

Malaria Social and Behaviour Change during COVID-19 Case Study: Click, Share, Engage

Communities innovate digital solutions in the new reality.

Context

India, Myanmar, Guyana, and nine sub-Saharan African countries¹ used social media to promote malaria prevention and care-seeking behaviours during the COVID-19 pandemic. Engaging without physical contact, adapting existing content to digital formats, and segmented messaging made social media a helpful communication channel during the pandemic.

The COVID-19 pandemic coincided with the onset of the rainy season in several countries, creating a severe risk of malaria outbreaks. Before the spread of COVID-19, many countries had already geared up to roll out seasonal malaria chemoprevention, indoor residual spraying, insecticide-treated net (ITN) distribution campaigns, and promotion of malaria prevention and treatment behaviours through mass media and community-level activities. However, the initial stigma around COVID-19 and people’s hesitation to visit health facilities, coupled with their fear of being quarantined in government facilities at their own expense and restrictions on public gatherings, made it difficult to reach communities to promote malaria prevention and treatment behaviours.

Social and Behaviour Change Approach

To address this challenge, malaria social and behaviour change (SBC) programmes in India, Guyana, Myanmar, Kenya, the Democratic Republic of the Congo, Angola, and several other malaria-endemic countries turned to social media. SBC practitioners swiftly revised malaria programme plans, created virtual content, held online training sessions, and deployed social listening tools. While social media channels pose significant limitations that constrain their utility for routine SBC programming, their digital nature allowed programmes to adjust to restrictions imposed by COVID-19.

Compared to traditional mass media strategies, social media requires minimal physical interaction and nominal budgets. It also allows for customised content, interaction, data capture, and real-time monitoring, making it an attractive solution to the human resource and financial constraints faced by projects as a result of COVID-19.

During the COVID-19 pandemic, social media was one of the primary channels for outreach, and as restrictions eased, traditional approaches followed. Social media messages were segmented by rural-urban demographics, age group, education level, and gender and translated to local languages. The visual content was customised to specific audiences. In some cases, programmes developed generic content templates to facilitate customisation locally and to ensure posts featured real people and their stories. The idea was to create an honest, trustworthy

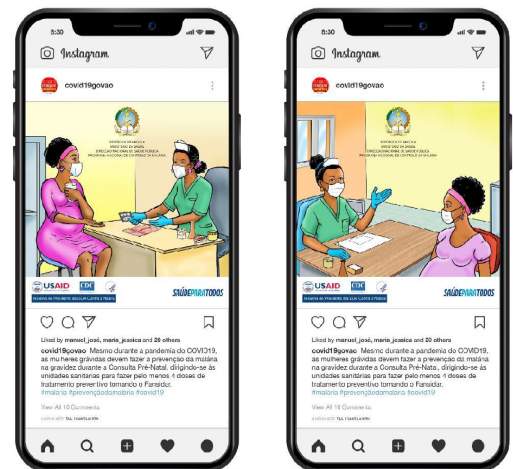


Figure 1: Malaria SBC social media posts from Angola

¹ Cameroon, the Democratic Republic of the Congo, Côte d'Ivoire, Ghana, Kenya, Liberia, Niger, Nigeria, and Sierra Leone

connection over social media that could both encourage audiences to adopt malaria prevention and treatment behaviours and help curb rumours and misinformation during the health crisis.

Implementation Channels

Projects primarily posted social media content on Facebook, followed by Instagram and Twitter. In some cases, they further amplified this content through radio, television, print, and webinars as part of a multi-channel SBC approach. The increased use of social media also provided an opportunity to develop new partnerships with media companies and institutions to scale outreach through paid media. Social media efforts also benefited from the free amplification through events on other channels (e.g., webinars covered in newspaper reports, celebrity posts, and retweets about events).

Monitoring and Impact

Reach and engagement indicators were used to monitor the social media campaigns. The table that follows shares the outputs of some major malaria SBC campaigns that turned to or intensified social media efforts during the COVID-19 pandemic.



