Prof Jeff French

Overview of the Toolkit 1.0:

Designing and implementing campaigns in support of vaccination efforts to prevent and reduce the spread of COVID-19











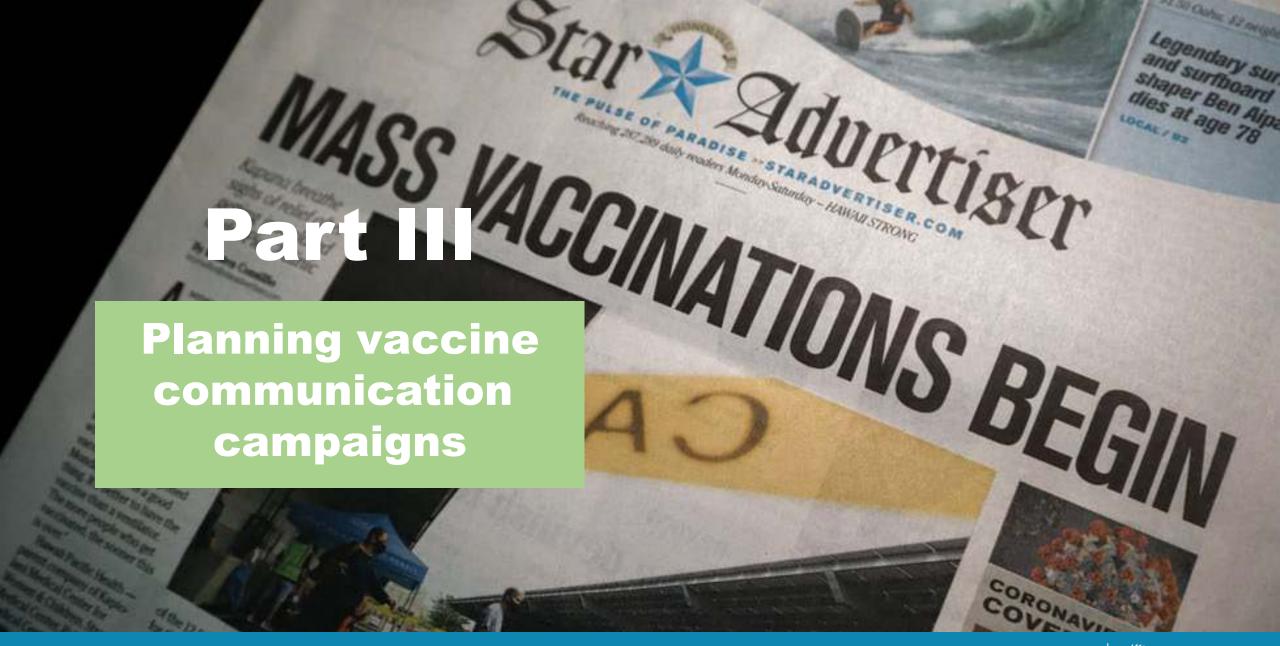




























Overview: Impact of COVID-19 on sustainable development

02.

The need for collective action/solidarity



Build back better







01.

Communication interventions in pandemic management

What works and what does not work

03 Behavior challenges

04 Behavior models



Public health organizations are staffed by a

wide range of specialists that will include:









Administrators

Clinicians

Epidemiologists

Statisticians

Public health doctors



Infection control specialists



Environmental health officers



Communication marketers



Social marketers



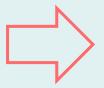
Behavioral experts

It can be argued that influencing behaviors is the most important factor in reducing harm caused by COVID-19.





Reducing infection, early detection and treatment and vaccine uptake all depends on influencing behaviors.



In this context, influencing the behavior of professionals and policy makers is also a key challenge as their behaviors impact on the delivery of appropriate interventions and health care services.



