

Countering COVID-19: A European survey on acceptability and commitment to preventive measures

Introduction

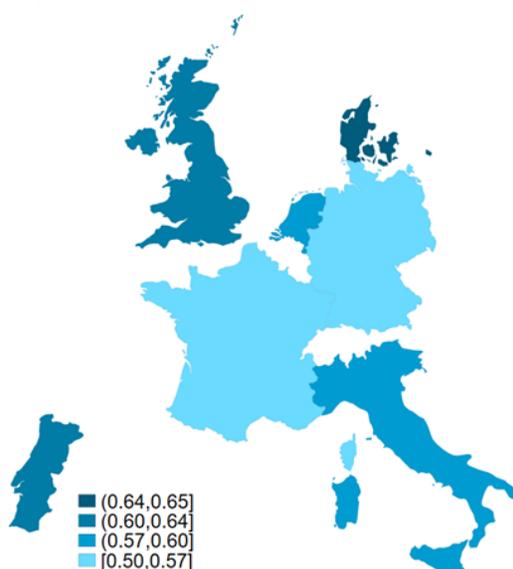
We conducted a large-scale pan-european survey covering over 7500 individuals that are representative of the population in seven European countries with respect to region, age, gender and education. The fieldwork took place from April 2 to April 15 using an online questionnaire addressing such issues as people's risk perceptions, support of containment policies, trust in information, worries, vaccination attitudes, and prevention behavior in the context of the COVID-19 pandemic. Within this project, the survey will be conducted again twice in May and in June. The results will finally enable us to observe changes in acceptability and commitment to preventive measures over time.

Here are some selected highlights out of the first results.

Trust in sources of information

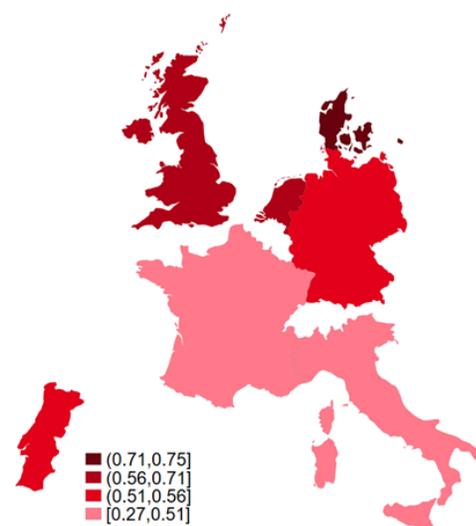
Respondents were asked to indicate the extent to which they trust the information from the following sources: The EU, the WHO, national governments, news channels, social media, hospitals, doctors, relatives and friends. The possible responses were 1 (do not trust at all) to 5 (trust very much). As first examples, we show data for national governments and the WHO who are two important players in the provision of up to date information on both guidelines and prevention behaviors related to the management of COVID-19. The following maps show the variation in the proportion of respondents in each country that reported they trust (4 or 5 on the Likert scale) the information from the WHO and their national governments. The intensity of the coloring signals the proportion of people who stated that they trust information from the WHO/national government. A darker shade such as in Denmark indicates a higher proportion of respondents that trust the information from this source than for example in France indicated by a lighter shade.

Trust in Information from the WHO



Proportion of respondents who trust information from the WHO by country

Trust in Information from national governments

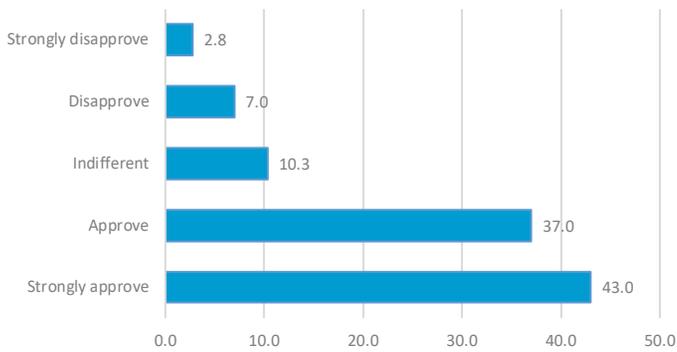


Proportion of respondents who trust information from their national governments by country

