Meningitis Research Foundation

CONFEDERATION OF MENINGITIS ORGANISATIONS • CoMO • ESTABLISHED 2004

unicef for every child

Meningitis Health Communications

Examining channels, messaging and best practice in the African Meningitis Belt

Foreword

Bacterial meningitis is the deadliest form of meningitis, with the World Health Organization estimating that around 1 in 6 people who get it will die[1]. The impact is particularly severe on young children, who make up half of global meningitis-related deaths. This toll is unacceptable, especially when effective vaccine options are available. Beyond the staggering human toll, the economic costs are also profound.

Responding to the urgency of the situation, UNICEF, the World Health Organization (WHO) and their partners collaborated on the development of the Global Road Map to Defeat Meningitis by 2030. In November 2020, the 73rd session of the World Health Assembly adopted resolution WHA73.9, endorsing the Road Map's objectives. These include eliminating bacterial meningitis epidemics, reducing vaccine-preventable cases by 50 per cent, lowering deaths by 70 per cent and enhancing the quality-of-life post-meningitis.

To marshal resources and coordinate efforts effectively, UNICEF and Meningitis Research Foundation forged a crucial partnership to strengthen advocacy, communications and engagement initiatives with other partners in alignment with the Global Road Map. Notably, World Meningitis Day, observed on October 5th, has become a pivotal global day of action. Since the launch of the Road Map, the number of countries supporting World Meningitis Day has grown by 162%[2] , with action now being taken in all regions of the world. The digital toolkit, available at worldmeningitisday.org, has had year-on-year growth in its use of 200%, demonstrating the increased reach of this core, multilingual global resource.

Recognizing the need for more focused communications initiatives, UNICEF and Meningitis Research Foundation collaborated on a comprehensive landscape analysis of advocacy, communications and engagement initiatives in the Meningitis Belt, a region at high risk in sub-Saharan Africa. The analysis aimed to identify best practices and areas requiring further attention.

Findings from this landscape analysis emphasize the need for a framework to set out clear and effective communications messages for stronger approaches to communications with individuals, families, community leaders and policymakers. We see from this analysis that the overall understanding of meningitis symptoms and prevention is low amongst the general population.

For any vaccine-preventable disease, this is a critical finding. But the report also highlights a lack of communications materials to address these deficits, partly stemming from the absence of any central repository or library and a lack of dedicated funding. This leads to varied and less-effective approaches to communicating and engaging with different audiences. The report also identifies some good examples of communications approaches and tools, which can inspire and guide the development of adaptable strategies and materials to reach and engage different audiences.

Robust communications strategies are essential in getting information, advice and guidance to the people who most need it. By strengthening communications and engagement techniques and continuing our research to monitor progress and deepen our understanding, we have good reason to dream of a future free from meningitis epidemics.

UNICEF and Meningitis Research Foundation offer this landscape analysis to support better, more effective communications and engagement, as we move towards the 2030 goal of defeating meningitis.

Dr. Ephrem Tekle Lemango
UNICEF Associate Director and Chief of Immunization

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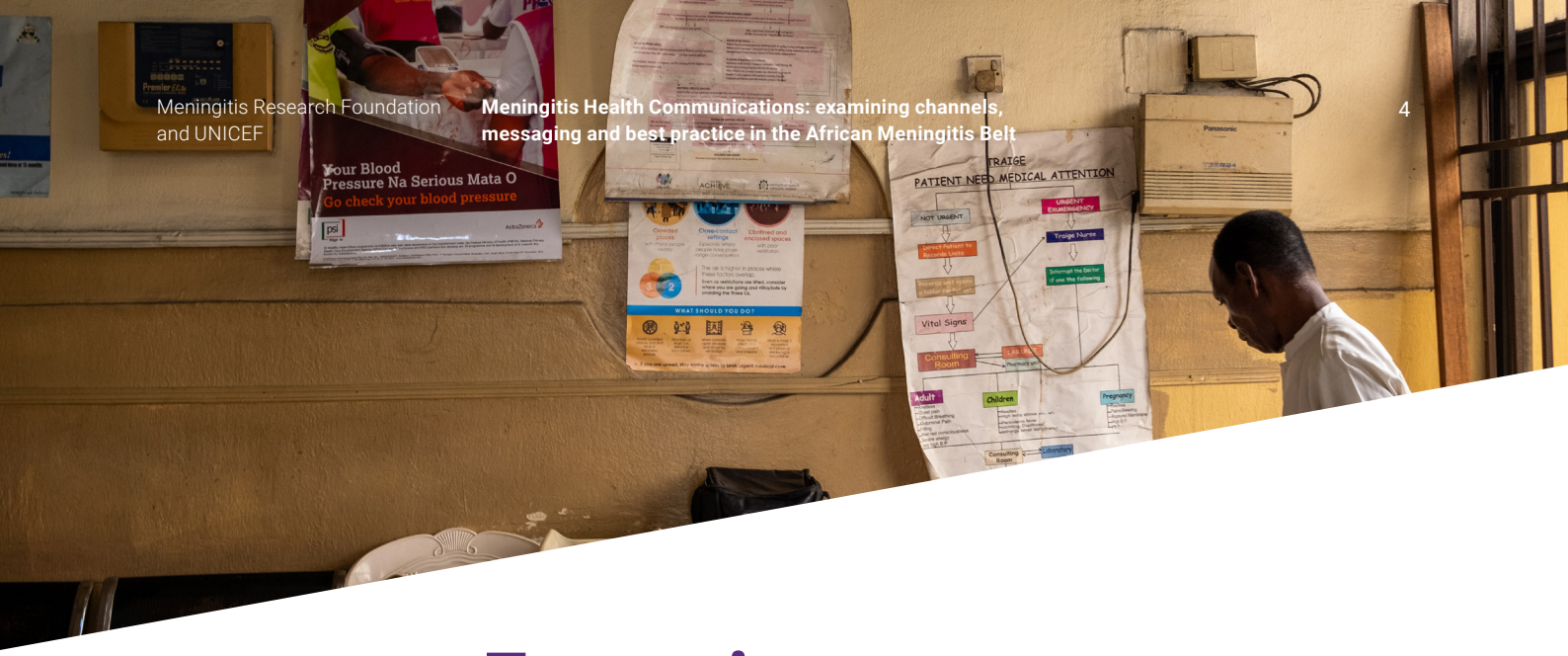


Executive summary

Meningitis is a difficult topic to communicate given its multiple causes, broad impact on many demographics and complex clinical definition. A fast-moving disease, with the potential to cause outbreaks and epidemics, meningitis has devastating effects on families and communities globally. Vaccines can prevent many forms of meningitis, but rapid action is crucial when meningitis is suspected. Therefore, outreach to raise awareness about the signs, symptoms and risks of meningitis – as well as the importance of immunisation - is critical.

To this end, Meningitis Research Foundation and UNICEF conducted this analysis of meningitis communications practices and materials to understand the current landscape and provide strategic recommendations for future meningitis communications. Through an online questionnaire (Annex 1) and submission of relevant materials, health professionals working in the Meningitis Belt of Africa provided valuable information and insight.

This analysis reviews several aspects of communications and outreach in detail, including the effectiveness of various channels and messages for different audiences. The findings and recommendations in this report aim to inform strategies to implement the World Health Organization's (WHO) Global Road Map to Defeat Meningitis by 2030, as well as the Regional Strategic Plan to Defeat Meningitis by 2030 in Africa. Sections 2 and 3 offer practical guidance for practitioners and organisations planning audience outreach and developing key messages.

General trends of this research revealed that overall understanding of meningitis is low amongst the general population, particularly when compared to knowledge of other vaccine-preventable diseases. Strategic communications about meningitis are essential to close this gap. However, most respondents also reported that funding for meningitis awareness-raising is non-existent.

Resources do exist that can inform future planning and engagement. Many respondents submitted outreach materials that can be tailored and re-purposed to incorporate best practices. Context documents such as surveys, strategic plans and clinical guidelines can also be useful resources for identifying knowledge gaps and compiling key messages. Collaborative efforts through voluntary bodies such as the Confederation of Meningitis Organisations (CoMO) can be a vehicle for sharing tools and knowledge internationally.

This research is not comprehensive and leads the way for further exploration into health communications, both in the Meningitis Belt and in other regions. But this report does set out a clear and usable path for effective and impactful communications through its assessment of existing tools used in the Meningitis Belt, as well as highlighting the need for strategic, funded communications mechanisms to reduce the devastating impacts of meningitis.

Key findings and recommendations

Consistent funding gaps for meningitis communications and limited outreach materials specific to meningitis.

Recommendations:

- National and local governments should dedicate funding for meningitis communications, including strategic planning and risk communications planning, within national budgets, as should global and regional civil society organisations (CSOs) and multilateral partners.
- Context documents, such as surveys, strategic plans and clinical guidelines, should be used to identify knowledge gaps, so meningitis is incorporated within broader programming and in compiling key messages.
- Global meningitis materials should be easily available and adaptable to local contexts. Civil society partners should continue to create standardised guidance and materials that can be tailored at a local level.
- Countries should document and share materials and best practices across the region.

Limited messaging on signs and symptoms, risk factors, awareness, treatment, impact, aftercare and support.

Recommendations:

- Country communicators should develop meningitis messaging appropriate to their local context. This includes addressing vaccine introduction, new vaccines, campaigns and outbreak response.
- See section 3 for suggested messages.

Low awareness of meningitis and vaccines among several key audiences.

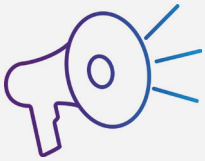
Recommendations:

- Ministries of Health and partners should apply a conceptual framework (such as the UNICEF Behavioural Drivers Model[3]) to understand influences on awareness of meningitis and meningitis vaccines; investigate social norms regarding meningitis prevention, treatment and immunisation; and inform behaviour change strategies.
- Communications to parents/guardians should be reviewed to ensure that they not only exist but are having the intended effect amongst this key audience.

International health observance days are popular outreach channels.

Recommendations:

- International health observance days, such as World Meningitis Day (5 October), World Immunization Week (annually in April) or International Day of Persons with Disabilities (3 December) should be used by civil society organisations, governments and health practitioners as opportunities for broader messages. Resources should be widely used to create a unified message. For example, toolkits are routinely provided by organisers of these days (e.g., CoMO develops the World Meningitis Day toolkit).



Radio and television are the most popular channels for meningitis communications.

Recommendations:

- Further research should request and review video and audio scripts, presentations or advertisements related to meningitis, particularly during vaccination campaigns and outbreaks.

Social media policies are not universally developed and applied.

Recommendations:

- A social media outreach policy, focused on meningitis and that includes areas for measurement, should be established for each organisation and incorporated within communications planning.
- Training of local communications staff should be undertaken to build long-term capacity, strengthening local strategies to raise awareness about meningitis and expand vaccine coverage.

Many countries do not have risk communications plans.

Recommendations:

- Risk communications plans should be developed to supplement general social mobilisation strategies for meningitis.

Abbreviations and acronyms

CoMO	Confederation of Meningitis Organisations
CSO	Civil Society Organisation
Gavi	Gavi, the Vaccine Alliance
GBS	Group B streptococcus or streptococcus agalactiae
Hi	Haemophilus influenzae
Hia	Haemophilus influenzae type a
Hib	Haemophilus influenzae type b
KAP	Knowledge, Attitude and Practice
NCDC	Nigeria Centre for Disease Control and Prevention
Nm	Neisseria meningitidis (meningococcus)
SBC	Social and behaviour change
Special Populations	Defined in the questionnaire and by respondents (inc. nomads and refugees)
Spn	Streptococcus pneumoniae (pneumococcus)
Social groups	Defined in the questionnaire and by respondents (inc. Mother's groups).
UNICEF	United Nations Children's Fund
UN Agency	United Nations specialized agencies, including WHO and UNICEF.
WHO	World Health Organization
Young people	Individuals aged between 15 – 24 years.