Figure 2: Social media campaign from India



Figure 3: Social media campaign from Sierra Leone

Overview: Social Media Campaigns

Campaign Information	Reach and Engagement	Remarks
<p>Campaign: <i>Bite ko mat lo Lite</i> (Don't take the bite lightly)</p> <p>Country: India</p> <p>Duration: June–September 2020 in 21 states in India</p> <p>Partners: Malaria No More (MNM) rolled out the campaign in partnership with The Times Group. MNM India convened a “Creative Council” of India’s top media leaders. WPP Ogilvy, a communications agency, led the brand creation. The Minimalist (advertising agency) led content development. Other key campaign supporters included Facebook, Star-Disney, Ogilvy, Google, Sony, Abbott, and Vestergaard.</p>	<p>Reach: 122 million</p> <p>Engagement: 79 million page engagements 76 million post engagements</p> <p>Facebook users reached an average of 3.6 times each</p>	<p>The project created more than 1,000 unique ads and regularly optimised them based on user feedback and response.</p> <p>A Facebook Brand lift study with queries based on the “intention to seek care” after seeing advertisements indicated a 2.6% increase in people indicating they would seek testing and treatment if they believed they had malaria. The study found a 10.1% increase in the number of social media users aged 55–64 years and an 8.4% increase in users aged 65+ years being likely to sleep under a bed net after seeing the ads.²</p> <p>For a more robust SBC approach, the project also uses radio, television, print channels, and in-person engagement through malaria workers and stakeholders.</p>
<p>Campaign: #SeekCareForFever</p> <p>Countries: Cameroon, Democratic Republic of the Congo, Ivory Coast, Ghana, Guyana, Kenya, Liberia, Niger, Nigeria, Sierra Leone</p> <p>Duration: August–September 2020</p> <p>Partners: This campaign included collaboration between Breakthrough ACTION (a project supported by the U.S. President’s Malaria Initiative [PMI]),</p>	<p>Reach: 4.7 million social media users</p> <p>The Democratic Republic of the Congo reached 9% of Facebook users; Liberia reached 38%; Niger 39%; and Sierra Leone 65%</p> <p>Engagement: 3.87 million social media users engaged with the content, with</p>	<p>Top performing videos with 32%–39% engagement rate cost less than US\$0.0035 per ThruPlay.</p> <p>While reach and engagement were substantial, the project still needs to evaluate impact on behaviours.</p>

² This report highlighted this campaign as a case study for using survey data to make decisions: Facebook, NetHope, and Direct Relief. (2020). *Facebook Data for Good Annual Report 2020*. Facebook Company. <https://dataforgood.fb.com/wp-content/uploads/2021/01/Facebook-Data-for-Good-2020-Annual-Report-1.pdf>

<p>Facebook, and MNM targeting Facebook users in 10 countries.</p>	<p>an average engagement rate of 8.25%</p> <p>Content produced in six languages: French, English, Spanish, Swahili, Hausa, and Portuguese</p>	
<p>Campaign: Zero Malária Começa Comigo (ZMCC) Campaign</p> <p>Duration: Launched on Facebook in August 2020</p> <p>Country: Angola</p> <p>Partners: The Angolan National Malaria Control Program, supported by PMI, partnered with ExxonMobil Foundation and the telecom company UNITEL for internet at a cost of \$0 for e-Learning training sessions and phone messaging. Key messages targeted the general population, pregnant women, and caregivers. The campaign reinforced its tagline through branded face masks. Minibuses also displayed malaria messages once COVID-19 restrictions were eased.</p>	<p>Reach: 33,000 social media users</p> <p>Engagement: More than 2,000 people engage with the page through daily posts about malaria prevention and treatment</p> <p>The project trained 1,000 providers virtually</p>	<p>The project plans to develop a mobile training app and conduct impact assessments in 2021.</p>

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Lessons Learned

The projects highlighted effectively addressed the challenge posed by the COVID-19 pandemic by adapting SBC programming to encourage malaria prevention and treatment behaviours through social media content. Much of the content focused on the overlapping symptom of fever. To overcome the fear and stigma around COVID-19 and to promote a call to action, reinforcing that health services were uninterrupted and the importance of continuing to take appropriate precautions against malaria was vital. *Key lessons included:*

- Exposure is good, but interaction is much better. Content that asked people for their response (e.g., Breakthrough ACTION Sierra Leone asking users for photos of people wearing masks) did very well.
- Short videos tended to have better results.
- Use of local language, memes, and visuals (with COVID-19 precautions) tailored to popular culture and beliefs created positive social engagement.
- In India, personas from the general population performed better than using frontline health worker personas. On the other hand, in Kenya, health worker posts had higher engagement rates.
- Project leadership expressed that social media works better as an adjunct to broader SBC programmes that have already identified the psychosocial factors that influence malaria prevention and treatment behaviours.
- Advocacy through web events, print, radio, and television enhanced recall and amplified engagement.

Using social media as a channel for SBC has been important in the context of COVID-19. Social media's broad reach and the possibility of multi-messaging segmented audiences make outreach, even with modest budgets, viable for augmenting SBC projects. However, using social media as a standalone intervention for malaria may be inadequate. Programs may not reach either the key populations most impacted and vulnerable in remote, network-dark areas or those who are not digitally engaged or illiterate.

Access may not necessarily imply success. SBC programs are still exploring the link between social media engagement and its direct behavioural impact on improved care-seeking. Developing and sustaining engaging, widespread campaigns is not easy in the media clutter. Consistent message optimisation to user response and maintaining recall shall always remain creative challenges.

These digital solutions lend themselves to replication and scale-up well but also risk losing out the most vulnerable to malaria. Social media for malaria SBC interventions can be cost-effective and successful if contextualised and adapted to specific geographies and digitally engaged audiences.

TAILORING SOCIAL MEDIA CONTENT: Using local language, memes, and visuals tailored to popular culture and beliefs allows for ample reach of social media content.

For additional case studies and to review malaria social and behaviour change materials in the context of the COVID-19 pandemic, visit:

<https://www.thecompassforsbc.org/sbcc-spotlights/malaria-sbc-during-covid-19>