

SPI-B: Briefing Note: Behavioural Considerations of Health Certificates in Population Mass Testing

Summary

Evidence suggests that providing “health certificates” to those testing negative in mass testing is:

- Unlikely to increase test uptake substantially [High confidence]
- May increase risky behavior [Medium confidence]
- Is likely to increase inequalities [High confidence]
- Could provoke resentment and conflict [Medium confidence]

Evidence-based alternatives to certification for increasing test uptake and self-isolation are:

- Local community engagement in the design and running of test programmes.
- Easy access to testing
- A package of financial, practical, social and emotional support for self-isolation.

Effective population mass testing requires high rates of uptake and self-isolation¹. Mass testing of an entire population has recently been conducted in Slovakia². Uptake was high (>97%) and those who tested negative were issued with health certificates granting them exemptions to COVID-19 restrictions not given to those not tested, which was strict curfew, with people only able to leave home for essential shopping and work until they receive a negative test result. This note considers the question of whether issuing such health certificates in England would incentivise uptake thereby increasing the effectiveness of mass testing.

NB: Mass testing in other contexts - *e.g.* health and social care settings, students, large events - raises different issues not considered in this short note, but have been addressed in the previous TFMS Consensus statement for SAGE and accompanying behavioural considerations paper³.

- **Impact of certificates on test uptake:** *unlikely to increase to high levels for effectiveness*
 - Liverpool pilot: uptake rates are around 20% with similar uptake rates having been reported in Southampton pilots. It is unlikely that health certificates alone will raise this by much in an English context, assuming that most activities outside of the home would be permitted without a health passport *eg* entering a shop or a bus.
- **Impact on behaviour:** *may increase risky behaviour*
 - In an online experiment conducted 13-16 November, 4,765 UK adults were asked to imagine they had participated in mass testing and received either a negative test result, or a negative test result plus certificate. A control group just completed the outcome measure, intention to adhere to guidelines. Intentions were lowest when a negative test result was accompanied by a test certificate: 56%. Intentions following a negative test results without a certificate were similar to the control group: 61% and 63%, respectively⁴.
- **Impact on inequalities:** *may increase these given inequalities in engagement with testing*
 - Uptake of testing is lower in areas of high deprivation and amongst BAME groups.
 - In part this reflects a lack of trust in national systems of testing.
 - In part this reflects an inability to self-isolate due to the loss of income combined with the threat of a fine for not complying^{5,6}

- **Potential for resentment and conflict:** *may increase these*
 - Policing and security issues raised by certification of negative test results is summarised in an internal briefing note from SPI-B Policing and Security sub-group.

Alternatives to health certificates to increase participation in Population Mass Testing equitably

1. **Local community engagement** in design and running of any testing programme⁷.
2. **Easy access to testing**

Testing rates are higher when tests are provided at multiple points for easily accessible testing⁸ with low friction e.g. walk-in centres requiring no completion of forms, conducted by health-care workers providing information and some support.

3. **Financial and social support for self-isolation**

SPI-B recommended a package of support – financial, practical and emotional – with potential to increase rates⁹. This has yet to be implemented and evaluated.

Motivation to self-isolate is high in all groups; ability to self-isolate is lowest in the most deprived areas, those without social capital, and amongst those financially unable to do so without additional support¹⁰.

Current package: *unlikely to optimise self-isolation or uptake of testing*

Financial support: £500 for those on Universal Credit; insufficient or inaccessible to many of those with lowest household incomes

- eg IFS estimate 7/8 workers are ineligible¹¹
- DPH Blackburn & Darwen calls for payment of full average wage¹²
- YouGov polling suggests that 40% of people could not pay all their bills and outgoings for two weeks with £500 support if they were unable to work¹³.

Fear of fines for not self-isolating may be associated with reluctance to be tested or, if testing positive, to provide details of contacts¹⁴.

¹ TFMS: Consensus statement on mass testing, 27 August 2020.

<https://www.gov.uk/government/publications/tfms-consensus-statement-on-mass-testing-27-august-2020>

² The Behavioural Insights Team: Blog: How Slovakia testing 3.6 million people for COVID-19 in a single weekend. <https://www.bi.team/blogs/how-slovakia-tested-3-6-million-people-for-covid-19-in-a-single-weekend/>

³ TFMS: Behavioural paper supporting the consensus statement on mass testing, 27 August 2020.

<https://www.gov.uk/government/publications/tfms-behavioural-paper-supporting-the-consensus-statement-on-mass-testing-27-august-2020>

⁴ Behavioural Insights Team in Partnership with Cabinet Office. 'The negative side effects of mass testing' Nov 2020.

⁵ SPI-B: Role of Community Champions networks to increase engagement in context of COVID-19: evidence and best practice, 22 October 2020. <https://www.gov.uk/government/publications/role-of-community-champions-networks-to-increase-engagement-in-context-of-covid-19-evidence-and-best-practice-22-october-2020>

⁶ Evidence and Best Practice & Vandrevalla et al. (2020-21) Developing and Delivering targeted SARS-CoV-2(COVID-19) health interventions to Black, Asian and Minority Ethnic (BAME) communities living in the UK. Funded by UKRI/NIHR

⁷ SPI-B. Principles for co-production of guidance relating to the control of COVID-19. July 2020. Available from the SPI-B Secretariat.

⁸ TFMS: Consensus statement on mass testing, 27 August 2020.

<https://www.gov.uk/government/publications/tfms-consensus-statement-on-mass-testing-27-august-2020>

⁹ SPI-B: Impact of financial and other targeted support on rates of self-isolation or quarantine, 16 September 2020. <https://www.gov.uk/government/publications/spi-b-impact-of-financial-and-other-targeted-support-on-rates-of-self-isolation-or-quarantine-16-september-2020>

¹⁰ Atchison CJ, Bowman L, Vrinten C, Redd R, Pristera P, Eaton JW, Ward H. Perceptions and behavioural responses of the general public during the COVID-19 pandemic: A cross-sectional survey of UK Adults. medRxiv. 2020 Jan 1. <https://www.medrxiv.org/content/10.1101/2020.04.01.20050039v1>

¹¹ Resolution Foundation. *Sorting it out – the Chancellor moves to fix the Job Support Scheme, Oct 2020.* <https://www.resolutionfoundation.org/publications/sorting-it-out/>

¹² The Guardian. Health Policy. <https://www.theguardian.com/world/2020/nov/18/poor-areas-of-england-face-permanent-lockdown-says-blackburn-public-health-chief>

¹³ YouGov. 'If you had to isolate for two weeks due to COVID-19 and were unable to work, do you think you could pay all your household bills and outgoings with £500?' Nov, 2020.

<https://yougov.co.uk/topics/health/survey-results/daily/2020/11/23/f4463/3>

¹⁴ Tim Lucas et al. 'Engagement and adherence trade-offs for SARS-CoV-2 contact tracing. August 2020. <https://www.medrxiv.org/content/10.1101/2020.08.20.20178558v1>