

# Pandemic fatigue

Reinvigorating the  
public to prevent  
COVID-19 DRAFT

A photograph showing a person's hands being washed with soap in a public sink. The water is running from a chrome faucet. The background is slightly blurred, showing a white sink and a wall-mounted soap dispenser.

Policy considerations for Member States  
in the WHO European Region



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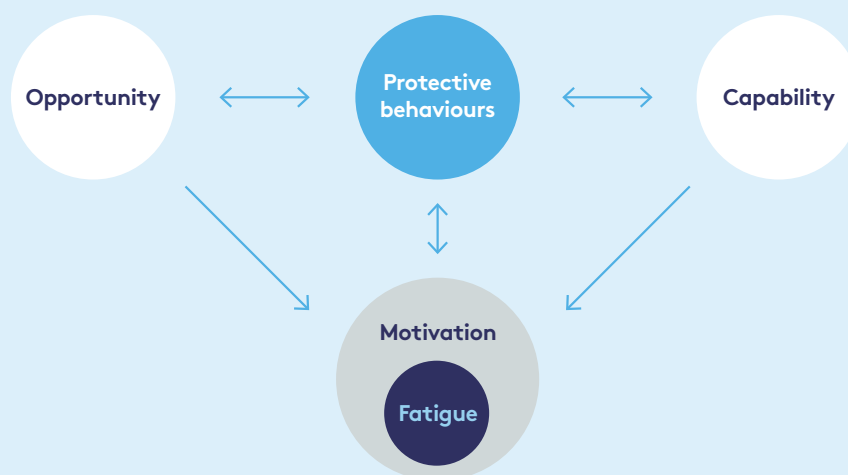
# Executive summary

Despite documented public support for pandemic response strategies across the WHO European Region, Member States are reporting signs of *pandemic fatigue* in their populations – here defined as demotivation to follow recommended protective behaviours, emerging gradually over time and affected by a number of emotions, experiences and perceptions.

Responding to a request from Member States for support in this field, this document provides key considerations for the planning and implementation of national and

subnational strategies to maintain and reinvigorate public support to prevent COVID-19.

Pandemic fatigue is an expected and natural response to a prolonged public health crisis – not least because the severity and scale of the COVID-19 pandemic have called for the implementation of invasive measures with unprecedented impacts on the daily lives of everyone, including those who have not been directly affected by the virus itself.



Given the complex nature of pandemic fatigue, a multifactorial action plan is needed. Actions must be based on the barriers and drivers experienced by people, and must be implemented in an integrated way across all levels of society.

Strategies to maintain and reinvigorate public support must be informed by public health, societal, cultural and economic considerations, and must ensure that no one is left behind.

## We propose four key strategies for governments to maintain and reinvigorate public support for protective behaviours.



**Understand people.** Collect and use evidence for targeted, tailored and effective policies, interventions and communication.



**Allow people to live their lives, but reduce risk.** Wide-ranging restrictions may not be feasible for everyone in the long run.



**Engage people as part of the solution.** Find ways to meaningfully involve individuals and communities at every level.



**Acknowledge and address the hardship people experience** and the profound impact the pandemic has had on their lives.

**For any initiative, policy or communication aiming to maintain and reinvigorate public support for protective behaviours, we propose five cross-cutting principles.**



**Be transparent** by sharing reasons behind restrictions and any changes made to them, and by acknowledging the limits of science and government.



**Be as consistent as possible** in messages and actions, and avoid conflicting measures.



**Strive for predictability in unpredictable circumstances**, for example, by using objective criteria for restrictions and any changes made to them.



**Strive for the highest possible level of fairness** in recommendations and restrictions.



**Coordinate to avoid mixed messages** across experts and spokespeople.

**As a quick list of concrete actions, we propose the following.**



**Think local.** Reach out to civil society groups and ask them to find creative ways of motivating their members and peers.



**Prepare safe solutions for upcoming national celebrations** where people gather across geographies and generations. Engage individuals, workplaces, public transportation systems, the retail sector, retirement homes and more in discussions about ways to reduce risk. Provide clear recommendations.



**Appeal to people rather than blame, scare or threaten them.** Recognize that everyone is contributing.



**In every workplace, school, university, youth club and more, talk to users.** Ask them how they would like to implement recommended behaviours. Ask them what support they need from you.



**Understand which measures may be unbearable in the long term.** Amend or balance such restrictions with other measures (economic, social, psychological), taking into account the epidemiological risk.



**Be clear, precise and predictable.** Use simple and digestible infographics as an effective way of communicating restrictions and risks – and how they are related.



**Develop guidance on living life while reducing risk.** Find creative ways of communicating such guidance, and avoid constant changes.



**Make recommended behaviours easy and inexpensive.** This can involve the provision of fast and cheap internet connections, free masks and hand sanitizers, accessible hand-washing areas, spaces for social interaction, opportunities for teleworking, and more.



**Conduct regular qualitative and quantitative population studies.** Take the findings seriously. Use them to inform action.



**Tailor communication to specific groups** that experience demotivation. Test messages and visuals with sample populations before launching them.

# Introduction

Behavioural insights surveys consistently confirm that the majority of people generally support national COVID-19 response strategies, uphold high knowledge levels and wish to follow recommended behaviours (1). This is notable after half a year of lockdowns, restrictions and significant impacts on all of our everyday lives.

