

**World Health Organization**



**C**

**O**

**M**

**B**

**I**

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**Ever / old**

**Never Old**

**Ever young**

**etc**

**Hosein**

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# **COMBI**

**Communication for Behavioural Impact**

# 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/nation to consider action with respect to specific 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)**

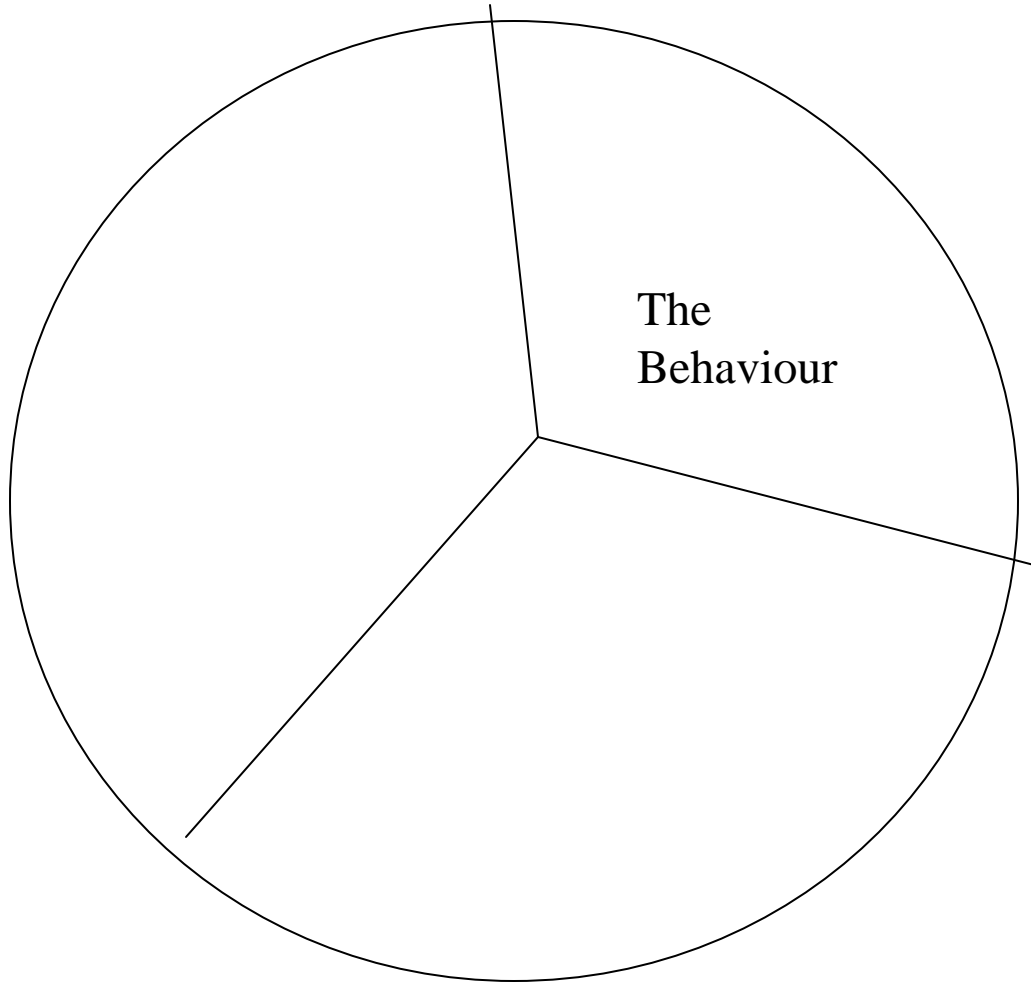
**WHO began applying IMC/COMBI in 2000  
and called it simply “COMBI”**