well researched



well planned

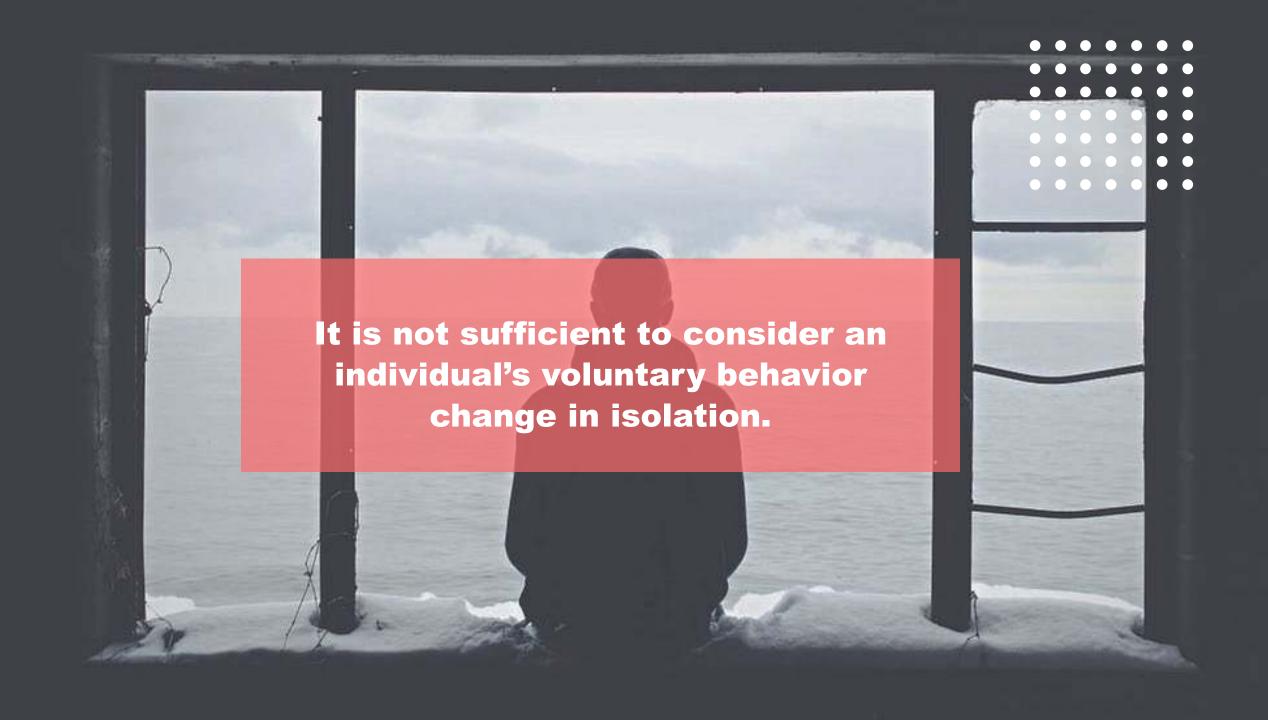


well targeted

communications programmes are a vital part of all pandemic management and control intervention campaigns



However, the tendency to rely on **simplistic information** transmission can **reduce the impact** of these campaigns.





Economic factors

The impact of



Social factors



has a large **influence** on people's ability to behave in certain ways and their motivation to do so.



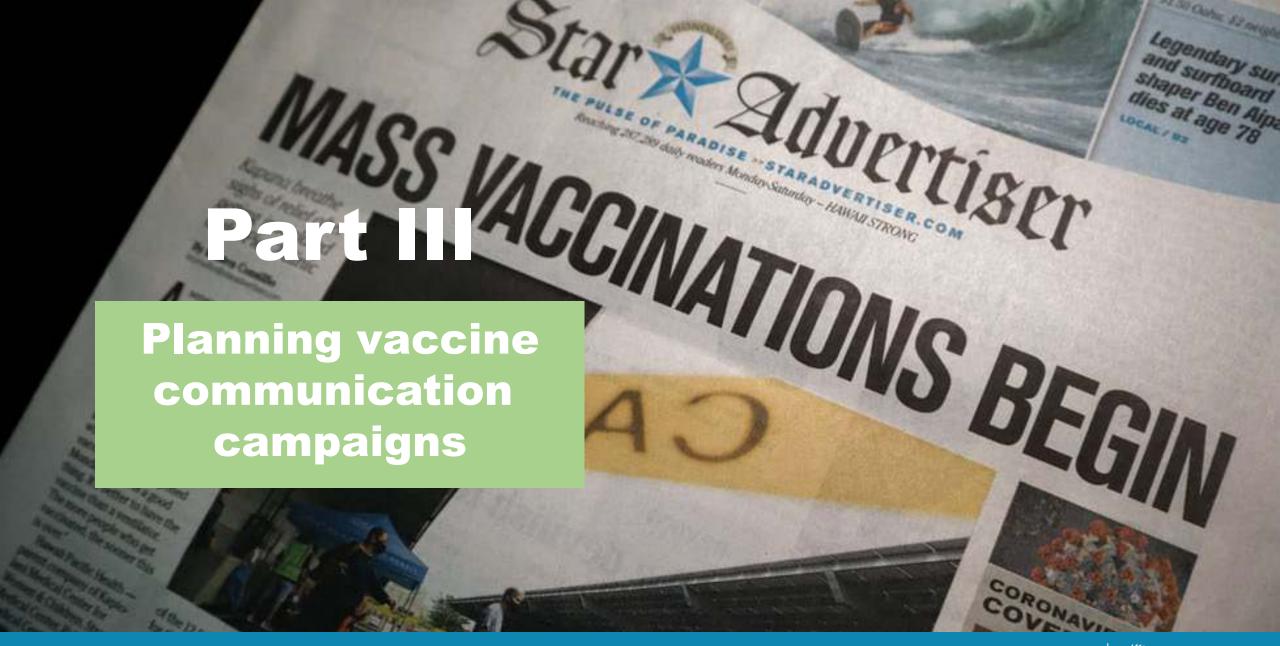
Environmental factors



When constructing behavioral interventions, the use of several theories and models appears to assist with identifying the key elements which are of most use in either **explaining the behavior** or **predicting** what will influence change.