Still, Member States across the WHO European Region are reporting emerging pandemic fatigue in their populations. We consider pandemic fatigue as an expected and natural reaction to the prolonged nature of this crisis and the associated inconvenience and hardship. However, it poses a serious threat to efforts to control the spread of the virus. Until a vaccine or effective treatments are available, public support and protective behaviours remain critical for containing the virus. The gains that each nation collectively achieved through lockdowns and other measures – sometimes at high social and economic costs – must be safeguarded.

Very limited experience exists on how to best maintain or reinvigorate public support during a global health crisis that expands over months (potentially years) and that affects every member of every society in every country.

**This document was prepared in response to requests from Member States for guidance on responding to pandemic fatigue and reinvigorating public support for protective behaviours.**

It provides key considerations for Member States to help them plan and implement national and subnational strategies in this field. It draws on the results of behavioural insights surveys conducted across the European Region, including those based on a WHO tool (2), as well as pre-COVID-19 literature related to public health, health crises, resilience, trust, risk perception, cultural contexts, communication and more. It has been reviewed by a range of Member State representatives and topic experts.

It should be read in conjunction with other key WHO resources, in particular *Risk communication and community engagement readiness and initial response for novel coronaviruses: interim guidance* (3), and the *Risk communication and community engagement strategy for COVID-19 template* (4), which supports countries to tailor their own strategies.

**This document includes the following sections.**

## **What is pandemic fatigue?**

### **National plans of action**

- Key strategy: understand people
- Key strategy: Engage people as part of the solution
- Key strategy: Allow people to live their lives, but reduce risk
- Key strategy: Acknowledge the hardship people experience
- Checklist: Cross-cutting principles

### **10 suggested actions**

# What is pandemic fatigue?

*Pandemic fatigue* is understood in this document as demotivation to follow recommended protective behaviours, emerging gradually over time and affected by a number of emotions, experiences and perceptions (5,6).<sup>1</sup>

The pandemic fatigue reported from countries is expressed through an increasing number of people not sufficiently following recommendations and restrictions, decreasing their effort to keep themselves informed about the pandemic and having lower risk perceptions related to COVID-19. Previously effective core messages regarding washing hands, wearing face masks, and practising proper hygiene etiquette and physical distancing may seem less effective, and many countries have identified a need for reinvigorating approaches.

Such demotivation is natural and expected at this stage of a crisis. At the beginning of a crisis, most people are able to tap into their surge capacity – a collection of mental and physical adaptive systems that humans draw on for short-term survival in acutely stressful situations. However, when dire circumstances drag on, they have to adopt a different style of coping, and fatigue and demotivation may be the result (7,8).

This demotivation is part of a complex interplay of many factors that affect protective behaviours. These relate to *individual* motivation and capability as well as to opportunities offered by the cultural, social, structural and legislative *environment* (see Fig. 1) (9). Each of these factors can be barriers to and/or drivers of protective behaviours.

## What do we mean by pandemic fatigue?

- A natural and expected reaction to sustained and unresolved adversity in people's lives.
- Expresses itself as emerging demotivation to engage in protection behaviours and seek COVID-19-related information and as complacency, alienation and hopelessness.
- Evolving gradually over time and affected by a number of emotions, experiences and perceptions as well as the cultural, social, structural and legislative environment.

Several components related to individual motivation have been strongly impacted by the longevity of the pandemic situation. First, the perceived threat of the virus may decrease as people become used to its existence – even if the epidemiological data show that the risk may, in fact, be increasing. At the same time, the perceived loss resulting from the pandemic response (lockdowns, restrictions) is likely to increase over time as people experience the long-term personal, social and potentially economic consequences of restrictions. For some people, the balance may shift, and the perceived costs of the response may start to outweigh the perceived risks related to the virus.

Second, an ingrown urge for self-determination and freedom may grow as restrictions continue for a long time, impose inconveniences in everyday life, or continuously change in ways people feel they have little control over.

<sup>1</sup> Here the word fatigue is used not in any clinical or diagnostic sense, but rather as it is used in everyday language to refer to exhaustion, tiredness, a feeling of being worn out. Our use of the word pandemic indicates that we are focusing on fatigue related specifically to the COVID-19 pandemic and the restrictions imposed to contain it. For a discussion of fatigue related to climate change perceptions and behaviours, refer to Increasing belief but issue fatigue: changes in Australian Household Climate Change Segments between 2011 and 2016 (5).

Third, even the most outrageous circumstances become normal when experienced over longer periods of time. People may become used to the pandemic and the threat it poses, and complacency may result.

All of these factors are part of the demotivation and pandemic fatigue addressed in this document.