**Why WHO’s interest in IMC/COMBI?**

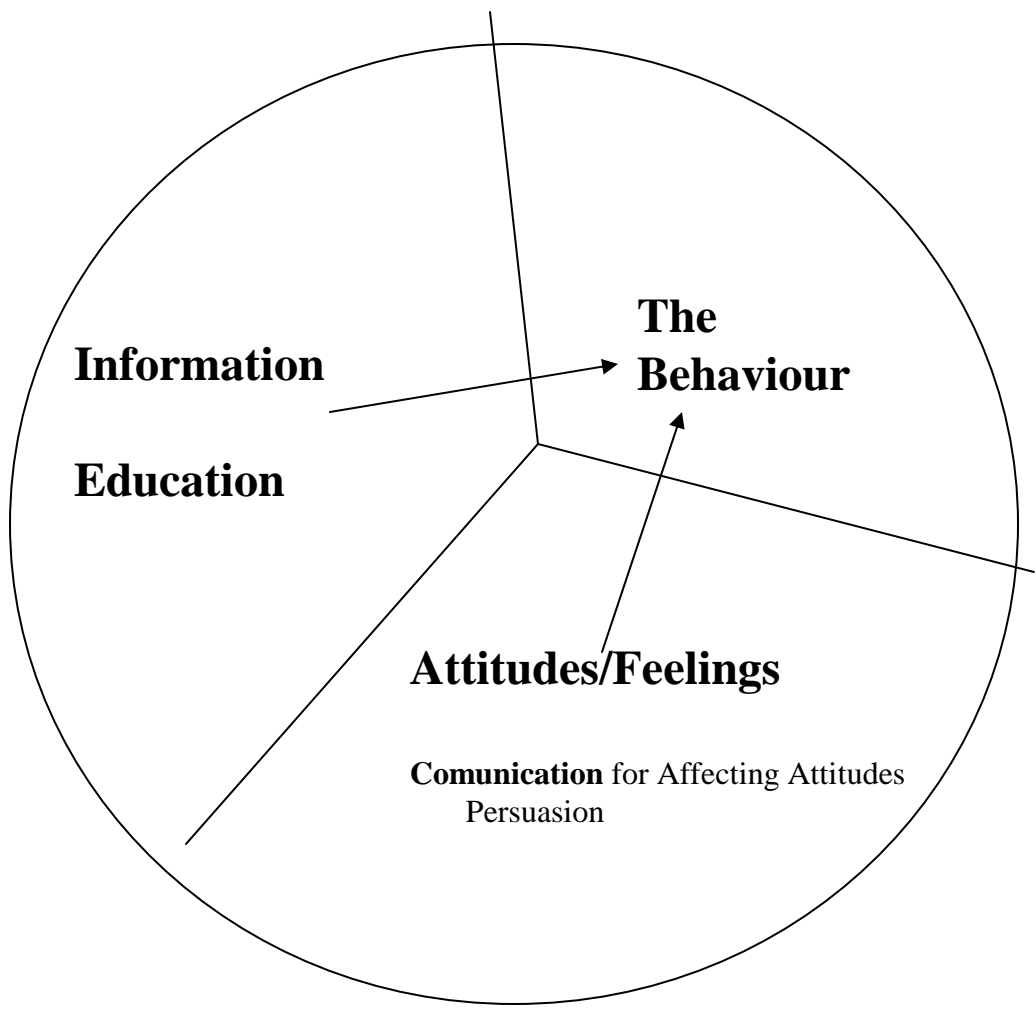
- **HOW COME PEOPLE KNOW BUT DON’T ACT?**
- **HOW COME WE BUILD SERVICES BUT PEOPLE DON’T COME? (The Kevin Costner Syndrome)**

