AMP The Alliance for Malaria Prevention

Expanding the ownership and use of mosquito nets

COVID-19 considerations for the development of rumour management plans related to ITN distribution

V.2 August 2020

> **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
> - 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*
> https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/

Introduction and context

National malaria programmes are revising and adapting their strategies for insecticide-treated net (ITN) distribution in light of the threat from the spread of the COVID-19 pandemic. The COVID-19 pandemic is currently the main health concern for all governments, and with information about the spread of the disease and potential treatment, both accurate and inaccurate, constantly available on various media channels, it has also become one of the main concerns for communities and households.

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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

Malaria diagnosis, treatment and prevention risk being deprioritized while Ministries of Health work to contain the pandemic and respond to the need to encourage appropriate health-seeking behaviour to prevent the spread of COVID-19.

While responding to the COVID-19 pandemic, however, Ministries of Health and national malaria programmes are working to maintain all services planned for malaria control, including ITN distribution, indoor residual spraying (IRS) and seasonal malaria chemoprevention (SMC) campaigns and malaria case management at facilities and in communities[3].

Where ITNs are being distributed (or where other campaign-style approaches for delivering interventions are used), there is a real threat of individuals and communities linking COVID-19 transmission and spread to malaria, ITNs, the ITN distributors and/or ITN use. This can generate rumours which have the potential to:

- Create incorrect or misleading information about both malaria and COVID-19, thus leading to communities not accessing or accepting available ITNs or implementing best COVID-19 prevention practices (e.g. the correct use of mosquito nets or physical distancing)
- Increase the spread of both malaria and COVID-19, and consequently increase morbidity and mortality rates within communities

Ensuring that people access and use the ITNs that are available to them will be a critical part of reducing the burden on health structures during the COVID-19 response.

Correct and accurate information provided consistently across different communication channels about malaria, ITNs and diagnosis and treatment of fever cases will be important for preventing rumours from starting. Additionally, correct and accurate information about how COVID-19 transmission is being mitigated during the ITN distribution will be critical to avoid rumours starting that link the ITNs with the spread of COVID-19. While there is still limited data about COVID-19 transmission in malaria-endemic countries, it is possible that COVID-19 may spread quickly based on trends in other countries. National malaria programmes and partners will need to ensure that clear and correct information is available at the community and household levels about treatment-seeking behaviour for febrile cases, as well as the importance of ensuring that everyone sleeps under an ITN to prevent malaria, including people who are sick with suspected or confirmed COVID-19. Actionable information will be needed for households about:

- The importance of ensuring that people who are sick with suspected or confirmed COVID-19 continue to use ITNs while sleeping separately (where possible) from other members of their household
- What to do with ITNs once they have been used by sick people who have either recovered or died of COVID-19

When developing social and behaviour change (SBC) plans for ITN distribution, the SBC sub-committee will be responsible for identifying the different strategies, activities and channels for advocacy, social mobilization and social and behaviour change communication (SBCC) that can be safely implemented within the context of COVID-19 transmission. As part of macroplanning, the SBC sub-committee will also be responsible, based on the plans put in place, for identifying the potential risks and possibilities for their mitigation. The risk assessment and mitigation plan offers a starting point for the development of a rumour management plan.

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[3] See: https://www.who.int/news-room/q-a-detail/malaria-and-the-covid-19-pandemic.
https://www.who.int/malaria/publications/atoz/tailoring-malaria-interventions-covid-19.pdf?ua=1.
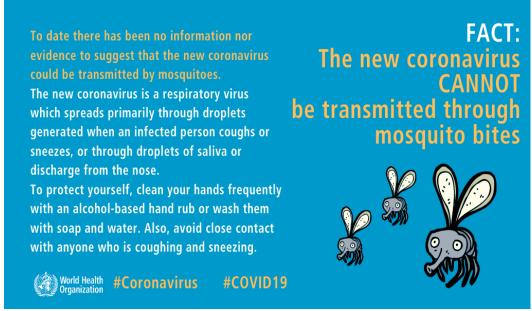
This document has been developed for national malaria programmes and partners to start thinking and planning for potential rumour mitigation early in the process of adapting ITN campaign distribution strategies, and to ensure that sufficient budgets for SBC exist to support the efforts to get ITNs into households and used, as well as to mitigate the risks associated with the propagation of rumours that may negatively affect ITN uptake and use. While the document contains some considerations that have been identified to date, more experience with ITN distribution within the COVID-19 context will generate additional information that will be added to the document over time.

