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Key social science priorities for long-term COVID-19 response

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INTRODUCTION

There has been recognition of the importance of social science perspectives during emergent epidemics over the past 30 years, especially the HIV pandemic and the West African Ebola Epidemic between 2014 and 2016.[1] However, the COVID-19 response continues to be driven by epidemiological priorities and one-size-fits-all approaches. What the pandemic has made explicit is that despite countries organising preparedness programmes according to global policy, the differences in implementation and uptake are vast due to local politics, health systems and other contextual factors. Social science brings an understanding of context and draws attention to politics, power and social difference with implications for epidemic response. Furthermore, and in light of the imperative to decolonise global health, social science can bring diverse and decolonised perspectives to the table, which can localise and ground health policy.

Our multinational social science working group under the COVID-19 Clinical Research Coalition has established four intersecting priorities as essential areas for shaping social science research and global policy for COVID-19 in the long term. We argue that these priorities are crucial to the ethical conduct of biomedical research and public health policy and also relevant to broader historical, social, political, and economic debates on COVID-19.

PRIORITY 1: POLITICAL ECONOMY

The political dimensions of the pandemic, and the ways in which political economies shape pandemic responses and access to care, have been the dominant theme during the pandemic.[2] One key aspect of the COVID-19 pandemic is the intensifying of deep

Summary box

► The COVID-19 response continues to be driven by epidemiological priorities, and yet, the epidemic and responses are situated within specific political and health system contexts. Social science brings an understanding of context and draws attention to politics, power and social difference.

► There are four critical social science priorities for COVID-19 research and policy in the long term. First, political-economic insights can support the design of public health measures and elucidate how public health responses are produced by political systems.

► Second, a better understanding of the political and social structures that relate to vaccine confidence will improve public trust, acceptability, effectiveness and uptake of COVID-19 vaccines and therapeutics.

► Third, development of social science perspectives on health and governance is vital to inform and untangle the complicated ways in which nationalism interacts with public health measures.

► Finally, social science inquiry can reveal how individuals and communities perceive, understand and construct COVID-19 risk and severity and seek help.

► These insights support building trust and good relations between local and international research and programme teams and between communities and researchers that will enhance confidence in the development, research and deployment of vaccines and other COVID-19 control measures.

pre-existing structures of inequality across geographic scales. The spread of the virus has been concentrated in areas where social determinants of health, such as low education level, precarious socioeconomic situation, discrimination and structural racism, contribute to adverse health outcomes. Hence, disparities (eg, ethnic, class, income) observed in COVID-19 cases are a symptom of systemic inequality that is intertwined with biology, health behaviours and everyday living environments.[2]

Alongside the emphasis on institutions and policy, social science brings attention to power dynamics in everyday relations. Paying attention to everyday experiences of and social responses to the crisis, social science research can reveal how COVID-19 affects and is affected by local power dynamics. During the 2014–2016 West African Ebola epidemic, for example, anthropologists studied local legitimacy and formal and informal authority structures illuminated both the challenges and opportunities for mobilising communities in responding to the epidemic.[3] Tensions between national and local leadership across European countries during COVID-19 highlight the need for similar efforts to map power dynamics and identify entry points for effective community engagement. Overall, social science research can observe how political and economic dynamics contribute to the doing and undoing of public confidence in response measures. On vaccine equity, social science can highlight the politics behind technical discussions on intellectual property rights.[4 5]

A key priority for long-term COVID-19 response then is to understand the multiple political determinants of institutional responses and of individual and collective experiences of the pandemic. These insights can include an appreciation of how political trends such as the growth of nationalist populism affect the standing of scientific evidence,[2] how political networks influence the awarding of public contracts for implementing response measures or how the health crisis has prompted reconfigurations and reckonings in long-standing struggles for racial justice. A focus on political economy will involve exploring the infrastructures of pandemic response at national and global levels, focusing on how the distribution of power and resources across actors and organisations influences COVID-19 public health responses and outcomes. We can trace institutional priorities, funding mechanisms and decision-making processes. Political–economic insights can support the design of public health measures and elucidate how public health responses are produced by political systems in ways that have direct health outcomes.

