

Lessons learnt for increasing the impact of social and behavioural science advice on Government policy – an EU perspective

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John Kinsman, Expert Social and Behaviour Change

What does ECDC do?

- ECDC is an EU agency aimed at strengthening Europe's defences against infectious diseases
- Core functions include:
 - Surveillance
 - Epidemic intelligence
 - Preparedness and response
 - Microbiology
 - Public health training
 - Social and behavioural insights
 - Health communication
- ECDC also monitors and provides information on COVID-19, and supports the response by Member States to the pandemic

The difference between social and behavioural sciences



- Social and behavioural sciences are not the same thing!
 - Social sciences typically focus on the societal level
 - Based on sociology, anthropology, political science, geography, etc.
 - Posit that behaviours are shaped by systems, ideologies, cultures, and structures, so behavioural change strategies need to understand and take these into account
 - Behavioural sciences typically take a psychological perspective
 - These tend to emphasise individual-level actions and agency

What has been the impact of Behavioural Insights (BI) on COVID-19 policies? *Findings from an ECDC survey*



- 10 (of 31) EU/EEA countries responded to our call for interviews with national level experts
 - Cyprus, Denmark, Finland, France, Germany, the Netherlands, Norway, Slovenia, Spain and Sweden
- Interviews took place between October 2020 and January 2021 (i.e. pre-vaccine rollout)
- Open-ended, qualitative questions on **integration of BI findings into COVID-19 decision making processes**

Overview of findings

- Most BI research has been **quantitative**: nationally representative samples of the general population
 - Mostly **serial cross-sectional surveys**, allowing for comparisons over time
 - **Qualitative BI research** not widely used: limited capacities, time, resources and staff
- 4/10 countries had used WHO-EURO's **COSMO tool** (standardised survey instrument, covers 21 broad topics about COVID-19)
- Most commonly studied area: assessments of **population acceptance of/adherence to NPIs**

Structural and governance challenges

- A **spectrum** in the ease with which BI findings contribute to the decision-making process
- **BI not well integrated** into national COVID-19 management teams in many countries
 - General under-representation of social and behavioural sciences (as compared to biomedical expertise)

- Strong links between key institutions doing BI may exist (MoH, NIPH, President's/PM's Office), but **coordination** is not always adequate
- Several national funding agencies supporting COVID-19 BI research in universities, but **findings not always well linked to decision-making processes**
- **NB** – many of these issues have been at least partially addressed during the pandemic: things are, in general, improving! 😊

Geographical disparities

- Responses from different regions of the EU/EEA not evenly spread
- Countries with lower-than-average COVID-19 vaccination coverage are under-represented:
 - More need (misinformation levels higher, vaccination coverage lower), but less BI capacity
- How to fill the gaps?



