Malawi Malaria Communication Strategy

I have reviewed the Communication Strategy. It covers a lot, and is a very good attempt at systemizing the communication interventions into a coherent whole. I have limited my comments below to areas that would improve the overall effectiveness of the strategy.

Research Recommendations

The communication strategy would be greatly strengthened by outlining a robust research agenda designed to understand how to overcome the barriers to behavior change. Ideally a research working group should be indicated to develop this research agenda and subsequently drive research priorities. A clearly-articulated research agenda would also serve to guide implementing partners in setting their priorities.

In addition the strategy would further be strengthened if it would go beyond stating the intention to share data, by actually describing the mechanism through which partners can share diverse research findings. One possibility is to create a web-based portal at MoH that could house on research findings and to which all malaria partners can access. The sharing should be mandatory in order build up the knowledge base about effective SBCC.

The current draft strategy does, indeed, acknowledge the gap in the availability of concrete data around LLINs use.

> *The strategy also notes that very little is known about actual net use in Malawi (who uses nets, who does not and why) and recommends that research in this area be carried out.* (p.9)

In another section, the strategy calls for more KAP studies and the sharing of information.

> *The review process revealed that there is a* (sic) *limited malaria KAP study reports. This communication strategy will aim to conduct more KAP studies and develop mechanism where partners can share any available information through the malaria sub WG.* (p. 12)

The research agenda should articulate specific research objectives. For purposes of illustration, some examples of possible research topics follow:

1. What are the barriers to adopting the desired behavior and what motivational messages would likely help persons, families and communities overcome them?

2. Who are the influencers in the community? In the strategy, heads of households are often listed as the primary target audience. Yet, in patrilineal Bantu cultures, for instance, the husband's mother is often very influential in the affairs of the son's household. If this holds true for Malawi and it likely does, then mother-in-laws should be considered a target audience for LLIN use, MIP, health service seeking, etc. Street theatre and broadcast media PSA offer opportunities to dramatize the play between husband's mothers, sons and their wives.

3. The fear of witchcraft acts as a barrier to women going to ANC for IPTp before they start showing. This barrier has been long recognized in Malawi, and is recognized in the draft strategy. Qualitative research - - focus groups and interviews-- with women who remain fearful as well as with some who have overcome this fear associated with seeking IPTp would likely provide ideas on how to motivate pregnant women to overcome their fears of having their fetuses taken by witches. It is also in line with the well-established positive deviance methodology.

4. Focus groups with fishermen and their communities may help encounter SBCC strategies for ending the use of LLINs for fishing. Currently the approach in the draft document focuses on governmental prohibition of LLIN use for fishing. An approach that focuses heavily on government prohibitions by themselves may have negative consequences on livelihoods and thus may constitute a weak behavior change strategy. Such an approach may also foster resentment twoard the malaria interventions in fishing communities. A focus group study may help find economic development strategies that could serve as an alternative to LLIN use for fishing. The communities may also offer way to attenuate the problem.

5. Focus groups and interviews with health workers may help identify beliefs and attitudes that may be inhibiting the implementation of recommended clinical practices.

A combination of KAP-like studies, qualitative research -- focus groups and interviews -- , message pre-testing, and follow-on evaluative research will be critical to an effective malaria SBCC intervention, and so I recommend that a section of 5-year communication strategy be dedicated to putting into place a mechanism for devising a research agenda rather than to leave research prioritization to change.

Motivational messages are important allies in getting people to adopt the behaviors articulated in the technical messages that focus on the desired behaviors. People’s intentions to change are governed by attitudes, beliefs, perceived social norms and/or

notions of self-efficacy. There is ample evidence showing that it is not enough to provide information on malaria to communities and expect a change in malaria indicators. Appeals to issues of personal and group identity and values can be powerful in behavior change.

Accordingly, it is recommended campaign messaging be modified should this be justified by new research data. Typically motivational messaging make an appeal based on identy, values and positive benefits.

Branding and Social Norms

The draft strategy document mentions a link between

> *the newly developed Malawi Health Community Strategy (MHCS) - building upon the malaria component of the MHCS and adopting Moyo ndi Mpamba, Usamalireni (Life is precious, take care of it) as an umbrella brand from which to promote Malungu Zii (Malaria free)* (p.8).

It is unclear how much independent interventions can be made as part of *Malunga Zii*. Nonetheless, it may be worthwhile considering how best to incorporate specific malaria motivational messaging inside of the overall branding strategy. For instance, if *Moyo ndi Mpamba, Usamalireni* has a song, it may be possible to incorporate verses or stanzas dedicated to malaria themes. If the malaria program can adopt its own song, I would recommend that it be one of call and response in order to optimize community participation including dance.

A branding exercise can also be an effective opportunity for promoting new social norms. The findings from the research agenda can be leveraged into a robust branding strategy for malaria and help identify messaging designed to promote the adoption of new social norms, which are rules sanctioned by broader society and whose violation is shunned by community. An example of this social norm that supports the objectives of universal use of LLINS might be "a good neighbor sleeps under a bed net every night to protect others from malaria infection." This seeks to create a community value about everyone's responsibility in preventing the transmission of the malaria parasite.