Emergence of rumours

Rumours often emerge when there is a **lack of accurate, credible, reliable information** or **too much of it**, resulting in conflicting information or an overload of information. In either case, it is hard for consumers to separate fact from fiction.

There are three main types of rumours:
1. **Reports of events and/or risky behaviours** such as "people in X province are becoming sick with COVID-19 when they get the new type of ITN. We'll refuse to use them" or "the government is making everyone stay home but people are still distributing ITNs and spreading COVID-19 to households".
2. **Misunderstood or incomplete information (misinformation)** that is spread without ill intent but that may lead to the practice of risky behaviours or negative perceptions. For example, "there are increases in COVID-19 cases after using Chinese produced ITNs", "COVID-19 does not spread in hot climates" or "mosquito bites cause COVID-19".

World Health Organization: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters

3. **Disinformation or false information** that is spread with intent to cause harm or take advantage of a situation. For example, "ITNs increase the risk of COVID-19" or "the government is providing ITNs to households to spread COVID-19".

Over the course of multiple outbreaks of the Ebola Virus (EBV), including the epidemic in West Africa, a number of lessons were learned[4] that can be applied to the COVID-19 pandemic, while recognizing that although COVID-19 is accompanied by fear, the majority of cases will be mild in people who get sick (contrary to EBV). Lessons learned include:

- Protect health care workers (whose security may be compromised in the case of rumours)
- Push back against rumour, misinformation and disinformation with frequent, fact-based communication
- Provide clear information on caring for the sick and when to seek medical attention, since home care will be an important part of the COVID-19 response
- Engage the local community
- Use faith-based and trusted community networks to provide accurate information and build on the trust that people have developed over time

Early planning to anticipate possible rumours in the local context must be done, a mitigation plan put in place and a response plan developed and ready for immediate roll-out once rumours are discovered. Mitigation of rumours must be done through a strong multi-channel strategy to ensure that clear, correct and actionable information is communicated. It is therefore important to ensure support and buy-in for content from all partners, government, etc. Response plans for rumour management must include the channels that will be used, the key spokespeople that will be used at all levels because they are trusted figures and draft key messages that can be quickly adapted to ensure that they address the specific information contained in the rumour. Generally, when rumour management plans are put into action, the people addressing the rumours should not be the same people who disseminated the discredited information in the first place (unless those people are willing to admit they were wrong and now give out the accurate information).

The rumour management plan, and the response mechanism put in place, must take into account potential gender barriers to information access, as well as specific groups (such as nomads or internally displaced people) that may not be reached by mainstream communication channels. It is important to ensure that all target groups have access to accurate information, and the rumour management plan must therefore identify how women, elderly, disabled and minority groups obtain their information.

All risks related to SBC activities, including the potential for rumours, should be included in the ITN distribution risk and mitigation plan, which should be used as the basis for development of a short, detailed rumour management plan.

Once rumours have started, there are three steps to effectively containing them[5].

STEP 1: Discovering the rumours

Broadly speaking, rumours are spread by a few routes
- **Word of mouth** within communities
- **News media** (print, radio, television, outdoor media and internet)
- **Digitally** through mobile phones and online platforms

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[4] https://edition.cnn.com/2020/03/25/opinions/africa-ebola-lessons-coronavirus-speckhard/index.html.

[5] https://docs.google.com/document/d/1v5NYyWt9HdDcNks2r28FE9K0ux0kr3n8gxW_GN8kci8/edit#

When discovering and cataloguing rumours it is important to build on existing, trusted relationships with local people who have their ear to the ground, and create a rumour log (WhatsApp is a good tool for this). You can also create a toll-free hotline and/or website to report on sources of rumours (such as social media page, mobile phone number, WhatsApp number) to collect reports and answer questions through channels to which the targeted population has access[6].

