



Advice to governments, states and provinces regarding post peak phases of social marketing, behavioural influence and communication strategy to reduce harms caused by COVID-19

Deploying all communication and influencing assets

In the absence of a safe and effective vaccine and or effective treatments the key tool in the short and medium term (12- 24 months) that we have to reduce the mass social and economic impact of COVID-19 is influencing the behaviour of citizens and those working to protect them.

Mass testing will be a tremendous help in identifying those with some immunity and the overall level of population immunity and identify those who need to be isolated to break the chain of transmission but it will not of itself halt the disease. As testing becomes more available communication about prioritised and then wider access to testing and subsequently to a vaccine will also be a key communication challenge.

The good news is that behavioural influence in the health sector and specifically in relation to infectious disease has been studied, applied and researched for many years. This work draws on research from a wide range of disciplines such as; health promotion, social marketing and health education, it is not limited to behavioural psychology or behavioural economics.

Building on action so far

Many governments population influencing strategy encapsulated in the message; Stay home, save lives, is a well evidence immediate strategy for the current 'Lock down' phase in many national responses. This messaging strategy has also been consistently applied in many countries, continuously repeated and amplified by both traditional and social media, again a strategy backed by evidence from the field of health promotion, communication studies and social marketing.

To date in most countries an open and honest account of why the current strategy has been adopted to fight the COVID-19 Virus in this early stage of the epidemic has been effectively set out. However, as we move past the peak and long tail of the epidemic in effect into a contagion management phase there is a need to develop a more strategic long-term social marketing, communication and behavioural influence strategy as a central part of easing lockdowns over the coming months.

Supplementing central direction with sustained community driven action

Based on research and practice in tackling other infectious and chronic health challenges and published government and international best practice what we know is that successful sustainable population influence strategies need to include actions that are valued, promoted and reinforced by the community rather than a just a reliance on dictates imposed by governments. This means investing in understanding about what will and what will not motivate different groups to comply and sustain protective behaviours.

We know that people need to believe that what they are being asked to do is likely to be effective and proportionate especially if the social, health and economic cost is high. We also know that one size does not fit all. Developing a long-term social marketing communication and influencing strategy will need a clear segmentation model building on but going beyond the basic age and risk parameters set out in diagram one.

Diagram one also indicates that behavioural awareness and intention data will be needed to develop targeted messaging and influencing strategies. For example, if an element of age-related easing of the lockdown is a part of the overall strategy specific messaging will need for the designated cohort and the rest of the population about what people need to do to make it work. If a distancing app is developed again this will need targeted specific uptake support for different segments of the population.

Diagram One: Basic age and risk Population segmentation model



A new narrative; from Government responsibility to Government and Community Responsibility

The current narrative being used to persuade people to comply with behaviours in many countries is based on a mixture of expert supported statistical probability modelling and intervention studies about the efficacy of specific measures to deduce contagion. This 'driven by the science' and 'Strong control from the top' narrative is a powerful in the short term when trust and concern is high, it has in many countries had significant impact on population level behaviour. This strategy should be maintained but it will need in subsequent phases of the battle to reduce the harm associated with COVID-19 to be supplemented by an additional narrative that speaks to the total community response that will be needed over the medium and long term. This complementary narrative will be needed to reinforce and sustain the current mass participation with social distancing and hygiene imperatives when lock downs start to be eased.

The overall behavioural aim will be to sustain and, in some cases, permanently change behaviours over the long-term. To do this we know that most of us are not mathematicians but story tellers and listeners. Promoting personal accounts and stories that feature relatable citizens and front-line workers can be powerful ways to sustain behaviours, model good behaviours and embed them so that they become new social norms. It is good to see that such 'testimonial' approaches are beginning to be used around the world. Regular reporting of positive social norms data to the population will also act as positive reinforcement to sustain and embed new social norms of behaviour.

The words and messaging used to frame the next phases of action to reduce harm will also be critical. Current framing such as 'Shielding' needs to extend into the next phases of the communication strategy. The framing of each phase of the path to a new normal will need careful consideration. Framing that is tailored for and resonates with different population sub groups needs to be testing prior to use. In terms of developing a new overarching narrative a focus on community action and community ownership of necessary behaviours should be developed.

From Developing a sustainable, phased and community driven strategy

Given what we know works the next medium to long-term phases of the social marketing, communication and influence strategy will need to feature:

1. Tailored interventions for different segments of the population
2. Encourages and enables community action and ownership of the solution

These twin approaches will need to be based on data driven deep insights about what will persuade citizens to comply, ongoing feedback about compliance with protective behaviours and community action that encourages and support others to do so. The social marketing, communication and influencing strategy will be the key tool to enable a smooth transition from the current lockdown phase into subsequent phases of the strategy.

