RBM Partnership
To End Malaria

Making the Case for Malaria SBC:
Key Messages and Actionable Steps

RBM Partnership to End Malaria Social and Behaviour Change Working Group

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Introduction

Malaria SBC leverages tools and approaches to understand the individual, social, and structural factors that influence the adoption and practice of malaria-related behaviours and develop interventions to address those factors. Malaria SBC interventions ensure people find and use malaria-fighting tools correctly and consistently. SBC is proven to be cost-effective and increases the return on investment for malaria programs.[1] Despite its value in all aspects of malaria prevention and control, SBC remains under-resourced.[2]

Malaria SBC professionals are often asked to justify investments in malaria SBC. Making the case for malaria SBC requires global-level and national-level advocacy, especially given the limited resources available for malaria control and elimination and competing priorities. The RBM Partnership to End Malaria Social and Behaviour Change Working Group and the Alliance for Malaria Prevention (AMP) organized **nine key messages**, **five actionable steps**, and **valuable resources and evidence** to help make the case for investment in malaria SBC.

> **"Although clear social and behaviour change communication (SBCC) strategies exist, these critical interventions remain under-resourced and greater investment is required."**
> **- _World Malaria Report 2022_**

> **"Service delivery in malaria is not only about delivering products; it is also about ensuring they are used properly. Communication methodologies are essential to ensure the appropriate use of interventions."**
> **- _Global Malaria Action Plan 2008_**

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[1] Avenir Health. 2021. "The business case for social and behaviour change for malaria with applications for Côte d'Ivoire and Tanzania," Breakthrough RESEARCH Technical Report. Washington, DC: Population Council.
[2] World malaria report 2022. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Key Messages: Making the Case for Malaria SBC

Use these nine key messages when making a case for malaria SBC. Find more evidence and resources to support the key messages in the Evidence and Resources: Proving SBC Works section. Much of the evidence outlined below is summarised in the Malaria SBC Evidence Database.

📢 SBC improves the use of insecticide-treated nets (ITNs).

Researchers conducted a systematic review and meta-analysis of 11 health education interventions to improve malaria knowledge and ITN usage in sub-Saharan Africa. Three studies reviewed included health behaviour theories as frameworks, and six used community involvement strategies. Researchers found that, on average, the **likelihood of a person reporting increased malaria knowledge (1.3 times higher) and increased ITN use (1.53 times higher) increased significantly after receiving health education interventions** as part of an intervention group compared to those in a control group. **Respondents in the intervention groups were 5.3 times more likely to use ITNs when the health education program used behavioural theory** compared to only 1.86 times when a theory was not used.

Learn more: Effectiveness of health education interventions to improve malaria knowledge and insecticide-treated nets usage among populations of sub-Saharan Africa: systematic review and meta-analysis

In Zambia, people exposed to SBC messaging were almost **30% more likely to use ITNs**. Approximately 88% of respondents exposed to SBC reported sleeping under an ITN the previous night, compared to 59% of unexposed respondents.

Learn more: Comparing two approaches for estimating the causal effect of behaviour-change communication messages promoting insecticide-treated bed nets: an analysis of the 2010 Zambia malaria indicator survey

In Nigeria, nearly 60% of respondents in ten states heard messages about using ITNs. The more messages a person recalled, the more positive of an attitude towards ITN use they had. Results showed that confidence in using ITNs increased with remembering more messages. People who felt confident about using ITNs were **17% more likely to use bed nets**, and those who intended to use them every night were **15% more likely** to do so.

Learn more: The impact of behaviour change communication on the use of insecticide-treated nets: a secondary analysis of ten post-campaign surveys from Nigeria

📢 SBC increases the lifespan of ITNs.

As of 2022, the lifespan of current ITNs varies, with a median of 1.9 years ([2022 World Malaria Report](#)).

In Nigeria, exposure to multiple channels of an SBC intervention focused on ITN care was connected to a better attitude toward caring for ITNs. A positive attitude toward ITN care and the number of channels a respondent remembered were the most significant predictors of ITN condition. In households with a positive attitude compared to a negative attitude toward ITN care, the estimated **median lifespan of ITNs was approximately one full year longer**.

Learn more: [Impact of a behaviour change intervention on long-lasting insecticidal net care and repair behaviour and net condition in Nasarawa State, Nigeria](#)

📢 SBC improves care seeking for fever.