1 Report Findings

Introduction

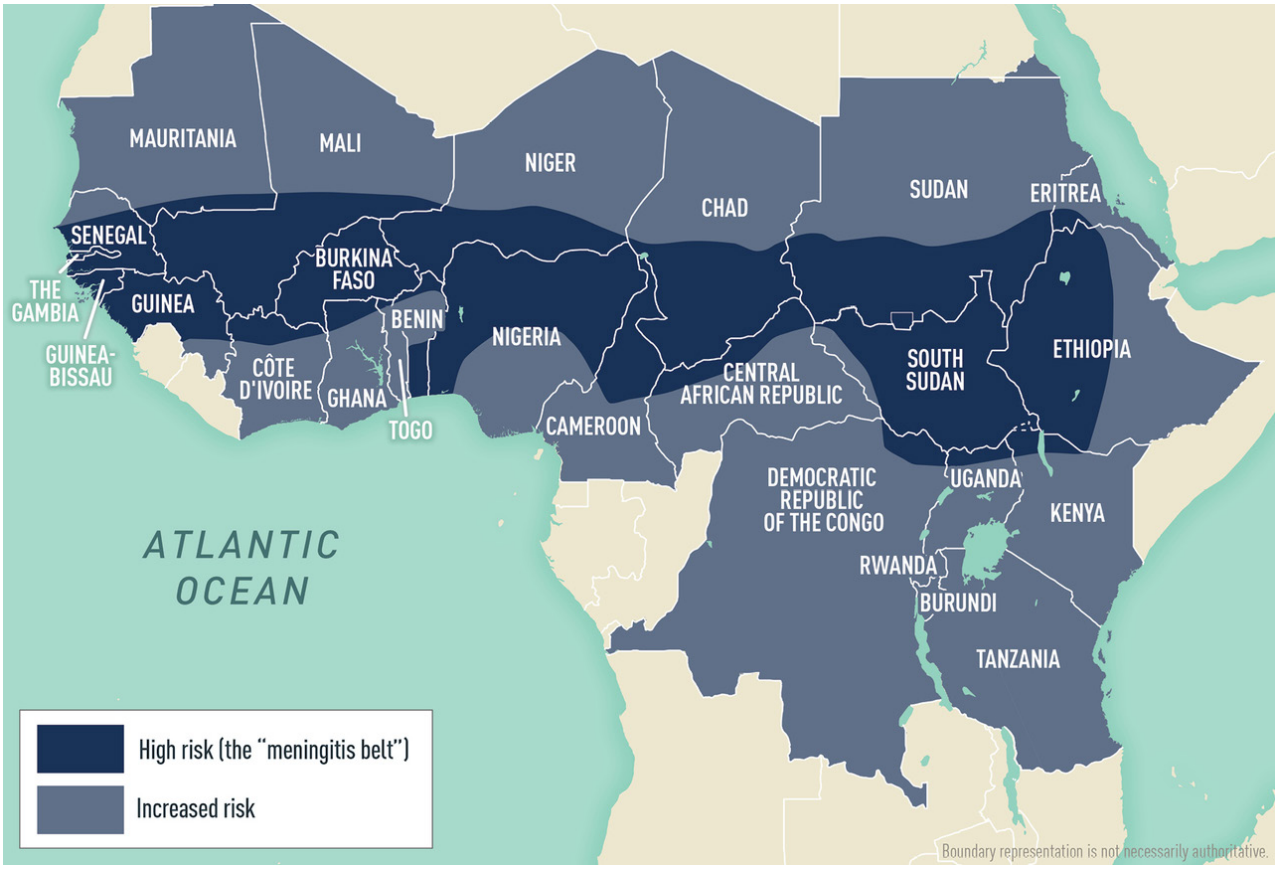
Meningitis is a threat to populations across the world. While half of all deaths from meningitis are in those under 5 years old, the disease can affect anyone, at any age and has the potential to cause epidemics.

Every year, more than 2.5 million people suffer cases of bacterial and viral meningitis and one in ten of these people die[4,5]. Meningitis is the swelling of the lining around the brain and spinal cord (the meninges) and it is usually the result of a bacterial, fungal, or viral infection. Bacteria cause the most life-threatening form of the disease, characterised by its rapid onset. In its most severe cases, bacterial meningitis can kill in less than 24 hours and leaves 1 in 5 who survive it with long-lasting after effects[1].

There are effective treatments and vaccines against some of the main bacterial causes of meningitis. However, progress to defeat meningitis lags behind other vaccine-preventable diseases[4,5].

The area of the world with the highest burden of disease is a region of sub-Saharan Africa known as the 'Meningitis Belt.' The area is recognised to be at high risk of epidemics caused by meningococcal and pneumococcal meningitis. Figure 1[6] illustrates which 26 countries are included in the Belt: from Senegal in the west to Ethiopia in the east.

Figure 1: the Meningitis Belt and other areas at risk for meningococcal meningitis epidemics[6]



Given its multiple causes, broad impact and complex clinical definition, meningitis is a difficult topic to communicate. Awareness is critical and health communications require nuance within a crowded information landscape.

Meningitis Research Foundation and UNICEF conducted this research to evaluate approaches to and the need for, communication and engagement with a broad range of audiences about meningitis. The aim is to provide insights and tools that can help ministries of health, non-governmental organisations, civil society and practitioners to develop and implement effective communications approaches. This may also support the implementation of communications within national meningitis control plans, outbreak response strategies and the introduction of new vaccines against meningitis, as they become available.

This report presents a review of questionnaire responses and the communications materials and background documents submitted in evidence. In the context of this analysis, a communications framework (section 2) and standardised key messages (section 3) are provided as practical guidance for use by health professionals in the region, when creating future meningitis communications.

Contributions to the Global Road Map and Regional Strategic Plan

This research was conducted to support implementation of the World Health Organization's (WHO) Global Road Map to Defeat Meningitis by 2030. Approved by the 73rd session of the World Health Assembly in November 2020 (resolution WHA73.9), the Global Road Map sets out a plan to tackle the main causes of acute bacterial meningitis: meningococcus, pneumococcus, *Haemophilus influenzae* and group B *Streptococcus*. Its three visionary goals are to: (i) eliminate epidemics of bacterial meningitis; (ii) reduce cases of vaccine-preventable bacterial meningitis by 50% and deaths by 70%; (iii) reduce disability and improve quality of life after meningitis of any cause.

In particular, this research contributes to progressing the Global Road Map's fifth pillar, focusing on advocacy and engagement. This pillar is critical to the success of the Road Map and aims to ensure prioritisation of meningitis in planning processes, increased awareness around the signs and symptoms of meningitis and its impact, and to ensure that communities have the information they need to access relevant vaccines.

In addition, this research should assist in the implementation of the Regional Strategic Plan to Defeat Meningitis by 2030 in Africa, which provides a clear set of strategic priority activities and milestones for implementation by Member States of the WHO African region.

Methodology

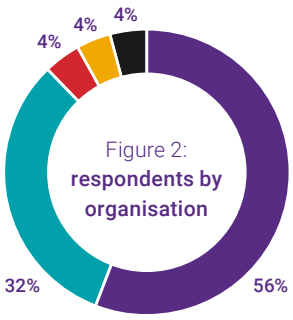


Figure 2: **respondents by organisation**

- UNICEF Offices
- CoMO Members
- WHO Offices
- Government
- Academic

Data were collected using an online questionnaire, offered in French and English. Distributed to health professionals in the Meningitis Belt, the questionnaire (Annex 1) was designed to explore perspectives on best practices for meningitis communications. Responses were solicited from UNICEF offices, members of CoMO and other global health organisations engaged in Global Road Map implementation.

The questionnaire included six sections, concentrating on basic information, context, organisation details, communication channels, social media and social listening and finally, communication tools and materials. In addition to multiple-choice and open-text questions, respondents were invited to upload documents in support of their answers. In line with the Global Road Map, respondents were asked to focus their responses on the four main causes of acute bacterial meningitis: *Neisseria meningitidis* ((Nm), meningococcus), *Streptococcus pneumoniae* ((Spn), pneumococcus), *Haemophilus influenzae* (Hi) and *Streptococcus agalactiae* (group B Streptococcus (GBS)).

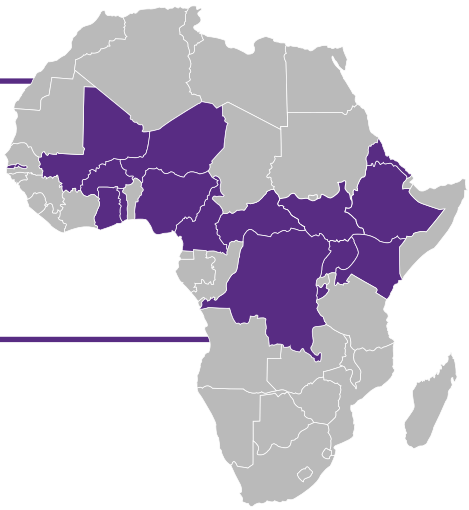
Responses to the questionnaire were collected in 2022, from April to July. Overall, 25 responses were received, representing 16 countries (Figure 3). This equates to a 62% coverage of the Meningitis Belt and provides a robust sample from which to draw conclusions. However, we would recommend further research to enrich these findings and identify country-to-country nuances.

More than one-third of respondents have a role in their organisation that deals directly with communications to key audiences. In all cases bar one, they worked for a UN agency in a knowledge management or social and behaviour change (SBC) position.

Respondents were also encouraged to consult with partners and colleagues before providing their answers (Figure 4). Overall, 36 additional people were consulted, including government officials, WHO colleagues, non-governmental organisations and medical professionals. Five respondents reported a communications staff member as among those with whom they consulted.

Figure 3: **respondents by country**

25 total respondents representing 16 of 26 countries located in the Meningitis Belt (62% coverage). 36 additional people were consulted by respondents. Multiple responses were submitted from Nigeria, Uganda, Eritrea and Ethiopia.



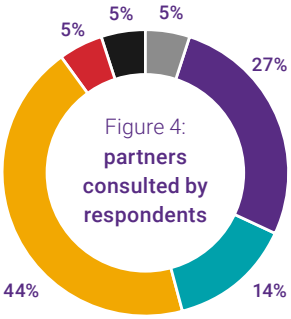


Figure 4: **partners consulted by respondents**

- None
- UNICEF colleagues
- NGOs
- Government colleagues
- WHO colleagues
- Doctors

Communications tools and materials

"There is no fund for meningitis prevention and control and none for communication of meningitis."
Respondent at a UN agency country office

"We have not yet developed communication tools for meningitis thus funding, training and materials that can be adapted to our context are required."
Respondent at a UN agency country office

A consistent trend among responses revealed that funding for meningitis awareness-raising is often non-existent, as illustrated by the quotes above. This is further evidenced by the fact that 28% of respondents report having dedicated materials for meningitis awareness raising.

