Pandemic preparedness means policy makers need to work with social scientists

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A multidisciplinary approach is required to understand, address, and recover from pandemics, and social scientific disciplines are central to this. Specialists in anthropology, human geography, and sociology, among other disciplines, generate, interpret, and problematise data about the social world, often directly supporting decision making for public health policies. Importantly, social scientists also challenge and critique policy—practices which are essential for its refinement.

Social science shows that apparently simple or blanket solutions to public health problems are not as straightforward as they might initially seem, and that their implementation can have undesirable or even counter-productive effects. This has been evident, for instance, in relation to national and international restrictions on mobility. The Ebola virus disease outbreak in west Africa in 2013–16 provides an example. As with COVID-19, curfews and travel restrictions prevented or disrupted social gatherings with family and friends, and care for the living and the dead. Social relationships, as anthropologists and others have shown, were radically reworked. This involved, for instance, decreases in and the recasting of trust, intimacy, and attachments, which negatively impacted personal and community wellbeing.[1] When public health restrictions are widely understood to be necessary, they must be very carefully deployed, monitored, and evaluated to ensure that they are appropriately calibrated to their contexts and that plans to mitigate any potential wider harms are implemented.

Aside from national restrictions, an example of an ostensibly simple solution for pandemic management during COVID-19 is the imposition of travel restrictions and bans, with some commentators urging policy makers to "close the borders". Global and public health experts, sometimes in collaboration with colleagues in the social sciences,[2] have highlighted a range of challenges to such an approach.[3-5] These include a lack of clear benefit when local transmission rates of SARS-CoV-2 are already high, the disincentivisation of disease-related data sharing between countries, and the redirection of policy attention and resources away from vital local measures for mitigation. Calls to close national borders also obfuscate the complexities inherent to the practices, governance, and politics of mobility—and of borders themselves.[6] Such challenges and apparent contradictions have been extensively studied by social scientists.[7,8] In effect, calls to close national borders propose an administrative or political fix to a complicated social process with potential for humanitarian harm. This includes limits to trade (which can underpin access to health care) and to the distribution of goods that are essential to health, restrictions on immigration and asylum, and the practices of immigration detention.[9,10]

Social scientific research on COVID-19 has increased as the pandemic has evolved. This research has spanned areas such as access to care and treatment; the experiences and perspectives of patients, clinicians, and minoritised groups; racism and discrimination; and the governance of the pandemic.[11-16]vSuch research has provided insights into the intersections of COVID-19 with gender, race, patient activism, and broader socio-cultural discourses.[17-19] Mechanisms sometimes exist to take this scholarship to policy makers. In the UK, for instance, social scientists have participated in the Government's Scientific Advisory Group for Emergencies and its subcommittee, the Scientific Pandemic Insights Group on Behaviours.

However, the inclusion of social scientists in advisory groups is not always standard practice, and in our own experience social scientific contributions are not always well received by decision makers and advisers.

Sociologists, anthropologists, and others are sometimes accused of overcomplicating matters. In turn, social scientists can feel frustrated by or even excluded from policy discussions that ask them to offer straightforward solutions to questions set by policy makers or health researchers that social scientists consider to be poorly framed or which address only one dimension of a complex issue.[20] Take, for example, the following question: are particular socioeconomic groups more likely to be vaccine hesitant? When governments or local authorities are confronted with differences in vaccine engagement within their populations, they might assume that vaccine hesitancy results from personal choices made by individuals from specific groups. However, social scientific perspectives offer a deeper and more actionable insight: vaccine engagements are products of social contexts and circumstances that shape encounters with health care and even conceptions of health.[21-23] Institutional and interpersonal racism, for instance, creates structural barriers in access to COVID-19 vaccines that require ambition, reflection, and dialogue on the part of policy makers and health systems to address.[24] When the critique inherent to much social scientific research and analysis is discounted, policy makers can find themselves asking the wrong questions or misinterpreting the answers.[25,26]

As countries and international organisations focus on pandemic preparedness, the default position for any initiative must be to include the perspectives and expertise of social scientists at the outset. Social science needs to be part of all global initiatives, including qualitative and quantitative experts from more than one discipline, and not just from high-income countries. Pandemic preparedness cannot become yet another vehicle for epistemic, economic, or political colonialism.[27]

The roles of social scientists in pandemic preparedness are as diverse as the social sciences themselves.[28] Social scientific methods, for example, are crucial for comparing and evaluating the social, economic, and health policies deployed during previous pandemics. They can thus provide a roadmap for managing and mitigating future events. Similarly, theoretically sophisticated qualitative studies of how people engaged with public health measures and adapted their social practices are vital. Such work is instructive for preparedness for future pandemics. Moreover, conceptual analyses that situate the COVID-19 pandemic in relation to other social and public health concerns (eg, public responses to previous epidemics, the logistics of testing, the practicalities of harm reduction, and challenges relating to equitable access to diagnostics, vaccines, and treatments) can contribute to informing the deployment of anthropological, sociological, and other social science research projects that help calibrate pandemic policy making and the development of public health interventions.

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