Building the Field of Epidemic Social Science: What Needs to Happen Next?

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UNIVERSITY of WASHINGTON

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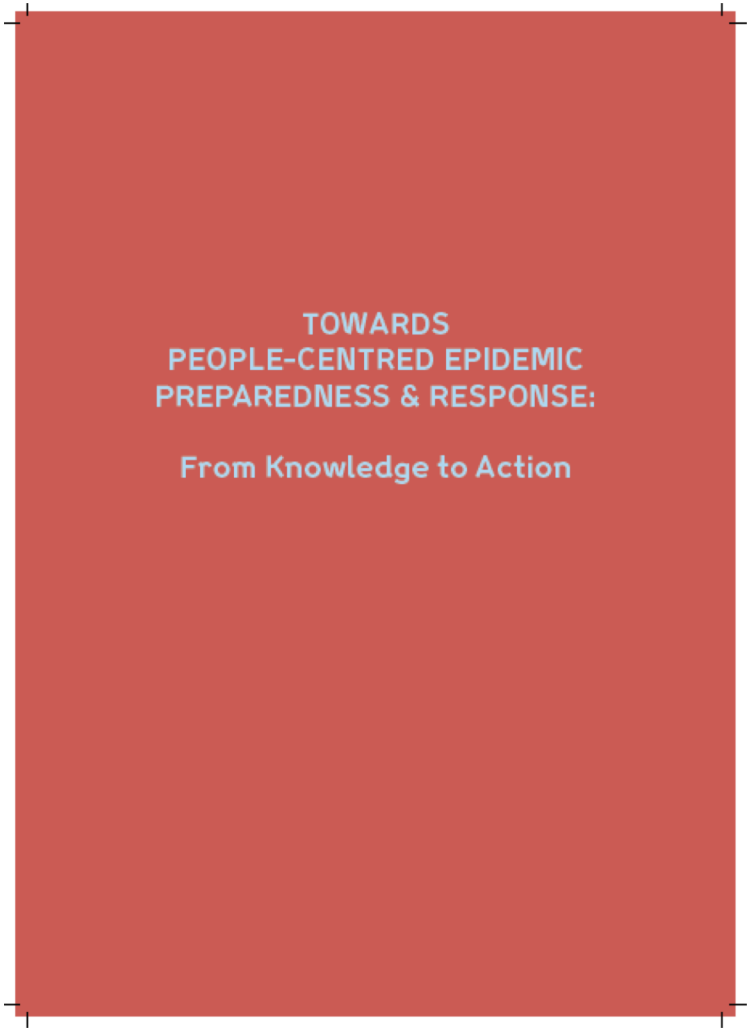
How Social Science Can Save Lives



Value-claim: Social science expertise, insights and approaches are strategically positioned to add value

2012 → 2019

Emerging infectious diseases: the role of social sciences

See Comment page 1883
See Series pages 1936, 1946, and 1956

Popular and scientific representations of research into emerging infectious disease often focus on the pathogen itself—its molecular machinery, processes of reassortment and mutation, and how these factors indicate risk for human-to-human transmission. However, social and ecological processes that facilitate infection also deserve close attention, as emphasised in the *Lancet* Series on zoonoses.[1-3] Present models of pathogen emergence and spread do not identify underlying drivers with sufficient clarity to allow effective prevention of disease. More robust models that encompass the complex interface between pathogen biology and human,

A new social sciences network for infectious threats

The Ebola epidemic in the Democratic Republic of the Congo (DRC) continues to escalate, new outbreaks of Lassa fever, yellow fever, measles, and other infectious diseases erupt around the world, and antimicrobial resistance intensifies from unmanaged use of these drugs. These infectious threats are intertwined with political and economic instability, changing ecological conditions, livestock management and food production practices, and local communities and their marginalised populations.[1,2] The challenge in addressing these health security threats surpasses conventional response strategies. National governments and international agencies struggle to understand popular reactions to infectious disease emergence and outbreaks and to control deadly diseases.[3]