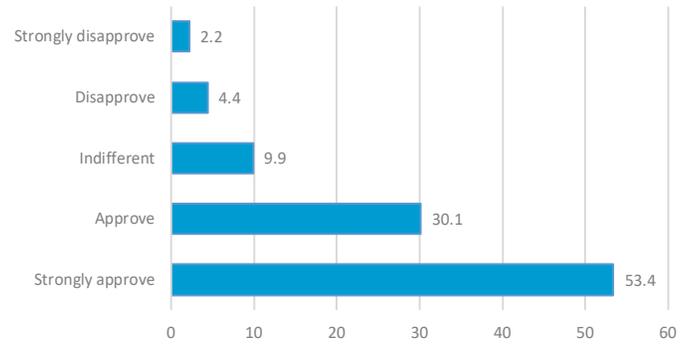
Policy Support

We asked our respondents about their approval or disapproval of policy measures taken (or likely to be taken) by national governments to contain the COVID-19 outbreak. In particular, we covered such topics as school closures, bans on public gatherings, border closures, bans imposed on the export of medical equipment, fines for quarantine violations, random temperature checks, curfews, public transport suspensions and utilization of mobile phone data for tracking COVID-19 cases and their contacts. On average, people in all European countries approve policies taken in response to the pandemic; however, the extent of approval differs by country and by specific policy measure.

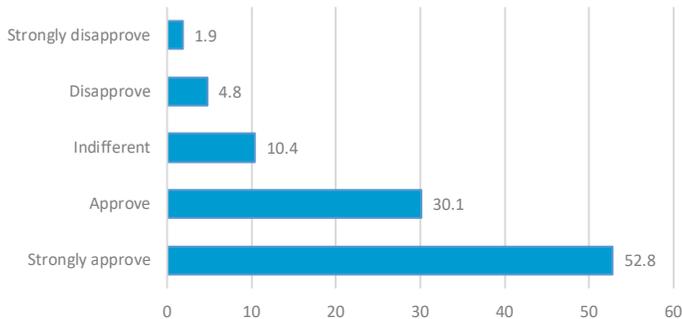
Close schools and universities for three months



Suspend all public gatherings for three months

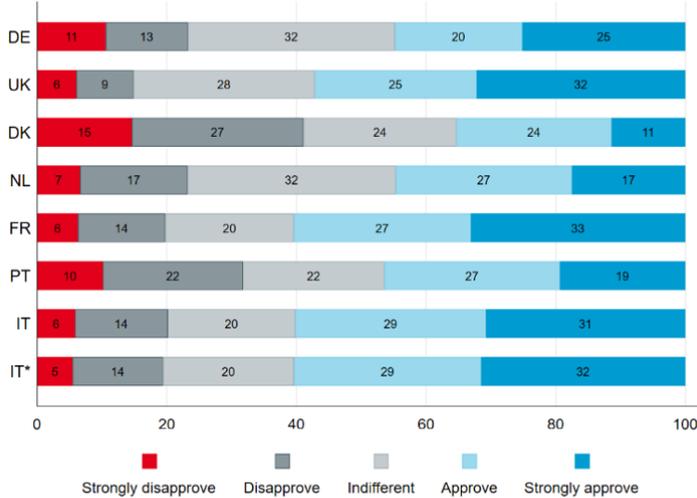


Close all borders to deny entry to foreign travellers for three months

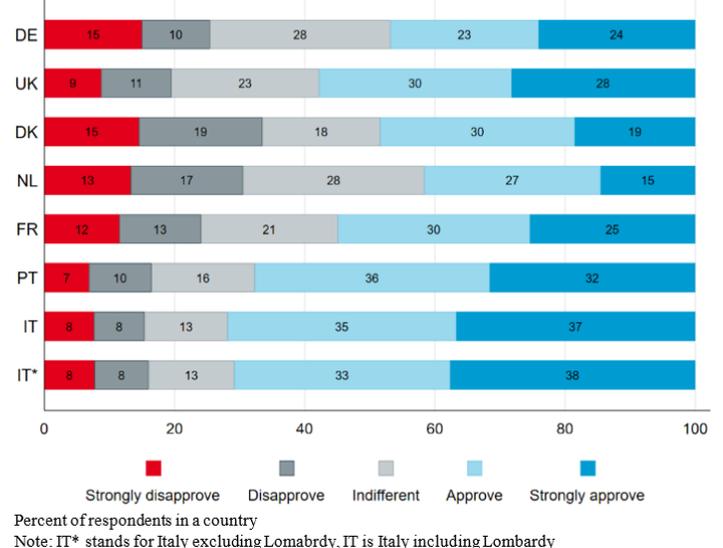


The graphs below reflect public support of two policies that have been discussed controversially in the media: imposing a ban on the export of medical equipment and usage of mobile phone data for tracking people infected with COVID-19 and their contacts.