In Ghana, caregivers of children under five years of age with a fever exposed to a communication intervention were **four times more likely to seek CHW services** for fever than unexposed caregivers.

Learn more: [Treating fever in children under five years of age: caregiver perceptions of community health worker services in Dangme West district, Ghana](#)

📢 SBC creates demand for malaria rapid diagnostic tests (RDTs).

In Nigeria, researchers compared the impact of social group sensitisation and education with and without a health care provider SBC intervention. **More children under five received an RDT in the social group intervention with provider SBC (71.7%)** than the control group (40.6%). **In the social group without provider SBC, more children under five received an RDT (66.7%)** compared to the control group (40.6%).

Learn more: [Social group and health-care provider interventions to increase the demand for malaria rapid diagnostic tests among community members in Ebonyi state, Nigeria: a cluster-randomised controlled trial](#)

SBC improves the use of malaria RDTs.

In Tanzania, a health worker peer-group training on RDTs with and without a patient-oriented intervention reduced incorrect prescribing of antimalarials from 8% (control arm) to 2% in both intervention arms. In both interventions, **fewer patients with a negative RDT received an antimalarial**, with 19% receiving an anti-malarial in the control arm, **6% in the peer-group training only intervention group**, and **4% in the peer-group training plus patient-oriented intervention**.

Learn more: [Prescriber and patient-oriented behavioural interventions to improve use of malaria rapid diagnostic tests in Tanzania: facility-based cluster randomised trial](#)

SBC improves ANC attendance and the uptake of IPTp.

In Burkina Faso, a community-based campaign to improve the uptake of IPTp was assessed in a health centre randomised trial comparing intermittent preventive treatment with and without community-based promotional activities. Nearly **65% of women who received the community-based promotional activities completed three or more ANC visits** compared to nearly 45% who did not receive the community-based promotional activities. Uptake of **more than two doses of IPTp-SP was nearly 72% for those who received the community-based intervention** compared to only approximately 50% of women who did not receive the intervention.

Learn more: [Community-based promotional campaign to improve uptake of intermittent preventive antimalarial treatment in pregnancy in Burkina Faso](#)

In Nigeria, a randomised controlled trial assigned ANC attendees to a control and intervention group, with the intervention group receiving health education on malaria. Four months after the intervention, **reported IPTp uptake was more than 10% higher for the intervention group** (Intervention: Two doses–59.0%, Three doses 22.3%; Control group: Two doses–48.4%, Three doses–7.0%).

Learn more: [Improving malaria preventive practices and pregnancy outcomes through a health education intervention: A randomised controlled trial](#)

📢 SBC improves the acceptance of indoor residual spraying (IRS).

In India, community sensitisation to improve the acceptability of IRS led to a nearly **22% increase in intention to accept IRS** in the intervention districts.

Learn more: [Community sensitization to improve acceptability of indoor residual spraying (IRS) in Mewat district of Haryana, India: A community-based interventional study](#)

📢 SBC is cost-effective for improving ITN use, care-seeking for fever, and treatment adherence.

In Côte d'Ivoire and Tanzania, a cost-effectiveness study reviewed SBC intervention costs and malaria outcomes. Researchers calculated the costs associated with malaria SBC and divided the total cost by the number of years of healthy life saved by malaria SBC. In Côte d'Ivoire, the costs per DALY averted are USD 261 for ITN use, USD 57 for case management, and USD 63 for the interventions combined. A cost-effective intervention is defined by a cost lower than the country's gross domestic product, also known as the average individual income in a country. The combined malaria SBC intervention cost in this study is approximately **32 times lower than this benchmark in Côte d'Ivoire, making it highly cost-effective by WHO standards.**

In Tanzania, it costs USD 269 to save one year of healthy life lost due to malaria through SBC addressing ITN use, USD 101 for SBC addressing care seeking and treatment adherence, and USD 124 for both interventions combined. Combined, **this cost to prevent one year of healthy life lost is nearly nine times lower than the average national income per person.**

Learn more: [The Business Case for Social and Behaviour Change for Malaria with Applications for Côte d'Ivoire and Tanzania](#)

In Cameroon, a cost-analysis of mass media focused on increasing ITN use found the intervention cost less than USD 0.16 per adult reached and less than USD 1.62 per additional person protected by an ITN. Cameroonians with at least one ITN and exposed to the mass media campaign were **more likely to use an ITN**: 6.6% more among survey respondents and 12% more among children under five.