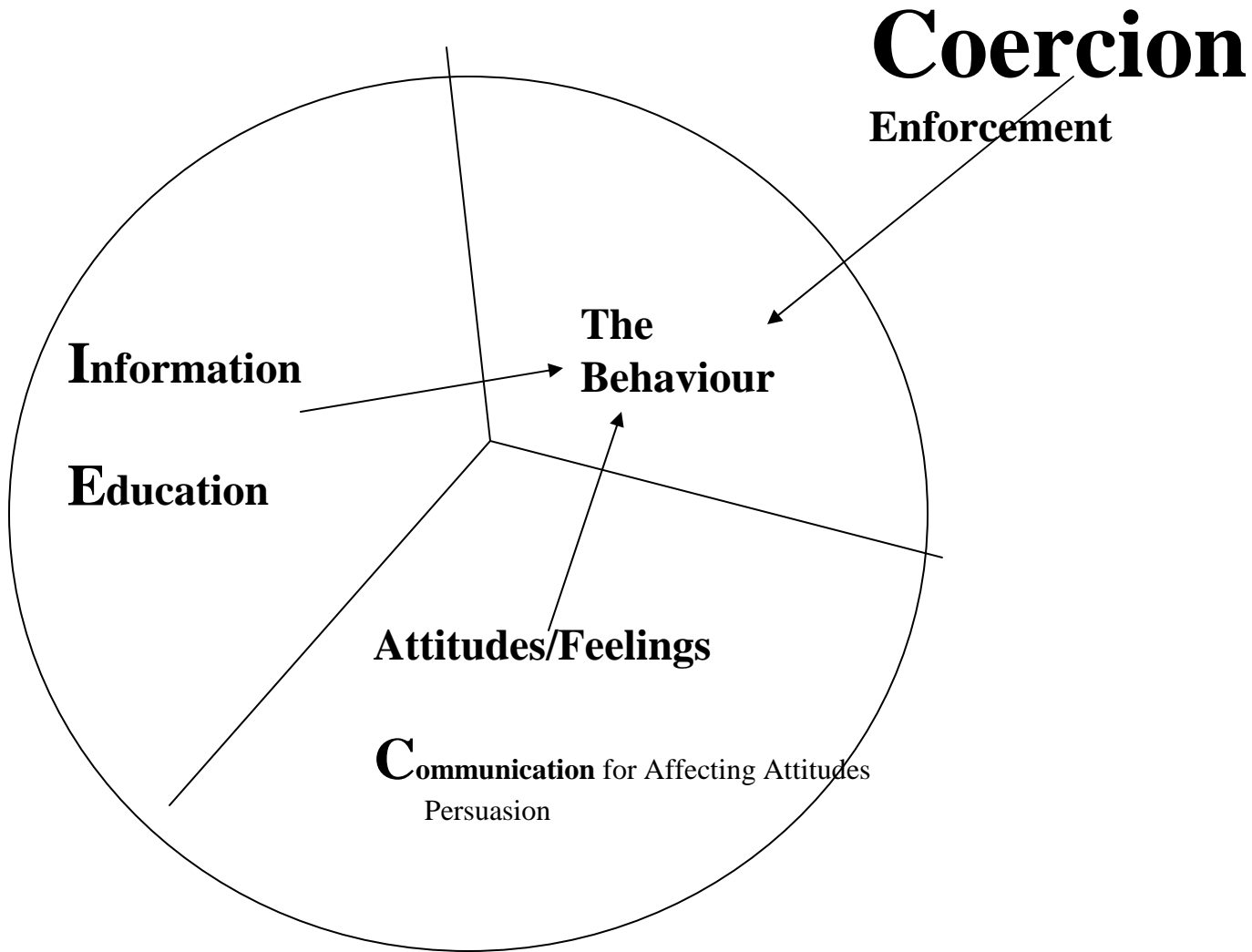
**THE REALISATION:**

- **KNOWING WHAT TO DO IS DIFFERENT FROM DOING IT** (yet we persist with communication for awareness and education.)



The  
Behaviour





**But not everything can be done by  
COERCION.**

**What is missing is: COMBI**

**COMBI HAS A 10-STEP PLANNING  
PROCESS....**

**AND BEGINS WITH TWO CRITICAL  
PLANNING PRINCIPLES...**

**OUR TWO 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 specific, precise behavioural goals/objectives (SBOs).**

(and shut down the Social Development Conscience---limit the objectives to 1/2/3 at a time)

(Note: This is not just the job of the COMBI/C4D professional but a joint effort with technical/programme/evaluation specialists)

# **MAKING BEHAVIOURAL OBJECTIVES**

## **SPECIFIC AND PRECISE**

**Apply the criteria:**

- **SMART**

**S = Specific**

**M= Measurable**

**A= Appropriate**

**R= Realistic**

**T= Time-bound**

- **The 4 + 1 Ws**

**Who will do What, Where, When, ....and, by the way,  
Why?**

# **HICDARM<sup>©</sup>: GETTING THE BEHAVIORAL RESULT**

**(Explaining the gap between knowing and doing)**

First, we **H**ear about the new behavior  
then, we become **I**nformed about it  
and later **C**onvinced that it is worthwhile.