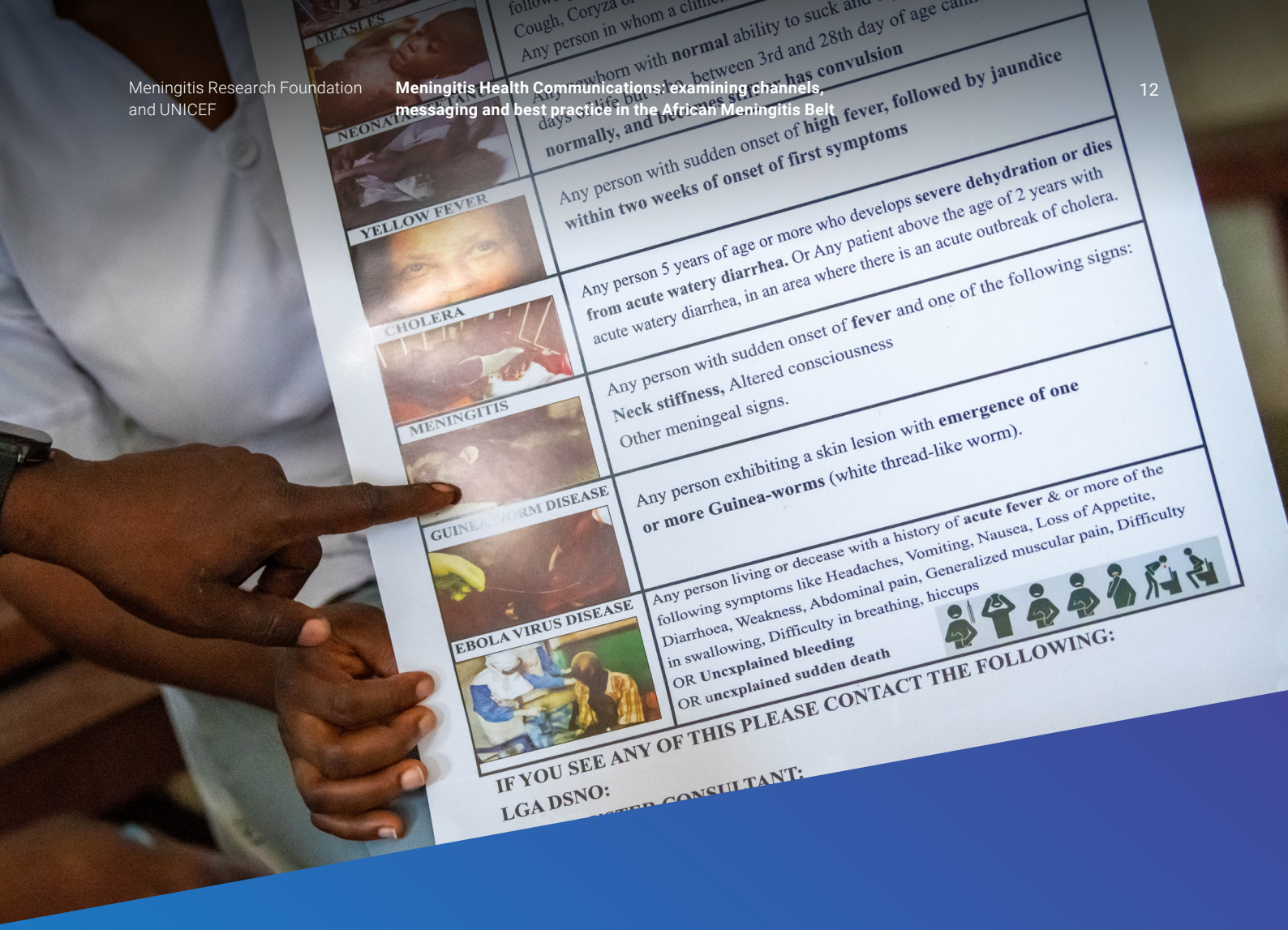
About one-third of the resources submitted were communications materials or tools (14 of 44; Table 1). The remainder were context documents that respondents use to inform their meningitis communications activities. In a majority of cases, these resources are also not specific to meningitis, instead focusing on vaccination overall, for example. The context documents included Knowledge, Attitude and Practice (KAP) survey results that identify audience knowledge gaps and behavioural patterns, and communications landscaping and programme strategy documents. Respondents who had access to these documents (KAP surveys or similar – 56%, communications landscaping documents – 60%), rated them as very helpful.

While several of the context documents discussed social mobilisation, risk communications and their importance to immunisation strategies, only one respondent provided a strategic plan dedicated to meningitis communications (UN agency representative in Gambia). This document details outreach activities for several priority audiences, vaccination programmes targeting a specific strain of meningitis causing bacteria (meningococcal serogroup A) and indicators for success. Currently, it is unclear whether this document has been finalized or distributed yet, but it could be a valuable regional reference and an example of best practice.

Risk communications

As defined by WHO[7], risk communication is the real-time exchange of information, advice and opinions between experts or officials and people who face a hazard or threat to their survival, health, or economic or social wellbeing. The purpose of risk communication is to enable people at risk to make informed decisions to mitigate the effects of a threat (hazard) – such as a disease outbreak – and take protective and preventive measures. Risk communication is proven to be a critical tool in emergency preparedness and response.

Nearly all respondents reported that they are more likely to adapt existing materials for communicating about meningitis and meningitis vaccination, rather than create new ones. Many materials are adapted in response to local context needs and language requirements, as well as to "promote vaccination" (a multiple-choice answer to the question "Why are resources and tools developed?"). The latter purpose is not further defined but could be construed to include communications regarding time-sensitive vaccination campaigns. When creating or adapting materials, respondents reported making several accessibility considerations, including design, device compatibility, bandwidth and language.



Strategic planning for meningitis communications

A dedicated plan for meningitis communications can raise awareness and improve health seeking behaviour in target populations. For example, helping to build a supportive environment for acceptance and demand of vaccines, in both routine and campaign settings. Below are some steps to consider when developing communications plans at the country level:

1. Establish a dedicated budget for meningitis communications and outreach.
2. Evaluate current, local behaviours and attitudes to meningitis. Tools such as the UNICEF Behavioural Drivers Model[3] can guide this analysis.
3. Set communications objectives (for example, number of leaflets distributed ahead of a vaccination campaign).
4. Identify key audiences and the most effective channels to reach them (see section 2 of this report for suggestions).
5. Develop specific messages for each key audience (see section 3).
6. Partner with community leaders, CSOs and local authorities such as governors, district chiefs, social groups and religious leaders to engage and equip them to share meningitis messages with key audiences.
7. Create a risk communication plan to anticipate and counter misinformation and disinformation.
8. Convene partners routinely to document challenges and best practices in outreach to key audiences.
9. Conduct routine measurements to assess the effectiveness of your communications and, where necessary, adapt your strategies.

Table 1: Communications materials submitted to the questionnaire

Title	Author*	Material type	Audiences
Meningitis A Vaccination Campaign	UNICEF, Gambia's Ministry of Health and Gavi, the Vaccine Alliance.	Leaflet	Policymakers, community leaders, parents/guardians, social groups
National Meningitis A catch-up campaign	Expanded Programme on Immunisation (EPI), Gambia's Ministry of Health	Poster	Parents/guardians
How can meningitis be prevented?	Uganda's Ministry of Health	Poster	General population
Meningitis A vaccine	National Primary Health Care Development Agency (NPHCDA), Nigeria	Poster	Parents/guardians
Protect yourself against Meningitis	Nigeria Centre for Disease Control (NCDC)	Poster	General population
Symptoms	Nigeria Centre for Disease Control (NCDC)	Poster	Parents/guardians
Flip chart – Neonates	Nigeria Centre for Disease Control (NCDC)	Flipchart	Healthcare worker
Protect yourself	Nigeria Centre for Disease Control (NCDC), National Primary Health Care Development Agency (NPHCDA), Nigeria and UNICEF, Nigeria.	Poster	General population
MenA Vaccine	Gavi the Vaccine Alliance, WHO, UNICEF, Nigeria	Banner	Parents/guardians
Which Meningitis Vaccine When?	CoMO, Uganda	Fact sheet	Healthcare worker
Meningitis Myth Buster	CoMO, Kenya	Graphic/slide	General population, policymaker
Meningitis Facts	CoMO, Kenya	Digital slide	Policymaker
Meningitis messages in Akan (Twi) to create awareness	CoMO, Ghana	Digital slide	General population, policymaker
FAQs on meningitis	The Care and Development Centre (CADEC), Nigeria	Leaflet	General population, community leader

*Authors as reported by questionnaire respondents

Figure 5: Leaflet excerpt[8]

Roles and responsibilities

Political leaders:

Your commitments and support will help to achieve the goal of the Men A immunization campaign. Be supportive and committed to the campaign to ensure our children are protected.

Traditional, community and religious leaders:

Your involvement and mobilization can make a difference in the immunization coverage. Mobilize your followers in the mosque, church and in the communities to ensure they bring their children for immunization.

Community Base Organization and community volunteers:

Enagage and mobilize communities and households to be aware of the Men A campaign and take their children for immunization.

Parents and caregivers:

The success of the Men A campaign depends on all, but you have a greater role to ensure all children in your family 1 to 7 yeats receive a dose of Men A during the campaign.

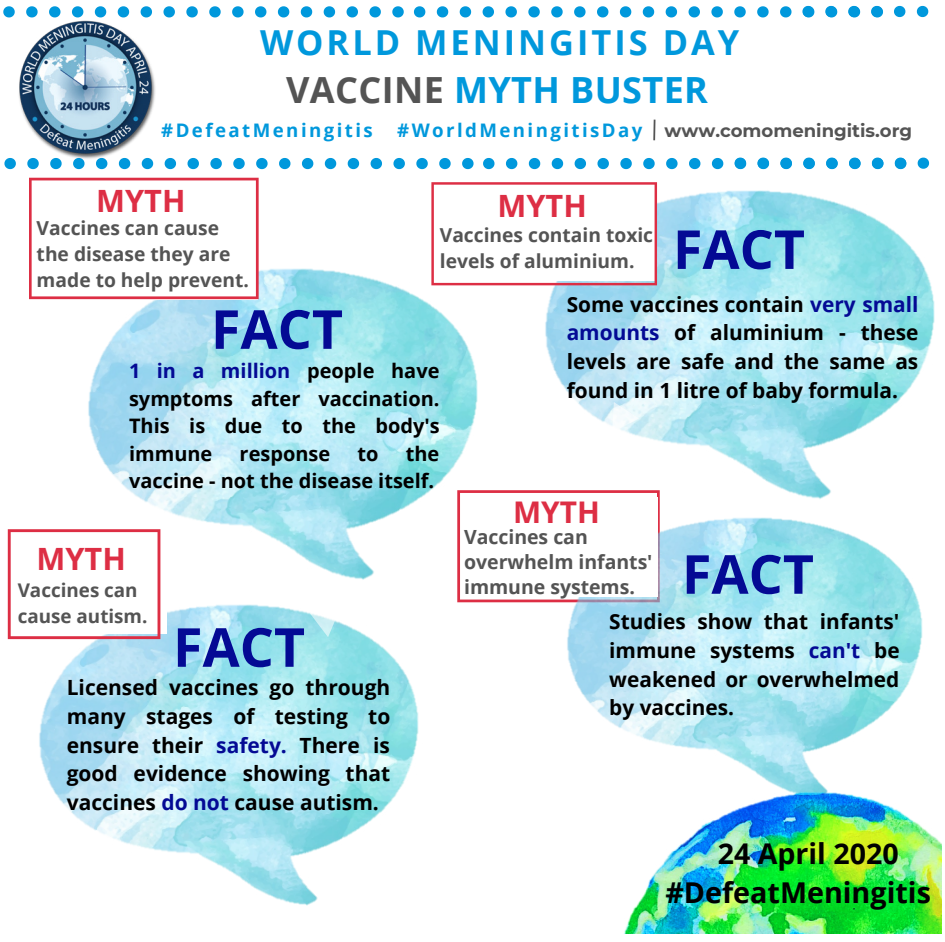
The communications materials submitted span a variety of audiences: some are specific to parents/guardians of children, some to policymakers or community and religious leaders and others aim to share key messages across multiple audiences. Half of the communications materials submitted were posters. Several were formatted as leaflets, which provide space for greater detail that can be useful for specific audiences like religious leaders or social groups, who act as sources of information for parents/guardians of children and the general population. Multiple digital slides, created to share information about the disease on social media, were also shared.

Figure 5 is an excerpt from a leaflet developed in partnership, by the Gambia Ministry of Health, Gavi and UNICEF[8]. It covers several key messages about meningitis that can be distilled for different audiences. Topics include a brief definition of meningitis, transmission, signs and symptoms, national incidence, vaccination campaign details and care-seeking. One panel of this material (pictured) outlines various audiences and summarises their unique roles in protecting the community and stopping the spread of meningitis.