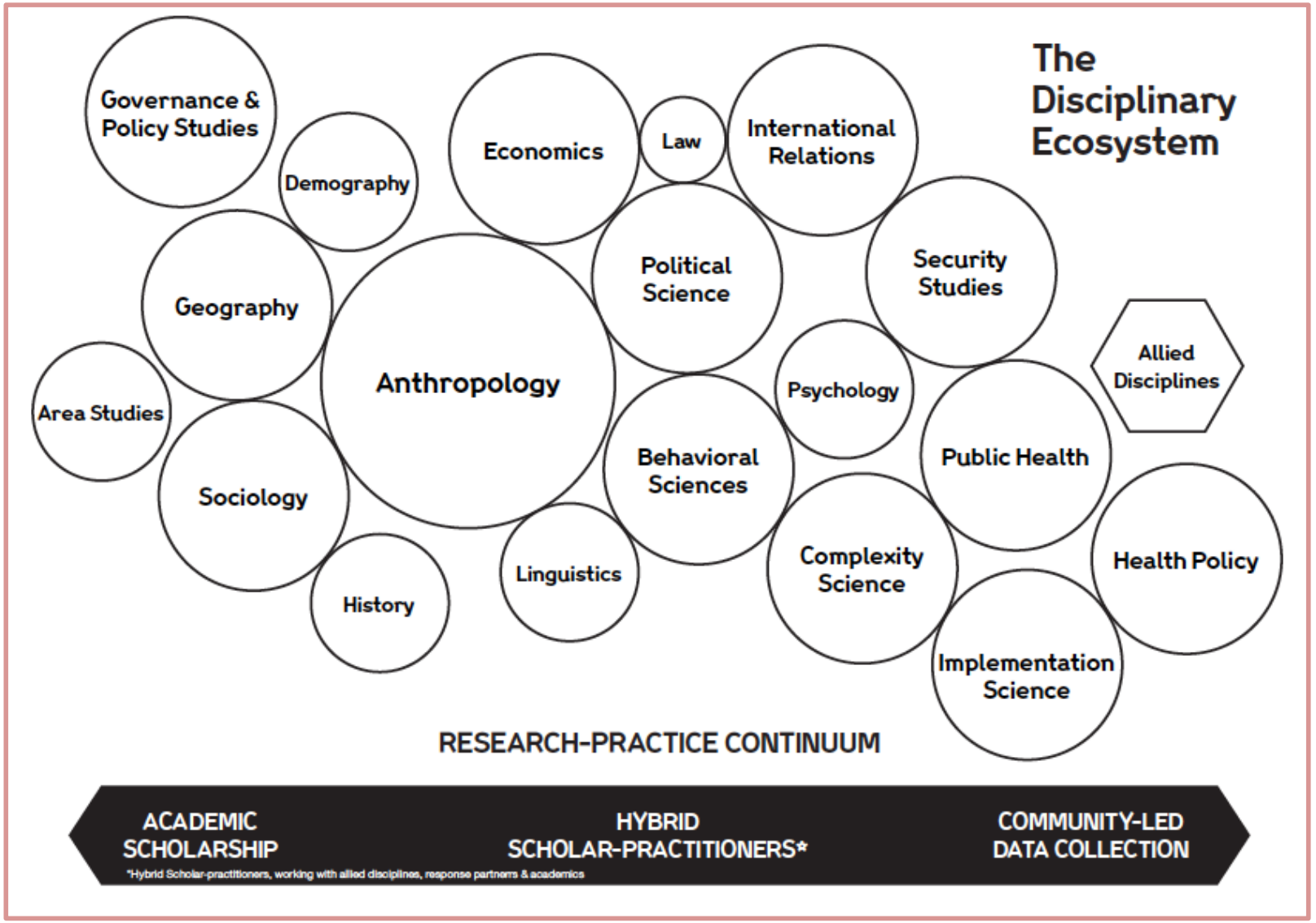
A vision to accelerate saving lives by integrating social sciences:

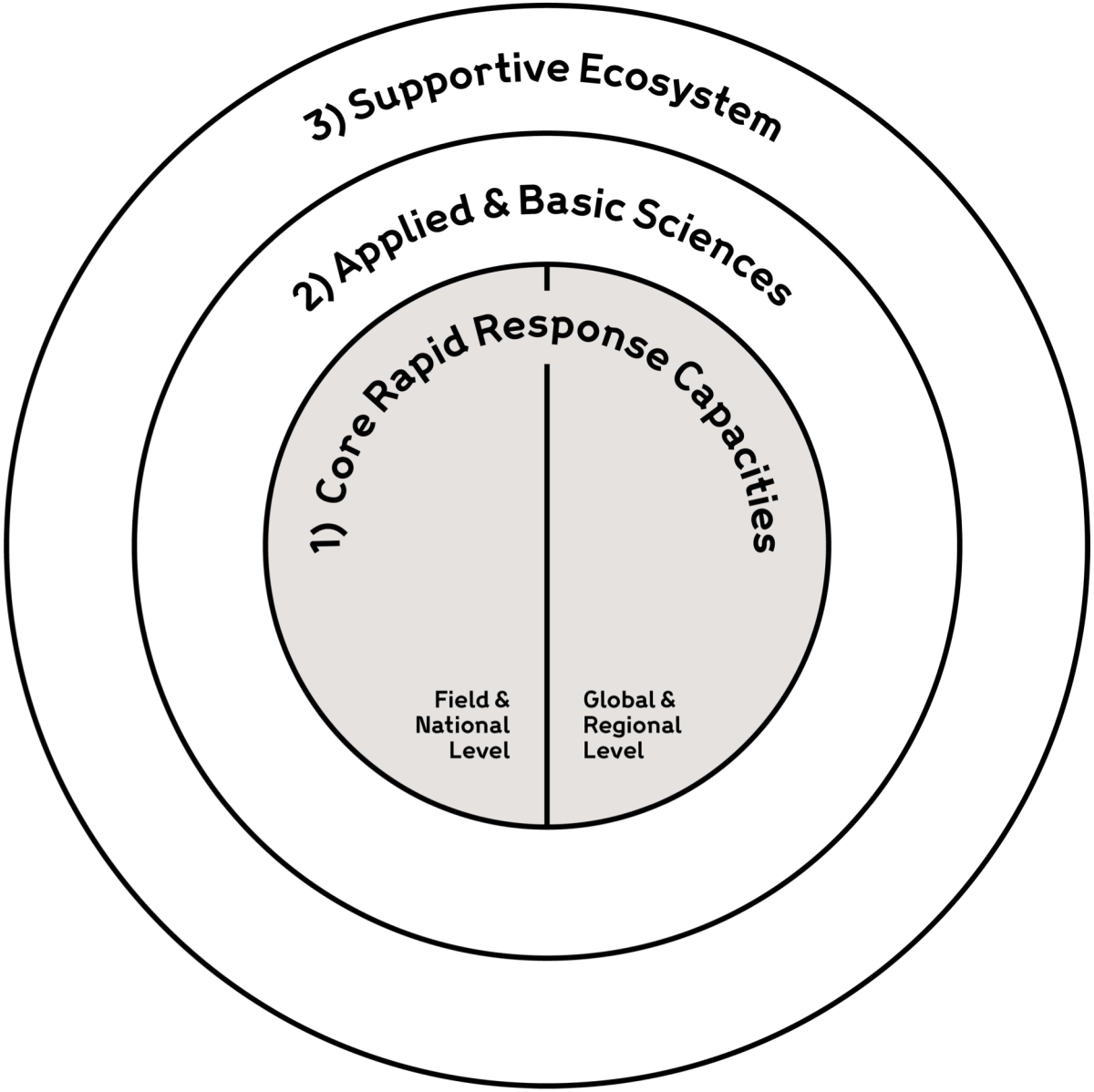
Look to historical antecedents for professionalization in virology (early 1900s) and field epidemiology (1970s/80s)

Major Systemic Gaps and Barriers exist to integrating social science

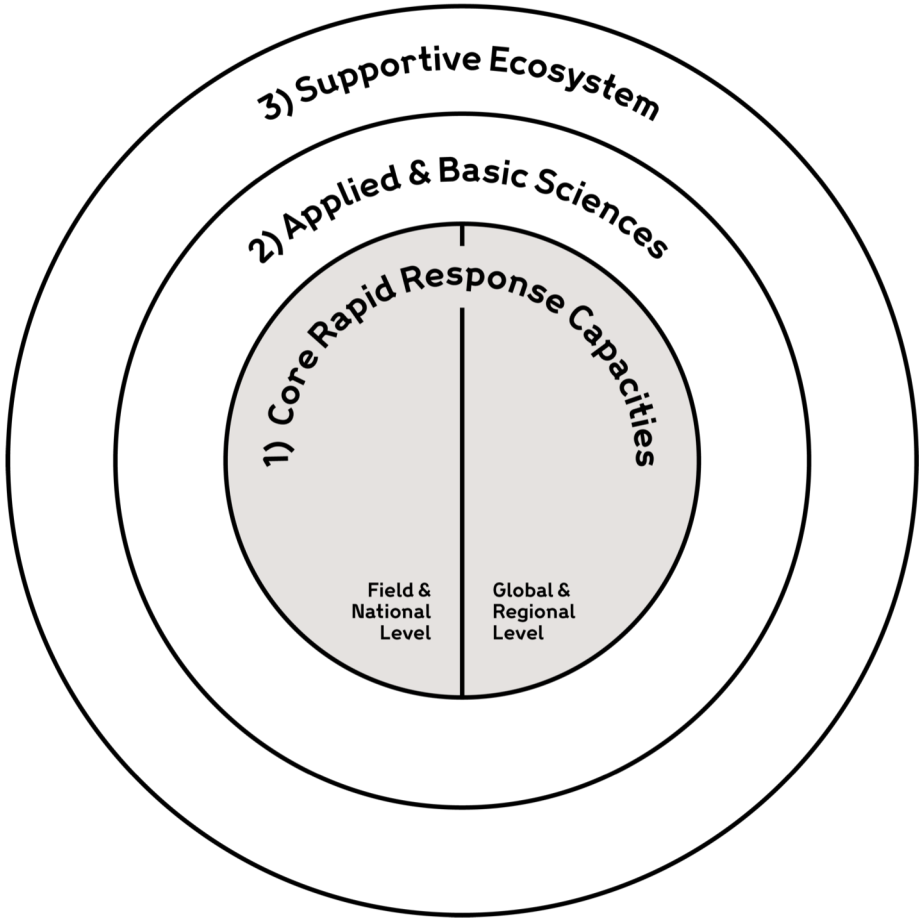
- **Lack of resources** – example: 0.5 staff at WHO/UNICEF
- **Significant capacity gaps,** especially national/field level
- **Project-based model –** small reach, limited institutionalization
- **Duplication** – lack of coordination/ competiton
- **Quality of data** – KAP; (i.e. DRC)
- **Networks and tools –** fire-fighting/parachuting = slow (i.e. CASS)
- **Translation into practice** – academic-responder divide….
- **Confusion about "social science"** – disciplinary debates.
- **Legitimacy** – (non) acceptance by biomedical/response community

