“Comment mesurer l’impact des campagnes de prévention ?

Session: Exemple d’évaluation de la méthode COMBI
(Communication pour agir sur les comportements)
Friday, December 9, 2011, 11.45 A.M
Palais des Congres de Paris, Porte Maillot, France
“Communication for Behavioral Impact (COMBI): “

Presentation by:
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WHAT IS COMBI?

• STRATEGIC COMMUNICATION PLANNING: COMBI is yet another way for developing a carefully planned and monitored communication programme to engage individuals/families/communities/nations to consider and take action with respect to specific recommended behaviours which could make a difference in their lives.
Origins of COMBI:

Back in 1994...a Summer Institute at New York University

With inputs from YOUNG AND RUBICAM, BURSON MARSTELLER/NY, UNICEF, UNFPA, WHO

“INTEGRATED MARKETING COMMUNICATION FOR BEHAVIOURAL IMPACT IN HEALTH AND SOCIAL DEVELOPMENT”

(IMC/COMBI)
Integrated Marketing
COMMUNICATION FOR BEHAVIOURAL IMPACT
IN HEALTH AND SOCIAL DEVELOPMENT"

(COMBI)

COM = Communication, B – Behavioural, I = Impact

(Not Behavioural Change – but Behavioural Maintenance as ultimate result)
(The foundation remains Integrated Marketing Communication)
WHO began using COMBI in 2000

Why WHO’s interest in COMBI?

• WHY IS IT THAT PEOPLE KNOW WHAT TO DO BUT DON’T ACT?
• WHY IS IT WE WE BUILD SERVICES BUT PEOPLE FAIL TO USE THEM?

THE REALISATION:

• KNOWING WHAT TO DO IS DIFFERENT FROM DOING IT (yet we persist with communication for awareness and education.)
COMBI HAS A 10-STEP PLANNING PROCESS....

AND BEGINS WITH ONE OF TWO CRITICAL PLANNING PRINCIPLES... REFERRED TO AS MANTRAS
COMBI Mantra #1:
(PLANNING PRINCIPLE #1)

Do nothing….make no posters, no t-shirts, no pamphlets, no videos, no caps, no websites, etc…do nothing,
until we have set out precise, specific, behavioural objectives (SBOs).

This is the basis for measuring impact: the behavioural promise.
COMBI’s Five Integrated Communication Actions - Part I

1. Administrative Mobilization/ Public Relations/Advocacy
2. Community Mobilization
3. Advertising
4. Personal selling/ Interpersonal communication
5. Point-of-service-promotion

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COMBI’s Five Integrated Communication Actions- Part II

• **Syncronised, Strategic, Integrated**—everything with a behavioural hook.

• **M-RIP**: Massive, Repetitive, Intense, Persistent

• **Six Hits**: To truly engage the consumer, strive for “six hits” per day for five days per week for three weeks.

• **Not Cheap**
COMBI IN ACTION

• COMBI programmes in about 60 countries with WHO, UNICEF, UNFPA and UNDP.

• COMBI programmes within WHO cover various communicable and non-communicable diseases: HIV/AIDS, malaria, tuberculosis, dengue, lymphatic filariasis, hypertension, cardiovascular diseases, diabetes, obesity, breast-feeding, among others.

• UNICEF COMBI programmes cover maternal and child health, immunisation, violence against children, environmental education, early childhood education, HIV/AIDS, among others.
Leprosy COMBI
Bihar, India, 2002

• Population : 6 million
• Behavioural Objective: Check your skin for any skin lesion and if any skin ailment, visit your nearest clinic (Out-Patient Department – OPD)
<table>
<thead>
<tr>
<th></th>
<th>Districts</th>
<th>Jehanabad</th>
<th>Munger</th>
<th>Motihari</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total OPD cases</strong></td>
<td></td>
<td>35038</td>
<td>28013</td>
<td>50366</td>
</tr>
<tr>
<td><strong>SKIN Cases</strong></td>
<td></td>
<td>2886</td>
<td>3778</td>
<td>2046</td>
</tr>
<tr>
<td><strong>Proportion of skin cases</strong></td>
<td></td>
<td>8.2</td>
<td>13.5</td>
<td>4.1</td>
</tr>
</tbody>
</table>

**Skin Cases Comparison to include implementation month**

<table>
<thead>
<tr>
<th></th>
<th>Districts</th>
<th>Jehanabad</th>
<th>Munger</th>
<th>Motihari</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total OPD cases</strong></td>
<td></td>
<td>32306</td>
<td>21919</td>
<td>28708</td>
</tr>
<tr>
<td><strong>SKIN Cases</strong></td>
<td></td>
<td>2535</td>
<td>4063</td>
<td>2240</td>
</tr>
<tr>
<td><strong>Proportion of skin cases</strong></td>
<td></td>
<td>7.8</td>
<td>18.5</td>
<td>6.3</td>
</tr>
</tbody>
</table>
IMPACT RESULTS: MALAYSIA COMBI FOR DENGUE

• In Johor Bahru (pop: 1.3 million), the second largest city in Malaysia after Kuala Lumpur, a Dengue COMBI programme was conducted over a 12 week period beginning August, 2001. A key behavioural objective:– To have family members in every home in the city conduct a weekly 30 minute Sunday inspection of their homes both inside and outside for potential mosquito larva sites over 12 weeks (August-September, 2001).

