

The role of social and behavioural sciences in emergencies and crises

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What is the role of social and behavioural sciences in emergencies and crises and what has been the impact of (and learnings from?) its application on supporting emergency responses and on reducing or mitigating the impacts of crises in LMICs, particularly on the world’s most vulnerable people.

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The K4DD helpdesk service provides brief summaries of current research, evidence, and lessons learned. Rapid evidence reviews are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.

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1. Summary

Social and behavioural sciences (SBS) have a lot to offer in a crisis situation. This report outlines what a crisis is and how it changes behaviours and realities during its existence, it gives case study examples of the impact of SBS during crises and why we need these approaches, outlines the key learnings from using these approaches and explains how SBS can be supported by donors. Through these examples, the main areas that should be drawn out showing its areas of usefulness are:

- **Contextualisation:** SBS is essential in a crisis for contextualising the impact within specific cultural, economic, and social contexts, allowing for tailored and culturally sensitive response strategies.
- **Perspectives on political economy:** By incorporating perspectives from political economy, SBS enables a comprehensive analysis of how this influences crisis dynamics, guiding policymakers in developing responses that address both immediate and systemic issues.
- **Lived experiences - views 'from below':** SBS captures the perspectives of individuals and communities 'from below,' providing a nuanced understanding of their lived experiences during a crisis, which is vital for empathetic and effective response initiatives.
- **Understanding of social differences:** SBS facilitates an understanding of social differences, enabling the appreciation of vulnerabilities and informing interventions that consider the diverse needs and challenges faced by different demographic groups during a crisis.
- **Understandings of illness and help seeking:** Insights from SBS contribute to a better understanding of how individuals perceive illness and engage in help-seeking behaviours, aiding in the development of targeted health communication strategies and healthcare services during a crisis.
- **Understanding responses of communities:** SBS helps decipher and anticipate the responses of communities to outside intervention, allowing approaches that align with local norms, values, and community dynamics, and offers the ability to rigorously test and adapt these interventions (for example to ensure greater adherence or uptake of protective behaviours in a health outbreak).
- **The healthcare system:** In a crisis, SBS is instrumental in assessing the dynamics of the healthcare system, ensuring that responses are aligned with the system's capacity, addressing challenges, and optimising healthcare delivery.
- **Formal and informal institutions and authorities:** SBS provides insights into the formal and informal institutions and authorities relevant for response at the local level, aiding in the coordination of efforts and leveraging existing structures for an effective crisis response.
- **Understanding local capacities for response:** By examining local relations, networks, and institutions, SBS helps identify and harness existing capacities for response at the community level, facilitating a more decentralised and community-driven crisis management approach.
- **Acceptability of technologies:** SBS plays a crucial role in assessing the acceptability of technologies during a crisis, considering factors such as cultural attitudes, trust, and accessibility to ensure the successful implementation of technological solutions in crisis response efforts.

2. What is different about crises?

This report considers crises and emergencies to include a full range of natural hazards, conflict, displacement, humanitarian, public health outbreaks, pandemics, and where these might overlap and become polycrises. The United Nations defines humanitarian crisis as “*an event or series of events that represents a critical threat to the health, safety, security, or well-being of a community or other large group of people usually over a wider area*” (UNISDR 2009).

Crisis is inevitable but it is a nuanced process. When and who considers an event a crisis differs, and this must also be considered. For example, some neglected disease outbreaks in remote and poor areas have very much been seen as a crisis in the place they are happening but have been largely ignored by the global community (Grant 2024). However, COVID-19 was seen as a global crisis, but in some communities in Africa it was simply known as a ‘disease of the radio’, which was not infecting people, but was placing restrictions on their lives (Baluku et al 2020). Social and behavioural sciences can help to untangle these nuances and provide input on how ‘crises’ are affecting the world’s most vulnerable people.

When an event is seen as a crisis, it alters what society thought to be true and previously took for granted, normal practice is suspended and a new set of actors, institutions, activities and discourses come into play (Grant 2024, Vindrola-Padros et al 2020, Eakin 2015, Pocock et al 2021, Leach and Dry 2010, Lakoff 2017). Change spurred on by crisis calls for examination and rearranging of how we see and understand the world around us. This can be an opportunity for disruption, innovation, and creativity and social sciences are well placed to understand these changes. Methods, positionality, theoretical groundings and data collection are altered, and innovative approaches are needed (Vindrola-Padros et al 2020, Eakin 2015, Pocock et al 2021).

Whilst most aspects of crisis are negative and can lead to great challenges for researchers and policy makers, there is also potential for it to allow for new ways of conceptualising societal challenges in ways that can disrupt the status quo, but ensuring that this disruption leads to improved outcomes requires paying attention to how to adapt research to make it operational in these circumstances. Social and behavioural sciences can play a key role in analysing and understanding these changes and therefore must be included in supporting Transdisciplinarity and cooperations between disciplines is needed during crises and social science can help facilitate this as ‘*science is a set of social practices. As such, what it is at any time is a product of how it is conducted, the norms and beliefs and value systems that sustain it*’ (Boden et al., 2003).

