

INTEGRATING SOCIAL SCIENCE INTERVENTIONS IN EPIDEMIC, PANDEMIC AND HEALTH EMERGENCY RESPONSE

Report of an informal consultation

London, United Kingdom
8 June 2017



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**“PEOPLE, NOT MESSAGES,
BRING CHANGE”**

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I. BACKGROUND

The 21st century poses new and complex challenges in detecting and managing infectious hazards: SARS, pandemic influenza and MERS-CoV are examples that can be included along more recent health emergencies, such as Ebola or Zika. These outbreaks and epidemics have highlighted the need to systematically use social science-based approaches, methods and analyses to understand the cultural and social contexts of communities affected by health emergencies, as well as the need to detect behaviours and practices that increase the risk of death, disease or societal and economic loss.

Social science approaches are also needed to transform these risky practices into behaviours that protect people and communities from harm and stop the amplification of a disease or other threats. Social science methods, to be effective, must be developed in concert with affected populations to bring a disease outbreak or health emergency to an end.

While social science approaches – such as the inclusion of medical anthropologists in disease outbreak investigation – have been used in the past, the systematic inclusion of social science-based interventions (SSIs) as an integral part of operational response remains a challenge.

WHO is currently working with partners such

as Wellcome to develop a systematic approach to integrating SSIs within health response operations and to build institutional and Member States' buy-in and capacity. One starting point for such integration, currently being pursued by WHO, is to build on the existing focus on capacity for risk communication within the International Health Regulations (IHR). The overall goal is to establish SSIs as a core public health response strategy that cross-cuts all infectious hazard management as well as the prevention and management of outbreaks, epidemics and pandemics. By extension, it is anticipated that this work will also contribute to the management of any public health emergency.

On 8 June 2017, the WHO Health Emergencies Programme and Wellcome convened an informal consultation on integrating SSIs into epidemic, pandemic and health emergency response. The collaboration brought together 72 key stakeholders and experts from the research and emergency operational research arena. The meeting was part of a series of activities planned by WHO (see Fig. 1 below) to initiate the systematic integration of SSIs into the prevention and management of all disease outbreaks, epidemics and pandemics. Its key goals are to stop epidemics quickly and to minimise avoidable loss of life, illness, as well as societal and economic disruption.



Figure 1: WHO start-up plan for integrating SSIs into infectious hazard management

II. MEETING OBJECTIVES

The overall objective of this consultation was to identify ways to integrate SSIs into emergency preparedness and response operations. This broke down into three specific objectives:

- 1** To agree a high-level framework for SSIs for epidemics and global health emergencies.
- 2** To agree the approach for integrating SSIs into operational response, including through galvanising priority networks and institutions.
- 3** To identify priority research and funding gaps for activities as part of preparedness and operational response.

III. PARTICIPANTS

Seventy-two experts from multiple fields - including anthropology, communications, public health, sociology, the social and political sciences, and social and behavioral change communications - attended the consultation, along with representatives from the donor community. This included practitioners, researchers, policy makers and funders from the local, national, regional and international levels, who came from a variety of institutions, including academic organisations, governments, nongovernmental organisations (NGOs) and the United Nations. The list of participants is attached as Annex B.

A flash survey using electronic voting pads conducted at the beginning of the consultation revealed that 48 per cent of meeting participants had

between 6 and 20 years of experience working in emergencies. Nearly two out of five were currently engaged in work that focused on social sciences. Less than one in five said that SSI approaches were currently integrated into their work, while 38 per cent said that SSIs were not considered at all or were only somewhat integrated.

