

Co-messaging: integrating malaria and ITN messages with messages on COVID-19

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Remember the COVID-19 infection prevention measures¹

- Maintain physical distance of at least one metre from all others, except immediate members of the family or people with whom you share accommodation
- Regularly and thoroughly clean your hands with an alcohol-based sanitizer or wash them with soap and water. WHO recommends washing hands often with soap and water for at least 20 seconds. If soap or hand sanitizer are not available, rub hands vigorously with wood ashes
- Avoid going to crowded places
- Avoid touching your eyes, nose and mouth
- Practise respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately dispose of the tissue² and wash your hands
- If you have fever or respiratory symptoms, you should stay home and not go to work
- Wear a fabric mask if there is widespread community transmission, and especially where physical distancing cannot be maintained
- Correctly use and dispose of any COVID-19 infection prevention materials provided. Follow national government guidance for disposal
- Maintain all other measures described even when wearing protective equipment
- Keep up to date with the latest guidance and regulations put in place by WHO and the national government

NOTE: As the pandemic evolves, WHO updates the infection prevention measures based on new scientific findings. Check for any updates on <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>.

Core AMP documents: *Key guidance for distribution of insecticide-treated nets (ITNs) during COVID-19 transmission*
Planning for safe ITN distribution in the context of COVID-19 transmission See: <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

In light of the COVID-19 pandemic, many national malaria programmes are adapting strategies for mass campaign insecticide-treated net (ITN) distribution to align with WHO and national COVID-19 infection prevention measures. Adaptations are required for many campaign activities, from macroplanning through to supervision, monitoring and post-distribution social and behaviour change (SBC) communication.

Within the adaptations for SBC planning, one of the issues to be considered is whether to integrate COVID-19 messages in mass campaign messaging. The tables below set out the advantages and disadvantages of such co-messaging for several groups of SBC activities. The SBC sub-committee

¹ <https://www.WHO.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

² Follow WHO and national guidance on waste disposal. Waste should be disposed of appropriately where it will not be in the environment risking contaminating others. See also: <https://www.who.int/publications/i/item/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance>

should consult the tables to inform decision-making on co-messaging in their specific context. Some suggestions for what could be put in place are provided in each table. The SBC sub-committee is encouraged to brainstorm the advantages and disadvantages for other SBC activities that do not figure in the tables below but are part of the SBC planning for the specific context in their country.

Decisions around co-messaging should take into account:

- The optimal channels for co-messaging based on an analysis of the target audience and their sources of information³
- The capacity of campaign personnel at different levels for health communication (e.g. use of existing community health workers (CHWs) that are trained for community health delivery versus recruitment of ad hoc community members)
- The time that will be allocated for training, meeting or briefing sessions (e.g. when training time is reduced in line with COVID-19 infection prevention, overload of information should be avoided and SBC may be under-prioritized in terms of time allocation within the training agenda)
- Whether there is an advantage in terms of cost-sharing with the national COVID-19 task force for the costs of materials, meetings, broadcasts, etc.
- That since COVID-19 is currently one of the most critical health issues globally, households are more likely to be alert to, and listen to, messages that involve COVID-19. Linking COVID-19 and malaria could make households more conscious and concerned about the dangers of malaria and other health issues in general
- The need for households to know what to do with ITNs that have been used by confirmed or suspected COVID-19 cases or those that have died from COVID-19. This necessarily requires co-messaging, but the information can be disseminated separately (and at a later stage) from messages about the distribution of ITNs so as not to create information overload, rumours and low ITN utilization.

Additionally, where co-messaging is adopted:

- The number of overall messages should be kept low to avoid any confusion during their communication across different channels.
- Messages should be consistent across the different channels, as well as with any messaging from the national COVID-19 taskforce.
- Job aids should be developed with the key messages to be disseminated and limiting any additional text. Images should be used to reinforce the text as needed.

