12 rules for a behavioural counter-epidemic to deal with Covid-19
A manifesto

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In the short term, the health of all of us depends largely on people following public health rules (masks, distance, hygiene, group gathering etc.) and also, eventually getting the vaccine.

The Covid-19 virus spreads exponentially and we need to address the desired behavioural change in the same exponential terms. Anything short of that won't be enough to tackle the epidemic and progress towards normality.

A viral epidemic for which there is no immediate cure, only ways of managing it, can only be controlled by a counter behavioural epidemic.

The very likely availability of several vaccines in the near future brings well founded hope. But there is part of the population that may be reluctant to be vaccinated, mostly out of misinformation and powerful belief systems.

This document addresses the non-medical management of the pandemic through the lenses of large scale behavioural and cultural change principles, as practised by the Viral Change™ Mobilizing Platform for the last 20 years, in the area of organizational change.

Viral Change™ is a way to create large scale behavioural and cultural change (a) by the power of focusing on a small set of non-negotiable behaviours, (b) using peer-to-peer influence, (c) mastering the informality of connections in social networks, (d) accelerating with a well-crafted storytelling system, (e) and providing a type of leadership that we call Backstage Leadership™. Viral Change™, combines the power of top down, push, hierarchical and communication systems, which are very limited in power in their own right, with the significant power of bottom up, pull, behavioural scale up.

(lines below are numbered simply to facilitate reference)

1. Focus on behaviours. Forget mindsets

1.1. As much as we like the language, of 'mindsets' and 'attitudes' these are invisible; behaviours are visible and recognisable.[1]

1.2. Declare concreate desirable behaviours: 'wear a mask' is good; 'protect the health service' is less good (it requires an explanation of what that means in terms of what people are asked to do); 'keep social distancing' is less good than 'keep a metre or two from the person you are talking to'; 'get the vaccine' needs a where and when.

1.3. One kind of behaviour: ask people to politely ask others to wear a mask if they are not, in a place and time when it is expected. Ditto for keeping a distance.

1.4. Another kind of behaviour: Ask people to endorse; eg; 'I will get my vaccine'. 'Intention to do' may increase significantly the chances of others (friends, neighbours, peers, colleagues) doing so.[2]

1.5. Ditto, in due course expressing 'I will get the vaccine' or 'I got my vaccine'.

2. Mind 'belief systems'

2.1. 'I believe that everybody believes' is dangerous, yet this is how we all function.

2.2. Use Social Norm theory: 'I think vaccines are good, but I seem to be the only one in my circle, so I won't say anything'. When many people think in that way (it's called 'pluralistic ignorance') nothing changes until the 'belief bubble' bursts.[3]

2.3. 'Respecting' belief systems is a noble idea that has brought a lot of historical misery. Confronting belief systems that have a negative and toxic influence in public health is not something that can be relinquished. Another issue is, how to do it in a way that does not backfire.[4]

2.4. When people with very polarised views debate, they tend to end up more polarised. Bear this in mind when planning lots of 'rational debates'.

2.5. 'Changing minds' is possible, but it's faster and less painful when people have been involved in real life action and real life examples.[5] Take note and avoid lots of armchair debates.

2.6. My single law of Psychology: What people believe, what people think, what people say and what people do are occasionally connected.[6]

2.7. We are in a pandemic. We only have time to address what people do, as much as this may be unpopular with the mindset industry.

2.8. Don't wait for 'readiness' either. It's a red herring. 'Ready' is what we say of people who are doing things.[7]

3. Communicate the desired actions and the benefits. Tell the truth.

3.1. Tell the truth. That includes 'masks prevent transmission, group gatherings are bad and vaccines save lives'.

3.2. Frame the message. If public servants do not understand cognitive framing, they should bring in somebody who does.[8] 'Protect', 'fight', 'follow rules', 'kill the virus', 'win the war', they all have different meaning. Choose wisely.

3.3. An example of bad framing. To say that somebody survived because he/she 'is a fighter' means one has to have special attributes which leave the rest of us vulnerable.

3.4. 'Vaccines won't kill you' is a very amateurish, badly framed message. It contains the word kill. This is what the mind remembers.

3.5. Another example of misguided frame and narrative. 'Nothing, but nothing, goes into a vaccine unless it is absolutely needed' was a message by a high-ranking health official in the UK. People who have never thought that it could be otherwise, now have a question in their heads.

3.6. Express clearly what to do and not to do, the rationale and the implications. 'Wash your hands' is clear. 'Be alert' is terrible.

3.7. When vaccines are available, be clear people know where to go, when, what to expect.

3.8. In communicating, acknowledge that there will be a variety of motivations in people reacting, in following or not following the rules. It's impossible to cater for all motivations but what is non-negotiable (behaviours) needs to be very clear.

3.9. All communication systems need to be based on the premise that they do not change behaviours per se. Communication is not change. Avoid another 'Smoking Kills' campaign.

3.10. Communication systems are there to support behavioural change, which takes place by other mechanisms described here in this document.

