

SSHAP

Social Science in
Humanitarian Action Platform

Independent assessment of the SSHAP response to Ebola in the DRC, 2018-2020

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Anthrologica



Foreword

This report was commissioned by Anthrologica for the Social Science in Humanitarian Action Platform (SSHAP). It provides an independent assessment of the work carried out by the Platform in providing remote social science support to the 2018-2020 Ebola outbreaks in the Democratic Republic of Congo. It is intended to demonstrate the successes and challenges of that work and to be of operational use to the Platform as it enters a new funding cycle.

SSHAP's experience so far, including with the DRC Ebola outbreak, suggests that social science intelligence can contribute to more effective epidemic responses in at least three ways. First, understanding key features of the local context and how they directly influence the strategy and implementation of the overall response. Second, informing how 'standard' response components should be tailored to the local context to make them acceptable and appropriate for the affected population. Third, supporting adaptive learning, with social science and behavioural data gathered during a response used as an evidence base to help shape actions on the ground.

This assessment provides useful, timely feedback on achievements in these and other areas, but also on challenges and how they might be overcome. Whilst this assessment focuses specifically on SSHAP's support to the responses to Ebola in the DRC over the last two years and is not intended to be a broader evaluation of the Platform, it is all the more valuable as SSHAP now seeks to build on and extend its vision, with support from the Wellcome Trust/DFID Joint Epidemic Preparedness Initiative.

In the next phase of work, SSHAP aims to intensify the interrelationships between social science and operational work, across all pillars of response – an approach now being taken in the challenging context of the global COVID-19 pandemic. There is also a need to contribute to preparedness efforts; to engage in critical reflection on past responses and the governance and accountability issues they involve; and in working across the development-humanitarian nexus, to analyse the long view in explaining the causes and consequences of emergencies. In focusing on these interlinked factors and how they relate to different types of emergency that impact health including conflict and environmental disasters, SSHAP will continue to respond to complex crises and emerging threats. Through its work, the Platform will also continue to advocate for the central, transformative role of social science – making knowledge and evidence actionable remains SSHAP's central intention.

SSHAP would like to acknowledge the time and contributions of all those interviewed for this assessment and to thank Darryl Stellmach for his considered analysis. The findings will be used to help ensure the Platform learns from collective experience, remains relevant and is of optimal use to stakeholders engaged in future emergency preparedness, response and recovery efforts.



Dr. Juliet Bedford,
Director, Anthrologica



Professor Melissa Leach
Director, IDS

Respondents quoted in this report are expressing personal opinions. Quotes should not be taken to reflect the opinions or views of respondents' organisations or employers.

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Background

The Social Science in Humanitarian Action Platform (SSHAP) is an operational partnership between the Institute of Development Studies (IDS), Anthrologica, and from 2020, the London School of Hygiene and Tropical Medicine (LSHTM).

The Platform's founding mission was to provide social science support to epidemic and emergency preparedness and response activities. It was initially funded by and developed in support of UNICEF, with additional funds provided by USAID/OFDA and the Bill and Melinda Gates Foundation.

Although its early focus was on UNICEF's key regions of intervention, SSHAP was always positioned for global public good. Alongside on going work focused on preparedness, synthesising lessons learnt, producing a series of white papers and providing remote support to several different emergencies (including for example the cyclone in Mozambique), between 2018-2020, the platform's response efforts were primarily focused on supporting the efforts to combat the Ebola Virus Disease (EVD) outbreaks in the Democratic Republic of Congo (DRC). This work was funded by the Wellcome Trust and DFID.

In 2019, SSHAP secured additional funding from the Wellcome Trust/DFID Joint Epidemic Preparedness Initiative for 2020-2022 and has plans to expand its purview globally, providing networked social science support to humanitarian and global health emergencies, including epidemics, conflict and environmental disasters.

What does SSHAP do?

SSHAP is designed to foster and mobilise networks of social scientists, and others with regional and subject matter expertise, able to provide specialised insight, analysis and advice on all aspects of human dynamics at play in emergency response settings. In its emergency response work, SSHAP feeds this expert advice into the intervention through a variety of mechanisms, as outlined below. Ideally, this advice should be highly specific to place and time, tailored to responders' needs and provided in a direct, accessible and jargon-free manner.

The ultimate aim of SSHAP's work in emergencies is to contribute to the more effective design and implementation of large-scale emergency preparedness and response, through a focus on pivotal but often-overlooked dynamics: the social and the local.

SSHAP support to the DRC EVD outbreak

In the recent DRC EVD outbreaks SSHAP has provided active support to the response in Équateur (May-July 2018), North Kivu (from August 2018 and ongoing at the time of writing) and to preparedness activities in four neighbouring priority countries: Uganda, Rwanda, South Sudan and Burundi (from October 2018 and ongoing at the time of writing). SSHAP's support for the responses in DRC and neighbouring countries has been entirely remote and has mainly happened through three related channels:

Rapid briefs: Short, operational briefing papers, these focus on key social, political and economic considerations that may influence disease transmission, community perceptions and response interventions. They present findings in a direct manner that is intended to be readily

translated into action on the part of policy makers and responders. For the DRC and neighbouring country response, the briefs were produced in English and French and circulated directly to response partners, in addition to being published on the SSHAP website and other platforms (such as ReliefWeb, ALNAP, the CDAC Network and f1000). (See Annex 1 for a list of all briefs published).

Expert advisory group(s): Multi-disciplinary groups were established, formed of individuals with specific, specialist knowledge of the terrain, communities and/or issues foundational to the response. The expert group for the Équateur response was further developed with the additional of colleagues with relevant expertise for North Kivu, and then again to cover the neighbouring countries and particularly the effected and at-risk border areas. The expert group(s) convened to provide their insights and to address specific questions put to them by the response. Many members of the group contributed to the production and review of the rapid briefs. They worked remotely, meeting twice in London in February and September 2019.

Technical support: The provision of remote technical expertise to operational actors. Support was based on specific requests from the field and included: data analysis; methodological support for qualitative and quantitative data collection; verbal briefings (e.g. to UNICEF, WHO, USAID/OFDA, DFID, with expert advice tailored to their specific remit); and support to local organisations to produce and disseminate their work amongst responders and researchers.

The SSHAP response to the Ebola outbreaks in DRC and preparedness activities in neighbouring countries was largely led by Anthrologica with support from IDS.

Assessment

This report is intended as a rapid, light-touch assessment of SSHAP response activities related to the EVD outbreaks in DRC (2018-2020). To that end it covers the Équateur outbreak, North Kivu outbreak, plus preparedness activities in Uganda, Rwanda, South Sudan and Burundi. The assessment attempted to document a) what worked well and why; b) challenges faced; and c) any gaps identified; and to provide recommendations. The report is intended to inform the present intervention along with future strategy. To carry out the work SSHAP retained a single consultant, external to the intervention but experienced in epidemic response and social research in humanitarian and emergency settings.