Once rumours have been identified, first assess the potential consequences of the rumour. It is important to remember that not all rumours are worth addressing. Where it was not a major issue in the first place, addressing a rumour might bring it into more prominence, thus creating a larger problem. Some of the reasons that rumours should be addressed include:

- Could cause harm to communities by preventing them from using ITNs: "ITNs manufactured in China (or coming from other locations where many people are or have been sick with COVID-19) spread the virus so you should not accept or use them"
- Could stop people accessing ITNs or lead people to refuse ITNs distributed door-to-door: "The CHWs distributing the ITNs will give you COVID-19"
- Could cause conflict: "The insecticide on the ITN is part of a plot to make people infertile"
- Could result in risky behaviour/putting staff, family or community at risk: "You do not have to follow physical distancing at distribution points or during door-to-door distribution if everyone else is wearing a mask"
- Could put certain groups at risk: "Young people do not get COVID-19 badly so they do not need to worry about preventive measures like ITNs"
- Could pose a risk to an organization or group's reputation: "The MoH is spreading COVID-19 in the population by distributing these ITNs during the pandemic"

Note, however, that rumours can be a valuable analytic tool for discovering what the community or parts of it are thinking, what they do and do not understand, and what their attitudes are towards any interventions. Rumours may demonstrate where there is an information gap that needs filling.

Risks and possible rumours associated with COVID-19

Table 1 below shows the results of an initial analysis of potential risks and sources of rumours specific to COVID-19 and ITN distribution, particularly mass campaigns.

Table 1: Risks/rumours identified

Rumour	Causes of rumour	Potential impact from the spread of the rumour
Accepting/using ITNs that the government is distributing can give you COVID-19	Increase in COVID-19 cases at the same time as the ITNs are being distributed to communities or following the distribution when people begin to use their new ITNs. New or different ITN types (e.g. PBO vs. standard LLIN or polyethylene vs. polyester) are being distributed in different geographical areas and	Households may: - Not accept the registration and/or the ITNs being distributed, which may lead to low access to ITNs - Not use the ITNs that they have received - Dispose of the ITNs that they have received (very likely by burning them or trying to sell them in the

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	increased COVID-19 cases occur in some areas but not others. Households receiving ITNs impregnated with deltamethrin report increases in coughing when sleeping under the new ITNs. Political interference leads to accusations about the leading party authorizing the ITN distribution in areas to intentionally spread COVID-19.	market) as they perceive the nets to be carriers of COVID-19 ● Use the ITNs for purposes other than preventing malaria, such as for fishing or other misuse ● Build a perception that COVID-19 is related to ITN distribution or use, reducing positive ITN behaviours built over the past decade for a number of years to come The overall result may be that malaria cases increase due to households not accessing ITNs or not using ITNs available in households.
ITNs are manufactured in China (or other location where there are or have been many people sick with COVID-19) and therefore can give you COVID-19	The ITN labels will have information about where they were manufactured. Any household will be able to look at the source of the ITN and rumours may begin. Health system staff may feel uncomfortable or afraid about ITNs from China or elsewhere and voice concerns that become public. Political parties use information about ITNs manufactured in China (or other location) to undermine the distribution and promote rejection of the campaign. Increase in COVID-19 cases at the same time as people begin to use their new ITNs manufactured in China or other location where there are or have been many people sick with COVID-19.	
Community Health Workers (CHWs) or other campaign workers distributing ITNs are carriers of the COVID-19 virus and anything they have	CHWs may be seen as public health staff who may have had contact with COVID-19 patients and therefore may be sick already. This may be exacerbated over time as people become increasingly aware	Households will not interact with CHWs during registration and/or ITN distribution (regardless of strategy) or will completely refuse to accept anything being brought to their household from people that do not live

