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**Short Commentary** 

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# **Monitoring Behavioral Insights Related to COVID-19**

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## Introduction

The rapidly evolving coronavirus disease 2019 (COVID-19) pandemic is placing an over whelming burden on health systems and authorities to respond with effective and appropriate interventions, policies, and messages. A critical element in reducing transmission of the virus is rapid and widespread behavioral change. Evidence shows that a perceived lack of consistency, competence, fairness, objectivity, empathy, or sincerity in crisis response in the public could lead to distrust and fear [1].

Conversely, when the public perceives measures as having these characteristics, as well as being easily understood and communicated through trusted and accessible channels, and when the necessary services are available, people are able to make informed choices, protect themselves, and comply with recommended practices [2].

Risk perceptions influence individual protective behaviours4 but paradoxically, how people perceive risk is not necessarily correlated with the actual risk. This was seen during the influenza pandemic in 2009-2010 [3] where uncertainty and perceived exaggeration were also associated with a reduced likelihood to implement the recommended behaviors [4].

Models of crisis and risk communication thus suggest that understanding risk perceptions is critical for an effective and appropriate crisis response[5]. At the same time, not enough is known about the complex interplay of changing epidemiology, media attention, pandemic control measures, risk perception, and public health behavior[6].

Behavioral insights for COVID-19 are, therefore, of critical importance. This includes knowledge about what drives behavior and awareness of changes in these drivers. Other psychological challenges, such as misinformation, stigmatization, or herd behavior (such as hoarding of food or toilet paper) can be monitored to help estimate their prevalence and to identify sources[7,8].

National authorities and other stakeholders, such as the media, can gain valuable insights into information needs, contextualization of certain phenomena (e.g.stigmatization), and which target groups need additional attention. A few countries have rapidly initiated studies to gain such insights, and more countries are urged to priorities such efforts, not in lieu of, but as a necessary supporting mechanism for other response measures.

Faced with overwhelming response requirements and cost, countries need opportunities to gain such insights through tools that:

- Are they evidence based?
- Can they be rapidly applied?
- Can they be regularly applied?
- Are they simple and flexible enough to adjust to the changing situation? and
- How sustaining the low cost and cost-effective, particularly for low-income and middle-income countries?

WHO and international partners can share such tools allowing countries to do this. Shared tools offer the additional opportunity of preparing syntheses analysis across contexts, providing invaluable insights for the continued response effort as well as for the post-outbreak evaluation, sharing of lessons learnt, and the continued effort to better understand effective mechanisms of crisis response.

Weekly COVID -19 Snapshot Monitoring (COSMO) was initiated in Germany on March 3, 2020[5], preliminary data and examples of the usefulness of such data are shown in the appendix. The initiating researchers and authorities and researchers are now sharing this as a blueprint for other countries. Together with the

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new Insights Unit at the WHO Regional Office for Europe, an adaptable study protocol, sample questionnaire, and data analysis script have been made available along with guidance on contextual adaptation and open access practices.

The suggested serial, cross-sectional study allows rapid and adaptive monitoring of focal variables over time, assessment of the relations between them, and randomization of answer options where suitable. Among others, included variables relate to demographics, protective behaviors, knowledge, perceptions, and trust.

Changes in risk perceptions or knowledge can be assessed over time; data on acceptance of new response measures can be made rapidly available; and misinformation or possible stigma can be identified as they emerge. Immediate data analysis by means of an automated data analysis website provides fast access to the results. WHO materials contain commented code (free R Studio online software) for data analysis and a website for rapid data presentation. The Insights Unit and Health Emergencies Programmed in the WHO Regional Office for Europe are offering support to countries for implementation.

National teams using the tool are urged to work in partner coalitions to discuss insights gained and implications for outbreak response interventions, policies and messages. Making results rapidly available to journalists is also suggested to support high quality and responsible media reporting. Journalists need timely knowledge about developing audience behavior and habits to rapidly tailor information sharing and to develop narrative tools that encourage behavior changes according to evidence from risk communication research.

## Conclusion

In sum, rapid data collection and sharing could support effective interaction between authorities, health workers,

journalists, and the public to encourage appropriate behavioral change, to manage the crisis, and to protect the most important asset in a crisis: public trust.

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