

TGHN Social Sciences Open Working Group 1st meeting

COVID Hub - Minutes

Date: 08/06/20

Location: Zoom

Introduction

The ongoing establishment of 'COVID-19 working Groups' is addressing the discussion and consensus building around identified research gaps across low resource settings. All attendees of 'open workshops' have been invited to participate by completing a survey and expressing their interest in the 'COVID-19 working Groups'. The purpose of these groups is leading to the creation of communities of practice.

On 8th June, The Global Health Network supported the first virtual meeting for the '**Social Sciences open Working Group**'.

The meeting was organised in response to questions raised in COVID HUB workshop which highlighted the need for greater discussion of the social scientific aspects of the COVID-19 pandemic and the response to it

The purpose of this meeting is that teams can be formed from across the globe to share ideas, gather consensus, form collaborations and seek funding. These groups can share and engage widely to support rapid research implementation during this pandemic. We can fully support the operations of these groups and so your precious time can be spent on these key discussions:

- *What are the impacts of COVID-19 on vulnerable people, for example, those living in slums and informal settlements? How can we set better interventions to prevent the diffusion of the virus in those settings?*
- *How do implemented public health measures affect: daily practice, education, mental health, and patient's approach to healthcare?*
- *How do hospital policies around COVID-19 affect healthcare workers?*
- *Do people perceive COVID-19 as a greater global threat than other worldwide crises (e.g. Climate Change)?*
- *What is the impact of fake news on managing the pandemic and in planning the way forward after this emergency period?*

Attendees

Over 40 people registered to be members of this WG and 27 attended the first team meeting from 18 different countries as shown in the following map:

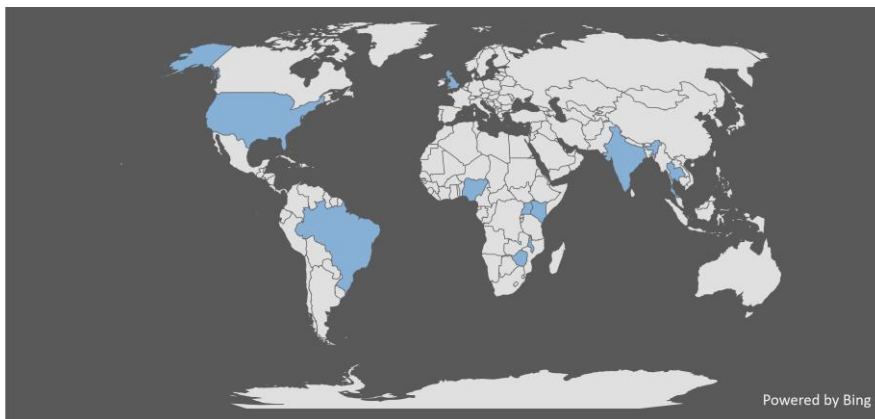


Fig 1. Location of the WG1st meeting attendees.

TGHN team	Trudie Lang, Davide Balardi, Ryan Walker, Jamie Parker, Nicole Feune de Colombi, Welile Sikhondze	
Those who spoke	Panellists:	
	<i>Vina Vaswani</i>	Director Centre for Ethics, Secretary Yenepoya University Ethics Committee Program Director Masters in Research Ethics, Yenepoya University India
	<i>Eman ELTAHLAWY</i>	Consultant Egypt
	<i>Prof Dr MALARVIZHI SURESH</i>	HOD Med. Surg. Nsg & Asst. Registrar, College of Nursing, P.I.M.S India
	<i>Dr Myra Oruga</i>	Philippines
	<i>Sadia Nafees</i>	Research Officer UK
	<i>Steve Wandiga</i>	Senior investigator / principal Investigator Kenya
	<i>Lawrence Ulu Ogbonnaya</i>	Virologist Nigeria
	<i>Prof Dr. Anil J PurTTY</i>	Prof, HOD, community Medicine & Registrar India
	<i>Bunu Goso Umara</i>	Director of Administration and Supplies, Borno State Hospitals Management Board experience in CE in HIV populations within farmers in Borno Nigeria
	Priyo Thomas, Richards Maude, Sauu Lwembe, Festus Rao	
Rest of Attendees	Oscar	Tapera
	Manjusha	G
	Diltokka Gideon	Kevin
	Arun	Sadasivan
	Juanita	Graham
	prudence	hamade
	V P	SINGH
	Blessings	Kapumba
	Adebayo	Amao
	Monnaphat	Jongdeepaisal
	Mary	Nakate

