Tamara Giles-Vernick*, 1 Ruth Kutalek, 2 David Napier, 3 David Kaawa-**Authors** Mafigiri,⁴ Michel Dückers,⁵ John Paget,⁵ Syed Masud Ahmed,⁶ Phaik Yeong Cheah,⁷ Alice Desclaux,^{8,9} Daniel De Vries,¹⁰ Anita Hardon,¹⁰ Hayley MacGregor,¹¹ Christopher Pell,¹⁰ Sabina F. Rashid,⁶ Roman Rodyna, 12 Constance Schultsz, 9 Khoudia Sow, 8 Annie Wilkinson 11

Affiliations

- ¹ Institut Pasteur, Emerging Diseases Epidemiology Unit, 75015 Paris, France
- ² Medical University of Vienna, Center for Public Health, Department of Social and Preventive Medicine, Vienna, Austria
- ³ University College London, Department of Anthropology, Centre for Applied Global Citizenship, London, United Kingdom
- ⁴ Makerere University, Department of Public Health, Kampala, Uganda
- ⁵Netherlands Institute for Health Services Research, Utrecht, Netherlands
- ⁶ James P Grant School of Public Health, BRAC University, Dhaka, Bangladesh
- ⁷ Mahidol University, Bangkok, Thailand
- ⁸ Centre Régional de Recherche et de Formation à la prise en charge clinique du VIH et des pathologies infectieuses, Dakar, Senegal
- ⁹ Institut de Recherche pour le Développement, Montpellier, France
- ¹⁰ Amsterdam Institute for Global Health and Development, Amsterdam, Netherlands

- 11 Institute of Development Studies of University of Sussex, Sussex, UK
- ¹² Public Health Center of the Ministry of Health of Ukraine, Kyiv, Ukraine

Corresponding author

Tamara Giles-Vernick

Unité d'Epidémiologie des Maladies Emergentes, Institut Pasteur, 25-28 rue du Docteur Roux, 75015 Paris, France

Email: tamara.giles-vernick@pasteur.fr

Phone: +33 (0)1 40 61 39 82

Fax: +33 (0)1 45 68 88 76

The Ebola epidemic in the Democratic Republic of Congo (DRC) continues to escalate; new outbreaks of Lassa fever, polio, measles and other infectious diseases erupt around the world; and antimicrobial resistance (AMR) intensifies from unmanaged antibiotic use. These infectious threats are intertwined with political and economic instability, changing ecological conditions, livestock management and food production practices, and local communities and their marginalized populations. The challenge of addressing these health security threats surpasses conventional response strategies. National governments and international agencies struggle to understand popular reactions to infectious disease emergence and outbreak and to control deadly diseases.

Given the very social, political, and economic nature of these threats, the social sciences have much to offer in terms of preparation and response. To date, however, social scientists have often been poorly integrated into public health efforts to address infectious threats, including disease outbreaks and the emergence and spread of AMR. There is clear demand to develop and coordinate social science expertise to maximize its public health impact.

SoNAR-Global, the new Social Sciences Network for Infectious Threats and Antimicrobial Resistance, will bolster this coordination, training and integration of social sciences into preparedness and response. This European Commission-funded network, piloted by eleven collaborating institutions from Europe, Asia and Africa, will organise and foster interactions among social scientists working on infectious threats and AMR preparedness and responses within Europe and around the world.

At its kickoff meeting in January 2019, SoNAR-Global members set out an ambitious agenda for the next three years, establishing central and regional hubs to bring together social science researchers working on infectious disease threats and AMR. The members of the SoNAR-Global network will:

 facilitate learning opportunities and sharing of data, tools and knowledge through the SoNAR-Global Platform;

- promote collaborations within regions, between social scientists, and across the social,
 biomedical, and veterinary sciences and public health programmes;
- adapt, test, and promote social sciences tools for assessing human vulnerability, for identifying multi-sectoral drivers of vulnerability,⁶ for determining appropriate resource allocations for vulnerable populations, and for strengthening local resilience networks;
- develop and implement effective models for integrating the social sciences into preparedness
 and response strategies for infectious disease threats and AMR;
- build social sciences capacity through curriculum development for social scientists who collaborate with diverse stakeholders during infectious outbreaks and in addressing AMR;
- work closely with GloPID-R (www.glopid-r.org), JPIAMR (www.jipamr.eu) and other networks and institutions responding to infectious threats, AMR and related health emergencies.

SoNAR-Global is already acting to assist with response to the recent Ebola epidemic, working closely with GOARN-Research Social Sciences to map social science research in the North Kivu/Ituri region of DRC, and in Uganda, Rwanda, Burundi, and South Sudan. Our aim is to provide policymakers, responders, and funders with a comprehensive overview of where and what kinds of social science operational research is taking place. Available on the SoNAR-Global website (www.sonar-global.eu), these maps will help responding organizations and funders to identify gaps in their response strategies.

To further aid the response, we will also adapt and pilot a vulnerability assessment tool among atrisk populations living in Uganda near the DRC border. Here, we will select a largely stable zone that could destabilize in an outbreak. This pilot will facilitate understanding of triggers of social instability, and of how local populations can prepare to respond better to infectious disease outbreaks. This SoNAR-Global pilot assessment will shed light on community resilience and

vulnerability and on care pathways, contact tracing, and vaccination and vaccine hesitancy more generally.

To achieve our goal of building bridges within Europe and around the world, SoNAR-Global must forge strong relations both among social scientists and across national health systems, public health experts, policy makers, ethicists, biomedical researchers, clinicians, and most of all, people living on the frontlines of infectious disease outbreaks and AMR emergence. We must work in tandem to understand what drives disease vulnerability and social resilience in outbreak and AMR contexts. In our view, adherence and cooperation are not fundamentally clinical conditions; but forms of social action based on trust. In the face of infectious threats and AMR, the SoNAR-Global network seeks develop a social sciences network that can foster better understanding of how those vulnerabilities and trust are generated. We therefore invite all concerned parties to join us in this effort.

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Conflict of interest

The authors declare that they have no conflict of interest.

Authors' contributions

TG-V and RK conceptualized this Comment. TG-V, RK, DN, DM-K, MD, and JP drafted the Comment. All authors read, commented on, and added language to the Comment.

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