Learn more: [Impact of a mass media campaign on bed net use in Cameroon](#)

SBC is crucial to overcoming roadblocks and unexpected issues in ITN distribution campaigns.

In any ITN campaign, roadblocks like rumours, political issues, or delays in procurements or deliveries may arise, which must be communicated to the beneficiaries. When roadblocks arise, organisers often turn to SBC to reshuffle SBC resources to address unexpected issues with the right messaging, and often to rebuild or maintain trust. Malaria SBC professionals must safeguard SBC funding for planned and unexpected programming.

Learn more: Alliance for Malaria Prevention October Newsletter: Malaria prevention in humanitarian and complex settings

Actionable Steps: Making the Case for Malaria SBC

Making a case for malaria SBC is not a one-size-fits-all approach. The following steps will help you identify the specific goal in making a case for malaria SBC, understand the unique needs and interests of the decision-makers involved in achieving that goal, and develop your approach.

(1) Identify the Goal:
What do you wish to accomplish in making a case for malaria SBC? Consider the following examples:
- Increase awareness and understanding of the importance of malaria SBC among stakeholders.
- Increase malaria SBC funding in the national program budget.
- Gain support to scale up a successful SBC program.
- Expand existing monitoring and evaluation to include SBC indicators.
- Ensure funding earmarked for SBC is being distributed and allocated.

(2) Identify the Decision-Maker:
The more you know about who makes decisions that will help you achieve the goal, the easier it will be to adapt a message for them using the Key Messages above. Consider the following questions:
- Who is the decision-maker responsible for helping to achieve the goal?
  - Who will that person need support or approval from?
- What is the background of the decision-maker?

a. Decision-makers typically fall into one of four categories: Government, Ministries of Health, and National Malaria Programs; Donors; Implementing Partners; and Coordinating Bodies. It is essential to understand the unique roles, needs, barriers, and opportunities of the decision-maker to make a compelling case for malaria SBC.

Decision-Maker Categories

(Adapted from Breakthrough ACTION's Advocating for SBC in Family Planning Programs: A Message Framework.)

GOVERNMENT, MINISTRIES OF HEALTH, AND NATIONAL MALARIA PROGRAMS	DONORS
ROLE: Reduce malaria burden, develop and oversee national plans, programming, and policy; align plans and priorities of donors and implementing partners NEEDS: Show results in uptake of ITNs, IRS, IPTp, or other interventions the decision-maker is most invested in BARRIERS: Overburdened, multiple priorities and requests from stakeholders, limited resources OPPORTUNITIES: Interested in meeting national malaria goals efficiently and sustainably	ROLE: Reduce malaria burden, funds programs, coordinates with country governments/officials and decision-makers, sets policies, objectives, and technical guidelines NEEDS: Show value for money, have measurable outputs and intermediate outcomes BARRIERS: Investments need to be directly linked to impact, need results quickly OPPORTUNITIES: Eager to show the impact and cost-effectiveness of their funding
IMPLEMENTING PARTNERS	COORDINATING BODIES (TECHNICAL WORKING GROUPS, COMMUNITIES OF PRACTICE OR EXPERTS)
ROLE: Reduce malaria burden, implement malaria interventions and programming, and generate experience and evidence to influence the design of policies and plans NEEDS: Good working relationships with donor/country decision-makers, funding to implement activities tasked BARRIERS: Funding tied to specific scopes of work and outcomes OPPORTUNITIES: Vehicle for cross-fertilization of ideas, opportunity to show meaningful impact	ROLE: Reduce malaria burden, set high-level goals and provide processes, convening opportunities, and tools for enabling better coordination among the actors NEEDS: Evidence-based tools, donor/country approval BARRIERS: Reliance on other actors to move activities forward; may have limited technical focus on SBC OPPORTUNITIES: Well-recognized; able to bring players together under common goals and influence funding decisions

(3) Understand the Decision-Maker:

Where does the decision-maker you have in mind fit? What additional needs, barriers, and opportunities do you see in your context? *If the decision-maker does not fit into one of the categories, make a new category.*

To better understand the decision-maker, consider the following questions: *

1. What does the decision-maker already know or think they know about malaria SBC?
   a. What has been their experience with malaria SBC in the past?
   b. How much additional information and background about SBC do you need to provide?
2. What is most important to them when programming for malaria prevention and control?
   a. How important is it that programs are cost-effective?
   b. How much do they value the use of evidence to show effectiveness?
   c. What motivates them: reduction in malaria-related morbidity and mortality, practising priority behaviours, or something else?
3. Who are they accountable to? Are there other people you need to consider?
4. What challenges does the decision-maker face in funding malaria SBC?
5. What opportunities exist to facilitate greater investment in SBC?