Polycrises and intersecting precarities

Low and middle income countries (LMICs) do not suffer one crisis after another, they are beset with many intersecting precarities, emergencies and ‘slow emergencies’ (MacGregor et al., 2022). These can be defined as polycrises, which are when [...] *one is at a loss to single out a number one problem to which all others would be subordinated. There is no single vital problem, but many vital problems, and it is this complex intersolidarity of problems, antagonisms, crises, uncontrolled processes, and the general crisis of the planet that constitutes the number one vital problem* (Morin & Kern, 1999, 74). Multiple interconnected crises linking many areas, for example climate change, financial instability

and other areas in “a nested set of globally interactive socio-economic, ecological and cultural– institutional crises that defy reduction to a single cause” (Swilling 2013, 98)

Crises need to be contextualised in wider development processes and emergencies are part of longer local histories of crises. Social and behavioural sciences can play a key role in drawing on knowledge of networks of social scientists with deep knowledge to help understand and contextualise. One example is South Sudan is currently facing multiple, intersecting crises including ongoing conflicts, economic crises, flooding and food insecurity. A Social Science and Humanitarian Action Platform (SSHAP) brief wrote about the multiple, intersecting crises including ongoing conflicts, economic crises, flooding and food insecurity and how this contributed to the highest level of displacement and people fleeing due to conflict since the peace agreement was signed in 2018. They brought together scholars who had lived and worked in both countries, discussed issues for actors dealing with the crisis that they otherwise didn't have much time to think through (Pendle et al., 2023). Some areas such as these are beset by ‘permacrisis’, which describes a permanent difficult situation, where the different crises can only be managed, not resolved.

3. Impact of social and behavioural science

This section focuses on giving empirical examples of the impact of social and behavioural science during crises, to show its real-world applicability and relevance in different situations.

West Africa Ebola outbreak 2014-16

Social science played a major part in mitigating the Ebola crisis. (Richards, 2016) outlines the vital role played by a ‘people’s science’ grounded in the co-production of knowledge between responders and communities. Also, anthropologists were part of response teams, and enabled platforms on which social scientists with regional and subject expertise, emergency responders, public health practitioners and local communities exchanged ideas (Ripoll et al., 2018). This was a turning point as epidemic response agencies began to realise that understanding local social dynamics and contexts can help prevent the additional costs and harm that come with “context-blind” interventions (Bardosh et al., 2020). One example is that family care for the sick and dead is a key resource in LMIC, where formal health care is often only skeletal. Understanding the family role, and the norms and values underpinning it was vitally important in addressing this disease as it was spread by caring practices. International actors were not aware of the culture and initially tried to ban this rather than working within the cultural confines, with local knowledge not initially sought (Richards, 2016, Martineau, Wilkinson, and Parker 2017).

By September 2014, it was clear that conventional approaches to containing the spread of Ebola in West Africa were failing, community feedback highlighted fears, scepticism about response team’s actions or interpersonal skills, misinformation about the infection, or confusion between scientific information and traditional values and beliefs. (Martineau et al., 2017; Richards, 2016). Four key transmission pathways showed the usefulness of social science; unsafe burial, not presenting early, care at home and visiting traditional healers (Grant, 2014). There are many areas where behaviour change can have a positive effect but ethical aspects should not be overlooked and this is now being recognised in scientific papers as well as in anthropological circles. For example, ‘for many, mortuary practices are orchestrated to enable the dead person to accede to the ‘village of the ancestors’ where they reunite with the dead and live a very similar life to those on earth and continue to participate in affairs on earth’ (Fairhead, n.d.). If they do not have these mortuary practice they are

condemned to wander and cause problems for those in the living world (Grant, 2014). Chippaux talks of the importance of authorities and medical staff complying with funeral rites by providing body bags and coffins for the families, rather than taking bodies away (Chippaux, 2014). For instance, decontamination will be presented as ablutions that can be associated with the current ritual; deceased's clothes will be buried in the grave rather than burned to prevent stigmatisation and other such culturally sensitive actions (Chippaux 2014). Social scientists also captured qualitative and quantitative data used to inform modifications to response interventions, including trainings targeted to workers, police, faith-based leaders, community leaders and other key populations.

Ebola Response Anthropology Platform (ERAP) (<https://www.ebola-anthropology.net/>)

ERAP was established to bring together local and internationally based anthropologists, to provide a coordinated and rapid response to the outbreak in real time (Martineau et al., 2017). During this outbreak public health teams had been met with fear, and efforts to treat patients and reduce population movement had largely failed. Governments and international actors realised that anthropological expertise was essential to allow locally acceptable, community-based interventions to interrupt transmission to be designed. Martineau et al (2017) wrote about how the Platform developed and interacted with other epistemic communities to produce knowledge and policy over the course of the outbreak. Professor Melissa Leach speaks about the work here: [Ebola response with local engagement | Celebrating Impact \(youtube.com\)](#). These innovative methods were recognised in the Annual Review of Anthropology, stating that this work '*challenge(d) conventional wisdom by arguing that international experts' misconceptions about West Africans' responses to the epidemic were an important factor impeding the effectiveness of the response*' (Abramowitz 2017, p.425). This work gave voice to people who have experience with epidemics, yet whose perspectives had not been incorporated into policy.

Droughts and flooding in Ethiopia

The Intergovernmental Panel on Climate Change (IPCC) acknowledges the role that communication specialists play in helping people understand and respond to climate change. Building enduring relationships between climate experts and media practitioners helps to improve how they share.

