

How to set up government-led national hygiene communication campaigns to combat COVID-19: a strategic blueprint

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Abstract

Whilst large-scale changes in population behaviour are required to reduce the transmission of the SARS-COV-2 virus, the emergency context is not conducive to the sort of careful communications planning that would normally be required to meet such a task. Rapid strategic communications planning in a pandemic by governments is, however, possible and necessary. Steps include setting up a dedicated communications task force, mobilising partners and resources, developing a creative brief and theory of change and overseeing the creation, testing, roll out and revision of content. In this short guide we argue that a minimum of strategic planning can be undertaken rapidly, and that good use can be made of simple principles of behaviour change, even during pandemics. Our aim here is to provide a blueprint that governments and their partners, especially in low-income settings, can follow to design, coordinate and resource national communications efforts to combat the COVID-19 pandemic immediately and for the longer term.

How to set up government-led national hygiene communication campaigns to combat COVID-19: a strategic blueprint

Background

Governments across the world are responding to the COVID-19 pandemic with measures that include implementing communications campaigns to promote behaviours that can reduce transmission of the virus in their communities. These behaviours include hand hygiene, physical distancing, surface disinfection and mask wearing, as well as specific measures for particular populations such as isolation of the vulnerable. However, rapid, population-scale behaviour change, such as that which is required to contain a pandemic, can be difficult to achieve, even in the best of times. Some behaviours may be new, requiring new routines, new infrastructure, new products and new norms. Some behaviours can be infeasible in the socio-economic context in which they are being expected. On the other hand, outbreaks can also catalyse changes in behaviour.^{1 2} In the pressured environment of a public health emergency, it is especially hard to carry out strategic communications planning that can lead to effective programming, since immediate and urgent responses tend to be prioritised.³

Further, it is becoming increasingly clear that communications about COVID-19 will need to be sustained and to evolve until vaccines or other means of bringing it under control can be found. All governments need the capacity to engage in strategic public health communications, emergency or no.

Of course, strategic communications programmes have only a part to play in a national pandemic response; many other measures are needed to help reduce the risk of viral transmission, including changes to social support systems and to the physical environment. It is hard to practice hand hygiene for example without WASH (Water Sanitation and Hygiene) infrastructure and supplies, for example. Efforts to change behaviour may also have negative effects. Physical distancing measures can cause losses to livelihoods (<https://foreignpolicy.com/2020/04/10/poor-countries-social-distancing-coronavirus/>) reduce access to healthcare for other conditions, or reduce people's ability to pay for services such as water and sanitation. Nevertheless, coherent communications about expected behaviour remain a prime responsibility of government institutions.

Whilst country or regional governments need to design communications campaigns that are appropriate to their particular contexts, there are some key principles that apply across settings. Here we set out 10 essential steps in the development of a national communications strategy (see box 1) to aid rapid, but strategic, thinking on designing pandemic communication campaigns. In providing this guidance, we draw on the experience of multiple national campaigns on hygiene in domestic settings in low income countries.^{4 5 6 7} and a widely-used framework for understanding and changing behaviour known as Behaviour Centred Design (BCD). BCD provides a generic but theory-based process for designing behaviour change programming.⁸ Our aim here is to provide a short blueprint for countries and their development partners wishing to enhance their national COVID-19 communications activities.

Box 1. Ten steps in developing a national communications strategy for COVID-19 prevention

1. Set up a task force and appoint a national focal person
2. Mobilise resources and involve the private sector
3. Define exactly which behaviours need to change and by whom
4. Review what is already being done internationally and locally
5. Review what is known about the drivers of these behaviours and rapidly fill in gaps in knowledge
6. Produce a creative brief and theory of change
7. Develop a unifying national brand
8. Develop executions employing the most relevant channels for the target audiences
9. Rapidly pre-test and continually revise content
10. Deliver, monitor, evaluate, and share lessons

Developing a national behaviour change communications strategy

The process can be summarized in ten steps.

Step 1. Set up a communications task force and appoint a national focal person

Whilst many governments have assigned political responsibility and created high-level committees on the COVID-19 response, these tend to concentrate on urgent matters such as provision of care, supplies and testing. Promotion of daily domestic practices such as handwashing is often seen as lower in priority, but still require an urgent and specific focus, since such measures are the only effective way to prevent infection in the absence of a vaccine. Whilst existing public health promotion teams will have been mobilised, it can be useful to reinforce them through the designation of a National Focal Person with sole responsibility for pandemic behaviour change planning. Their role is to champion and coordinate national communications activities. The chosen national focal person will need technical experience in communications, marketing, cross-sectoral coordination and public health, and combine this with personal qualities of energy, persistence, open-mindedness, a problem-solving focus, communications and networking skills and motivational leadership.⁶ Her/his role is to assure a joined-up approach to national communications across all channels and by all partners (as far as is possible in an emergency). S/he may be seated in the Ministry of Health but must coordinate across the full range of ministries and cabinet offices that contribute to the response. Aside from technical leadership, the focal person will need to be able to lead the national effort, bringing together all key stakeholders around a step-by step strategy and a unifying brand.

The national focal person will need the support of a small, agile, action-oriented, task force which can execute the communications strategy. This task force should draw on local skills and resources, but could include the MoH's health promotion unit, private sector representatives, media, behavioural scientists, and/or creative and

communications specialists. The task force should not replace, but complement, existing coordinating structures, for example, under the cabinet or the UN, and seek to amplify their ability to mobilise expertise, reach and resources under national leadership. An example is the *Swaach Bharat Mission* which successfully transformed sanitation provision across India by using a task-force, results-oriented, approach; co-opting young, energetic staff to mobilise activity within the bureaucracy of a busy line Ministry.⁶

Step 2. Mobilise resources, including from the private sector

Financial and human resources are being mobilised globally towards COVID-19 prevention. National governments have the mandate to ensure that these are harnessed towards the Government's agreed goals, that efforts complement each other and that they use evidence-based approaches. Governments can source funds from national budgets, from loans and donations, by switching existing programmes towards the pandemic response and/or by approaching Industry. Some portions of loans and donations are usually dedicated for public communication, which, if not planned strategically, will be reallocated. Countries with well-thought-out communications strategies often find themselves at the head of the queue when applying to banks, multilateral and unilateral donors and granting foundations. The better a country, task force or focal point can organise and articulate what is being asked for, the more, and faster, resources will be forthcoming. For example, funders are seeing disproportionate numbers of applications from countries such as Bangladesh and Pakistan, that have a lot of experience in communications planning.