It is recommended that the communication give greater emphasis to the goal of creating new social norms that will reinforce the adoption of desired behaviors. Schools may be an ideal setting for promoting social norm; this may be achieved through the introduction of health curriculum teaching the why's and how's of malaria prevention and control.

New social norm development may contribute to replacing the currently common cognitive association between malaria and the inevitability of suffering that is reproduced by the fatalistic mindset. The communication strategy acknowledges this fatalism in describing a key barrier to seeking malaria testing; "Community members consider malaria as a normal occurrence hence delay to take action." (p. 15)

A robust branding strategy, to which all malaria partners would have access and should adhere to, could drive consistent messaging that promotes a stimulus for change based on the positive benefits to be achieved by taking a proposed action. One approach would be to create a cognitive association that links malaria control, prevention and treatment with a better, more prosperous life/ future for family, community and nation. In essence, this is the promotion of a new social norm to replace the currently widespread cognitive association between malaria and the inevitability of suffering that is reproduced by the fatalistic mindset. The belief that concrete actions on malaria prevention and treatment can lead to improvements in one's life also reinforces a sense of agency and self-efficacy that are destined to help MOH in its efforts to mobilize the person, family, community and nation around other urgent health issues in addition to that of malaria.

Saying that an adopted behavior leads to a healthier life may not by itself carry the weight of conveying the concrete benefits, for "healthy" is both a cultural construct and a bit of an abstraction. A more concrete benefits narrative will likely resonate in family and community, for it rests on bedrock of economic reality that touches the lives of virtually all. For purposes of illustration, some examples of benefits messaging approach follow:

- Small-scale farmers whose productive capacity is diminished because of illness (negative reflection).
  A healthy farmer is more productive, etc. (positive construct).

- A businessperson who sees his workforce weakened by malaria (negative reflection).
  A healthy workforce increases profits (positive construct).

- A worker who earns less because of absenteeism (negative reflection).
  A healthy worker earns more money (positive construct).

- Families who spend scarce resources on treatment (negative reflection).
  A healthy family has more resources at its disposal (positive construct).

- A mother who fears that her children's future may be dim.

A healthy, malaria free, life will give my children advantages that I didn't have.

- A nation whose economic output is weakened and economic development hampered by malaria (negative reflection).
  Good health through less malaria means greater prosperity for the nation (positive construct).

Communicating to the public, the positive impact of malaria prevention and treatment on the lives of ordinary people is the *sine qua non* for making the individual feel that he/she is part of a wider movement in favor of behavior change. It is also a way of creating self-sustaining social norms.

Modes of Communication

The draft strategy places considerable emphasis on using district level structures to "mobilize the community to take action on malaria prevention and control" (p.24), and appropriately highlights the training of community volunteers, who are to act as SBCC agents. They are also to receive toolkits that will facilitate demonstration and enhance IPC. It would be helpful to insure that the proposed monitoring plan involves direct observation to verify the quality of IPC and the supply and use of toolkits by health volunteers who are the SBCC foot soldiers. This observational data will allow for mid-course review and corrections, if needed. There should also be an evaluation strategy in place to evaluate outcomes and effectiveness.

In addition, the district-level community mobilization strategy would also likely gain by encouraging additional modes of communication including street performances and the mobilization of leaders and other local influencers as part of the campaign (more on religious leaders below). This may be something understood, but greater emphasis could be place on it in the strategy.

In terms of radio, the communication strategy would be strengthened by laying the groundwork on how broadcasts and community mobilization may be coordinated, if possible. In terms of radio format, relating to other people, especially through first-person accounts, will allow the message consumer to more easily bridge the knowledge trust gap between his/her personal experience and the promise of benefits malaria control at both the micro and macroeconomic level. In other words, relating malaria success stories becomes the building blocks for establishing a larger vision of what can be achieve through participating in malaria prevention and control. For instance, the success story of reducing the malaria burden in certain districts as result of the IRS campaign can be told to the wider nation in the voices of those experiencing and otherwise witnessing the benefits in their lives and those of their neighbors.

The use of media and success stories is mentioned as an advocacy tool on page 21, but it is important to stress that radio is a top source of information on malaria in the country, and it should be very explicitly leveraged for behavior change and social norm promotion. And a clear strategy should be articulated. A mechanism should also be in place for monitoring radio output and evaluating impact.

The branding strategy would ideally contain guidelines about the most effective means of programming messages and what these messages should be saying to motivate behavior change and to foster new social norms.

Health Care Workers

It may be advisable to conduct additional research on health care workers attitudes and beliefs to strengthen the proposed Channel and Activity Mix directed at health care workers (Table 2d, p. 17), and to regard health care workers as a primary and not a tertiary audience. In terms of SBCC, service providers constitute the supply side of the malaria communication equation.