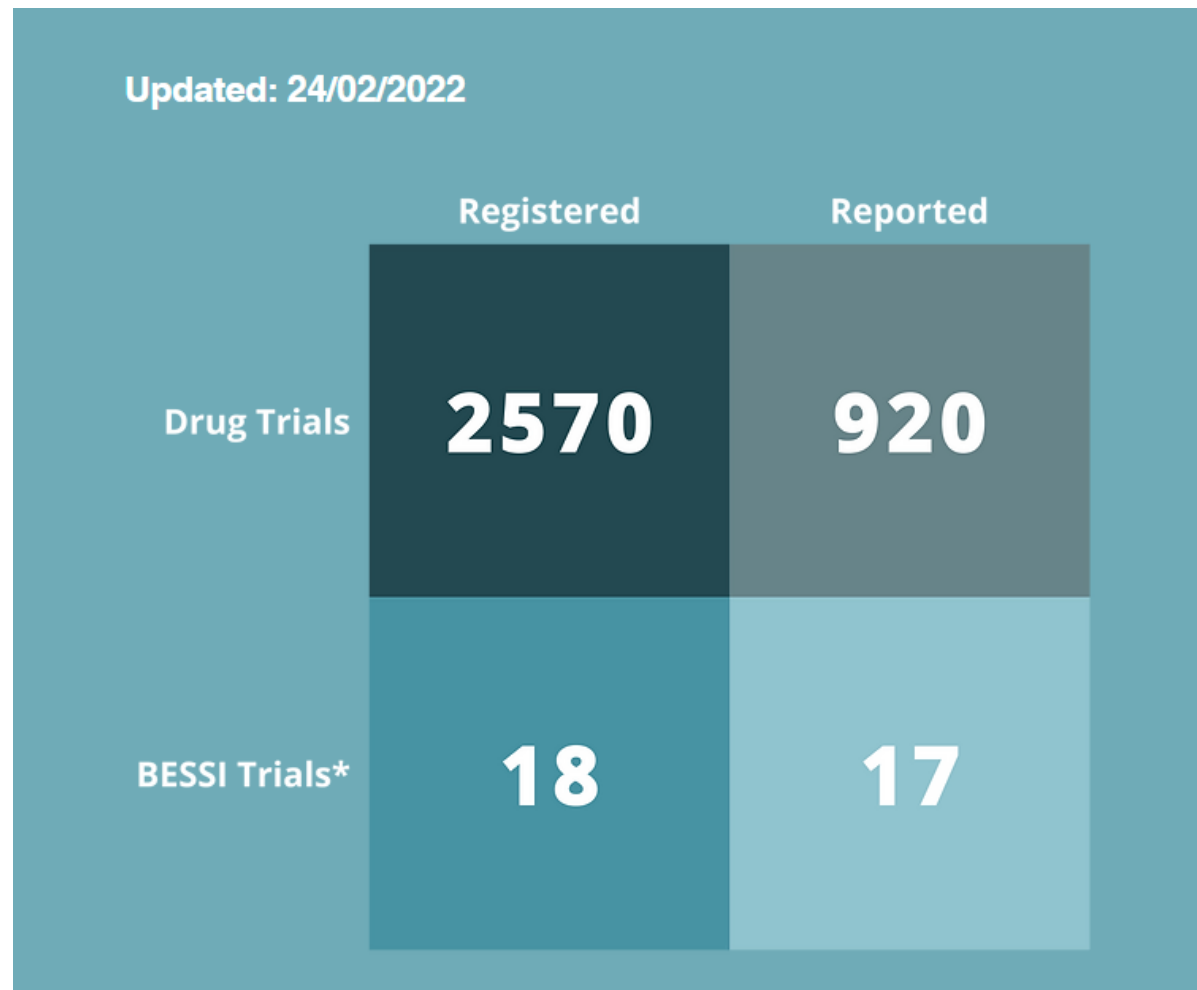
Linking BI to decision making

- Very difficult to quantify the effect of BI on policy
- BI rarely leads to development of a specific policy or strategy decision. But:
 - BI has **provided nuanced understandings** of certain situations and thereby informed the development of implementation plans
 - BI has acted as an **evaluation tool for policies** (rather than as formative research intended to define the response)

Understanding process vs demonstrating impact

- BI has done well in providing understanding of process:
 - Which NPIs will populations accept?
 - To what extent are people adhering to the measures?
 - How can vaccination coverage be optimised?
- Less successful in demonstrating impact of NPIs?
 - Reliance on RCTs, which are *time consuming, expensive, logistically challenging, potentially ethically problematic, assessing efficacy or effectiveness?*
 - Acceptance of and adherence to NPIs is also culturally defined (often based on trust), so RCT findings from one social and political context may not be applicable in another

