



COVID-19

UK Political Analysis

By Tim Hames, Senior Adviser | 17th July 2020



Covering Up. The evolving debate about face masks in England.

The Government has announced that it will make the wearing of face masks inside shops mandatory in England as of next Friday. Other parts of the UK are moving in a quite similar direction. It had already (as of 15 June) made it compulsory to don a mask when on public transport. It considered the option of making it a legal obligation when in the office, but decided against this. The essence of policy has, nevertheless, shifted a lot on this matter since the onset of the crisis. There is room for it to evolve further still.

EXECUTIVE SUMMARY

- The role of face masks in official policy in England has clearly advanced in the past two months. It is now part of the mainstream approach to the virus.
- There was more initial reluctance to accept that they might be of value in the UK than was true for many other countries and the debate over them lasted longer.
- As a consequence, the current rate of face mask use in England is relatively low.
- The academic evidence on their merit has, however, recently moved strongly in their favour, notably thanks to a recent study by Oxford's Leverhulme Centre for Demographic Science on behalf of the Royal Society and the British Academy.

- There is reason to believe that the public will now accept wearing face masks.
- They are, though, only of real utility as part of a strategy that also involves continued social distancing, far fewer contacts with a far smaller range of other people than in the past, reduced mobility and extensive hand sanitiser usage. They are not a shortcut to the restoration of something close to 'normal'.
- If fears of a second spike in the virus towards the end of 2020 are realised, then ministers may well have no choice but to make them all but compulsory in any form of confined environment (including offices), even if this is inconvenient.

The role of masks in society has historically been a negative one. They have been associated not only with disguise but with deception. They are the choice of criminals. They also hinder, perhaps only mildly, human communication. Despite that, it has taken the best part of six months for ministers, officials and experts to conclude that they are of potentially significant value in resisting coronavirus and should thus be encouraged.

The initial reluctance

There were a number of reasons why the Government here was initially reluctant to recommend the use of face masks and took several months to overcome its doubts.

- At the start of the crisis, the number of countries that had incorporated face masks into their approach for combating coronavirus was strikingly small. The best estimate is that in very early March around 10 nations were actively asking or insisting that their population wear them in at least some situations, almost all of them in Asia. The World Health Organisation was not championing them with much vigour either, preferring instead to place more weight on much higher testing. The UK would have been an outlier if it had been an early adopter.
- Some very senior individuals in the UK advisory network (including Sir Patrick Vallance, the Chief Scientific Adviser to the Government) were very sceptical about the academic evidence that face masks actually achieved anything. It was also assumed, in the early stages of the crisis, that the virus would sweep across a large swathe of the population and that deploying masks to resist this would be

close to futile. As it turned out, the infection rate in the UK has been much lower than anybody expected four months ago. It seems unlikely that more than one in ten people have had the virus in any form. Policy was based on a false premise.

- If anything, there were many senior figures who thought that on balance masks would be actively harmful in that they involved the risk that those who wore them would think that this afforded them much more protection than it did and hence be less responsive to the original core messages of staying indoors and engaging in a maximum possible degree of social distancing if outside the home.
- There were also concerns in March and April that, if the Government appeared to be suggesting that face masks had significant value, there may be a virtual stampede to stock up on the most sophisticated versions of them – surgical masks and R95 respirators – at a time when ministers and officials were having extreme difficulties satisfying a huge surge in demand for personal protective equipment in hospitals, care homes and for other essential workers. It was not thought that citizens would respond well to the message that they should wear masks but only attempt to acquire a distinctly second-class version of them.
- Finally, there were some among the social behaviouralist experts represented on the Scientific Advisory Group on Emergencies (SAGE) who had deep reservations that the country would be willing to obey an instruction to operate with masks in anything like the numbers needed to make a serious impact. The UK has no real culture of mask usage (other than at fancy dress parties or in bank robberies). It does not generally have the sorts of pollution levels that force people to wear masks on a very regular basis as is true elsewhere, nor did it have any brush with the SARS outbreak in 2003, which led to a number of affected countries and peoples voluntarily turning to face masks as they sought to avoid being infected.

This was a strong set of factors and explains why, despite media questioning about the issue from almost the very first Downing Street Press Conference, though the matter was debated endlessly during several SAGE meetings from March to May, the policy stayed.

An unenthusiastic public

Without a firm steer from the top, the people of England (and the other countries of the UK) did not rush to adopt face masks of their own accord. A series of opinion polls conducted by YouGov, in collaboration with Imperial College, London, illustrate this fact. The estimated use of masks (according to respondents to the surveys) was a lowly 14% in early May, nudged up by a modest amount to 21% in early June and then to 36% in early July. Much of that last increase will have been due to the decision to make wearing face masks compulsory on public transport as of 15 June. That edict was, in turn, determined more by the difficulties of enforcing social distancing on one critical element of transport infrastructure – the London Underground – than any other consideration. The UK public did not appear to have appetite for what many would have regarded as an alien activity.