**Fig. 1. The interplay of factors affecting COVID-19 protective behaviours**

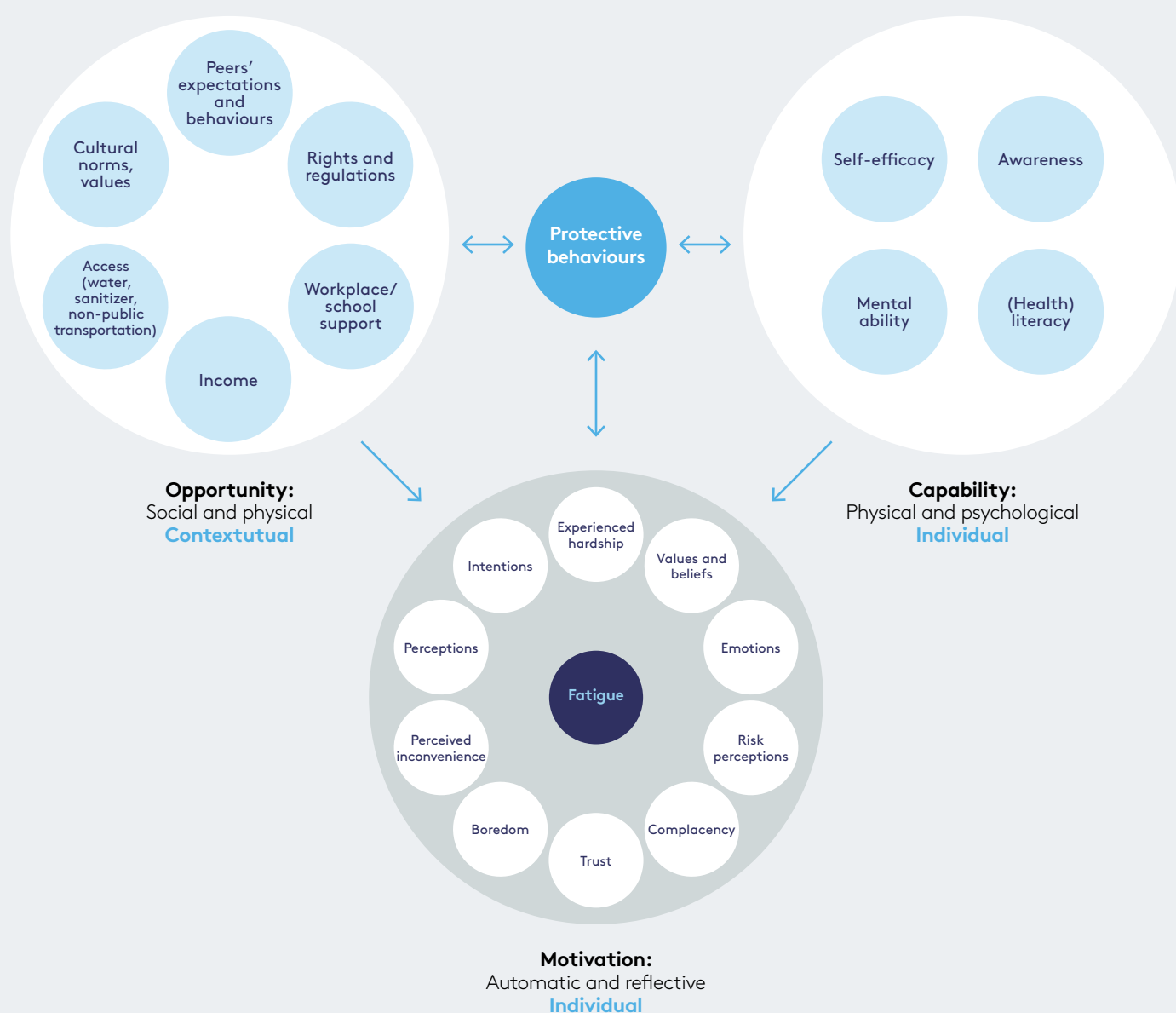


Fig 1. draws on the COM-B model, a widely used theoretical model to understand the factors affecting behaviours (9). It proposes three overall factors that need to be in place for any behaviour to take place: individual motivation (automatic and reflective), individual capability (physical and psychological) and contextual opportunity (social and physical). The subcomponents of each factor can function as barriers to and/or drivers of the behaviour.



# National plans of action

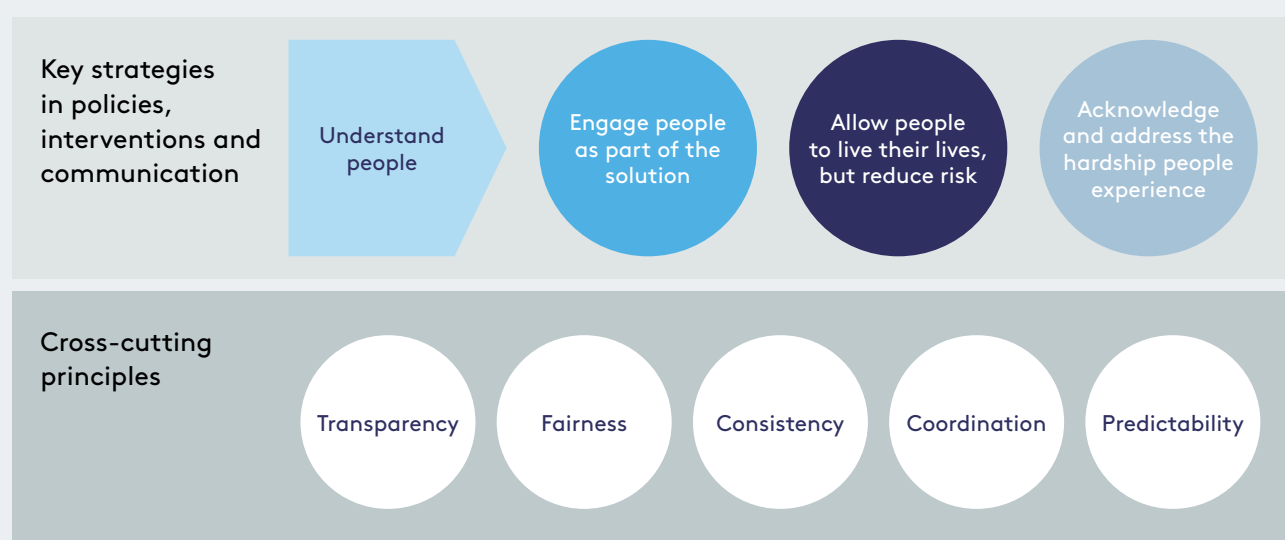
Both before and during the COVID-19 pandemic, considerable research has been conducted on fatigue and factors such as trust, risk perception, social and cultural norms, and structural opportunity (10–16). Drawing on this research and on the complex nature of pandemic fatigue, we propose a multifactorial plan of action.