Summary of comments

Three main themes emerged from the thematic analysis highlighting research priorities within the COVID-19 Social Sciences Open Working Group 1st meeting (Fig. 2.).

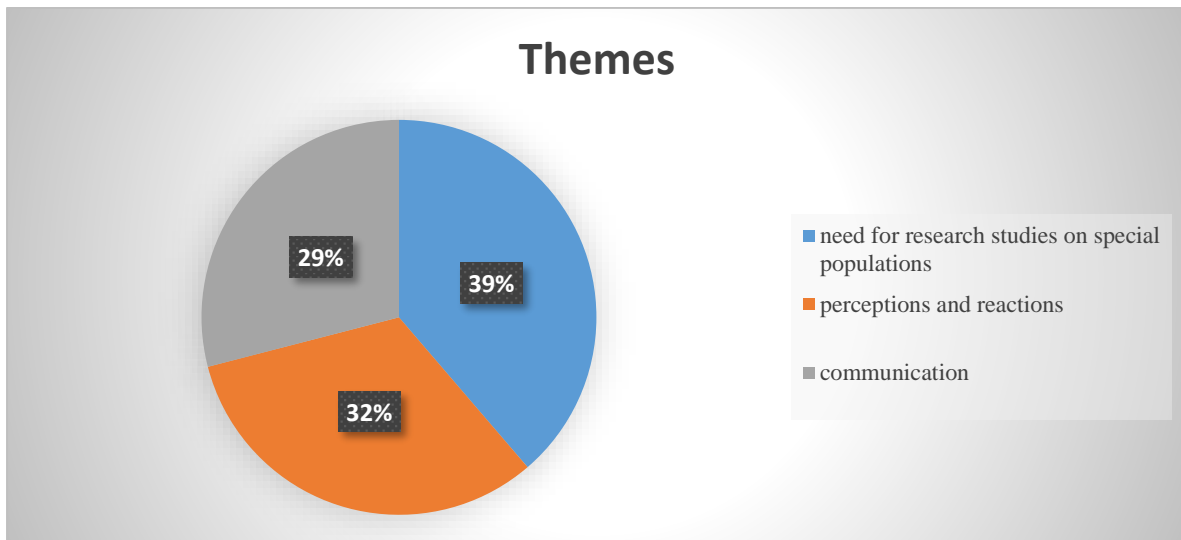


Fig 2. Three main themes for research priority within COVID-19 identified from Social Sciences Open Working Group 1st meeting feedback review.

Within these three topics it was then possible to categorise the questions, comments, and discussions to further specific areas (Fig. 3.).