touched should not be accepted.	of the time between infection and symptoms. ITN recipients do not trust campaign workers distributing ITNs when they come from outside the community and are unknown to community members. Misunderstandings about COVID-19 transmission and prevention and people handling and exchanging goods or insufficient information provided in advance of ITN distribution to explain COVID-19 transmission reduction measures put in place by the Ministry of Health.	in the community or are not known locally. The overall result may be that a large number of the targeted households do not access, accept or use the ITNs, leading to increased malaria burden.
Transporters of ITNs coming from the capital level/district level, where there is high community transmission of COVID-19, are carrying the virus and the ITNs should not be accepted	Government information about COVID-19 transmission in the country identifies transporters as a major source of risk (either based on COVID-19 testing data or because of restrictions on import of certain goods from outside the country or because of restrictions on transport of goods from the capital to the interior of the country). Fear of goods being transported by people from areas with community transmission of COVID-19 to areas where few or no cases have been detected.	Refusal to receive or distribute any goods coming from the central or other levels (e.g. province, district) where there is active COVID-19 community transmission, thus leaving households unprotected with vector control.

STEP 2: Verifying the information

It will be important to assess the content of the rumour against the current and correct information about COVID-19, as well as malaria. If it is easily possible to identify the source of the rumour, it may be possible to persuade the same source that the rumour is incorrect and that they should rectify the information. However, where identifying the source of the rumour takes time, which is the more likely scenario for "grassroots" rumours starting at community level, it is more important to address and correct the rumour than to identify its source. It is important to remember that rumours can sometimes be partly true or even fully true. Where rumours are partly true or completely true, efforts should be made to correct the information that is not true and contextualize the information that is true (e.g. a rumour that door-to-door distribution of ITNs may lead to spread of COVID-19 is true, but the response to the rumour may be to reinforce the measures taken to limit the potential spread of COVID-19 during the ITN distribution, including explaining why the distributors are wearing gloves and masks).

The following sites include sections on FAQs and myth-busters:
https://go.ifrc.org/emergencies/3972#additional-info
https://www.epi-win.com/advice-and-information
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public,
https://www.cdc.gov/coronavirus/2019-nCoV/index.html
https://www.who.int/news-room/q-a-detail/malaria-and-the-covid-19-pandemic

STEP 3: Correct the rumours

Once a rumour has been identified and fact-checked, it is important to address and correct it (if necessary) with accurate information. It is critical to keep in mind that any messages passed through any channel to address a rumour must target the specific information in the rumour and not be generic, i.e. the usual messages should not be transmitted more frequently but rather messages that address the rumour directly and dispel incorrect information should be transmitted.

Rumours can spread quickly in the absence of frequent, accurate information. It is necessary to:

- Communicate quickly
- Be transparent
- Address the concerns shown in the rumour directly
- Provide accurate information on what is being done
- Stay consistent with messages
- Remind the community that they are part of the solution

In addressing the rumour, do not forget to:

- Clearly identify the key audience that needs to be influenced
- Ensure that women and vulnerable groups such as ethnic minorities, are reached with accurate information
- Use language, sources, testimonials they are comfortable with and find credible, based on pretested materials in terms of images, language, etc. Pretesting should have been done when the SBC materials and messages were initially developed and not when rumours arise
- Match the channel chosen to the audience
- Use local partner networks to disseminate accurate information, especially community-based partners and community and faith-based leaders
- Amplify the message using influencers and spokespeople
- Check if new content is being received, understood and believed either through CHWs, community leaders or other trusted sources of information in a way that respects physical distancing for reduction of COVID-19 transmission (e.g. phone, WhatsApp, e-mail, etc.)

Communication channels

When developing the original communication strategies and plan of action, national malaria programmes will have identified the most effective communication channels and their reach (national, provincial, local) for the various target groups, including those that may not be reached by the major channels. For example, in some rural areas CHWs and health facilities might be the primary source of information for women, whereas in urban and peri-urban areas, the national radio station and social media might be where the majority of the population access information. Communication channels used to correct and manage rumours should not increase people's exposure to COVID-19 transmission. It is therefore important to review the communication channels planned to disseminate

campaign information. As much as possible, print, radio, television and social media (which limit people's exposure to the virus) should be used. If it is felt that interpersonal communication (IPC) is the best method to quell the rumours, consider the following options:

- Use town announcers and/or mobile units[7] staffed with CHWs (or even CHWs with motorbikes) that can maintain physical distancing while disseminating messages. Make sure that town announcers, CHWs or mobile unit personnel have:
    - The right equipment (megaphones, loudspeakers and spare batteries)
    - Job aids with clear information on malaria and COVID-19. If possible, laminate job aids and provide instructions that (1) they should not be shared between people (e.g. each person should have their own) and (2) they should be washed with soap and water every few hours and at the end of each day. However, job aids should not be laminated if this will cause a delay in the distribution, so where lamination is planned, procurement and printing must take place early. Where job aids are not laminated, they should still not be shared so sufficient quantities to ensure one per person should be planned and budgeted
    - Hand sanitizer and/or ready access to soap and water
    - Instructions on proper use and/or disposal of health tools (sanitizer bottles, any personal protective equipment (PPE) provided, etc.)[8]
    - Instructions on proper management of any campaign tools (Smartphones, laminated job aids, etc.)
- Community leaders are trusted individuals in communities and, during particularly stressful periods, as is the case with COVID-19, will be a go-to source for households for advice[9]. In South Sudan, community leaders were key in not only disseminating information to communities, but in quelling rumours that use of ITNs would transmit COVID-19 to the user. Where possible, use religious or traditional leaders that have adapted their services to eliminate person-to-person contact (e.g. religious ceremonies which are broadcast through radio, television or social media).
- Use community visits by CHWs or other local volunteers that are known and trusted by the community members (for example, National Red Cross or Red Crescent Societies that are implementing community-based activities). Ensure that if community visits are made, appropriate COVID-19 transmission reduction measures are put in place, as per the prevention measures recommended by WHO (see box at start of this document)
- Provide personnel with the proper materials, including megaphones and batteries, masks and gloves if mandatory, job aids (laminated if possible) and hand sanitizer and/or soap and water[10,11]
- Engage communication channels that reach women and vulnerable groups (such as ethnic minorities), as these groups may not receive their information through popular media channels and may be left out of the community information network (such as community dialogue and door-to-door IPC)

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[7] Mobile units involve the use of any motorized vehicle (motorbike, pickup truck, van, etc.) to disseminate campaign information to communities via pre-recorded or live messages on a PA system.

[8] https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19

[9] See also AMP guidance: *Engagement of community leaders in ITN campaigns in the context of COVID-19 transmission*. https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/

[10] Note that WHO recommends that medical masks should be prioritized for two categories of people: 1) people involved in the care of suspected and confirmed COVID-19 cases, and 2) people who are suspected of or confirmed to have COVID-19. See *Advice on the use of masks in the context of COVID-19*. https://apps.who.int/iris/bitstream/handle/10665/331693/WHO-2019-nCov-IPC_Masks-2020.3-eng.pdf?sequence=1&isAllowed=y

[11] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

● Avoid community meetings to the maximum extent possible as groups of people in close contact with one another significantly increase the risk of COVID-19 transmission. Where it is necessary to meet face-to-face to manage a rumour with a widespread effect on the ITN distribution, the meeting should be limited to the three to five key decision-makers and take place outdoors or in a venue that allows for physical distancing and handwashing.

NOTE: Before considering town announcers/mobile units or community visits by CHWs, it will be necessary to assess whether the content of the rumour and its management pose risks in terms of physical security. For example, if the rumour is that ITN campaign staff are spreading the COVID-19 virus, and the population reacts badly to this, the safety and security of town announcers/mobile units/CHWs may be compromised, and mass and mid-media messages may be a better option.