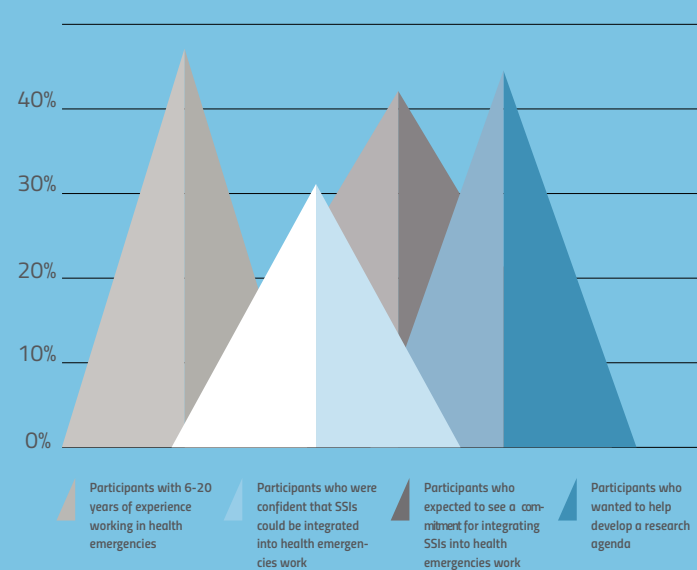
However, when asked at the beginning of the consultation, 31 per cent of participants said they were very confident that SSIs could be integrated into health emergency work, while 49 per cent felt confident that some agencies would be able to achieve this. One in five said they were not confident that SSIs could be integrated into health emergency work within the next five years.

At the outset of the meeting, 43 per cent of participants

said their main expectation was to see a commitment to integrating SSIs into health emergency response, while 25 per cent wanted to learn about how this could be done. Others wanted to learn about SSI challenges in this area (15 per cent), wanted to get funding (11 per cent) or were looking to network (3 per cent).

When asked how they wanted to contribute to WHO's efforts in this area - 44 per cent of participants wanted to help develop a research agenda; 23 per cent wanted to be a "collaborator"; 16 per cent wanted to be part of the proposed WHO Social Science experts' Network (SocialNET) to be deployed to countries where health emergency operations are being conducted; 3 per cent wanted to donate funds; and 2 per cent wanted to be a trainer for WHO in this area.

Figure 2: Participants' backgrounds and expectations.



40% of participants were engaged in work focusing on social sciences.

20% of participants said that SSI approaches were integrated into their work.

38% of participants said that SSIs were not considered at all or were only somewhat integrated into their work.

IV. METHODOLOGY



Much of the meeting was conducted as a series of expert panel discussions followed by plenary sessions. Group work was conducted to identify priority areas for action.



V. SETTING THE CONTEXT OF THE CONSULTATION

Speaker: João Rangel de Almeida, Wellcome

Either as part of epidemic preparedness programmes or epidemic response initiatives, social scientists have studied hospital emergency rooms, provided insights into the legal and ethical implications of emergency response, and have served as mediators between governments, communities and scientists.

The knowledge produced through these research programmes is today recognized as a crucial tool to contextualise, situate and adapt epidemic control operations. When adequate channels are established, these insights can be used to develop operations that are sensitive to local cultures and help curtail the spread of disease more efficiently.

The purpose of this consultation is not to raise the profile of social sciences or to justify their existence. Rather, we are here today to develop strategies to efficiently integrate social science research into health emergency preparedness and response.

The WHO Health Emergencies Programme is the ideal place to anchor these debates. The Infectious Hazard Management team is responsible for interventions while the R&D Blueprint team is responsible for the development of a global strategy and preparedness plan that allows the rapid activation of R&D activities during emergencies. The R&D Blueprint's aim is to fast-track the availability of effective tests, vaccines and medicines that can be used to save lives and avert large-scale crises. It identifies a list of priority diseases

that pose a public health risk because of their epidemic potential and for which there are either insufficient countermeasures or non at all.

During this informal consultation we will address questions such as: How can we develop a social science research agenda that contributes to better tackling future epidemics? How can we link preparedness and response with research? Can social scientists pre-construct research protocols ready to be mobilized for health emergencies? Do standard operating procedures need to be adapted? Do we need a training programme that prepares social scientists to be deployed to the field? How will we make sure that communities are engaged and empowered to protect themselves and actively stop infectious diseases from encroaching on humanity?

A key challenge for funders of social science research and interventions is to determine how best to support the uptake of social science knowledge into policy and practice. Funders want to understand how their resources can be used to support more and better collaboration among researchers and responders. How can social science data be shared through open research platforms? What collaborative networks exist and how can they be strengthened? What are the ways to better share social science data during health crisis and emergency response? And how do we build capacity to implement research at the community level, particularly in areas where health systems are weak?



