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Social Science in Outbreak Response

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Social science in outbreak response

- Role of social scientists during outbreaks
- What social scientists *do* during outbreaks
- Tools used by social scientists during outbreaks
- Social scientists' counterparts and collaborators during outbreaks
- Challenges for social scientists in outbreaks

The role of social scientists during outbreak response

Social science helps to identify the structural, social, and political factors that constrain and shape behaviour:

- Help understand local explanations, interpretations and concerns about disease and disease causation
- Help ensure that those concerns are incorporated into the response, to ensure outbreak control interventions are locally appropriate

History of involvement in outbreaks

- Longstanding but first formalised in WA
- Extremely recent mainstreaming of discipline means limited consensus about role/purpose (e.g. RCCE versus integration across pillars)

DRC – deployment roles have varied

- Conducting rapid formative research to inform operational decisions
- Longer-term anthropological approaches that provide an opportunity to systematically listen to communities
- Remote support through the provision of contextual briefs to improve intervention design (/www.socialscienceinaction.org/updates-dr-congo-ebola-outbreak-2019)

Social scientific activities during outbreaks

- Insights are needed into local responses and interpretations of disease, and of the outbreak response itself.
- Social science informs outbreak response activities to help ensure their success.

Examples:

- ❖ Identifying local conceptions of disease to help develop surveillance and alerts systems that make sense locally.
- ❖ Characterising social aspects of disease emergence and transmission including the identification of at-risk and vulnerable groups.
- ❖ Understanding what factors might shape access to health care.
- ❖ Understanding and interpreting local perspectives on the outbreak, as well as on formal outbreak response structures.
- ❖ Contextualising and adapting outbreak response interventions to help ensure they are designed in ways that are locally appropriate.
- ❖ Engaging communities, both for an outbreak response itself and for any clinical trials that might take place during an outbreak e.g. for vaccines or novel therapeutics.
- ❖ Identifying the best health promotion/risk communication strategies and channels
- ❖ Understanding local mobility and migration and how that might contribute to the spread of disease.
- ❖ Acting as advocates for communities and vulnerable groups.

Social scientific tools during outbreaks

- Traditional methods such as rapid qualitative or participatory tools (for formative research)
- Representative surveys and paper-based questionnaires (e.g. for Knowledge, Attitudes, Practice instruments)
- Simple paper and pen (for anthropological observations and field notes).
- Innovative approaches:
  - mobile phone data (to examine migration patterns),
  - tablets (for better preservation of data quality during questionnaire data collection),
  - or mining data from social media (to examine local rumours and discourse about a particular disease outbreak).

Social scientists' collaborators during outbreaks

- Community members
- All aspects of the IM or 'pillar' system, e.g.
  - Social scientists might advise IPC strategists on how to improve household decontamination processes so that they are more acceptable to families;
  - Surveillance colleagues on how best to enter communities for contact tracing activities;
  - Or risk communications colleagues on how to counteract prevalent rumours.

Examples aren't exhaustive, and social science insights can be utilised by almost anyone working in an outbreak response setting.

Challenges for social scientists in outbreak response

- Ongoing debate about precise role, what contribution can/should be, how it should be made.
- Social scientists are often nested within the risk communication/community engagement pillar, which can make it difficult to help provide insights into other aspects of the response (e.g. case management or infection prevention control [IPC]).
- Operational/evidentiary inertia: emergencies are complex and busy environments, difficult to change operations in the face of new evidence.
- Social scientists' time is often spent on evidence advocacy/uptake with decision-makers.

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Thank you for joining

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