Social Science Working Group
Wednesday, 22 Jul 2020
12:00 pm BST / 1:00 pm CET

<u>**Meeting Notes**</u>

Action Item Summary

⇒ Coordinator to follow up with potential new member from Latin America.
⇒ We need to think about the specific priorities and direction for our group. Co-chairs, coordinator to hone these priorities and research questions (RQs) and share with the group for further confirmation. Then 5-10 RQs to be shared with the Coalition.
⇒ WG to respond to the Coalition's plan for webinars. Do we want a separate webinar on Social Science specifically?

Agenda overview, previous meeting notes, and introductions

- New member introductions
- Overview of the working group purpose
    o Operationalize, facilitate, and accelerate research in LMICs
    o Gather existing documents on social science research for COVID in LMICs
    o Research questions will guide our working group. CRC will review these questions and identify any that are not already answered.
    o Otherwise, we can define our work – creating webinars, publishing op-eds, etc.
- <u>Chair Question:</u> We are looking for regional diversity and more members from Latin America or Asia.
    o <u>Action:</u> Coordinator to follow up with one Chile-based contact.

Discuss and confirm working group priorities and draft research questions

- We need to tie in with WHO priorities, which focuses on operationalizing social science research. WHO priorities are less focused on academic research (e.g. political economy).
- We know that COVID political decision-making has driven different types of epidemics.
- We can review the shared document which lists everyone's ideas for WG priorities.
- <u>Potential Priority 1: Political Economy (or Politicization of the Response)</u>
    o There is adversity between science and epidemic response, which is sometimes more political. There are huge tensions between politicians and scientists, in some countries. This raises some questions:
        ▪ <u>Potential RQ:</u> How are decisions taken that affect COVID directly? How do these decisions affect the trajectory of epidemics in each country?
        ▪ How are public health decisions made, and what kinds of political systems affect it?

- It's understandable that WHO doesn't want to touch it – they don't want to be seen as giving political advice. We should look at two different angles:
  - Potential RQ: The way decisions are taken involving COVID directly. How the political sphere decides what is relevant or not to be implemented in a country? E.g. testing, confinement, what kinds of tests we chose to use.
- Potential RQ: How does COVID fit into political moments? COVID is in a broader political landscape. In Guinea, we had demonstrations against the government. Everyone thinks COVID policies are not meant to protect the population, but stop the election process. How do we turn this into operational guidance? Is COVID used for political means? How can we make that an actual operational priority, when big lobbies are on the other side of it.
- How is COVID shaping different forms of political dissent? How are populations responding to COVID policies and how does this dissent unlock deeper forms of political dissent?
- Biomedical research, including treatment and trials
- Potential Priority 2: Vaccine focus
  - Vaccine development and deployment is a priority
  - Vaccine hesitancy is an issue
  - Potential RQ: What are the social science questions before and after deployment? Vaccine trials, and how countries want to be involved in vaccine trials.
    - Large multi-country trials are in the works. However, will organizations join research on specific vaccines before the release plan of the vaccine price is known? E.g. Astra Zeneca has sold 90 mil doses of vaccine to England, but we don't know the price or how it will be released. Yet, they're starting studies in Brazil and South Africa.
  - Note: the Clinical Research Coalition (CRC) is going to start a series of webinars on vaccines: 1) research priorities, and 2) access and equity.
    - Action: We could also do a social science webinar on this.
  - Potential RQ: What does it mean to provide a COVID vaccine when measles has low vaccine coverage? It's not about the vaccine itself, but implementation should be addressed. There is an important lack of trust toward public health and political elite (e.g. in Guinea). We shouldn't separate vaccine from political economy.
- Potential Priority 3: Borderlands
  - Potential RQ: How are borderlands affected and represented in COVID policymaking? How can we leverage regional collaborations that are being used to implement COVID policies?
    - Could we have regional questions?
    - How are countries collaborating across their borders?
    - How are tensions revealed in border areas, where countries may (or may not) be collaborating for COVID control?
  - There is a lot of stigma against border communities, which are thought of has having a high number of cases.

- o In terms of our priorities, we can link in with existing literature reviews like SSHAP's briefs.
- **Potential Priority 4:** Low concern over COVID
  - o COVID is just one of many viruses, and so some populations are accepting to live with the virus and are not going to take up prevention measures.
  - o We should not completely separate the experience of health care worker and the population.
- **Potential Priority 5:** Health-seeking behavior
  - o Could we expand on the question about trust, related to health seeking behavior?
  - o Health seeking behavior fits into this.
  - o Potential RQ: How are individuals deciding when and how to seek health care? How does this fit into their trust in various health care delivery points?
  - o Decision-making around what health care workers to visit and when, why.
  - o Multiple therapeutic itineraries – this is a classical question, but we shouldn't conflate it with the experience of specific countries, where the way people trust or do not trust interventions are related to Ebola experience.
    - ▪ In Guinea, patients will hide before going to the health center because they are afraid of being treated like Ebola patients (and being taken away/isolated).
  - o We must be fully attentive to the context of every country, including their past epidemic experience.
  - o Potential RQ: We are working in Guinea with colleagues, on how COVID affects social relations and ways of dying. This is maybe a big question, to understand the relationship between the virus, the population, and the health worker. If you follow the path of someone who is dying, how is he handled. How is the population hiding the body to avoid tests? How does COVID affect social relations, showing affection/love?
- **Meta question:** social science methods
  - o Should we do something about operationalizing social science?
  - o Could we have a meta question on the role of social science in epidemic response? Include the discussion on methods to develop social science insights and integrate into response mechanisms?
  - o Maybe have this as a priority for communicating existing information.
- **Action Items from this discussion**
  - o Co-chairs, coordinator to hone these priorities and research questions and share with the group for further confirmation. Then RQs to be shared with the Coalition.
  - o WG to respond to the Coalition's plan for webinars. Do we want a separate webinar on Social Science specifically?

Next meeting

- Meet again in two weeks, on 5 Aug 2020.