Just how true this was is confirmed by another aspect of the YouGov/Imperial College research, which was a series of international comparisons. In the countries of South East Asia assessed, such as Singapore (at a 90% face mask participation rate), China (82%) and Vietnam (74%), it was clearly more conventional to use a face mask than not to do so. One might respond to this polling by arguing that these are also more obedient and authoritarian societies than our own which have sizeable pollution problems and had experienced SARS within living memory. That thesis is undermined by the evidence from certain major Western European countries. Use of masks was very high in Spain (86%), Italy (83%) and even Germany (where the overall impact of the virus was comparatively low) at 65%. On this comparison, obviously, the UK looks like something of a laggard.

It is not, in fairness, at the very bottom of the league table. Scandinavians clearly loathe face masks. The level of usage in Denmark as of now is 4%, Sweden (despite a high level of infections and deaths from COVID-19, often ascribed to too soft a lockdown) only has a 6% rate of participation and Finland is but marginally higher at 7%. In many ways, this is a culturally counterintuitive outcome. One might have assumed that people in colder countries (who also engage in alpine sports such as skiing which normally involve masks) would have been willing to adopt them, while residents of much warmer nations such as Spain (with little such sporting preferences) would have found face masks to be really

uncomfortable and shied away from them. The countervailing explanation is relative fear of the virus. Italy and Spain were hit very hard by the virus and required a much tougher lockdown in order to suppress it than was the case in Scandinavia. Masks were accepted.

The academic evidence has changed decisively

As noted earlier, at the outset of the crisis, relatively few countries made face masks an important part of their arsenal against infection and the scientific discussion surrounding them was far from compelling. That remained true for some time, but then there was a tipping point internationally in late May/early June. It is now thought that about 130 countries across the world have invoked face masks as part of public policy, and where they have not (often in Africa) it has been the absence of supply that has caused this.

There is now much more knowledge about previous research on masks (particularly from Asian academic institutions) and new investigations as a result of the virus to consider. This has moved the debate on. The UK Government's change of stance on face masks in shops announced this week followed hot on the heels of a new report by Oxford's Leverhulme Centre for Demographic Science on behalf of the Royal Society and the British Academy. It was overseen by Professor Melinda Mills of Oxford University.

The conclusions are quite unambiguous. Wearing cotton face masks reduces the rate of infectious transmission by an estimated 54% while paper masks cut it by 39%. The overall average reduction (because most masks tend to be cotton) is 49%. Those numbers are too large for the original notion that masks might help a little at the margin but would not be core to controlling the disease, to hot water. With the evidence having shifted so much, the rest of the world charging towards celebrating face masks and fear of PPE shortages in hospitals, care homes and other fundamental settings having abated of late, the official advice on the matter evolved and ministers did not object to shifting course.

In truth, the case for change had become so strong that it would have been extremely hard not to have relented. As Professor Mills succinctly put it for her team last week:

“The evidence is clear that people should wear masks to reduce virus transmission and protect themselves, with most countries recommending the public to wear them.”

An at times anguished deliberation about masks that perhaps went on for too long in England is over. The matter now is whether the public will change stance and wear them.

Mass sentiment about masks will probably move

The populace, as observed, are plainly not natural mask people. That is partly because until very recently they have not been told truly emphatically that masks are good for them and for other people. This is very important additional information. Up to now, one of the interesting findings of the YouGov/Imperial College polling is how little difference there has been in the willingness to wear masks across various demographic subsets. The numbers do not vary much according to age, gender, ethnicity, region or educational attainment. The best indicator of whether an individual chooses to wear a mask (other than if they have no plausible choice because of the character of their employment) is the extent to which they are willing to admit that they are afraid of catching the virus. The most concerned will live with a mask if they fear they may become ill or die if they do not have one on in certain circumstances. The most confident take the most convincing.

The polling also shows that once the decision to take on a face mask has been made, it is not usually regretted. Of those who did wear masks regularly, 83% said that they had felt better protected, 71% thought that they were setting a good example to others and 69% declared that they were proud to engage in an act that may stop the spread of the virus.

