



## Social Science Working Group Meeting

Wednesday, 21 Oct 2020

12:00 pm BST / 1:00 pm CET / 2:00 pm EAT

### Action Items

- Co-chairs to continue to coordinate with WHO as a potential co-organizer of the vaccine webinar.
- Coordinator to send an email, set up a discussion with potential webinar participants.
- Coordinator to the Word document as a shared doc. Share with everyone, add a timeline to completion.

### Notes

#### Working group outputs

1. Vaccine webinars
  - a. Update from co-chair on vaccine webinar co-branding
    - i. **We can link up our vaccine webinar with the WHO and their community engagement in vaccine trials.**
    - ii. Who are we aiming this toward? Clinical trialists who are implementing trials. Potentially people involved in deployment.
    - iii. We would still want this as an output from the coalition.
  - b. Community engagement is always seen as a good thing by clinical trialists, but this can also cause risk and coerce people into trials. Even though we're not aiming at social scientists, there is an important aspect of this to convey.
    - i. We are in favor of engagement, but it shouldn't be done lightly.
  - c. **A roundtable** would be an excellent format for this.
  - d. We would need to get the right person to chair this, someone who can ask critical questions but also respect the social science point of view.
  - e. We could highlight the stages of setting up a trial from setting up to closing it down.
  - f. Can we streamline some of the things we've been discussing for the commentary piece? For example, questions of power, ethics, power within communities. Power of community engagement.
  - g. On a practical level, thinking of colleagues in Sierra Leone. **It would be helpful to have questions beforehand.**
  - h. How do we want to focus this? Is ethics something we want to keep or not keep for this?
    - i. We could cover the ethics issue in one session.
  - i. We could take the social science of ethics into another webinar.
  - j. Overall, we don't want this to be superficial (this is what you can, can't do).
  - k. One idea: create a case study and go through that?
  - l. **Potential participants in the roundtable** (we would want someone with experience in community engagement (CE) or social science around clinical trials):
    - i. Contact from Guinea (French speaker – **we could have translation**)

- ii. Contact from South Africa
    - iii. Contact in Sierra Leone
    - iv. Action: send an email, set up a discussion with potential participants.
  - m. We could organize the webinar around a key question. Rather than focusing on CE, could we focus on the process of CE? Under what conditions do people get involved in trials? Potential foci:
    - i. Community engagement at the start of trials, or after.
    - ii. Trial engagement and politics.
    - iii. What does it mean to talk about ethics and engagement in clinical trials.
  - n. We are in agreement that we want CE to be the focus of the trial. It's unpacking this.
    - i. **Broaden the discussion about what it means to be part of a clinical trial** (different logics, participation). As anthropologists, our question is broader than CE.
      - 1. **If we do target PIs, we should include innovative approaches to CE so we offer potential solutions as well.**
    - ii. Agree – CE comes under this, but allows us to talk about why people join trials, what happens after it's over.
    - iii. We could probe motivations for joining or for staying. The experiences of being part of a trial and staying on.
  - o. **We could still consider three webinars: 1 on vaccine trials (CE considered broadly), 1 on vaccine deployment.**
    - i. Anti-vaxxers and political issues can come under the vaccine deployment.
    - ii. The idea of ignorant publics comes here. The idea in which publics are ignorant contrast with structural reasons why people don't take vaccines.
    - iii. Then there are also individuals who are wary of politicized responses and vaccines produced by politics rather than science.
  - p. **We could raise these anti-vaxx issues in the 3<sup>rd</sup> seminar.** Issues of vaccine hesitancy could also be included. See SSHAP brief coming out on this topic.
2. Commentary
- a. We could split up the writing of the commentary (500 words per section)
    - i. Shelley to lead introduction – why are we working in this area
    - ii. Political economy – Luisa et al.
    - iii. Clinical trials – Salla et al.
    - iv. Transnationalism – David, Megan, et al.
    - v. Health seeking behavior – Frederic, Dumile, Kit-Aun, et al.
    - vi. Koen to write on methods.
  - b. **Two weeks deadline for writing + submission**
  - c. **Overall, we could include a discussion on methods used in the pandemic.**
    - i. Rigor of methods has really seemed to go down. We have all kinds of surveys that seem to be haphazardly designed. No training, anything.
    - ii. Why aren't we learning from other pandemics about research and implementation? The rigor seems to be gone.
    - iii. Could also discuss the apps and other tech advances.

- iv. Ethnography takes a long time. Tension between how we generate knowledge and all the institutions that push or the rapid temporality. This is a tension, maybe.
  - 1. We are able to speak in an emergency context because we are doing long-term research.
- d. What are some overarching concepts?
  - i. **Cross-cutting themes: power, etc. This may work in the conclusion.**
  - ii. Question of social justice. This could also be included at the end.
- e. Action: Make the Word document as a shared doc. Share with everyone, add a timeline to completion.
- f. **We should link our piece to *The Lancet* piece that the Steering Committee wrote.** The Coalition thought it's necessary to include social scientists in this work, and this is why. Then we can show what the priorities are.
- g. We should also link to their upcoming piece, arguing for more funding for social science.

All other business and next meeting

- 1. Next meeting in two weeks