Relevance Of Behavioural And Cultural Insights In Times Of Pandemic

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In the last years, I have been working at the WHO office in Copenhagen which covers 53 countries across the European region. I'm a sociologist and not a health expert, neither I am an urban planner nor a designer. Indeed, I am not anybody truly working in your field of expertise but, as a sociologist, I have a lot to say about the value of the social sciences and the humanities to the work that you all do and to your studies.

I'm going to start by going back in time to look into the early 1800s, and precisely 1831, when cholera - the water-borne disease that is mostly spread by water - was a ripping through London.

The English Capital, at that time, was the largest city in the world so a court for king cholera. The waste, the disposal, the garbage, was all being thrown out onto the streets and the river Thames. The river that still runs through London was one big sewer, or more precisely, was an open sewer: everything, all the garbage or the sewage or the defecation was all put into the Thames, on the left Parliament down further on the right.

In 1858 parliament had to stop that phenomenon, because the smell of the river was so bad putting an end both to cholera and to that dreadful smell across the city. It was completely to reimagine how the embankment of the Thames would be developed. In the end, it was made in a way so that the sewage and all of the rubbish would run out of it into the estuary and then out into the north to the sea. So, the Thames would become a cleaner place but primarily cholera would be stopped in its tracks. What the developed was embankment which those of you that have been to London today will know much about. You might have walked down it, and it is a beautiful sight today. In a few words, all of this was due to a health issue; this design of this urban planning was due to a fundamental health problem that the largest city in the world at that time faced.

If we roll forward 60-70 years, to the next public health crisis that hit the United Kingdom, we saw a quarter of a million deaths and globally we saw 50 million deaths from the Spanish Flu which you'll hear many people speak about particularly now given that we are facing a pandemic.

Through the 1800s, the early 90s, and the early 20th-century living conditions particularly in London, Birmingham, and Manchester, were characterized by very poor urban slums. I'm focusing on the UK because I'm a UK citizen but also because there's a lot to be taken on what health and disease have shown us in terms of urban planning there. So respiratory illnesses respiratory such as the pandemic that we're facing at the moment and, the reason why many of you are wearing masks today, has always been a major problem. We saw the development of these garden cities which ultimately failed in many places in the United Kingdom and Europe but are existing still like in the case of Brisbane where, nevertheless, we have a very good example of a healthy city. These cities were developed to take the urban settings out of the city and recreate business factory environments and living conditions outside of the central areas.

The idea behind those was to get people out and about outside of the terrible conditions within which these respiratory illnesses such as the Spanish Flu were affecting societies and it's true that Le Corbusier stated in 1928 that hygiene and oral health depend on the layout of cities. Without hygiene and moral health, the social cell becomes atrophied, minimized or reduced so this linkage between hygiene, health, and mental health, and the cir-

cumstances in which we live and the environments - in which as well we live - is a long-standing relationship. The modernist period saw us then try and take people out of cities up into high-rise apartments with balconies, and small living spaces but with balconies, forcing people outside, so that again respiratory illnesses would be minimized so that we would see people move out of these blocks and down into the communal parks and green areas of our cities. Of course, in the 1960s when this was devised as a method for healthier living it was a good idea but what happened of course in the 80s, 90s, and 2000s, was that social media and the intel internet came along and people were stuck to their desks. They were stuck to the computer, they weren't using the parkways, they sat in these kinds of buildings throughout central London and other cities all over Europe. For Covid-19 that was a proper playground, the virus ripped through these settings where the ventilation may not have been maintained for decades where people sat in very tight environments with these communities inside the cells of these blocks. So, whilst it seemed like a good idea at the time in the 60s, by 2020 and 2021 those spaces had become a breeding ground for a virus.

As you can see, pandemics have always shaped our cities but these changes have been uneven. As I've shown you, some of these changes have been positive whilst some of these changes have been negative, but it's absolutely clear that the one thing that we know that any urban planner designer needs to do today is listening to the people that you're designing or creating or developing your cities and urban settings for. As I anticipated you, I am a behavioural scientist, and my background is in social anthropology communications, social sciences in the humanities, and I've been working with WHO now for the past 10-15 years. I am not a health expert, neither do I have no formal health or medical qualifications such as doctors who could speak long about things that I wouldn't even understand. However, in terms of social sciences, we've come to understand that the social sciences have an inherent value for public health because public health today is all about listening and being people-centred in our approach. Think about this pandemic, what are we doing to prevent this pandemic from taking hold, what are we doing to stop the transmission of coronavirus? Sure, we're vaccinating and there are some drugs available that minimize the impact of the pandemic, everything else we're doing is social it's not medical, it's not biomedical it's bio-social. All of the measures, you're wearing masks you're living your physical distancing, you're quarantining your isolation, this is all social this is not health this is a social measure. So, we have our public health measures and we have our social measures but in public health, we have not used the social sciences well enough to guide us as to how we should prevent pandemics.