It is not, however, thought to be a completely enticing experience. While 77% of the respondents asserted that they felt “normal” with a mask on, 40% conceded that they were self-conscious of the mask, 35% thought it seemed “silly” and 34% “embarrassing”. Mask manufacturers should not assume a long-term bonanza when the crisis is over. Still, in a YouGov poll published the day before Matt Hancock, the Secretary of State for Health and Social Care, announced that wearing masks in shops would be obligatory, 60% of the public said that they would support such a move, with just 34% opposed.

The country might, however, want to reconsider exactly what sort of face mask they will put on once compelled to do so. A large number of people appear to be operating on the

cheap. According to YouGov, 30% of those who have taken on masks have bought themselves medical masks, 26% have opted for home-made cloth versions, 23% have acquired cloth masks from a retailer and 17% have improvised through the likes of scarves. The remaining 4%, presumably, have acquired more specialist types of mask. The British would seem to be willing to put a mask over their mouth if it might reduce the risk of COVID-19 infection. They are not prepared to pay through the nose to do this.

Their parsimony is not necessarily irrational nor the cause of potential harm to them. The aforementioned Oxford Leverhulme Centre for Demographic Science study suggests that provided that the masks are made of cloth, not paper, they are broadly similar in impact.

Face masks as part of a wider approach

A face mask alone, even if worn universally both inside and outdoors, will not ensure that the reproduction number in a local neighbourhood is below 1 as it needs to be. It is part of a wider approach which, for some time to come, involves four other elements.

The first is continued social distancing. This is not about to disappear. It remains as vital as ever. Although this is a complicated and contentious area of research, the numbers published in the *Lancet* on 1 June are probably the most respectable on this issue. They suggest that the risk of acquiring the infection from an infected person (who might well be asymptomatic and hence unaware that they risk spreading the virus) is 13% if one is within a metre of that individual, but this falls to 3% beyond that distance and that “for every extra metre of distance of up to three metres, the risk is further reduced by half”. The implicit conclusion of fusing these findings with that of the Oxford Leverhulme Centre research is that if a person wears a mask but is in close proximity to an infected person, then there is still around a 6%-7% chance of acquiring the coronavirus. That is notable.

The next is limiting the number of contact points. It remains true that the virus spreads the least if individuals have a small number of deep contacts with other people from outside of their ordinary household or ‘social bubble’, as opposed to having a large number of more shallow contacts with a much wider range of individuals. Masks do not alter this. In a shop context they should reduce the number of unlucky infections due to

unfortunate contact with a highly infectious individual while in WH Smiths, but they do not and cannot eliminate the chances of this happening entirely. More contact with more people involves a greater prospect of contracting the coronavirus. The best way to avoid this, bluntly, is to take the mask off at home and buy everything you can online. A very large section of the public has engaged in this since the crisis started, and the UK already had the highest percentage of all sales by the internet in the entire world (with South Korea a close second). It is clear that masks will not save the High Street.

The third element, strongly interrelated with the above, is that reduced mobility is also still at the heart of attempting to suppress the virus until a vaccine is on offer. Masks on the London Underground, in particular, are a very sensible precaution (and also now a legal obligation), but if we return to the rush hour conditions of old in the capital then it is a racing certainty that the R number will head towards the roof again at very little notice and difficult decisions would have to be made about how to reverse this. Working from home without a mask is considerably safer than being on the Central line with one on.

Finally, there remain the basics of very regular washing of hands and of more frequent disinfecting inside the home and on any external surface where the virus could linger. One encouraging micro-finding of the YouGov/Imperial College international survey is that the British appear to have accepted the need to increase hand sanitisation almost more rigorously than any other country where the poll was conducted. That will greatly please the likes of Professor Chris Whitty, the Chief Medical Officer for England, who is convinced that elementary cleanliness is the best weapon against COVID-19 we have. This will continue to be central to the official messaging, no matter how dull repetition may be. Wearing a mask but never washing your hands will not do much for personal or public health. You might be better off discarding the mask and wearing superior gloves.

Conclusion

Face masks have come late to the public policy response to coronavirus in the UK, but now that they have arrived they are unlikely to disappear quickly. If the vaccine does not come early and there is a serious chance of a second spike in the virus in the winter, then

it is extremely probable that the range of locations and situations in which the public will be asked, advised or compelled by force of law to wear masks will increase in scale. This could include revisiting the discussion as to whether they should be obligatory in offices or mandatory in school classrooms, even though this may be challenging to ensure with children. The movement internationally is stark. Jean Castex, the recently appointed new French Prime Minister, announced yesterday that as of next week it will be compulsory to wear a face mask in all enclosed indoor spaces outside of the home in France. That could yet happen here as well, although it would be far from the first preference of UK ministers. Let us hope that Oscar Wilde was right when he contended that “Man is least himself when he talks in his own person. Give him a mask, and he will tell you the truth.

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