The Building Resilience and Adaptation to Climate Extremes and Disasters (BRACED) Programme

This programme worked in Ethiopia between 2014-2017 while there was intensified droughts and flooding. This was coupled with reduced efficacy in traditional forecasting and lack of understanding of science based forecasting, BBC Media Action supported local radio stations to use storytelling and discussion alongside weather reports to help people understand the situation (BBC Media Action, 2023). They used humour, slang, music, local references and technical insight to build trust and understanding and supported people to make their own decisions based on the available information. 76% of people said they used the new forecasts to take action (BBC Media Action 2023). They cited trust, clear explanations, and use of their mother-tongue as reasons for taking practical actions as a result of listening.

COVID-19

During COVID-19 social and behavioural science was more recognised, for example the UK had social scientists on the UK's Scientific Advisory Group on Emergencies (SAGE) and this also happened globally, for example with social scientists on the Scientific and Technical Advisory Committee on Emergencies (STAGE –C19) in Sierra Leone (Jarman et al., 2022). Social science can play a key role in co-producing policies with communities so that they are actually followed, for example ensuring communities follow lockdown rules or take a vaccine ('What Is the Role of the Social Sciences in the Response to COVID-19?', 2020). Work by social scientists on vaccine anxieties and the effective, acceptable delivery of mass vaccination programmes are some examples of their role (Leach et al., 2022). Leach et al, use a 'vaccine anxieties' framework to consider the socio-political contexts through which vaccine technologies enter and are interpreted within African settings, and the crucial intersections between supply and demand. They consider both desires for and worries about vaccines, as shaped by bodily, societal and wider political understandings and experiences.

WHO's Behavioural and Social Drivers framework (WHO, 2022)

The WHO's position paper on understanding the behavioural and social drivers of vaccine uptake outlines the development of new tools and indicators to assess the behavioural and social drivers of vaccine uptake, enhancing understanding of underlying causes of under-vaccination and allowing decision-makers to address them.

The framework has 4 domains of behavioural and social drivers of vaccination:

- '1) Thinking and feeling, which includes the cognitive and emotional responses of people to vaccine preventable diseases and vaccines;*
- 2) Social processes, which includes social norms about vaccination and receiving recommendations to be vaccinated;*
- 3) Motivation, which includes the intention, willingness, and hesitancy of people to get vaccinated; and*
- 4) Practical issues, which includes the experiences people have when trying to get vaccinated, including barriers faced, e.g. accessing the clinic or costs of transport to the clinic.'* (WHO, 2022)

The Hygiene Behaviour Change Coalition (<https://www.unilever.com/news/hygiene-behaviour-change-coalition/>)

The FCDO and Unilever established the Hygiene Behaviour Change Coalition, which included academia, NGOs and international organisations and delivery partners, as well as the C19 Hygiene Hub at LSHTM.

This coalition put behaviour change theory into practice, a huge amount of innovation, creativity and formative research went into delivering appropriate messages and campaigns at the right time. It also prioritised how to reach some of the most vulnerable in hard-to-reach places and populations across Yemen, Afghanistan, Ethiopia, Somalia and many other places. Disability inclusion featured strongly, with important lessons captured during the course of the programme.

COVID-19 Hygiene Hub (<https://www.hygienehub.info/en/covid-19>)

During the pandemic there was a need for reliable, evidenced and data-driven information and real time rapid adaptation to changes in the external environment and epidemiological evidence. The COVID-19 Hygiene Hub, based at LSHTM, was established by BMGF and FCDO as part of the Hygiene Behaviour Change Coalition.

The Hub provided rapid support to response actors, allowing them to connect in real-time with technical advisors and ask questions. They also offered in-depth support and partnered with local or global initiatives and provided longer-term support across the programme cycle. It was designed to:

- Provide access to searchable resources which summarise evidence and guidelines and make practical recommendations for crisis-affected settings.
- Support monitoring, evaluation and learning from the Hygiene Behaviour Change Coalition to assess effects and impact.
- Offer a platform for sharing key learnings among governments, organisations, and civil society actors.
- Connect and support institutions and organisations implementing hygiene programmes with technical advisors to provide detailed advice in real time.

Behavioural science was an important part of the global response as it addressed the complex and multi-faceted behavioural challenges in different settings and provided evidence for a range of partners and contexts. A challenge was to support low- and middle-income countries to help prevent transmission, address mis/disinformation, increase vaccine uptake and strengthen existing systems, and build global future resilience.

The C19 Behaviour Change Forum

FCDO and HBCC also set up the C19 Behaviour Change Forum in March 2020 to enable knowledge exchange and collaboration. The forum includes the Behavioural Insights Team (BIT), WaterAid, UN Innovation Network, BBC Media Action, GIZ, UKHSA and Save the Children. Different products and services were created including online resources, co-produced guidance, vaccine uptake webinars, helpdesks (Hygiene Hub & **Vaccine Data CoLab**), and fortnightly C19 Behaviour Change Forums and regular webinars were held.

The Covid Collective (<https://www.covid-collective.net/>)

This research platform was launched in October 2020 and brought together the expertise of, initially, eight core partner organisations. The Covid Collective grew by mid-2023 to 35 partners, undertaking 65 projects in 39 countries. The platform funded high-value research and knowledge generated effectively and efficiently; offered clear, evidence-informed messages, options and alternatives for wider audiences, including the UK Government and targeted policy and decision makers on some of the most pressing Covid-19 related development challenges; provided compelling, research-based arguments and options for seeing and doing things differently in a pandemic recovery period and beyond; and put strong communication and engagement at the core of the platform's operations.

