AMP The Alliance
for Malaria Prevention
Expanding the ownership and use of mosquito nets

Use of social media as a key social and behaviour change (SBC) channel in the context of COVID-19 transmission
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Remember the COVID-19 infection prevention measures[1]

- 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 tissue[2] and wash your hands with soap and water
- 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

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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/

Understand the potential role of social media
The last decade has seen unprecedented advances in technology. The rapid pace of technology has allowed most nations to become fully connected to the rest of the world. Millions of people can be reached in seconds and it is possible to get information, influence others and share new discoveries and ideas with one click or a swipe of the finger. Our daily lives have been transformed by social media.

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[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

Social media has enabled developing nations to become more visible to the rest of the world and has brought economic and social transformation. It has increased health education and promoted healthy behaviours. It has reunited family members that have been displaced. It has empowered and encouraged women to play more of a role in society. Recent cases in India[3] and Turkey[4] from women drawing attention to violence against them reflect the potential of social media to bridge the gap that often separates grassroots women's activism from policy-making processes. It has raised awareness of activities and people's place in them while acting as an informal teaching and learning tool. It can also act as an advocate for change. During the COVID-19 pandemic, it has facilitated fast diffusion of public health and safety information to a large audience.

Social media does, however, have another side. Like any channel, it can be misused. It can be used for purposes such as:

- The spreading of rumours, misinformation and disinformation[5]
- Cyberbullying, leading potentially to depression, anxiety, low self-esteem and even suicide of those being bullied.
- General abuse, such as emotional or social cyberbullying (e.g. women in India being abused online for having an opinion[6])
- Illegal disclosure of personal and sensitive information, leading to loss of privacy (e.g. disclosing sexual orientation, revenge pornography, etc.)
- Anti-science conspiracy theories, such as the non-existence of COVID-19 or information that masks are no protection against the virus
- Various scams and money extortion mechanisms

It should be remembered that social media posts cannot be entirely deleted and can easily be shared across users, increasing the audience and reaching beyond the targeted group. That is how potentially dangerous information (e.g. a rumour) spreads so rapidly and is not easy to destroy.

Social media is being used for positive and negative health communication. For any organization involved in healthcare of any kind, ignoring its reach and potential effects is not an option. It can be used for social and behaviour change (SBC) but it should always be used responsibly.

Social media, among groups that are regularly using it, can be an important source of information and it is relatively cost effective. In the COVID-19 context, social media is a channel that can be used to provide timely and reliable information about ITN campaigns in a safe and efficient way. Social media provides an opportunity to engage users and to reach a large audience while minimizing potential exposure to COVID-19, unlike traditional SBC approaches, like interpersonal communication and community theatre.

During COVID-19, social media can play the role of:
- Engaging with audiences in a way that traditional radio and TV do not
- Reaching younger community members in targeted populations
- Sensitizing the digital sphere on the necessity to continue with malaria prevention activities, such as a mass ITN distribution, despite the threat of COVID-19 infection

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[3] https://amnesty.org.in/campaign/online-violence-women/
[4] http://www.kadincinayetlerinidurduracagiz.net/for-english
[5] Misinformation is defined as misunderstood or incomplete information. Disinformation is false information spread with intent to cause harm or take advantage of a situation. See also AMP guidance: *COVID-19 considerations for the development of rumour management plans related to ITN distribution*.
https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/
[6] https://amnesty.org.in/campaign/online-violence-women/

- Encouraging people to seek care for health problems, particularly fever, rather than stay away from clinics for fear of COVID-19 transmission, and reassuring them that safety measures are in place to protect them from the virus
- Creating awareness of the upcoming ITN mass distribution campaign and measures put in place for COVID-19 infection prevention to protect both campaign personnel and recipients of ITNs
- Increasing knowledge about ITNs and their use and benefits to the health of individuals, families and the community and thus creating a demand for ITNs
- Identifying and debunking rumours, misinformation and disinformation, particularly anything that links the transmission of COVID-19 with the mass ITN distribution

Social media, like all the other SBC strategies and channels, should be carefully crafted, measured, managed and founded on a strong and clear plan.