• Result: Over the 12-week duration of the project, 85% of households in target areas were inspecting their homes for breeding sites (In previous efforts less than 20% were carrying out these home inspections. A follow up survey three months later showed that 70% were still maintaining the checks.)
<table>
<thead>
<tr>
<th>Promoted behavior</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing a doctor in the first 12 weeks of pregnancy</td>
<td>69</td>
<td>81</td>
</tr>
<tr>
<td>Taking folic acid in the first 12 weeks of pregnancy</td>
<td>32</td>
<td>76</td>
</tr>
<tr>
<td>Taking iron tablets for at least 2 months during pregnancy</td>
<td>62</td>
<td>88</td>
</tr>
</tbody>
</table>
IMPACT RESULTS: TAMIL NADU
COMBI FOR LYMPHATIC FILARIASIS (LF)
MASS DRUG ADMINISTRATION
March 2002

• Behavioural Objective: To have 27 million people swallow LF-prevention tablets over a two day-period

• Results: 89% consumed the tablets, compared to earlier results of just under 40%
Lymphatic filariasis elimination
Sri Lanka 2002

– Supporting Mass Drug Administration for 9 million people in 3 endemic provinces
– First MDA in 2001
– Second MDA in 2002
Sri Lanka, Lymphatic filariasis

Coverage rates: 2002 in blue compared to 2001
### WHO Global Programme to Eliminate Lymphatic Filariasis 2002-2004

<table>
<thead>
<tr>
<th>Country</th>
<th>Total population targeted</th>
<th>Coverage rate achieved (% of total population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>1.2 million</td>
<td>81.2%</td>
</tr>
<tr>
<td>Philippines</td>
<td>4.5 million</td>
<td>73.6%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>9.5 million</td>
<td>86%</td>
</tr>
<tr>
<td>Zanzibar</td>
<td>1.0 million</td>
<td>83%</td>
</tr>
</tbody>
</table>
Impact Assessment – Sputum Examinations

• Quarter #1, 2003 (No COMBI): 45,497 patients getting sputum test.

• Quarter #1, 2004 (with COMBI): 54,808 patients getting sputum test

Government reported result: 20% increase.
UNICEF Cambodia: Tetanus Toxoid Elimination and Ante Natal Care

- UNICEF-supported COMBI ANC campaign, launched in January 2008, had a strong impact on the number of pregnant women coming for their first ANC visit within two months (8 weeks) of missing a period.

- Preliminary data from six out of seven demonstration provinces:
  - in January 2008, only 252 women came “early” for ANC,
  - in January 2009, 1055 women came in “early” (318% increase).

- A more substantive evaluation of the national COMBI Programme is now being finalised. (Cambodia Population: 14 million)

- The following are preliminary findings:
UNICEF Cambodia COMBI: Antenatal Care

ANC <8 weeks

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>6.3</td>
</tr>
<tr>
<td>2009</td>
<td>36.2</td>
</tr>
<tr>
<td>2010</td>
<td>31</td>
</tr>
</tbody>
</table>
UNICEF Cambodia COMBI: Antenatal Care

ANC <8 weeks: UNICEF-focused districts

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total IPC+Non IPC</td>
<td>6.3</td>
<td>36.2</td>
<td>31.0</td>
</tr>
<tr>
<td>Kampong Speu</td>
<td>1.9</td>
<td>22.3</td>
<td>23.9</td>
</tr>
<tr>
<td>Kampong Thom</td>
<td>3.8</td>
<td>25.9</td>
<td>20.1</td>
</tr>
<tr>
<td>Odor Meanchey</td>
<td>10.8</td>
<td>51.5</td>
<td>42</td>
</tr>
<tr>
<td>Prey Veng</td>
<td>6.1</td>
<td>37.3</td>
<td>33</td>
</tr>
<tr>
<td>Steung Treng</td>
<td>6.3</td>
<td>36.2</td>
<td>29.9</td>
</tr>
<tr>
<td>Svay Reng</td>
<td>12.5</td>
<td>52.2</td>
<td>42</td>
</tr>
<tr>
<td>Mondolkiri</td>
<td>24.4</td>
<td>27.6</td>
<td>25.9</td>
</tr>
</tbody>
</table>
UNICEF Cambodia COMBI: Antenatal Care

Receiving additional ANC services

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron folate (90 tablets)</td>
<td>75.0</td>
<td>90.3</td>
<td>76.9</td>
</tr>
<tr>
<td>TT2+</td>
<td>56.0</td>
<td>74.8</td>
<td>67.5</td>
</tr>
<tr>
<td>Mebendazole</td>
<td>19.7</td>
<td>25.3</td>
<td>24.6</td>
</tr>
</tbody>
</table>
CONCLUSION

COMBI SEEMS RATHER EFFECTIVE IN DELIVERING ON THE BEHAVIOURAL PROMISES

WHAT MAKES COMBI DIFFERENT?
1. Its sharp, tunnel-vision focus on behavioural results. Its components have been around for over 150 years; the integrated blend of these components for behavioural impact in health and social development makes the difference.

WHY USE IT?
1. If you are getting the behavioural results you desire, then no need to bother with COMBI – stick to what you are doing.
2. But if you are not, then it is worth trying what has worked in the private sector for over 150 years.

KEY LESSONS
1. It requires exquisite managerial discipline…
2. It can not be done on the cheap.
3. We need better and more rigorous behavioural impact evaluation.
New York University Website on NYU/WHO IMC/COMBI Annual Summer Institute (July 2011):  
http://steinhardt.nyu.edu/imc/

And see:  
CHAPTER 18

Hosein, E, Parks, W. and Schiavo, R.  
“Communication-for-Behavioral-Impact (COMBI): WHO’s Integrated Model for Strategic Communication and Social Mobilization for Health and Social Change”  

Published in:  


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