A recent inventory of strategic planning documents was conducted in five countries, including Malawi, to assess the content and consistency of communication objectives related to malaria in pregnancy (MIP) in national malaria control, and national reproductive health program communication policy documents. The inventory found that malaria communication strategy documents outline community level SBCC priorities and indicators, but failed to recognize service providers as potential recipients of SBCC interventions. This is certainly the case for the draft communication strategy under review, where it is noted

> *. . . that despite the availability of diagnostic facilities at health facilities, health workers continue treating patients routinely and presumptively for malaria without subjecting them to malaria testing . . . .*

Much of the recent literature, as well feedback from the RBM MIP Working Group, point to barriers in service provider behaviors and attitudes towards malaria prevention and treatment as contributing to low uptake of such key malaria commodities as RDTs, ACTs, and SP. If service provision has been addressed, for instance, with skills or systems strengthening interventions (to improve stock management or procurement of SP, for example) but providers fail to appropriately provide SP, structural improvement activities may not be the solution. Service providers should be considered as an audience of SBCC interventions designed to affect their attitudes, self-efficacy, perceived risk, and social norms.

It would, thus, be advisable for NMCP to work closely with the Department of Reproductive Health to elaborate a research and communication strategy to address this issue with plans for

research into the issue of provider behavior and indeed communication skills, for it may be an opportunity also to address IPC skill, and if found wanting, to incorporate the findings into pre-service and in-service training.

Barriers to IRS

It may also be worthwhile to review the IPC skills of the sprayers and their supervisors. Although the sprayers attitude was not raised as a barrier to IRS acceptance in draft strategy document, in other countries this is often the case. Perhaps the reference to "inconvenience" as a barrier is a reference in part to sprayers' attitude. If this barrier also exists in Malawi, then an IPC intervention with spray team members may help overcome resistance to IRS. Additional research with consumers and sprayers may be worthwhile.

Religious Leaders

It is recommended that the strategy give more prominence to religious leaders as potential behavior change agents, both in social/community mobilization and BCC. There may be many lessons learned from neighboring Mozambique, where a nationwide interfaith movement -- the Interfaith Program to Combat Malaria (PIRCOM) has organized religious leaders throughout the country -- Catholic, Protestant, Muslim, Hindu and Baha'i -- to promote malaria prevention and control.

In Malawi, systematic outreach to pastors and imams to mobilize their faith-based groups -- women's clubs, youth clubs, health committees, etc. will likely have an important impact. In orientations with religious leaders, it may be advisable to ask them to take concrete actions. For instance, their voices could be effective in helping pregnant women who don't go early to ANC out of a fear of witchcraft, to have the courage to do so by reassuring them of the benefits that may be accrued. The fear of witchcraft may also be countered by alternative spiritual beliefs that the religious leaders may be in a position to impart. Religious leaders can also encourage their congregations to take action with reference to a i sacred texts and traditions.

The Telephone Media

It would be worthwhile for NMCP to explore the possibility of setting up a toll-free hotline which people can call to get informed about malaria -- to answer questions about what to do in case of fever or answer questions about IPTp and ANC visits.

In addition, it may be possible to relay SMS text messages at no cost from telecom malaria partners to reinforce the importance of proper and diligent mosquito net use. Cameroon's use of SMS to encourage net use has been widely publicized.

The Use of the Term Health Care Workers/Providers/Facilities

It may be useful to have more precision in identifying health care workers. For example, in *Table 2b* on page 17, under Mass media, it is written, "Promote health workers as having the capacity to conduct a quick test to confirm if you have malaria or not and that malaria testing can be done at the nearest health facility."

It is not clear from such statements which health workers qualify to conduct RDTs. It would makes sense to identify Health Surveillance Assistants and nurses at Health Centers,) if this is indeed the case. (I'm not completely sure of Malawi's protocols.) The public needs to have a clear statement of whom to go to for a diagnostic test.

Traditional Healer

As it is not uncommon for sick adults and guardians of sick children to seek a cure from a traditional healer before going to a health facility, it may be worthwhile conducting a pilot sensitization with healers to encourage them to send feverish clients to go to a Health Surveillance Assistant or a health facility to receive a RDT. I don't know if such a pilot has already done, but it may be worth exploring how to make traditional healers allies in malaria referrals and treatment rather than business competitors.

Malaria School Health Program

Malaria and the consequences of a malaria infection should be addressed by schools in an effort to teach children that malaria is a dangerous disease. Schools are also an important venue for imparting values and social norms. The draft communication plan dedicates only a small paragraph to a malaria school program. It is recommended that the communication strategy contain detailed steps for an advocacy intervention with the Ministry of Education, so that Malawi take advantage of the SBCC opportunities presented by the school system.

By including malaria awareness and control in the school health education curriculum, schools can educate children on the dangers of malaria as well as how to prevent the disease by teaching children ways that they can actively participate in prevention measures with friends, family and individually. School health teachers and/or school health nurses should also make children aware that good health is imperative to their future and that they should try to promote health by taking measures to reduce the chance of infection caused by preventable diseases such as malaria. This can be accomplished through in class educational activities as well as take home assignments that are designed to make children aware of their home environment and encourage parental or guardian participation.