



World Health
Organization

Geneva, Switzerland



“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:

Dr. Everold Hosein (Ph.D.)

WHO Senior Communication Advisor/Consultant

Adjunct Professor/Co-Director, Global Health Communication Centre, Indiana University, Indianapolis

Adjunct Professor/Coordinator, New York University–WHO COMBI Annual Summer Institute

E-Mail: Everold@gmail.com or Everold.Hosein@wmc.who.int

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)**

Modified to:

~~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
PLANNINGPROCESS....**

**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[©]

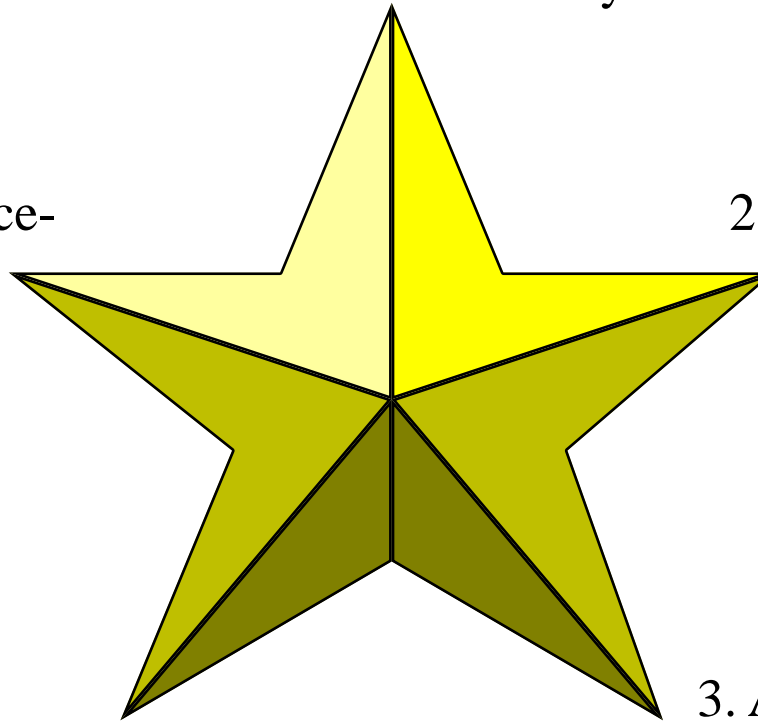
1. Administrative Mobilization/
Public Relations/Advocacy

2. Community
Mobilization

3. Advertising

4. Personal selling/
Interpersonal
communication

5. Point-of-service-
promotion



COMBI's Five Integrated Communication Actions- Part II

- **Synchronised, 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)

Skin Cases Comparison to include implementaion month

	Districts	Jehanabad	Munger	Motihari
Pre-COMBI Jul-Sept 2002	Total OPD cases	35038	28013	50366
	SKIN Cases	2886	3778	2046
	Proportion of skin cases	8.2	13.5	4.1
Oct-Dec 2002 COMBI month	Total OPD cases	32306	21919	28708
	SKIN Cases	2535	4063	2240
	Proportion of skin cases	7.8	18.5	6.3

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.)

IMPACT RESULTS: MOLDOVA

COMBI FOR ANTENATAL CARE- UNICEF

Promoted behavior	Before	After
Seeing a doctor in the first 12 weeks of pregnancy	69	81
Taking folic acid in the first 12 weeks of pregnancy	32	76
Taking iron tablets for at least 2 months during pregnancy	62	88