Digital slides that were submitted as materials carried several simple messages together, likely generated for a general audience and used for social media outreach. For example, Figure 6 "World Meningitis Day: Vaccine myth buster" addresses four misconceptions ("myths") about meningitis vaccines. This is a digital slide created by CoMO.[9]

79% of the communications materials that respondents shared identified authorship. Authors included national governments, UN agencies and civil society organisations (including CoMO). As identified in Table 1, partnerships emerged as essential for material generation.

Figure 6: Digital slide, Kenya[9]



Finding:

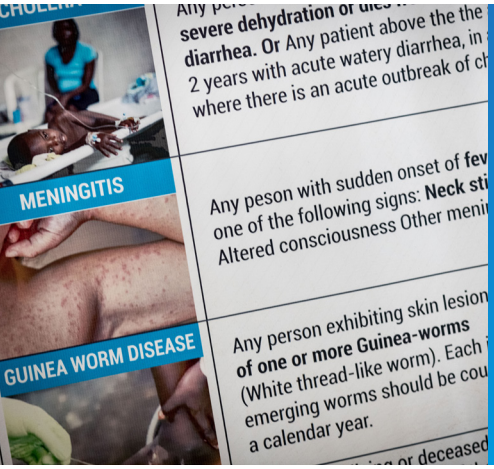
A desk review of literature on the acceptance of meningitis vaccines and associated risk communications strategies found that perceptions of vaccine safety varied significantly by region and across countries. However, perceptions of the importance of meningitis vaccines tended to be higher than those reported for vaccines in general.

Recommendations:

- National and local governments should dedicate funding for meningitis communications, including strategic planning and risk communications planning, within national budgets, as should global and regional civil society organisations (CSOs) and multilateral partners.
- Context documents such as surveys, strategic plans and clinical guidelines should be used to identify knowledge gaps and incorporate meningitis within broader programming and compiling key messages.
- Global meningitis materials should be easily available and adaptable to local contexts. Civil society partners should continue to create standardised guidance and materials that can be tailored at a local level.
- Countries should document and share materials and best practices across the region.

Key messaging

Two-thirds of questionnaire respondents reported having key messages about meningitis. Among those reported, prevention and vaccination messages were most prevalent. Messaging on aftercare and support was particularly low (6%) and only 25% of respondents reported messaging dedicated to meningitis signs and symptoms. When considered in relation to the disease's rapid onset, its potential to cause long term complications and high case fatality, the lack of messages raising awareness and encouraging health-seeking behaviour are of concern.



Meningitis: a missed opportunity in health communications

Best practices in health communications focus on solutions: prevention and treatment of illness. But audiences must also understand the gravity of the diseases that require these solutions. General awareness about meningitis is dangerously low in the communities where it poses the greatest risk. Adding a simple message to outreach that defines meningitis as "the swelling of the lining around the brain and spinal cord (the meninges) with the risk of lifelong damage," can create a tangible connection to an individual's health and the health of one's children. Events and international health days provide opportunities to share expanded messages like this, alongside important timely information about associated vaccine campaigns.

As noted above, context documents can contain relevant messaging and should be used to improve public facing meningitis communications materials. As an example of best practice, in its MenA Vaccination Campaign Field Guide, the Ministry of Health in Eritrea presents topics for building advocacy messages that support community mobilisation and investment.

Recognising that advocates include policymakers as well as community and religious leaders and even affected parents/guardians of children, the document guides communicators to develop public statements about:

- The burden of the disease on the country/community.
- Effectiveness of the campaign in reducing meningitis morbidity and mortality with examples from other countries or zones.
- Social and economic benefits of meningitis prevention through immunisation.
- The safety of the vaccines and the injection during vaccination.

"Those who understand meningitis can be the strongest advocates for change, whether they are academic experts, health professionals or affected individuals. It is often citizen representative groups, non-governmental organisations (NGOs) or families/individuals who have been affected, who act as advocates towards defeating meningitis."
MenA Catch-up Campaign Field Guide, Ministry of Health in Eritrea.

Messages within the submitted communications materials varied among signs and symptoms, prevention through immunisation, behaviour change and vaccination campaigns. Many communications materials contained relevant and straightforward information for parents/guardians of children and the general population, while others included extensive information that could be overwhelming for these audiences. Messages relevant to policymakers and healthcare workers, such as calls for investment or information on disease surveillance, respectively, were not reported or provided.

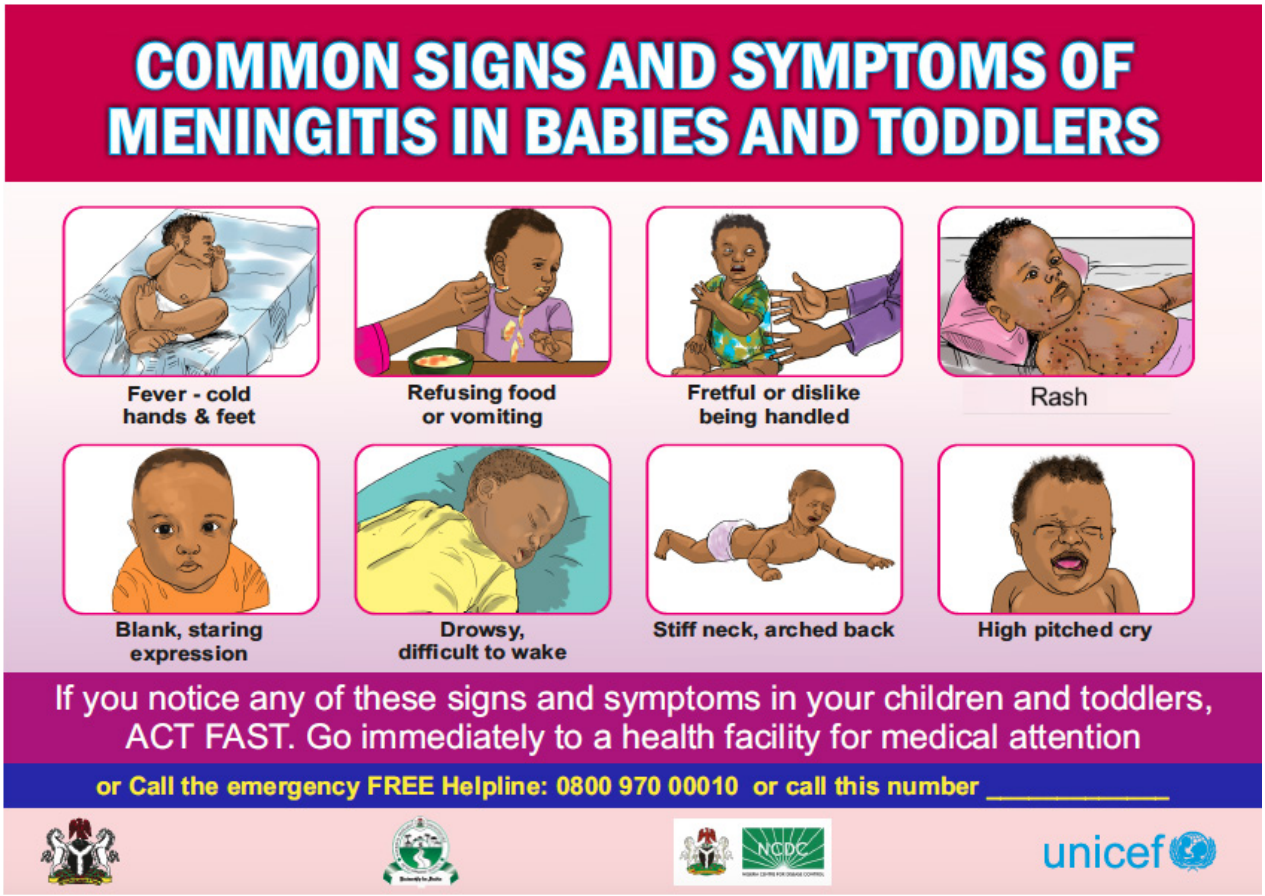
Civil society communications

Civic participation is fundamental to positive change among communities. Civil society organisations represent the needs and perspectives of the population and are vital partners in public health. Strategies that educate and engage civil society representatives can expand reach and leverage resources to achieve a common goal of raising meningitis awareness and protecting health. Civil society engagement is also an opportunity to expand inclusivity and increase support for survivors suffering long-term impacts from meningitis.

Key messages concerning other health topics related to meningitis, like antimicrobial resistance, were also absent. This is of note because the treatment of bacterial meningitis relies on the use of effective antibiotics. This level of detail could be most beneficial for well-informed audiences, such as healthcare workers or community leaders.

Many messages overlap among the audiences identified, but nuance is crucial for a message to resonate. Detail is relevant for some audiences, but not all, and the manner of delivery or channel also can dictate the depth of a message presented. For example, in a poster developed by the NCDC[10], the symptoms of meningitis indicated through detailed illustrations are accompanied by limited text but a clear call to action: "If you notice any of these signs and symptoms in your children or toddlers, ACT FAST."

Section 3 offers a set of standardised messages for meningitis communications, which can be selectively applied, tailored and refined to fit local needs. The majority of these messages have been taken or adapted from respondent



(above) Figure 7: NCDC Poster[10]

submissions to the questionnaire and/or selected from the communications materials provided. Other sources include materials by CoMO and the WHO's Global Road Map to Defeat Meningitis by 2030. Input for this section is also taken from informal feedback provided by organisations involved in Global Road Map implementation.

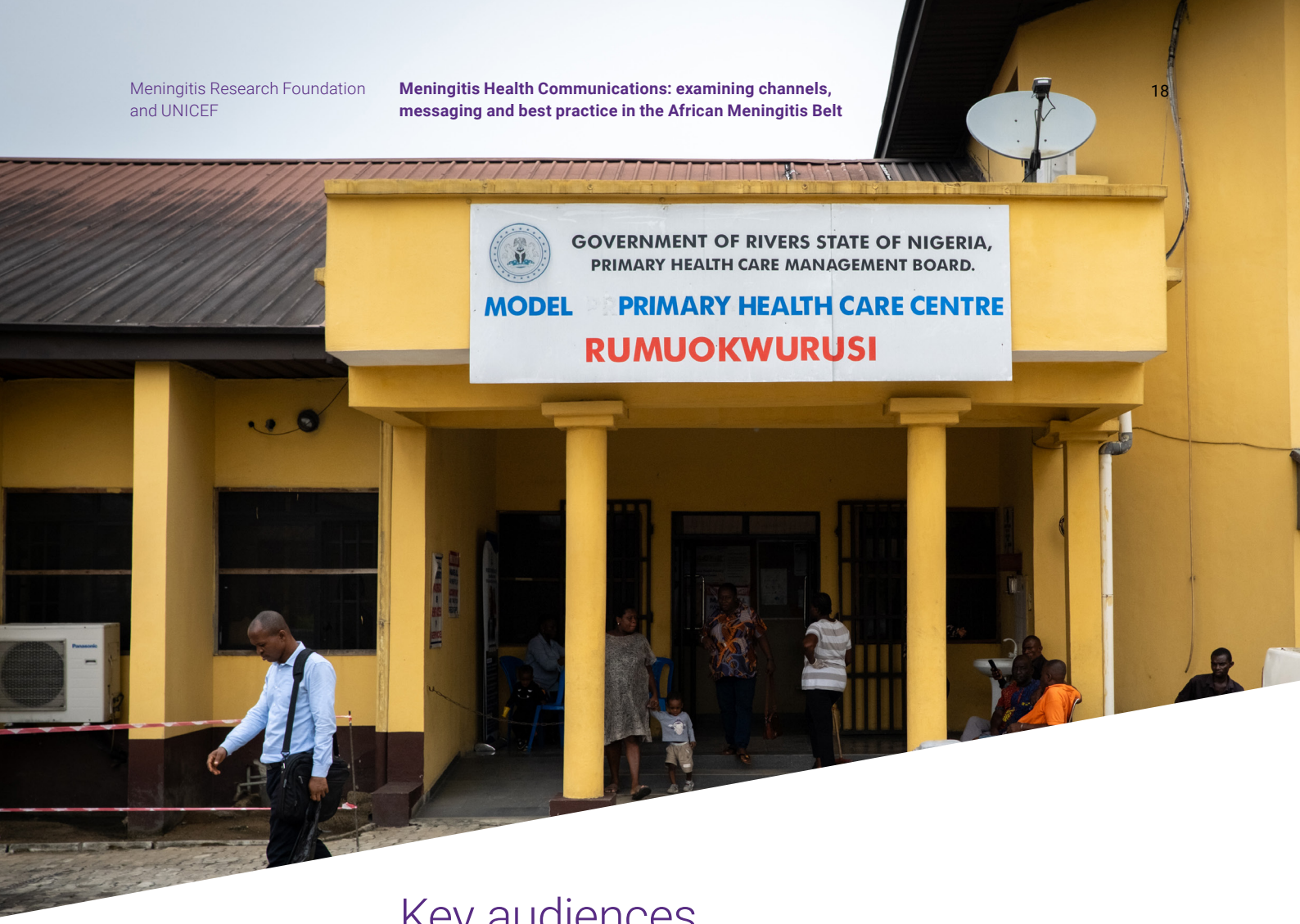
Figure 8: What audiences are targeted by the meningitis communications you use?