National malaria programmes should work with partners, community organizations and the national COVID-19 task force to ensure that channels used to disseminate messages are accessible to all members of the population (e.g. including elderly, women, disabled, refugees, etc.) by using data to determine what does/does not work for different population groups and identifying varied communication methods and platforms. Several national malaria programmes (such as in Mozambique, Benin, Sierra Leone and South Sudan) have successfully integrated COVID-19 messages in their ITN campaign SBC activities including:

- Community health workers (CHWs) disseminating malaria, ITN use and care and COVID-19 prevention messages to households during the door-to-door distribution
- Integrating COVID-19 prevention messages into ITN messages during ITN mass campaign radio spots
- Adapting print and visual materials to include both malaria/ITN and COVID-19 messages and images

³ See also AMP toolkit, Chapter 6, Communication, Brief 3: *Using research and data to plan effective social and behaviour change communication*. https://allianceformalariaprevention.com/wp-content/uploads/2019/01/IFR_AMP_Toolkit%20_report2015_Chapt6_EN_Brief3.pdf

ACTIVITY: ADVOCACY MEETINGS AT NATIONAL, PROVINCIAL AND DISTRICT LEVELS⁴	
Advantages	<ul style="list-style-type: none"> ● Offers an opportunity to keep the focus firmly on malaria and stress the importance of keeping it high on the community, regional, and national agenda as a priority health area. ● Offers an opportunity to ensure that stakeholders receive clear and consistent information on how febrile malaria cases, particularly for children under five and pregnant women, should be managed. ● Represents an opportunity to make stakeholders aware of how the ITN distribution is taking into account the risks of COVID-19 transmission and how these risks will be mitigated. ● Provides a good opportunity to announce the substantive changes in ITN distribution strategies during the COVID-19 pandemic and to advocate with stakeholders to facilitate buy-in to these strategic changes. ● Provides an opportunity to alert participants of the possibility of rumours related to COVID-19, ITNs and malaria, the rumour management plan put in place by the national malaria programme, and the participants' role within the rumour management structure.
Disadvantages	<ul style="list-style-type: none"> ● Many stakeholders at these levels would have already been part of COVID-19 awareness sessions and meetings. Although malaria will be the main focus, there is a possibility of some repeated information related to COVID-19 and participants may lose focus on the objective of the sessions.
Considerations	<ul style="list-style-type: none"> ● Decide whether SBC material developed for advocacy for the mass ITN campaign should include information about COVID-19. ● Where COVID-19 information will be included in ITN mass campaign materials for advocacy meetings, determine whether materials need to be developed or whether existing materials developed by the national COVID-19 task force could be used. ● Decide how much information should be provided about COVID-19 – it may be better to keep information simple and limit COVID-19 messages to issues that are concerned with the campaign, such as: <ul style="list-style-type: none"> ○ How the campaign strategy and operations have been adapted to mitigate the associated risks of COVID-19 ○ The potential risks of the campaign, including those related to development of rumours, and the important role that the participants in the meeting have to play in mitigating those risks ○ What is expected of campaign personnel and household members during the campaign to limit COVID-19 exposure and transmission ○ The need to get ITNs to all targeted communities, including where COVID-19 transmission is high, and the importance of people with suspected or confirmed COVID-19 cases sleeping under an ITN to avoid co-infection

⁴ Depending on the national regulations concerning groups of people gathering together, these meetings may be virtual.

	<ul style="list-style-type: none"> ● Develop advocacy packages that can be provided to stakeholders (through print or electronic channels where meetings are not being organized), and include detailed information on the malaria burden and the importance of using ITNs, as well as any information about COVID-19 as determined during macroplanning.
Examples if proceeding with co-messaging	<ul style="list-style-type: none"> ● Conduct virtual meetings as much as possible. ● Provide a frequently asked questions (FAQ) sheet in advocacy packages with information about: <ul style="list-style-type: none"> ○ The malaria burden in the country and what will happen if malaria is not kept high on the policy and health agenda (from national to community level) during the COVID-19 pandemic ○ What will happen during the ITN distribution ○ How the ITN campaign strategy and operations have been adapted to ensure the safety of all staff, volunteers and recipients ○ How to manage febrile illness during COVID-19 transmission, particularly for the most vulnerable ● Use the risk assessment and mitigation plan to provide a document with key risks associated with COVID-19 and the mitigation measures put in place.