Research to assess which social media platforms should be used

Many national malaria programmes will already use social media in a general capacity to keep the public aware of the malaria situation in the country, to broadcast news stories, to engage the public with human interest stories, etc. If using social media, there should be sufficient data in terms of general public usage, preferences in targeted communities, acceptance, "likes" and engagement to help the national malaria programme with their choice of platforms for the ITN mass campaign. Using social media may require significant financial investment and it must be clear that the investment will get acceptable and measurable results.

There is a wide selection of social media platforms that national malaria programmes can opt to use while planning ITN campaigns, including Facebook, WhatsApp, Twitter, Instagram, YouTube, etc. Decisions on the platform to use should be based on the context of the country, level of access to networks (connectivity) and technology capacity and familiarity with various technologies among campaign workers and target populations.

It is clearly important for the national malaria programme to use the same platforms as the target audience. In each country context, research to assess the use and effectiveness of different channels is advised. For example, statistics[7] show that Facebook is very widely used. The total number of subscribers in Africa at the end of 2019 was well over 200 million. In comparison to other platforms, Facebook is shown to have the greatest percentage of users in Africa – 83.38 per cent[8].

Social media is one channel for SBC, but tools like radio spots that can safely broadcast messages to a broad population base should be used as well. The messages on radio and social media should reinforce each other in branding, but they will likely reach different audiences, with more affluent and urban audiences being much more likely to use Facebook than less affluent, rural audiences. This is a limitation of social media that should be addressed, but it is also an opportunity: social media can reach urban populations who are often hard to reach with traditional interpersonal SBC. Also, if COVID-19 outbreaks are concentrated in urban areas, social media is an excellent channel to safely reach this population with correct and consistent information.

It is also important to learn lessons from other countries that may have good experience of using social media for different purposes. The Ugandan government, for example, uses social media very broadly. Its 2013 Social Media Guide[9] states, "*It is imperative to choose the most appropriate social media tool. Simply picking and using a social media site because it is popular can be*

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[7] https://www.internetworldstats.com/stats1.htm
[8] https://gs.statcounter.com/social-media-stats/all/africa. Figure as at August 2020.
[9] https://www.nita.go.ug/sites/default/files/publications/Government-of-Uganda-Social-Media-Guide.pdf

counterproductive if it is not suitable for the intended purpose. Planning to use social media should be done as part of a wider effort to determine an agency's engagement strategy. Once an agency understands its engagement strategy, it can then determine which social media tools will best meet its needs."

See Annex 1 for a case study of social media use by the Ugandan government.

All social media platforms have their advantages and disadvantages, and countries should clearly assess these before deciding which platform to use for their ITN campaign. Advantages and disadvantages of some social media platforms are as follows:

Platform	Advantages	Disadvantages
Facebook	- Large reach - Allows users to connect with each other through posts, comments, images, "likes", instant messages, links etc. - Allows users to build their profiles and target specific audiences through boosted posts or advertisements - Allows users to make comments and ask questions, and gives the national malaria programme the opportunity to address these comments and questions directly - Allows users to share posts easily, leading to organic spread of posts - Allows the national malaria programme to monitor the circulation of mis- and disinformation - No limits on audiovisual material (videos) - Can pay to boost a post to reach a larger audience[10] - Has an option of live video interactions with audiences	- It can be time-consuming building an audience - May require a dedicated staff member to address comments and questions from the public
Twitter	- Large reach through tweets and retweets - Forces messages to be focused and concise with a maximum of 240 characters per message	- Limits videos to two minutes 20 seconds - Requires one to be on standby to provide quick response to trending topics

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[10] A Facebook Boost Post is a type of paid advertisement on Facebook promoting an existing post from a business page. Facebook Boost Posts amplify the reach of your content to appear to a wider range of your target audience outside of people who already follow your page.

