

Witness Name:

Dr Jo Waller

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COVID-19 INQUIRY – MODULE 2

Questionnaire Response – Dr Jo Waller

1: Overview of qualifications, career history, professional expertise and major publications:

Qualifications

- 1.1. I am a reader in cancer behavioural science at King's College, London. My background is in health psychology. I have a BA in Psychology (University of Exeter, 1993-1997), an MSc in Health Psychology (UCL, 1998-2000) and a PhD in Health Psychology (UCL, 2001-2005). I worked at UCL for 21 years (including during the time I was a postgraduate student) before moving to King's College London in 2019. My expertise is primarily in the field of cancer screening, including research to understand screening participation and the psychological impact of receiving different results within cancer screening programmes. I have also done work in the field of Human Papillomavirus (HPV) vaccination attitudes, including on the concept of risk compensation – the idea that the reduced risk of HPV conferred by vaccination might lead to a compensatory increase in risky sexual behaviour. Full details of my career history and publications are available [here](#).

Key Publications

- 1.2. I have 250 publications. Below is a selection of some of my major publications:
- 1.3. Waller J, Forster A, Ryan M, Richards R, Bedford H, Marlow L. Decision-making about HPV vaccination in parents of boys and girls: A population-based survey in England and Wales. *Vaccine*. 2020 Jan 29;38(5):1040-1047.

- 1.4. McBride E, Marlow LAV, Forster AS, Ridout D, Kitchener H, Patnick J, Waller J. Anxiety and distress following receipt of results from routine HPV primary testing in cervical screening: The psychological impact of primary screening (PIPS) study. *Int J Cancer*. 2020 Apr 15;146(8):2113-2121.
- 1.5. Forster AS, Cornelius V, Rockliffe L, Marlow LA, Bedford H, Waller J. A cluster randomised feasibility study of an adolescent incentive intervention to increase uptake of HPV vaccination. *Br J Cancer*. 2017 Oct 10;117(8):1121-1127.
- 1.6. Forster AS, Marlow LA, Stephenson J, Wardle J, Waller J. Human papillomavirus vaccination and sexual behaviour: cross-sectional and longitudinal surveys conducted in England. *Vaccine*. 2012 Jul 13;30(33):4939-44.

2: List of groups I participated in and the relevant time period:

- 2.1. I participated in SPI-B from April 2020 onwards, attending weekly meetings between 5 April 2020 and 15 September 2020 (14 in total), one on 17 November 2020 and one on 22 June 2021.

3: Overview of involvement in groups between January 2020 and February 2022:

When and how you came to be a participant

- 3.1. I was contacted by Dr James Rubin, the chair of SPI-B, on 26 March 2020 and invited to join the group. I was particularly invited to think about the impact that a positive COVID-19 test result might have on risk-related behaviour, based on my experience of working in cancer screening and HPV vaccination. My previous work in relation to this had found that, contrary to what would be predicted by risk compensation theory, having the HPV vaccine did not appear to have an impact on adolescents' sexual behaviour. I understand that my name had been suggested by Professor Susan Michie, a former colleague at UCL.

The number of meetings you attended, and your contributions to those meetings

- 3.2. I attended 16 full meetings of SPI-B and a number of additional meetings with a small number of SPI-B colleagues to discuss the specifics of the COVID-19

research I became involved in (described in paragraphs 3.3-3.6 below). I made very limited contributions in the full meetings of SPI-B, as my expertise was not directly relevant to many of the issues discussed. My expertise is primarily in cancer screening, a behaviour that has little in common with social distancing and mask-wearing, which were the main issues being discussed between April and September 2020, before the availability of COVID-19 vaccines. I drew on my knowledge of the screening and vaccination literature to make comments where relevant (e.g., in relation to the way in which test results might be understood, and interventions that have been shown to have an impact of vaccine uptake) but generally didn't feel able to contribute very much to discussions. In the autumn of 2020, I suggested to James Rubin that I should step off the group, but he encouraged me to stay in case things came up that I was more able to contribute to, stressing that there was no obligation to contribute to everything.

Your role in providing research, information, and advice

- 3.3. My main contribution was to assist with two survey studies carried out in April 2020, resulting in two publications (see paragraphs 5.2 and 5.3 below).
- 3.4. The first survey ('**The COVID-19 Beliefs Survey**') was designed to understand how risk-reducing behaviours might be influenced by people's perceptions of having had COVID-19, and therefore being immune to future infection. This work was led by Louise Smith and James Rubin. I commented on drafts of the survey and contributed to the drafting of the journal article.
- 3.5. The second survey ('**The Immunity Passport Survey**') examined the possible impact of different terminology that could be used in immunity certification (for example, immunity vs. antibody and passport, certificate, or test). We hypothesised that 'immunity' and 'passport' might increase people's perceptions of being a zero risk and therefore reduce their intended adherence to risk-reduction measures. I worked closely with Teresa Marteau and James Rubin to develop the idea and write the survey questions. As I understand it, the work was officially commissioned from the Behavioural Insights Team (who managed the fieldwork) by the Department of Health and Social Care. I was provided with the dataset by the Behavioural Insights Team and carried out the

analyses with input from Henry Potts. Theresa Marteau took the lead on drafting the paper, with input from all the authors.