Finding:

Limited messaging exists for signs and symptoms, risk factors and awareness, treatment, impact, aftercare and support.

Recommendation:

Country communicators should develop meningitis messaging appropriate to their local context. This includes addressing vaccine introduction, new vaccines, campaigns and outbreak response. See section 3 for suggested messages.



Key audiences

Questionnaire respondents identified several key audiences for meningitis communications. In the majority of responses, the "purpose of communications" reflected outreach that was largely appropriate for parents/guardians of children or the general population, such as "signs and symptoms" and "vaccination efforts." The communications materials submitted by respondents were primarily directed toward these audiences as well. However, despite the prioritisation of general populations and parents/guardians of children, KAP surveys that were submitted as context documents consistently revealed that knowledge of meningitis and meningitis vaccines was not strong among these audiences. For example, a 2015 KAP survey coordinated by the Gambia Ministry of Health and Social Welfare found that "the top three vaccine preventable diseases (VPDs) named by the [mothers] groups are tuberculosis, 'diarrhoea' and poliomyelitis"[11]. Each of these diseases was mentioned in four (80%) out of the five sessions. By comparison, meningitis was presented by just two [Mothers] groups. In Niger, a 2020 Ministry of Health survey found that 42 percent of parents did not know the signs and symptoms of meningitis[12].

More than half of respondents identified "policymakers" among priority audiences and methods of reaching this audience varied, with radio and television cited most often. Further research is needed to understand the purpose of communications to this group in contrast to more general meningitis health communications. For example, what types of messages are shared with policymakers on the channels identified and how (i.e., through advertising or on-air interviews)? Direct policymaker calls to action, such as investment in vaccines or support of community engagement efforts, were not included among the "purposes of communications" that could be selected in the questionnaire. It is unclear if respondents have specific strategies and messages for this unique audience, but the information and materials provided did not include these.

Religious and community leadership was identified as a key audience for nearly all respondents. Messages for this audience, as with policymakers, may vary from messages aimed at parents, general populations and young people. Printed materials were a popular channel for respondents reaching out to community and religious leadership, as these provide an opportunity for detail that leaders need to answer community questions and respond to misinformation.

While they were not directly addressed in this research and questionnaire, healthcare workers should be recognised as an audience, as well as a channel, for meningitis communications. They reach general populations and parents/guardians, in particular. WHO is currently working on guidance for healthcare workers on meningitis diagnosis, treatment and care.

What is their motivation?

When planning outreach to a key audience, consider why they should care and what will motivate them to take action. Behaviour change models can also help identify barriers to awareness and uptake.

Audience	Motivation
General populations	Personal safety, cost, convenience
Parents/guardians of children	Family safety, personal safety, cost, convenience
Religious and community leadership	Public health, community awareness
Policymakers	Improvement in population health
Young people	Personal safety, cost, convenience
Social groups	Equity, knowledge-sharing
Special populations	Personal safety, cost, convenience

Finding:

When provided, KAP surveys revealed low awareness of meningitis and vaccines among several key audiences.

Recommendations:

- Ministries of Health and partners should apply a conceptual framework (such as the UNICEF Behavioural Drivers Model[3]) to understand influences on awareness of meningitis and meningitis vaccines; investigate social norms regarding meningitis prevention, treatment and immunisation; and inform behaviour change strategies.
- Communications to parents/guardians should be reviewed to ensure that they not only exist but are having the intended effect amongst this key audience.

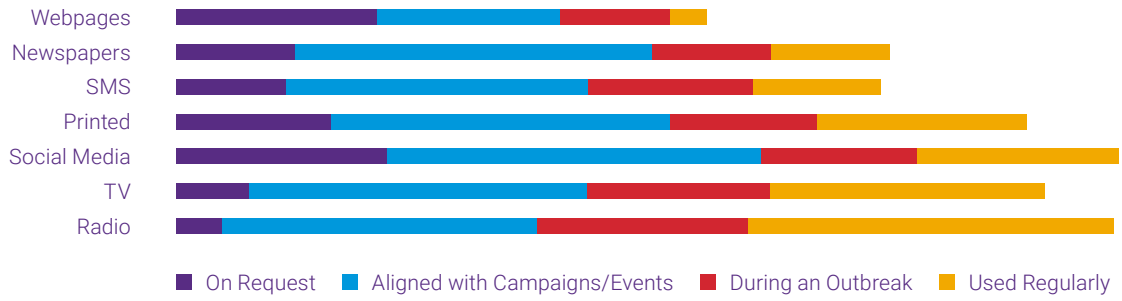
Channels

"…context adapted communication tools like short explanatory videos in local languages are very effective… where illiteracy rate is very high. Flyers and other written materials have very little impact."
Respondent at UN agency country office

Radio and television were the most popular and utilised channels reported for meningitis communications. This is the case both overall and for the audiences that respondents identified as their top priority — parents/guardians of children, religious and community leadership and general populations. As emphasised by one respondent, visual and audio channels are particularly important in areas where illiteracy is high.

Campaigns and events were the most common purpose reported for communicating across all channels (with the exception of webpages), notably to reach parents/guardians of children and young people.

Figure 9: What communication channels are used and trusted and how frequently by all audiences



While radio, television and newspapers were identified as primary channels to reach most audiences, no materials were submitted that reflect communications on these channels, such as articles or scripts. Further research should request and review video and audio interviews, presentations or advertisements related to meningitis, particularly during vaccination campaigns and outbreaks.

Nearly all respondents indicated that their organisation participates in international health advocacy days, with World Immunization Week being the most cited event (84%). The two events associated with Global Road Map milestones, International Day for Persons with Disabilities and World Meningitis Day, were observed by 48% and 40% of respondents, respectively. Some respondents noted TV or radio interviews as channels for international health day engagement, but it is not clear what specific communications are shared on these days and how they differ from routine outreach.

When communications are successful, as reported in Eritrea's 2020 survey[13] following a large-scale vaccination programme against meningococcal serogroup A, community and religious leaders were cited as key sources for information. Like healthcare workers, community and religious leaders should be considered both a channel for meningitis communications and an audience. Equipped with training and materials that provide an increased level of detail, like FAQs, local leaders are a trusted source for answering their community's questions about meningitis.

Additional communications channels were identified during an informal feedback process with organisations involved in Global Road Map implementation. These suggestions have been included in section 2 of the report. For example, the addition of public criers as a communications channel. This also presents opportunities for further research.

Finding:

Nearly all respondents indicated that their organisation participates in international health observance days.

Recommendation:

International health observance days, such as World Meningitis Day (5 October), World Immunization Week (annually in April) or International Day of Persons with Disabilities (3 December) should be used by civil society organisations, governments and health practitioners as opportunities for broader messages. Resources should be widely used to create a unified message. For example, toolkits are routinely provided by organisers of these days (e.g., CoMO develops the World Meningitis Day toolkit).

Finding:

Radio and television are the most popular channels for meningitis communications.

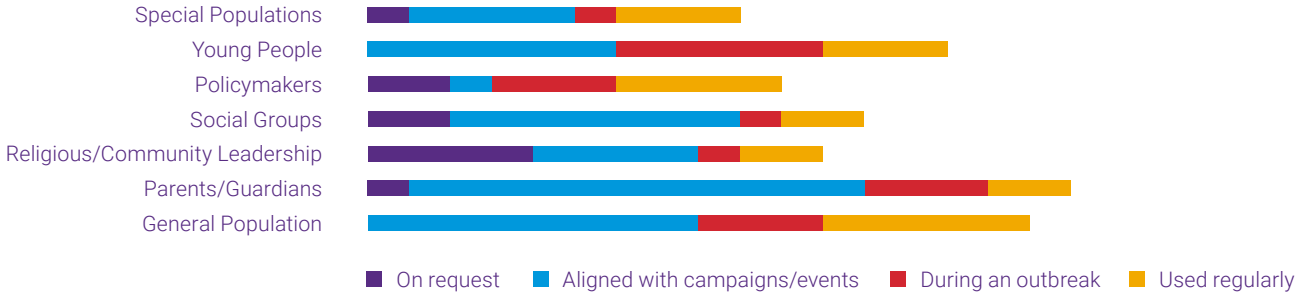
Recommendation:

Further research should request and review video and audio scripts, presentations, or advertisements related to meningitis, particularly during vaccination campaigns and outbreaks.

Social media

Social media is used by all respondents and Facebook is the most common platform reported (used by 84%). In general, 80% invest funds into increasing their reach on social media platforms and a majority report posting once a week or more on their channels. Figure 10 demonstrates respondents' reported use of social media to reach key audiences.

Figure 10: Respondents using social media for outreach to key audiences

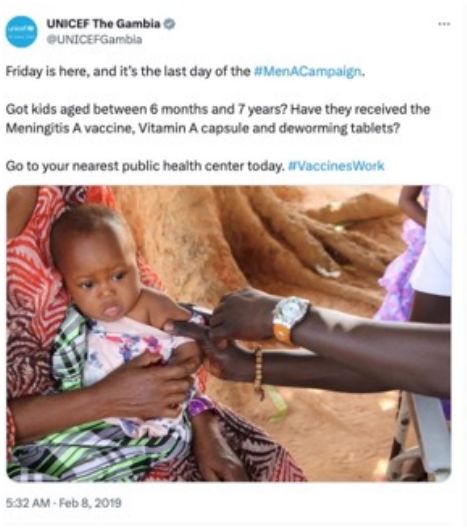


When asked to identify the key benefits of using social media, the most common answer was that it allowed respondents to reach new and different audiences. The size of potential audiences and the relative speed and ease were also cited. That said, the main challenge when using social media was internet access (36%), followed by social acceptance of the platforms and personal lack of knowledge or skill. More understanding is needed in the variance between "opportunities" identified for social media and how this aligns with the relatively mild performance of social media in the channel mapping section of the questionnaire, outlined above.

Campaigns and events are the most popular purposes for social media outreach (Figure 9). Routine social media outreach was directed toward policymakers and general populations more than other audiences.

Most respondents provided social media handles for their organisations' respective X (formally known as Twitter), Facebook and Instagram profiles. A brief search of content posted on Facebook and X pages revealed select meningitis communications (Figure 11). But on the majority of profiles, posts that addressed meningitis were infrequent, dated (at least two years old), or non-existent. Meningitis communications from respondents on X were less frequent than on Facebook and many posts highlighted campaigns after they occurred. Some civil society organisations highlighted messages on signs/symptoms and treatment, while these were mostly not present on UN agencies' country office profiles. This review did not include boosted posts, which are posts whose reach is extended through paid advertisement and may not appear on an organisation's public profile page.