Overall, we recommend understanding people by drawing on evidence from epidemiological data and population research. More specifically, we recommend focusing on engagement, harm reduction and recognition of hardship. We also propose five cross-

cutting principles for any policy, intervention or communication that aims to reinvigorate public support for protective behaviours (see Fig. 2).

Surveys across countries show that most people have a high level of knowledge related to COVID-19 protective behaviours and are mostly able to find the information they need. Yet emotions and contextual factors can have a greater impact on behaviours than knowledge (17), which means that **a strategy aiming to provide information and public health advice alone may not be the most effective**. Rather, strategies should

**Fig. 2. Four strategies and five cross cutting principles**



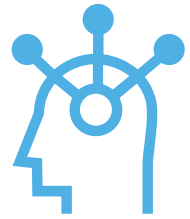


focus on policies and interventions as well as communication. Their planning and implementation should always be based on the current epidemiological situation, on behavioural insights, and on appropriate societal, cultural and economic considerations to ensure that no one is left behind.

### Supporting documents

As noted above, this document should be read in conjunction with other key WHO resources, in particular *Risk communication and community engagement readiness and initial response for novel coronaviruses: interim guidance* (3), and the *Risk communication and community engagement strategy for COVID-19 template* (4), which supports countries to tailor their own strategies.

# Key strategy / Understand people



## Background

Pandemic fatigue results from various barriers that people experience across cultural and national contexts, and that require different kinds of support, structures and communication.

Understanding *who* is experiencing demotivation and the barriers and drivers impacting their ability or willingness to take up protective behaviours allows decision-makers to segment and tailor actions to their particular needs. Barriers and drivers can exist within various areas (see Fig. 1), and may relate to individual capability or motivation, or to the social, cultural, structural or legislative environment. Careful consideration of these elements leads to more successful and cost-effective policies, interventions and communication.

For communication in particular, quality over quantity should be the credo at this stage of the pandemic. High-quality, evidence-informed, tailored communication should be directed to key population groups. Many people now have high knowledge levels, particularly of protective measures (1). At the same time, the so-called COVID-19 infodemic has resulted in an overwhelming amount of available information and doubt about which sources are trustworthy (17). For these reasons, less may be more.

## Strategic considerations

- **Identify priority population groups** – those that show signs of demotivation and those with increasing transmission. Use population surveys and surveillance data.
- **Understand what motivates them;** understand the barriers they face. Use qualitative and quantitative population studies, media monitoring and hotline feedback.
- **Use what you learn.** Use it to identify emerging perceptions and needs. Use it to inform pandemic policies, communication and other interventions. Behavioural insights are only valuable if they inform action.
- **Test new initiatives,** messages and communication with the people whose behaviours you wish to change. Use (online) focus groups or other research approaches.
- **Communicate government needs,** priorities and knowledge gaps to the research community to ensure that the research agenda is relevant and timely.



### France

#### Documenting personal experiences using creative and innovative methods

Researchers at the Ministry of Health of France learned more about people's experience of the pandemic and related restrictions through a weekly questionnaire, and asked them to document their life through creative tasks such as filming themselves while washing their hands. The study concluded with exit interviews with all participants. Notably, over 16 weeks and with more than 60 participants, the retention rate of the study was remarkably high. Using qualitative methods and creative approaches may uncover new types of insights that can provide valuable information to inform policy (18).

### Germany

#### Engaging experts from the health humanities in discussions of restrictions

Discussions of pandemic restrictions naturally involve virologists and medical specialists. In Germany, however, other voices were engaged to help balance ethical, cultural and behavioural aspects while safeguarding public health – all critical aspects of maintaining public support and preventing demotivation. The Federal Government consulted philosophers, historians of science, theologians, pedagogical experts and jurists who provided valuable input, including on the educational progress of children from disadvantaged families, the legitimacy of restrictions of freedom, and the balance between public support and moral norms versus coercive state action (19).

### Romania

#### Using a behavioural insights survey to inform a strategy for reopening schools

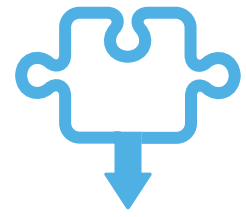
Reopening schools after the lockdown posed important policy challenges for authorities across the Region. Not being able to offer education in a safe environment could quickly lead to public distrust and demotivation. The Government of Romania used findings from a behavioural insights survey conducted in the country to inform their strategy. The study confirmed high support for reopening schools for both younger and older children. Such studies can help governments to identify developments over time, new issues as they emerge, and the positive and negative effects of restrictions, messages or actions.

