



The social life of COVID-19 testing:

Trust and uncertainty in public health emergencies

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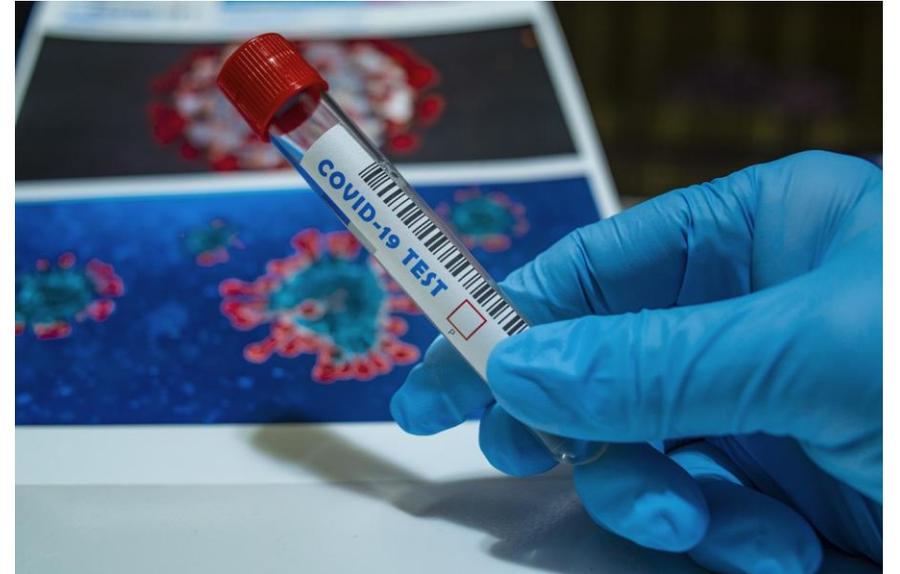


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Medical testing in public health emergencies

- **COVID-19 testing/testing government**
- **Expectations of testing are expanding**
 - Public health
 - Medical
 - Scientific
 - Economic
 - Intimacy
- **Diagnostics certainty is inherently fragile**
- **Value of social science research: testing as a social process**



Testing and trust

- **Trust in the test**
 - Regulation
 - Where does 'the test' begin and end?
Sampling/data entry
- **Trust in a health system**
 - Health workers – UK/Sierra Leone
 - Technical and organizational systems
 - Distrust within the system – lab/clinic
- **Trust in government**
 - Demonstration of care, understanding, competence
- **Trust in others**
 - Co-workers, relatives, strangers



Sierra Leone: Understanding diagnostic systems

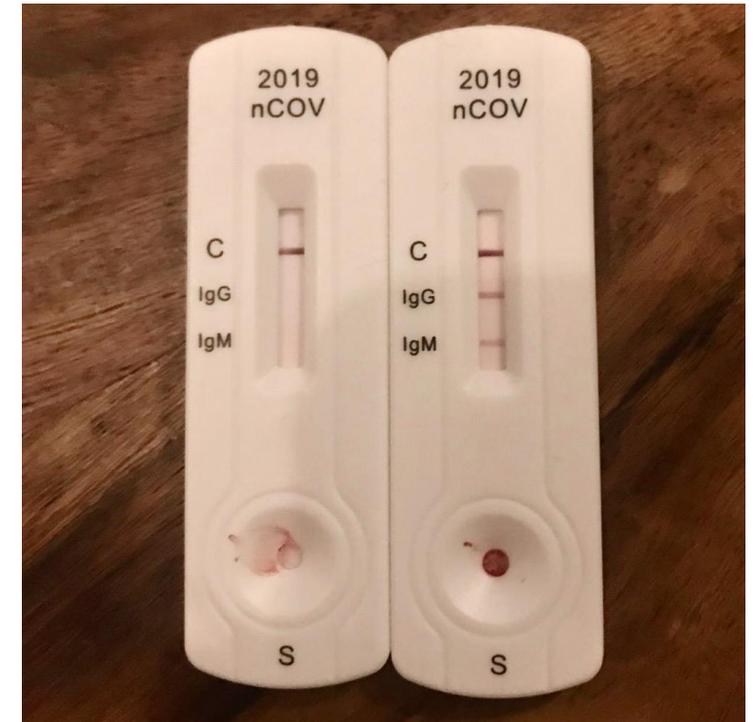
- **Ebola response**
 - Investment in Ebola diagnostics, but not in diagnostic infrastructure
- **Internal distrust between between the clinic and the laboratory**
- **Fragmented public/private diagnostic system**
- **Patients left with intense uncertainty and distrust of health workers, health system and government.**