“Epidemic social science”





Our "Menu": 38 recommendations, with 17 priority recommendations

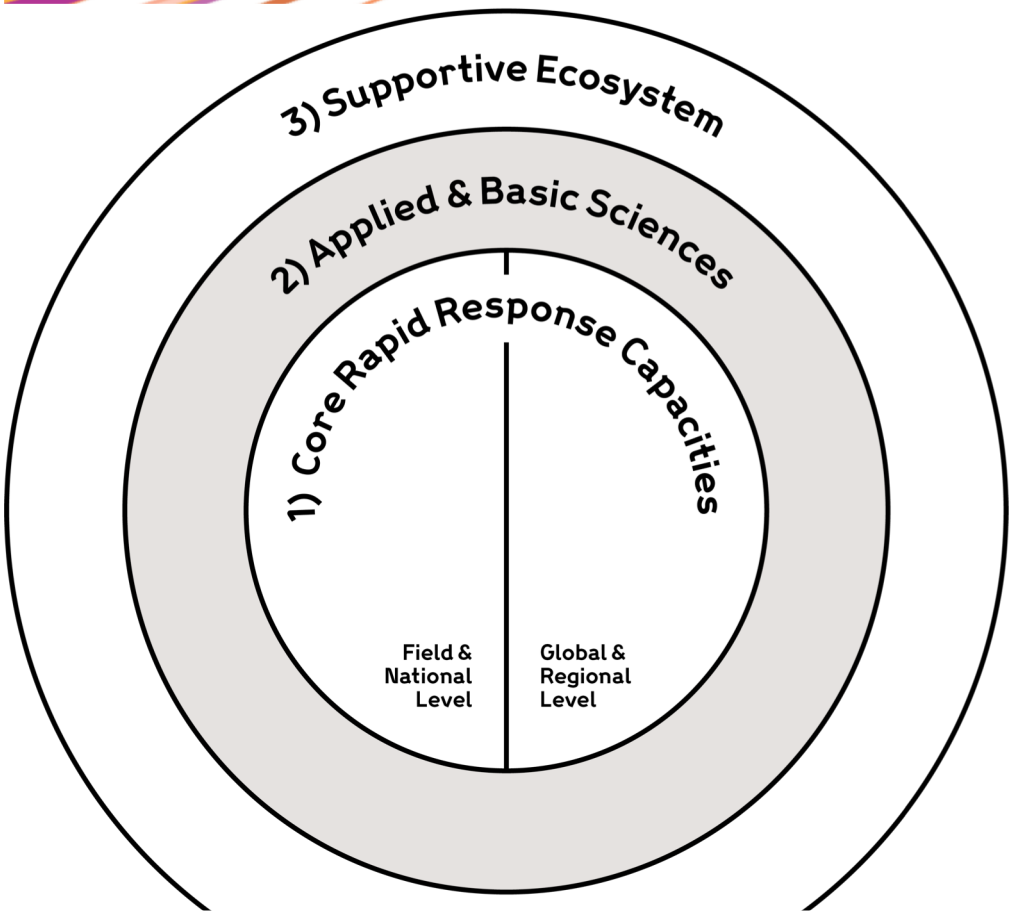


<u>Component 1:</u> Core response capacities

<u>Component 2:</u> Rapid supportive infrastructure

Key priority recommendations:

- **Secondment mechanisms (i.e. GOARN)**
- **Start-up grants for response organizations**
- **Data capabilities (field reporting, briefs, SitReps)**
- **SOPs/guidelines for knowledge translation**




WHO/U. Zhao


WHO/N. Zou

3. Agenda setting
- Defining priorities

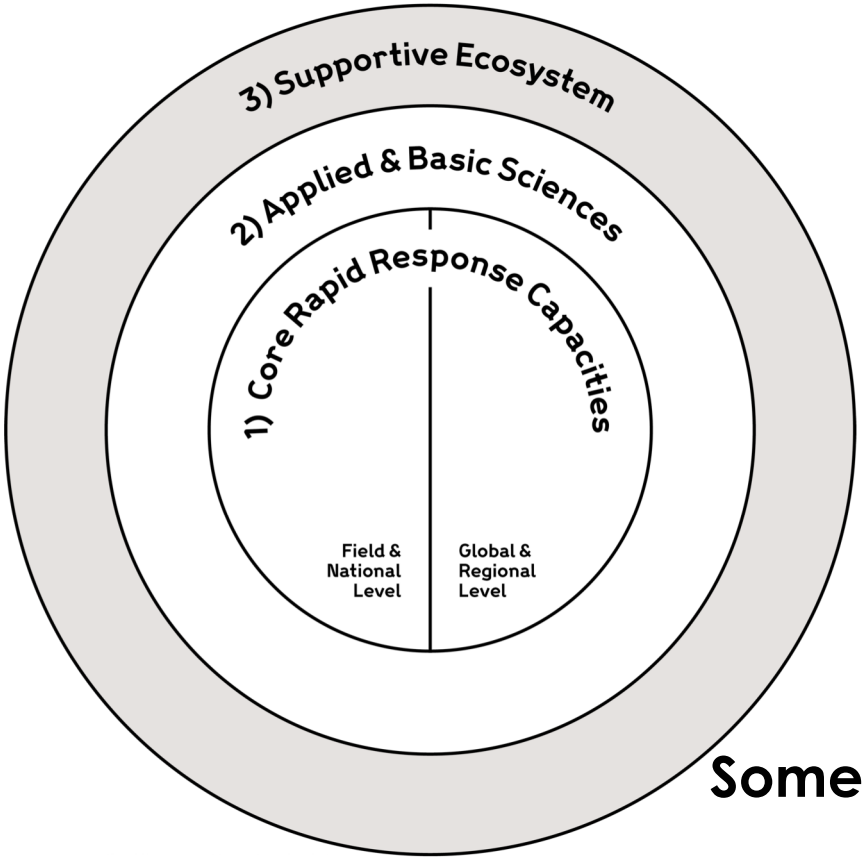
4. Core competency training
- #SocialNET: institutionalize a "boot camp"