3.11. Always communicate about what we know, or need to tell people now, with what is next (when we will review X, when we will bring more information, when we will know about Y).[9]

4. Segmenting obsessively. It's tribal or it isn't.

4.1. There is no such a thing as 'the public'.
4.2. Work on 'tribes' and segments of the public. It's beyond age and simple demographics. That's the easy part. These 'tribes' need to be 'found'. Examples may be online gamers (which means you need to engage game developers), online shoppers (ditto) or people watching 'baking programmes'.
4.3. Blank influence (that of a popular TV programme for example) is great but it's not very segmented. Complement that influence with targeting on a deeper 'sense of belonging' to a group.
4.4. 'Local' is probably more powerful than 'national'.
4.5. 'Anti-vaxxers' is too big a segment or tribe. If you treat it as a homogenous group, you will waste your time.[10]

5. Use peer-to-peer power. Nothing compares to this.

5.1. Peer-to-peer influence is probably the strongest when it comes to changing behaviours.[11]
5.2. Behaviours spread by social copying, imitation.[12] Our peers (proxy for friends, colleagues, people in our immediate network) are the primary source of influence.
5.3. The probability of somebody becoming obese increases threefold if the immediate network of friends, at the third level of connection, is obese. Apply this to the counter-epidemic for Covid and you will know where the power is.[13]
5.4. Engage 'people like you' in the conversation, people who trust you.
5.5. People may trust the message from a Chief Medical Officer, but this will be seriously enhanced if people see and hear 'people like themselves' (peers, mates, colleagues) agreeing or endorsing.[14]
5.6. Messages from the hierarchy, (politicians, religious leaders, health care authorities) are necessary, but not sufficient.
5.7. Engage blank social media by all means but ask people to engage with their peers. Ask people to post positive messages and positive actions on their social networks.

6. Understand influence and role modelling

6.1. Engage celebrities with care. It's not a panacea. They are never universally liked. And if you are going to do it, don't announce it! Just do it! ('Wait, we will send you celebrities that will say to you X'. This is a bad idea. You've lost half the power).[15]
6.2. It's 'youth to youth and grannies to grannies', not mixed up[16], (peer-to-peer and segmentation, again).
6.3. Use social media unapologetically but don't expect the over 65 population to login to Instagram to see what 'the influencers' say.
6.4. Involve ex-patients all the time.
6.5. Doctors and nurses are always present in the messaging, but they may become overused very quickly. We have made them heroes and the only thing this does, is that we expect heroes to do the job of saving us, so we don't have to do anything.
6.6. Find local frontrunners to start or trigger an action. Premium is on highly connected people. Find these people!
6.7. There are TV programmes watched by millions weekly. It would be absurd to bypass them as a source of blank influence. But remember also segmenting obsessively. It's tribal or it isn't.
6.8. If I am a young person in a disenfranchised environment, the messages from the Prime Minister or the local church leader may have little impact compared with those coming from all the young people I trust. Chances are, 'people like me' (again, 'youth to youth, grannies to grannies').

7. Use group and community declarations

7.1. People want to know 'who else is doing it', (whatever it is).
7.2. People react to what their group or community does, but this has to be 'public knowledge'.[17]
7.3. Invite and ask for 'group declarations': 'we are for this, we support vaccination (for example).
7.4. Think gym membership, local football club, neighbourhood communities, local church, or book club!

8. Deal with sceptics. But it's not 'one at a time'.

8.1. Scepticism is not a forbidden thing. But highly connected and highly sceptical people can do more harm than good.
8.2. The next stage of scepticism is defeatism and very negative influence. Addressing sceptical and highly negative people one by one is impossible. The only way to counteract this is a group effect.
8.3. If you can, make sure that these people are socially connected, engineered or not, unapologetically, with a group of people who are the opposite. Only the group have the power. Individual convincing is overrated.
8.4. If scepticism (or negativity) is widespread, an epidemic, the only way to address it is a counter-epidemic of positivism, not 'one person at a time'.

9. Aim at scale. No multiplication of messages or behaviours, no social movement

9.1. Tell people to tell others to tell others. Don't stop at one go. Make a habit of 'pass it forward'.
9.2. If you distribute booklets with information, give at least three and request they give two to two people. Substitute 'booklet' for anything (eg. video clip).
9.3. Incorporate multiplication in the language: explain to three neighbours, ask your kid to talk to five friends.
9.4. Tap into existing campaigns or social networks, initiatives or programmes that have demonstrated great traction.
9.5. Make sure that you involve (count on, engage with) highly connected people in your network of friends, family or work. (Understanding influence, as above).
9.6. No tweet without a retweet, no 'like' without a retweet.
9.7. Covid-19 health objective: $R<1$ (rate of reproduction). Counter behavioural epidemic goal: $R>1$. In Covid-19 health we need to avoid super-spreaders at all costs. In the counter behavioural epidemic, we need behavioural, positive super-spreaders, big time.

10. Mastering storytelling in ways people don't switch off

10.1. People remember stories more than slogans, graphs, numbers or bullet points (you will not remember these ones).
10.2. Heroic and super emotional stories have a short life cycle. Prefer stories of 'people like me'; stories of success, of progress that makes people think 'it could be me, I could do that as well'.
10.3. Make sure there is a healthy flow of positive stories in the system.
10.4. Combine local stories (village, neighbourhood) with broader ones. The absence of local stories is dangerous.

