



## Social Science Working Group Meeting

Wednesday, 09 Sept 2020

12:00 pm BST / 1:00 pm CET

### Action Items

- Update Priority document: include an introduction that frames the priorities, and update each priority as discussed. [Coordinator, co-chairs].
- Draft vaccine webinar concept note. [Coordinator, co-chairs].
- Begin draft of article based on priorities. [Coordinator, co-chairs].

### Notes

#### New member introductions

#### Finalize working group priorities and research questions

##### 1. Priority 1: Political Economy

1. No comments/feedback.

##### 2. Priority 2: Vaccine Trials, Acceptability, and Uptake

1. Drop the role of social scientist question – make the questions about acceptability separate.
  1. Social scientist involvement is a cross-cutting priority, rather than just participating in vaccine trials. We are crucial for everything when it comes to COVID19.
  2. Action: highlight the social science involvement as an introductory paragraph.
2. Could we add effectiveness research into Q2? There is a lot we can do about social structures, embeddedness in local context, that can inform that question.
  1. We can broaden this question to include effectiveness.
3. Is there a question about compliance with the different PPE measures?
  1. Should we broaden Priority 2 to make it broader about therapeutics? Or do we keep it specific to vaccines?
    1. Where can we put uptake of therapeutics and other health interventions?
    2. Action: Priority should be clinical trials. Questions on acceptability, effectiveness; uptake of therapeutics and the vaccine.
  2. Treatment trials and vaccine trials are both important, both include issues of social justice.
    1. Action: Make the social justice question a standalone one.
4. On the question of acceptability – we need to integrate the trust question. Trust is an important aspect of all of this.

1. Do we want to use acceptability terminology (from clinical trials) or do we use trust?
2. We need to broaden our thinking rather than taking notions from clinical trials. It doesn't forbid us from giving advice. If we speak about trust, we have a wider way of looking at the issues.
3. We can definitely talk about trust, it would allow us to address issues of mistrust. If we use trust, we have to be aware that trust is an analytic category, but also people don't enroll in trials because of trust, but because of strategic interests.
4. The other issue is confidence, which goes beyond trust.
5. Can we integrate the question of "community engagement" into this priority?
6. Overall, it would be worth discussing what kind of terminology we'd use and for what purpose. Is the aim to communicate with people doing the trials? Or are we going to use our own terminology.
7. For our own working document, we should use our language, but then we will have another summary version that might speak to non-social scientists?
  1. Or, we can use our terminology and then explain the relevance to clinical trials and for advancing knowledge. It's better to show the relevance than using their terminology.
  2. Introduction: describe importance of priority areas, then the relevance to existing debates. Within the priorities, frame it in our own language.
8. Would changing acceptability to trust resolve a lot of these issues? We're not limiting ourselves to this, but simply saying these topics are of interest. This may not even be a tension between different disciplines, but just cue that we are interested in XYZ issues. Make this clear in the introduction to each priority.

### **3. Priority 3: Borders**

1. It's the same question with borders – we need to look at social networks, and spaces of circulation. This may be a better way to put the problem.
2. What are the difficulties of how nationalism is being stabilized at the moment? It's about the affirmation of national borders.
  1. Action: Q1, Q2 need to be revised. Is this about transnationalism rather than borders per se?
  2. Revise priority to "Transnationalism"?
    1. Add a question about transnationalism. Entire nations have become bounded and hard.
  3. Q1, Q2 can be merged, or add a question about transnationalism? How are borders being settled, re-affirmed, conceptually. What are the difficulties of transnationalism – this affects more than just border communities?
  4. There is something interesting about regionalism as well. We see this in East and West Africa (lessons from Ebola?).
  5. There is something about transnationalism and regionalism and existing controversies over borders that are political and historical.

3. Under borders, we have two questions – about hegemony and nationalism. On the other side, we have borders as a space of circulation, with policies about stopping people. This goes into the broader question of circulation and inequalities. We see this within families as well.

**4. Priority 4: Health-seeking behavior**

1. Action: Add the ‘social construction of risk’ into this 1<sup>st</sup> question.
2. What if we had to choose who to vaccinate? The uptake of general vaccination is very low. We should think about who is most at risk. We don’t touch this issue at all in our discussion.
  1. Can we add this into the social justice question?
3. Action: revise based on Frederic’s suggestion.
5. Should we add something about vulnerabilities and risk factors? The question of vulnerability comes up in South Africa with different populations.
  1. Action: we can write something about this and add under Priority 4.

Working group outputs

1. Do we want to do a webinar on each of these priorities? We can share what work we’ve already been doing. Start with our existing knowledge base.
2. Vaccine trials, trust webinar
  1. We can work on a concept note and see who is interested in presenting.
  2. Who is this webinar for? Who would be in the audience?
    1. The objective is to speak to researchers and to create initiatives, and address the RQs we’ve presented.
    2. Could be a mixed audience – the coalition, we could invite other networks as well.
      1. Broad – funders, etc.?
  3. We can see what other institutions would be interested in co-branding this.
3. Question: is this an internal document, or can we write it up as a commentary in a Global Health Journal?
  1. Commentary around the priorities, and writing up the discussions that we’ve had.
  2. We can do an outline on this and see how people want to contribute.

All other business and next meeting

1. Next meeting in two weeks.