- 3.6. Journal articles arising from the COVID-19 beliefs survey and the immunity passport survey were published in 2020 (see paragraphs 5.2 and 5.3 below).
- 3.7. Discussions about the immunity passport survey also led to the [SPI-B note \(13 April 2020\)](#) on 'pre-empting possible negative behavioural responses to COVID-19 antibody testing'. Theresa Marteau led the drafting of the note, but I contributed comments.

4: Summary of documents to which I contributed for the purposes of advising groups:

- 4.1. I made very small edits/suggestions to a number of the documents produced by SPI-B and would therefore rate my input as minimal, except to the SPI-B note mentioned in paragraph 3.7 above, which was related to people's likely interpretations of the results of antibody testing. I was not responsible for initial drafting of any documents apart from the journal article resulting from the immunity passport survey (Waller et al, 2020; see paragraph 5.3). I also contributed to the interpretation of data and editing the text of the COVID-19 beliefs survey publication (paragraph 5.2), but Louise Smith and James Rubin took the lead on this journal article.

5: Summary of articles, interviews and/or evidence:

- 5.1. As described above, my main input was to the COVID-19 beliefs survey and the immunity passport survey which resulted in the following publications:
- 5.2. Smith LE, Mottershaw AL, Egan M, Waller J, Marteau TM, Rubin GJ. The impact of believing you have had COVID-19 on self-reported behaviour: Cross-sectional survey. PLoS One. 2020 Nov 4; 15(11): e0240399. doi: 10.1371/journal.pone.0240399. <https://pubmed.ncbi.nlm.nih.gov/33147219/>: This survey found that, in April 2020, a higher proportion of the UK population thought they had had COVID-19 than was in fact the case. Those who believed they had had COVID-19 were more likely to report breaking 'stay at home' rules which may have contributed to the spread of infection. The paper made

suggestions for targeted communication, emphasising the importance of social distancing measures, even for people who thought they had had COVID-19.

- 5.3. Waller J, Rubin GJ, Potts HWW, Mottershaw AL, Marteau TM. 'Immunity Passports' for SARS-CoV-2: an online experimental study of the impact of antibody test terminology on perceived risk and behaviour. *BMJ Open*. 2020 Aug 30;10(8): e040448. doi: 10.1136/bmjopen-2020-040448. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7462240/>; This survey found that using the term 'immunity' rather than 'antibody' conferred a greater sense of absolute protection against infection, but the terms 'passport', 'certificate' and 'test' did not lead to significantly different perceptions. In the end, widespread antibody testing has not been implemented in the UK so the results have had minimal practical impact.
- 5.4. I was approached by a wide range of media organisations to give interviews about the pandemic during 2020-21, but never agreed to speak to them. My main expertise and research is focussed on cancer, and I did not feel that I was in a position to give an expert comment on COVID-19 related matters. I always directed journalists to respected colleagues on SPI-B with more relevant expertise.

6: Views as to whether the work of the groups in responding to the Covid-19 pandemic succeeded in its aims.

The composition of the groups and/or their diversity of expertise

- 6.1. I found SPI-B to have a wide range of expertise in terms of disciplines – health psychology, social psychology, anthropology and sociology, among others. There was an attempt to increase diversity in terms of both expertise (adding experts in discrimination, law, criminology) and in terms of the ethnic backgrounds of participants, following feedback from an observer from the British Psychological Society. From my email records, I think this was from early May 2020.
- 6.2. It was quite unclear to me how the original membership had been decided and my own experience was that I had been suggested by someone in the group who knew me. Participants were encouraged to suggest other people to invite

if they knew people with different and relevant expertise, but the process could have been more systematic and transparent.

The way in which the groups were commissioned to work on the relevant issues

- 6.3. The work commissioned was relevant to SPI-B's remit and expertise. Deadlines were often very tight. We generally met on a Monday or Tuesday and sometimes then had to pull together papers for the Thursday SAGE meeting. There was an incredible willingness in the group to work long hours to meet deadlines, supported by the secretariat at GO-Science.
- 6.4. Sometimes there was frustration that we weren't asked to provide input into decisions that seemed relevant to behavioural science, such as government messaging when rules changed. The example of this that stands out in my mind was the change in public health messaging to 'Stay Alert; Control the virus; Save Lives' in mid-May 2020. This was widely regarded by the group as very poor messaging. The required action was unclear and there was consternation that SPI-B had not been consulted and only saw it for the first time when it went live. Much of the general advice that SPI-B had provided in a [background paper](#) ('Behavioural principles for updating guidance to minimise population transmission') appeared to have been ignored.
- 6.5. As Chair, James Rubin was very clear that our role was to respond to requests for evidence, not to provide unsolicited advice or make decisions, and while this was understood, it felt frustrating at times.