Governments are generally used to seeking the support of external agencies such as the development banks, the bilateral donors and the international NGOs. However, in the current context, mobilising finance may be less of a problem than mobilising human capital. A sophisticated communications campaign needs the support of experts in behaviour, in content development, in media buying, planning and influencing, and in monitoring outputs so as to gauge impact. Industry has special skills in this respect. Whilst governments may expect that companies will want to make donations of products such as soap, industry can make a much more valuable contributions to the prevention effort – their particular ability in marketing to consumers (behaviour change, by another name). Companies are competing to join the COVID-19 response, and are keen to gain government approval for their efforts, both because it increases their reach and enhances their legitimacy in the social field.⁹

Industry has particular skills and capacities that are invaluable for national communications campaigns. They understand the need for unification around a single 'brand' (in this case the national COVID-19 brand – see below) and how to create such a thing. They have access to professional creative companies and individuals who can craft messages and bring them to life, ensuring that the content of messaging is not just informational, but surprising, motivating and feasible.¹⁰ In other words, ensuring that it is not just the *right message* that is being diffused but that the *message is right*.¹¹ For example, most current COVID-19 communications efforts are still entirely focused on the provision of information, yet it is doubtful that information alone is sufficient to change behaviour.¹

Industry also understands media planning, through being able to model how far resources invested in different channels will allow messages to reach a specific set of the target population, and how to monitor the reach and effectiveness of their activities. Increasingly, they also understand how to manage communications output, not just through traditional channels such as TV and radio, but via digital and social media as well. In many countries industry may be the only institutions set up to communicate at the scale that is required in the current crisis. For these reasons, the government team should enlist business help as early as possible. Ministers can begin the process by directly calling on national CEOs for help, ideally asking for some delegation of staff time for communications planning purposes.

Government public health authorities may be unused to dealing with private sector players. The national focal person needs to be able to liaise with and speak the language of business, to respect the speed at which business moves (for example, to engage them only in focused meetings to make quick decisions, rather than in prolonged national committee debates), and to recognise that the private sector is competitive, so companies may not collaborate easily. The government team should also recognise that the desire of business to gain visibility and acknowledgement of their efforts is just as legitimate as that of the usual third sector players.

A good example of how business is working together with government and other players to fight coronavirus is the communication campaign developed by the National Business Compact in Kenya, led by the Marketing Society of Kenya. Multiple soap companies (Unilever, Reckitt-Benkeser, Pwani, Mengengai, Pz Cussons) are contributing not only by giving soap, but by funding a three-month unbranded campaign through mass media and in digital channels. The national brief was approved by the Ministry of Information, Communication and Technology and all materials were approved by the National Emergency Task Force. The brief was executed by BBDO who conceived the *Komesha Corona* (Fight Corona) campaign under the authorisation of the government. The soap companies gave media time during prime-time TV, as well as billboard space and radio placements, and agreed which of their joint influencers could be used to front the campaign. The marketing directors of the soap companies reviewed the campaign and gave feedback. PR and branding of the National Business Compact is being managed on a pro-bono basis by Ogilvy (<https://www.covid19businessresponse.ke>).

Step 3. Define which behaviours need to change and by whom

Whilst it may seem obvious at the start, the question of exactly which behaviours need to change is a difficult one. First, evidence as to what works well to prevent community transmission of COVID-19 in the community is scarce. There is controversy, for example, about the utility of wearing of masks,¹² the feasibility of promoting isolation and shielding strategies, and the role of contaminated surfaces and objects in viral transmission. Scientific evidence on COVID-19 transmission is being published at an unprecedented rate, but there are still many uncertainties.

Two key behaviours around which there is public health consensus are hand hygiene and physical distancing. Handwashing with soap is a particularly plausible intervention in all countries, with a moderate level of evidence that it can be effective in preventing transmission of respiratory viruses.^{13 14} It can also have other benefits.

15 Unfortunately, we know that the practice is not common in domestic settings in normal times¹⁵ and is difficult to promote, especially when soap and facilities such as water are scarce or inconvenient to use. However, during a pandemic, motivation to practice may increase.²

Physical distancing is a novel behaviour, which contradicts normal tendencies for people to come into contact, and so interrupts normal routines and has few mental cues. Distancing may also be extraordinarily difficult in the context of the informal economies of many low-income countries, where crowded markets, workplaces, transport hubs and water points form the essential scaffold of economies and livelihoods.

Our current best guess for priority control measures against SARS-CoV-2 transmission are summarised in figure 1, which shows how physical distancing and regular handwashing at key moments are key to cutting the transmission routes of the virus.