ACTIVITY: OFFICIAL LAUNCH CEREMONIES/EVENTS

Depending on the national regulations around numbers of people gathering together, launch ceremonies may not be possible. If a country does decide that an official launch ceremony is needed, it should be virtual, or limiting crowds, and thus the possible spread of COVID-19. It is highly recommended that any virtual ITN mass campaign launch ceremonies limit COVID-19 messages to discussing the measures being taken to protect the public from COVID-19 during campaign activities and maintaining a focus on malaria prevention, diagnosis and treatment, particularly the importance of accessing and using the ITNs being distributed.

ACTIVITY: MASS MEDIA COMMUNICATION – RADIO/TELEVISION/NEWSPAPERS

Advantages	<ul style="list-style-type: none"> ● Good opportunity for a large group of people to obtain authentic and up-to-date information on both malaria and COVID-19. ● Ensures that the government at the highest level or other individuals trusted by the population as a whole pass on information to help communities understand and be reassured that a large-scale, community-based activity, such as distribution of ITNs, is possible and safe even during COVID-19 transmission. ● Opportunity to disseminate information about the importance of ensuring that people with suspected or confirmed COVID-19 use ITNs to reduce their risk of malaria while ill and recovering.
Disadvantages	<ul style="list-style-type: none"> ● Ineffective use of malaria/ITN limited financial resources for SBC given that extensive messages will already be aired/published about COVID-19 and its prevention by the national COVID-19 task force. ● Overload of information leading to low retention of key messages about both malaria and COVID-19. This could mean that communities/households do not practise one or more of the recommended behaviours (such as frequent handwashing or correct use of ITNs). ● Risk that households will associate COVID-19 with malaria/ITNs if messages are not exceptionally clear. This could create misinformation about each disease and best practices for prevention. Households may get a perception that COVID-19 is

	transmitted by mosquitoes, OR households may perceive COVID-19 to be related to malaria (i.e. same disease).
Considerations	<ul style="list-style-type: none"> • Where co-messaging is chosen, the total number of messages should be minimal. The messages about each disease must be clear, concise and leave no room for ambiguity or misinterpretation. • Limit COVID-19-related messages to specific measures during the ITN distribution that are necessary to prevent the spread of the virus and protect the targeted population. • Since radio (and television and newspapers to a lesser extent) have a broad reach, they provide one of the best opportunities for ensuring continuous information is communicated to the intended audiences. Mass media channels, with widespread reach, provide an opportunity to emphasize that although COVID-19 is a major risk, malaria is still prevalent in communities and community members should protect themselves and seek prompt diagnosis and treatment if febrile. • Mass media channels offer the opportunity to inform people what to do about suspected malaria infection if there are widespread outbreaks of COVID-19 and people are afraid to seek care. This will be particularly important if there is associated social stigma with COVID-19 (as was the case with Ebola) and communities are reluctant to seek medical treatment in the case of fever.
Examples if proceeding with co-messaging	<ul style="list-style-type: none"> • Radio/television spots and newspaper articles should acknowledge that the government has chosen to undertake an ITN distribution campaign during COVID-19 because malaria poses a serious risk to the population. Malaria can quickly worsen if prevention with ITNs is not maintained and measures have been put in place by the national malaria programme and partners, in collaboration with the COVID-19 emergency task force, to minimize the risk of spreading COVID-19 during the campaign. • Mass campaign messages on the radio/television and in newspapers can let households know that community health workers (CHWs) will be keeping a distance of at least one metre from all residents during the household registration and/or ITN distribution and request that household members interacting with campaign personnel maintain the same physical distancing for COVID-19 infection prevention. • Radio spots, debates and phone-in programmes are strong channels to inform people about what they should do about ITN access and use for people with suspected or confirmed COVID-19 or those that have died from COVID-19: <ul style="list-style-type: none"> ○ How to access ITNs for households that are in quarantine due to suspected or confirmed COVID-19 ○ Not to share an ITN with someone who is sick with COVID-19 ○ That if people become sick from COVID-19, they must still be provided with an ITN so they can sleep under it to prevent malaria as malaria risk remains high ○ That an ITN used by someone sick from COVID-19 does not need to be destroyed. Just wash it using soap (or equivalent) and cool water. Do not use hot water, bleach or anything with alcohol, and dry the ITN out of direct sunlight. Throw out the dirty water afterwards away from fresh water sources.