The resources and support that were available

- 6.6. We had good support from GO-Science for meetings, the writing of papers and support related to wellbeing, and personal and information security. My experience was that the members of the secretariat worked incredibly hard. SPI-B participants were not compensated for their time and were all having to carry out their normal university duties as well as contributing to the group. However, there was willingness from the Chief Scientific Officer (Sir Patrick Vallance) to help academics be recognised for the work they were doing and its impact, e.g., within the Research Excellence Framework. The Research Excellence Framework (REF) is the process by which universities' research is

assessed. The REF is used to provide accountability and benchmarking, as well as for the allocation of research funding. One aspect of the REF assessment relates to the impact of research beyond academia. This was highly relevant to academics doing work related to the pandemic, but impact can be difficult to evidence. Sir Patrick's support in this matter was therefore very much welcomed.

The advice given and/or recommendations that were made

- 6.7. At no time did I feel that inappropriate or incorrect advice or recommendations were being provided by the group. In addition to providing evidence-based papers on particular issues, we wrote general background papers, including 'Behavioural principles for updating guidance to minimise population transmission' mentioned in paragraph 6.4 above, and one on principles for [co-production of guidance](#).

The extent to which the groups worked effectively together

- 6.8. In my experience, SPI-B participants worked very well together. There was a strong sense of collaboration and support, as well as respect for different views and options. SPI-B participants seemed fairly united by a sense of frustration in the government response to the pandemic and were hugely motivated to make a contribution to ensure that policies were being designed and implemented based on the best available evidence.

The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness

- 6.9. I interpret this to be a question about whether the advice of SPI-B was followed by His Majesty's Government. I find this difficult to answer but there were certainly occasions where we did not feel our advice was followed. As mentioned above, some aspects of the background papers did not seem to be taken into account, particularly when relaxing restrictions. The failure to take heed of the strong recommendation to avoid a 'them and us' approach was epitomised by Dominic Cummings breaking the rules by travelling to Durham after testing positive for COVID-19 in May 2020. Subsequent 'Partygate' revelations have similarly exposed the lack of implementation of this advice in government.

- 6.10. As mentioned above, the ‘Stay alert’ message was seen as inappropriate by many (if not all) SPI-B participants. and there was frustration that our behavioural science expertise had not been sought in the development of this messaging.
- 6.11. Other aspects of advice were followed, and we were sent an email from the GO-Science Secretariat on 13 May 2020, emphasising the influence of SPI-B in the decision to ease restrictions in a slow and phased manner. The email stated that ‘government plans for exiting lockdown were heavily influenced by SAGE, in particular the recommendation that it should be phased in gradually with lots of checking to make sure each step was safe’. Although this approach was embraced by the modellers it actually came from SPI-B because initially the modellers had proposed abrupt stopping and starting, which we argued was behaviourally undesirable – so this is a clear example of influence.

7: Lessons that can be learned

- 7.1. I’m not close enough to the workings of SAGE and the subgroups to know whether changes have been made. I think at times it would have been useful to have a mechanism for the group to provide advice even if it hadn’t been asked for (e.g., where we strongly felt that we knew of evidence that wasn’t being adequately considered but we weren’t being asked for it). This may have happened on occasion – I think there may have been instances where SPI-B raised an issue and there was some work in the background to encourage a formal request to be made to the group for evidence on the topic.
- 7.2. I think there is a case for considering how the membership of SAGE groups is decided to make it less *ad hoc* and dependent on contacts of existing members, which could potentially lead to ‘group-think’ (although I didn’t observe this as a problem in SPI-B). Having defined processes in place for this would make it less likely that an emergency situation would lead to a scrambling for people with appropriate expertise, as well as relying on existing networks of members.

8: Documents that I hold

- 8.1. All the SPI-B documents were held on a BEIS SharePoint space (to which I no longer have access). The only documents I hold relate to the journal articles

mentioned above in paragraphs 5.2 and 5.3 (data files, draft manuscripts, survey drafts, emails with co-authors), some copies of meeting papers saved on my King's College London OneDrive when I was adding comments or preparing for meetings (which would also be held by GO-Science) and emails sent to all SPI-B participants. I did not keep my own notes from meetings.