5. Field-ready tools
- Handbooks

6. Interdisciplinary science
- Anthropology-epidemiology/ One Health / Power

7. Building the evidence
- Evaluation & documentation

8. Ethical issues
- Code of conduct



9. Institutional development

10. Training & capacity building

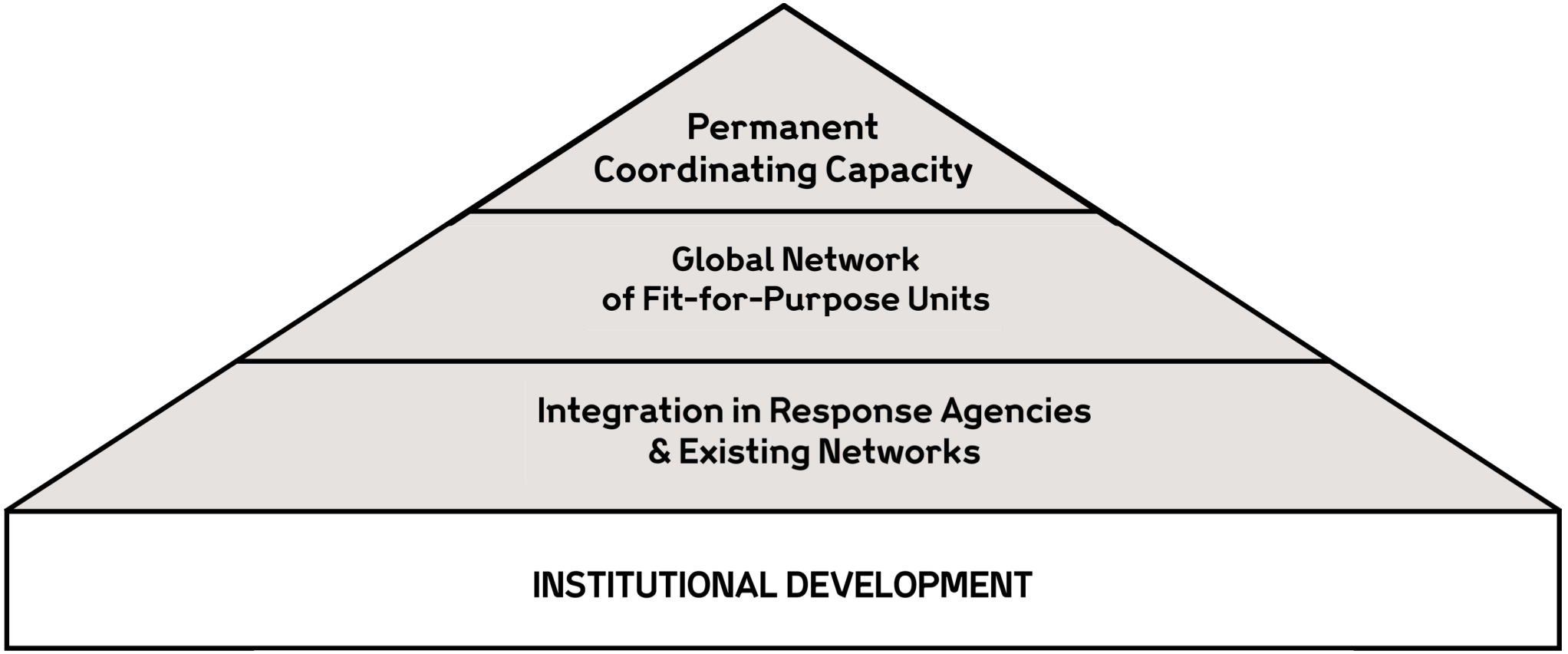
11. Awareness raising (w non-social scientists)

12. Knowledge sharing & networks

13. Funding & advocacy

Some priorities for the supportive ecosystem:

- Early career fellowships (i.e. EFTPs)
- Seed funding initiatives (i.e. TDR)
- Support TEPHINET integration
- Short courses for non-social scientists
- Professional association/ Annual conference



INTERNATIONAL FEDERATION

AFRICA CDC

TEPHINET

GOARN

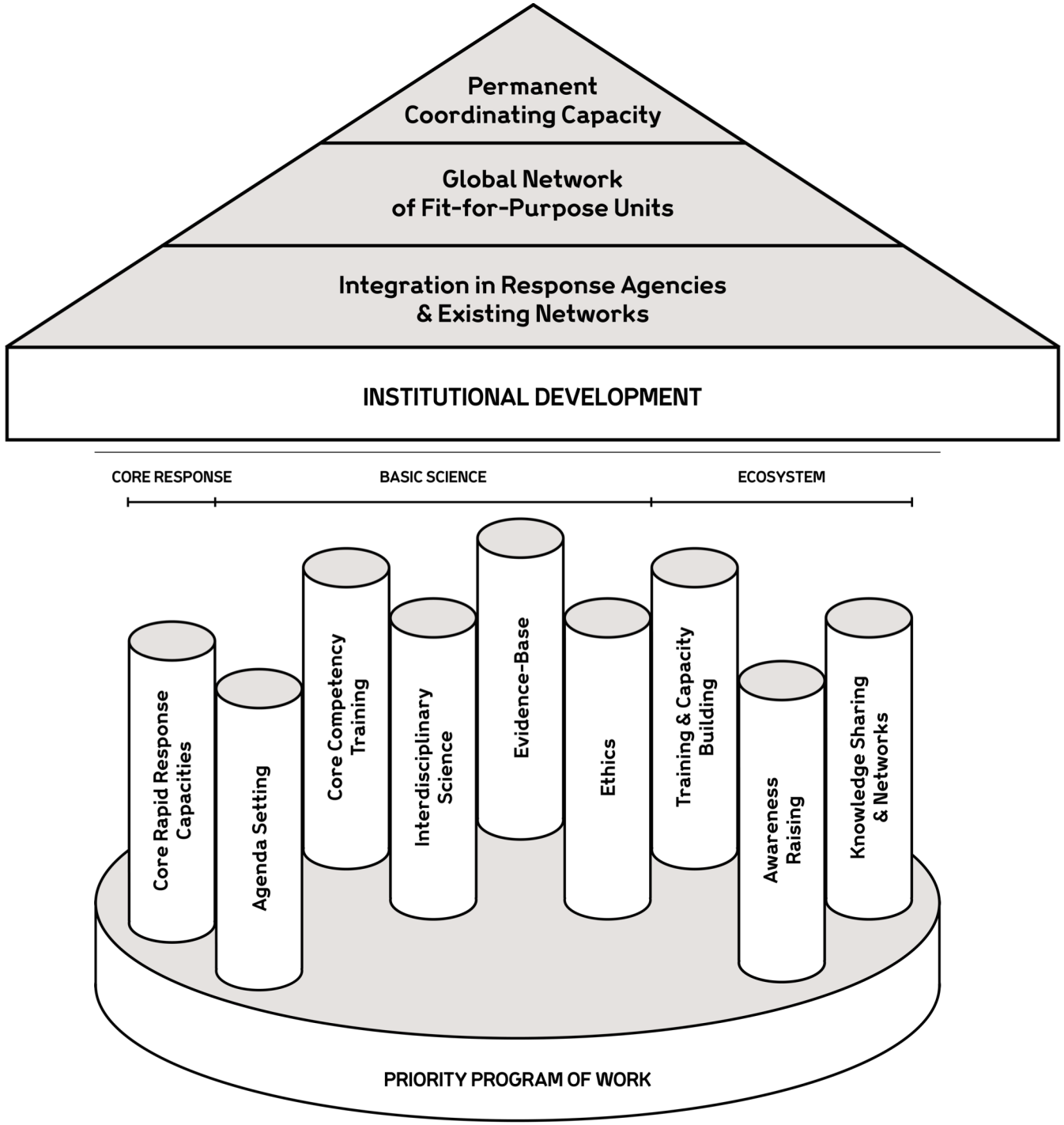
Global Outbreak Alert and Response Network

