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| **SCL Social** | **Defence** | **Misc.** |
| **Decreasing hospital-acquired infections through analysis of hand washing non-compliance and development of a targeted intervention campaign** *(see attached document)*  Why?  Hospital-acquired infections are a direct indicator of hospital management. In the US for example, several studies suggest that fewer than half of health care workers comply with proper hand hygiene. For over a decade, the WHO has been raising awareness on hand hygiene compliance with countries taking part in its 'clean hands, save lives’ campaign.  However, studies from hospitals in Saudi Arabia indicate the campaign only has a short-lived effect in improving hand hygiene.  Aimed at:   * Private hospital management companies in the Middle East:   + Mubadala and NMC in the UAE   + SAMAMA in KSA * Major hospitals and teaching hospitals in the US | **Understanding Islamic radicalisation and recruitment in young men in Western countries with the aim of creating a multi-channel campaign to reduce extremism** *(see attached document)*  Why?  There are a lot of players doing this, most notably the Department of State.  However, according to our Nigel, their major focus has been diagnosing the problem and not providing a solution.  Moreover, in the case of the Department of State, a lot of focus has been on internet campaigns.  Unfortunately, many terrorist groups recruit in regions with little to no internet access.  SCL Defence’s USP is that we have a proven track record in countering radicalisation in countries such as Afghanistan, Pakistan and SE Asia.  Aimed at:   * Bahrain * Kuwait:  <http://news.kuwaittimes.net/kuwait-reiterates-commitment-anti-terror-resolutions/> * Britain- post 15th May * Germany * Turkey * Nigeria- post elections | **SCL working again with President Uhuru Kenyatta**  Why?  Kenya’s population is expected to rise to **65.9 million** by 2030, having major social and economic consequences.  The Kenyan Government has outlined a Vision 2030, which includes increasing healthcare provision in rural communities and investment in infrastructure and education. |

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| **Driving behavioural change through mobile health apps and use of data mined from electronic medical records**  *(see attached document)*  Why?  Wearable devices and devices have the potential to drive behaviour change. However a recent study has demonstrated this has not been realised. With annual sales projected to reach $50bn (USD) by 2018, these technologies must be able to demonstrate long-term value to keep ahead in a highly saturated market.  A similar argument can be made for electronic medical records. However, in the US this has commenced following Healthstat signing an agreement with Pro-Change Behaviour Systems.  Aimed at:   * Makers of wearables and apps * It companies specialising in electronic medical records * mHealth providers   Reference links:   * <http://www.healthstatinc.com/company/press/latest/56/healthstat-signs-exclusive-agreement-with-pro-change-behavior-systems> * <http://www.prochange.com/> | **Revisiting behaviour analysis in health security preparedness and response**  Why?  Two things inspired me for this one: The first was SCL’s work on a tsunami warning and the second is how security companies such as Northrop Grumman and Obsidian both provide health security services.  The reason why I think SCL could revisit this is because communicating a disaster or outbreak to the public is usually done ineffectively, for example the recent MERS outbreak in Saudi Arabia.  *Question:*  Could SCL’s messaging be used for outbreaks? That is, creating optimised messages not only the public but also health staff in preparation for outbreaks bound to occur again such as MERS, SARS and Ebola.  Reference links:   * <http://www.obsidiandc.com/what/analysis-and-planning/health-security/> * <http://www.northropgrumman.com/Capabilities/PopulationHealth/Pages/default.aspx> * <http://www.northropgrumman.com/Capabilities/PopulationHealth/Documents/PubHealthTrackNetwork_card.pdf> | **Psychographics and behavioural micro-targeting for non-profits to predict donating behaviour and increase donor retention**(SCL Commercial)  Why?  Donor retention following the first gift is a problem long-faced by non-profits. However I think there could be a solution to this, just as there would be for any business looking for repeat buying.  Non-profits operate like any other business:  in exchange for donations they provide the donors something in return.  With that in mind, could the following of SCL Commercial’s key benefits could be useful to non-profits?:   * Turning loyalty into passion * Making better connections * Anticipating desire   Additional application:  Optimising donation contribution for political campaign fundraisers for 2016 in the USA. |

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| **Understanding motivations behind immunisation non-compliance creating a targeted campaign to increase compliance**  Why?  Immunisation non-compliance is an almost perfect example of cognitive dissonance. For instance, despite Dr Wakefield’s claims being widely discredited, the belief that autism is linked to the MMR vaccination is pervasive. In the United States this belief has contributed to reduced vaccination uptake observed amongst mainly middle-class communities. This has had disastrous consequences for public health, with the recent measles outbreak the worst observed in over 20 years.  Despite public health authorities efforts to increase vaccination uptake, recent study by Nyhan et al., (2014) concluded "None of the pro-vaccine messages created by public health authorities increased intent to vaccinate with MMR among a nationally representative sample of parents”.  *Question:  I noticed on SCL Social’s webpage there’s a picture of a child being vaccinated.  Has SCL worked on a vaccination uptake campaign?*  Aimed at:  US Health Think tanks such as the [APHA](http://www.apha.org/). | *Question:  Has SCL applied behavioural change in corrections?* | **Potential partnerships with the aim of enhancing their service and providing a competitive advantage?** |
| *Question: has SCL worked in China in the past?* |