

Meningitis health communications: examining channels, messaging, and best practice in the African Meningitis Belt

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“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.

Introduction

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 communication landscape.

This research evaluates approaches to, and the need for, communication and engagement with a range of audiences about meningitis. The aim is to provide insights and tools that can help ministries of health, non-governmental organisations, and civil society to develop and implement effective communication approaches that enable health seeking behaviour.

Method

This research was conducted in support of the **World Health Organization’s Global Road Map to Defeat Meningitis by 2030**.

The vision of the Road Map is “**Towards a world free of meningitis**” carried by three visionary goals:

-  **Elimination** of bacterial meningitis epidemics
-  **Reduction** of cases of **vaccine-preventable** bacterial meningitis by 50% and deaths by 70%
-  **Reduction of disability** and improvement of **quality of life** after meningitis

Findings will contribute to the following **strategic goals**:

- 17** Ensure and raise awareness of communities about the impact of meningitis and available support after meningitis.
- 18** Ensure that people and communities know how to access meningitis vaccines, other prevention and support after meningitis, and that they value and demand them.
- 19** Maintain high vaccine confidence.



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Online questionnaire, offered in French and English, distributed to health professionals in the Meningitis Belt; a string of 26 countries in sub-Saharan Africa that suffers the highest global burden of the disease. 25 responses were received from 16 of the 26 countries in the Meningitis Belt (62% coverage). Multiple responses were received from Nigeria, Uganda, Eritrea and Ethiopia.



Key Finding

Respondents consistently cited funding gaps as a key barrier.

Impact

Significant **gaps in capacity and resource investment** limit communication reach and impact.

Recommendation

Funding must be ensured at the global, regional and country levels.

Training of local communications staff will build long-term capacity.



Key Finding

Just one respondent had a **dedicated meningitis communication plan**, and no respondents reported having a risk communication strategy.

Impact

Missed opportunities for meningitis communications.

Recommendation

Countries must be supported in developing **communication plans** and integrating meningitis into other related strategies (i.e., routine immunization).



Key Finding

Vaccination is the main focus of current key messaging.

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

Impact

Low awareness of meningitis signs and symptoms, risk factors, treatment, impact, aftercare and support amongst some populations (e.g., parents/guardians).

Recommendation

Country communicators should develop **meningitis messaging appropriate to their context**, including for the introduction and rollout of new meningitis vaccines.

Section 3 of the report includes example key messages to address this gap.



Key Finding

Meningitis messaging is currently spread across resources, with few materials dedicated to meningitis.

Ensuring materials are adapted to **local contexts** is seen as critical.

A limited number of meningitis materials are created from scratch at the country level.

Impact

Country teams and organisations do not always have the communications resources and tools that they need.

Recommendation

All meningitis materials prepared at the global level should be easily available and **adaptable to local contexts**.

Resources, and **best practices, should be documented and shared** between and within countries / contexts to minimise duplication of effort.

Civil society partners should continue to create **standardised guidance and materials** that can be tailored at a local level, making sure it matches national priorities, capacity, and resource.

Fig.1: Respondents by country

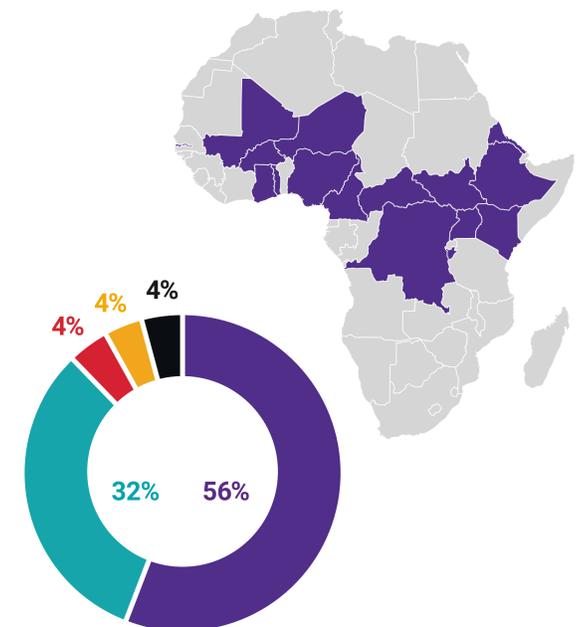


Fig.2: Respondents by organisation