ACTIVITY: MASS MEDIA COMMUNICATION – SOCIAL MEDIA

Advantages	<ul style="list-style-type: none"> ● Major source of information in many countries, particularly in urban areas, and provides a good opportunity to pass regular, consistent and correct messages about malaria and the use of ITNs to prevent it. This may be particularly important since COVID-19 has frequent and unanticipated changes as we learn more about the disease, which may create confusion about malaria also. ● Good opportunity for a large group of people to obtain information on both malaria and COVID-19 where social media is a well-used channel. ● Cost-effective way to mitigate against rumours⁵ and disseminate information rapidly in case of rumours or other issues arising, particularly for urban areas, where rumours will often spread rapidly.
Disadvantages	<ul style="list-style-type: none"> ● The viewer attention span tends to be very small. The main message, whether in words or images, must be immediately obvious. Any overload of information will lead to low message retention. This could mean that communities/households do not practise one or more of the recommended behaviours (such as frequent handwashing or correct use of ITNs). ● Social media access can be limited in many parts of countries and in some cases, severely limited (especially in rural areas and complex operating environments).
Considerations	<ul style="list-style-type: none"> ● Country context (including population access to and use of social media platforms) must be considered and channel mix adjusted to reach the intended population as necessary. ● Social media is a platform on which people voice concerns, start rumours (intentionally or not) and should be a key part of efforts to counter incorrect or misleading information. ● Decide whether to have a team dedicated to the monitoring of messages being disseminated across social media platforms and ensuring information is correct and accurate, as well as receiving any feedback that demonstrates that confusion is arising. These teams must be easily identifiable as being from an official source (e.g. Ministry of Health) and be able to respond to any misinformation and rumours promptly and effectively using the same social media platform. In places where social media is widely used, there may be a high volume of comment and counter-comment. Ensure that the monitoring teams are adequately trained to deal with the traffic and know when and where to report any potential issues. ● May be a useful channel for disseminating information on what to do with ITNs that have been used by confirmed or suspected COVID-19 cases or those that have died from COVID-19.
Examples if proceeding with co-messaging	<ul style="list-style-type: none"> ● An MoH Twitter and/or Facebook page that provides daily updates on both the ITN distribution and emphasizes COVID-19 prevention measures. ● A Twitter or Facebook page that proactively addresses rumours, population concerns and misinformation as they arise. ● Short “soundbite” messages aligned with the viewer attention span to ensure that key information is seen on the first click or view. Use colour, branding and other visual elements to grab attention and focus it on the key information. ● Also please see above under radio/television/newspapers.

ACTIVITY: SBC MATERIALS (e.g. POSTERS, BANNERS, FAQs, FLYERS)

⁵ See also: *COVID-19 considerations for the development of rumour management plans related to ITN distribution*.
<https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

Advantages	<ul style="list-style-type: none"> ● Good opportunity for a large group of people to obtain official good quality information on both malaria and COVID-19 that cannot be manipulated and is easily understood.
Disadvantages	<ul style="list-style-type: none"> ● Overload of information on SBC materials (such as job aids) can mean that they lose their effectiveness. This could lead to low retention of key messages (for both malaria and COVID-19) by target groups. ● It may be difficult to make sure that messages on SBC materials are sufficiently clear to differentiate between malaria and COVID-19, particularly since SBC visual and print materials are directed to target populations with different levels of education and literacy ● Ineffective use of malaria/ITN campaign resources, in addition to potential confusion of many messages or images in limited space, if sufficient resources are available for COVID-19 SBC through the national COVID-19 task force. ● Printed materials cannot easily be recalled and updated for changes in the ITN campaign or the evolving COVID-19 situation.
Considerations	<ul style="list-style-type: none"> ● Ensure that all materials are provided in sufficient quantities for one per person so that they are not shared between people. ● As much as possible, SBC materials should display malaria and ITN messages separately from COVID-19 messages, especially as the information about COVID-19 changes rapidly as more is known about the virus. Separating messages will also support clear and consistent communication by CHWs and other campaign personnel. ● Inclusion of dates on print materials should be carefully considered in light of potential delays due to changes in the COVID-19 context or other factors (e.g. delayed arrival of ITNs or printed materials that lead to changes in dates for registration of households and/or distribution of ITNs)
Examples if proceeding with co-messaging	<ul style="list-style-type: none"> ● COVID-19 messages can be integrated in the CHW job aids for the ITN mass campaign, ensuring that there are separate, dedicated areas for COVID-19 and ITN and malaria key messages to limit mixed messaging by CHWs (for example, Mozambique and Nigeria) ● Posters/banners with correct information about malaria, treatment-seeking behaviour in case of fever due to malaria, particularly for children under five and pregnant women, and nightly use of ITNs by the entire population can be placed at strategic locations (such as markets, food stores and pharmacies). These posters can include where to receive more information about COVID-19 or what to do in case of symptoms of COVID-19.