	• Good way to share images and thoughts quickly • Information spreads very fast • Hub for trending topics • Campaigns can buy followers • Can be used to start broad global conversation on targeted topics, or boost awareness on "forgotten" topics	• For official use, will require dedicated staff, as the tool needs to be used actively to generate a following
Instagram	• Fast and easy way of sharing photos and videos • Could be good promotional tool • Possibility of live video engagement with audience • Allows people to comment	• Limited to Android and iPhone but can be reached via a browser and viewed on a laptop or desktop computer • Focuses more on visual presentation (photos and videos), so not ideal for more complex data or text communication
YouTube	• Good for videos • It has an easy rating and feedback system • Good viewers' analytics available • Allows people to comment	• Six billion hours of video posted every month, so competition is fierce • Data consuming – might not reach all users with mobile phones • Messages need to be in video format, so it can be labour intensive to record videos every time you wish to reach followers

Unlike the platforms above, WhatsApp is used more for messaging than posting and functions differently from the other platforms. It is similar to SMS so it feels intuitive and it allows for audio and video calls. Communication is more private between your contacts and it can be successfully used as a team coordination tool. However, unlike the other platforms you cannot track the spread of your message and rumours can spread very quickly, which has affected a number of ITN campaigns.

Develop a social media plan
Steps to follow in developing the plan:
1. **Set the goal** (what the various social media platforms will be used for, and what the desired result is). The goal should be measurable (engagement, conversion rate, etc.). It may be that there are different goals for different platforms, depending on their general make-up, prime audience, advantages and limitations, etc.
2. **Know the target audience** (who do you want to reach and why? Which are the best platforms to reach particular segments of the population?). Consider the age of the audience, whether it is a rural or urban population and the various ways they interact with the different social media platforms. A deliberate effort should be made to reach out to women who are largely the caregivers within households. This could be through:
   o Featuring women in the audiovisual content of the campaign
   o Targeting WhatsApp platforms to reach women of a certain age and within a certain location
   o Paying to sponsor posts to specifically reach women of certain ages

- o Including women during pre-testing of the audiovisual content[11]
3. **Review what the national malaria programme** already does with social media. If already using social media, research to see what is working well and what works less well. Who is engaged and what additional resources (whether in terms of tools, materials or human resources) are needed? It is recommended to support existing pages instead of creating new ones.
4. **Schedule communication when people are most likely to be using social media.** This is particularly relevant for the more interactive social media. In general, people will only see the latest posts, so posts from further back in time may not be seen. Schedule the communication at a time convenient for people, e.g. after working hours, when children are asleep, etc.
5. **Create accounts if needed**. These can be accounts that are specific to the campaign (e.g. "2021 ITN mass distribution campaign" Facebook page, or the national malaria programme's [and partners'] existing Facebook page[s]). Explore different account possibilities, e.g. personal or corporate which may have different functionality.
6. **Prepare social media content.** The most difficult task in creating content is keeping it fresh. This calls for having the right content mix for social media. If using Facebook and Instagram, define when and how often you will boost messages and post photos. It is important to know the cost of data. Where the cost is high, materials should be kept simple as people are less likely to be willing to use expensive data time by watching a video. When preparing audio and visual content, ensure that discussions take place with all campaign partners regarding whether or not their logos should be included.
7. **Monitor closely.** National malaria programmes should create monitoring protocols (with tools such as checklists) across the different social media channels. It is possible to have a hashtag[12] for the campaign for easy monitoring and evaluation of audience reach, following discussions, combating rumours and clarifying and watching out for message fatigue. Monitoring should be done on a consistent basis to track progress towards achievement of the planned goals. Identify staff who have sufficient available time to monitor the social media component of the campaign and, where there is limited staff time available, consider hiring either a consultant or staff to monitor and oversee the social media platforms being used. A few times a week should be enough to monitor and respond to comments and post existing materials. Social media data can be collected and analysed using social media analytics to make sense of the data. Some of the performance metrics that can be used include:
   - o Audience engagement (likes, shares, comments)
   - o Impressions and reach (awareness)
   - o Share of voice, referrals and conversions (were there individuals that acquired ITNs during the campaign as a result of social media activities?)
   - o Response rate and time