Social Science in Humanitarian Action Platform

(<https://www.socialscienceinaction.org/about/>)

The Social Science in Humanitarian Action Platform (SSHAP) is a programme of work focusing on the social dimensions of emergency responses. Their vision is to encourage emergency responses which are effective, adaptive, contextually informed, sensitive to vulnerabilities and power relations, planned in consultation with affected communities and local institutions, and based on social and interdisciplinary science and evidence. It worked on COVID-19 and other humanitarian crises. They wrote a brief on how epidemic preparedness and response could integrate a community resilience approach, to 1) address the social context driving the impact and spread of epidemics and alleviate local vulnerabilities, 2) leverage existing capacities and local knowledge in communities, and 3) help communities to manage the complexity of future epidemic shocks. However, additional research and practice is needed to further develop this (Schmidt-Sane et al., 2021).

Beyond COVID-19, one innovation they have is regional hubs which has brought huge benefits in terms of the rigour and context-specificity of the outputs. Collaborations have also created and strengthened a knowledge platform and network which integrates diverse groups of researchers into the community of practice of people working to utilise social science analysis to encourage effective, adaptive, contextually informed and community-engaged emergency responses.

Using behavioural science to tackle vaccine hesitancy

Behavioural science can help in tackling key challenges related to the demand, supply, and post-vaccination behaviours of COVID-19 vaccines. By delving into the (social, psychological, environmental, and economic) factors influencing people's thoughts and actions, behavioural science can support policymakers in various aspects. This includes designing effective communication campaigns, offering guidance on the accessibility of vaccination centres, and addressing issues related to prioritisation caused by limited or uneven vaccine supply, as well as potential hurdles linked to vaccine confidence. Additionally, behavioural science can provide valuable insights to bridge the intention-action gap, where individuals may struggle to follow through on intended behaviours due to logistical and behavioural barriers (International Covid-19 Behavioural Insights and Policy Group, n.d.).

2023 Sudan Crisis

Fighting broke out between the Sudan Armed Forces and the Rapid Support Forces in Khartoum, Sudan on 15 April 2023 (International Rescue Committee 2023). The fighting quickly spread to many other urban areas across the country, with all regions of Darfur particularly affected (Pendle et al 2023). This is also an example of a polycrisis or permacrisis; despite a 2018 peace agreement that has reduced conflict levels, continued fighting, combined with major flooding and economic pressures, is driving record levels of food insecurity. Social science inputs included analysing the historical and socio-political dynamics that need to be taken into consideration by humanitarian agencies when they are providing assistance and protection to South Sudanese fleeing from parts of Sudan to South Sudan, and to Sudanese fleeing Sudan to seek refuge in South Sudan (Pendle et al, 2023). Climate shocks including severe floods and droughts alongside economic stagnation have added to record levels of food insecurity.

“Things in South Sudan are devastating. There is not one single year you could describe as a good year.... Even if someone cultivates something, the crops may grow but are then

destroyed,” lamented Abuk Deng, a 30-year-old mother in South Sudan (International Rescue Committee, 2023).

Supporting the social reintegration of ex-combatants in Colombia

The Behavioural Insights Teams worked with the Colombian President’s Office to explore how behavioural insights could support the implementation of the peace accords in Colombia. They produced a series of ideas to promote social cohesion, support the reintegration of FARC3 ex-combatants and improve the well-being of civil servants working on post-conflict policies (Behavioural Insights Team 2019).

Ebola in DRC

To establish a baseline understanding of the local context, literature reviews were coordinated through global social scientist networks, including the Social Science in Humanitarian Action Platform, francophone anthropology networks and WHO SocialNet. These reviews highlighted issues such as inequality between the Twa and Bantu ethnic groups, a preference for communication in Lingala and the impacts of industries like mining and logging on livelihoods and social capital.” (Singaravelu et al., 2019). Social science information enabled Ebola responders to be better equipped to respond to local needs and provide remote technical and analytic support to field teams regarding the development of strategic and technical guidance, including development of tools based on the identified needs (WHO, 2018). Social scientists from SSHAP supported the response remotely carrying out behavioural data compilation, triangulating and analysing emerging data from the field, e.g. community feedback, as well as ongoing surveys and other qualitative and quantitative data generated by humanitarian agencies (Bardosh et al 2020).

Behavioural insights into widespread power outages

Widespread power outages pose a significant threat to modern societies, with potential impacts on health, economy, and social well-being influenced by the behavioural and psychological responses of the public. This review incorporates findings from 47 studies examining public reactions following major electricity disruptions. Key takeaways include: 1) Public preparedness can mitigate outage impacts; 2) Targeted assistance is crucial for vulnerable groups, such as older adults and those with medical conditions; 3) Effective public health communication is essential to address risks like carbon monoxide poisoning; 4) The loss of communication infrastructure is a major stressor; 5) Widespread panic is unlikely; 6) Acts of altruism may surpass criminal activities; 7) Public information needs centre around understanding the situation and anticipated power restoration timelines (Rubin and Rogers 2019).