Figure 11: Example social media posts on meningitis



Half of the respondents selected YouTube as a social media platform for reaching key audiences. In a brief review of YouTube accounts associated with respondents' respective organisations, videos reflected advocacy messages that encouraged investment and support. These could be construed as outreach to policymakers and/or donors. Meningitis was not represented among the topics of the videos posted on these channels. It is unclear if the respective YouTube accounts share videos containing vaccine messages that are produced by other organisations. A UNICEF Ghana series advocated COVID-19 vaccination among the general population, with simple messages featuring community members. As one respondent noted, video communications can be a valuable resource for reaching populations where illiteracy rates are high.

Only half of the respondents reported a general policy in place to guide social media outreach and 36% of respondents expressed a need for additional training or training resources. Strategic direction for social media is essential to measuring success, guiding advertising investments and leveraging partnerships that extend the reach of meningitis messages.

Finding:

Social media policies are not universally developed and applied.

Recommendations:

- A social media outreach policy, focused on meningitis and that includes areas for measurement, should be established for each organisation and incorporated within communications planning.
- Training of local communications staff should be undertaken to build long-term capacity, strengthening local strategies to raise awareness about meningitis and expand vaccine coverage.

Misinformation and disinformation

More than half of respondents reported encountering misinformation (unintentional) or disinformation (intentional) about meningitis. Only one respondent reported encountering it often. Most instances experienced by respondents concerned incorrect information about signs and symptoms and/or vaccination. Types of treatment and the prevalence of meningitis were also cited. About 20% of respondents engage directly to correct misinformation and disinformation. Most counter it indirectly with general awareness-raising. Less than half of respondents reported a defined organisational policy for addressing misinformation and disinformation and, of this number, around a quarter did not have a procedure for logging this information.

This finding links to the need for robust risk communication strategies. Communicators must be equipped to support audiences to make informed decisions about their health and be able to critically analyse the misinformation

Finding:

Many respondents reported their countries do not have risk communications plans.

Recommendation:

Risk communications plans should be developed to supplement general social mobilisation strategies for meningitis.

How well accepted are meningitis vaccines?

A desk review of literature[14] on the acceptance of meningitis vaccines and associated risk communications strategies found that perceptions of vaccine safety varied significantly by region and across countries. However, perceptions of the importance of meningitis vaccines tended to be higher than those reported for vaccines in general.

Robust communications plans and risk communications strategies are especially important for the introduction of new vaccines. The Global Road Map's second strategic goal aims to introduce effective and affordable new WHO prequalified vaccines targeting several pathogens that cause meningitis, including *Neisseria meningitidis* ((Nm), meningococcus), *Streptococcus pneumoniae* ((Spn), pneumococcus), *Haemophilus influenzae* (Hi) and *Streptococcus agalactiae* (group B Streptococcus (GBS)). As new vaccines become available, formal strategies combined with a strong foundation of awareness will facilitate their uptake and save more lives.

Conclusion and recommendations

Communications are the foundation of social mobilisation strategies for meningitis and they are critical to protecting vulnerable communities in the Meningitis Belt. However, significant gaps in capacity and resource investment limit their current reach and potential impact. Respondents consistently cited funding gaps as a key barrier. Increased investment at the country and local levels will be crucial to achieving the goals of the WHO's Global Road Map to Defeat Meningitis by 2030, including (but not limited to) the advocacy and engagement activities included in pillar 5.

Communications for meningitis do not happen in a vacuum and should be integrated within the planning and outreach of routine immunisation strategies and other relevant initiatives. Further, the Global Road Map also states that "meningitis advocacy goals should be integrated into many other universal health coverage goals that are a priority for countries, including health security, promoting equal treatment and access to opportunities for those with disabilities and reducing antimicrobial resistance"[15].

Funding support is critical to advance and improve awareness throughout the Meningitis Belt. Training staff must be a priority alongside the development of effective outreach materials. The roles necessary for implementing a meningitis communications strategy include but are not limited to, communication and advocacy officers, community liaisons and volunteers. Partnerships with civil society organisations and non-governmental organisation communications staff are also important.

The outcomes of this analysis have been used to develop a framework and sample messages to support the implementation of national meningitis control plans and outbreak response strategies in the Meningitis Belt (see sections 2 and 3).

Throughout this report, opportunities for further research and analysis have been identified (see summary below). It is also important to emphasise that these findings are specific to the Meningitis Belt and replication of this research in other regions is needed to identify global trends.

Key findings from this report are set out in the table below, accompanied by anticipated impact and a recommendation for the next steps:

Key findings	Impact	Recommendation
Consistent funding gaps for meningitis communications	Limited communication reach and impact.	Include funding for meningitis communications in national, global and regional budgets. Train and recruit local communications staff to build long-term capacity.
Lack of meningitis communications plans and risk communications strategies	Missed opportunities for meningitis communications.	"Meningitis risk communication strategies integrated into national plans in all priority countries." - WHO AFRO Regional Strategic Plan Integrate meningitis and risk communications within planning and outreach for routine immunisation.

Key findings	Impact	Recommendation
Limited messaging on signs and symptoms, risk factors, awareness, treatment, impact, aftercare and support	Low awareness amongst key populations (e.g., parents/guardians).	Countries should develop meningitis messaging appropriate to the local context, addressing vaccine introduction, new vaccines, campaigns and outbreak response (see section 3).
Limited materials dedicated to meningitis. Limited country-authored meningitis materials	Country teams and organisations do not always have the communications resources and tools that they need.	Share and document resources and best practices across the region to minimise duplication of effort. CSO partners should continue to create standardised guidance and materials that can be tailored to meet local context, national priorities, capacity and resources.
Low awareness of meningitis and vaccines among several key audiences, as revealed by KAP surveys	Communications campaigns are less effective when societal and behavioural drivers are not understood.	Apply conceptual framework, like the UNICEF Behavioural Drivers Model[2], to understand influences on awareness and investigate social norms regarding meningitis prevention, treatment and immunisation.

Suggested areas for further research

This report offers insight into the use of and need for, communication materials in Africa's Meningitis Belt in order to meet the goals of the Global Road Map. However, this report is a first step and its findings highlight areas for additional research – both in the region and globally. Below are some of the key areas identified for follow-up:

- This research achieved a 62% coverage of the Meningitis Belt, providing a robust sample from which to draw conclusions. Further research would enrich these findings and enable the identification of country-to-country nuances. Replication in other regions would also provide insight into global trends.
- Research is needed to better understand the purpose of communications to policymakers. For example, what types of messages are shared with policymakers on the channels identified and how (i.e., through advertising or on-air interviews)?
- While radio, television and newspapers were identified as primary channels to reach most audiences, no materials were submitted that reflect communications on these channels, such as articles or scripts. Further research should request and review video and audio interviews, presentations, or advertisements related to meningitis, particularly during vaccination campaigns and outbreaks.
- Additional communication channels were identified during an informal feedback process with organisations involved in Global Road Map implementation. These suggestions have been included in section 2 of the report. For example, the addition of public criers as a communication channel. This also presents opportunities for further research.

Case study: Kolo's story

Community awareness is a crucial element of the Global Road Map to Defeat Meningitis by 2030. Yet our analysis reflects that tools for meningitis communications are not widely and consistently used and that available tools often do not reflect the local realities.

The Molecular Epidemiology for Vaccine Policy (MEVacP) aimed to close this gap in Cote d'Ivoire by developing and distributing a comic strip about meningitis that highlights key topic areas and messages. While this resource was not submitted in response to the questionnaire, it can serve as a useful case study in creative communications.

Audiences for the tool include children, parents and teachers. The materials were shared publicly via a website and social media (Facebook and X, formerly Twitter), as well as through awareness campaigns at schools and health centres in three cities.

In seven episodes or chapters, available in French and English, the comic tells the story of a young boy confronted with meningitis. Topic areas cover disease definition, symptoms, transmission, consequences and vaccination through prevention. Key messages are reiterated throughout, emphasising and repeating important points. In Episode 2, the main character Kolo talks with his neighbour Amina, as her family waits for a doctor's diagnosis. "I was throwing up too and had a bad headache," he recalls. "…fever, vomiting, headaches, lack of sleep are the signs that a person may have meningitis."[16]

The simple yet expanded format of several episodes allows space for messages to be developed and provide more information and detail. For example, in Episode 5 a doctor interviewed on a local news program explains, "Since there are several types of meningitis, you need to see a doctor to find out if you have viral meningitis or bacterial meningitis, which can be fatal."[17] Each episode ends with a synopsis of key messages, addressed to parents.

The story of Kolo is a useful tool for raising awareness and, ideally, increasing vaccination coverage in Cote D'Ivoire and other countries in the Meningitis Belt. Translations in local languages could further improve its reach.

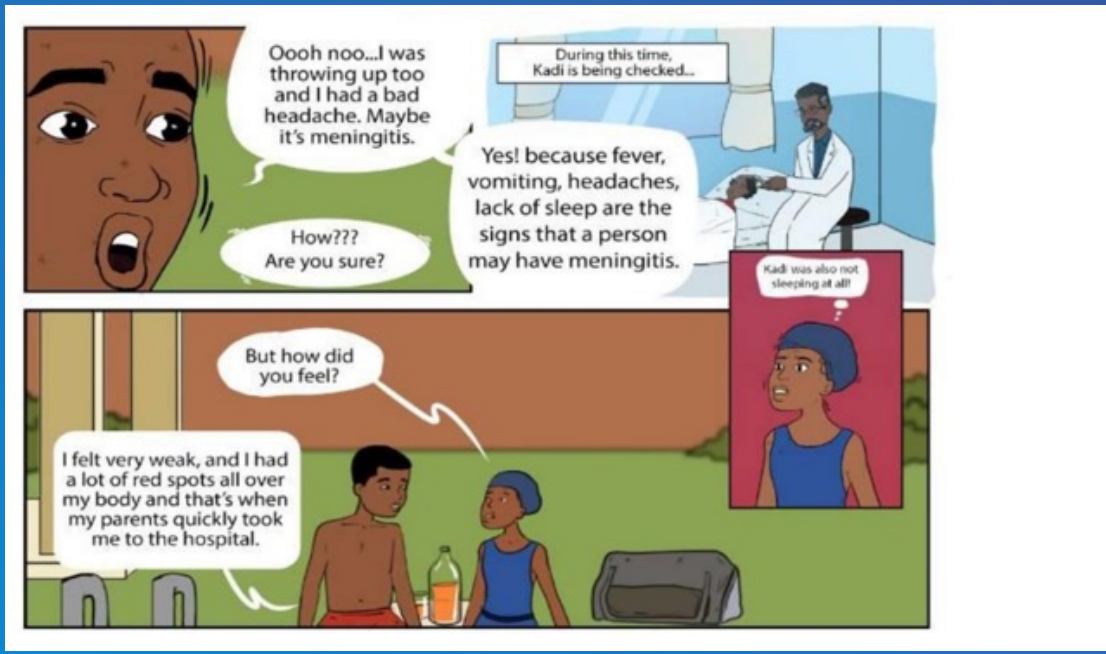


Figure 12: Excerpt from Kolo's story episode 2[16]

The Molecular Epidemiology for Vaccine Policy (MEVacP) was a collaborative project undertaken by researchers from Centre Suisse de Recherches Scientifiques in Côte d'Ivoire (CSRS) and the University of Oxford and artists from WIESF-HS-Production. This work was supported by the Department of Health and Social Care using UK Aid funding as part of the UK Vaccine Network and is managed by NIHR.

2 Meningitis communications framework

This framework aims to inform communication activities within national meningitis control plans and outbreak response strategies. The goals of this framework are aligned with pillar 5 of the World Health Organization's Global Road Map to Defeat Meningitis by 2030 and the objectives of the Regional Strategic Plan to Defeat Meningitis by 2030 in Africa. Suggestions for measuring the success of communications are general and should be closely considered in a local context. UNICEF's Behavioural Drivers Model can also be a useful complement to setting goals and measurement, to understand baseline awareness among key audiences and to set specific, contextual targets.