BESSI trials registered and reported



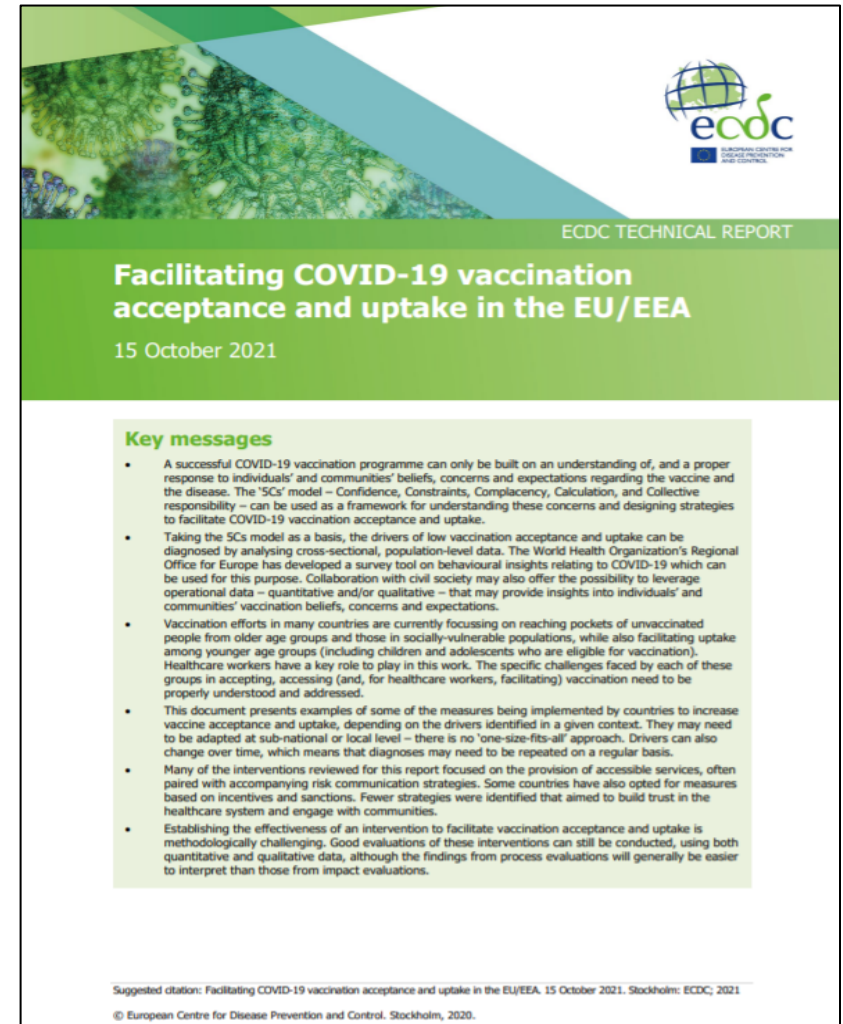
- This points to a major methodological bottleneck
- If social and behavioural sciences are to have a greater impact on policy, something needs to change here...

A methodological wish list:

- Implementation of additional methods for evaluation of social and behavioural interventions, e.g. realist evaluation, operational research
 - In the longer term, *methodological innovation* is needed in this area
- More inclusion of
 - Methods that explicitly take context in account
 - Qualitative data
- Also needed: better collaboration between academia and national institutes of public health in this work

ECDC guidance document for EU/EEA Member States on facilitating COVID-19 vaccination acceptance and uptake, Oct 2021