That's why I specialized in something called 'behavioural and cultural insights' which is all about gauging what healthy behavioural practices are looking at; what the barriers and the drivers are so a barrier to changing your behaviour. For example, people who don't want to stop smoking because it's addictive or doesn't want to stop doing it because all of their friends are smokers: even this last thing would be a barrier to smoking cessation. And, I look at drivers, so the enablers the things that promote and motivate people to change their behaviour, and this knowledge that we collect we call behavioural and cultural insights and it has an interest and should have an application every one of you. Often the things we design are not the things that necessarily people choose the path of; often there is a tension between our urban design and our direction, and the behaviour that people choose. As Shakespeare said the 'earth has music for those who listen'.

While walking around Tirana just these last few days and many of the murals in the city have spoken to me. I don't mean that philosophically but they do tell a story of a city, and I've just been talking to Peter (Nientied[1]) that met just four minutes ago regarding the history of our societies and the importance of values of our societies and how the development of an urban setting or architecture or development and design needs to take account of that history. We cannot erase it for the sake of modernization, it has an inherent value. So, gathering insights segmenting our populations from the way you design things, what not one size will fit all not one design will meet everybody's needs testing and modelling. I could speak all day about this: how you do test your designs, how you do pre-test them, how you do post-test, how you do use that methodology to shape what you design, and how your design is as critical to public health, as it is to you as designers or urban planners, and how you engage other disciplines. Ebola for us was a major public health issue in the world. You're all aware of Ebola, you're all aware of what happened with that but, for us, this was a game changer because the first people that we sent to West Africa from WHO were not laboratory technicians, they weren't the epidemiologists. Field epidemiologists were amongst the first wave but alongside these people we sent anthropologists, and we sent social scientists because we needed to understand the culture in which Ebola was being transmitted. We needed to understand the cultural values, and the norms, so that we could respond appropriately. And that's not much different from the work that all of you do with design and urban planning. When I was preparing to deliver this talk, I started thinking about what pandemic-conscious architecture would be, and I started thinking about how we need to design buildings and urban settings to allow people to live their lives while reducing their risk. We can never eliminate risk. When you leave this building or you walk down the stairs there is a risk; it's the same I hear from people who talk about vaccines not wanting to be vaccinated because of the risks of vaccination. The risks of vaccination are 1.000 times smaller than walking across the road outside you get into your car every day, that's much more dangerous than taking a vaccine. It's the same with architecture and with design: the risks that people want to live their lives there will always be a certain element of risk. Just to make an example,

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420 people in the US die every year from falling out of bed does that mean beds are dangerous far more people die of falling out of bed than die of taking a vaccine, so your risk assessment is always something that designers have to think about when you design a building when you design a staircase, etc.

Risk can never be eliminated, there is an element of risk in everything. The other thing we've learned from this pandemic is that we cannot suggest that there is zero risk and we can we have to acknowledge uncertainty when we're not sure about something we should communicate it. The countries that have done best in this entire pandemic have been those that have been completely transparent. The Norwegian Minister of Health, one month into this pandemic sat in front of a press conference and spoke to all of the youth in Norway and said: 'we don't know anything about this pandemic we don't know enough about this pandemic. I'm going to have to ask you all to stay at home and to not come to school tomorrow. I know you don't want to; nobody wants to be away from their friends, I feel very sorry for you my thoughts are with you with your families'.

It was very sympathetic and said to the youth that we all have to work together it. He was very honest about how little they knew about the pandemic at this point and it is no surprise that in Norway the rate of vaccination and mass use is the highest in the world because of an open trustworthy leader. So, trust has so much to do with our behaviours it has so much to do with our behaviours and it has so much to do of course with your life designs and so on. The other thing we need we've learned through this pandemic is that equity is very important.