Thus, behavioral models and theory can help strengthen the delivery and evaluation of pandemic communication and behavioral programmes.





■ Recommendations

02.

Effective communication and campaigns in support of COVID-19 vaccine uptake



What evidence tells us about what communication campaigns can deliver

Common faults in pandemic communication

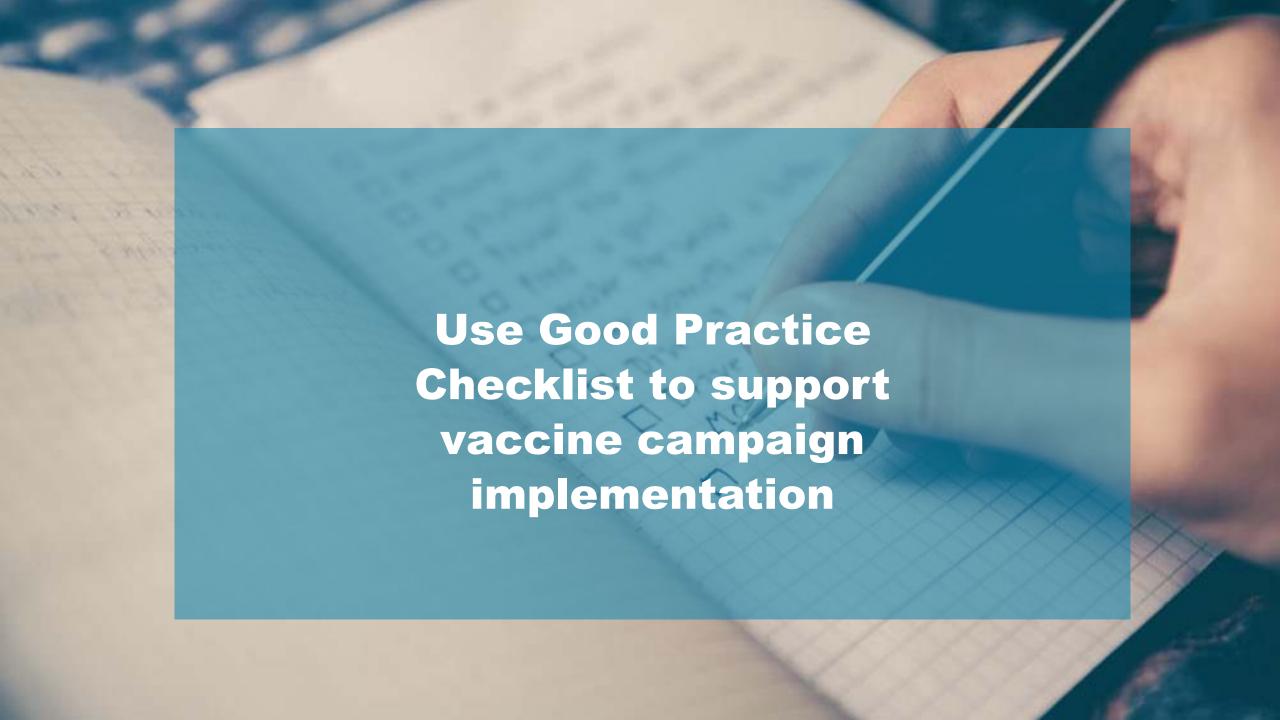












Common faults in pandemic communication











Using all communication assets

02.

Engaging and supporting community action

03.

Segmentation and targeting

04.

Checklist for designing COVID-19 vaccine uptake promotion campaigns

05.

Developing messages to promote COVID-19 vaccine uptake

06.

Vaccine uptake messaging tactics guidance

07.

Dealing with mis and disinformation in relation to COVID-19 vaccine promotion



Key takeaways





In most cases, the simple one-way persuasive model of information influences behaviors, however, it has now been replaced by a more **socially oriented approach,** in which mass and digital media are viewed as one of many possible sources of information and influence in society.

Ideally, **communication** should be a **process**, with **feedback** that enables ongoing modification to communication strategies.

'The hesitant'

those who have concerns about perceived safety issues and are unsure about needs, procedures, and timings for immunization.

'The poorly reached'

those who have limited or difficult access to services, related to social exclusion, poverty and, in the case of more integrated and affluent populations, factors related to proximity.

