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Covid-19: What we have learnt from behavioural science during the pandemic so far that can help prepare us for the future

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What we have learned so far from behavioural science during the pandemic that can help prepare us for the future

The current COVID-19 pandemic is far from over. The UK autumn has seen between [30-50,000 daily cases](#). Globally, cases have begun to [rise recently](#) again after months of steady decline. Additionally, the recent emergence of the new Omicron (B.1.1.529) variant has caused concerns due to the [possibility of it having a larger degree of immune escape](#) due to the high number of mutations on its spike protein. It is not too soon to think about what we have learned from behavioural science during the pandemic so far, that we will need in future. Doing so can not only help to minimise the harms of the current pandemic, and plan for future outbreaks, but can also inform our thinking about wider issues, from vaccine uptake to public health messaging. Here we outline four key lessons.

Firstly, research has taught us during the pandemic that trust is one of public health's biggest prophylactics, and evidence suggests that [trust in government](#) is one of the biggest predictors of [adherence to public and social measures](#) and [vaccine acceptance](#).

One way in which trust is harmed is if the reasons or 'the science' behind decision-making processes are [not sufficiently transparent](#), then this is unlikely to instil trust in authorities. In the UK, questions have been raised over the transparency and timeliness of certain policy decisions, for example, the costly [delays of the first 'lockdown'](#) and in [offering vaccinations to 12-15 year olds](#). Another way in which trust is harmed is if people sense their being 'one rule for them, another for us'; those in positions of authority need to be seen to be following the rules they expect the public to follow - something that has [at times been lacking in the UK](#). Finally, trust is also harmed if people feel like *they* are not being trusted to do enough or act appropriately when needed. Trust is therefore a two-way street. In the UK for example, [some government policy and messages](#) have implied that the [public cannot be trusted](#) to maintain motivation to stick to 'lockdown' rules or to [use self-isolation support](#) responsibly.

Although rates are currently high in Denmark, like many countries in Europe, looking back over the course of the pandemic, serves as a good example of how [trust in government, and of its people](#), can provide a solid basis for an [effective pandemic response](#), and how this can contribute to high levels of adherence and support for COVID-19 policies and [vaccine acceptance](#).

This is partly due to Denmark being historically a high-trust country, in turn partly a product of a long-standing commitment to reducing inequalities and providing strong welfare protections, but also partly due to the decisive [implementation of strong pandemic protections](#).¹⁶ Building people's trust in government, and building a government that trusts its people, is a long-term investment for the next pandemic.

Secondly, research shows that people's adherence to COVID-19 measures has been [generally high throughout the pandemic](#). However, [behavioural science](#) has also reminded us that behaviours are not simply the result of individual motivation- they are as much a product of [our opportunities and capabilities](#) to adhere to measures, such as self-isolation. Those most [economically and socially vulnerable](#) – for example, those in deprived neighbourhoods and in certain Black and Asian Minority Ethnic communities – have been the most impacted by the pandemic; improving their opportunities and capabilities to engage in protective behaviours is something [that governments should starting to heavily invest in now](#). Preparing for the next pandemic should mean seeking to reduce inequalities in opportunities and capabilities – something that requires fundamental political, economic and social investment and development.

Thirdly, clarity and consistency – of policy and message - is also key. Adherence is not simply a matter of motivation but also of people's (cap)ability to understand rules, which in turn relies on rules to be [clearly formulated and communicated](#). In the UK in particular the [lack of consistency between policies and advice](#) across place and time has [led to confusion or 'mixed messages', which in turn can jeopardise adherence](#). For example, in England, the lack of a consistent message and policy across the UK on facemasks has likely contributed to the [reduction of this behaviour](#) we have seen before their re-mandating on 30th November on public transport and in shops. This lack of clarity may have created a doubt for some in the value of this behaviour, which may be an unwanted legacy for the next wave or pandemic in the UK, in contrast to other countries that have taken a stronger and clearer stance on masks.

Fourthly, pandemic preparedness should be focused on [protection over restriction](#). Protecting against future pandemics requires much more than providing enough facemasks, sanitizer and PPE. It requires rethinking how we work - e.g., how governments support employers to support their employees to [work from home when possible](#) (something that will reduce future cases and deaths from flu and other respiratory illnesses as well as from COVID-19). Although current COVID-19 rates in the UK are extremely high, rates of home-working are not particularly high and we know that [those who go into a workplace have significantly more contacts than those who work from home](#). The UK did not put in place sufficient support for employers to maximise home-working, as well as sufficient self-isolation financial and practical support measures and improvements in statutory sick pay. The benefits from investing in a healthier and fairer society have been brought into sharp relief by Covid19 but extend beyond pandemic management.

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