

# Review of: "Interventions to increase personal protective behaviours to limit the spread of respiratory viruses: A rapid evidence review and meta-analysis"

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This is a very interesting article with timely relevance in the COVID-19 context. Policy makers, health leaders and frontliners have been struggling to find with ways to cope with the rapid spread of the SARS-CoV-2 virus. It has been strongly recommended for behavioural psychologists and medical practitioners to design interventions targeted at behaviour change (Ramkissoon, H. in press). Researchers have been recommending that the COVID-19 pandemic provides a window of opportunity to promote desired behaviours such as hand washing, face mask use, social distancing, pro-social and pro-environmental behaviours and calling for evidence-based studies for public health outcomes (see Ramkissoon, H. 2020 - COVID-19 Place confinement, pro-social, pro-environmental behaviors, and residents' wellbeing: A new conceptual framework. *Frontiers in Psychology*, 11, 2248). This study brings in novel contributions in actually identifying interventions to change six personal protective behaviours namely hand hygiene, avoiding touching the 'T-Zone', catching droplets in tissues, face mask use, disinfecting surfaces, and maintaining physical distancing.

The authors searched OVID Medline and SCOPUS databases identifying 39 studies across 15 countries (July-December 2020) aligning with the best practice approach recommended by the World Health Organisation for rapid evidence reviews. The strength of this study is that the authors did complete their review in an adequate timeframe. It can be argued that the search was quite limited to few databases but however it was effected on the main databases.

The study population included participants community-dwelling children or adults and the selection of reports of evaluations of interventions designed was targeted at those designed to increase at least one of six personal protective behaviours to curb the spread of the SARS-CoV-2 virus. This is very clearly illustrated in the map reproduced by the authors on the 6 personal protective behaviours targeted in interventions to block the transmission of SARS-CoV-2. The methodology is robust and clearly explained. A key strength is the adoption of the multi-stakeholder approach with inputs requested from key stakeholders, including both patient and public representatives. This was effected via panels convened by Public Health England, the University of East Anglia and UK policymakers and academic researchers. Views were sought on the research objectives, target behaviours and outcomes assessed. Adopting a multi-stakeholder approach is very important and has key benefits for public health and broader societal outcomes during the pandemic and in a post pandemic context.

The data analysis is thorough. The study's findings are well reported followed by a robust discussion on the important implications for policy and practice. The authors did note that their findings are not conclusive due to low evidence,

however they note the positive effects of interventions targeting hand hygiene behaviour and face mask use where interventions provided free hand hygiene products and/or face masks to participants. The instructions on how to use them was also provided.

The key take away is for healthcare leaders and practitioners and policy makers to work closely with behavioural scientists to incorporate techniques that theory or evidence predicts are effective to promote targeted personal protective behaviours. This is a very important step in limiting the spread of COVID-19 and promoting public health.