

COVID-19 COMMUNICATIONS RESPONSE IN SUB-SAHARAN AFRICA



Summary

Development Media International (DMI) proposes to conduct national radio campaigns to support the health communications response for COVID-19 in Burkina Faso, Côte d'Ivoire, Ethiopia, Madagascar, Malawi, Mozambique, Tanzania, Uganda and Zambia, where we have experienced in-country teams and strong relationships with both Ministries of Health and radio stations.

Introduction to DMI

DMI runs evidence-based radio, TV and mobile campaigns to change behaviours and save lives in low-income countries. It is a non-profit organisation based in London, with regional offices in Burkina Faso, Côte d'Ivoire, Ethiopia, Madagascar, Malawi, Mozambique, Tanzania, Uganda and Zambia.

DMI is the first organisation to demonstrate through two randomized controlled trials (RCTs) that mass media interventions can change health behaviours. DMI's child survival RCT showed that DMI's radio campaign led to [dramatic increases in treatment-seeking behaviours](#).

The opportunity

DMI's unique position of having in-country teams and existing established relationships with Ministries of Health and radio stations, means that DMI is well-positioned to support the health communications response for COVID-19. DMI's communication and storytelling expertise alongside its ability to broadcast in local African languages means that DMI would be able to reach audiences with engaging and relevant messages that will both inform and change behaviours.

It is likely that Ministries of Health will respond to the outbreak using standard communication channels, such as press announcements, national media outlets and a single national language. DMI has already been approached by several Ministries of Health with requests to support the government's COVID-19 health communications response.

For this campaign, DMI proposes to broadcast one-minute informational radio spots 10 times a day at peak times. In line with WHO guidance, the spots will cover a range of topics related to COVID-19. DMI proposes to broadcast these for a minimum duration of 3 months. We expect that we will have to fundraise for a second phase of broadcasting at a later date as it is unlikely this pandemic will be over in 3 months.

Evidence suggests the broadcasting of these messages could result in preventative and potentially life-saving behaviours. Importantly they will also fill a perceived information gap, and could prevent fear, tackle stigmatization, and combat misinformation surrounding this global disease outbreak.

Funding

DMI is looking for funding to deliver COVID-19 information campaigns in our nine countries of operation and would welcome the opportunity to speak to partners who might be able to support this work.

Further information

The COVID-19 Outbreak

It is expected that COVID-19 will spread rapidly in African countries. During the period before the number of cases increases dramatically, [WHO guidance](#) states that:

“One of the most important and effective interventions in a public health response to any event is to proactively communicate what is known, what is unknown and what is being done to get more information, with the objectives of saving lives and minimizing adverse consequences. Risk Communication and Community Engagement (RCCE) helps prevent infodemics (an excessive amount of information about a problem that makes it difficult to identify a solution), builds trust in the response and increases the probability that health advice will be followed. It minimizes and manages rumours and misunderstandings that undermine responses and may lead to further disease spread. Regular and proactive communication and engagement with the public and at-risk populations can help alleviate confusion and avoid misunderstandings. People have the right to be informed about and understand the health risks that they and their loved one’s face.”

WHO advises that in countries where cases have not yet been identified, these countries should be preparing their risk communications strategies, planning distribution mechanisms, testing messages, and planning how they would achieve community engagement. Once countries have one or more cases or experience ongoing transmission of the virus, the guidance recommends regular, transparent communication via distribution of multimedia pieces that explain the aetiology, symptoms and prevention strategies, through channels that audiences regularly use. In the absence of such communication, misinformation, rumor, and fake news is already being [shared](#) across Africa, and may be creating confusion, encouraging unhelpful behaviours and potentially stigmatizing people suspected of transmitting the virus.

Evidence of Impact

One of the key messages of a COVID-19 communications campaign will be the promotion of regular and thorough handwashing. DMI’s team has substantial experience running behaviour change campaigns focused on improving behaviours relating to hygiene and sanitation. Between 2002-2005, DMI’s CEO ran a campaign that promoted facial, hand, and environmental hygiene to prevent trachoma in Ethiopia, Ghana, Nepal, Niger and Tanzania. Strong improvements in knowledge and behaviour were measured in all five countries. The most rigorous evaluation was conducted in the Amhara region of Ethiopia by the London School of Hygiene and Tropical Medicine; the results showed dramatic reductions in dirty hands, falling from 59.3% to 36.5%.

DMI broadcast WASH-related messages as part of various projects in Burkina Faso (including in our child survival RCT which saved an estimated 3,000 children’s lives), Mozambique, Tanzania, and Burundi.

DMI’s spots are pretested before broadcast to ensure they are engaging, accurate and convincing to local audiences. DMI also conducts continuous feedback research to help us understand the audience reactions to recent broadcasts and refine our messages as needed. DMI has the unique ability to roll these campaigns out at scale and reach a large percentage of the population with an evidence-based communications campaign with demonstrated positive impact on health behaviours.

Budget

The costs of delivering 3 month campaigns in Burkina Faso, Côte d’Ivoire, Ethiopia, Madagascar, Malawi, Mozambique, Tanzania, Uganda and Zambia are varied, but average at approximately \$250,000 USD per country. Further information available upon request.

Coordination

The communications response will be managed and owned by the government. DMI's in-country teams will liaise directly with the national Ministry of Health, and Emergency Response Committees composed of Ministry representatives, Africa CDC, public health experts, local representatives of NGOs and other actors working in RCCE (risk communications and community engagement) to understand what is happening on the ground.

Following WHO guidelines, our UK research experts will provide content advice and oversight of the final messages to be broadcast. We will closely monitor changing advice and official guidelines, for example from EPI-WIN (WHO Information Network for Epidemics). We will maintain a picture of what other global RCCE organisations through working with networks of global community health professionals such as [CORE](#) and [CDAC](#).

Learning component

The extent of the learning component will depend on the measures taken and the level of disruption in the countries where we are working. However, depending on the level of funding we can secure, we would hope to achieve some or all of the following:

- Use our teams and networks to effectively capture information and data about the communications response in each of the countries in which we work, reviewing these plans to identify and learn from best practice, as well as identify gaps and areas for improvement.
- Use existing tracking mechanisms to capture data on messages that are being received by communities in these countries.
- Use remote mechanisms and our radio station networks to capture information about rumors and misinformation about COVID-19 and share this information with other partners involved in this response.
- In countries where we are delivering the campaign, we would hope to conduct mobile phone surveys (working with organizations such as VIAMO) to gauge the level of understanding and knowledge about the virus and any changes that occur during the COVID-19 outbreak. (These surveys would require additional funding.)
- Write and publish any findings and share with interested partners and communities at conferences and learning events.