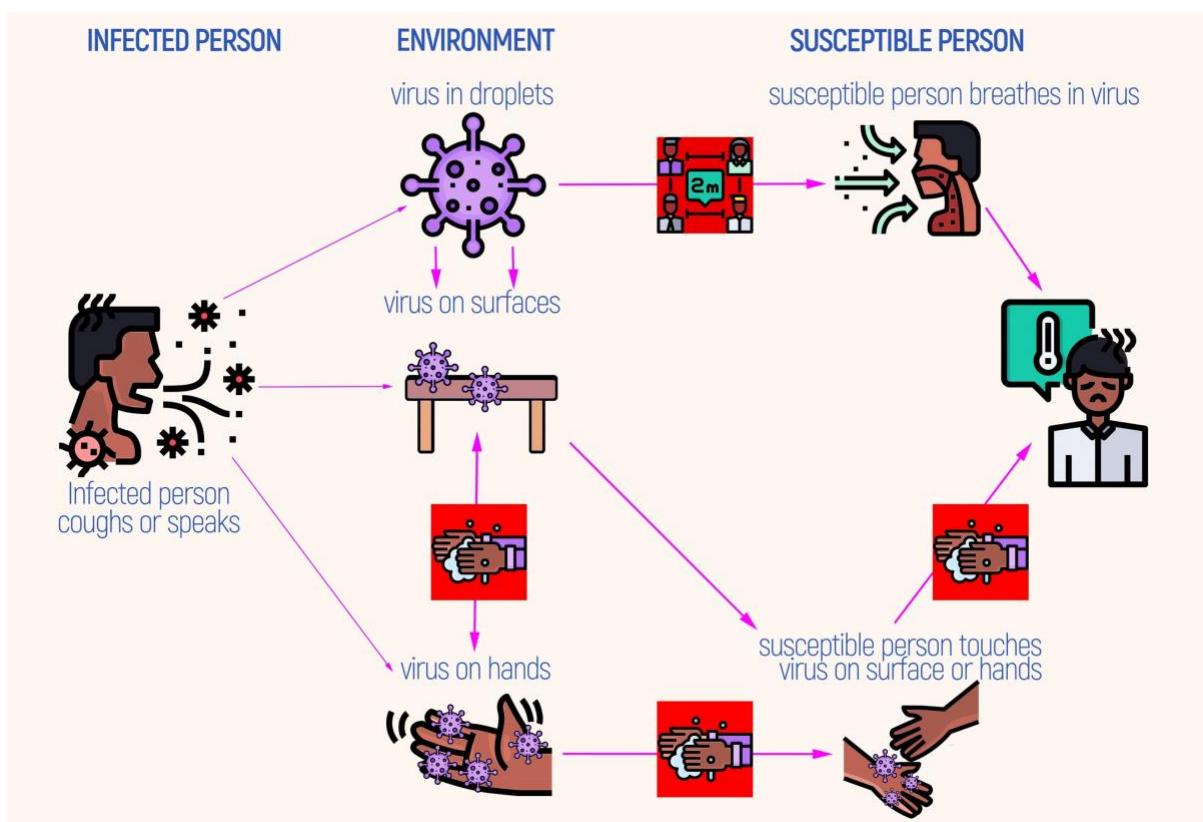


Figure 1: Breaking the chain of COVID-19 transmission in the community, (distancing and hand hygiene preventive measures shown in red, not including surface hygiene and mask wearing).

Different behaviours are also expected from different sub-populations. The vulnerable including the poorest, the elderly, the immuno-compromised and the disabled need most protection, but often they are in circumstances that make them

the hardest to shield from the virus. Key workers need protection in the workplace, but the conditions for physical distancing may not be in place.

International guidelines, from WHO, for example, should form the basis of behavioural targeting, but with careful consideration of what is feasible and sustainable in local circumstances. Advice will also change as more evidence comes in. It is vital that government agree on the key behaviours they wish to promote. These should be simple, feasible and coherent. For example, in the UK clear mass messages, such as 'stay at home' and 'wash your hands' have been effective, with recent polling showing 94% of respondents saying they know what they need to do to limit their risk of contracting coronavirus and 98% of people feeling well informed about physical distancing and how it applies to them.

Step 4. Review what is already being done internationally and locally

Whilst every country has different contexts and needs, the simple principles of blocking the transmission of the virus from one human to another remain the same everywhere (figure 1). The epidemiological consequences, however, differ from country to country depending on the demographic, social and physical circumstances and vulnerabilities of the population, as well as by the level and types of control efforts.

Country programmes need to be aware of global developments, without being overwhelmed by the plethora of information appearing on huge numbers of platforms from many different sources. Most available information is currently focused around the needs of richer countries, which have experienced the virus first, and it is hard to find reliable information relevant for lower income settings. The most authoritative sources should be sought out. These include established, reputable newspapers and news sites on digital media. The most reliable sources are generally academic in nature, but may require prior familiarity with the clinical, modelling, epidemiology and disease control sciences to interpret and it can be hard to see how research findings apply practically. Further, much is being published on COVID-19 without peer-review, which means that conclusions cannot always be relied upon. Up to date research can be consulted at: <https://www.ncbi.nlm.nih.gov/research/coronavirus/> , <https://www.thelancet.com/coronavirus> , <https://coronavirus.jhu.edu/map.html>. Other more user-friendly sources include <https://www.thecompassforsbc.org/trending-topics/covid-19-resources-social-and-behavior-change>, <https://community.ready-initiative.org/>, and the COVID-19 Hygiene Hub <https://hygienehub.info/covid-19> . These initiatives provide curated reviews and tools, up-to-date evidence summaries, and resources to help translate new findings into practical implementation strategies.

A key role for one member of the national task force is to keep under review what is being produced. Good efforts should be highlighted and multiplied, whilst misinformation needs to be spotted and countered speedily. A press subcommittee for the task force can be formed for media advocacy, to encourage responsible journalism. If resources and time allow, a professional PR firm should ideally be brought on board to help to shape the national narrative.

Step 5. Review what is known about the drivers of risk behaviours internationally and locally, and rapidly fill in any gaps in knowledge

The country task force needs to be aware of current evidence about what drives changes in the behaviours that they wish to see. This is because behaviour is not driven by knowledge alone. An effective national communications plan will need to engage the population with information that is new and *surprising* so as to get and keep its attention, the communications have to be able to *motivate* action (revaluation), by making the behaviour something that people will find rewarding to do – for a variety of possible reasons – and above all, the advocated behaviour has to be *possible*, as infeasible advice is simply counterproductive.⁸

We already know in general what the main drivers of handwashing behaviour during non-pandemic conditions are. First of all people wish to remove any disgusting material from their hands, whether after the toilet, after sneezing or after contacting greasy or dirty material.⁴ Second, people wash hands as a sign of good manners, for example to protect others when serving food or shaking hands.¹⁶ This is, to some extent, enforced by social norms, especially when handwashing takes place in public.¹⁷ Nurture of offspring and other relatives is also a well-established motive for handwashing.¹⁸ There is also evidence that handwashing increases in the face of fear of an epidemic, though it may rapidly return to baseline level afterwards.² These are global drivers of handwashing and do not seem to vary much between countries.¹⁹

Whilst these motives can all be potent divers of handwashing behaviour, it still takes time and effort to wash hands, and the likelihood of compliance is dependent on the ease of performance. Whilst only small amounts of water and soap are needed, when these are expensive, and/or hard to access, the likelihood of handwashing falls dramatically.¹ National WASH efforts should be ramped up to make domestic water supply more easily available, always with the proviso that this may be hard to achieve for large populations in the short term. There may also be a case for the large-scale production, procurement, placement and management of water tanks and handwash stands, especially for work and educational places (see Box 2).