Methods

The assessment was primarily based on one-to-one formal interviews with key informants. Interviews were conducted from November 2019 to January 2020 by telephone and computer telephony. The informants were pre-identified by SSHAP on the basis of being leading stakeholders in the process—for the most part senior policymakers, response directors or specialist contributors to the project (senior policy and response decision-makers are considered the core audience for SSHAP briefs). On behalf of SSHAP, Anthrologica contacted these individuals in advance to secure their participation. The potential for snowball sampling was discussed and left open as an option, but time constraints made this impractical. In this way the sample can be considered to be biased, since it was a deliberately selected sample. Sampling bias is acknowledged as a necessary trade-off in any rapid assessment. It would have been difficult to carry out this assessment in any other way in the time available and still remain 'light-touch' particularly since the response was still active. A full audit of SSHAP's activities would be time-consuming and of questionable purpose at present, given that funders and end-users broadly agree that the Platform is well-aligned and meeting objectives.

The consultant conducted interviews with 25 participants (11 women and 14 men). Interviews lasted between 15 to 45 minutes. Interviewees tended to be middle to senior representatives of their institutions, or subject area specialists. A number of very senior government and donor representatives made themselves available for interview, stating that they were willing to do so on account of their confidence in and support for SSHAP's initiative. Respondents included representatives of the United Nations and the International Federation of the Red Cross, the governments of the UK and the USA, and representatives of local and international NGOs. Almost all interviewees were based in the UK, USA or Geneva. Only four were based in the African Great Lakes region, two of those in DRC. It should be noted that this was an artefact of the interviewee list; these were the only four persons on the initial list based outside Europe or North America. This again reflects the core audience for SSHAP products related to the DRC response: senior-decision makers at HQ levels. But it also reflects the group of experts that help to assemble the briefs—a largely European group of specialists.

Participants consented verbally. A voice recorder was used to record the interviews. Sketch notes were taken at the time of the interview and detailed notes were later drafted from the recordings. Voice recordings were made of all but one interviewee, who preferred hand-written notes only. Participants were assured that the recordings would be securely stored to GDPR standards, and destroyed at the end of the report-writing period.

Key findings

“There’s a better understanding after the West Africa outbreaks that social science and community engagement through social understanding is one of the most important parts of response to an outbreak.”

David Heymann, LSHTM

While respondents were a purposively selected sample, and therefore quite familiar with SSHAP, their appraisal of the use of social science in epidemics was that it is now a proven and accepted practice. There was a general sense and acknowledgement that there is now enough buy-in at the highest levels of donor and response structures that social science should be present as a key contributor to epidemic response from here forward.

Respondents also showed great appreciation for SSHAP’s coordination and networking role. This coordination was not something made explicit in SSHAPs three main workstreams, but was a natural offshoot of the technical support role, and the process of facilitating the written briefings and expert group. This networking was something that members of SSHAP took up with particular enthusiasm and acumen, thus it was a primary product of their engagement.

Technical support was the aspect of SSHAP’s intervention that appeared to be less visible. The interviews initially didn’t find respondents who claimed to have made use of SSHAP’s technical support, but on further enquiry found that many had made use of SSHAP’s assistance in editorial support, verbal briefings or data analysis.

From an internal perspective, the core SSHAP team (i.e., from Anthrologica and IDS) were themselves extremely enthusiastic and highly motivated. Members of the expert group were generally positive about the group, its workings and production.

Across the board, the very highest praise was reserved for personal and professional interactions with members of the core SSHAP team. Respondents were unanimous in their assessment of SSHAP’s competence, both as a team and as individuals. Individual team members were uniformly seen to hold to the highest standards of professionalism. They were said to be highly responsive, collaborative, knowledgeable, team- and solution-focused. This was noted to start at the top with SSHAP’s leadership setting the tone for collaborative interactions.

“On the ground I’m one of the ones who appreciates it the most... They have supported all kinds of discussions in an open and sharing way... I don’t know that I’ve ever felt so supported in a response by people I’ve never met before!”

Simone Carter, UNICEF

Respondents were asked to describe the role of SSHAP in their own words. They all had a very good sense of the role and functions of SSHAP within the DRC EVD outbreaks (although not all could well articulate the larger mission of SSHAP).

“Good quality, assured collation of social science research to feed into the management of the Ebola response. Ideally locally, to feed into the management and design of the response... To put communities at the centre of the response”.

Saul Walker, DFID

“They provide the mechanism to coordinate, synthesise, generate social science evidence that can feed rapidly into responses to disease outbreaks such as Ebola”.

Becky Merrill, CDC

“The main value is in convening, collating, making clear and accessible findings from different sources that are relevant for communication and community engagement. They’ve pulled together academic and humanitarian and public health studies”.

Ellie Kemp, Translators without Borders

“I think what they do exceptionally well is getting through the clutter and really driving down to what the real information is ... factual information verified across prominent sources and high-level experts”.

Rhys O’Neill, Novetta

There was recognition that SSHAP was patterned on previous experiences with social sciences in global health emergencies. Many participants referred to the West African EVD outbreak as being the pivotal moment when social sciences were recognised to have a key role to play in epidemic response. Similarly, many of SSHAP’s interpersonal networks were built off the back of networks that had formed during this outbreak, and some of the present respondents had also been active in the West Africa outbreak.¹

Respondents understood that SSHAP is designed as a remote support structure that works across different partners, focused on providing information to senior policymaker and operations leadership, especially to those who are career responders but not necessarily expert in the local context.

This focus on getting appropriate and timely knowledge to senior policy makers was understood as relevant and appropriate but was also seen as a jumping off point: namely, is SSHAP going far enough, in terms of audience and/or implementation? Two broad critiques were that 1) SSHAP should be doing more to influence or get resources to response teams on the ground; 2) SSHAP should go further than analysis and consider getting into policy recommendations. These critiques will be covered in more detail in the section on the future of SSHAP.

¹ Point of information [JB/ML] – SSHAP has built directly on both the award-winning approach of the Ebola Response Anthropology Platform created for the 2014-16 West African Ebola outbreak, led by IDS and LSHTM and funded by the Wellcome Trust, DFID and Save the Children under the R2HC Initiative, and the work of Anthrologica in the West African (several core team members were actively deployed across Liberia, Sierra Leone and Guinea during the outbreak) and with response agencies more broadly.

“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 the current outbreak, SSHAP’s rapid briefs serve as the most tangible, and therefore perhaps the most appreciated and remarked-upon component of the SSHAP intervention. The briefs were recognised by many respondents to have evolved over time. From very simple contextual considerations (“what language do people speak here?”) to more fine-grained analysis. The early contextual briefs have grown to encompass data synthesis, cross-border, media synthesis and thematic briefs. Some respondents expect this branching evolution towards more specialised and granular briefs to continue as the epidemic moves into a phase that will demand, on the one hand, a highly-localised focus and, on the other, more compilation or synthesis of growing information sets.

The rapid briefs were very well received by all interviewees, who remarked upon their clarity, appropriateness and ease of use.

“They are prolific and relevant. They capture understanding in the products and force me and my colleagues to think about what’s going on and remain relevant and up to speed”.

Becky Merrill, CDC

The briefs were valued by participants at the highest levels of the incident management and donor structures. In high level meetings the 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

For some readers the briefs did not carry the same weight or authority of other forms of evidence, whether quantitative work or peer-reviewed qualitative work. As such, for these readers the briefs did not allow one to work with the same sense of certainty as “a true scientific consensus” or peer-reviewed journal article.² The briefs were nevertheless acknowledged to be the best form of evidence available under the circumstances, and to provide key insight into circumstances.

