

WHO tool for behavioural insights surveys to inform national responses to the COVID-19 pandemic

The WHO Regional Office for Europe has developed an adaptable tool for surveys on **public risk** perceptions, acceptance of restrictions, mental and physical health, behaviours, information needs and possible misperceptions in the context of the COVID-19 pandemic.

The insights gained from such surveys allow pandemic response authorities apply a people-centred approach, whereby public perceptions and behaviours are considered in the design and execution of COVID-19 response measures. Data form these surveys complement epidemiological and health system data and economic, cultural, ethical, structural and political considerations, among others.

The Regional Office's Insights Unit and Health Emergencies Programme stand ready to support countries wishing to use the survey tool.

Added value

Surveys conducted using the tool can provide insights into public perspectives in relation to the COVID-19 pandemic – insights that can inform countries' response measures, in particular by helping pandemic response authorities to:

- assess whether current restrictions and recommendations are working;
- understand how various population groups are reacting to the measures and to communications about these (e.g. groupings by geographical area, age, educational attainment, rural versus urban);
- gauge the level of acceptance of planned measures and, accordingly, take decisions on new measures;
- inform tailored and local strategies so as to reach high-risk communities;
- identify new challenges as they emerge (e.g. misinformation, stigma or discrimination against certain groups, conspiracy theories); and
- provide input to behavioural insights evaluation studies in the post-pandemic phase.

Survey tool

- A proposed workflow for national implementation of the tool is provided (Fig. 1).
- Detailed guidance is given on each of the steps.
- The tool includes a template protocol and questionnaire, which can readily be adapted by countries.
- In individual countries, a private research agency or academic institution may be engaged to collect the data, and guidance on this is also given.
- A set of codes is provided so that the findings can quickly be presented on a protected website by the country conducting the survey (website to be decided on by the national authorities)*.
- The Regional Office's Insights Unit and Emergencies Team can help countries to carry out more in-depth analysis.

Username: web. Password: pWmG68qptP6AdhXLF4gZ9nQG8pNHQUSE

^{*} For a dummy presentation showing how data are visualized on a protected website, please see https://projekte.uni-erfurt.de/cosmo2020_web/cosmo-analyses.html.



Which principles are applied?

The survey tool

- is evidence-based;
- can be put into practice rapidly;
- can be used regularly;
- is adaptable for any national context and the evolving situation; and
- complies with high ethical standards.

The survey tool was developed in close collaboration with the University of Erfurt, Germany, which is currently conducting weekly surveys together with the German authorities involved in the response to the COVID-19 pandemic.

For further information, please see http://www.euro.who.int/en/covid-19-Bl.

Establish national response coordination mechanism with broad range of stakeholders (if not already established) Engage stakeholders in all steps Adapt provided questionnaire Revise outbreak to local context response and current Adapt protocol activities, policies situation (*) (sample; and messages to methods) (*) insights from Share findings with stakeholders and Ensure ethics discuss implications approval for outbreak response Conduct study regularly; continuously adjust Set up a website for activities Identify and data presentation, contract data using suggested collection agency code (*) Analyze data, Upload study using suggested protocol and questionnaire to code (*) Collect data, PsychArchives using adapted questionnaire

Fig. 1. Workflow for implementation of the survey tool

Upload link: http://dx.doi.org/10.23668/psycharchives.2782