.

Were residencies such as these to happen again, it may be an idea to incentivise and create further opportunities for research staff to engage in the artistic research process rather than just with the final exhibition. Holding events linked to the project within the research programme proved a success in Vietnam, where there was a programme-wide photography competition and exhibition with artist discussion within the research building itself. It was interesting to hear that in some cases science staff did not attend such events when held in community spaces, as they felt they were 'not for them' but for the community. Future projects may want to explore ways of breaking such perceived barriers.

Generally, it was felt that researchers from the 'hard' sciences were less inclined to engage with the projects. This was perhaps due to the artists' interests and the themes they identified, which were primarily about the research programmes and their relationships with people. Future projects might consider finding ways to involve those scientists who do not find such work to be intuitively linked to their own, as there have been examples within the UK of science and art projects managing to deeply engage with lab-based scientists.

Within Art in Global Health, the researchers that got most excited by the projects were those with some artistic interests themselves. In research centres that are new to having a residency programme, involving such individuals may be a good starting point.

## Relationships

---

It was clear that artists, those providing administrative support and others within the research programmes forged strong bonds, and in most cases friendships. It was important that the artists working on these projects were open to working in collaboration with others and had the interpersonal qualities necessary to do so. Trust, understanding and compromise were crucial in the residencies, especially for those working in vulnerable settings.

At times, local curators or the main project manager were able to negotiate and navigate difficulties on behalf of the artists, ensuring that the dialogue between stakeholders was open and nonconfrontational. As Art in Global Health had such a tight timeframe, in some instances activities had to begin before relationships had been completely forged. This challenge was greatest in the Thailand project, as a whole theatre company conducted the residency there.

All the research programmes were understandably highly protective of the relationships they had developed with the communities in which they were situated, especially where they had worked hard to build trust after having originally been mistrusted. This called for sensitivity and open communication from both sides. In some cases, artists were advised not to explore sensitive subject areas for fear of stimulating further misunderstanding and fear. It is worth noting, however, that where artists did approach sensitive matters with caution – with the involvement of community liaison teams – the projects were found to open up conversations on subjects that had previously been difficult to address.





*It brought a whole new audience in to the work of the research centre – those interested in performance art!”*

PHAIK YEONG CHEAH, HEAD OF THE CLINICAL TRIALS SUPPORT GROUP, WELLCOME TRUST–MAHIDOL UNIVERSITY–OXFORD TROPICAL MEDICINE RESEARCH PROGRAMME, THAILAND, APRIL 2013

## Engaged art/art for engagement?

---

As part of the brief was for the respective artists to spend six months in residency investigating aspects of each research programme within its country context, it is unsurprising that most took a socially engaged approach, some drawing in local communities as cultural producers or as a participating audience. Within each research programme a project administrator was appointed with whom the main project manager and the artists would interact. Invariably these individuals were appointed from the community liaison or engagement teams. When each residency was completed, the resulting work and documentary material was exhibited in the country in which it was created.

Engagement is an umbrella term and, as understood by those interested in public engagement with research, it encompasses a range of activities. It can span communication of research to public audiences in a unidirectional way, such as through broadcast media, to something that follows a bidirectional communications model in which research or researchers are informed by the perspectives of those outside of research. Art in Global Health does not fit the first understanding of engagement. Had this been the case, we may have seen a different kind of artist typically brought into the project, and work that was more illustrative of the science of the research programmes. This did seem to be a point of misunderstanding within many of the individual projects, which is perhaps symptomatic of researchers' experiences and the approaches taken by the community engagement teams at those research programmes.

It is worth noting that, generally speaking, the information the various audiences were engaging with was not about the scientific content of the research programmes but rather wider concepts around global health research, such as perceptions of health, perceptions of health research, understandings of relationships pertinent to health research, etc. In this sense, the artists were considered to have created a space in which researchers could garner a deeper understanding of the context of their research and how it was considered from outside of the scientific institution.

Those whose role it was to promote further dialogue between communities and research programmes did see entry points and opportunities for further engagement through the work of the artists. This could be a way in which projects such as Art in Global Health can satisfy the goals of those interested in community engagement in the future. However, the sort of engagement that requires communication of specific messages to stakeholders may always lie outside of the practice of a contemporary artist.

In some instances the projects were a way of engaging new audiences who were completely separate from those involved directly in the programmes' research.



Work by Katie Paterson, UK

## The role of the Wellcome Trust

---

As the initiator and commissioner of Art in Global Health, the Wellcome Trust was of obvious importance. However, the value of Wellcome's involvement reached beyond that of a patron. It was pointed out that the Art in Global Health brief was far more open and experimental than is common in a project from a large funding institute, in which there is often a strong and specific agenda bent towards promoting a particular cause. This openness created and protected a space of experimentation and exploration, which was characteristic of this project and cascaded down to the work at the individual sites. The interactions between the research programmes and the artists were thought to be more equal, and thus more collaborative, than if the programmes had brought the artists into projects that they had directly commissioned.

The novelty of projects such as Art in Global Health cannot be overemphasised. The support that came from the Wellcome Trust was vital in making it happen. Some are interested in continuing with such projects in the future, but have noted that in order to do so this kind of support may be required again, as the confidence and skills to conduct other projects in a similar way have not quite developed yet, despite Art in Global Health being seen positively.

