Social dimensions of monkeypox: gaps and priority questions?

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R&DBlueprint

Powering research
to prevent epidemics

What is known

three fields of relevant research

Human-animal relations, zoonotic disease, One Health

1

- 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

2

- 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.

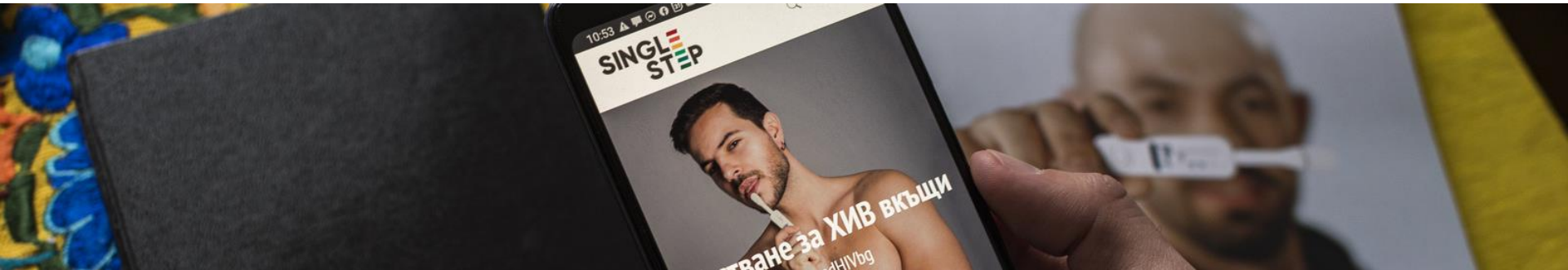
What is known

three fields of relevant research

Social science of HIV

3

- 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

1

- 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

2

- 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

3

- 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

	Research priorities	Why?	Type of research/studies
1	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
2	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	
3	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.