



COVID-19: Lessons from the past

17 Apr 2020

COVID-19 is a novel and unprecedented challenge. Yet, we do not enter this fight entirely unprepared. Our societies have seen epidemics and outbreaks from which we have, or we should have, learned. What are those lessons? What does research tell us about the social dynamics of the pandemic and of our responses to it? We discuss these questions with researchers in this specific field – IDS’ [Melissa Leach](#), [Hayley MacGregor](#), [Annie Wilkinson](#) and [Ian Scoones](#).

Your research has looked into previous epidemics and outbreaks – from HIV/AIDS to SARS to avian and swine influenza to Ebola. What critical insights on the social determinants of those epidemics should we draw upon when shaping the COVID-19 responses?

While it is true that diseases know no boundaries and can affect us all, they have very uneven consequences. This is both in relation to the disease burden and in relation to the impacts of control measures. Here the poor and marginalised suffer most. Disease outbreaks, such as COVID-19, always expose the structural inequalities in societies, and we are seeing this today – both within nations and between them. This means making sure we understand the patterns of existing vulnerabilities – by wealth, race, gender, age and so on – before designing interventions. For example, how can we ensure that local food systems continue to thrive and informal markets remain open, but are safe for both producers and consumers, even under ‘lockdown’ conditions?

And while it is critical to consider those that are already vulnerable, we also need to assess this situation iteratively, as other groups of people will slip into vulnerability. Importantly, responses need to take on board that vulnerabilities are biological, but also social and political.

What lessons should we have learned but failed to from the previous epidemics that are applicable to the current pandemic?

Past research on epidemics – from HIV/AIDS to SARS to avian and swine influenza to Ebola – has highlighted many issues highly relevant to the challenges currently being faced. It seems the global community has not learned the lessons from the past. For example, just as COVID-19, other cases had zoonotic origin, where diseases from animals started spreading in humans. Yet, despite calls for a ‘One Health’ approach – linking medical, veterinary, ecological and social science – there has been little investment in learning about how viruses and other disease agents circulate. Only once an outbreak is faced does everyone wake up, and then it’s too late. A key lesson for the future is to understand the political ecology of diseases more completely and invest in the period between epidemics in developing approaches to live with diseases. This does not mean knee-jerk draconian measures to close down ‘wet markets’ or exterminate ‘backyard chickens’, but instead encourages a focus on understanding of the conditions – social, economic, ecological and political – that encourage zoonotic spillover. This may mean thinking about the consequences of biodiversity loss, climate change or the impacts of high-intensity livestock farming, broadening the scope of what a health intervention means in the context of development.

Now let’s talk about the science behind our policy responses to this pandemic. Such crisis response is often dominated by natural and medical sciences. Based on the previous epidemics, what say do social sciences have/should have in shaping the responses?

Social science engagement with epidemic preparedness and response was boosted after the Ebola outbreak in West Africa but this tends to be restricted to social context briefings and operational assistance in the pillars of community engagement and risk communication. Social science perspectives can have a wider role in shaping responses and informing policy - beyond understanding social responses, social context, pointing to social vulnerabilities, and anxieties underlying ‘rumours’. Social science insights can help to nuance assumptions behind mathematical models and to track unintended consequences of public health measures. It is furthermore important to analyse what assumptions frame policies, and the biopolitical implications of such policies. Ongoing analysis of the narratives emerging about outbreaks and about disease response – whose voice is dominant and what power dynamics are at play – remains critical, as is analysis of the longer term social, political and economic impacts of epidemics.

How should social sciences get their message across to inform COVID-19 responses in the here and now, rather than analyse them after the fact?

Certainly, social scientists need to sharpen these skills at synthesising past research and communicating insights and the associated recommendations in clear and concise ways. There is now a social science expert group as part of the WHO Roadmap process on priority disease R&D. However, we have also seen the science-policy interface in other contexts dominated by a more singular understanding of the kinds of science that can contribute in a pandemic. There need to be continued advocacy for a broader incorporation of social science expertise in key decisions making bodies about epidemic preparedness and response. This involves also working to shift the understandings of health policy makers to see the value of social science.

For further details on the subject, those interested can hear the Behind the Lines [podcast episode - the Social Dynamics of Pandemics](#) - by the authors, produced by the Institute of Development Studies (IDS).

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