Table 2: Communication channels and rationale for rumour response based on extent of rumour

Geographical extent	Communication channels	Rationale
Localized to one or very few communities	Religious or traditional/community leaders Community radio and town announcers/mobile units Where necessary, use trained[12] community leaders[13], CHWs and health facility staff to disseminate information to households via community visits using megaphones to ensure physical distancing	The rumour is still contained and can be managed through limited IPC. Influential leaders or trusted members of the community have demonstrated that they can quell the rumour before it spreads further. Individuals that are trusted within the community will be the best sources to dispel the information in the rumour. Limit the risk of spreading the rumour outside the affected areas by using communication channels that are focused and targeted to the area where the rumour is spreading. Limit person to person exposure. As much as possible, use activities that maintain physical distancing.
Rumour extends to several communities	Religious or traditional/community leaders Community or district level radio, town announcers and mobile units/CHWs with megaphones. Also consider television, which will be a particularly important channel in urban areas, as will social media. Where necessary, use trained CHWs and health facility staff to	The rumour is still relatively contained and can be managed through IPC and community/district media channels. Limit the risk of spreading the rumour outside the affected areas by using communication channels that are focused and targeted to the area where the rumour is spreading.

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[12] Simple job aids with one-page instructions and one-page key messages should be provided.
[13] See AMP guidance: *Engagement of community leaders in ITN campaigns in the context of COVID-19 transmission*. https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/

	disseminate information to communities using megaphones.	Limit person to person exposure. As much as possible, use activities that maintain physical distancing.
Rumour extends to most (or all) of a district	Use all district and community-level channels to try to address the rumour, including radio and TV, town announcers/mobile units (safety permitting), religious and traditional /community leaders and other people with influence on people's thinking and beliefs.	Rumour is no longer localized to a few communities. While limited IPC will still have a high impact on communities, it is necessary to extend the reach of messages through use of broader channels. There is a risk that the rumour spreads from the district to the whole country. It is therefore important to start using mass and mid-media to disseminate information.
Rumour is circulating at a national level and all communities have received the mis- or disinformation.	Use as many available communication channels as possible, as described in the communication plan of action (PoA), but ensure that person-to-person exposure is limited. 1) Use all available local and national radio stations for airing of short messages and radio debates/talk back/call-in shows. 2) Use TV spots and TV discussion programmes. 3) Use town announcers/mobile units/CHWs with megaphones.	If the rumour has spread to the national level, then the response needs to reach the whole population. The communication PoA and the risk assessment and mitigation plan, in addition to the rumour management plan, should already have determined and engaged some of the best communication channels for the country and should have already pre-tested materials and messages with different segments of the population using the most used dialect(s). The same channels should be used to disseminate new messages to respond to the rumour. Make sure that any communication that will be done where COVID-19 transmission is possible respects precautions and recommendations for transmission reduction.

Use various sources, such as community health workers, health facility staff, monitoring of social media, etc. to monitor whether the rumour is being spread beyond the initial problem area and engage other radio stations and media channels to extend the reach of new messages as required.

Formulating a response

Any rumours arising during the ITN distribution will require the national malaria programme to disseminate key messages that have been developed in anticipation of possible rumours (see Table 3 below) or to rapidly develop additional key messages where unforeseen rumours arise. The national malaria programme should work closely and share resources with the national COVID-19 task force to formulate a coordinated response. There must be consistency in messaging across all channels. Information will need to be disseminated to communities quickly and efficiently to stop any rumours, misinformation or disinformation from spreading and leading to a potential suspension of activities for the ITN distribution where the safety and security of distributors and CHWs is compromised. While

Table 3 provides examples of messages, these will need to be reviewed and adapted quickly as soon as the rumour is identified, the situation has been analysed and the specific risks associated with the rumour have been broken down, including decisions on whether the rumour is one that needs to be addressed. All responses and messages formulated must be based on facts and evidence that contradict the mis/disinformation in the rumour. Messages responding to the rumour must never lie to communities as this is both unethical and may cause more harm than good when the message is found to be untrue. Messages developed to counter rumours must be communicated in the local language or dialect using words that communities will understand.