² Point of clarification [JB/ML] – A key function of SSHAP is to render existing research and science accessible and operational, thereby building on existing research that has been rigorously reviewed prior to publication. It should be noted that all briefs were rapidly peer reviewed by colleagues contributing to the external advisory groups, by response partners if appropriate, and by colleagues from Anthrologica and IDS. All documents went through several rounds of revision before being finalised by the author and Juliet Bedford who acted as the editor for the portfolio of DRC Ebola briefs.

Importantly, participants realised that debate over the briefs and the evidence therein had the effect of simulating critical perspectives on their own actions within the intervention. This provocation was a hidden benefit, as it promoted reflection on practice. As one respondent remarked, “*They [the briefs] don’t need to say ‘47% of people wash their hands’*”. She stated that statistics are one form of evidence that can alter the behaviour of responders but the real effect of the briefs is to create dynamics or dynamic interactions between people and groups. In her perception, the briefs are “*really great at triggering threads of effort ... creating a snowball of who to talk to.*”

“It’s not something we can say legitimately, as an example, ‘30% of the people believe this or that’... but nevertheless we get the background and we get a feeling of what’s going on. And that’s extremely important for us”.

Dan Bausch, Public Health England, Rapid Response Team

In other words, the briefs catalysed both knowledge and networks by creating a productive dynamic between colleagues who debated findings, sources and methods. In spite or because of this, multiple respondents remarked that the briefs could at times be opaque in their presentation and weighting of evidence. For example, in the absence of peer reviewed literature the briefs often referenced the authority of “expert advisors”.³ While respondents didn’t question the sincerity and qualifications of these experts, reliance on expert opinion nevertheless makes individual briefs an argument from authority. Respondents questioned whether the briefs could be better referenced, or link more extensively to further reading and evidence.⁴

This epistemological difference between the social sciences and medicine bears highlighting because it can impact on the acceptance and interpretation of findings. Many topics of SSHAP briefings are by their very nature under-researched and there may be a paucity of peer-reviewed literature available. Where no peer-reviewed sources were available, SSHAP briefing authors relied heavily on personal interviews and the grey literature (e.g., aid agency reports, government websites and health agency statistics). Following standard practice in the social sciences, these materials were extensively cited by the authors and taken to be part of the corpus of evidence. The size and length of the bibliographies were balanced against the reports’ readability, with authors concerned that too many footnotes and references would be off-putting to readers. The bibliography of individual SSHAP briefings is therefore often around a page in length and aims for a balance between completeness and readability. Rather than considering these bibliographies too long, however, more than one respondent to this assessment commented the briefings could be under-evidenced or opaque in their sources, thereby highlighting a difference in how readers value or weigh evidence.

In lieu of more extensive references, several respondents suggested the briefs make use of a confidence scale in making conclusions (e.g. “with caution”; “with confidence”; “with a high degree of confidence”; “with a very high degree of confidence”; “with the highest degree of confidence”). Use of such a scale, it was noted, would more help more hierarchically-minded thinkers accept and compare arguments from expert opinion.

“They’ve given us a model for how to present social science evidence to decision makers in a digestible way, which is very clear and unambiguous. They are nuanced but not hedged. Only one thing could make it even easier for the reader from different disciplines, which is giving some idea of the strength of evidence which they are operating with”.

Chris Whitty, Chief Medical Officer for England and Wales

³ Point of clarification [JB/ML] – Expert advisors were purposively recruited for contributions that provided nuanced and near real-time insights through their research networks in affected and at risk areas, however, all briefs included relevant bibliographic references including peer reviewed literature, grey and secondary literature and programmatic materials. Unpublished sources were referenced as appropriate and statements did not reference the ‘authority of expert advisors’ in isolation.

⁴ Point of information [JB/ML] – SSHAP’s COVID-19 briefs include significant bibliographic references and we have made an effort to link more extensively to further reading and evidence as recommended here.

The majority of respondents felt that the briefs had achieved a very wide distribution. SSHAP was acknowledged to have done all that was possible to distribute the briefs to all levels of the intervention, making them widely available on a variety of open access platforms. Despite this, anecdotally, the briefs appeared to have less uptake at the middle management and field levels. This issue was mentioned by numerous respondents, and the reasons for the perceived lack of uptake were generally the same: middle managers and field personal lack time and attention to read, let alone engage analytically with dense material. While it is recognised that the briefs were already extremely condensed, they were still not condensed enough for some people active in the field response, although it was noted this was not necessarily their primary audience. This challenge will be assessed at greater length in the challenges section.

A similar issue was timeliness; if the briefs hope to influence action on the ground, then they must arrive in time to be read and digested as part of the field's decision-making process. This is a rapid and iterative process, wherein briefs may have a limited window of relevance. It was suggested that this vulnerability could partially be remedied by having a fixed delivery date for certain periodic briefs, such as the data synthesis brief, that could be timed to coincide with the monthly meeting and reporting cycles of the response agencies.⁵

One respondent also perceived that the wording or content of some briefs might be problematic for local authorities. He stated that systems should be put in place to ensure briefs were appropriately tailored to local political sensitivities. While political sensitivities are an acknowledged risk, the SSHAP team is aware of this risk and already had mechanisms in place to present findings in a manner that is appropriate to local contexts. Drafts of the SSHAP briefings are shared in advance with UN and other partners for rapid proof reading to address some of these sensitivities.

Expert advisory groups

The work, composition and methods of the multidisciplinary expert advisors' groups were well regarded by all respondents.

The expert groups are not committees but form an organic network. Fluid in composition, different specialists are invited to join, while others may take a back seat, based on specific information requirements. It can be tricky to strike the right balance of geographical and topic-area expertise, particularly against the backdrop of competing professional and informational demands. For example, one respondent suggested that the early days of the group weighed towards the anthropological and the rural when expertise in the political and the urban was more vital.⁶ This respondent noted that composition of the group, and the balance in expertise, adjusted over time to meet this demand. Nevertheless, given the deeply variegated social relations across the intervention regions; from East Africa to the Western Congo, no single expert or discipline can know the country dynamics, let alone the border regions and neighbour states. Thus group composition and production must remain agile and responsive to knowledge needs as they emerge.

This point was also highlighted in relation to SSHAP's ability to transfer their model to other regions, and potentially manage multiple regions or interventions at once. In theory a multi-region or global presence should be possible, since SSHAP's role is not to be a knowledge repository but to foster networks and collaborations for knowledge production; that is to say, to recruit and coordinate expert advisors, building on pre-existing professional networks, in dynamic response to information needs. However, such a rapid response requires some degree of pre-existing connection or network in the concerned regions or expert communities. While certain crises are cyclical in character, the nature of emergency response is such that these can

⁵ Point of information [JB/ML] – This suggestion is well taken. Should SSHAP produce data synthesis briefs in a future response, we will endeavor to agree a periodic delivery date with response agencies as appropriate. In turn, this will also assist SSHAP in sourcing data from response partners in a timely manner.

⁶ Point of clarification [JB/ML] – Perhaps the fact that the SSHAP leadership are anthropologists influenced this individual respondent's view, but from the start, colleagues from a range of disciplines (most notably political science) were purposively recruited for the DRC expert groups and who together could provide geographic and thematic insights across the affected and at risk areas. That the composition of the expert group remains agile and responsive to need is a strength of the SSHAP's approach.

never fully be predicted. Thus SSHAP has a theoretical response capacity that will be tested anew with each emerging crisis.