'The unconcerned'

those who consider immunization a low priority and see no real perceived risk of vaccine-preventable diseases.

Research has indicated that groups who are not enthusiastic about vaccine uptake could be segmented in the following sub-groups:

'The active resisters'

those for whom personal, cultural, or religious beliefs discourage them from vaccinating.

 Carry-out formative research to understand existing attitudes, beliefs knowledge and behaviors.	To assist the development of approaches, research should be undertaken by skilled formative researchers. Detailed profiles of an audience need to be established as a preliminary step to media development if a message is to be optimally received.
Target the message.	Different sub-groups have different needs, interests, beliefs, and attitudes. Message executions should be tailored for different groups.
 Take account of interpersonal and peer influences.	Campaigns should attempt to stimulate interpersonal contact such as the promotion of group and community activities, interpersonal communication networks and social norms.
Maximize contact with the message.	Concentrated bursts of messages often work better than the same quantity of messages over a long period. Maximizing contact also means optimizing media within the constraints of available budgets and social media within organizational capacity. On-going campaigns are necessary to maintain awareness and to reinforce attitude behavior change.
Use multiple channel mix.	Multiple communication channels tend to have a synergistic effect.
Build trust.	Always use a credible source or spokesperson. Source credibility is a major factor affecting message acceptance. Spokespersons should be selected based on research results that indicate that they will be credible and relatable with the target audience. Pre- and on-going testing for credibility is essential.
Set realistic goals.	Major shifts in attitude and belief are not common in large populations over short periods of time. It is important that intermediate goals are set. Realistic immediate small changes in attitude, beliefs and knowledge related to vaccine and vaccine take up can be used to track progress over time.
Provide environmental supports for change.	Research has shown that most campaigns require 'on-the-ground' back-up support for optimum effect. To accomplish this, media and social media should be accompanied by strategies associated with community organizations and opportunities for community interaction.

In addition to these recommendations, the USA Centers for Disease Control and Prevention (CDC) have developed a useful six-point set of principles to help guide the development of pandemic message approach and selection:

Be First.

Crises are time sensitive.
Communicating information quickly is crucial.

For members of the public, the first source of information often becomes the preferred source.

Be Right.

Accuracy establishes credibility.

Information can include what is known, what is not known, and what is being done to fill in the gaps.

Be Credible.

Honesty and truthfulness should not be compromised during crises.

Express Empathy.

Crises create harm, and the suffering should be acknowledged in words.

Addressing what people are feeling, and the challenges they face, builds trust and rapport.

Promote Action.

Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.

Show Respect.

Respectful communication is particularly important when people feel vulnerable.

Respectful communication promotes cooperation and rapport.

3

4

5

6



Dealing with mis and disinformation in relation to COVID-19 vaccine promotion









■ Defining social norms

What social norms are not?

Why social norms are powerful?

Descriptive and prescriptive social norms

Two types of social norms

Using social norms in vaccine uptake campaigns

Key takeaways



Young HP (*The evolution of social norms*, 2015) has identified **four main drivers** for our willingness to comply with and be influenced by social norms:

people want to achieve a goal that requires coordinated action among group members, so they follow what they believe to be common rules for that action in each context.

Coordination

Social pressure

people anticipate and seek social rewards for following a social norm and anticipate and try to avoid punishment for not following a norm.

By adopting signals and symbolism such as forms of speech, dress and behaviors and attitudes, people demonstrate that they are following what they think the rules of specific groups are.

Signals and Symbolism

Benchmarks and points – of reference

people internalize rules of which actions are considered normal in a given situation, to the point that they follow such rules automatically without thinking. In essence, they run on 'social autopiloting.'

A wide range of factors can influence social norms.

These influences include:

Individual psychological influence

Personal beliefs and attitudes impact vaccine uptake.

Legal influence

Laws impact on compliance and attitudes. For example, the requirement for proof of vaccination to enroll in school.

Environmental influence

The weather can impact on vaccine uptake behavior.

Systems and process influence

Economic influence

Income has an impact on people's

ability to be vaccinated. For

example, they may lose wages if

they take time out to be vaccinated.

The systems used to call people for vaccination and remind them about the impact of vaccine uptake.

Policy influence

Designating who is entitled to free vaccination, where it can be administered, and other such factors can impact on vaccine access and uptake.

Social and cultural influence

Cultural, and religious beliefs can influence vaccine uptake.



The latest guidance from WHO and from behavioral research have shown that vaccine uptake can be increased by adopting three principles:

Creating an enabling environment

making vaccination easy, quick, and affordable, in all relevant respects Harnessing social influences

especially from people who are particularly trusted by and identified with members of relevant communities

Increasing motivation

through open and transparent dialogue and communication about uncertainty and risks, including around the safety and benefits of vaccination