Box 2. The WASH response to COVID-19

Safely managed water, sanitation, and hygiene (WASH) services are an essential part of preventing and protecting human health during infectious disease outbreaks, including the current COVID-19 pandemic. Good WASH and waste management practices, that are consistently applied, serve as barriers to human-to-human transmission of the COVID-19 virus in homes, communities, health care facilities, schools, and other public spaces. Key priority actions include:

- Provision of safe WASH services in health care settings to protect patients, health care workers and staff
- Providing access to WASH facilities in schools, workplaces, markets, prisons, care facilities, transport stations, and other areas where people gather
- Emergency WASH support to the most vulnerable, whether in informal settlements, relief camps or in contexts of displacement due to fragility, conflict and violence.

Adapted from: <https://www.worldbank.org/en/topic/water/brief/wash-water-sanitation-hygiene-and-covid-19>

Much less is currently known about the drivers of distancing behaviours. Disgust of the possibility of being infected by the emanations of others is a natural response to pandemics, but this is not a recommended route to use in promotion, since any invocation of disgust could lead to stigmatisation of individuals.²⁰ Such distancing behaviours also go against a tendency to want to approach and interact with fellow humans, especially in times of distress.

Aside from motives for safer behaviour, country programmes urgently need to learn more about how to make distancing measures *feasible* in their own socio-economic contexts. Here local intelligence is critical. Given time and resource, full scale formative research into current behaviour would be desirable,⁸ but what can be done speedily and rigorously in a pandemic, potentially under lockdown conditions?

First of all, any valid research is better than none. Box 3 provides some suggestions for rapid canvassing of local behaviour and behavioural drivers. The emphasis should be on capturing the voices of those who are less likely to be heard, since decision-makers are generally drawn from urban elites, their anecdotal evidence may not represent what is happening in the general population. Specific research may be needed to understand the problems of particular vulnerable groups, for example, the aged and those with disabilities.

Box 3: Methods for rapid data gathering about COVID-10 related behaviour

<i>Method</i>	<i>Approach</i>	<i>Data</i>
<i>'Teledepths'</i>	Qualitative in-depth phone interviews with convenience samples of target audiences, eg 6 casual labourers, 6 domestic workers, 6 seniors	What are you are doing now? What has changed? What tools, infrastructure and support are you employing? What is helping? What is making it more difficult?
<i>Phone polling</i>	Quantitative national telephone polling surveys, repeated	Reported behaviour, knowledge, intentions, trends
<i>Citizen science</i>	Teachers asked to write or film and post COVID-related behaviour stories	Indicators and social and physical context of behaviour
<i>Routine data</i>	Transport numbers, soap sales, sanitiser sales, google searches, food market activity, work absentee figures, school attendance, social media monitoring	Indicators of actual behaviour

The national task force should commission such rapid research, but also gather reports from other partners with on-the-ground intelligence about existing behaviour and its drivers. A rapid way of extracting salient information is to hold an insight workshop. Here the data are reviewed, then all participants write down on slips of paper any facts that have struck them. These can then be grouped and arranged in order of likely importance. The point of gathering such intelligence is not academic, but to rapidly gain insight as to what is happening, and as to what could cause changes in the desired behaviours. ²¹

(<https://www.lshtm.ac.uk/sites/default/files/2017-03/BCD%20Guide.pdf>) For example, in an early on-line insight-generation workshop held by a design team in Tanzania it was agreed that the virus could be personified as a coward that liked to skulk and hide, but that could easily be defeated by soap and distancing.

Step 6. Produce a creative brief and theory of change

With the team assembled, target behaviours decided and insights about those behaviours marshalled, it is time to begin designing the communications strategy. Box 4 gives an example of a draft creative brief produced to assist in the development of a communications strategy for COVID-19 in Tanzania. Such creative briefs are central to communications campaigns because they summarise the 'must-have' components for everybody involved. This example includes a problem statement, purpose, objectives, target behaviours, audience data, the persuasive argument, the tone, personality, measures of impact and materials required from the creative team.

In normal times, the creative brief would be sent out to tender for professional

creative teams to bid to create a national communications campaign. The best technical and financial proposal would be selected, the company would be contracted and a design process with numerous phases of creation and reverts would be instigated. In an emergency such as this, however, the process may have to be short-circuited. The task force will need to find rapid means to source creative inputs. Help can be sought from the private sector, as set out above, from creative individuals and from international organisations with skills in communications. Whilst all will be used to working from creative briefs, it is important to note that every client and every creative organisation employs different language about the creation of content and the task force will need to devote time to 'getting on the same page'.

Underlying the creative brief is a theory of change. There are many ways of drawing up a theory of change. Behaviour Centred Design employs a simple, generic version as shown in figure 2. This sets out how the communications intervention will change the social and physical environment in which people live (including the messaging they see), how this will change something in their minds persuasively (through motivation, beliefs and habits), how this will change their behaviour, and how this will reduce the risk of transmission.⁸ The theory of change provides the links in the chain from intervention, which must be *surprising*, cause *revaluation* and be possible to *perform*, to impact and serves to constantly remind the team that if any of the links are broken, the communications chain will be ineffective. It also serves as a guide as to what factors need to be monitored and evaluated throughout the intervention chain and for identifying any unintended harms caused by the intervention.²²