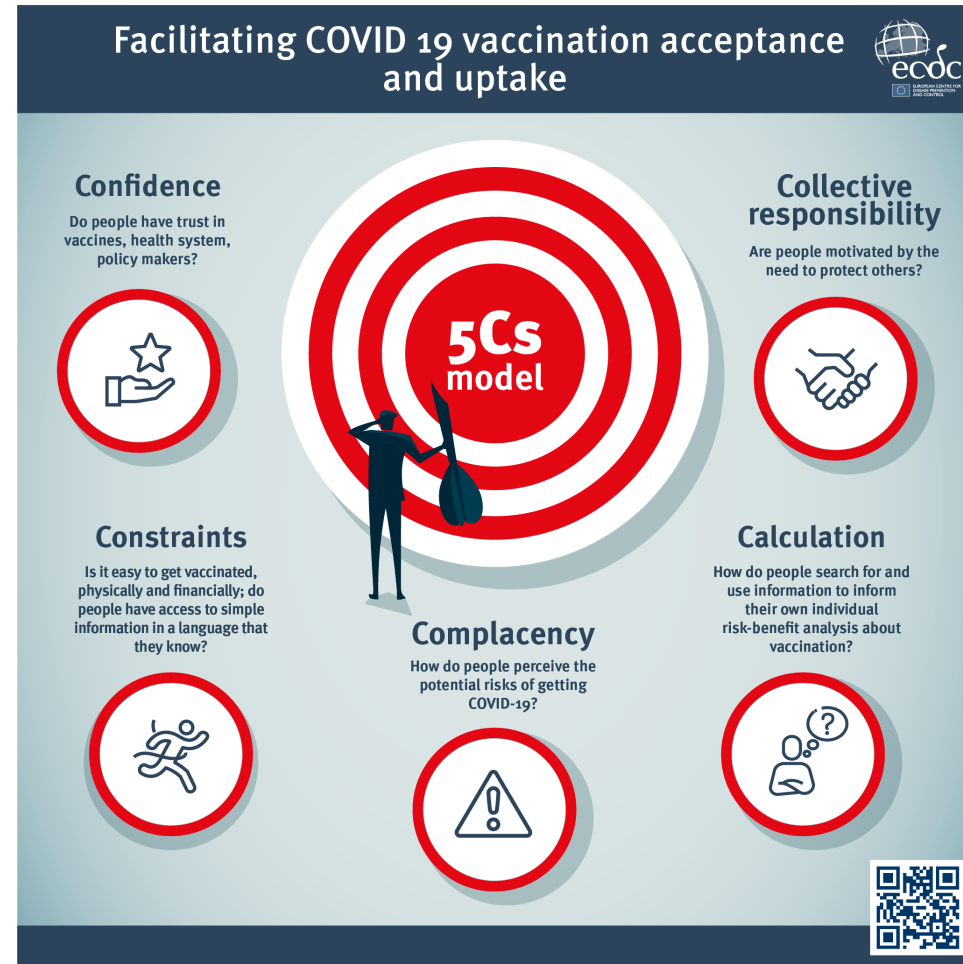
- Providing an actionable, theoretical basis for promoting vaccination acceptance and uptake – 5Cs model
 - Available in all EU languages, plus Arabic and Russian
- **KEY LESSON 1:** The importance of diagnosing the motivators and barriers to vaccination in a population, on an ongoing basis.
 - This entails active listening, including sometimes to things that you don't agree with or want to hear
- **KEY LESSON 2:** The importance of working with the community as an acknowledged partner in efforts to control the pandemic
 - Nurturing and maintaining trust between authorities and the population, thereby promoting good adherence to the recommended measures, including vaccination
 - Without trust: nothing



Understanding vaccination behaviours: The 5Cs model

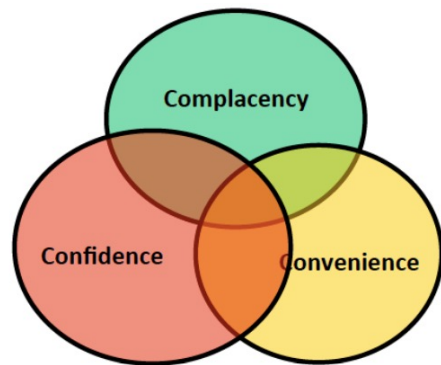
- Based on five antecedents that can affect an individual's vaccination behaviour:

- Confidence
- Complacency
- Constraints
- Calculation
- Collective responsibility



BUT: Confusion with the models?