VI. PREFACE TO THE EXPERT PANELS

Speaker: Gaya Manori Gamhewage, WHO

Communities are at the heart of any disease outbreak and health emergency response. WHO seeks to spur investment in social science research and harness its knowledge; it wants this to yield interventions that motivate individuals and communities to reduce health risks, access health care and participate in prevention and treatment actions to halt infectious disease outbreak. SSIs are a powerful set of tools that can encourage communities to detect and report outbreaks early and stop them from causing a cascade of preventable illness, suffering and death.

During the 2014–2015 Ebola crisis in West Africa, the initial response to the emergency focused on biomedical and epidemiological interventions to contain the outbreak. As the outbreak persisted and grew, the realization that biomedical and epidemiological responses were reliant upon community acceptance and adoption became more widely accepted by the international response. However, the work in this domain was often limited to awareness campaigns and social mobilisation, and

meaningful community engagement remained a challenge.

Social sciences helped sensitize Ebola responders to the priorities and concerns of local people in affected communities; they helped responders act with respect for local customs and cultural norms, particularly around burial practices and dealing with the sick. In turn, communities became willing to temporarily change time-honoured and sacred practices that had been dangerously instrumental in fuelling the epidemic. As communities took control of changing the behaviours and practices that exposed them to the Ebola virus, the epidemic subsided.

The key objective of this meeting is to think through how we can work together better. We already have the common ambition that social sciences should play a more predictable and central role in health emergency response. We have to be entrepreneurs and have the unrelenting belief that things can be done better.



VII. EXPERT PANELS

Expert presentations are available at:

www.who.int/risk-communication/social-science-workshop-london/en/

Most of the meeting was conducted in the form of expert panels followed by discussions.

The first panel was 'Health Emergencies and Social Science Interventions, Scope and Needs', facilitated by Gaya Manori Gamhewage. Panelists spoke on: SSIs and MERS-CoV (Maria van Kerkhove, WHO); yellow fever in Africa in 2016 (Rafael Obregon, UNICEF); integrating SSIs in epidemic, pandemic and health emergency response (Juliet Bedford, Anthrologica); improving public health emergency response programmes through social and behaviour change communications (Amrita Gill Bailey,

John Hopkins University); and addressing vaccine hesitancy (Rob Butler, WHO).

The panel was followed by a presentation by UNICEF, 'Social Science to Guide Risk Communication and Community Engagement in Humanitarian Situations - UNICEF C4D Actions'. WHO then took the floor to present the WHO framework for SSIs in epidemics and pandemics, and focused on using existing international frameworks as a means of integrating SSIs into emergency response, most notably the International Health Regulations (IHR). The presentation of the framework was followed by a discussion.



Session 3, 'Understanding and Engaging Communities and Issues of Health Emergency Response' included the following themes:

Response – facilitated by Gaya Manori Gamhewage, WHO

Key topics discussed were: Community Engagement. Best practices for health emergencies: Sarvodaya Experience in Sri Lanka (Vinya Ariyaratne, Sarvodaya Shramadana Movement Sri Lanka); 'The Community-Based Initiative: Ebola and Beyond' (Mosoka Fallah, National Public Health Institute of Liberia); and 'Understanding Risk Communication for Health Emergency Response' (Aphaluck Bhatiasavi, WHO).

Preparedness – facilitated by Cathy Roth, DFID

Key topics discussed were: 'Preparedness for Health Emergencies - Community, Context, Capacity' (Melissa Leach, Institute of Development Studies); 'Improved Preparedness with

One Health' (Kathrin Heitz-Tokpa, Afrique One-Aspire); and 'Strengthening Community Members. Capacity for Emergency Health Preparedness - Who Should be Involved?' (Patricia Kingori, Ethox Centre, University of Oxford); 'Vaccine Acceptance and Hesitancy' (Bruce Gellin, Sabin Vaccine Institute).

Integration – facilitated by Rafael Obregon, UNICEF

Key topics discussed were: 'Community Engagement Health Promotion and Humanitarian Aid' (Fernanda Falero, MSF); 'The Interface Between the Humanitarian Community and the Outbreak Community' (Karl Blanchet, Health in Humanitarian Crises Centre, LSHTM); 'Community Engagement and the Health System' (Asiya Odugleh-Kolev, WHO); Lessons Learned from the HIV Response' (Niamh Stephenson, University of New South Wales).