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

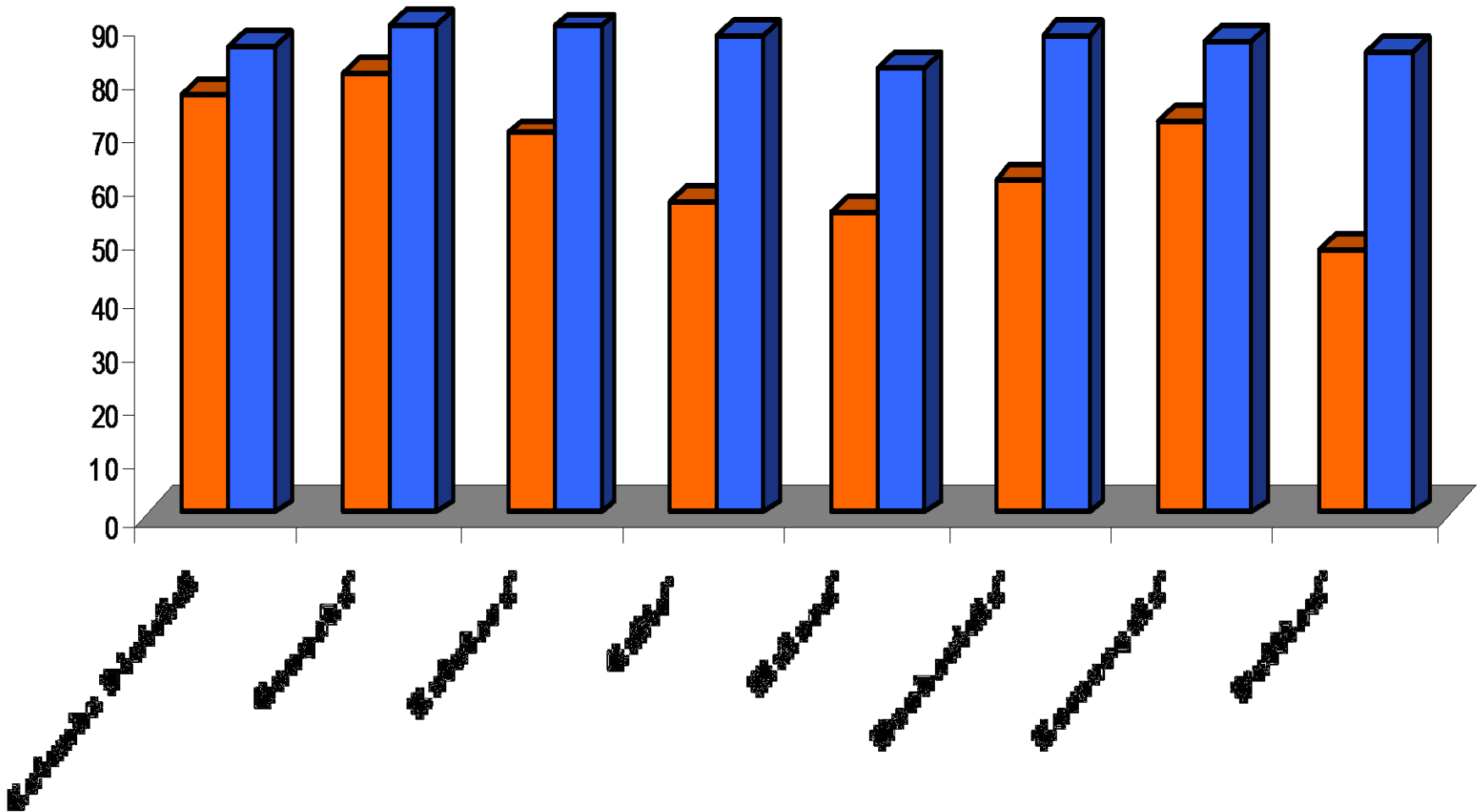
Sri Lanka 2002

- 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

Country	Total population targeted	Coverage rate achieved (% of <i>total</i> population)
Kenya	1.2 million	81.2%
Philippines	4.5 million	73.6%
Sri Lanka	9.5 million	86%
Zanzibar	1.0 million	83%

Tuberculosis COMBI

Kerala, India

(Partial Implementation; based on data provided by the State TB Programme)