PRIORITY 2: CLINICAL TRIALS, VACCINE DEPLOYMENT AND VACCINE EQUITY

The COVID-19 pandemic has raised a range of social science issues related to clinical trials of COVID-19 therapeutics and vaccines, including for COVID-19 therapeutics and vaccines.[6 7] Trust in clinical research is directly related to vaccine deployment, as trials pave the way for how vaccines and therapeutics are perceived and taken up. While vaccine trials adhere to international and local bioethical standards, local concerns about medical research are contingent on local cultural norms and values, reflect previous experiences of research and are influenced by existing health systems. For example, understanding local power dynamics, ideas of fairness and the nature of trust has been important for the recruitment

of participants into Ebola vaccine trials.[8] Conducting clinical research in an epidemic, when people are understandably fearful, also requires an appreciation of what motivates people to take part in trials. Fears and mistrust can be expressed through rumours, gossip and conspiracy theories.[9] Building good relations between researchers and communities requires engaging with these concerns. The Ebola vaccine trials have taught us the importance of altruism, sacrifice, curiosity and hope, in participants' decision-making, even despite their fear.[10]

Vaccine confidence is also influenced by historical, cultural and political dynamics. Social relations, trust and legitimacy are particularly important.[11] Social science inquiry can reveal how governments and COVID-19 country coordinating bodies can improve public trust, acceptability, effectiveness and uptake of COVID-19 vaccines and therapeutics. Ebola research has demonstrated that the roots of mistrust extend beyond the epidemic, making acceptability contingent on past relations between communities, healthcare providers and international agencies. To build vaccine confidence, it is important to take these voices seriously and address misinformation and disinformation that affect vaccine uptake. Effective community engagement should be systematised for COVID-19 clinical trials and vaccine deployment.

Social science inquiry also brings attention to social justice in access to COVID-19 vaccines in resource poor contexts. COVAX has not secured sufficient vaccine supplies and it is clear that a charity model for vaccine equity does not work. Thus, a second key priority is to understand political and social structures that relate to vaccine development and deployment. A key concern is the pricing of vaccines that is determined by intellectual trade-related property rights agreements, which means that novel, patent-protected products tend to be over the price range that low-income countries can afford.[4 5] This raises long-term questions about research and production infrastructures that are influenced by political histories and contemporary realities. The development of COVID-19 vaccines and subsequent protection of intellectual property raise questions about the use of public funds to develop privatised technologies.[12]

PRIORITY 3: TRANSNATIONALISM

In the early days of the pandemic, border after border was closed as one of the first measures instituted to stop the virus' spread. Nations rushed to stockpile limited COVID-19 vaccines at the expense of equity and fairness. While this was a visible result of national measures to control the spread of COVID-19, it also linked into broader concerns around underlying nationalism that has been exacerbated and manifested in public health emergency response. Nationalist-driven policies reaffirm and strengthen borders, which present challenges to transnational or regional collaboration.[8] Therefore, social science perspectives are vital to inform and

untangle the complicated ways in which nationalism interacts with public health measures.

A third key priority is to develop social science perspectives on health and governance related to nationalism and transnational populations. Critically, the focus should move beyond national borders to understand how transnational communities are complex and shifting. There is a need to explore the interplay between nationalism and the pandemic. This will involve exploring how transnational populations are affected by dynamics of the pandemic, nationalism and national-level public health response.

PRIORITY 4: PREVENTATIVE AND HEALTH-SEEKING BEHAVIOUR

Uncertainties around the COVID-19 pandemic, and the political–economic context affect public trust in the COVID-19 response and formal and informal healthcare providers.[13] Trust in public health actors is essential for healthcare seeking for COVID-19. The public and expert discourses on COVID-19 are multiple and often conflicting, driving a crisis of legitimacy, trust and uncertainty. Thus, it is crucial to explore how individuals and communities perceive, understand, construct, COVID-19 risk and severity. This requires an exploration of how past experiences of epidemics affect individuals' preventative or treatment-seeking behaviour and the role of COVID-19 stigma.[14] Social science inquiry can reveal how social inequalities shape discriminatory practices and affect healthcare access and ability of individuals to protect themselves from risk of COVID-19.[15] As more cases of long COVID-19 emerge, social science approaches will be needed to understand the long-term health effects and political, social and economic impacts including stigma drawing on social science perspectives on HIV as a chronic disease. Finally, social science inquiry can reveal how the COVID-19 response has affected health-seeking behaviour for other non-COVID medical needs.

CONCLUSION

As the COVID-19 pandemic has revealed, biomedical and behavioural approaches to public health are insufficient on their own to tackle inequities that have become so apparent. The pandemic is fundamentally a sociopolitical problem. While medical technologies like vaccines have been developed rapidly and will be key to ending the pandemic, ending the pandemic for all and bolstering recovery will require tackling some of the most important social, political, economic and social justice questions of our time and social science can provide crucial insights into how to do this.

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