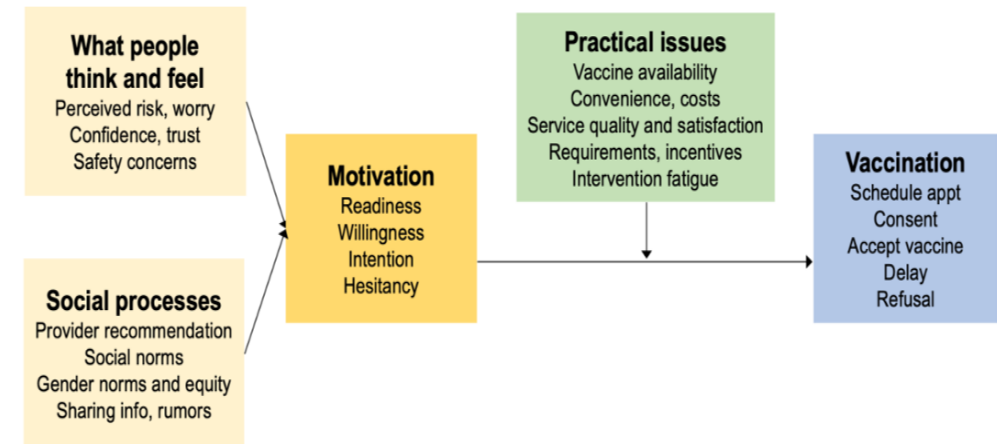
- **FOR CONSIDERATION:** Does our use of different models and frameworks **facilitate or hinder** our collective work towards promoting vaccination?



3Cs

Root cause	Definition
Access	The ability of individuals to be reached by, or to reach, recommended vaccines
Affordability	The ability of individuals to afford vaccination, both in terms of financial and non-financial costs (e.g., time)
Awareness	The degree to which individuals have knowledge of the need for, and availability of, recommended vaccines and their objective benefits and risks
Acceptance	The degree to which individuals accept, question or refuse vaccination
Activation	The degree to which individuals are nudged towards

5As



BeSD

- <https://www.futurelearn.com/info/courses/the-role-of-vaccines-in-preventing-infectious-diseases-and-amr/0/steps/58150>
- <https://www.comminit.com/content/5as-practical-taxonomy-determinants-vaccine-uptake>
- [The BeSD expert working group. Based on: Brewer NT, Chapman GB, Rothman AJ, Leask J, and Kempe A (2017). Increasing vaccination: Putting psychological science into act ion. for the Public Interest. 18(3): 149207]

In conclusion: Getting the ear of decision makers

- How to get to the table in the first place?
 - Right person (strong BI + politically savvy and connected), right place, right time...
- Communicating findings effectively and convincingly, with actionable options for decision-makers to consider
 - Behavioural and social sciences are low on the hierarchy of evidence – therefore BI needs to be even more solid and convincing!
- Acknowledging and providing a way for decision makers to deal with the constant uncertainty of the pandemic
 - “*What I thought I knew last month is no longer relevant - or is it...?*”

With the (apparent) passing of the acute phase of the pandemic:



- Much COVID infrastructure is being dismantled
 - Includes testing, sequencing etc., but also BI
- Due to the scientific hierarchy, BI may be low on the list of things to re-institute in the event of a major new pandemic wave or new VOC
- All efforts should be made to institutionalise remaining BI structures and capacities now (“before the next crisis”), to ensure sustainability and avoid loss of experience and skills

Key ingredients for success

- Any successful vaccination acceptance intervention will be built on TRUST
- Any successful national vaccination programme will be based on a MIX OF INTERVENTIONS – a *smörgåsbord*
 - Targeting different population groups according to their particular needs (information and access)
- Interventions may need to be adapted at sub-national or local level – there is no 'one-size-fits-all' approach
 - Social and behavioural sciences can facilitate all these ingredients

In summary, now we need to:

1. Document and demonstrate how much social and behavioural science has contributed to the pandemic response to date
2. Institutionalise social and behavioural science capacities in order to avoid loss of expertise and infrastructure
3. Address geographical disparities in social and behavioural science capacities across EU
4. Facilitate methodological development for evaluation of behavioural interventions

Thank you for listening!

Any questions?