The meeting concluded with group work to identify the top funding priorities in the effort to integrate SSIs into emergency work.

VIII. DISCUSSION

- Cultures in locations prone to infectious disease outbreaks with catastrophic potential have to be understood and the uniqueness of each appreciated.
- Social sciences lead to an appreciation of what unifies a culture and explain the "why" and "how" of its norms and actions (around health and disease).
- Social and power dynamics are always at play in communities. Responders need to understand this and engage appropriately.
- Social science approaches should be used to involve communities from the outset of an emergency response to understand their experience, views, and concerns before any action is taken. Communities must own the response.
- Effective community engagement should be occurring and be made stronger at all times, not just during emergencies.
- There needs to be an agreed standard definition of social sciences as they relate to health and humanitarian crises. The term needs to be unpacked: social sciences and SSIs are often used interchangeably, yet some experts argue that they are different concepts that require different resources and frameworks.
- Most experts noted that social science approaches go beyond emergency risk communication, while a minority thought that they fit within its broad scope.
- Experts debated where best to integrate social science research in the emergency structure. It was proposed that clear structure and channels are required.
- Standardized mechanisms to share data and knowledge across epidemic response actors need to be created.
- There needs to be a common language that all actors in a response can understand and act on when appropriate.
- National and local capacity must be supported to build social science knowledge and integrate SSIs into preparedness, response, and recovery.
- It's important to train clinicians and community health workers and other technical experts in social science approaches and include their perspective in shaping SSIs.
- Capacity and mechanisms need to be built not only for co-training but also for co-deployment of social scientists in any emergency response.

IX. RECOMMENDATIONS

The following recommendations emerged from the discussions and the group work:

1. DESIGNATE PRIORITY AREAS OF RESEARCH FOCUS

- Prioritize studies in social sciences linked to the high-risk diseases prioritized in the WHO R&D Blueprint.
- Conduct research in countries at high risk of outbreaks as defined by WHO.
- Invest in North-South collaboration and transfer of expertise for research.

2. DEVELOP THE EVIDENCE BASE FOR SSIs

- Build upon the existing body of health and risk communication evidence to be applied to health emergencies.
- Develop agreed upon standards and methods for data collection.
- Fund comparative studies, and conduct systematic reviews and case studies of:
 - SSIs from the 2014–2015 Ebola crisis in West Africa
 - the use and impact of local knowledge in the context of Ebola
 - lessons from other disease outbreaks from the past 2–3 years – yellow fever, cholera, Zika, etc
 - existing SSIs that have been used in other fields (e.g., cancer, tobacco).
- Encourage practitioners to publish their experience to build up literature that could contribute to the evidence-base.

3. COMMUNITY RESILIENCE STRENGTHENING

- Fund research on strengthening civic participation at the community level before, during and after disease outbreaks, epidemics and pandemics.

4. DEVELOP TOOLS AND DEFINITIONS TO INTEGRATE SOCIAL SCIENCE KNOWLEDGE AND INTERVENTIONS INTO PUBLIC EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY

- Develop WHO SSI guidelines.
- Develop standardized tools and survey questions to be asked across cultures and contexts related to high-risk disease threats.
- Develop a glossary of definitions (a ‘common language’) for social sciences in the context of health emergencies, which translate across disciplines.
- Develop tools and models to apply cultural, historical and political knowledge to health emergencies.

5. CREATE PLATFORMS FOR THE FUNDING, IMPLEMENTATION AND REPLICATION OF PROVEN EFFORTS

- Support long-term social science research that feeds directly into a platform capable of assisting a rapid response.
- Develop emergency responses that include bio-social approaches.

6. PRACTICE AND USE

- Measure effectiveness of interventions.
- Evaluate best practice and capture lessons learned.

7. CREATE A NEW DISCIPLINE THAT MAKES SSIs A KEY PART OF PUBLIC HEALTH PREPAREDNESS, RESPONSE AND RECOVERY

- Develop a certified programme for field social science.