Impact Assessment – Sputum Examinations

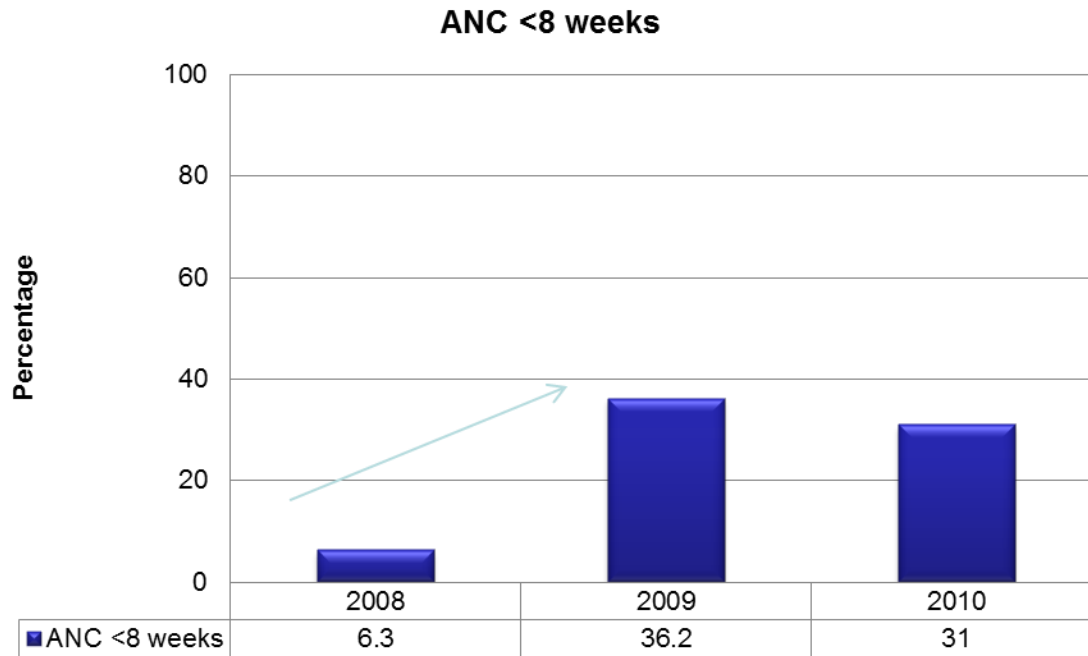
- **Quarter # 1, 2003 (No COMBI):**
45, 497 patients getting sputum test.
- **Quarter #1, 2004 (with COMBI):**
54, 808 patients getting sputum test

Government reported result: 20 % increase.

UNICEF Cambodia: Tetanus Toxoid Elimination and Ante Natal Care

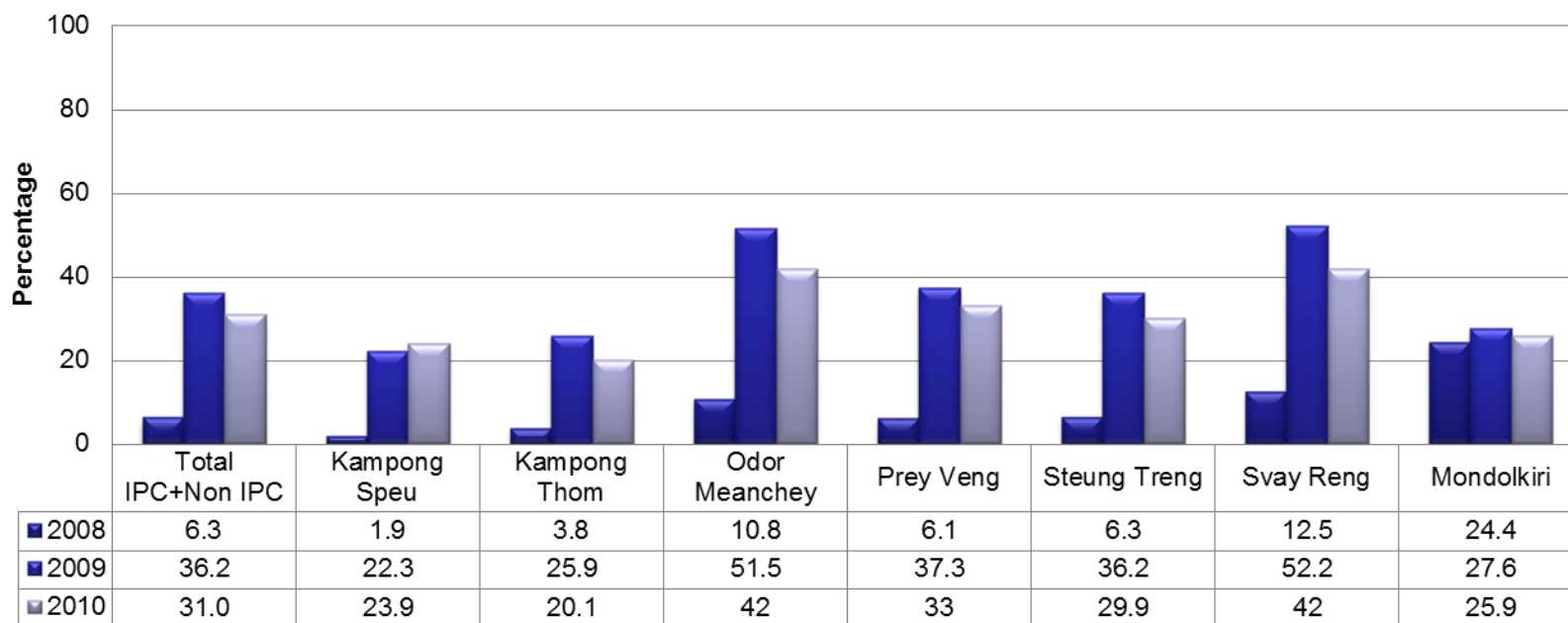
- UNICEF-supported COMBI ANC campaign, launched in *January 2008*, had a strong impact on the number of pregnant women coming for their first ANC visit within two month (8 weeks) of missing a period.
- Preliminary data from six out of seven demonstration provinces:
 - in January 2008, only 252 women 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