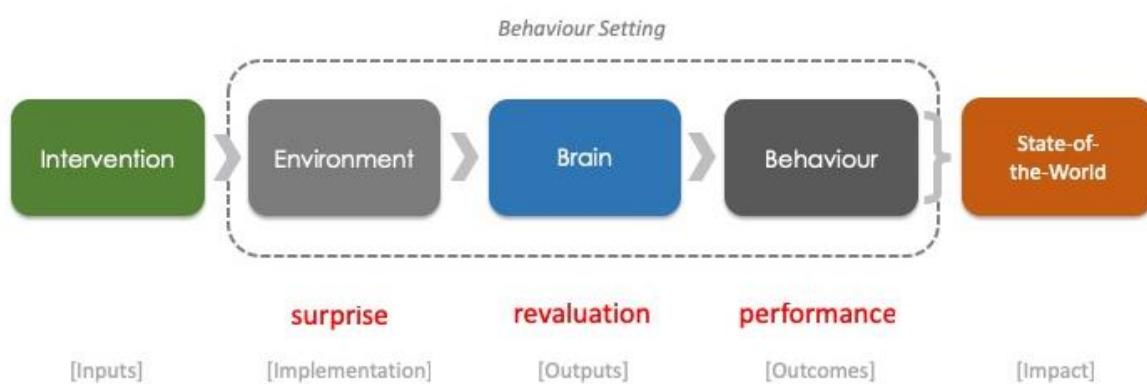


Figure 2: Generic theory of change

The basic principles of successful communications are shown under the diagram. Communications have to be *surprising*, cause *revaluation* of the behaviour such that individuals will be motivated to act, and *performance* of the behaviour should be enabled (e.g., by making it easier to do). We expand on these below:

Surprise:

We know that it is necessary to create communications that attract attention, or they will be ignored. Communications about COVID-19 must be surprising – in the sense

of being unexpected in some way.²³ In a pandemic, this is even more critical so as to cut through the plethora of messages being transmitted from many sources. The channel can sometimes be surprising – seeing a respected government figure on Instagram, for example, might be a ‘first’ for many in some countries. Having the Prime Minister of Ethiopia demonstrate how to do handwashing, as part of a ‘#SafeHandsChallenge’ might be even more unexpected.

Further, individuals only learn from the unexpected, not from things that they know already.²³ Standard messages must be presented in a new way with a new angle, new connections and new insight. For example, the Nike ad referred to in Box 5 is surprising in that it suggests that we can all be champions, even from our bedrooms.

Revaluation:

People do things because they are rewarding. These rewards can be physical, like money or food, or social, like praise or acceptance into a group. These are translated into psychological rewards via the dopaminergic system of the brain.^{24 25} Making sure people understand and appreciate all the possible physical and social rewards from doing the target behaviours is important. For example, using bar soap to protect one’s family is a rewarding activity (the nurture motive), as brought to life in the marketing strategy of Lifebuoy soap.

People also find it rewarding to carry out activities for the sake of helping others. Whilst people will often readily engage in behaviours to protect themselves in the face of an obvious risk, many of the recommended behaviours are about reducing the likelihood of spreading the virus to others. Luckily, people are not just motivated to help themselves, as altruistic behaviour is a feature of all human societies.²⁶ For example, *moral elevation* is inspired by others’ prosocial, selfless acts, and this experience prompts observers to also act with kindness and generosity themselves.^{27 28} Constant congratulation of the public for helping others by following recommended measures is a reward strategy used in press briefings by the French government, for example.

Further, people tend to conform to what their groups are doing by following the norms of those groups. Emphasizing new normative standards – such as engaging in physical distancing from others whenever away from home – can be powerful and rewarding motivations. Communications need to make these norms highly visible, and stress how *everybody* is ‘doing the right thing’ (without focusing on cheaters, which can backfire), for example.^{29 16 30} Failing to comply can also come with negative valuation, for example, physical distancing and handwashing can be couched as good manners, with the implication that those who do not follow risk social opprobrium, for example.³¹

Performance:

Providing advice that is clearly not feasible or requires inordinate sacrifice is likely to be counterproductive. People are more likely to engage in behaviours that require minimum time, physical effort or cognitive load. Any means that can be found to reduce the costs of performing the target behaviours will mean people become more likely to do them. Separating work stations in a factory can make physical distancing easier, for example. Messaging can also help people to figure out how to reduce costs for themselves. For example, ensuring that they have put soap and a bowl of

water in the place where they are likely to handwash can reduce the time required. Alternatively, some measures reduce the *perception* of one of these costs. For example, putting a toy into a children's soap can make kids more likely to wash their hands.³² Box 2 has discussed the importance of providing and sustaining WASH infrastructure to make it feasible to follow hygiene advice.

Step 7. Develop a unifying national brand

With a creative team on board, the first task is to develop a unifying national brand. Communications are only effective when they are trusted.³³ This is one reason why products use brands - as a guarantee that they can be held to account for what they produce.³⁴ The same is true of national institutions, which have vital roles to play in coordinating social responses to disasters. This trust is precious and government brands need nurturing through crises. Government has to be transparent, by admitting what they know and what they do not know (and a lot still remains unknown about this virus). They should make clear the distinction between science and politics, publish their data, explain their sources, and their reasoning for adopting particular strategies.

Whilst the bombardment of materials coming from many directions has raised awareness about the problem of the coronavirus pandemic in most countries, authoritative instructions and advice about what to do about it often remains confused. Governments need to rapidly brand their national campaigns to help to establish authority and ensure coherence.

A brand usually involves (at minimum) a tagline and a logo. The logo could be based on existing recognised government brands but needs to have new, eye-catching elements. The tagline should very briefly encapsulate the primary insight of the campaign, as set out in the brief. For example, the New Zealand government's COVID-19 brand (<https://covid19.govt.nz>) has a tagline, 'Unite against covid-19', uses consistent pictorial symbols, has a black and yellow diagonal stripe that alludes to the hazard tape used at an accident scene, employs a simple, friendly typeface and presents information that is clear, precise, pragmatic and accessible.

Step 8. Develop executions employing the most relevant channels for the target audiences

With a brand established, the next task is to develop creative materials such as ads, posters and other media that embody the brand message and insight. These have to be designed to fit the dominant channels of communication in society, which should have been set out in the brief. Content may take the form of standard TV and radio commercials, or of 'memes' for social media, or of content for existing TV and radio shows to generate discussion and social media sharing.