Target Audience	Meningitis topics	Channels	Material types	Communication goals	Measurement to assess effectiveness and behaviour change
General population	Vaccination Risks and prevention Signs and symptoms Treatment Impact (Awareness) Support	Webpages Radio TV Newspapers/ magazines SMS Social media **Public criers**	Website Poster SMS text Social media posts Radio scripts Video	Raise awareness and improve health seeking behaviours Achieve and maintain high vaccine coverage	Surveys or polling Digital metrics* Social media engagement** Vaccine coverage rate
Parents and guardians of children	Vaccination Risks and prevention Signs and symptoms Treatment Impact (Awareness) Support	Printed material Radio TV Newspapers/ magazines SMS Social media	Poster Leaflet SMS text Social media posts Radio scripts Video	Raise awareness and improve health seeking behaviours Achieve and maintain high vaccine coverage	Surveys or polling Digital metrics* Social media engagement** Vaccine coverage rate

Target Audience	Meningitis topics	Channels	Material types	Communication goals	Measurement to assess effectiveness and behaviour change
Religious and community leadership	Vaccination Risks and prevention Signs and symptoms Treatment Impact (Awareness) Support Surveillance	Printed material Radio TV Social media Direct outreach*** **Public criers**	Leaflet FAQs Social media posts Radio scripts Video	Raise awareness Maintain high vaccine coverage Engage and equip advocates	Surveys or polling Digital metrics* Social media engagement** In-person engagement
Social groups (e.g., mothers' groups)	Vaccination Risks and prevention Signs and symptoms Treatment Impact (Awareness) Support Surveillance	Printed material Radio TV Social media Direct outreach	Leaflet FAQs Social media posts Radio scripts Video	Raise awareness Maintain high vaccine coverage Engage and equip advocates	Surveys or polling Digital metrics* Social media engagement** In-person engagement
Young people (15 – 24 years)	Vaccination Risks and prevention Signs and symptoms Impact (Awareness)	Radio TV Newspapers/ magazines SMS Social media	Poster SMS text Social media posts Radio scripts Video	Raise awareness and improve health seeking behaviours Achieve and maintain high vaccine coverage	Surveys or polling Digital metrics* Social media engagement** Vaccine coverage
Policymakers****	Impact (Awareness) Surveillance Investment	Printed material Social media Direct outreach	Leaflet FAQs Social media posts Radio scripts Video	Raise awareness and improve health seeking behaviours Inform strategies Increase investment	Meningitis included in strategic plans and policies Resources dedicated to meningitis programmes, including communications

*Digital metrics include website views, tracking of time spent on a web page/site, click-throughs of links in emails or other electronic communications, view rates and times of videos, etc.

**Likes, comments, saves and shares

**Direct, personalised outreach via email, direct/tagged social media posts or in-person meetings. This direct outreach can be complemented with the options from the proposed materials list.

****See notes on "Investment" in Key messages (section 3)

Additional communication channels were identified during an informal feedback process with organisations involved in Global Road Map implementation. These are marked in **bold**.

3 Key messages for meningitis communications

The suggestions below are intended for outreach to key audiences. These sets of messages are comprehensive, but the channel and context for outreach to a particular target audience should dictate the level of depth and detail provided. For example, a clinic poster would allow space for one to two priority messages. Alternatively, a leaflet could incorporate more topics and greater detail.

The majority of these messages were taken or adapted from respondent submissions to the questionnaire and the communications tools provided. Other sources include CoMO materials and the WHO's Global Road Map to Defeat Meningitis by 2030.

Vaccination

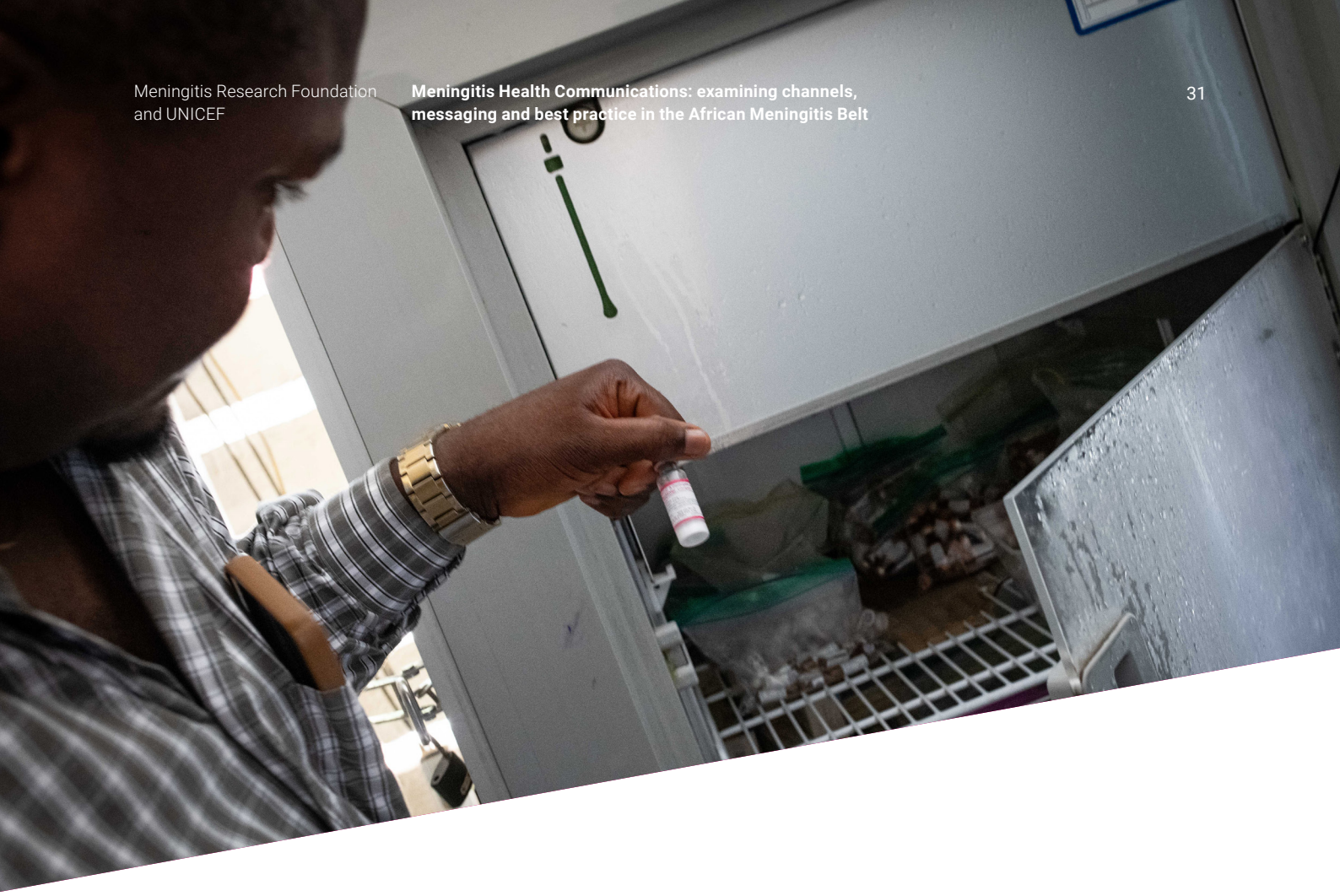
- Meningitis vaccines save lives.
- The best way to prevent meningitis is through vaccination.
- Meningitis vaccinations are safe and effective. Contact your healthcare provider/clinic or attend a community vaccination campaign to learn more.
- Get vaccinated at the upcoming campaign: [where, when, who]

Risks and preventions

- Meningitis is a serious disease that can affect all ages and cause death within 24 hours.
- Meningitis affects the brain and spinal cord. It can cause serious, permanent physical and mental impacts.
- Vaccines can prevent many causes of meningitis.
- Meningitis is spread from person to person through close contact.
- You can prevent meningitis: get vaccinated, cover your nose and mouth when you sneeze/cough, wash your hands regularly with soap under running water, ensure your home is well ventilated and avoid crowds during meningitis outbreaks.

Signs and symptoms

- Common symptoms of meningitis are neck stiffness, fever, confusion or an altered mental state, headaches, nausea and vomiting.
- Babies can have swelling in the soft spot in their head (fontanelle).
- Meningitis is fast to develop and can affect anyone.
- If you suspect meningitis, seek medical attention immediately.



Treatment

- Meningitis is a medical emergency and can develop quickly. If you suspect meningitis, seek medical attention immediately.
- Antibiotics are used to treat bacterial meningitis. Treatment for viral meningitis involves rest and relief of symptoms.
- Family contacts of probable or confirmed cases should seek medical attention.
- Survivors of meningitis may require long-term treatment.

Impact (awareness)

- Meningitis affects millions of people every year, with the greatest burden in the 26 countries that cross Africa's "Meningitis Belt."
- Despite progress and available vaccines, there were still an estimated 240,000 deaths from meningitis in 2019 (the most recent annual estimates)[4,5,18]
  - 1 in 10 people who get meningitis die[4,5].
  - 1 in 5 people are left with lifelong disabilities[1,18].
- Bacterial meningitis is the deadliest form of meningitis, with the World Health Organization estimating that around 1 in 6 people who get it will die.[1]
- Meningitis affects all ages and young children are most at risk.
- Meningitis can be prevented with vaccines, but progress in defeating meningitis lags behind other vaccine preventable diseases.

Outbreak/Epidemic

- In an outbreak get vaccinated, avoid crowds, wash your hands routinely, know the symptoms of meningitis and seek medical help if you suspect meningitis.
- Get vaccinated at the upcoming campaign: [where, when, who]

Support

- Meningitis can have a life-changing and permanent impact.
- Long-term effects of meningitis include deafness, brain damage, learning difficulties, seizures, physical difficulties and loss of limbs.
- Meningitis impacts people emotionally, financially and socially. It causes lives to be changed forever because of long-term medical needs and disabilities. Social, economic and legal support for long-term disability may be available from local and national organisations. Ask for information at the health clinic.

Surveillance

- Every year, there are more than 2.5 million cases of bacterial and viral meningitis around the world [4,5]
- Around half of all cases and deaths from meningitis occur in the 26 countries within the African "Meningitis Belt" [4,5,18]
- Meningitis can strike anyone at any time and bacterial meningitis can cause outbreaks and epidemics.
- Surveillance, including case detection and laboratory confirmation, is essential to monitor incidence and detect outbreaks.

Investment

This topic was not represented in the questionnaire, but respondents did identify policymakers as a key audience. The objective of outreach to policymakers would aim to generate financial investments and public commitment to meningitis programs.

- Meningitis causes serious consequences to health systems, economies and societies. Despite the high burden of meningitis, global and local support is insufficient.
- Vaccines are proven to prevent meningitis, but progress has not matched that of other vaccine-preventable diseases.
- Invest in meningitis strategies. Your commitments and support will save lives and protect our communities and children from meningitis.
- During World Immunization Week, show your support for meningitis prevention and vaccines.
- Support community awareness raising every World Meningitis Day to play your part in the WHO's Global Road Map to Defeat Meningitis by 2030.

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Annex 1: Questionnaire

Meningitis Research Foundation (MRF) and UNICEF are conducting this questionnaire as part of their work on pillar 5 of the WHO Defeating Meningitis Global Roadmap. Responses will be used to assess the approaches to and needs for communication and engagement with a range of audiences about meningitis in high burden settings.

In alignment with the Road Map, this landscaping will focus on 'all cause' meningitis and the four main causes of acute bacterial meningitis: Neisseria meningitidis ((Nm), meningococcus), Streptococcus pneumoniae ((Spn), pneumococcus), Haemophilus influenzae (Hi) and Streptococcus agalactiae (group B Streptococcus (GBS)).