### Ukraine

#### Tailoring health messages to target groups

Behavioural insights surveys in Ukraine identified men with low education as a group with low adherence and low risk perception related to COVID-19. To tailor communication to this critical group and enhance impact and relevance, new COVID-19 messages and visuals were tested in focus groups. Tailoring health messages to specific population groups can enhance impact and relevance. Focus groups can also be used to revitalize health messages, which is important given that sustained exposure renders messaging less effective over time.

# Key strategy / Engage people as part of the solution



## Background

Humans have an essential need to feel in control of their own lives, and when this autonomy is threatened, motivation is easily lost (20). Reinvigorating public support thus involves engaging people as part of the solution (21,22). Above all, engagement should give people a sense that recommended behaviours are not a matter of capitulation to authority or a reflection of despair, but a part of something positive, hopeful and (if at all possible) fun (16,23). Such engagement can take many forms on national, community and individual levels.

Promoting self-efficacy and positive majority behaviours can be a cornerstone in national strategies and communication. Rather than focusing on those who do not follow behaviours, it may be more effective to highlight the many who do, as well as positive majority norms and the public health gains achieved through collective effort.

Listening to people, understanding their needs, and planning policies that are responsive to those needs and that reflect people's sense of self-identity all promote feelings of engagement. Stories are also powerful motivators: research shows that people are more likely to follow actions if information is presented in a way that matters to them (24).

For specific communities and population groups, engaging trusted voices in promoting protective behaviours as a social norm is likely to increase support (25–27). During the Ebola crisis, enlisting the faith-based sector and trusted community members was seen as a turning point in the epidemic response (28,29). Experience from the COVID-19 pandemic also demonstrates that community cultural resources, norms and values offer vital resources for building and maintaining prevention efforts (16).

On an individual level, people can be engaged locally in workplaces, schools, sports clubs and more.



### Strategic considerations

- **Pass the baton on to others.** Consider civil society groups and leaders who could be engaged to take on leadership roles in enabling and promoting protective behaviours: consider national youth organizations, local and national housing associations, religious leaders, sports clubs and scouting organizations, and business or community organizations.
- **Learn from civil society** and actively engage them in developing scenarios for future local/ national lockdowns.
- **Ask civil society** to find creative ways of motivating their members and peers. Ask them what support they need from you. Engage volunteers. Involve them in the design and delivery of COVID-19 policies, interventions and messaging. They can all play an active role.
- **In every workplace, school, university, youth club and more,** ask users to discuss how they would like to implement the recommended behaviours. These discussions can reveal barriers, inconveniences and misperceptions that can be addressed while still maintaining restrictions.
- **Use commitment contracts.** Encourage local initiatives to engage people in setting goals and pledging to follow behaviours.
- **Enlist trusted voices in health messaging,** and showcase those who have tackled COVID-19 in a positive way or those taking a lead in volunteering to help others.
- **Focus messages on strengthening self-efficacy,** shifting from “the pandemic controls our behaviours” to “we control the pandemic with our behaviours”. Highlight the tremendous public health gains achieved through collective effort.
- **Seek to inspire as well as inform.** Tap into the power of stories and those who tell them well. Find creative ways or new opportunities to reiterate messages that engage people. Work with professional writers, journalists, artists, and other types of storytellers to create narratives based on the insights gathered from working with communities.



## Denmark

**Co-creating solutions:**  
**@hvemdelerduspytmed**  
**[who do you share saliva with]**

The Danish Lung Association co-created a campaign with its target group of young people, encouraging them to enter a competition to come up with ideas for how to spend time together in a safe way during the pandemic. Actively involving target groups in the design and delivery of engagement activities can ensure that they are tailored and responsive to the perspectives and experiences of the people they strive to reach (31).

## United States of America

**Sharing commitment contracts through grassroots movements**

In Florida, two brothers launched the “Promise to Humanity” campaign with a single goal: to enlist people in signing contracts pledging to follow all guidelines in an effort to slow the spread of the virus. After signing the pledge online, followers could nominate three more people to do the same. Such commitment contracts are known to influence people’s behaviours and keep them dedicated for longer (32).

## Turkey

**Engaging people to reflect on their own environment**

The WHO Country Office in Turkey has carried out Twitter polls asking questions such as “What are you doing to protect your health?”. These types of low-cost engagement activities may spur people to think critically about their own behaviours and social environments while serving as a reminder of the ongoing pandemic.

## West Africa

**Partnering with trusted voices**

During the Ebola epidemic, Christian and Muslim faith leaders used passages from religious texts to show that modified burial rituals were still spiritually acceptable. In cases where religious rituals are affected by COVID-19 restrictions, engaging religious leaders may increase the acceptability of adapted ceremonies. Community leaders often have a high level of trust and a good understanding of the community norms and values, which can be of great value to decision-makers in policy formulation (33).

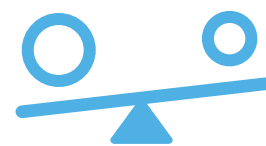
## Norway

**Engaging staff to plan kindergarten reopening**

National strategies for the reopening of kindergartens in Norway included a degree of flexibility. This way, communities and individual kindergartens could operationalize restrictions and protection measures in ways that were tailored to their context. Kindergarten staff in some places convened to discuss and collectively agree on sustainable local solutions to meet national requirements. Recognizing that people are experts of their own environment, this approach demonstrates the importance of enabling local decision-making, ownership and autonomy in national planning (30).