Concern for diversity within the expert group was voiced by at least two respondents. The expert group is made up of primarily social scientists, primarily from Europe and North America. This is to some degree expected; a reflection of existing global configurations of knowledge production. However, it may generate a couple blind spots. It may lead to a tendency to socially-focused reasoning which may not fully account for epidemiological, interspecies or microbiological factors. Thus, depending on the specific project remit, SSHAP might take care to include the perspectives of, for example, disease ecologists or specialists in zoonotic infection.⁷ Another potential weakness might be the tendency of expert discourse to become divorced from ground reality over time. This is more likely to happen when the experts themselves are largely academics based in Europe and North America. Maintaining active communications with the field and incorporating locally resident social scientists into the group will be a vital step to keeping the group relevant.⁸ There is need to maintain diversity in disciplinary, positionality and geographic locality. This is not to say that these things aren't happening now, but that their continued practice and elaboration will be vital to SSHAP's effectiveness. The SSHAP team might consider, for example, how members of affected or at risk communities can actively be incorporated into the expert group discussions.

A corollary to this challenge is that in seeking adequate coverage of geographical and thematic areas, an expert advisory group may become unwieldy to manage, potentially losing the shared disciplinary language that makes collaboration possible.

"Multiply the network of local experts and expertise ... I know the platform may have other local connections besides me, but it's important to have more of these available people on the ground, that the platform may reach out to when they intend to produce this information for an international audience. That is key".

Noe Kasali, Bethesda Counselling Centre

"If we think forward to the next decade, one of the things I would like SSHAP to ensure that they don't lose is that connectivity into communities... As the level of expertise gets higher there can sometimes be a tendency to move away from communities and move back to experts. The strength of SSHAP is that they've managed to keep both of those elements very strong. It's crucial that they do".

Jeremy Farrar, Wellcome Trust

A further potential weakness, voiced by several respondents, is the tendency of academics to be academic; that is to say, to speak at length, to become focused on minutiae and to move without urgency. The expert groups remain operational advisory groups, and so must centrally be focused on translation of knowledge to rapid outputs. This is primarily a challenge of coordination: it falls to the SSHAP team to monitor and manage the groups to meet deliverables and deadlines. But it is also a challenge of expectations. For academics "rapid turnaround" is submitting a written peer review within two weeks; it means a very different thing in a humanitarian emergency context. Making expectations clear at the outset can only work so far. Many may agree to tight timelines in principle, only to be surprised when confronted by the reality.

⁷ Point of clarification [JB/ML] – SSHAP is explicitly a social science platform. We aim for interdisciplinary engagement throughout our work and our perspective remains the social perspective: we bring a social science lens to bear on other areas (e.g. disease ecology). It should also be noted that the colleagues from the core SSHAP team (from IDS, Anthrologica and LSHTM) and members of the expert advisory groups for DRC have conducted in-depth long-term research on zoonotic diseases and disease ecology.

⁸ Point of clarification [JB/ML] – Whilst we appreciate this critique, it should be noted that in our approach, SSHAP strives to ensure that the expert discourses we engage with are not 'divorced from ground reality over time'. To the contrary, colleagues in the expert advisory groups all have active networks on the ground with whom they communicate regularly. SSHAP also maintains links to social scientists in-country, and we are committed to strengthening and expanding these links. It should also be noted, however, that it is not always possible for in-country colleagues to be regular participants in an advisory group or during an active response due to competing commitments. SSHAP is mindful of this and seeks to support colleagues as much as possible, particularly in the global south.

It seems likely that there will always be a degree of trial and error in the management of the expert groups, finding the right fit of personalities and specialties for a given moment in an intervention. As such, the groups will likely remain permanently provisional, ad hoc and organic—something that should be recognised as a simultaneous strength and weakness.

The above critiques aside, the expert groups for the DRC response received very positive feedback from all members. Many found the discussions dynamic and exciting, promoting critical reflection on their own work and leading to new tangents of collaboration. SSHAP coordinators likewise found the expert groups' inputs to be of very high value; they appreciated the ability to ask questions, often by email at odd hours, and receive quick, very nuanced replies from a variety of perspectives. This question-and-answer capacity was perceived as a core strength, and a number of respondents suggested ways to further capitalise on it. For example, webinar-style interactions/Q&As, some of which might target field teams. It was also suggested that the group keep a logbook of incoming requests and questions to allow for an analysis of question patterns and frequency, and to potentially develop a frequently asked questions (FAQ) component for the website.⁹

“The real value added over the long term is the development of a knowledge base and network that will remain accessible to future responses”.

David Peyton, Northwestern University, SSHAP expert advisory group for DRC

Technical support

This was the category of activity that was least recognised and commented upon by respondents. This was partly due to the fact that technical support activities weren't recognised as such, because they often blended in with and were therefore difficult to distinguish from SSHAP's other streams of work. Technical support such as the verbal briefings, networking, facilitation of local partners, remote support, analysis and dissemination mingled with administration and external relations.

At other points, offers of technical support to the field netted unserviceable requests—for example, an off-the-cuff suggestion that the team could develop a predictive modelling of community response to possible scenarios. Such unserviceable requests show some misunderstanding of the role and abilities of the social sciences in emergency settings, but also some misunderstanding of the word “technical” as applied by SSHAP. Technical support included data tool development, data synthesis, social media analysis etc., but at the same time included person-to-person interactions such as verbal briefings and editorial support. It may help to rethink the name of this particular category of activity, to showcase “soft” and well as “hard” technical activities; for example, “technical, methodological and research facilitation”.

Those who most recognised and appreciated SSHAP's technical support role were, in fact, the authors of the briefs. Several authors remarked on the superior degree of support they received on the production of their briefs in terms of data analysis, synthesis, editorial support and dissemination of the briefs.

⁹ Point of information [JB/ML] – This recommendation is well taken and will be incorporated into the next phase of SSHAP's work.

Present challenges

A few of the challenges mentioned in the section above merit more in-depth consideration. SSHAP is aware of and has been grappling with these challenges; it is unlikely this report will produce any definitive solution. However, there is value in describing them, and highlighting some of the perceptions and remedies advanced by interviewees.

Uptake

The challenge of making the briefs digestible to field personnel was one concern that interview respondents mentioned frequently. This challenge is a product of the current nature and structure of global health emergency management.

“My sense is that a lot of the [field] responders don’t take time to read documents. And that has been a challenge: finding ways to interrupt the busyness, the literally frenetic pace of people in the response, with information that could shape their behaviours [operationally].”

Chris Prue, CDC

Middle managers and field personnel are faced with multiple often competing demands for attention. Caught between requests from the field and their HQ, they are pulled in several directions with regards to reading, reporting and administration. Unlike senior-level managers, middle managers rarely have personnel who screen, read, review and highlight incoming information and requests. Nor do they generally have protected time dedicated solely to strategic thinking about the intervention. Rather, these individuals are often pushed into a reactive mode, and as such incoming documents or requests represent nothing so much as annoyances or threats to be assessed, triaged and eliminated where possible. This situation confronts desk-based workers, but is doubly true for field-based workers, who may spend much of their time on the road, in the community or on hospital wards. These individuals arrive back at the office with a very limited window of time for dealing with administrative tasks, and thus the most urgent and pressing tasks are normally the only ones to be addressed.