11. Communicating progress. It's not about communicating progress but accelerating it.

11.1. '20 % of the population is sceptical about vaccines' may be a fact, but not a good piece of communication if you want to increase that number.

11.2. The right framing is, 'An incredible 80% of the population has a very positive view of vaccines'. The data is the same. Neither is lying.

11.3. Communicate ratios, figures, metrics as if the entire behavioural change need depended on it. That may rule out lots of 'scientific graphs'. One in three is more powerful than 30%.

11.4. Think Intention + frame = Outcome. Originally, people use imperatives ('wear a mask', 'keep your distance') but you cannot keep sending imperatives. Switch to 'most people in this shopping mall wear a mask and keep social distance, thanks for making us all feel safer'. Copy the principal in other situations.

11.5. Every little bit of progress counts, feed it to people.

12. Organise, strategise, act. Forget organic and emergent.

12.1. Work on 'systems thinking mode'. Distribution and availability of vaccines to a sceptical population ticks the 'distribution and availability' goal and performance indicator but it's not effective. Don't mix efficacy with effectiveness.

12.2. Involve psychologists by all means, but make sure they are experts in specific sectors. The ones able to address 'belief systems' may know nothing about large scale change. Social change activists may know more than 'behavioural psychologists'. As a rule, no single discipline has the answer.[18]

12.3. Involve people who have created or run a club, or an association, or a voluntary organization that grows. Find and engage the local 'natural organizers'.

12.4. Premium disciplines/practitioners are: network scientists, mathematician, social activists, campaigners, social marketing, disciplines that understand 'scale' (assume epidemiologists understand scale, but validate case by case), and experts in conspiracy theories (to fight them, protect against and, above all, reverse-engineer them).

12.5. Non premium, supporters are: individual psychology, general medicine, 'behavioural psychologists' who have read behavioural economics books (PS: Behavioural Economics understands triggering behaviours, but does not understand scale).

12.6. 'Localise' as much as possible. Let communities organise and use resources.

References

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[1] *Viral Change™, the alternative to slow, painful and unsuccessful management of change in organizations'* by Leandro Herrero (2006, 2008)

[2] 'Intention to vote' (not necessarily for whom) has shown to have the power to increase the probability of close people voting. Plenty of data from US presidential elections

[3] The battle against Female Genital Mutilation (FGM) in Senegal was largely won by bursting 'pluralistic ignorance'. Mothers assumed that other mothers, men, the elders etc thought it was a good thing and a religious necessity. Those mothers were no monsters. It was also won by reframing from 'religious' to a 'health issue'. Read the magnificent account in *However Long the Night: Molly Melching's Journey to Help Millions of African Women and Girls Triumph*, by Aimee Molloy (2014)

[4] It all comes down to good communication and framing techniques, but I do not subscribe to the idea held by some 'experts' that doctors and public officials have to take some sort of neutral and non-judgemental position.

[5] In studies in the US, around 40% of pro-life campaigners had been pro-choice before and changed their minds by being 'in the field'. Brought here as an example of how a belief system that, most people would agree is quite entrenched in people's minds, was changed.

[6] *The Flipping Point – Deprograming Management*. By Leandro Herrero (2020)

[7] Ibid *The Flipping Point*

[8] Read *The All New Don't Think of an Elephant!: Know Your Values and Frame the Debate* by George Lakoff (2014). It is now impossible for you not to think of an elephant. You are doing it now

[9] This is called 'The now and the next' in the Values in Action social movement in the Irish Health Service (HSE)

[10] In a given population you will have: (1) people who are convinced they will vaccinate; (2) people who will be convinced if they understand the logic, the pros and cons; (3) people who will vaccinate if peers do; (4) people who will vaccinate if their community, or group they belong to, declares 'we will vaccinate'; (5) maybe, I don't know people; (6) people who will never vaccinate, which could probably be divided into (a) not bothered, (b)vaccines are bad, it's all Bill Gates' world domination plan, (c) who knows why. We'd better understand 'the numbers' in these baskets and treat them separately and with a specific strategy. There is no such thing as the public and there is no such thing as anti-vaxxers as a single community

[11] *Homo Imitans, the art of Social Infection. Viral Change™ in Action*, by Leandro Herrero (2011)

[12] Ibid. *Homo Imitans*

[13] See in *The Framingham Heart Study*.

[14] See The Edelman Trust Barometer to understand the power of 'A person like myself' compared with authorities and other sources of influence

[15] 'NHS to enlist 'sensible' celebrities to persuade people to take coronavirus vaccine' The Guardian 29 Nov 2020

[16] Ibid. *Homo Imitans*

[17] Ibid Aimee Molloy

[18] Mobilize Masterclass – A Blueprint for Social Movements in Organizations and Society A set of 28 videos by Leandro Herrero. **leandroherrero.com/mobilize-a-blueprint-for-social-movements-in-organizations-and-society**

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