Cholera in Malawi: Collaborating with vulnerable groups

Some religious groups relied on prayer healing and home-made medicines instead of biomedical healthcare. This made it difficult to gain uptake of cholera treatment, vaccination and water purification, resulting in high mortality rates. Response teams collaborated with church leaders and communities to identify acceptable interventions. This included demonstrations on making Oral Rehydration Solution and water filtration devices from natural and locally available materials and listening to bad experiences of past and present public health interventions. This rebuilt trust with healthcare providers, and increased uptake of preventative measures and treatments within this community (Nadine Beckmann &

Sophie Everest, London School of Hygiene and Tropical Medicine/UK-Health Security Agency, Public Health Rapid Support Team, poster presentation).

4. Why do we need social and behavioural science?

The evidence base is extensive and strong (UNICEF Regional Office for the Middle East and North Africa 2023). Social and behavioural sciences play a crucial role in emergencies and crises, especially in Low- and Middle-Income Countries (LMICs), where vulnerabilities are often more pronounced. Policymakers acting within a crisis make fast decisions based on the information available. Therefore, research which is relevant and accurate and can be operationalised is key. Anthropological and social science (and past knowledge gathered from these disciplines) become increasingly important in times of crisis and lend themselves well to exploring the complexities of the relationships between power and knowledge and the unexpected and unprecedented outcomes these may generate (Grant, 2024).

Anthropologists tend to create enduring relationships with communities, whereas most disciplines do not develop connections that are useful once a crisis hits. This is useful for decolonising crises as it challenges the dominance of Western-centric perspectives in research and acknowledges diverse knowledge systems. It also seeks context specific solutions rooted in the experiences and insights of marginalised communities.

SBS play an intrinsic role in establishing a knowledge and evidence base to address key challenges during emergencies, *'in terms of the processes they frequently adopt, they support inclusion of people, groups and communities in understanding and addressing these challenges, bringing different types of knowledge and experience to bear, and co-creating opportunities and solutions to make a difference through actions that are owned by those who are most affected by these challenges. In short, they help build agency and support empowerment of those most likely to be left behind.'* SBS *'balance and complement more technically-oriented research approaches that are important but often fail to account for social dimensions in specific contexts and are more likely to promote engagement of different societal actors that can support use and uptake of evidence, particularly if those actors have been involved in its co-creation through bottom-up processes'*. (Peter Taylor, personal communication).

Social science can play a crucial role in the enhancing acceptability of public health measures and minimising stigma, prejudice and disinformation. It can provide understanding about the factors that build or erode social trust and develop misinformation/stigma (Grant, 2023). It can also highlight effective ways to address the underlying drivers of fear, anxieties, rumours and stigma. Social media platforms enable rapid spread of information and drive offline behaviours, whether pro-social/health-seeking or generating disinformation or discrimination toward particular groups (Grant and Sams, 2023). Identifying effective strategies to identify disrupt these flows is important to mitigate harmful effects.

Other key areas include:

- **Community engagement and participation and adaptation to local contexts:** Community-based approaches ensure interventions align with local norms, values, and practices e.g. the work of social science during the West Africa Ebola outbreak.
- **Risk communication:** SBS contribute to developing communication strategies that are culturally sensitive and address the specific needs and concerns of diverse

populations. This helps in disseminating accurate information and combating misinformation e.g. the work of BBC Media Action in Ethiopia.

- **Behavioural interventions:** Behavioural insights guide the development of interventions to promote positive behaviours during crises. For instance, encouraging compliance with public health measures, vaccination, or promoting safe evacuation practices e.g. the 'vaccine anxieties' framework.
- **Psychosocial support:** Emergencies often lead to psychological distress. SBS inform the design of psychosocial support programs, addressing mental health issues, trauma, and social cohesion within affected communities.
- **Reducing stigma and discrimination:** SBS contribute to reducing stigma and discrimination associated with emergencies, particularly related to diseases or certain vulnerable groups. This is crucial for fostering community solidarity and preventing social exclusion.
- **Data collection and monitoring:** These sciences contribute to the development of tools and methods for collecting real-time data on human behaviour and social dynamics during crises. This information aids in monitoring the effectiveness of interventions and adjusting strategies as needed. These are adaptable during disease mitigation e.g. lockdowns so social media analysis and technology can be used.
- **Impact and learnings:** The application of social and behavioural sciences has led to more effective and culturally appropriate emergency responses in LMICs. Insights from behavioural research have improved the design of public health campaigns, leading to increased compliance with preventive measures. Community engagement has fostered trust between responders and affected populations, resulting in more successful and sustainable interventions. However, challenges persist, such as the need for ongoing adaptation to changing social dynamics and the importance of considering long-term behavioural changes.

Examples

BBC Media Action

BBC Media Action highlighted some of the key ways they have used social and behavioural sciences in emergencies and crises and the role it plays in their work:

- *'A social and behaviour science approach to research and assessing needs and monitoring a situation provides a greater understanding, enabling us to tailor delivery effectively in crises contexts. Our research looks at the challenges people face, what drives or prevents people from taking action and looks at people as individual as well as their place in society and their community. By taking this approach to needs assessments and other humanitarian assessment tools response and preparedness activities can be more effective. This approach includes issues such as trust and norms are included within implementation and methodology. We know that simply providing information in any form is not enough.*
- *This is included in how we measure impact – we do not only look at whether people are engaged or if information has reached them. We look at whether they have taken action as a result of our activities and therefore if it has impacted their lives. At BBC Media Action we prioritise people being able to make their own informed decisions, therefore often we are looking at a range of different types of actions, depending on the type of project.*
- *Taking this approach can enhance delivery (e.g. improving peoples understanding of nutrition and helping understand their choices in addition to food assistance they might have) as well as address other challenges separately (e.g. specific norms).*

Taking a social and behavioural science approach also means tailoring advice so it is relevant and realistic to communities. The options for having safe water, more nutritious food, access to health services etc will be informed by what is realistic according to their situation. It also understands the barriers they face – whether more practical (access) or social (norms, stigma, lack of trust)- and what can help those barriers to be overcome.