Under these circumstances, even if a given manager sees a SSHAP brief as important and meriting consideration, it is likely to be filed in a “To Read” pile for review during downtime. The brief might soon be buried by other equally important reading. A manager’s downtime, when it comes, might come at night when mental and physical energy is a low; so even if a manager reads the brief it is unlikely to be fully ingested. Thus, the limited uptake of SSHAP briefs at these levels comes as no surprise.

Given these facts, SSHAP has at least three options in moving forward with the briefs. The first is the simplest: SSHAP can reiterate the original purpose of the briefs and draw a line under them: the briefs are for higher-level policy makers, full stop. They should still be as widely distributed as possible, and it is hoped that they are widely read and discussed by audiences outside of senior policy circles. But these are not the key target audience, and the briefs will not be shaped to the needs of another audience. The briefs are achieving their core purpose, and achieving it very well. They are not broken and any attempt to fix them or make them appeal to a wider audience might weaken their core utility.

The second option is, through the influence of the senior policy makers who are currently the readers and evangelists of the briefs, to formally integrate the briefs into the reporting structure of the epidemic's emergency management hierarchy. That is, to put it bluntly, to make the briefs required reading for managers at all levels. This could be achieved, for example, by making the briefs a fixed agenda item for discussion at monthly country coordination meetings. Or by incorporating reflection on key briefing topics as part of a cyclical reporting process. However, these administratively-forced solutions are less likely to be effective, since they turn the briefs into a tick box exercise; just because briefs are read and discussed is no guarantee that they are internalised or acted upon.

The third option is to design a different brief, one specifically targeted to uptake and use in the field. Tailoring briefs to the field is something that is most effectively done with field presence—a deep understanding of the specific information needs and challenges of individual field sites. However, while SSHAP acknowledges the benefits of a long term field presence it also acknowledges that the practical mechanics of field deployment are complex—not something easily undertaken without detracting from support in other areas. Thus long-term field deployments remain off the cards for SSHAP at present.

In the absence of a field-based brief, respondents had several suggestions for how to make existing briefs more field-friendly. These focused either on making abbreviated field briefs or on designing existing briefs to be more readable under pressure. This effort would begin with more use of maps, infographics and illustrations to reduce or break up the dense text. It could lead to the production of mini-briefs. This action could go even further, for example, hiring graphic designers and artists to translate the key content of each brief into a 2-page infographic specifically for the field.¹⁰ Or, to take another tack, briefs could be presented in video or podcasting format, using professional presenters and production values; even disseminating the briefs on YouTube to ensure ease of access and the widest possible uptake. These options would obviously represent a significant investment of time and expertise for SSHAP; as such they need a substantial budget, but more importantly they require a clear strategy, objectives and milestones.

A workable solution would likely be a mix of all three of the options above; that is to say, some briefs remain core to high-level policy circles while others are distributed with a more general audience in mind. Still others will be specialist responses to specific queries or geographically-bound issues.

Whatever path SSHAP chooses, they should take full advantage of the online archiving of briefs. The current archiving system is rudimentary and not really living up to its potential. Online briefs are at present are tagged in a cursory manner on the [SSHAP website](#) (e.g. “Burials”; “Congo”; “Ebola”). Responders searching for specific information or subjects (e.g. “Perception of vaccines”) aren't able to get a complete understanding of the content from the abstracts or tags. Rather, they open each document individually and search using subject keyword searches. A more systematic effort to archive and catalogue the briefings would allow for a more nuanced tagging system, including geo-tagging.

To take this a step further, SSHAP could fully index the briefs, producing a master index or concordance, linking to every mention of a topic across every brief. Once set up, this process can largely be automated, using software to populate the index and links. An indexing initiative would increase in value as the briefing corpus continues to grow, as it becomes a searchable knowledge database for the intervention. It would improve the likelihood of field operations taking up the findings and form part of the legacy of this intervention. The SSHAP website is scheduled for a redesign in the near future, so this would be an ideal moment to implement some of these suggestions.¹¹

Of minor note, the briefs are widely posted (e.g. on Relief Web; f1000, ALNAP) and said to be “open source” but the briefing documents themselves aren't clearly licensed or labelled for

¹⁰ Point of information [JB/ML] – SSHAP has already actioned this recommendation in the COVID-19 response: a one-page infographic has been produced to accompany each brief, summarising key content in striking and easy to absorb format. As with the briefs, the infographics are being widely disseminated, they are uploaded onto the SSHAP website and other online fora, are circulated by email and are posted on Twitter.

¹¹ Point of information [JB/ML] – Since the assessment was conducted, SSHAP has redesigned the website as part of the new phase of work. The issues highlighted here were taken into account and the archiving system, search capacity and general structure of the website updated to be fit for purpose. See www.socialscienceinaction.org.

reuse. For clarity, SSHAP might consider appending a [CC-BY-NC](#) licence and logo to their products, alongside a sample bibliographic entry (i.e. *Cite as: Bedford et al. (2019) Key Considerations...*) for ease of attribution.¹²

Translation to practice

“Exposure to information is not the same as attention to it, which is not the same as application”.

Charlotte Watts, DFID

As noted above, getting responders to read the briefs is only the first challenge. Reading does not equal reflection, which does not equal action.

If the briefs are more widely read, to some degree, their utility will become evident and they will be acted upon more broadly. This is largely operator dependent, however. It means someone, somewhere reading the brief and motivating the rest of the team to action.

“What’s needed... are incident management structures that have built-in processes for reflecting on what’s working and what’s not working in the response, and assessing the fit or misfit between the response activities and how the communities are receiving the response activities”.

Chris Prue, CDC

Achieving broad and discernible action on the briefs at a field level will likely need active implementation at scale. This might be achieved by designating a facilitator, *animateur*, or socio-cultural referent within each target institution or field site. These members of the management structure could be delegated as relays, promoters or advocates for the briefings, with the responsibility of ensuring the briefings are disseminated and considered within a given unit or structure. This links into broader discussions, considered in greater detail below, on how the practice of social sciences should be institutionalised in the emergency response structure.

Monitoring impact

The impacts and insights from qualitative work are not readily quantified or benchmarked. SSHAP’s outputs don’t lend themselves well to the longstanding trend in health management of metrics and key performance indicators. Certainly, some outputs and impacts can be tracked (e.g. the number of briefing documents; the number of downloads of the briefs) but these metrics are largely meaningless without context (e.g. just because a document was downloaded doesn’t mean it was read).

In interviews, the difficulty of tracing impact was highlighted by some members of the SSHAP core team and they acknowledged that impact measurement can be beneficial to aspects of funding and external relations. It did not seem to be of major concern to senior policy makers or donors, however, who accepted that this work is resistant to measurement and who had witnessed for themselves the role that SSHAP’s intervention had played in their own circles.

¹² Point of information [JB/ML] – Through f1000 (the research portal supported by the Wellcome Trust), each brief for the DRC response was given a DOI. SSHAP now has the ability to create DOIs, so going forwards, all briefs will be published with a DOI particular to SSHAP. A bibliographic citation for each brief is already included on the SSHAP website.