Ban on export of medical equipment (e.g. masks) from your country



Support of mobile data usage for tracking COVID-19 cases and their contacts

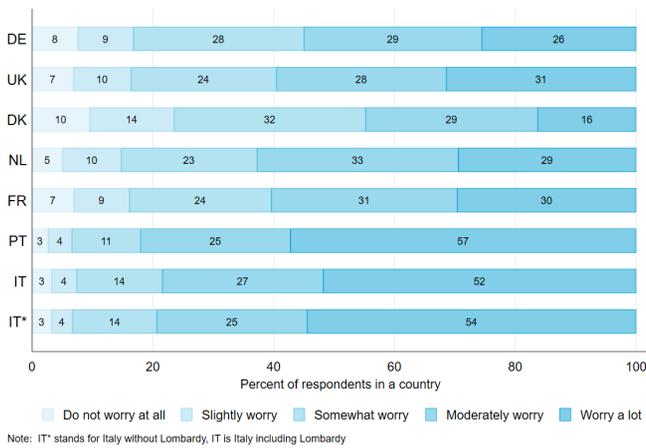


Worry

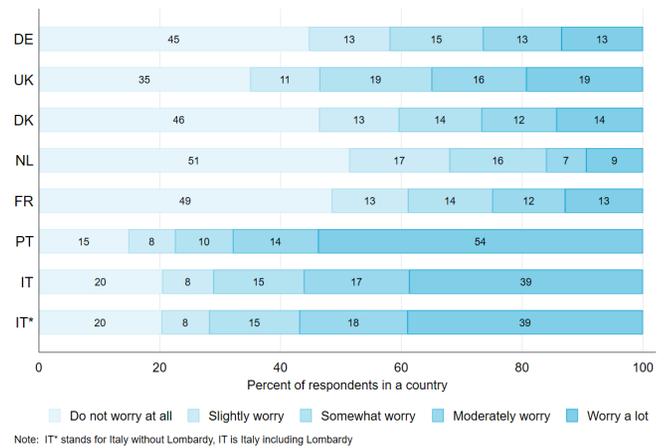
Furthermore, we asked the respondents to share the extent to which they worry about specific risks and consequences brought by the COVID-19 outbreak. In all countries, the mean trend is similar: people worry most of all about the health system being overloaded so that the capacities are not sufficient to cope with the amount of Covid19 cases. Meanwhile, people also seem to be concerned about the economic impact of the pandemic. In particular, people worry most about small companies running out of business and about a potential recession following the crisis. Fear of becoming unemployed among all countries is highest in Italy and Portugal. The population in these two countries, together with the British, also worry most about reduced access to food supplies. A general worry shared by all countries is related to society becoming more egoistic. These trends hold true for all age categories and genders.

The graphs below display a cross-country comparison of people's worries about the economic and health consequences of COVID-19 outbreak.