Equality and equity are two different things: so, equality, everybody has to isolate if they've contracted COVID, everybody has to quarantine. That's equality but by quarantining we disadvantage some people more than others. If I have to quarantine it's not a problem, I sit on my computer at home, I have a big house, and my family have rooms that they can move around in. It doesn't affect me quarantining but if you're a family of seven in a two-bedroom apartment quarantining is dreadfully marginalizing for you, it puts you at further risk. That's equity so we found that equity is a very important goal in everything we do. I know Sonia (Jojic[2]) was pointing out yesterday the fact that we've all been disabled to some respect by this pandemic. I think this is an excellent point, you've been disabled whether you've had coveted or not many of you have not been to school, been to university, I mean that's not easy you've been the most affected of all of the groups the youth have been the most effective. It's taken the most away from you in terms of your socializing and it's affected you severely in terms of mental health and well-being. We have to remove barriers you understand, these signers and planners better than anybody how you remove a barrier to make something easy for somebody to perform a behaviour in a broader meaning. I'm going to give you an example of this. I was in Bulgaria in 2010 and there was a huge measles outbreak there in a place called Svilengrad. It's a Roma population that lives about an hour and a half outside Sophia. 22 000 measles cases and dozens upon dozens of deaths of measles. There was a vaccine-preventable disease, a very good very effective vaccine very soft faxing but the Roma mothers and the grandmothers were not using local health centres. So, I, as a sociologist, was invited to go to Bulgaria and try and find out why Roma parents and predominantly the grandmothers – because the grandmothers are the caregivers in Roma society - why they were not taking the children to be vaccinated. I went around these health centres and this is a maternity ward of course, but it could be any ward in a local health centre, and I walked around those for a short while and then I went to talk to the help of an interpreter the mothers, and I found out within two hours what the problem was so the Bulgarian ministry had decided 250.000 euros would be put on poster campaigns and we would educate these mothers and say measles is dangerous. You need to go and vaccinate but after 20 minutes of me speaking to the mothers, I realized they knew more about vaccination measles than I did. They were so smart, so they had so much information but they weren't using these, so for you designers, you urban architects, urban planners, the clue is in the picture and it has nothing to do with the women that are lying down and nothing to do with the equipment. It's not it's particularly not inviting because of the colour of the paint, because there is no Roma mother or caregiver that will walk into a setting like that with medical green colour on there with a healthy child. Because that colour for the mother is childbirth and invasive surgery, it is not somewhere she's going to take her precious two-year-old child who is perfectly healthy to be vaccinated for a disease he or she might catch in 10 years. So, what did we do we painted the walls of all of the Roma mothers in the health centres. We just painted a different colour wall, now no medical doctor is ever going to see that because they do not ask the right question of the mother. They say oh what do you not know about measles and why haven't you vaccinated your child, measles is so dangerous, but they're not asking the right question. Whereas you would ask maybe a better question but a sociologist would immediately look at the environment and so what they did in Bulgaria and Svilengrad, they did several things but one of the things they did was they repainted the colour of the wards so that mothers would feel more comfortable taking their children there. So, this listening to populations is critical.

We talk about pandemic-conscious designs and architecture, and I think it's obvious where architecture will hopefully move. I live in Denmark and it's already moving. This way we're seeing the adjustment of building codes in terms of the spacing that you're allowing for individuals, we're seeing voice-activated lifts so that people don't need to put their fingers on the lifts anymore, we're seeing the hygiene stops so in many of the larger buildings you've got this hygiene stops all around where you can squeeze and clean wash your hands. They won't go anywhere, they will stay. I hope they will stay because good hygiene, of course, is preventing all sorts of different diseases and it's important of course that we look to future generations because, quite honestly, listening to more politicians and listening to more leaders talking about building back better without giving voice to the youth is a tragedy. It just shouldn't be happening. I would like to use another word but I will be

very polite and say it's just not correct that that is taking place without the engagement of the youth and there's a huge movement underway at WHO in my office at the moment to engage youth. I'm visiting your mayor of Tirana after this lecture, I'm then going on to the Minister of Health, Ogerta Manastirliu, to talk about how we're going to engage the youth better not tokenism not just talk but bring youth in into helping us design better health systems and better health services in the future.