- *A huge part of this is trust – we ensure we work through trusted communication mechanisms, routes, individuals etc that already exist as much as possible in languages and ways they understand’.*

Quotes showing the need for the work of SSHAP

“It’s the model I would use for any kind of social science action, not just in emergencies”.
Chris Whitty, Chief Medical Officer for England and Wales

In high level meetings the rapid review briefs became an “essential pre-read” and were used to focus and guide discussion:

“I forwarded them on to anybody who was involved, because I just thought they were incredibly useful... [SSHAP] did all they reasonably could to make sure that people had access to them... They were an essential pre-read [for scientific advisory committee meetings]”. *Chris Whitty, Chief Medical Officer for England and Wales*

“I don’t know of a high-level policy forum, from United Nations through WHO, though national governments, through technical agencies... any policy debate which has not accessed these documents”. *Jeremy Farrar, The Wellcome Trust*

The real effect of the briefs is to create dynamics or dynamic interactions between people and groups. The briefs are “really great at triggering threads of effort ... creating a snowball of who to talk to.”

Evidence of increased demand

‘Increasingly, we are seeing more and more demand for social and behavioural sciences and community engagement expertise at the outset of outbreaks and emergencies. This demonstrates that there is increasing awareness amongst decision makers of the importance of this discipline in ensuring that response interventions are appropriate, trusted and responsive to the needs of the affected communities, especially in LMICs. In the UK-Public Health Rapid Support Team (UK-PHRST), for example, a dedicated Social Science lead was recruited in November 2022, followed by the formation of a full social science team, and a Risk Communication and Community Engagement discipline was only established in May 2023. Since then, demand for deployments across these two disciplines has outstripped the UK-PHRST’s ability to provide qualified staff. In addition, another social scientist is currently deployed at the Africa CDC headquarters to help integrate social and behavioural sciences into Africa CDC’s responses to public health emergencies and crisis’ (Sophie Everest, Nadine Beckmann, Yang Zhao, Shelley Lees and Dorien Braam, UK-PHRST).

5. Key learnings

Preparedness

When the WHO declared that Covid-19 no longer represented a “global health emergency” they also warned that “the worst thing any country can do now is to use this news as a reason to let down its guard, to dismantle the systems it has built, or to send the message to its people that Covid-19 is nothing to worry about” (Dr Tedros Adhanom Ghebreyesus, 4th May 2023). The future of crises is uncertain but the world can plan for uncertainty by building capacity for developing appropriate solutions and ensuring countries and institutions work together to share diverse perspectives and develop solutions based on mutual learning and knowledge (Grant et al., 2023). Effective public health responses rest on a foundation of ‘preparedness’, which tends to be organised as a cycle of continuous activities rather than having a beginning and end point per se as recovery and preparedness happens as a crisis ends (*A Behavioural Playbook for Public Health Responses | UNICEF Middle East and North Africa*, n.d.).

Exploring context in depth

To gather social science intelligence that depicts the context in granular detail, SSHAP explores three social dimensions throughout their work: ‘political economy’, ‘social difference, vulnerability and resilience’ and ‘cultural logics’. Political economy explores power and politics across different stakeholders in the face of the epidemic; social difference, vulnerability and resilience highlights how different social groups have different vulnerabilities to the disease (susceptibility and exposure among others) or a disaster, yet also identifies local responses and resilience; and, lastly cultural logics addresses how communities have their own models of disease and epidemic response and explores the relationship between local communities and the responders. This contextual analysis can be carried out quickly through a rapid context analysis and reaching out to networks of social scientists and responders (Ripoll et al 2020). This initial snapshot of context will then guide the response to carry out primary data collection as the crisis unfolds, such as rapid ethnographic assessments (Johnson et al 2020). Ultimately, it is necessary to swiftly set up a system to gather real-time social science data to guide the humanitarian response: an institutional framework within the response for integrated data analytics. A very good example of this is UNICEF GOARN Integrated Outbreak Analytics (previously known as CASS), piloted in DRC and now active in several African countries. These initiatives ensure that social science is not relegated to RCCE, but instead falls within the overall coordination of the response, it integrates existing quantitative and qualitative data sources with ad-hoc research that responds to operational concerns. Decision-makers are involved in defining the questions and in building the recommendations (Carter et al., 2021). **The Integrated Analytics Cell (CAI)** uses multidisciplinary and integrated analysis to better understand and respond to epidemics. Some videos of their work are available here: <https://www.youtube.com/@IntegratedOutbreakAnalytics>.