Communications should employ trusted sources: Marketers have long found it profitable to use members of trusted groups, such as doctors or celebrities, as vehicles for their messaging. The trusted spokespeople should be recognised by their communities and be relevant to the content of the message. In present circumstances, that can mean most obviously public health authorities, who need to be able to speak with confidence and experience. Trying to cover up for failings,

rather than acknowledging them tends to be counterproductive of trust since it is hard to disguise from the public.³⁵ Religious leaders can be trusted figures, but may also spread misinformation and bad advice (as in the case of those who advocate coming together for religious services in the face of government recommendations).

In lockdown conditions, live shooting or recording may create difficulties. However, these can be overcome through CGI, animation and remote conferencing. For messaging to go viral it must be worth sharing, i.e. one person who sees the 'meme' must believe it will entertain or enlighten the next person to see it. It must serve as a desirable gift, not just noise. This makes it all the more important that content is surprising, engaging, enlightening and useful to people. For executions to be effective they should show the target behaviours in their actual settings, and acknowledge the limitations of how far it will be possible to actually carry them out. Box 5 sets out some examples of good communications materials along with some explanation of why they are likely to be effective.

Box 5. Examples of potentially powerful communications materials on COVID-19

Name	Concept	Theory of change	Source
Corona Virus Alert	People need to learn about new virus and how to respond	Educational, but with a catchy song making the message memorable; seeing everyone play/sing the song can promote new norms of behaviour	Bobi Wine and Nubian Li (Ugandan singers)
Ping Pong Balls	Visual demonstration of effect of physical distancing on transmission	Seeing consequences instantaneously at a 'population' level is more comprehensible to our visually-oriented brains	Ohio State Department of Health
Komboni Housewives	People who wash hands are 'one of us'	Neighbours may gossip about you if you don't wash your hands, but they would be wrong!	Zambia Ministry of Health/CIDRZ/ LSHTM
'Unstoppables'	We should praise some people for violating the new norms	Truck drivers move constantly from place to place, getting close to each other, but are delivering vital resources to those that need them	Iveco (Ogilvy agency)
'Play for the world'	People who exercise at home are heroic for ensuring they don't expose others	Celebrating personal hardship as socially valuable makes people more likely to avoid going back into social contexts	Nike

<i>'Spoiler' Campaign</i>	Get people to avoid public places by putting up billboards that 'spoil' plot-points on popular shows	People won't want to be exposed to these 'spoilers' and so will stay home where they belong	Miami Ad School [student-designed campaign]
<i>Universidade do Futebol</i>	Uncomfortable reminder of moments when footballers refused to shake hands	Whilst refusing to shake hands may seem rude, nowadays people are actually showing their social conscience	Liberdade agency

Step 9. Rapidly pre-test and continually revise materials

In an ideal world, new content is pretested with samples of target audiences to establish comprehensibility, believability, engagement, likeability and the likelihood that it will be acted upon. In emergency conditions, some pretesting, for example through phone calls with small samples of target audiences, who are asked to view candidate materials on line, and respond to them will still be valuable, allowing course corrections before poorly-performing materials are released.

Content will also need to be revised and refreshed often, as the impact of communications diminishes as surprise fades and circumstances evolve (including government policies about what is required at a given stage to control the disease). It may be possible, however, to develop an evolving story line, with engaging characters whose behaviour gradually evolves as the situation develops. An example is the Soul City TV and radio series broadcast from South Africa, anchored in the reality of life in a poor community, that has covered a large range of evolving health and social issues including mother and child health, HIV, cancer and alcohol abuse.

Step 10. Monitor, evaluate, and share lessons

Continual monitoring of the effect of communications on behaviour and behavioural indicators is essential to allow course corrections. For example, in the UK, when it became obvious that public transport use had fallen to some 10% of pre-pandemic levels, it was realised that it would not be necessary to focus on reducing the use of public transport in communications. Usage will be continue to be closely monitored as and when lockdown measures are relaxed.

Monitoring of the effect of communications, however, offers particular challenges in pandemic circumstances. Industry, however, is well used to using professional telephone panel survey companies to remotely monitor the effects of their brand-related communications. Such companies are now offering their services in the current pandemic. For example, Geopoll has conducted a remote SMS study of the effects that coronavirus is having in 12 African countries. 96% of participants reported that they had taken measures to protect themselves by increasing handwashing and avoiding public places, for example. 90% of Rwandans (who are under lockdown) reported staying home whilst only 57% of Beninois said that they

were. In the sample, trust that government was doing the right thing was highest in Rwanda and lowest in Kenya.³⁶

Because these surveys will be repeated at regular intervals they can provide indicators of the success, or otherwise, of government-led communication programmes. It is, of course, recognised that such surveys inevitably oversample the literate and the phone user. To counter this, special surveys could be commissioned targeting the old and the vulnerable, by reaching members of their families, for example. They can also be used to detect the unintended consequences of an intervention, as for example, when, in the above survey, 80% of respondents said that they were worried that they would not have enough food to eat, mainly due to local market closures.

There are multiple existing and new international fora exchanging information and learning about COVID-19. Whilst joining such fora may not seem a priority at the start of an emergency, COVID-19 is a global problem which will not disappear any time soon and reciprocal efforts to share lessons will pay off eventually for the whole planet.

Conclusions

Whilst emergencies are not generally conducive to strategic thinking, in the current COVID-19 pandemic it is vital that country governments take responsibility for the organisation and coordination of national behaviour change strategies (in tandem with taking the actions that make behaviour change possible). In this short guide we have set out some steps and principles that can help to guide the rapid development of national communications campaigns. Whilst we recognize that every government will want to 'own' its own communication strategy, and fit its content to their particular circumstances, it is still the case that there are general principles of communication that should be followed to ensure maximal impact, because only by following a creative process can truly effective approaches to behaviour change be identified.

This document was written in response to the fact that too few countries currently have strong technical expertise and robust institutional structures to be able to conduct professional public health communication programmes, even in the best of times. Whilst the context of an emergency is far from the best of times, the major focus that is currently being placed on behaviour change should remind countries that they will always need this capacity. Every country should have a policy to continually improve their ability to effect strategic health communications in a sustainable fashion, pandemic or no.