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In time, we make the **D**ecision to do something about our conviction  
and later we take **A**ction on the new behavior  
We await next **R**e-confirmation that our action was a good one  
and if all is well, we **M**aintain the behavior

**(We know how to do the HIC-ky stuff; the challenge is in DARM)**



## **IMC/COMBI Mantra #2**

(PLANNING PRINCIPLE #2)

**Do nothing....**

**make no posters, no t-shirts, no pamphlets, no videos,  
no caps, no websites, etc...do nothing,**

**until one has “SMACK-ed”\* the behaviour around with  
the consumer – the fundamental marketing principle  
of: listening to the consumer.**

**\*To SMACK the behaviour around is to carry out a Situational  
“Market” Analysis for Communication Key to enable us to open the  
door of engagement with the consumer for better consideration of the  
recommended behaviour. The heart of this is listening to the consumer.**

# TOOLS FOR SMACK-ING

- **Force Field Analysis**
- **HIC-DARM Analysis**
- **SWOT** (Strength, Weaknesses, Opportunities, Threats) **Analysis**
- **DILO (Day in the Life Of) Analysis**
- **MILO (Moment in the Life Of) Analysis**
- **TOMA (Top of the Mind) Analysis**
- **MARKET SEGMENTATION Analysis**
- **COMPETITOR Analysis...there** is always a competitor  
(e.g. TAC-Take a Chance, Do nothing, Do something else)
- **4 C Analysis ---from IMC**

+++++

# THE FOUR C'S OF INTEGRATED MARKETING COMMUNICATION

(Replacing the 4 Ps of Marketing)

## **C = Consumer Need/Want/Desire**

and Related Product/Service/Behavior. (No longer the “P” for Product.)

- We do not sell a product/service/behaviour
- We offer a solution to your Need/Want/Desire
- We do not create Needs/Wants/Desires; we respond to/stimulate what is there; if latent, we bring to the top-of-the mind.

## **C = Cost** --in relation to Value and in relation

to the Competition. (No longer the “P” for Price). Every decision made on basis of **Cost vs. Value** calculation

- Not just price; but time, effort, etc.
- Reducing cost by incentives affects cost/value ratio
- Increasing value by branding affects cost/value

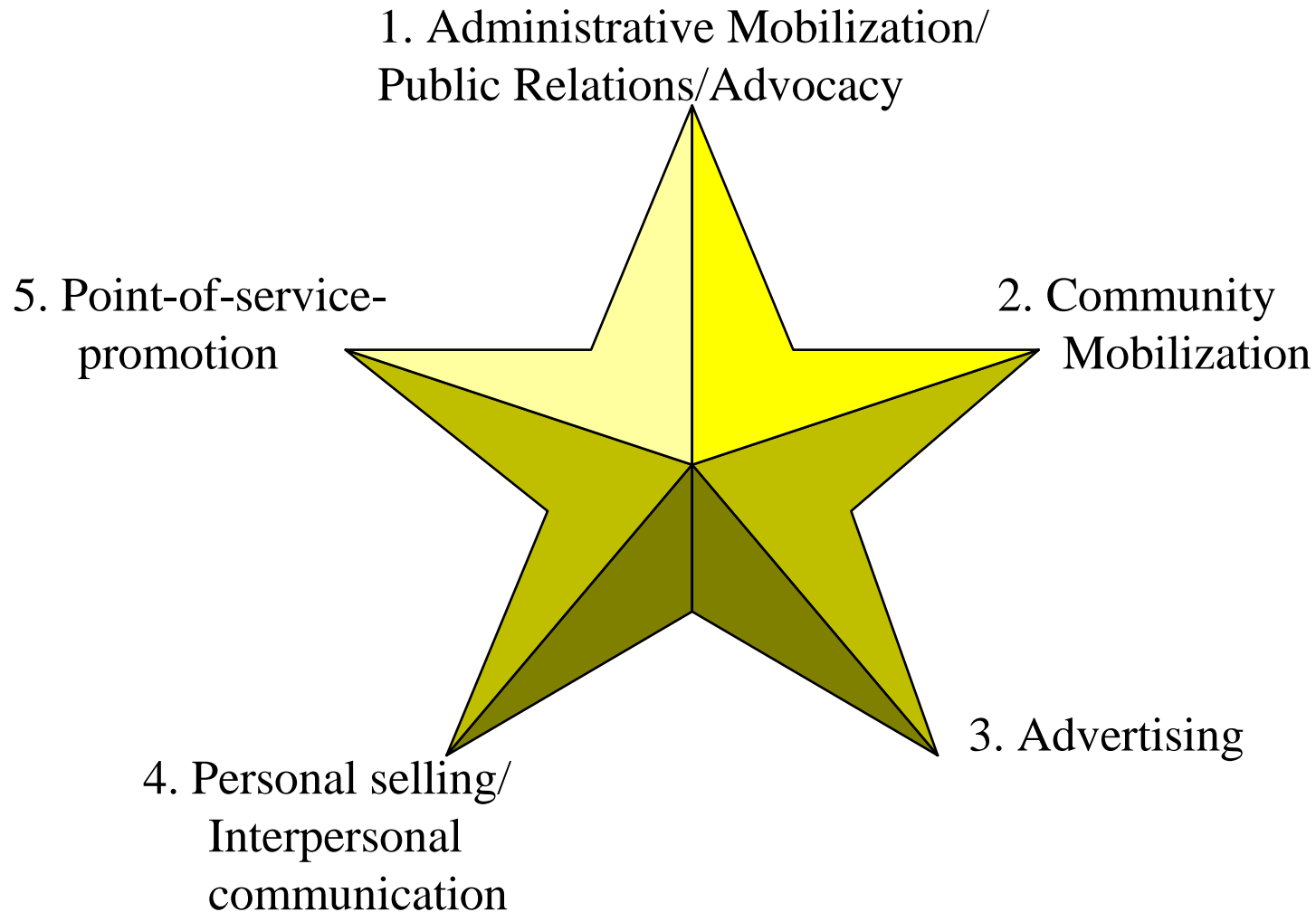
## **C = Convenience** to get product or service or to carry out behaviour.