## Thoughts for the future

---

Both focus groups thought it would be interesting to offer scientists residencies with artists, reversing the direction of Art in Global Health. Those interviewed thought that a scientific researcher might benefit from the freedom of artistic exploration, given the apparent importance of creativity in developing strong research.

There was appetite for a follow-on initiative, but the research programmes did not feel that they were in a position to instigate and manage such a project themselves. Some mentioned an interest in using the arts in a more illustrative way, linked to a communications or education plan, but without wanting to host this themselves. Others were interested in the idea of drawing on the artistic leanings of research staff and incentivising and developing these as a way to explore the role that artistic approaches to understanding research could play in their work.





## General points to consider when conducting an artist residency in a health research programme

### Administrative issues – curator

There is no formula for setting up a successful artist-in-residence within a research programme. These activities need to be designed in a way that is aware of the needs and sensitivities of all parties involved. Saying this, however, this evaluation has identified some general points that could provide a useful framework when designing future artist residencies in biomedical research programmes:

How much time would be ideal? Biomedical research can take years, as can establishing a culture in which an artist can work alongside researchers. Perhaps it would be worth considering running residencies of a year or even longer. This might enable further iterations of the artist's work, leading to deeper collaboration and impact.

How deeply are scientific researchers involved in the project? Creating opportunities for scientists who may be less inclined to engage with the work, such as through events within the research programme, could foster a deeper involvement and greater exchange between science and art.

What contractual agreements are appropriate between the artist, curator and research programme? Should the artist be contracted to the research programme or to an outside organisation? How would this affect the autonomy of the artist and the logistics of the process, such as reporting on expenditure? What contractual agreements need to be in place to satisfy all parties?

It is worth ensuring that ownership of the artistic outputs is discussed and contractually agreed early on – and possibly throughout the project where there are participatory pieces of work.

Be aware that specifying the requirement of having national/international outputs can put a particular steer on the overall process; it will influence the audiences the outputs are geared towards, the stakeholders engaged through the process and the time taken. It would be worth deciding early on whether or not this is something that it is important to include in the project brief.

Occasionally there are perceived barriers as well as real barriers to an individual scientist or non-scientist getting involved as a participant or audience member of an arts project. Perceived borders between worlds (arts and science, science and community) are something that arts projects have the potential to break down and challenge where those involved are aware that they are a problem.

Depending on how a project is taking shape, it is worth thinking about where the artist will live over the course of the residency. Should they be situated in the local community? Should they stay in close proximity to the research programme?

Which department within the research programme is the most appropriate for the artist to work with? This may have a strong influence on their work. Whether they sit within a community liaison team, a communications team or a research team can have a big influence on the project and the artistic direction it takes.

Consider involving members of the research programme in the identification and selection of the artist – with the support of someone who understands the arts – as this is the first stage in establishing a strong and mutually respectful working relationship.

It is important to have a degree of openness in the brief, but there may be some specific skills and attributes that are of particular importance. Should the artist be local? Should they be of a recognised standard in their own practice? Should they speak particular languages or be able to work in a particularly appropriate medium?

Where will the outputs be displayed? Will they be presented in a location and in a way that is accessible to the target audiences?

Think about publicity needs earlier rather than later. Who will be responsible for the marketing of the artistic outputs and events? Is there a local printer that will need some lead time to produce publicity materials? If appropriate, who will update the social media sites of the project as it unfolds?



## Resources

---

### Art in Global Health

Website

[wellcomecollection.org/what-we-do/art-global-health](http://wellcomecollection.org/what-we-do/art-global-health)

A short film by Barry Gibb (Wellcome Collection), which provides a whistle-stop tour of each artist and their early thoughts about their residency

[wellcomecollection.org/reflections](http://wellcomecollection.org/reflections)

Journal entries by Barry Gibb as he visited and filmed each artist in residence

[blog.wellcome.ac.uk/author/barrygibb](http://blog.wellcome.ac.uk/author/barrygibb)

### Research programmes

The KEMRI Wellcome Trust Research Programme, Kenya

[kemri-wellcome.org](http://kemri-wellcome.org)

The Malawi–Liverpool–Wellcome Trust Clinical Research Programme, Malawi

[mlw.medcol.mw](http://mlw.medcol.mw)

Africa Centre for Population Health, South Africa

[www.africacentre.ac.za](http://www.africacentre.ac.za)

The Wellcome Trust–Mahidol University–Oxford Tropical Medicine Research Programme, Thailand

[tropmedres.ac](http://tropmedres.ac)

The Wellcome Trust Sanger Institute, UK

[sanger.ac.uk](http://sanger.ac.uk)

The Oxford University Clinical Research Unit, Vietnam

[oucru.org](http://oucru.org)







**wellcome  
collection**

The free destination for the incurably curious

Art in Global Health at Wellcome Collection  
183 Euston Road, London NW1 2BE

[wellcomecollection.org](http://wellcomecollection.org)

🚶 ➡ Euston, ➡ Euston Square  
T +44 (0)20 7611 2222