References

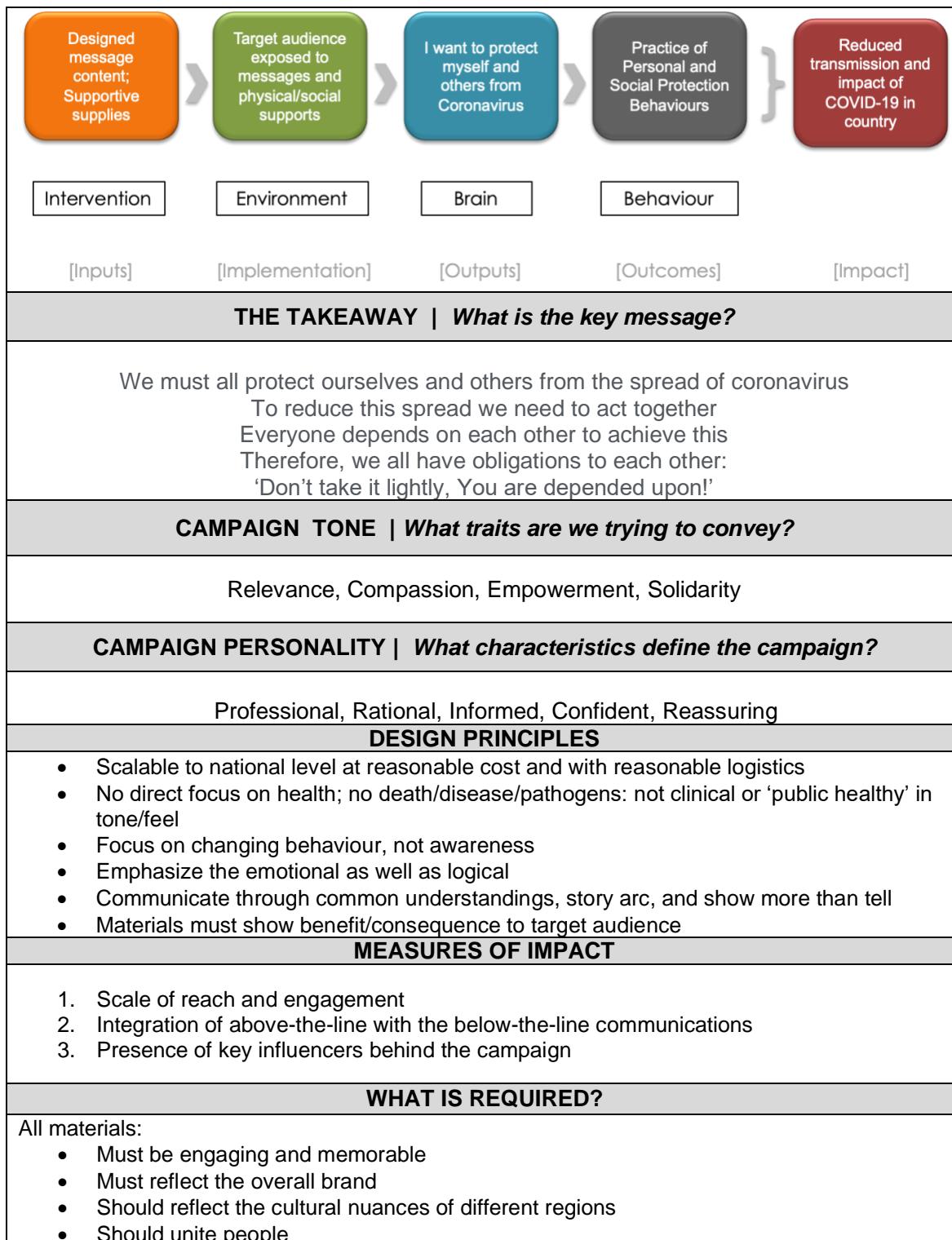
1. White S, Thorseth AH, Dreibelbis R, et al. The determinants of handwashing behaviour in domestic settings: An integrative systematic review. *International Journal of Hygiene and Environmental Health* 2020;227:113512.
2. Fleischman DS, Webster GD, Judah G, et al. Sensor recorded changes in rates of hand washing with soap in response to the media reports of the H1N1 pandemic in Britain. *BMJ Open* 2011;1(2)
3. Czerniewska A, White S. Hygiene programming during outbreaks: a qualitative case study of the humanitarian response during the Ebola outbreak in Liberia. *BMC Public Health* 2020;20(1):154.
4. Curtis V, Danquah L, Aunger R. Planned, motivated and habitual hygiene behaviour: an eleven country review. *Health Education Research* 2009;24(4):655-73.
5. Czerniewska A, Muangi WC, Aunger R, et al. Theory-driven formative research to inform the design of a national sanitation campaign in Tanzania. *PLoS one* 2019;14(8)
6. Curtis V. Explaining the outcomes of the 'Clean India' campaign: institutional behaviour and sanitation transformation in India. *BMJ global health* 2019;4(5):e001892.
7. Iyer P, Sara J, Curtis V, et al. The handwashing handbook. A guide for developing a hygiene promotion program to increase handwashing with soap. Washington, DC: Water and Sanitation Program 2005
8. Aunger R, Curtis V. Behaviour Centred Design: towards an applied science of behaviour change. *Health psychology review* 2016;10(4):425-46.
9. Sidibe M. Marketing meets mission. *Harvard Business Review* 2020(May-June 2020):134.
10. Curtis V, Garbrah-Aidoo N, Scott B. Masters of Marketing: Bringing Private Sector Skills to Public Health Partnerships. *American Journal of Public Health* 2007; 97 (4):634-41.
11. Donovan R, Henley N. Social marketing: Principles and practice. East Hawthorn: IP Communications 2003.
12. Mahase E. Covid-19: What is the evidence for cloth masks? *BMJ* 2020;369:m1422. doi: 10.1136/bmj.m1422
13. Rabie T, Curtis V. Handwashing and risk of respiratory infections: a quantitative systematic review. *Tropical Medicine & International Health* 2006;11(3):269-78.
14. Fung IC, Cairncross S. Effectiveness of handwashing in preventing SARS: a review. *Tropical medicine & international health : TM & IH* 2006;11(11):1749-58. doi: 10.1111/j.1365-3156.2006.01734.x [published Online First: 2006/10/24]
15. Freeman MC, Stocks ME, Cumming O, et al. Systematic review: Hygiene and health: systematic review of handwashing practices worldwide and update of health effects. *Tropical Medicine & International Health* 2014;19(8):906-16.
16. Curtis V. Don't look, don't touch, the science behind revulsion. Oxford: Oxford University Press 2013.
17. G Judah, R Aunger, WP Schmidt, et al. Experimental Pretesting of Hand-Washing Interventions in a Natural Setting *American Journal of Public Health* 2009;99(S2):S405-11.
18. Aunger R, Schmidt WP, Ranpura A, et al. Three kinds of psychological determinants for hand-washing behaviour in Kenya. *Soc Sci Med* 2010;70(3):383-91. doi: 10.1016/j.socscimed.2009.10.038 [published Online First: 2009/11/17]
19. Aunger R, Greenland K, Ploubidis G, et al. The determinants of reported personal and household hygiene behaviour: A multi-country study. *PLoS one* 2016;11(8):e0159551.