So that communities are not "confused" by conflicting information (i.e. the rumours being spread, and the new messages communicated to address them), the messages coming from the national malaria programme and disseminated using various channels and influential individuals will:

- State that there is incorrect or misleading information that is being circulated in the community /district/country
- Provide the correct information in simple language and back it up with evidence
- Reassure communities that the COVID-19 virus is a completely different and separate disease to malaria and that all measures have been put in place to minimize the risk of COVID-19 transmission during the ITN distribution
- Reassure parents and caregivers that children under five and pregnant women will be provided with diagnosis and treatment for fever in the community and at health facilities
- Inform households that ITNs used by people with suspected or confirmed COVID-19 or by those who have died of COVID-19, will be safe to use again once they have been washed, and that there is no need to destroy or get rid of any ITNs. Give clear information on washing, i.e. ITNs should not be washed with bleach or alcohol or left to dry in the sun. Washing in cool water and with soap is enough to make the ITN safe for use again. Dry in the shade. Discard the washing water away from clean water sources.
- Reassure communities that new ITNs do not need to be washed before use
- Assure communities of the benefits of the campaign and using ITNs for protection against malaria, particularly for pregnant women and children under five

Table 3: Sample messages for countering rumours

Rumour	Messages to counter rumour
- Using mosquito nets that the government is currently distributing can give you COVID-19 - Nets are manufactured in China (or other locations where there are or have been many people sick with COVID-19) and can therefore give you COVID-19	- COVID-19 is a very different and separate disease to malaria. The ITNs that are being distributed by the government have been treated with an insecticide to kill the mosquitoes that carry malaria. The ITNs do not carry the COVID-19 virus and they cannot protect you from getting COVID-19. - ITNs are one of the best ways to protect yourself from malaria and to reduce cases of fever. - The ITNs being distributed have been approved by WHO (and endorsed by the MoH) and pose no threat to your health. - ITNs from China and other countries with COVID-19 transmission take a long time for delivery to countries (weeks or months), which is sufficient for the virus to be destroyed. - People with suspected or confirmed COVID-19 should continue to sleep under an ITN. They must be protected from malaria. - Never get rid of an ITN that is still effective for preventing mosquito bites, even one that has been used by someone with suspected or confirmed COVID-19. It

	can save you and your family from malaria after a simple wash with cool water and soap.
	● There is no evidence that the rise in COVID-19 cases is related to the distribution and use of ITNs. We recommend that everyone in the household continues to sleep under an ITN every night throughout the year.
	● WHO has stressed the importance of countries maintaining malaria interventions (including prevention, diagnosis and treatment) during the COVID-19 pandemic to prevent an increase in malaria cases and deaths. The most vulnerable, i.e. children under five and pregnant women, should continue to receive timely services for malaria fevers. Prevention with ITNs and rapid treatment-seeking in case of febrile illness is critical to avoid unnecessary deaths from malaria.
	● The COVID-19 pandemic may lead to an enormous burden on health systems. It may mean that the most vulnerable to malaria, i.e. children under five and pregnant women, have less access to health facilities if they develop a fever, or may be afraid of exposure to COVID-19 at health facilities and do not seek care. This makes ITNs and malaria prevention even more important for saving lives.
● CHWs or other campaign workers distributing ITNs are carriers of the COVID-19 virus and anything they have touched should not be accepted	● All campaign workers/CHWs are doing a very important job to ensure that everyone is receiving ITNs to protect them from malaria. All of the workers have been trained in the best ways to minimize the spread of COVID-19 and will protect household members to the maximum extent possible. Please support these workers to ensure that you receive your ITNs and please respect the need to maintain at least one metre physical distance between you and the health workers.
	● ITNs will be handed over to households without physical contact (e.g. will be put on a table or on the ground in front of the household representative) whether the distribution is door-to-door or at fixed distribution points (adapt to country strategy).
	● All household representatives receiving ITNs are advised of the importance of washing their hands once they have taken the ITNs to their household, as well as the importance of hanging the ITNs in the shade for 24 hours before use. Note that this message is particularly important for deltamethrin-treated ITNs.
	Specific messages will need to be developed based on decisions taken at the national level (e.g. if ITN distributors are wearing masks and gloves, rumours might arise about them having and spreading COVID-19. The response should inform about the transmission reduction measures in place). Example:
	● To protect themselves and members of households from the COVID-19 virus, campaign workers/CHWs have been provided with masks and gloves and instructions on how to maintain physical distancing while registering households/distributing ITNs.