- Create research protocols to standardize the process of integrating social sciences into preparedness and response, in order to develop knowledge, translation and training.
- Strengthen collaborations with universities in countries most prone to outbreaks, epidemics and pandemics and facilitate strengthening of the Global South's ability to use SSIs in emergency work.
- Involve social scientists in strengthening regional, national and local preparedness, response and recovery plans for health crisis scenarios, including in the design and execution of preparedness exercises.
- Feature principles of effective community engagement in all training programmes for international, regional, national and local responders, including just-in-time training.
- Build a pool of experts who can be deployed in emergencies.
- Build a research agenda for SSIs.

8. CAPACITY STRENGTHENING

- Strengthen collaborations with universities in countries most prone to outbreaks, epidemics and pandemics and facilitate strengthening of the Global South's ability to use SSI in emergency work.
- Involve social scientists in strengthening regional, national and local preparedness, response and recovery plans for health crisis scenarios, including in the design and execution of preparedness exercises.
- Feature principles of effective community engagement in all training programmes for international, regional, national and local responders, including just-in-time training.
- Train clinicians and epidemiologists in the fundamentals and relevance of social science research.
- Train, prepare and support social scientists at the international, regional, national and local levels to mobilize and deploy to countries facing a health crisis.
- Integrate SSIs into preparedness exercises, such as drills.
- Create an international working group.

9. GOVERNANCE

- Ensure there is government accountability for integrating SSIs into response.
- Ensure there is coordination between multiple sectors and actors.



X. CONCLUSION

These recommendations, which were made directly and emerged as the priorities across the different panels, will feed into the development of WHO's strategy for integrating SSIs into emergency work, and will feature in funding proposals by the Wellcome and WHO.

AGENDA

THURSDAY, 8 JUNE 2017

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| 8:40 | Registration, tea and coffee |
| 9:00 | Introduction to the Workshop and Participants Katherine Littler, Wellcome João Rangel de Almeida, Wellcome Gaya Manori Gamhewage, WHO |
| SESSION 1 | Health Emergencies and Social Science Interventions: Scope and Needs Chair: Gaya Manori Gamhewage, WHO |
| 10:00 | Speakers: Maria van Kerkhove, WHO Rafael Obregon, UNICEF Juliet Bedford, Anthrologica Amrita Gill Bailey, Johns Hopkins University Rob Butler, WHO |
| 10:45 | Social Science to Guide Risk Communication and Community Engagement in Humanitarian Situations - UNICEF C4D Actions Chair: Gaya Manori Gamhewage, WHO Speaker: Ketan Chitnis, UNICEF |
| 11:00 | Break |
| SESSION 2 | Presentation and Discussion of Draft WHO Framework for Social Science Interventions in Epidemics and Pandemics Chair: João Rangel de Almeida, Wellcome Speaker: Gaya Manori Gamhewage, WHO |
| 11:30 | |
| 12:30 | Lunch |
| SESSION 3 | Understanding and Engaging Communities and Issues of Health Emergency response Chair: Gaya Manori Gamhewage, WHO |
| 13:30 | Response Speakers: Vinya Ariyaratne, Sarvodaya Shramadana Movement, Sri Lanka Mosoka Fallah, National Public Health Institute of Liberia Aphaluck Bhatiasavi, WHO Discussion |
| 14:20 | Preparedness Chair: Cathy Roth, UK Department for International Development Speakers: Melissa Leach, Institute of Development Studies Kathrin Heitz-Topka, Afrique One-ASPIRE Patricia Kingori, Ethox Centre, University of Oxford |

AGENDA (CONTINUED)

THURSDAY, 8 JUNE 2017

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| 15:10 | Break |
| 15:40 | Integration Chair: Rafael Obregon, UNICEF Speakers: Fernanda Falero, MSF Karl Blanchet, London School of Hygiene and Tropical Medicine Asiya Odugleh-Kolev, WHO Niamh Stephenson, University of New South Wales |
| 16:10 | Conclusions and Recommendations to Funders Chair: Katherine Littler, Wellcome |
| 16:30 | Closing Remarks Gaya Manori Gamhewage, WHO |

LIST OF PARTICIPANTS

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**COMMUNITIES ARE AT HEART OF ANY DISEASE
OUTBREAK AND HEALTH EMERGENCY RESPONSE**





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