ACTIVITY: INTERPERSONAL COMMUNICATION (IPC) AT COMMUNITY LEVEL
(e.g. STREET MESSAGES, DOOR TO DOOR IPC, COMMUNITY MEETINGS, etc.)

Advantages	<ul style="list-style-type: none"> ● IPC is an effective means of passing key information to households if all COVID-19 infection prevention measures are in place. ● Households will benefit from IPC for both malaria and COVID-19, increasing their knowledge about the diseases, prevention and best practices. ● IPC offers an excellent opportunity for tailoring messages to audiences where campaign personnel are trained and equipped with standard messages.
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	<ul style="list-style-type: none"> ● IPC provides an opportunity for household members to ask questions about both diseases and receive responses from a trusted source in their community.
Disadvantages	<ul style="list-style-type: none"> ● Community level communication agents need to learn more key messages, which may lead to a desire to increase training time, which must be balanced against the COVID-19 infection prevention measures that have been put in place. It may not be possible in the context to allocate additional time and resources to ensure strong and robust training for the extra key messages and information about the two diseases. This in turn may lead to an information/task overload and could increase the risk that incorrect or misleading information is provided to households and communities regarding malaria/ITN use or COVID-19 by CHWs or other community level communication agents. ● Work/task overload may cause a reduction in the quality of implementation, such as the managing of rumours by CHWs or other community level communication agents and campaign personnel. ● The use of IPC may not respect physical distancing best practices, and could thus increase the risk of spread of COVID-19. ● CHWs will have to spend more time at each household, increasing the time of exposure to people with potential COVID-19, including those who may be asymptomatic.
Considerations	<ul style="list-style-type: none"> ● Capitalize on IPC opportunities through campaign activities that must be implemented, such as disseminating information to households during the door-to-door registration and/or distribution, including at fixed sites. ● Limit IPC activities for lowest potential COVID-19 exposure and transmission. ● Provide CHWs/town criers with megaphones to communicate messages about both malaria and COVID-19 so that information is coming from trusted sources. ● Even if CHWs are not disseminating COVID-19 information, it is important for them to know about the virus so that they can protect themselves and others and respond to questions from households. Consider providing COVID-19 information to CHWs (and other community level communication agents such as community and religious leaders), but not making it a requirement that they provide households with COVID-19 information. With some knowledge on COVID-19, CHWs will be able to pass key messages if the household asks for information on this particular disease, including where to receive more information.
Examples, if proceeding with co-messaging	<ul style="list-style-type: none"> ● Visual examples of ITN campaign IPC agents (e.g. CHWs) actually practising the precautions are shown in newspapers, on television coverage of the campaign and on social media channels so households know what to expect during the campaign (e.g. CHWs using megaphones to communicate messages on malaria and COVID-19 or distributing ITNs door-to-door while maintaining physical distance from household members by leaving ITNs at doorways). ● Dissemination of messages by communication agents using megaphones, town criers, mobile units, virtual religious ceremonies, etc. focusing first on one set of messages related to COVID-19 and then on another set of messages for malaria and ITNs to avoid confusion for the listener.