(No longer the “P” for Placement)

## **C = Communication** (no longer P for Promotion)

- Integrated, Engaged Communication—
- Using the Five-Point Star Blend of Communication Interventions
- Ensuring behavioural focus throughout, as we present the first three Cs: We have a solution to your need/want/desire with a satisfying costs/value relationship and convenient to carry out, let's chat.

# COMBI's Five Integrated Communication Actions- Part I<sup>©</sup>



# 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**

# The Ten Step COMBI Planning Process

## 1.State Overall Goal

## 2. State expected Behavioural Results/Objectives

## 3. Conduct Situational Market Analysis for Communication Keys (SMACK) vis-à-vis Precise Behavioural

**Result/Objective:** Do the dance Step #2/Step #3/Step #2/Step#3...See COMBI manual for details on SMACK-ing.

## 4.Present an overall strategy for achieving stated behavioural results:

Describe the general communication approach and actions which need to be taken to achieve the behavioural results in light of #3 above and the communication issues identified.

(a)Re-state Behavioural Objective

(b)Set out “*Communication Objectives*”\_which will need to be achieved in order to achieve behavioural result (s).

(c) Outline Communication Strategy: Broadly present proposed communication actions for achieving communication and behavioural results. Think in terms of the following (but do not be restricted by them):

√Public Relations/Advocacy/Administrative Mobilisation

(including memos, partnership sessions, staff meetings, radio, television, newspapers, community meetings/discussion, etc)

√Community Mobilisation (including community meetings and

events, mass media use: e.g. talk shows; folk/traditional media, road-shows, school involvement, community miking, with supporting materials, etc)

√Personal Selling (Interpersonal Communication) via volunteers, school children, counsellors, others at the field and clinic level);

√Advertising and Promotion(Radio, TV, newspapers, billboards, handbills, pamphlets, brochures, banners, danglers, T-shirts.)

√ Point-of-service promotion.

## 5. Present the COMBI Plan of Action:

Specify integrated communication actions to be undertaken with specific communication details in relation to:

(a)Administrative Mobilisation/Public Relations/Public Advocacy; (b) Community Mobilisation; (c) Personal Selling (Interpersonal Communication); (d) Advertising; (e) Point-of-Service Promotion, as described briefly above in #4.

## 6. Management: Describe structure for managing the implementation of COMBI Plan.

## 7. Monitoring: Describe how implementation progress will be monitored.

## 8. Impact Assessment: Describe how behavioural impact will be assessed.

## 9. Scheduling: Provide a Calendar/Time-Line/Implementation Plan

## 10. Budget: Present Budget



# 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.

# 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

<b>Promoted behavior</b>	<b>Before</b>	<b>After</b>
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: 89.37 % consumed the tablets, compared to earlier results of just under 40%

# **UNICEF Cambodia: Tetanus Toxoid Elimination and Ante Natal Care**

- Only 252 women came in early (within the first trimester) in January 2008
- 1055 came in early in January 2009
- 318% increase

# CONCLUSION

## 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...it is a PITA: Pain in the A\*\*
2. It can not be done on the cheap.

## FOR FURTHER INFORMATION

**New York University Website on NYU/WHO IMC/COMBI Annual Summer Institute (July 2010):**

**<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.**

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