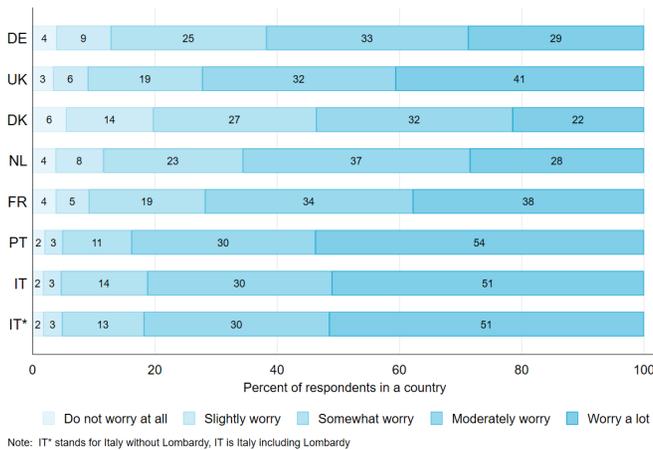
Worry about recession by country



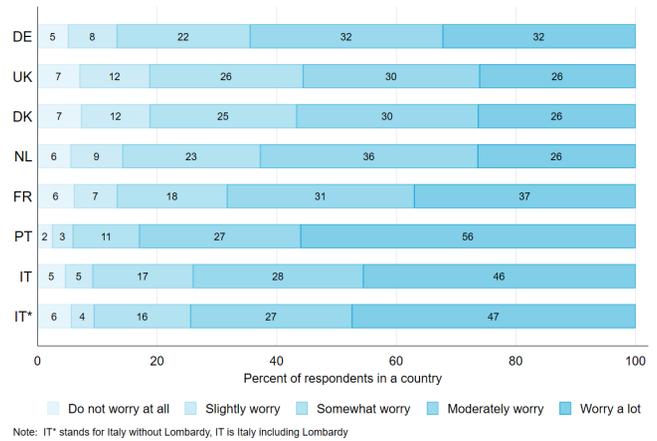
Worry about unemployment by country



Worry about health system being overloaded by country



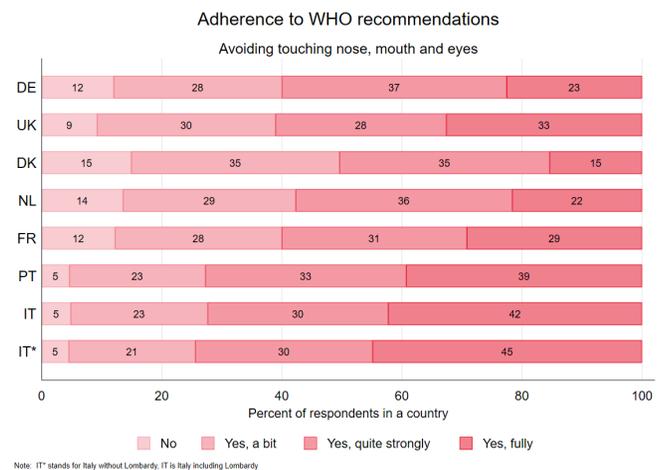
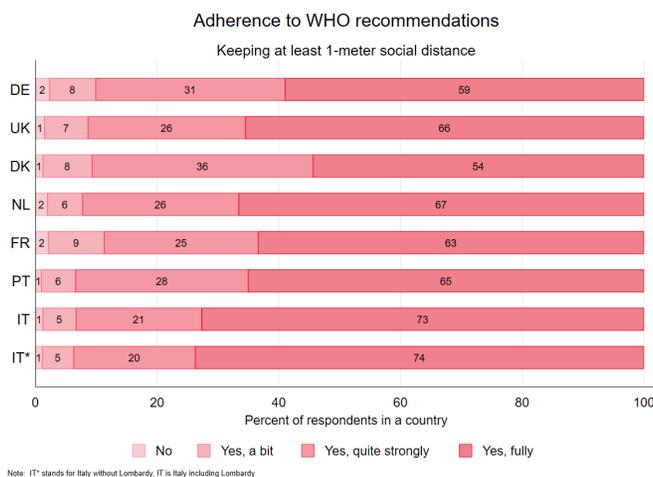
Worry about small companies running out of business by country



Adherence to the WHO basic protective measures

The recommendations about the advised behaviors to reduce the risk of a coronavirus infection have been well-communicated in all countries. We asked the respondents about their familiarity with the WHO hygiene recommendations and about their personal adherence to each of the WHO guidelines (washing hands frequently, using alcohol-based hand rub, covering nose and mouth when sneezing and coughing, keeping social distance, avoiding handshakes, hugs and kisses, and touching face). Based on the data analysis, people in all countries reacted strongly to the coronavirus caused crisis and changed their behaviours. Most respondents report that they engaged both in social distancing and the advised hygiene behaviors. Nevertheless, the average adherence to the WHO recommendations slightly differs across the EU. The question as to whether these cross-country differences indeed reflect a varying extent of behavioral changes or constitute effects of heterogeneous lockdown policies will be answered soon by a more comprehensive data analysis.

The graphs below displays the average adherence to the two selected WHO basic protective measures, where one represents social behavior (keeping the social distance of at least 1 meter) and one reflects hygiene behavior (avoiding touching nose, mouth and eyes).



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