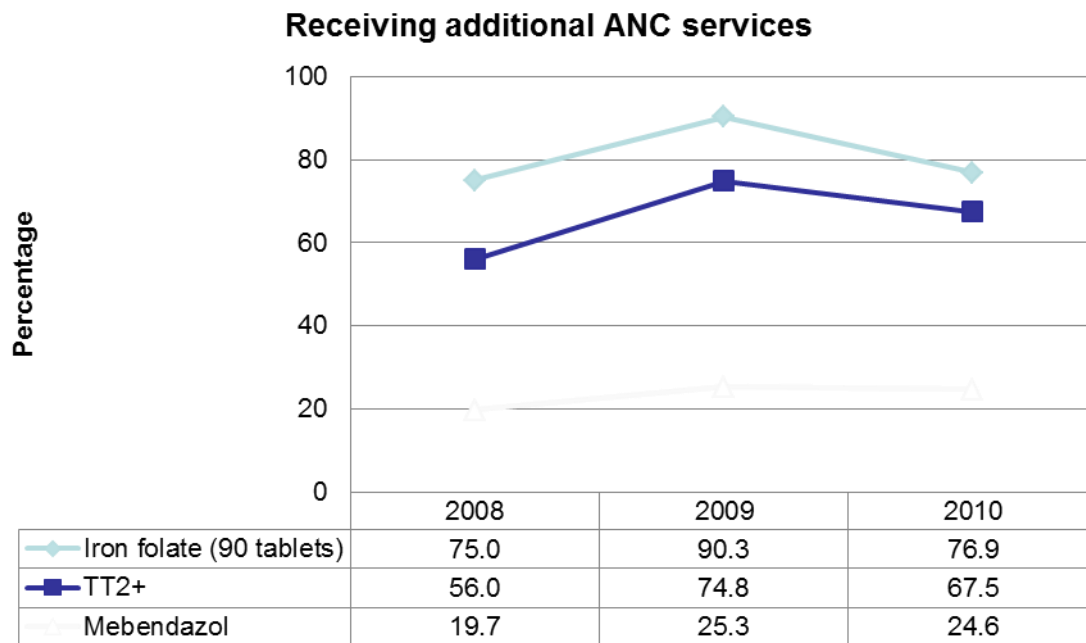


UNICEF Cambodia COMBI: Antenatal Care

ANC <8 weeks: UNICEF-focused districts



UNICEF Cambodia COMBI: Antenatal Care



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.

FOR FURTHER INFORMATION

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:

DiClemente, R.J. Crosby, R.A. and Kegler, M.C. Emerging Theories in Health Promotion Practice and Research: Strategies for Improving Public Health. Second Edition, San Francisco: Jossey-Bass.

- **Copyrights© (2009) by Jossey-Bass, An Imprint of Wiley**

Contact Information:

Dr. Everold Hosein (Ph.D), Senior Communication Advisor-Consultant
World Health Organization (WHO)

Co-Director/Adjunct Professor, Indiana University/Global Health Communication Center

Coordinator/Adjunct Professor, Annual WHO/New York University IMC/COMBI July Summer Institute

E-Mail: Everold@gmail.com; everold.hosein@wmc.who.int

Tel: (Geneva) 41-22 791-4568 c/o Asiya Odugleh

(U.S.A.)-317-843-1855