Include social media in the campaign risk assessment and mitigation plan

Social media as a key SBC channel carries risks that should be identified, monitored and managed. The potential risks (e.g. rumours, misinformation) posed by social media can have far-reaching effects on the campaign leading to rejection or low utilization of ITNs. Social media, therefore, should be included as a key component of the risk assessment and mitigation plan. National malaria programmes should anticipate potential risks that the social media campaign might pose to the

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[11] See AMP guidance: *Pre-testing of social and behaviour change (SBC) messages and materials in the COVDI-19 context.* https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/
[12] A hashtag—written with a # symbol—indexes keywords or topics on Twitter. It allows people to easily follow topics they are interested in.

campaign and put in place structures to ensure that the risks are minimized or managed in a timely manner. Some of the mitigation measures that can be put in place include:

- Recruit dedicated staff who can monitor and address any issues quickly and efficiently
- Ensure all tools have been pretested
- Establish a publishing calendar in advance detailing which messages are to be published on which day. Messages and materials should be approved by the SBC sub-committee and/or the donor in advance and should carry the same theme and messages as other SBC materials

Plan for social media activities across all phases of the campaign

Where social media is identified as a viable channel for dissemination of information, it should be used during all phases of the campaign, including for post-campaign SBC which is often overlooked due to limited funding.

Social media materials should be developed for each phase of the campaign (pre-distribution, distribution and post-distribution) and plans for their dissemination developed (e.g. days for different types of information to be shared and which platforms should be used at which times). It is critical to ensure uniformity and alignment of social media messages and other campaign messages across the different SBC channels, e.g. radio, TV and print, to avoid creating confusion.

Pre-campaign and prior to household registration and ITN distribution, social media messaging can serve to sensitize the target community and can complement advocacy and engagement sessions by posting images and photos from sessions to show the different leaders committing to the campaign. Social media activities should reinforce the messages being passed through other channels such as advocacy meetings, radio and television spots and by community leaders and health workers. Pre-campaign messages should focus on when the campaign is happening, building demand, and telling people in advance what they need to do or what will happen during registration and when they receive an ITN.

During implementation of the campaign, social media messaging can continue with messages about registration of households and where and when distribution of ITNs will take place, how to get an ITN if you were missed during distribution as well as any measures in place for COVID-19 prevention (such as the need to wear a face mask when receiving ITNs, keeping at least one metre apart from others, washing hands at distribution points, if that is the strategy for distribution). Messaging can also inform about what to do with an ITN when it arrives at the household (air in the shade, wash hands after handling) and how to use and hang an ITN properly. Messaging can also discourage misuse.

During the post-distribution period, social media may provide an opportunity for more sustained communication focused on correct hanging and use of ITNs, the importance of their use by the entire family and the reinforcement of messages about malaria presence year round and not only when mosquito density is higher during the rainy season. These messages can continue to be run long after the campaign has finished, but be refreshed and updated as time goes on to keep messages about malaria prevention and care of ITNs in the public eye. The national malaria programme should ensure there is a budget for post-distribution social media use.

Consider the cost implications of social media

Social media materials should not be developed in isolation. They should be harmonized with the larger SBC campaign and use the same terminology and branding. A TV spot can be shared on Facebook, posters can be seen on the Facebook page, characters from messages in other channels should occur in social media. In some areas, social media can be used to address gaps in other channels and reinforce key messages.

There will be cost implications for any materials developed for social media. Costs will vary from country to country, but should be included in the budget. High quality audiovisual materials, such as videos, are typically more challenging and expensive to produce than a static image, but are likely to make a bigger impact, engage more people and can often be used across multiple platforms. They also tend to have a longer "shelf life".

Other costs might include hiring an agency if the national malaria programme decides to outsource some or all of the social media strategy, the cost of using social media influencers who charge for their services, costs of an account with some social media platforms, etc.