Public Health England

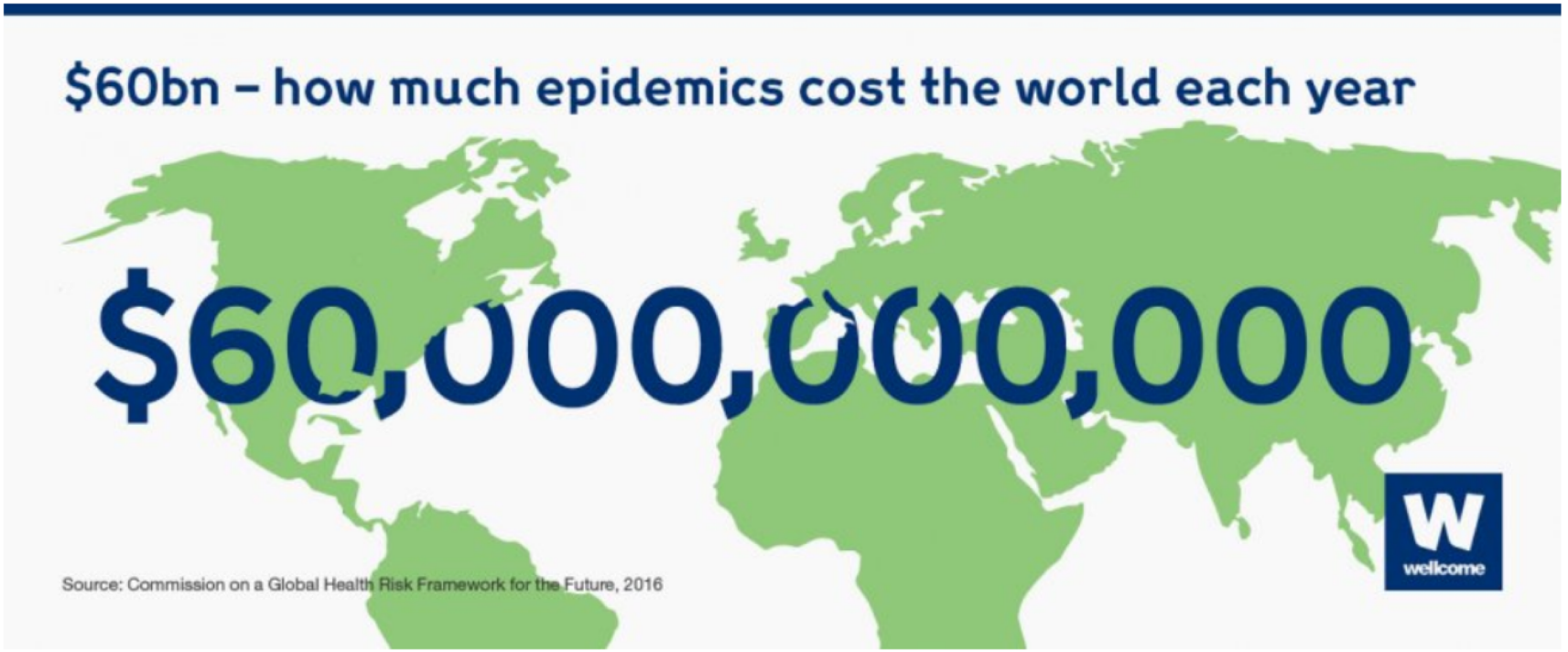
Social Science in Humanitarian Action

www.socialscienceinaction.org

sonar global



PEOPLE-CENTRED EPIDEMIC RESPONSE = LIVES SAVED



What is the "value-for-money" of improving national and global preparedness and response systems…

…in order to make them more "people-centered"?