Now architecture is something that has a very interesting meaning for me because architecture has a major place in behaviour. Because we need an architecture for our behavioural planning because we are all trying to take in so much information every day that we're constantly trying to battle a decision or a choice. Today's society is a crazy busy society, so we have these shortcuts in our heads these cognitive what we call biases to help us to make sense of so much information sometimes they make us make good decisions, and sometimes they trick us into making poor decisions. Cognitive biases are with us all the time, you have so many choices to make and this is where architecture is interesting for me as a behavioural scientist. Choice architecture is fascinating and if none of you has ever read anything or any of you have ever read anything about choice architecture, I think you would find it fascinating to understand further. There is an inherent value of behavioural understanding to urban planners and designers in the same way that there's an inherent value from urban planners and designers to behavioural scientists. Let's have a look at other things that you're falling a victim to, you fall victim to marketers all the time.

When you go to the cinema to watch the new James Bond movie you will have a choice of two coca-colas, one Coca-Cola is 50 like. The small Coca-Cola is 50 leke, the large Coca-Cola is 100 leke. And most of you say 'ah but I only need the small coca-cola, I take the 50 leke' but then what coca-cola say is: 'no, no, we introduce a medium and we'll introduce the medium at 80 leke'. And, for 20 leke, of you will then change your choice from the small to the large. The middle one is a decoy, nobody buys the middle one, because why would you buy it for 80? I can get a big one for a hundred.

Every choice you make in marketing is influenced by decoys. If you look at the prices of three flights on Google, the prices of three flights one will be a decoy. Find the decoy, and I guarantee you'll find it! When you put a subscription in for a newspaper, the newspaper will say 500 leke like if you want to in just by email, a thousand like if you want the print version, and a thousand leke if you want both.The only reason that they say that is so that you spend a thousand leke. It's a decoy one of those, is a decoy and this is the same with choice architecture. There are decoys throughout our lives, I use them in public health, I know that men in Denmark are very unlikely to go and get checked for cancer of the colon because it needs a colonoscopy which is a very unpleasant test. It's not very pleasant so most men don't want it; most men will not go for a check for colon cancer.

The letter that is written from the public health authorities to those men says you can go any time of day or night to the main hospital and you can go and get a test for colon cancer only 18% of men go and test. From the authorities, it's so convenient: we give everything and, at any time, you can go and get and have this test for colon cancer which is a killer. Now, we get the letter and we change the letter, and I say that I want to add a paragraph, so we still say you can go anytime any day or night any day any time of the night 24 hours you can go and get tested or you can drive out three hours and get tested on a Wednesday afternoon or Thursday afternoon between two o'clock and five o'clock at a health centre three hours away. And that's true, they can do that if they please and we see in experiments that 15 to 20 more men are likely to go to the local hospital because you provided a less attractive option you've provided a decoy and we can talk about the ethics of this, but it gets more men tested for colon cancers. Do you understand what I mean? So, I don't know what that application would be for urban planners and designers but you've often got to think about bringing behavioural scientists and sociologists in to help you design products that you want to be very easy for people to use.

Which burger do you eat for example? They're the same burger right okay it's the same but you're much more likely to eat that burger if I sell that burger to you and say the burger is 75fat-free, but as a public health society I should be communicating to you the burger contains 25% of fat. Those two messages make a big difference to whether you'll eat that burger.

It's the same with public health, with vaccines, which vaccine do you take. Now, healthcare workers in many settings are still talking about this vaccination as a 0.1 side effect when they should be saying this vaccine is 99.9% safe, that is as safe as walking to your car 99.9% safe. So how you frame something is extremely important and the users of your products or the users of your urban settings also need to keep this in mind for them as they look for pathways for me. If your design is not intuitive, if your design requires an instruction manual, for me it's a bad design. It's exactly the same with public health. If I have to explain something too long to somebody, then clearly that product or that service is not clear enough for them it's not good enough for them. I mean, if you have to write push on the handle of the door then I don't think your desk door is very well-designed. Sociologists, anthropologists, and people working with the humanities should be on your shoulder whenever you design something. They should be one of your test groups because they inherently understand cultures and societies often better than we do. I make another example, I'm still really upset that with my iPhone, I'm still looking for things to put in that tiny little hole to get the sim card out. It is a beautifully designed product but for me but that is so annoying. I think there's a design flaw. So, in summary, it's clear that pandemics and health have always shaped cities they will continue to shape cities, and I think we need more dialogue between not just public health and health practitioners, social scientists, behavioural scientists, and urban planners and designers such as yourself, but we need to think about how we listen better to our constituents. It's critical that we do it, it's not just a pilot focus group discussion, we need to continuously listen otherwise we'll find our designs go out of date or they become non-usable while we could walk down the road of choice architecture.

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