20. Curtis V. *Don't Look, Don't Touch, Don't Eat: The Science Behind Revulsion*. Chicago: University of Chicago Press 2013.
21. Brown T. *Change by Design: How Design Thinking transforms organizations and inspires innovation*. New York: HarperCollins 2009.
22. Bonell C, Jamal F, Melendez-Torres GJ, et al. 'Dark logic': theorising the harmful consequences of public health interventions. *J Epidemiol Community Health* 2015;69(1):95-8. doi: 10.1136/jech-2014-204671 [published Online First: 2014/11/19]
23. Friston K. The free-energy principle: a unified brain theory? *Nature reviews neuroscience* 2010;11(2):127-38.
24. Schultz W. Predictive reward signal of dopamine neurons. *Journal of neurophysiology* 1998;80(1):1-27.
25. Schultz W. Behavioral theories and the neurophysiology of reward. *Annu Rev Psychol* 2006;57:87-115.
26. Gintis H, Bowles S, Boyd RT, et al. Moral sentiments and material interests: The foundations of cooperation in economic life: MIT press 2005.
27. Schnall S, Roper J, Fessler DM. Elevation leads to altruistic behavior. *Psychological science* 2010;21(3):315-20.
28. Van Bavel JJ, Boggio P, Capraro V, et al. Using social and behavioural science to support COVID-19 pandemic response. 2020
29. Bicchieri C. *Norms in the wild: How to diagnose, measure, and change social norms*: Oxford University Press 2016.
30. Goldstein NJ, Cialdini RB, Griskevicius V. A room with a viewpoint: Using social norms to motivate environmental conservation in hotels. *Journal of Consumer Research* 2008;35(3):472-82.
31. Curtis V. Manners maketh man: How disgust shaped human evolution. *New Scientist* 2013;219(2935):28-29.
32. Watson J, Dreibelbis R, Aunger R, et al. Child's play: Harnessing play and curiosity motives to improve child handwashing in a humanitarian setting. *International journal of hygiene and environmental health* 2019;222(2):177-82.
33. Mercier H, Sperber D. *The enigma of reason*: Harvard University Press 2017.
34. Keller KL, Brexendorf TO. *Measuring brand equity*. Handbuch Markenführung: Springer 2019:1409-39.
35. Bonell C, Michie S, Reicher S, et al. Harnessing behavioural science in public health campaigns to maintain 'social distancing' in response to the COVID-19 pandemic: key principles. *Journal of Epidemiology and Community Health (under review)*
36. Geopol. *Coronavirus in Sub-Saharan Africa: | How Africans in 12 nations are reponding to the covid-19 outbreak*, 2020.

Box 4: Example of a creative brief

ACTIVITY NAME	COVID-19 Communication Brief
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CLIENT NAME		Tanzania Ministry of Health			
DATE		April 30, 2020			
CLIENT CONTACT	NAME	National focal person			
	PHONE	555-5555			
	EMAIL	NFP@MoH.gov			
PURPOSE The problem					
The purpose of this brief is to coordinate the design, planning and execution of compassionate, engaging and empowering communication materials in order to develop and sustain the health behaviours that will stop the spread of COVID-19 disease. The focus is on Personal and Social Protective Behaviours such as practising personal hygiene, maintaining physical distance, wearing masks in public and self-isolation in case of symptoms.					
OUTCOME OBJECTIVES					
Minimizing morbidity and mortality from COVID-19 in Tanzania					
COMMUNICATION OBJECTIVES					
What does the communication want to achieve					
Make everyone want to help stop the spread of COVID-19 by practising the Personal and Social Protective Behaviours desired by the government.					
CAMPAIGN AUDIENCE					
COMMUNICATION TARGET who are we trying to reach?					
<p>Primary</p> <ul style="list-style-type: none"> Young people, 15-35. They are both the most exposed to the economic impact but also have a perception of invulnerability. They are slowest to adopt the behaviours necessary to flatten the curve. And while not as vulnerable as higher risk groups, they are not immune either. <p>Secondary</p> <ul style="list-style-type: none"> Seniors and those with chronic health condition most vulnerable to COVID-19 Potential partners who are willing to support the cause Political leaders and government <p>Profile of our primary audience:</p> <ul style="list-style-type: none"> Speak and understand the national language and their own vernacular languages Travellers, self-employed and petty traders working hard to secure their future and most susceptible to catching and transmitting COVID-19 (but need practical information about how to safely continue earning a living). Families care about protecting their loved ones (but how to do so practically is not clear) Urban audience currently most at risk have GOOD access to TV, radio and social media via smart phones. Rural audience have LOW proliferation of smart phones, little access to social media pages. 50% listen to radio regularly. TV and cinema are currently watched in public places and information spreads by word of mouth, eg marketplaces. 					
PROJECT TARGET What change are we looking for?					
<p>GET heads of households and families</p> <p>TO practice Personal and Social Protective Behaviours in the community</p> <p>i.e., Handwashing with soap more frequently, physical distancing, wearing masks in public and isolation of the symptomatic</p> <p>BY convincing them that they can help save lives</p>					
PERSUASIVE ARGUMENT					
Theory of Change					



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Patient and Public involvement: patients and public were not involved in this work

Competing interests: the authors declare no competing interests