Engage with complexity….

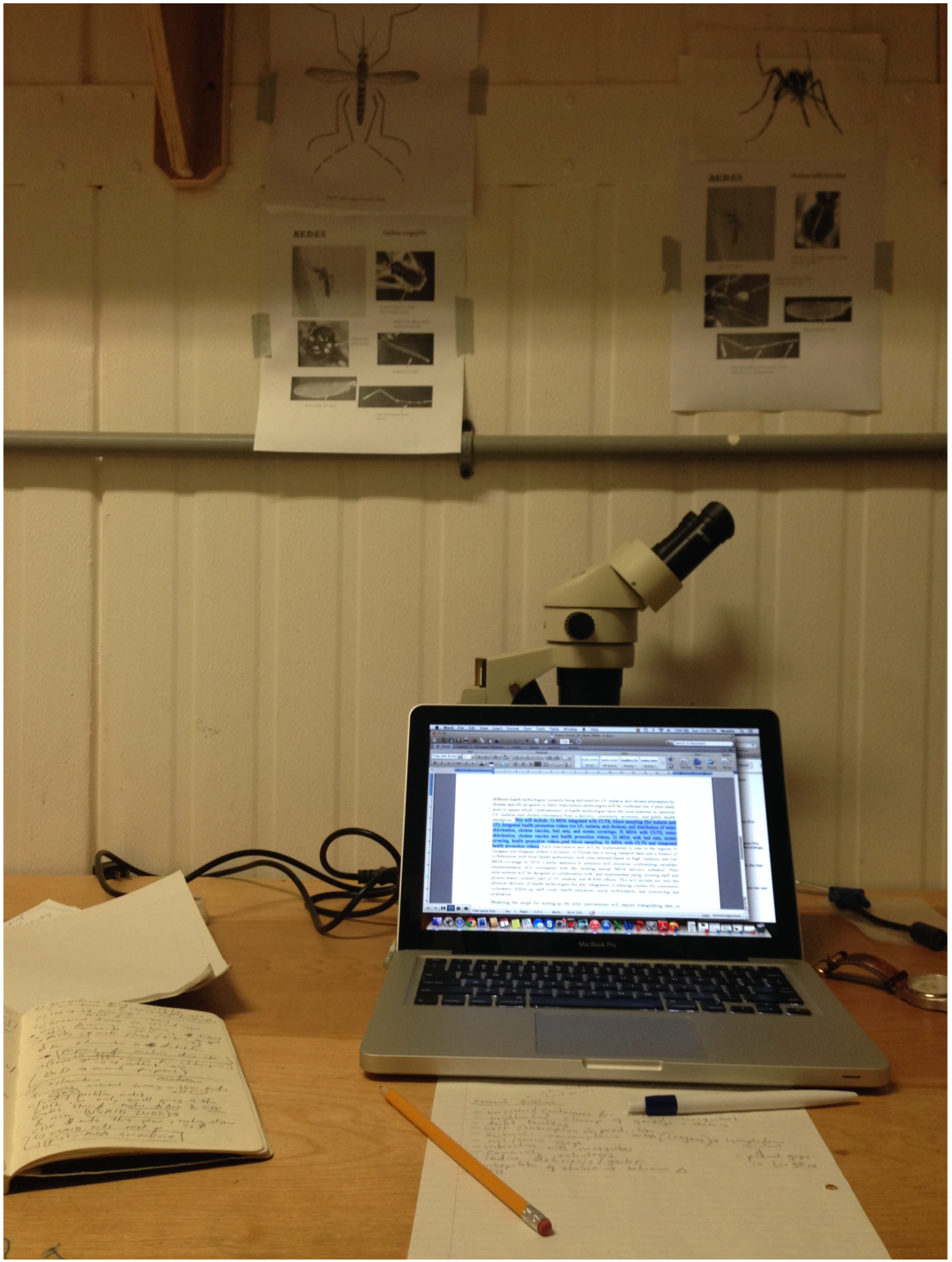
Generate new information/knowledge….

Build new competencies….

Facilitate agile & adaptive systems…

Professionalization
=

Core capacity investments
+
Applied & basic science investments
+
Investment in the supportive ecosystem



Thank You!

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