# Key strategy / Allow people to live their lives, but reduce risk



## Background

The demotivation reported among some people is in part a reaction to the longevity of the pandemic. While early strategies could draw on far-reaching interventions such as national lockdowns, long-term strategies will need to go beyond a state of emergency and allow people to return to something that resembles normal life.

Thinking in terms of harm reduction may be a way forward. When adopted to address issues such as alcohol abuse and sexually transmitted infections, including HIV, harm-reduction approaches have lowered morbidity and mortality (34). As different as this pandemic is, such approaches may prove useful for those who struggle to abide by restrictions.

A harm-reduction approach recognizes that stopping behaviours entirely may be difficult, but reducing the harms associated with these behaviours may be possible. With this in mind, a harm-reduction approach encourages a spectrum of acceptable behaviours (35). When presented with all-or-nothing scenarios and daunting standards of success, people are more likely to give up easily and revert to very risky behaviour. In the context of the COVID-19 pandemic, this may take the form of throwing a large party because not being social at all has come to feel unsustainable. While small-group socializing may not be 100% ideal, it is preferable to a reactive burst of large-group activities.

This approach can also be applied at a national level. Member States who have recently applied new restrictions to address case resurgences have done so mostly locally by applying smart, time-limited and risk-based measures rather than broad and extended restrictions. This targeted approach can reduce COVID-19 spread and its impact on society and the economy while allowing for the continuance of elements of normal life.





### Strategic considerations

- **Help the public differentiate** between lower-risk and higher-risk activities, and ensure that there are support mechanisms in place for the lower-risk options when sustained abstinence is not an option.
- **Develop guidance on how to carry on with life** while reducing the risk of transmission. Guidelines can offer options for safer dinner parties, children’s play dates, workplace interactions, dates, funerals, weddings, travel, etc. Find creative ways of communicating these. Stick with recommendations rather than constantly changing them.
- **Start preparing for end-of-year celebrations,** and think ahead to other large-scale celebrations over the year. How can individuals, workplaces, public transportation, the retail sector and retirement homes, for example, be engaged to reduce risk leading up to these events where people meet across geographies and generations? Ask for their input and develop the guidance they need. Provide clear recommendations.
- **Consider whether all cultural events** need to be cancelled, or if they can be implemented in safe ways, for example, through a combination of online and physical events with mechanisms to ensure safe practices. Engage in a dialogue with organizers and find creative solutions together.
- **Encourage individuals and communities** to identify harm-reduction strategies that fit their needs.
- **Shift messaging** from “do not” to “do differently”.
- **Avoid judgment and blame** related to risky behaviours, as this can contribute to shame and alienation more than engagement and motivation.



### Netherlands

**When abstinence is not an option: the “cuddle buddy”**

Recognizing that people need physical contact, including during a crisis, authorities in the Netherlands issued guidance to single people seeking intimacy during the pandemic. They advised them to find just one cuddle buddy rather than being intimate with several partners. Similar guidance has been issued in several countries. Supporting people to balance high-risk and low-risk activities rather than issuing all-or-nothing recommendations may help to prevent demotivation (38).

### Denmark

**A new format for cultural events**

The annual Copenhagen Pride festival is usually a large-scale public event with colourful parades in the streets and widespread celebration. This year, rather than cancelling the event, organizers extensively changed the format to include mainly online as well as physical activities. Engagement with a broad range of stakeholders and national health authorities allowed for a safe event and the continuation of an annual celebration that is important to many people. Similar harm-reduction strategies and guidance can be tailored to rituals and holidays of social and cultural importance. With a specific goal in mind – such as meeting loved ones – and with people involved in setting the rules, the motivation is likely to be high (36).

### Israel

**Safe social interaction: the floating cinema**

In Israel, a local business opened a floating cinema where people can rent a boat on a lake and enjoy a movie while respecting physical distancing requirements. Encouraging and supporting start-ups and local businesses to think creatively and “do differently” is key to ensuring the provision of social spaces and recreational opportunities – critical elements in countering pandemic fatigue (37).

### United States of America

**Keeping track with a contact budget**

An American epidemiologist suggested a basic method of reducing harm in everyday life: the use of a contact budget. Just as a household budget provides an overview of where money is spent and where savings can be made, a contact budget allows individuals to keep track of exposure. Recognizing that some level of risk is unavoidable, methods and tools like this may help people to consciously and critically examine their own habits and choices to minimize risk (39).

# Key strategy / Acknowledge and address the hardship people experience



## Background

Pandemic restrictions have imposed both hardship and inconvenience in everyday life, and everyone has experienced some kind of loss – of income or a job, of educational progress, of being with friends and family, of engaging in sports activities, or of the chance to participate in important rituals such as weddings, graduations, funerals and more.<sup>2</sup> It is well established that the pandemic and its restrictions have led to stress, loneliness and boredom, and have had a negative impact on well-being and mental health among many (1,40,41). Those already experiencing disadvantages have been shown to be affected even more negatively (42–45).

Surveys show that the perceived loss related to pandemic restrictions can be higher than the perceived loss related to the virus itself.

Behavioural insights surveys often show, for example, that fewer people have a high perception of risk related to the virus itself, and that more people indicate stress caused by concerns related to the pandemic response, such as losing their job or income (1).