*Adapted from [AFP SMART: A Guide to Quick Wins —Build Consensus, Focus Efforts, Achieve Change](#) and [Breakthrough ACTION's Advocating for SBC in Family Planning Programs: A Message Framework](#)

(4) Identify and Adapt the Key Messages that Will Work for the Decision-Maker:

Now that you have considered the key decision-maker's unique needs and priorities, consider which key messages from above resonate with them. Decision-makers decide to take action for various reasons, often including evidence-based, emotional, and/or ethical reasons. Consider the following when identifying and adapting key messages:

- Will the decision-maker respond more to an evidence-based message, an emotional message, or an ethics-based message? Or, would a combination of two or all three work best?
  - [SMART Advocacy](#) recommends asking the following questions for each type of argument:
    - Evidence: What facts support your goal?
    - Emotion: How can you make the need for the goal more relatable and emotionally meaningful?
    - Ethics: What religious, cultural, or ethical arguments support your goal?

- Add supporting messages by finding evidence that best fits the priorities of the key decision-maker using the resources at the end of this document and/or local data.
- Informally test your message with colleagues or people who know the unique needs of the decision-maker. Anticipate potential arguments or objections and strengthen your message.

5 **Determine the Approach:**

There is not a one-size-fits-all approach to making a case for malaria SBC. The approach must be tailored to the specific decision-maker. Consider the following questions as you determine the approach:

1. Does the decision-maker need the support or approval from someone else? If so, how can you support the key decision-maker in their effort to gain approval?
2. Can you leverage the support of influential leaders or stakeholders in the community when speaking with the key decision-maker?
3. What influence do personal experiences or stories have on the decision-maker?
   a. Would they be impacted by the personal story of a CHW who saw increased care-seeking in their community because of an SBC intervention?
   b. Is using hard data a better approach?
   c. Would they be more impacted by other factors, such as low use of ITNs or lack of care of an ITN, resulting in wasted products?
4. What access do you have to the key decision-maker? If you do not have direct access, who can you work with?
5. What approach will work best for the decision maker to understand the importance of your goal and take action to support or approve the goal.

Find toolkits, frameworks, and more to help you advocate for SBC here:
- [Breakthrough ACTION on Advocacy for Social and Behaviour Change](#)
- [SMART Advocacy Toolkit](#)
- [RBM Partnership to End Malaria Advocacy for Resource Mobilization for Malaria Guide](#)
- [RBM Partnership to End Malaria SBC WG Strategic Framework for Malaria SBCC 2018-203 (Advocacy Section)](#)

Evidence and Resources: Proving SBC Works

SBC is evidence-based and theory-driven. To find data that proves malaria SBC works, visit the following resources:

RBM Partnership to End Malaria SBC Working Group: A global community of practice with more than 13 resources to guide SBC and quarterly virtual and in-person meetings to share malaria SBC best practices.

Malaria SBC Evidence Database: The Evidence Database includes a collection of more than 125 articles that demonstrated a positive impact of an SBC program on malaria behaviours.

Malaria SBC Evidence Discussion Series: Hosted by Breakthrough ACTION and the U.S. President's Malaria Initiative, this recorded discussion series includes guided discussions following a journal club format about malaria SBC evidence. Topics include prescriber and patient interventions, ITN use and care, malaria testing, and more.

Costing and Cost-effectiveness of Social and Behaviour Change: Breakthrough RESEARCH modelled the cost-effectiveness of malaria SBC by reviewing evidence from 112 studies on the impact of malaria SBC interventions and 70 studies on general SBC.

Advocating for SBC in Family Planning Programs: A Message Framework: The USAID-funded Breakthrough ACTION project, led by the Johns Hopkins Center for Communication Programs, created a set of advocacy resources and tools to help users promote greater investment in SBC by governments, donors, and decision-makers. This message framework helps SBC practitioners advocate with decision-makers to increase support for SBC. Initially made for family planning and reproductive health, this guidance document is highlighted throughout this Social and Behaviour Change Working Group guidance and is easily adaptable for malaria SBC.

SMART Advocacy Toolkit: SMART Advocacy walks advocates through nine steps to work with decision-makers to build consensus, focus efforts, and achieve change.