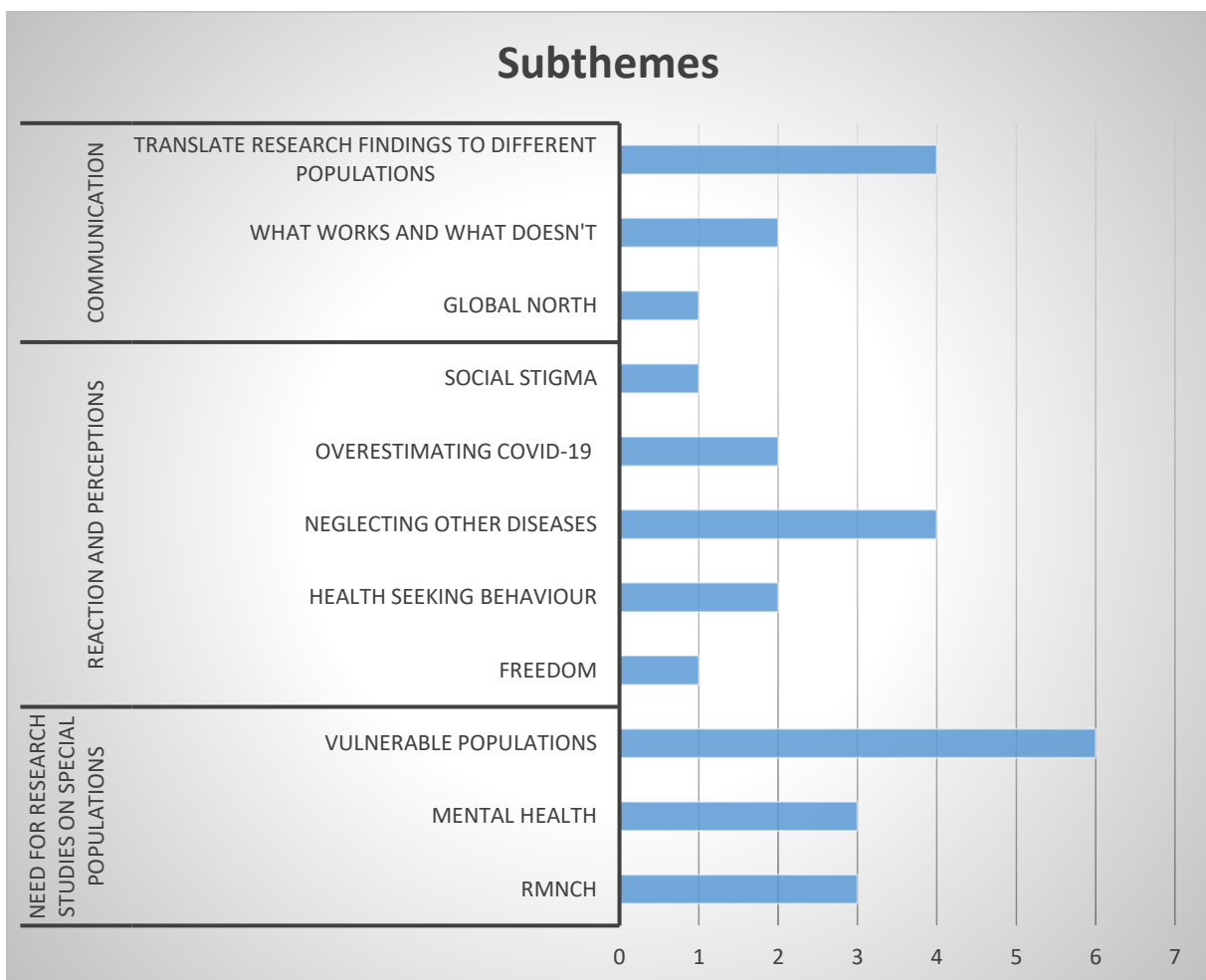


Fig. 3. Categorisation of questions, comments and discussions to specific areas.

Reviewing the discussion, comments and question we consider the following questions emerged as the priority research questions, concerns and knowledge gaps.

Which are the special populations that are being left behind and for which we need more evidence-based action?

Members of this WG mentioned that there is need for a shift from thinking COVID-19 in wealthy travellers towards more poor, vulnerable populations (the elderly, refugees, people living in the slums etc. On member mentioned that *“this WG will be very useful for us to discuss and implement ideas on how to focus on vulnerable populations in our respective countries”*. But then again, the idea of vulnerable populations now is even larger to what we usually think of as, including key workers, all of those who have lost their only source of livelihood (Homeless and vulnerable communities have increased in number due to being out of a job).

Maternal and child health were also highlighted. There has been an increase in sexual and emotional violence against young girls. According to the members of this group the effects of COVID-19 on children and pregnant women have been largely underrepresented in research while immunisation and antenatal care is being disrupted.

Finally, lockdown, quarantine etc is all very novel. Psychosocial research is needed – sleep is being disturbed, mental health conditions are getting ignored, people are worried about family members. *“We need to find out whether people are looking after their minds and bodies. How can we go about this research is an important question?”*

What are the perceptions and consequently reactions that could help or endanger?