Table one sets out a suggested basic phasing and focus of the social marketing, communication and influencing strategy to support the overall exit strategy from lockdown phase into subsequent phases of dealing with the pandemic.

	Influence Focus	Main Communication and influence focus	Possible Message Focus
Pre-Lockdown Phase	Case finding and isolation	Threat awareness and reporting	Fear, Reciprocity, Philanthropy
Lock Down Phase	Self and social protection	Physical distancing Self Isolation Wash hands Shield the vulnerable Key care staff get tested	Salience, Reciprocity, Philanthropy, Social norms, Loss of gains made, Trust.
Partial Lock Down Phase	Self and social protection Assist others	Physical distancing Self Isolation Wash hands Wear face covering* Shield the vulnerable Key care staff and key workers get tested	Feedback, Reciprocity, Philanthropy, Social Norms, Trust, Priming
Opening Up Phase	Self and social protection Assist others Personal infectious status	Physical distancing Self Isolation Wash hands Wear face covering Shield the vulnerable Key care staff and key workers get tested Support community action Use distancing App	Feedback, Social Norms, Trust, Priming, Potential loss of freedoms.
Vigilance and Management Phase	Self and social protection Assist others Personal infectious status	Physical distancing Self Isolation Wash Hands Wear face covering Shield the vulnerable Key care staff and key workers get tested Support community action Use distancing App Phased population testing Know your status	Feedback, Social Norms, Priming, Potential loss of freedoms
Future Preparedness Phase	Self and social protection Assist others Personal infectious status Vaccine access by priority group	Physical distancing Self Isolation Wash hands Wear face covering Shield the vulnerable Key care staff and key workers get tested Support community action Use distancing App General population testing Know your status International travel safety	Social Norms, Personal vigilance

Table One. Note it may be necessary to go back into previous phases if behavioural compliance is not sustained over time.

Conclusion:

Strategy should be developed drawing on the wide range of social marketing, communication, health promotion, behavioural sciences and other forms of behavioural influence such as design and PR expertise that is available in each country supplemented by international support if available.

The strategy should also be tested with and enhanced by community input. In the spirit of community action and open government the strategy should also be placed in the public domain. All relevant commentators, marketers' behavioural scientists, and others with understanding about influencing behaviour should be encouraged to input constructive challenge and provide recommendations for improvement. Such a community driven strategy will need robust coordination, management and evaluation.

Finally, the behavioural influence strategy should continuously evaluate and refined based on tracking public attitudes, beliefs knowledge, understanding and behaviour. The strategy should be adjusted and informed by this data. Evaluation will be enhanced by the setting of specific measurable goals relation to public attitudes, beliefs knowledge, understanding and behaviour. These objectives should be placed in the public domain and progress towards meeting them published on a regular basis to provide feedback and encourage compliance among citizens.

Professor Jeff French PhD, MBA, MSc, DipHE, BA, Cert.Ed., CEO Strategic Social Marketing & Professor of Social Marketing Brighton University Business School UK, Twitter:

Twitter.com/jefffrenchSSM or @jefffrenchSSM LinkedIn: <http://uk.linkedin.com/pub/professor-jeff-french/14/998/582>, Academia.edu: <http://vpweb.academia.edu/JeffFrench>, Skype: jeff.french15, Mobile: 07883894802 , Office: 01428 751 896 Jeff.French@strategic-social-marketing.org, www.strategic-social-marketing.org

Coronavirus disease 2019 (COVID-19) Resources

European Social Marketing Association COVID-19 Best practice Guidance
<https://europeansocialmarketing.org/2020/03/20/pandemic-a-statement-from-the-esma/>

European Centre for Disease Control (ECDC) Technical Guide to Social Marketing
<https://www.ecdc.europa.eu/en/publications-data/social-marketing-guide-public-health-programme-managers-and-practitioners>

Effective Evidence Based Communication in Outbreak management tools

<http://ecomeu.info/>

The EU funded ECom project brings together multiple disciplines to develop evidence-based behavioural and communication package for health professionals and agencies throughout Europe in case of major outbreaks of infectious diseases.

A compendium of tools tips and planning tools can be found at:

<file:///C:/Users/Jeff/Desktop/CoVID19/ECOM%20Social-marketing-toolbox-compendium.pdf>