Transdisciplinarity

Key learning from the SSHAP platform includes the need for transdisciplinarity. Evidence needed for guiding emergency responses extends beyond biomedical and technical aspects. Insights into social, cultural, and political-economic contexts, socially differentiated vulnerabilities, local knowledge and knowledge of institutions/public authorities are key

(Taylor, 2024). Multiple social science disciplines contribute to this understanding, including anthropology, sociology, behavioural sciences, geography, political science, and economics (Brooke Rogers, personal communication). Additionally, participatory research and arts-based data, along with local knowledge and experiential expertise, play an important role in capturing lived experiences of those directly affected (Taylor, 2024).

SBS can play a crucial role in championing community-led responses and understanding formal and informal actors with public authority, trusted to act and lead in emergencies. This local knowledge helps to identify vulnerable individuals, both biologically and socially and then they can assist by working with other disciplines to support these people. Crisis response is often top-down which means initiatives are often contrary to the needs of communities (Taylor, 2024). Community engagement and collaborations play a fundamental role in promoting social justice and resilient livelihoods since it facilitates an understanding of community needs and concerns to ensure that responses are inclusive, effective and equitable. If given the opportunity people can organise within communities, raising awareness about rights and needs, and advocating for policies that promote social justice and resilient livelihoods.

However, 'social and behavioural sciences and RCCE can only be effective if it is well integrated across the technical pillars of an outbreak response, or the clusters leading a humanitarian emergency. Our work needs to align with the objectives and priorities of those technical pillars/clusters so that we can deliver insights that will help them to adapt, refine and contextualise their interventions. This requires buy-in from the technical leaders to collaborate and see the value in utilising social insights to adapt and improve their work, which is not always guaranteed.' (Sophie Everest, Nadine Beckmann, Yang Zhao, Shelley Lees and Dorien Braam, UK-PHRST).

Drawing on lessons from the past

During a crisis past evidence from multiple sources can be collated, including past social science work that need not focus on the particular crisis happening currently, but can still provide contextual information, experience gained, and lessons learned from the past in how to navigate everyday precarities. Added to this can be contemporary evidence and experience of the unfolding emergency, such as sourced through networks on the ground (Taylor, 2024). SSHAP evidence briefs and roundtables integrated and synthesised across these different sources. Robert Dreibelbis of the COVID Hygiene Hub stated that whilst when it started, they did not have detailed information about COVID, they did know about hygiene and handwashing and so they were able to learn from what they knew from experience.

There have been many examples of successful rapid response helpdesks which have made great contributions to providing social science knowledge in crises drawing on past knowledge: the [DFID Human Development Resource Centre \(HDRC\)](#) , the [GSDRC](#), [DFID High-Quality Technical Assistance for Results \(HEART\)](#), [FCDO K4D](#), the [Ebola Response Anthropology Platform](#), [Social Science and Humanitarian Action Platform](#), the [Covid Collective](#) and others.

Utilising pre-established relationships and having a strong central coordinating centre with the ability to mobilise rapidly.

Key learnings from the Covid Collective included the importance of networks and experience in the field. *"The vast network of Covid Collective and its activities systematically documented and communicated in the well-designed and regularly updated website have*

helped our research have a much greater global reach. It has helped us forge new, valuable relationships” – BRAC Institute for Governance and Development (BIGD)

SSHAP also decentralised their operational responses by developing two regional hubs, in Central and East Africa, and West Africa. This has created a set of equitable partnerships with regionally based social scientists, and bring their expertise, perspectives and networks. This way of working highlights that people based in the region are ideally placed to provide information and advice about health emergencies. Having these established, ready for when there is a crisis means that countries can be ready to mobilise quickly, not be scrambling to set up institutions in response to already unfolding crises.

The ability to be flexible and adapt

Both the Covid Collective and Covid Hygiene Hub shared that the ability to be flexible and adaptive was of great importance. The Collective generated and shared important lessons about how social science research has adapted and evolved in rapidly changing contexts. For example, the South African Medical Research Council’s (SAMRC) research revealed the importance of changes in research methods, data collection techniques, and ethics of carrying out research with particularly vulnerable groups. These important insights shaped the quality and efficacy of research design and implementation in the studies launched as part of the Covid Collective and are of value to the wider community of social science researchers undertaking new work, as well as research funders (Taylor et al., 2023).

Ensuring the most vulnerable are supported

Crises disproportionately affect vulnerable, marginalised, and disabled populations, including those experiencing poverty. They are less able to adapt, have less of a safety net available to them, and the informal sector suffers most from any shocks. Social and behavioural sciences can provide insights into how to provide:

- Increased support for vulnerable, marginalised and people with disabilities who often have issues accessing assistance;
- Support for children and young people whose life paths are derailed by crises;
- Increased social protection: livelihood recovery and sustainability are often compromised by lack of sufficient and effective social protection measures. Working with and involving communities for a more effective response (Grant et al., 2023).

6. How can SBS be supported by donors?

Based on the key learnings there are several ways that SBS can be supported by donors.

Flexible funding

Several programmes mentioned the importance of flexibility and adaptability. In order to support this, future donors should ensure that funding is flexible. The Covid Collective said that flexible funding opportunities from FCDO enabled IDS to direct resources quickly to pressing needs with a relatively loose, but robust, structure imposed to be able to adapt along the way. The Hygiene Hub stated that flexible funding was a key part of its success, it could use the money as needed and had multiple ways to work with and contract partners where needed and pulled in experts over the globe.