As seen above, there is very clear and direct evidence that the briefing documents are being used at the highest levels of intervention decision-making, and are having notable impact on that process. Yet attribution is difficult to obtain. It is not feasible to trace a pivotal decision to a single SSHAP product, since such direct lines of causality rarely exist and are rarely documented. It is even harder to trace the briefs' dissemination and uptake at the level of in-country coordination or field site. SSHAP's impact cannot readily be demonstrated, but evidence of its impact is clear in the acceptance and institutionalisation of social sciences in the response structure.

In its present configuration, it is probably safe for SSHAP to ignore most forms of quantitative metrics. The number of times a brief is downloaded from the internet or viewed on Twitter, for example, is irrelevant to measuring impact at present. Greater insight will come from knowing where and how SSHAP's products are being used. This takes concerted reflection, which can be achieved through day-to-day interactions with users, and also at certain key moments in the funding and project cycle. To this end, this report is one such monitoring device, and there should be others in future. A future assessment could place emphasis on sampling fieldworkers, other frontline responders and community members in order to include a diversity of responses with the intention of documenting lessons and best practices for future replication.

Institutionalisation

"The elements we've really developed are good quality, fit for purpose remote support, the ability to surge quickly and reliably, and the potential to be able to deploy qualified colleagues into emergency response. These are our core strengths and must remain so — very active, very applied and operational".

Juliet Bedford, Anthrologica

Probably the greatest challenge facing SSHAP at present is the challenge of institutionalisation. Having experienced hard-won and widely-recognised success, and facing calls for expansion across multiple fronts, how should SSHAP respond?

Every organisation faces this quandary once it reaches a certain level of effectiveness. With a model that has been proven to work, there is a temptation to grow to meet additional demand. That temptation is particularly strong when in pursuit of the public good. But expansion comes at the cost of agility, something that was part of the original formula of success. Growth inevitably leads the organisation away from an operating system that is nimble and responsive towards more and broader commitments, and as a result, greater governance and bureaucracy.

"There is some middle point between being too small to specialise and too big to be nimble and responsive. ... SSHAP is about the right kind of scale at the moment".

Chris Whitty, Chief Medical Officer for England and Wales

SSHAP's expert network model can likely be replicated and applied simultaneously in multiple contexts in a way that remains light and flexible at the country or regional level. But this might require the addition of, for example, regional operations managers, another layer in of hierarchy. Thus the breadth of commitment results in more managerial structures, and more inertia at the level of institutional governance. Since this is a factor of institutional growth, another option is not to grow. SSHAP may choose to specialise in one place or function, aggressively and publicly limiting any expansion. But this takes conscious commitment and discipline, since the internal and external pressure to expand will always be great.

A certain level of institutionalisation is unavoidable; it is a natural outcome of an organisation's own maturity and its need to implement operating structures and procedures over the long term. Beyond that, institutionalisation is self-inflicted; the result of a deliberate choice to expand.

Interview respondents outlined several potentially fruitful avenues for SSHAP to pursue in the short, medium and long-term. These included (among others) the establishment of a central secretariat for social sciences in emergency response; provision of implementation services (e.g. facilitators to assist with the translation of written briefs for the field); and secondment to partner agencies to assist with the set-up of their own social science units.

“Think through success and what that means. It’s a very positive place to be. But too many organisations worry about failure... not enough organisations think about ‘what happens if I’m successful? How do I put in place the governance the leadership and the management to make sure that we have the robust systems that allow us to respond...?’”

Jeremy Farrar, Wellcome Trust

These activities would entail a significant amount of institutional growth, investment of time and resources, and a move away from SSHAP’s core mission based around remote support and precise, punctual intervention. SSHAP faces a choice in the coming months as to whether and how to expand activities to encompass some of these new avenues. It should go into this moment with open eyes. As much as possible new activities should be the result of deliberate, conscious and strategic decision-making rather than an outgrowth of the kind of stop-gap measures that can so easily happen in epidemic response. SSHAP’s new round of funding from the Wellcome Trust (2020-2021) provides for such reflection.

This section will consider reflections that interview respondents shared on the subject of SSHAP’s institutionalisation. It breaks the challenge of institutionalisation into 3 sub-challenges: the challenges of success, of coverage and of comprehensiveness.

Success

Dealing with success can often be a challenge. Expectations are much higher. Sometimes people are more critical. Think through succession, so it’s not just dependent on one or two people but there’s actually a much broader group that can play a leadership role. Because these things cannot depend on individuals. They have to be institutionalised”.

Jeremy Farrar, Wellcome Trust

It is clear that the SSHAP model has been successful. However, it has largely been successful through tireless effort on the part of a small group of highly motivated, highly skilled people. This is a recipe for success in the early days of an institution’s life. But SSHAP’s reputation for professionalism and responsiveness can become a weakness of sorts. As a “can do” initiative, the requests that are put to SSHAP can multiply. Since the group still runs on lean staffing this can cause ripples throughout the system. A present challenge is to maintain optimal levels of staffing with enough slack to compensate for unanticipated events. But this is only part of the challenge that success presents.

As one respondent pointed out, succession planning is also key at this stage of an organisation’s lifecycle. It becomes imperative that an institution’s strategic vision and leadership doesn’t rest with one or two individuals. Organisational history and operating procedures should be documented. Filing systems should be standardised and shared. Team members at all levels of the organisation should be entrusted with leadership responsibilities and authority/autonomy within their sphere of activity. This fosters a shared understanding of challenges and strategies, and builds future leaders within the organisation.

Success can bring increased expectations, but SSHAP cannot be all things to all people in all places. SSHAP is one of several initiatives or collectives in the “social science in emergencies” sphere. SSHAP’s leadership has indicated that they have cordial and collaborative relationships

with the other initiatives. Thus there is space and opportunity for an equitable division of responsibilities in what is a burgeoning field. This is to be strongly encouraged; a diversity of actors and perspectives will make for a more robust response community. In order to be successful in such a division of work, however, SSHAP must continue to emphasise clarity of mission, external relations and expectation management.

Coverage

SSHAP is intended to be a flexible and responsive initiative that brings rapid social science expertise to bear on public health crises. By design this means that SSHAP is called in during the early phases of a crisis to convene and coordinate networks of existing social science expertise and related resources. This is a geographically agnostic initiative, not bound to any specific region or network. Over the past two years SSHAP has developed a diverse and comprehensive network focused primarily on DRC and its neighbours because of the outbreak of Ebola in DRC. The organisation does not have the same depth of coverage across all other parts of the world, although (with the above constraints in mind) it could conceivably develop such depth. Because of this there is some tension between the SSHAP mission as designed and how it is realised in practice. Theoretically, should circumstances dictate, there is nothing to stop SSHAP from quickly ceasing operations in one part of the world, weighing anchor to immediately focus on an emerging crisis elsewhere. In practice, however, engagement generates commitments and expectations. Respondents, for the most part, saw SSHAP and the DRC network as one in the same. There is an expectation on the part of NGOs, donors and expert advisory group members that SSHAP will, to one degree or another, continue to foster the DRC network. Disentanglement will be a lengthy process.