Eva Vernooij carrying out fieldwork in Sierra Leone

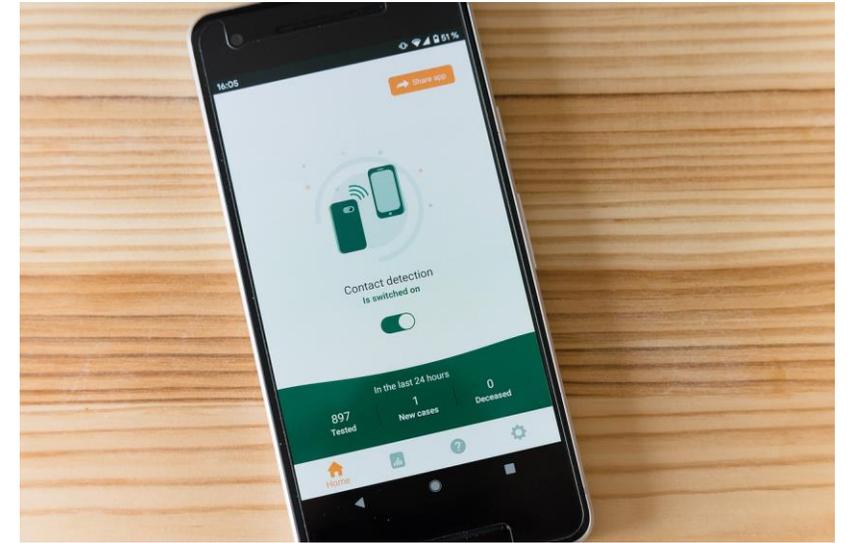
Ebola and COVID-19: Trusting regulation

- **Speeding up regulation/ speeding up product development/ speeding up testing.**
- **WHO EUL – premised on ‘tolerance of uncertainty’ in context of emergency.**
- **Relationships of trust**
 - Public trust in regulators – Sierra Leone/ Scotland/ USA
 - Regulator’s trust of manufacturers
 - Regulator’s trust in their own judgement – radical uncertainty
 - Trust between international and national level authorities.
- **Speed versus safety –what level of uncertainty is tolerable?**
 - These decisions are political, ethical, economic as well as scientific



Scotland: The testing burden

- **Disconnect between why testing matters to government and why testing matters to people personally**
- **Testing entails work:**
 - To interpret symptoms
 - To access test
 - To undergo testing
 - To act on result
- **Women are most likely to bear the testing burden within a household**
- **Trust can break down at multiple points in the testing process**
- **Desire for life constraints, circumstances and needs to be recognized and understood in testing system – trust in government to care.**



Concluding remarks: The testing paradox

- Testing meant to deliver certainty, but a deeply uncertain process
- Testing is an inherently social process. Entails multiple relationships of trust
- These relationships put under strain in an emergency
- **Need to understand people's experience of testing as a social process in order to maintain trust and ensure they access tests/act on results**
 - Improve communications around testing experience
 - Embed testing within established relationships of trust (not untrusted private firms)
 - Focus on testing process rather than testing technology
 - Engage with people's circumstances and constraints (economic/social) to make it possible for them to act on results
 - Manage uncertainty/ambiguity rather than ignore it

TEST RECEIPT CARD

 Department of Health & Social Care

Test Position
DRIVER

Name

If you experience any problems with your registration please call the **HELPDESK** on **0203 514 3817** (open 8am to 8pm) (This help desk is not able to answer medical queries or give information about your result)

Thank you for attending today and completing the test for COVID-19. Please retain this card as a record of completing your test

Thanks to:

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