Peacetime capacity building to enable capacity to mobilise rapidly

Several programmes highlighted the ability to build structures to enable rapid mobilisation during a crisis so therefore peacetime capacity building is important. Examples include the ESRC funded programme RECAP which focuses on the health and protection sectors in humanitarian response. It conducts research and strengthen research capacity to improve decision-making and accountability in response to humanitarian crises and epidemics (<https://www.lshtm.ac.uk/research/centres-projects-groups/recap>).

Several experts consulted highlighted the need for stronger, longer-term investment particularly for preparedness and capacity building. Programmes such as the International Behavioural Insights and Policy Group (<https://behaviouralpartnership.org/>) should be continued beyond the point of crisis to enable peacetime capacity building. This is a global group of behavioural science policymakers and practitioners in governments and international organisations that collaborate, network and exchange ideas, resources, findings and approaches in order to share learnings from country findings to strengthen application in other contexts; and contribute to targeted evidence-informed advice/research to support responses in respective countries and organisations.

Ensure lessons are learned

Donors need to invest in research building on the lessons of past successes, for example the eventual success of the Ebola response in Sierra Leone, as supported by UK Aid. This should include basic conceptual work on how human taxonomy buttresses institutions that become perversely unable to adapt to new collective challenges. It is often mentioned that human responses 'take no account of the science' because so far science has taken too little notice of the way in which human collective concerns underpinning, for example, climate change denial or 'perverse' response to epidemic risks are collectively generated ((Richards & 6, 2023)

Support transdisciplinary research

'Social and behavioural sciences offer opportunities to co-create evidence, data and findings that help to understand the underlying issues and dynamics of multiple, intersecting crises. They complement other more technical forms of research and science with inter/multi/transdisciplinary approaches. They also support more inclusive, engaged forms of research that draw on diverse knowledges, voices and experience, and are more likely to lead to research use and uptake due to engagement of multiple societal actors in research processes' (Peter Taylor, personal communication).

Storm Lawrence (BBC Media Action) commented that connecting organisations that specialise in SBS to traditional humanitarian actors is important so that this work is delivered by strong expertise.

Social science has been largely confined to RCCE efforts to improve messaging and modify behaviours that increase the risk of infection but there is a missed opportunity to apply social science across all aspects of epidemic response (MacGregor et al., 2020).

Promote agility and adaptation to the circumstances of the crisis as it changes

Donor 'support in future to SBS research should be framed in ways that promote agility and adaptation by research and evidence generation in a range of contexts. Experience has shown that SBS research findings and other outcomes can help to catalyse a sense of collective urgency in fostering collaborative and comparative learning across the experience of different countries and localities; and in finding ways to avoid returning (via recovery) to conditions that do not serve well in the future. Experience from the Covid Collective indicated the value of FCDO supporting the expansion of ideas, partnerships, and research agendas, creating an open platform for idea exchanges and peer learning; strengthening a network of researchers both within individual projects and across a programme/portfolio of research, which can increase capacity to generate useful, timely evidence and data; and consequently helping to achieve increased reach to policy and decision makers' (Peter Taylor, personal communication). Allowing flexibility in programming is key, particularly for more challenging longer terms norms change and environments that are consistently changing (Storm Lawrence, personal communication).

Focus on operationalisability of research

Social science research needs to be supported to be operationalisable in a crisis, and some key suggestions are highlighted in a special issue on *Operationalising Social Science for Epidemic Response* (Schmidt-Sane et al., 2022). One suggestion included the need incorporation of social science into epidemic response requires institutional and epistemological integration at a systems level. Other articles in the special issue included insights from academics seconded as embedded scientists in the UK government COVID-19 response. They found that the liminal position, loose identities, and high degree of autonomy of embedded scientists allowed these individuals to navigate multiple networks to strengthen and legitimise the role of social science within policy debates (Tasker & Irvine, 2022). Also, utilise government assets that are already in place such as the UK-PHRST, who have social science capacity to respond to outbreaks in emergencies (Sophie Everest, Nadine Beckmann, Yang Zhao, Shelley Lees and Dorien Braam, UK-PHRST).

Be world leaders pioneering innovative approaches

If donors took the lead on helping design this lens on behavioural techniques so they can be more easily rolled out in the humanitarian sector it would help make strides in this approach (Joshua Bader Martin, personal communication). Donors need to encourage decision makers to see SBS evidence as robust (Sophie Everest, Nadine Beckmann, Yang Zhao, Shelley Lees and Dorien Braam, UK-PHRST).

Build local capacity

It is important to build and maintain stronger partnerships with anthropologists and other SBS experts in the Global South and find ways and secure funding to support their deployment during emergencies. SSHAP have created regional hubs to champion this approach and UK-PHRST 'has started building capacity and creating connections that bring together experienced academics and policy makers in Zambia, where we have worked with UNICEF to train a cohort of university graduates in rapid qualitative assessment for the current cholera outbreak response and are deploying them to generate community-level data to inform response interventions across pillars. FCDO could support such programmes in other outbreaks and thereby build local capacity to design interventions that are flexible,

targeted and respond to the communities' needs' (Sophie Everest, Nadine Beckmann, Yang Zhao, Shelley Lees and Dorien Braam, UK-PHRST).

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This review is based on six days of desk-based research. The K4DD research helpdesk provides rapid syntheses of a selection of recent relevant literature and international expert thinking in response to specific questions relating to international development. For any enquiries, contact Catherine Grant, c.grant@ids.ac.uk.

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