Under such circumstances, it is not a small request to ask for continued population support. If this hardship is not well understood, acknowledged and addressed by those asking for population support, people may very well lose motivation and COVID-19 initiatives, policies or communication may become unsuccessful. The fatigue resulting from hardship can be addressed by building resilience and alleviating difficulties where and when possible, including through financial, social, cultural and emotional support offered by the government and civil society.

<sup>2</sup> The greatest losses relate to the serious illness and death caused by COVID-19. Additional guidance is needed on providing support to those who have experienced illness or lost loved ones.

### Strategic considerations

- **Identify and address the barriers** and hardships people face, and understand which measures may be difficult to follow in the long run (for example, isolation that results in loss of employment or income).
- **Make new habits of protection behaviours less costly.** In terms of money: how can protection behaviours be as inexpensive as possible? And in terms of effort: how can we make recommended behaviours as effortless as possible for people?
- **In all communication,** acknowledge the hardships that people face or fear, such as loneliness or loss of income. Empathy, hope and understanding above punishment, shame and blame.
- **Explore how difficult-to-follow restrictions** can be amended while taking into account the epidemiological risk.
- **Explore if difficult-to-follow restrictions** can be balanced with other measures to alleviate negative impact. This could take the form of financial support schemes, or social, psychological or mental health support such as free online services.
- **Create opportunities for people** to fill their time productively if isolated or unemployed due to the pandemic, such as training or employment programmes, employment subsidies, or start-up incentives. Help them to build more structure into everyday life and engage in activities that have positive effects, such as being outdoors, exercising and enjoying safe socializing.
- **Avoid an economy-versus-health dichotomy.** Personal economic hardship can result in demotivation, and so pandemic response measures may include efforts to keep the economy and businesses going.

## Norway

### Acknowledging hardship to motivate youth

The Norwegian Minister of Health gave a speech acknowledging the hardship experienced by young people and thanking them for their contributions to society. Norway has also consulted with youth on safe solutions for graduation celebrations and initiation ceremonies at universities. This seems to have paid off: population surveys in Norway show that youth are more adherent to COVID-19 restrictions than those aged 50+, in contrast to many other countries. Even when hardship itself cannot be alleviated, understanding and empathy can be strong motivators for continued support (48,49).

## Russian Federation

### Tackling structural barriers

Tackling structural barriers is a prerequisite to any sustained behaviour change. In the Russian Federation, several measures have been put in place in this regard. Lump-sum payments have been provided to families with children, and financially vulnerable families with children aged 3 to 7 years are eligible for a monthly allowance. Citizens who have lost their jobs can apply for this allowance in 2020 independent of their financial status. In Moscow, older people have been supported to engage in physical activities taking place outside and in a safe manner.



## Spain

### Removing structural barriers through social protection schemes

Many countries have implemented social and economic supports for those most affected by pandemic restrictions. Spain launched a national Minimum Living Income scheme. Offering monthly payments of up to US\$ 1145 to the nation's poorest families, the programme will support 850 000 households. Eligibility is not contingent on unemployment or lack of income, which allows people to continue a level of employment. As such, they can meet basic needs while still seeking to improve their situation through employment or vocational training (46).

## France

### Stepping up with timely responses to emerging challenges

As in other countries, behavioural insights surveys documented that the mental health of the French population was severely affected by the lockdown. In response to these findings, health authorities rapidly implemented a range of measures to promote good mental health among citizens. This was done in close collaboration with health professionals and the volunteer sector. Efforts included a free national telephone hotline and information and referral lines for those experiencing psychological distress (41).

## Bulgaria

### Preventing domestic violence during the pandemic

In response to increasing reports of domestic violence since the beginning of the pandemic, the Government of Bulgaria adopted a national programme to prevent violence and protect women and children. It aims to maintain services and offer help to those who need it. Such programmes have been initiated in many countries and may help to alleviate some of the negative social consequences of the pandemic (47).

# Checklist /

## Cross-cutting principles

The four key strategies for reinvigorating public support for protective behaviours must be applied based on the epidemiological situation and on societal and economic considerations to ensure that no one is left behind. To support this process, we propose five cross-cutting principles that draw on evidence relating to factors such as trust, risk

perception, social and cultural norms, and structural opportunity. These principles should be applied across policies, interventions and communication, and can be used as a checklist. They prompt decision-makers to ask: **will people consider these actions to be appropriately transparent, fair, consistent, coordinated and predictable?**



### Transparency

Knowing the rationale for decisions increases motivation to follow them (50). Be transparent in sharing the **reasons behind recommendations and restrictions**. Acknowledge the **limits of science and government** in terms of predicting the development of this pandemic and what restrictions will be necessary at any later stage, share uncertainty and take responsibility for the decisions that need to be made on uncertain grounds. Making promises you cannot keep or being unwilling to share reasons for actions leaves room for misperceptions, myths and even conspiracy theories. **Clarity and simplicity are key:** messages that are not clear or simple enough to understand and act upon lead to uncertainty and distrust.



### Fairness

To trust authorities, people need to feel that all relevant opinions have been included (10,11) and that decisions have been based on **objective criteria**, not on arbitrary grounds or the interests of certain groups. Strive for the highest possible level of fairness in recommendations and restrictions. All people have felt the consequences of the pandemic, and catering only to the needs of some will be perceived as unfair by others. Creating structural conditions for health equity is another critical aspect, which involves clearly communicating the **need for equity**, for example, by compensating for or alleviating restrictions particularly for those who are suffering the most.