The SBC sub-committee should check with partners if any materials are already available from earlier work or from work in other countries that could be "borrowed" and used at little or no cost, e.g. visual guidance on mask use. In addition, some partners might have SBC teams who would be willing to donate their time to prepare, advise on or review messages and materials.

Consider whether to hire a specialist agency or remain in-house

Content creation as well as monitoring and responding to chats are critical components of any social media campaign and require time and effort. The national malaria programme should assess its capabilities and expertise, as well as staff workloads and availability, and make an informed choice on whether to keep any social media activity in house or outsource this function to a qualified agency. Should they opt to hire an agency it is advised to assign a focal point within the national malaria programme to work with the agency. An agency with proven social media expertise should be hired and a contract between the national malaria programme and the agency should set clear deliverables and sanctions. Payments should be delivery-based, tied to meeting certain goals in terms of engagement and reach. Recruitment time (putting out tenders, interviewing different agencies, bringing them up to speed with the aims and objectives of the campaign, etc.) needs to be factored in during the planning stage of the campaign.

Should the national malaria programme decide to keep the social media function in-house they should identify a dedicated person. It will require hours of this person's time to post, moderate comments, manage the budget of sponsoring posts and monitoring social media input and output during the campaign. This member of staff would also be responsible for preparing a report on the impact of the social media activities to be included in the SBC section of the main campaign report. See also the section entitled *Prepare to act quickly to address any rumours, misinformation or disinformation* below.

Allow adequate time to produce and test

High quality audiovisual content on social media gives people a reason to follow, like or comment. Allow for adequate time to produce and test before placing content online. Social media, like all other SBC tools, carries the risk that the messages being disseminated can be misinterpreted or deliberately taken out of context, thus leading to rumours, mis and disinformation which spreads rapidly across all social media channels. It is therefore critical that all tools developed are pre-tested and subsequently approved by the SBC sub-committee to ensure that the risk of misinterpretation is reduced as much as possible. This should happen when other SBC materials for the campaign are being designed and pre-tested[13].

Identify and engage social media influencers

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[13] See AMP guidance: *Pre-testing of social and behaviour change (SBC) messages and materials in the COVID-19 context*. https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/

Engaging social influencers helps in driving the key messages of the campaign[14]. National malaria programmes should have the right mix of both "national" influencers (often millions of followers) and "micro-influencers" who just have hundreds or thousands of followers. When identifying social media influencers, it is easy to gravitate towards those with a huge following on social media but micro-influencers can also be helpful.

GeoPoll[15] (a mobile survey firm in Africa) conducted a dipstick survey in two of Africa's most active countries online, Kenya and Nigeria. The study was conducted with over 2,000 respondents in the last week of July 2020. Study findings showed that Facebook was the most preferred social network and is the channel where most followers keep up with their favourite influencers, followed by Instagram, while a large majority (80 per cent) of consumers said they had bought products following influencer recommendations.

When identifying social influencers, it is essential to keep in mind the goal of the social media campaign and the target audience. For the ITN campaign, micro-influencers could be trusted individuals that reflect real life realities for the majority of the target audience, while national influencers can be used to confer legitimacy on the information provided, e.g. benefits of sleeping under an ITN from a popular musician or a sports personality, proper hanging of a net by a political leader.

Use social media to conduct virtual pre-testing, supervision and monitoring

Since social media provides an opportunity to engage target audiences and campaign workers while minimizing potential exposure to COVID 19, national malaria programmes should consider integrating other SBC activities in their social media strategy. SBC activities such as virtual pre-testing, supervision, monitoring and community reporting can be done through video conference options, e.g. Facebook live, WhatsApp, Zoom, Google Meet. National malaria programmes should consider options for daily campaign staff review meetings that are not face-to-face, including using WhatsApp or FaceTime to send photos of data forms, discuss daily findings and correct any data errors, as well as to plan for the next day's activities. Additionally, WhatsApp groups could be used for campaign personnel to report on challenges, successes and lessons learned with ITN distribution. Feedback from WhatsApp groups can provide useful insights on improving campaign implementation.

