A conversation with Development Media International, October 22, 2020

Participants

- Roy Head – CEO, Development Media International
- Dr. Joanna Murray – Director of Research, Development Media International
- Cathryn Wood – Director of Strategy and Development, Development Media International
- Aida Alonzo – Strategy and Development Manager, Development Media International
- James Snowden – Program Officer, GiveWell
- Robin Dey – Content Editor, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Mr. Head, Dr. Murray, Ms. Wood, and Ms. Alonzo.

Summary

GiveWell spoke with Mr. Head, Dr. Murray, Ms. Wood, and Ms. Alonzo of Development Media International (DMI) to receive an update on the status of its work to address the COVID-19 pandemic. DMI is a GiveWell standout charity. As part of an investigation of opportunities to mitigate the effects of the pandemic, GiveWell provided DMI with a $200,000 grant in early 2020 to support mass media campaigns that promote essential health messaging. Conversation topics included the status of COVID-19 in Sub-Saharan Africa, DMI's strategic framework for its pandemic response efforts, and its room for more funding.

Status of COVID-19 in Sub-Saharan Africa

COVID-19 has caused relatively less mortality and morbidity in Sub-Saharan Africa than in many other areas of the world, with possible explanations including:

- **Age** – Populations in Sub-Saharan Africa are significantly younger on average than in other parts of the world and are therefore at lower risk of severe harm from COVID-19.
- **Acquired immunization** – Mass Bacille Calmette-Guérin (BCG) vaccination or exposure to similar viruses in Africa may have resulted in stronger immunity against COVID-19.
- **Weather** – Although hotter weather was an early explanation for why COVID-19 has been slow to progress in Sub-Saharan Africa, this hypothesis has since been largely discredited.
- **Incorrect reporting** – Data quality varies significantly across countries in Sub-Saharan Africa and may not accurately represent the status of COVID-19.

Regional trends

COVID-19 cases are rising at a relatively slow and stable pace in most of the African countries where DMI is operating, although it has observed different regional trends over time. For example, in April and May, COVID-19 cases were increasing more rapidly in West Africa than in East and Southern Africa. However, COVID-19 cases are now increasing more rapidly in Ethiopia than in any of the other African countries where DMI is working.

In most of the nine countries, the majority of reported COVID-19 cases have occurred in large cities (e.g. Abidjan in Côte d'Ivoire), although this could be the result of lack of data or inaccurate reporting.

Response measures

National response measures to address COVID-19 in Sub-Saharan Africa can largely be categorized into three groups:

1. **Immediate and severe restrictions** – Uganda and Madagascar implemented strict restrictions very quickly in response to COVID-19, which appears to have slowed down the initial spread of the disease in those countries.
2. **Short-term and less severe restrictions** – Burkina Faso and Côte d'Ivoire established some restrictions early in the pandemic but shortly lifted the restrictions due to the negative economic consequences.
3. **No restrictions** – Tanzania quickly declared that the nation was free of COVID-19 and has not since reported any figures on COVID-19 cases. The status of the disease in Tanzania remains unclear.

Limited ability to implement mitigation strategies

Many governments in Sub-Saharan Africa closed national borders beginning in April and May to prevent the spread of COVID-19. However, lockdowns (i.e. a set of policies that may include travel restrictions, prohibition of gatherings, closure of businesses, and other similarly strict measures) are no longer feasible to continue implementing in the region due to the severe economic harm that would be borne by financially insecure populations. Rates of adherences to mask-wearing and social distancing, which are mandated or promoted in a number of countries in Sub-Saharan Africa, have also been relatively low.

Additionally, governments of Sub-Saharan African countries are unlikely to be able to procure vaccines for COVID-19 in the near future.

DMI's strategic framework for COVID-19 response

DMI divided its work on COVID-19 into three core phases, each of which indicates a different stage of the COVID-19 pandemic:

1. **Phase 1** – Emergency response messaging to mitigate the immediate harms of the COVID-19 pandemic.
2. **Phase 2** – Messaging to encourage continued use of key health services, as populations adapt to life under COVID-19.
3. **Phase 3** – Vaccine-related messaging.

Phase 1

DMI began producing emergency response messaging related to COVID-19 in March 2020. Its plan was to broadcast messages in nine African countries (Malawi, Mozambique, Burkina Faso, Madagascar, Uganda, Ethiopia, Côte d'Ivoire, Tanzania, and Zambia), largely through radio but also through television and social media.

In total, DMI produced 53 radio spots (including translations in 35 different languages), two live-action films, and two animations. It has been able to achieve at least some level of success in each of the nine targeted countries, although it has accomplished more in

countries where it had significant prior experience working or where it was able to establish stronger government partnerships:

- **Malawi, Mozambique, Burkina Faso, and Madagascar** – In these four countries, DMI has been able to broadcast a large amount of content over radio, television, and social media.
- **Uganda** – Uganda's COVID-19 response campaign was well-funded and coordinated, leaving little room for contributions from DMI. The national government did facilitate broadcasting of one of DMI's animations across all television stations in Uganda (a typically competitive market), at no additional cost to DMI. DMI also distributed the animation on social media, and anecdotal evidence suggests that it went viral over WhatsApp.
- **Ethiopia** – DMI submitted several radio spots for COVID-19 response to the Ethiopian national government, and upon an explicit request, it assisted the Ministry of Health with the production of a public television messaging campaign. Three radio spots received approval and were passed on from the Ministry of Health to national stations for broadcast.
- **Côte d'Ivoire** – DMI's radio messaging on COVID-19 is continuing to broadcast nationwide in Côte d'Ivoire. Its animations and live-action films are waiting for government approval and finalized distribution agreements.
- **Tanzania** – DMI's messaging on COVID-19 was broadcasted in Tanzania earlier in 2020, but distribution has since ceased. Following the government's declaration that the nation is free of COVID-19, DMI has found it highly difficult to receive approval for broadcasting its messages.
- **Zambia** – DMI has been able to broadcast radio messages on COVID-19 nationwide in Zambia. Additionally, television broadcasting for one of its animations has been approved and will be paid for by the national government.

Message themes

The primary themes of DMI's messaging were:

- Providing key information on COVID-19
- Maintaining social distance
- Wearing masks
- Disproving myths and misconceptions (e.g. the widespread myth of COVID-19 being a lifelong disease)
- Continuing to access health services

Evaluation

In order to evaluate its work on COVID-19, DMI is conducting a phone survey of a subset of participants in the randomized controlled trial (RCT) of its family planning program in Burkina Faso. The survey includes 2,000 women located in rural villages, half of whom were provided with a radio as part of the main RCT. Data collection is ongoing and has proven difficult due to outdated contact information, although DMI expects data collection to be completed next week.

Preliminary results indicate that the participants' main source of information on COVID-19 is radio (81%), followed by friends (6%) and health workers (3%).

Success of social media messaging

Messaging distributed through social media has been an unexpectedly successful component of DMI's work on COVID-19, reaching a large number of people for low costs. For example, DMI's social distancing animation was shared by Burkina Faso's Ministry of Health on Facebook, receiving over 2.6 million views and reaching over 6 million people in total.

Funding

To fund the first phase of its work on COVID-19, DMI created a Rapid Response Fund, through which it raised £900,000 (including GiveWell's grant) to be split across all nine countries and allocated according to highest need. These funds have been responsible for the majority of activities DMI has conducted (e.g. production of messages, broadcasting), although it also raised an additional £200,000 for two specific COVID-19 projects in Burkina Faso.

DMI currently has £100,000 remaining to spend from its Rapid Response Fund.

Phase 2

For Phase 2 of its COVID-19 response strategy, DMI will focus on its core media campaigns on child health, family planning, and early childhood development—making any necessary adjustments to messaging in order to adhere to COVID-19 restrictions and precautions. It is currently transitioning from Phase 1 to Phase 2 and plans to fully transition to Phase 2 by the beginning of 2021.

Context

As a result of campaigns to mitigate the immediate harms of COVID-19, as well as general concerns regarding the pandemic, usage rates for essential health services (e.g. routine childhood vaccinations) have declined significantly across all nine African countries where DMI operates. National health ministries have expressed a strong need to not only maintain but increase usage rates for health services. For example, the Ethiopian government has issued a policy directive seeking to generate increased demand for family planning and maternal health services, and the Ugandan government explicitly requested DMI's assistance with conducting demand generation campaigns for family planning.

Funding

Instead of operating across all nine African countries, the second phase of DMI's COVID-19 response efforts will be financed by project-based funding raised for specific campaigns in specific countries.

To date, DMI has confirmed funding from UNICEF for a project in Tanzania on a broad variety of "post-COVID-19" messaging and is in ongoing discussions to receive funding from another donor for a campaign in one region of Tanzania on treatment-seeking messaging.

Phase 3

DMI hopes to begin Phase 3 of its work on COVID-19 during the second half of 2021, although this timeline may be subject to change due to highly uncertain projections for when a COVID-19 vaccine will be available in Sub-Saharan Africa. This phase would involve scaling its operations again to reach all nine countries it initially targeted and

will likely include messages explaining vaccines and disproving common myths and misconceptions related to vaccines.

Evaluation plans and funding for Phase 3 of DMI's COVID-19 response strategy have not yet been confirmed.

Room for more funding

Although DMI received substantial funding for the first phase of its COVID-19 response strategy, these funds were spread across nine countries. In order to conduct effective campaigns while reducing costs, DMI relied heavily on negotiations and partnerships with governments, which resulted in delays and less control of and visibility into how content was distributed.

For the second phase of its COVID-19 response strategy, DMI does not expect to receive the generous deals (e.g. free airtime) that it did during Phase 1, as political will for COVID-19 messaging has since decreased. In total, DMI requires an additional $600,000 to $1 million for Phase 2, although this level of funding would result in funds spread thinly across countries, similar to Phase 1. It believes that it could productively and easily spend a significantly larger amount of funding (i.e. $1 million per country in 5-6 countries). If DMI received this level of funding, it could operate large campaigns that may substantially offset the negative effects of COVID-19 on usage rates for essential health services. It would likely prioritize campaigns in Burkina Faso, Malawi, Madagascar, and Mozambique and deprioritize campaigns in Ethiopia and Uganda. It would also consider campaigns in Tanzania and Côte d'Ivoire.