This gave rise to questions in many respondents' minds. Is it fair to expect SSHAP to replicate its success in every part of the world with every new crisis? Or is it better to specialise in one or two regions—those that are prone to recurrent crisis—and leave other regions to other actors? Respondents made arguments for both approaches.¹³

A vertical approach: Some respondents thought that, contrary to SSHAP's global mandate, the organisation would do well to consolidate its existing network and expertise in and around DRC or sub-Saharan Africa. The arguments for this perspective are clear. For well-known and interrelated reasons, certain places around the world tend to experience a repeated and compounding health and political crises. Recovery is barely possible before the place is thrust into the next crisis. These places are known and can readily be prioritised. DRC is foremost among them. Vast resources have been ploughed into the current outbreak, and it is clear that there is a great deal of work to be done, even in the aftermath of the outbreak. Many years of recovery remain. SSHAP currently has an extensive network of expertise aligned around DRC; it would take relatively little input to consolidate this network around the recovery challenge. Therefore, some respondents felt SSHAP could consider focusing its efforts in Central Africa, and leave other parts of the world to others. The SSHAP model is open source, after all, and can be replicated by other institutions elsewhere in the world. This approach, which would see SSHAP focusing in depth on certain regions and/or issues, can be termed the "vertical approach", a narrow but profound focus on specific subjects.

A horizontal approach: Taking an opposing perspective, other respondents suggested a different tack, stating that SSHAP are the global experts on this particular type of intervention (i.e., the application of social science in emergencies) and would do well to function from a

¹³ Point of clarification [JB/ML] – As the author points out, SSHAP's objective is to bring social science knowledge and expertise to bear in emergency response. This requires technical expertise in itself. SSHAP is not geographically focused, rather we have adopted a carefully developed modular approach that enables us to surge around a particular event and to convene expert advisory groups to complement and supplement internal expertise and to collaborate with other existing regional- and country-level structures. Our links with these networks enables us to continue our engagement beyond an acute crises setting. These sustained relationships are critical in our support of preparedness and recovery efforts, as well as ensuring the effective pre-positioning of knowledge and personnel ahead of future emergencies. Although the height of the Ebola outbreak in Eastern DRC is over, we do not seek to 'disentangle' SSHAP, rather we will maintain our DRC networks and continue to support in-country structures such as the CASS (UNICEF's Social Science Analysis Cell). As on June 2020, SSHAP's ability to work on multiple fronts simultaneously is being well demonstrated. Not only do we continue to support responses to Ebola outbreaks in both Eastern DRC and Equateur Province, we are heavily engaged in the COVID-19 response at global, regional and country levels, as demonstrated by the range of COVID-19 related briefs we have produced since February 2020.

coordination role, building capacity and networks among smaller, regional organisations (particularly national agencies, NGOs and universities) to replicate the SSHAP model on a local scale. This can be termed a “horizontal approach”—broad and overarching, without any particular depth in any one region or issue.

“This is a lean organisation and should stay so. But all parts of the world will be challenged with similar issues to those that SSHAP has positively addressed in Sub-Saharan Africa. I don’t know if a single body is able to cover all this. You don’t want to stretch yourself so thin that it collapses”.

Jeremy Farrar, Wellcome Trust

It’s important to point out that the SSHAP model is not about knowledge production but about network production. Contrary to the vertical perspective, it can be questioned to what degree SSHAP should “specialise” in a specific region when it is specialised in a specific technique. SSHAP’s response to the Ebola outbreaks in DRC has been coordinated, at the senior levels, by people who are not experts on DRC, who don’t speak the local languages and who haven’t visited the country. SSHAP does not produce knowledge about DRC or the current outbreak. Rather, SSHAP identifies, enables and coordinates a network of specialists who are able to produce that knowledge, and then strives to ensure such knowledge is appropriately conveyed to influence the response. From the horizontal perspective, SSHAP’s key focus should be on the consolidation of these techniques—the ability to mobilise networks—rather than on the consolidation of any one network itself. Whichever approach SSHAP chooses, vertical or horizontal, the decision will represent a certain degree of institutional growth as the project formalises its expertise and structures to be able to deliver on its goals.

Comprehensiveness

“Much of what centrally influences Ebola [in DRC] is out of the wheelhouse of public health people – armed actor dynamics, the perception and effect of the counter-insurgency campaign, the perception of MONUSCO...”

David Peyton, Northwestern University, SSHAP expert advisory group for DRC

A corollary to the challenge of coverage is that of comprehensiveness. SSHAP’s remit is to provide insight on the interplay of human dynamics in crisis settings. This is a remarkably ambitious undertaking. It means that, whether working from a vertical or horizontal approach, there is effectively no limit to the number of specialists and sub-disciplines that could be brought to bear of a specific problem. SSHAP has not shied away from this reality, in its coordination of a diverse group of specialists in the expert advisory groups, its use of social media analysis in the current outbreak, and its desire to integrate emerging technologies into future interventions.

“There is an issue around speed. So, I’m interested in how we can bring technology to bear on these issues – technical competencies in terms of AI, or other forms of technology that can make information and analysis available to us at speed”.

Juliet Bedford, Anthrologica

However, each integration of a new specialty or technology brings with it its own issues of coordination and governance. Just as coordinating a diverse array of specialists brings its own challenges, SSHAP should not underestimate the challenges of technological governance.

The global public health community is presently engaged in a turn towards social and political-economic analysis. A similar turn is underway towards technologically-mediated analysis and

intervention. Both specialties require the integration of new professions, methods and ethics into the public health sphere. If SSHAP is earnest in their pursuit of their technological ambitions they will need to recruit and integrate a new wave of specialists—technologists and tech ethicists—in order to adequately understand and embrace the technological governance of emergencies. This is a laudable ambition—SSHAP’s present positioning could make them a global leader in this area, but it will require a very large commitment of time and resources.

Future directions

“What we’ve achieved in the last 5 years is imperfect, but it is a now widespread acceptance that epidemic prevention response and aftermath have to be defined by a holistic approach that brings communities into leadership roles... That brings research in as a primary function within epidemics. Everyone acknowledges that social science and history and the humanities have a central role in epidemic response. None of that was accepted five years ago. What is critical now is that social sciences build off of that platform, and they can only do that by doing work that is relevant to operations—NGOs, governments, research organisations. They must remain at the table and contribute constructively”.

Jeremy Farrar, Wellcome Trust

Participants had a variety of perspectives when asked to consider the place of the social sciences in the future of epidemic response. There was disagreement about whether large-scale epidemics would become common enough to be considered a “new normal”, and how national and international mechanisms would evolve to combat them. But there was broad unity on the future configurations of social science in the response. Respondents firmly believed that social science now has a central role to play in epidemic response, and that role must be consolidated in the coming years

“It’s important that we do not just follow what are big responses, but that we use social sciences to advocate and to influence, to direct intervention and support... SSHAP gives us the opportunity to direct and bring attention to [infectious diseases] that are maybe less... ‘appealing’ than the big outbreaks but equally important and often more deadly”.

Simone Carter, UNICEF

Respondents highlighted several possibilities for how this should be achieved. First, and something that is immediately actionable, is for response agencies to place social scientists in key leadership roles within epidemic response structure, alongside their medical and epidemiological counterparts. Respondents also agreed that SSHAP, or an institution like it, would need to evolve an ability to coordinate social science activities at an international level, across institutions and regions, something like an international SSHAP secretariat. At the same time, the need for localised expertise would lead to the formation of regional SSHAPs, ideally led by countries and institutions closest to the outbreak. Respondents were unified in their belief that the capacity for response, including social science capacity, should be developed as much as possible in national and regional institutions.