Members of this working group discussed the idea that COVID-19 might be overestimated over other health and social care challenges. This has resulted in a situation where such challenges might no longer be considered as important. One participant mentioned *“approach has been based around the global North’s reaction to the pandemic instead of measures adapted for the global South.”*

- If many people are living with hardly any money, how do they cope where food budget has gone down? How will this impact in nutrition?
- If people are lacking amenities and elements necessary such as water, soap etc, which are the appropriate PHIs (e.g. in the slums)?
- What has been the effect of school closures on development of children?

Other discussed the idea of certain communities regarding COVID-19 PHIs as a punishment. Members discussed that people have been avoiding/escaping these quarantine/isolation centres to regain their *‘freedom’*. A question risen was *“How can we stop people escaping from quarantine, and what makes them want to escape?”*. Further, members mentioned worth researching the fact that, even though resting has increased, many people are scared of being quarantined and thus run away from testing. Contact tracing needs to be improved – how can it be made 100% effective? SS could evaluate how to best strengthen screening and diagnostic strategies

Another strong theme debated was Social stigma. The *fear component* seems to be out of proportion to the healthcare crisis – *‘what are the gaps to understanding this and how can we get around this?’* Social stigma discussion involved HCWs, those who have tested positive and also in the community. One member commented that illiteracy and tlack of understanding about the disease makes things even more complicated. Another member mentioned the influence of media on people’s decision making as another factor which has contributed to the fear component. Finally, there was comment related to police

brutality also increasing fear. As a consequence of social stigma and fear, less healthcare seeking has followed.

How to communicate during COVID-19 Pandemic?

Another point made by the members is the need for better and stronger Communication during the COVID-19 pandemic. There is a “*need to look into what has worked well, what hasn’t*” regarding sensitisation. Which are the mechanisms through which we can generate trust amongst communities towards PHI’s implemented and thus improve compliance? Which “*means do you inform the public, and even health workers, what exactly is the science behind the pandemic including how it is transmitted, who is most at risk, its symptoms and what they need to do to avoid it?*” One member also shared this link www.iscos.org for multimedia guide for mass awareness. Participants also stated that there is also a need for better horizontal and upstream communication between researchers, programme implementers and policy makers. One participant mentioned the ‘*importance of dialogue of science over the authority*’ and how *those in power are calling the shots without a scientific basis*.

Other members also honed on the idea of communication of IPC measures such as the use of PPE amongst HCWs. It seemed important not only that PPE is available but also that it is correctly used. One member explained “*PPE: everyone seems to be using them, we’re looking to research the usage and its effects of PPE, as well as releasing educational videos about PPE usage*”

Call to action and next steps

Following this first meeting, there was an agreement in the need for a platform (for which TGHN will be providing – details to come) where members of the team will be able to post information on funding calls, specific resource and tool as well as a forum chat for members to form new collaborations and plan future work.

Social Sciences studies are very important! Suggested starting points from this first call are as follows:

- 1) Discuss and implement ideas on how to focus on vulnerable populations in our respective countries: If people are lacking amenities and elements necessary such as water, soap etc, which are the *appropriate, acceptable and feasible* PHIs?
- 2) Discuss and implement ideas on *how to study whether people are looking after their minds and bodies during the COVID-19 Pandemic?*
- 3) The Fear component of the pandemic:
 - *What makes people wanting to escape lockdown/quarantine? Why?*
 - *What are the gaps to understanding this and how can we get around this?*
- 4) Understand *how social stigma and fear has impacted healthcare seeking behaviours*
- 5) Communication during the COVID-19 pandemic: *what has worked well, what hasn’t?*

We want this to be led by all of you going forward – we can give you an area on TGHN, and support you any way you’d like.

Thanks to all panellists and all others who contributed, and I’m very excited to see what comes of this WG!

If you are involved in Disease Characterisation research and you have not joined this group yet, please get in touch and share any relevant protocols, associated tools and your experience. You can get in touch here info@theglobalhealthnetwork.org’ or complete the survey [here](#).