Prepare to act quickly to address any rumours, misinformation or disinformation

On social media, rumours, misinformation or disinformation can spread very rapidly. Even if the development of materials for social media has been outsourced, it will be important for national malaria programmes to have a staff member or a team responsible for monitoring social media activities and working in liaison with the external agency.

Social media should be included in the national malaria programme's rumour management plan[16] with strategies to counter any harmful rumours. Misinformation should be countered in a timely manner with correct information as long as it does not give too much prominence to a poster who is merely attention-seeking. National malaria programmes should prepare a list of pre-determined

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[14] See also AMP guidance: *Engagement of community leaders in ITN distribution in the context of COVID-19 transmission*. https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/
[15] https://www.geopoll.com/blog/category/geopoll-survey-reports/
[16] See also AMP guidance: *COVID-19 rumour management plans*. https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/

questions that are likely to come up on the social media platforms and develop structured responses to these questions for use by the agency or social media team in addressing issues.

Annex: Use of social media by the Ugandan government

The Ugandan Ministry of Health (MoH) started using social media (Facebook and Twitter) in November 2014 to complement existing communication efforts. The social media channels were used to disseminate timely health information to the public in the form of awareness, sensitization, public relations, key announcements, clarifications, press releases/statements, etc.

In 2019, on studying the social media trends and various audiences, the digital media team opened an Instagram and YouTube account to add to the information dissemination channels. Currently, the Ministry of Health accounts on various social media platforms are verified[17] thereby building public trust in the information shared.

During COVID-19, Uganda MoH adopted the use of social media influencers (with 10,000+ followers) and ordinary people posting messages on their own pages about, for example, how they were staying safe, to step up the war against COVID-19. On a daily basis, the social media influencers were tweeting and posting personal stories of how they were keeping to the infection prevention regulations and encouraging individuals to follow their example and take preventive measures. One of the key successes of the campaign was constant engagement with the public through feeding information and statistics while at the same time showing empathy when responding to issues.

Monitoring reports show that the Ugandan Ministry of Health Twitter account was the most followed among the MoH accounts in the region, growing from 87,000 followers pre-COVID to 226,000 by October 2020. The Minister of Health, Dr Jane Ruth Aceng's Twitter account grew from 10,000 to 180,000 followers during this period while the account of the Permanent Secretary, Dr Diana Atwine grew from 25,000 followers to 127,200. This rampant growth was largely attributed to the constant engagement, updates and sensitization of the public on COVID-19. Having the top management such as the Minister and Permanent Secretary constantly engage, debunk rumours and update the public with key updates from the health sector won the trust of the population.

Uganda MoH noted the following advantages to the different social media platforms:
1. **WhatsApp Groups:** On the announcement of the COVID-19 pandemic, the Ministry of Health partnered with key stakeholders, primarily communicators in the private sector, to keep them up to date with information relating to the pandemic. Similarly, WhatsApp groups were created with social media influencers to enable them to receive timely information and respond to critical issues on the digital sphere with facts.
2. **Partnerships:** Strong partnerships with social media giants like Facebook enabled Uganda to counter rumours and share information with a wide audience. For instance, during the pandemic, Facebook partnered with all government departments and provided free Facebook advertisements to boost posts related to COVID-19. Boosting posts meant more people knew the updated status of the pandemic, general awareness of what was happening increased and rumours were quickly debunked.
3. **Influencers:** Using influencers such as media personalities, celebrities, musicians etc. to enhance the message that the Ministry of Health was pushing created public trust.

Weaknesses were also noted:
1. **Social media rumours/infodemic**[18]: Like most countries across the world, Uganda was also faced with an infodemic arising mainly from social media. This, at many times, had an impact

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[17] The platform gives a check mark to posts to recognize that the Ministry of Health is official.
[18] https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation

on the response as there were many posts claiming that "there is no such thing as coronavirus".

2. **Message fatigue**: Message fatigue was also noted and the vigour and keenness at the start of the pandemic began to fade.