“If we want to establish and institutionalise it, it will need to become a field of practice. Otherwise it will either be an academic practice or an NGO that remains small and informal and under-resourced. It must rather be integrated with a governance structure that encompasses all the major epidemic institutional players.”

Sylvie Briand, WHO

There was disagreement about the best way to achieve these goals. Some advocated for social science units to be formed in all major global health and humanitarian institutions. Others felt that entrusting the fostering of local knowledge to transnational bureaucratic institutions was

bound to fail; they preferred a system to fund and empower local NGOs and university departments to carry on SSHAP's role in regions around the world.



“The humanitarian system needs turning on its head, so that the internationals are in a supporting role providing the technical expertise where we have it, in support of the expertise [of] people on the ground... the expertise and contextual understanding and communication capacity of the people who are actually dealing with it”.

Ellie Kemp, Translators without Borders

Ultimately, the work that SSHAP is currently engaged in appears to be at the forefront of an emerging new discipline; that is, the work of making social science in emergencies a field of practice in itself, separate and distinct from other disciplines within the social sciences and public health. This makes it an exciting time to be involved in the field and to be a part of the SSHAP initiative.

Annex 1 – rapid briefs

The following lists the 23 briefs produced by SSHAP in relation to the responses to Ebola in Équateur, North Kivu and to support preparedness efforts in the neighbouring countries.

Équateur briefs:

- Key considerations: health beliefs and health seeking behaviours, Équateur Province, DRC
- Considérations clés: comportements en matière de santé dans la province de l'Équateur, RDC <https://www.socialscienceinaction.org/resources/key-considerations-health-seeking-behaviours-equateur-province-drc/>
- Key considerations: Équateur Province, DRC
- Considérations clés: le contexte de la province de l'Équateur, RDC <https://www.socialscienceinaction.org/resources/key-considerations-context-equateur-province-drc/>
- Key considerations: burial, funerals and mourning practices in relation to the outbreak of Ebola in Équateur Province
- Considérations clés: inhumation, funérailles et pratiques de deuil dans la province de l'Équateur, RDC <https://www.socialscienceinaction.org/resources/key-considerations-burial-funeral-mourning-practices-equateur-province-drc-2/>
- Engaging Twa communities in Equateur Province, DRC
- Considérations clés: Engagement des communautés Twa dans la province de l'Équateur, RDC <https://www.socialscienceinaction.org/resources/key-considerations-engaging-twa-communities-equateur-province/>

North Kivu briefs:

- Key considerations: the context of North Kivu, DRC
- Considérations clés : la situation de la province du Nord-Kivu en RDC <https://www.socialscienceinaction.org/resources/key-considerations-context-north-kivu-province-drc/>
- Key considerations: burials, funerals and mourning practices in North Kivu
- Considérations clés: inhumation, funérailles et pratiques du deuil dans la province du Nord-Kivu en RDC <https://www.socialscienceinaction.org/resources/key-considerations-burial-funeral-mourning-practices-north-kivu-province-drc/>
- Key considerations: changing behaviours and care-seeking practices in North Kivu
- Considérations clés : évolution des comportements & des pratiques en matière de recours aux services de santé dans le *Grand Nord* de la province du Nord-Kivu <https://www.socialscienceinaction.org/resources/key-considerations-changing-behaviours-care-seeking-practices-grand-nord-north-kivu-drc/>
- Key considerations: mental health and psychosocial support in North Kivu
- Considérations clés : santé mentale et soutien psychosocial dans la province du Nord-Kivu, en RDC <https://www.socialscienceinaction.org/resources/key-considerations-mental-health-psychosocial-support-north-kivu-drc/>

- Key considerations: Ebola preparedness and readiness in Goma, DRC
- Considérations clés : Préparation et planification de riposte contre le virus Ébola à Goma, RDC
<https://www.socialscienceinaction.org/resources/key-considerations-ebola-preparedness-readiness-goma-drc/>
- Social science and behavioural data compilation (1), August-November 2018
- Compilation de données en matière de sciences sociales et comportementales, No.1, Ebola, RDC
<https://www.socialscienceinaction.org/resources/social-science-behavioural-data-compilation-november-2018/>
- Social science and behavioural data compilation (2), December 2018-February 2019
- Compilation de données en matière de sciences sociales et comportementales, No.2, Ebola, RDC
<https://www.socialscienceinaction.org/resources/social-science-behavioural-data-compilation-drc-ebola-outbreak-november-2018-february-2019/>
- Social science and behavioural data compilation (3), March-May 2019
- Compilation de données en matière de sciences sociales et comportementales, No.3, Ebola, RDC
<https://www.socialscienceinaction.org/resources/social-science-behavioural-data-compilation-no-3-ebola-outbreak-eastern-drc-february-may-2019/>
- Social science and behavioural data compilation (4), June-August 2019
- Compilation de données en matière de science sociale et comportementale, No.4, Ebola, RDC
<https://www.socialscienceinaction.org/resources/social-science-behavioural-data-compilation-no-4-ebola-outbreak-eastern-drc-june-august-2019/>
- Social science and behavioural data compilation (5) September – November 2019
- Compilation de données en matière de sciences sociales et comportementales, No.5, Ebola, RDC
<https://www.socialscienceinaction.org/resources/social-science-behavioural-data-compilation-5-ebola-outbreak-eastern-drc-september-november-2019/>
- WhatsApp and local media, North Kivu, (1) 1-17 September 2018
<https://www.socialscienceinaction.org/resources/whatsapp-local-media-grand-nord-9-18-september-2018/>
- Media and local messages on Ebola in the Grand Nord, DRC (2), November-December 2018
<https://www.socialscienceinaction.org/resources/media-local-messages-ebola-grand-nord-drc-november-december-2018/>
- Media and local messages on Ebola in the Grand Nord, DRC (3), February-April 2019
- Bulletin d'informations médias locaux #3: Politique, dissensions et violence - à l'écoute des porte-paroles locaux s'exprimant au sujet d'Ébola, RDC
<https://www.socialscienceinaction.org/resources/politics-factions-and-violence-listening-to-local-voices-on-ebola/>

Cross-border briefs:

- Cross-border dynamics: Uganda-DRC, Focus 100, December 2018
- Dynamique transfrontalière Ouganda-RDC, Focus 100, December 2018
<https://www.socialscienceinaction.org/resources/uganda-drc-cross-border-dynamics/>
- Cross-border dynamics: Rwanda-DRC, Focus 100, April 2019
- Dynamique transfrontalière Rwanda-RDC , Focus 100, April 2019
<https://www.socialscienceinaction.org/resources/rwanda-drc-cross-border-dynamics/>
- Cross-border dynamics: Burundi-DRC, Focus 100, June 2019
- Dynamiques transfrontalières: Burundi-RDC, Focus 100, June 2019
<https://www.socialscienceinaction.org/resources/cross-border-dynamics-burundi-drc-updated-august-2019/>
- Cross-border dynamics: South Sudan-DRC, Focus 100, October 2019

- Dynamiques transfrontalières entre le Soudan du Sud et la RDC, Focus 100, October 2019
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