This landscaping questionnaire includes six sections:

- **Basic information**
- **Context**
- **Your Organisation**
- **Communication Channels**
- **Social Media/Social Listening**
- **Communication Tools and Materials**

Please note, during this survey you will be asked to upload communication materials and contextual information.

Basic Information

In this section, you will be asked to provide your contact details.

Name / Organisation / Role / Country (where you work)

Are you happy to be contacted in the future if we have follow-up questions for you, or need more detail? Yes / No

If yes, please share your email address.

Before you complete this questionnaire, please consult with your colleagues and any other relevant stakeholders (including government, civil society organisations and implementing partners).

Please provide the details of those you have contacted below, including their name, organisation and role.

Context (Part 1)

In this section, you will be asked to share any existing communication or media landscape documents.

Are there existing communication or media landscape documents available for the country at any level (country, HQ, etc.)? Yes / No / I don't know

If yes, please upload the resource/s and answer the subsequent questions to provide more information.

Title / Author (This can be an organisation or individual/s) / Commissioned by / Language (Please list all the languages that the resource is available in)

Please rate the resource: not helpful at all – extremely helpful (1–5)

Any further comments.

Please share any further details about this resource you feel are relevant.

Would you like to add another? Yes / No

Context (Part 2)

In this section, you will be asked to share any existing Knowledge, Attitude and Practice (KAP) studies and other qualitative and/or quantitative studies.

Are there any existing Knowledge, Attitude and Practice (KAP) studies and other qualitative and/or quantitative studies about meningitis, vaccination, or related topics for the country that you use or refer to for your work?
Yes / No / I don't know

If yes, please upload the resource/s and answer the subsequent questions to provide more information.

Title / Author (This can be an organisation or individual/s) / Commissioned by / Language (Please list all the languages that the resource is available in)

Please rate the resource: not helpful at all – extremely helpful (1–5)

Any further comments.

Please share any further details about this resource you feel are relevant.

Would you like to add another? Yes / No

Context (Part 3)

In this section, you will be asked to share any other relevant contextual documents.

Are there any other relevant contextual documents (internal or external) that you would like to share? For example, if you have a communications plan for meningitis. Yes / No / I don't know

If yes, please upload the resource/s and answer the subsequent questions to provide more information.

Title / Author (This can be an organisation or individual/s) / Language (Please list all the languages that the resource is available in)

Any further comments.

Please share any further details about this resource you feel are relevant.

Would you like to add another? Yes / No

Your Organisation

In this section, you will be asked to share some information about your organisation and its approach to meningitis communications.

Type of organisation:

- ☐ UNICEF office
- ☐ Civil Society Organisation
- ☐ Academic
- ☐ Other [specify]

Size of organisation:

- ☐ <5
- ☐ 5-10 people
- ☐ 11-25 people
- ☐ 26-50 people
- ☐ >50 people

Where does your organisation work?

- ☐ Nationally
- ☐ Regionally
- ☐ At the community level
- ☐ Other [specify]

Do you have dedicated resources for meningitis awareness raising?
Yes / No / I don't know

What is the purpose or focus of your communications on meningitis?

- ☐ Awareness of causes and risk factors
- ☐ Awareness of signs and symptoms
- ☐ Meningitis vaccination information
- ☐ Clinical guidelines
- ☐ What to do if you or someone else is unwell
- ☐ Aftercare and support
- ☐ Outbreak response
- ☐ Epidemic control and response
- ☐ Living with bereavement
- ☐ Cryptococcus and TB meningitis
- ☐ Other [specify]

What are your key communication messages about meningitis?

Do you develop your own communication tools and resources?

- ☐ No, we use existing communications tools and resource
- ☐ Yes, we adapt existing resources to make them more context appropriate (i.e., translation)
- ☐ Yes, we infrequently develop new communications tools and resources
- ☐ Yes, we sometimes develop new communications tools and resources
- ☐ Yes, we often develop new communications tools and resources.

Why are resources and tools developed?

- ☐ Not applicable
- ☐ Existing resources do not address a topic
- ☐ Existing resource are not appropriate for use in our context or country
- ☐ Existing resources are not in a local language
- ☐ A change in circumstances (i.e., an increase in national/local cases, new health measures)
- ☐ To publicise new research/ information about meningitis
- ☐ To promote vaccination
- ☐ Other [specify]

When developing communications resources and tools what accessibility considerations are made?

- ☐ Not applicable
- ☐ Design (colour contrast, typography, use of clear graphics, etc.)
- ☐ Compatibility with assistive technologies
- ☐ Accessible with a low bandwidth
- ☐ Accessible on different devices (mobile, laptop/desktop, etc.)
- ☐ Other [specify]

Do you use paid promotions or advertising on media platforms (including social media, TV, newspapers, radio, etc.)? Yes / No / I don't know

Is there anything that you need for communications that you do not already have? For example, materials, funds, training, etc.

Communication Channels

In this section, you will be asked about the communication channels used and trusted by your target audiences.

What communication tools do health workers use?
If you do not work with healthcare workers, please select not applicable.

- ☐ Not applicable
- ☐ Training resources or guides
- ☐ Standard case definitions
- ☐ Diagnosis and treatment protocols
- ☐ Outbreak or epidemic response guidance
- ☐ Other [specify]

What communication channels do healthcare workers use and trust?
If you do not work with healthcare workers, please select not applicable.

- ☐ Not applicable
- ☐ Printed resources
- ☐ Webpages
- ☐ Radio
- ☐ TV
- ☐ Newspapers
- ☐ SMS
- ☐ Social media
- ☐ Interactive performance (i.e., theatre for development)
- ☐ Word of mouth (i.e., community health volunteers)
- ☐ Other [specify]

What audiences are targeted by the communication materials you use?

- ☐ Parents or guardians of children
- ☐ Young people
- ☐ General populations
- ☐ Special populations (e.g., refugees)
- ☐ Policymakers
- ☐ Religious or community leadership
- ☐ Social groups (e.g., mother's groups)
- ☐ Other [specify]

For the following questions please use the frequency options below

1. Not used or trusted
2. Used when requested
3. Used to align with wider campaigns or events
4. Used during an outbreak
5. Used regularly

What communication channels are used and trusted by parents/guardians of children, and how frequently?
Please select an option for each of the channels listed.

Printed Resources / Webpages / Radio / TV / Newspapers & Magazines / SMS / Social Media

What communication channels are used and trusted by young people, and how frequently? Please select an option for each of the channels listed.

Printed Resources / Webpages / Radio / TV / Newspapers & Magazines / SMS / Social Media

What communication channels are used and trusted by general populations, and how frequently? Please select an option for each of the channels listed.

Printed Resources / Webpages / Radio / TV / Newspapers & Magazines / SMS / Social Media

What communication channels are used and trusted by special populations (e.g., refugees), and how frequently?
Please select an option for each of the channels listed.

Printed Resources / Webpages / Radio / TV / Newspapers & Magazines / SMS / Social Media

What communication channels are used and trusted by policymakers, and how frequently? Please select an option for each of the channels listed.

Printed Resources / Webpages / Radio / TV / Newspapers & Magazines / SMS / Social Media

What communication channels are used and trusted by religious/community leadership, and how frequently?
Please select an option for each of the channels listed.

Printed Resources / Webpages / Radio / TV / Newspapers & Magazines / SMS / Social Media

What communication channels are used and trusted by social groups (e.g., mothers groups), and how frequently?
Please select an option for each of the channels listed.

Printed Resources / Webpages / Radio / TV / Newspapers & Magazines / SMS / Social Media

What communication channels are used and trusted by any other identified audiences, and how frequently?
Please select an option for each of the channels listed.

Printed Resources / Webpages / Radio / TV / Newspapers & Magazines / SMS / Social Media

Which international health days are of interest in your country?

- ☐ World Meningitis Day
- ☐ International Day for People with Disabilities
- ☐ International Epilepsy Day
- ☐ World Hearing Day
- ☐ World Pneumonia Day
- ☐ World Sepsis Day
- ☐ World Health Day
- ☐ World Immunization Week
- ☐ Group B Streptococcus (GBS) Awareness Month
- ☐ World Brain Day
- ☐ Other [specify]

Does your organisation observe and participate in international health days, campaigns, and events? If yes, how?

Social Media and Social Listening

In this section, you will be asked about your organisation's approach to using social media and conducting social listening.

What social media platforms does your organisation utilise for communications?

- ☐ Twitter
- ☐ Facebook
- ☐ Instagram
- ☐ YouTube
- ☐ LinkedIn
- ☐ TikTok
- ☐ Whatsapp
- ☐ Telegram
- ☐ Storify
- ☐ Reddit
- ☐ Tumblr
- ☐ Ello
- ☐ Periscope
- ☐ Other [specify]

What is your organisation's handle on Twitter?
How many followers does your organisation have on Twitter?

What is your organisation's handle on Facebook?
How many followers does your organisation have on Facebook?

What is your organisation's handle on Instagram?
How many followers does your organisation have on Instagram?

What is your organisation's account name on YouTube?
How many followers does your organisation have on YouTube?

What is your organisation's account name on TikTok?
How many followers does your organisation have on TikTok?

How often do you post on social media?

- ☐ Multiple times a day
- ☐ Everyday
- ☐ Serveral times a week
- ☐ Once a week
- ☐ Several times a month
- ☐ Once a month
- ☐ Less then once a month

How do you use social media for meningitis communications?

- ☐ To distribute information to audiences
- ☐ To facilitate conversations with audiences
- ☐ To allow audiences to contact you

Do you have any policies and procedures in place for social media management (i.e., a sign-off procedure)? Yes / No / I don't know

Are there any challenges or constraints when using social media for meningitis communications?

- ☐ Not applicable
- ☐ Reputational risk
- ☐ Social acceptance and cultural practices and sensitivities
- ☐ Lack of time
- ☐ Internet access
- ☐ Knowledge or skill
- ☐ Other [specify]

Are there any opportunities or benefits to using social media for meningitis communications?

- ☐ Not applicable
- ☐ To reach new and different audiences
- ☐ Speed of communication
- ☐ Ease of distribution
- ☐ Monitoring engagement in real time
- ☐ Other [specify]

Do you encounter misinformation (unintentional) or disinformation (intentional) about meningitis on social media, in the community, or in mass media/local media?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

What does this misinformation/disinformation about meningitis concern?

- ☐ Signs and symptoms
- ☐ Treatment
- ☐ Prevalence
- ☐ Vaccinations
- ☐ Other [specify]

Do you respond to misinformation/disinformation on social media or in the community?

☐ Directly ☐ Indirectly ☐ Do not engage

Does your organisation have a defined procedure or approach to addressing misinformation/disinformation? Yes / No / I don't know

Does your organisation have a system for logging misinformation/disinformation? Yes / No / I don't know

Existing communication tools and materials

This section of the questionnaire invites you to detail the tools and resources you have for raising awareness about all forms of meningitis. This includes but is not limited to:

- Meningitis vaccination information
- Awareness of causes and risk factors
- Awareness of signs and symptoms
- What to do if you/someone else is unwell
- Aftercare and support
- Living with bereavement
- Clinical treatment guidelines
- Outbreak response/management plans

- Epidemic response/management plans
- Cryptococcus/TB meningitis
- Guidelines on reporting of infectious diseases

Please upload a communication tool/material, and then answer the subsequent questions to provide more information.

Title / Subject / Format / Taget Audience

What level in the system is the tool used?

- ☐ National TV
- ☐ National Radio
- ☐ National Newspaper or magazine
- ☐ National Advertising
- ☐ Website
- ☐ Local TV
- ☐ Local Radio
- ☐ Local Newspaper or magazine
- ☐ Community centres
- ☐ Places of Worship
- ☐ Health Centres or hospitals
- ☐ SMS
- ☐ Direct mail
- ☐ Email
- ☐ Social media
- ☐ Other [specify]

Language / Estimated Use

Rate the communication tool/material: not at all effective – extremely effective (1–5)

Any further comments

Would you like to add another material? Yes / No

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