### Consistency

Ensuring consistency in an ever-changing situation is next to impossible. Still, consistency can be pursued by making sure that the risk being communicated in messages and restrictions is always in line with the current epidemiological risk, and that the **actions of leaders are in line** with what is being recommended for the public. Authorities should also **avoid inconsistent responses**, such as lifting restrictions in one sector (for example, increasing the number of spectators allowed at sports events) while tightening them in another (for example, imposing new restrictions on restaurants), without providing a clear rationale and explanation. Consistency may also be established through the **regular use of specific terms and numbers**, such as transmission rates, case rates and fatality rates.



### Coordination

Stakeholder coordination creates trust (51). Maintain relations with stakeholders, strive for unity, and **avoid mixed messages** from experts, spokespeople, government representatives and health workers. Everyone is entitled to their expert opinion; however, everyone also needs to be aware that sharing early research results or their personal risk perceptions in the public debate may affect trust in experts in general, particularly if these results and perceptions are not in line with those of other experts.



### Predictability

Predictability is a basic psychological need that prevents stress and mental overload. This pandemic is characterized by everything but predictability. Still, countries can strive for predictability by setting **objective epidemiological criteria for restrictions** (and their shifts up or down) on, for example, travel, gatherings, educational institutions and workplaces. Countries can also communicate clearly the **timelines for restrictions** and follow up on these so people know what to expect.

## Norway

### Making decision-making processes transparent

Norway has upheld a high level of transparency in decision-making and the role of expert bodies. The rationale for decisions has been clearly communicated to the public, including instances where decisions departed from the recommendations made by expert bodies to the Government (55).

## Kazakhstan

### Showing empathy

Recognizing the significant losses that people have experienced during the pandemic, the WHO Country Office in Kazakhstan addressed the nation on social media to remember the loss of health-care workers on the occasion of the national day of mourning for the victims of COVID-19. Providing space for grief and demonstrating empathy for the considerable impact that the pandemic has had on people are more important now than ever, as trauma reactions are to be expected (52).



## Ireland

### Tailoring easy-to-understand messages for different audiences

Several countries have sought to demonstrate the relationship between levels of risk and different behaviours in simple tables or infographics (53). Ireland prepared an overview from which tailored infographics are selected and used individually for targeted audiences (see <https://assets.gov.ie/87604/405b1065-055a-4ca8-9513-390ce5298b10.pdf>) (54).

## Germany

### Leaders walking the talk

In many countries, leaders have sought to lead by example, including through isolating themselves, wearing masks, and cancelling personal events or celebrations. When quarantine was deemed necessary in Germany, Chancellor Angela Merkel self-isolated from 22 March to 2 April after her doctor tested positive for the virus. She recorded a podcast about her quarantine experience, and shared that she had been lonely.

## Latvia

### Decision to be open and honest about the unknowns

In Latvia, a strategy of honesty was agreed on as a fundamental political principle. When COVID-19 emerged, the authorities conducted daily press conferences and answered each and every question. In cases where they had no answer, they admitted this and promised to follow up with more information as soon as possible. Demonstrating honesty and transparency is essential to building and maintaining trust.



# 10 suggested actions

We offer this list for decision-makers who are seeking recommendations for concrete actions. All of these actions relate to the strategies and principles outlined above.



01

Think local. Reach out to **civil society groups** and ask them to find creative ways of motivating their members and peers. Ask them what support they need from you. Engage volunteers. Youth organizations, housing associations, religious leaders, sports clubs and scouting organizations, and business and community organizations can all play an active role.



02

In every workplace, school, university, youth club and more, **ask the users** to discuss how they would like to implement the recommended behaviours. These discussions may reveal barriers, inconveniences and misperceptions that can be addressed while maintaining restrictions.



03

Develop **guidance** on living life while reducing risk. For example, make recommendations for safer dinner parties, children's play dates, workplace interactions, dates, funerals, weddings and travel. Find creative ways of communicating such guidance. Avoid constant changes.



04

Start early to prepare safe solutions for **upcoming national celebrations** where people gather across geographies and generations. Engage individuals, workplaces, public transportation systems, the retail sector, retirement homes and more in discussions about ways to reduce risk during the time leading up to these events. Ask for their input and develop the guidance they need. Provide clear recommendations (56-58).



05

Understand which measures may be unbearable in the long term – for example, extended isolation that results in loss of employment or income. **Amend or balance such restrictions** with other measures (economic, social, psychological), taking into account the epidemiological risk.



06

Make recommended behaviours **easy and inexpensive**. This can involve the provision of fast and cheap internet connections, free masks and hand sanitizers, accessible hand-washing areas, spaces for social interaction, opportunities for teleworking, and more.



07

**Appeal** to people rather than **blame, scare or threaten** them. Recognize that everyone is contributing.



08

Be **clear, precise and predictable**. Use simple and digestible infographics as an effective way of communicating restrictions and epidemiological risks – and how they are related.



09

Conduct regular qualitative or qualitative **population studies**. Take the findings seriously. Use them to inform action.



10

**Tailor** communication to specific groups that experience demotivation. Test messages and visuals with sample populations before launching them.

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