Social dimensions of monkeypox: gaps and priority questions?

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What is known
three fields of relevant research

Human-animal relations, zoonotic disease, One Health

• Human-wildlife interactions and animal products in various settings eg. Nigeria.
• Socio-cultural and livelihood considerations related to risk at household and community levels: lessons from other zoonoses (eg. Lassa Fever).
• Social difference and the relationship to risk and vulnerability.
• Shifting disease ecologies and drivers of (re)emergence across scales.
What is known

three fields of relevant research

Social science of infectious disease and pandemic preparedness

- Representations of outbreaks and the implications for community reactions to response efforts.
- Diverse contexts (histories, cultural logics, political-economic realities, state-citizen relations) affecting experiences of outbreaks and responses.
- Preparedness ‘from below’: community-led initiatives and resilience for supporting formal measures and mitigating wider impacts of outbreaks.
What is known
three fields of relevant research

Social science of HIV

• Approaches to patient rights and disease-linked civil society mobilisation.
• Issues of equity and social justice in access to testing and drugs.
• Understanding stigma, addressing discrimination in healthcare and beyond.
• Approaches to co-production of prevention and positive health messages.
• Understanding the structural drivers of disease and risk.
Priority areas and gaps

**Social considerations for transmission dynamics**

- The nature of animal-human and human-human relations and interactions.
- The effect of diverse socio-cultural and livelihood contexts on contact.
- The influence of legal contexts and stigma on the visibility/invisibility of activities that could be relevant for transmission in different countries.
- Multi-scalar drivers of shifting disease patterns across countries.
- Structural barriers to surveillance and detection of disease across contexts.
Priority areas and gaps

Social considerations for containment and response

• Balancing the tension between information and stigmatisation.
• Involving affected groups/networks in framing and dissemination of messages – wider thinking about ‘at-risk’ groups; recognition of diversity in communities.
• Infodemic concerns - but also influence of contexts where information lands.
• The legacy of COVID - impacts on requests to isolate or share contacts.
• Biological, social, economic vulnerabilities: proportionate responses.
Priority areas and gaps

Social considerations for care

- Awareness of disease by clinicians – within and beyond sexual health clinics to primary care; addressing risk to health workers and mental health toll.
- Factors influencing willingness to seek care and barriers to access.
- Diagnostic pathways and opportunities to reduce stigma and improve care.
- Specific considerations for different vulnerable populations, in various health system and health financing contexts.
What kind of research is required?

1. Participatory approaches and citizen-science initiatives
2. Interdisciplinary research
3. Implementation research
## Priorities – immediate and longer-term

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<tr>
<th>Research priorities</th>
<th>Why?</th>
<th>Type of research/studies</th>
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| Research to understand social dimensions of transmission dynamics in current outbreak and longer term | Need to understand complex dynamics related to human-animal interactions and human-human relationships, which vary by context | • Interdisciplinary and One Health  
• Participatory and co-designed  
• Citizen science  
• Implementation science  
• Comparative case study research |
| Research to understand social dimensions of containment and response in evolving current situation | Need to understand tensions between messaging and stigma and identify ways to harness existing citizen networks | |
| Research to understand the social dimensions and experiences of care, now and looking forward | Need to understand ways to improve care pathways, identify vulnerability and protect health staff, taking account of different contexts and resources | |
Conclusions

• Participatory and community-centered approaches are needed with emphasis on co-production and citizen science – platforms that engage citizens.

• Longer term preparedness involves systems strengthening: for surveillance and detection across regions; for integrated measures to mitigate the socio-economic effects of outbreaks; to enable collaboration with trusted actors on the ground.

• Encourage interdisciplinary research to address research gaps and transdisciplinary research to involve a range of stakeholders.