



# **Malaria Social and Behaviour Change Program Guidance in the Context of COVID-19 Pandemic**

**RBM Partnership to End Malaria Social and Behaviour Change Working Group**

This guidance is provided as of April 2022 and will be updated when additional information is available.

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This document is meant to be a “living document” that will be updated as we continue to learn lessons and experiences with conducting malaria SBC during the COVID-19 response. Any contributions or input to future iterations would be greatly appreciated; please contact the RBM SBC WG Secretariat: [ashley.riley@jhu.edu](mailto:ashley.riley@jhu.edu)

## Abbreviations, Acronyms, and Key Terms

<b>ACT</b>	Artemisinin-based combination therapy	<b>Mass media</b>	Radio, television, broadcast that reaches large audiences
<b>ANC</b>	Antenatal clinic	<b>MDA</b>	Mass drug administration
<b>CHW</b>	Community health worker	<b>Mid media</b>	Radio, television or anything broadcast that reaches small audiences (district radio stations, for example)
<b>COVID-19</b>	Coronavirus disease of 2019	<b>MIP</b>	Malaria in pregnancy
<b>CQ</b>	Chloroquine	<b>MoH</b>	Ministry of health
<b>DOT</b>	Directly observed therapy	<b>NMCP</b>	National malaria control programme
<b>EPI</b>	Expanded Programme on Immunisation	<b>PMI</b>	U.S. President's Malaria Initiative
<b>FAQs</b>	Frequently asked questions	<b>PPE</b>	Personal protective equipment
<b>GBV</b>	Gender-based violence	<b>RCCE</b>	Risk communication and community engagement
<b>GMP</b>	Global Malaria Programme	<b>RDT</b>	Rapid diagnostic test
<b>HCQ</b>	Hydroxychloroquine	<b>SBC</b>	Social and behaviour change
<b>HIC</b>	High-income country	<b>SBCC</b>	Social and behaviour change communication
<b>HMIS</b>	Health management information system	<b>SMC</b>	Seasonal malaria chemoprevention
<b>IPC</b>	Interpersonal communication	<b>SMS</b>	Short message service
<b>IPTi</b>	Intermittent preventive treatment in infants	<b>SOP</b>	Standard operating procedure
<b>IPTp</b>	Intermittent preventive treatment during pregnancy	<b>SP+AQ</b>	Sulfadoxine-pyrimethamine plus amodiaquine
<b>IRS</b>	Indoor residual spraying	<b>WHO</b>	World Health Organisation
<b>ITN</b>	Insecticide-treated net		
<b>IVR</b>	Interactive voice response		
<b>LMIC</b>	Lower- and middle-income countries		

## Introduction

On April 9, 2020, the World Health Organisation (WHO) Global Malaria Program (GMP) released the guidance [Tailoring Malaria Interventions in the COVID-19 Response](#) to address malaria within the critical preliminary phase of the context of COVID-19, which cuts across vector control (insecticide-treated nets [ITNs] and indoor residual spraying [IRS]), case management, chemoprevention (intermittent preventive treatment in pregnancy [IPTp], seasonal malaria chemoprevention [SMC]), and supportive structures and systems (supply chain, program management, information systems, and communication and community engagement). To complement this guidance, the RBM Partnership to End Malaria Social Behaviour Change Working Group (RBM SBC WG) developed interim guidance for malaria SBC in the context of the COVID-19 pandemic in April 2020. This guidance was updated in April 2022.

Since this guidance was originally drafted in 2020, the COVID-19 pandemic has evolved in several important ways:

1. Unfortunately, many have died—[6,233,526 deaths worldwide](#) from COVID have been reported to the WHO as of April 29, 2022
2. WHO reports [510,270,667 confirmed](#) cases of COVID-19 worldwide as of April 29, 2022
3. Long term morbidity from COVID-19 infection has been identified in some individuals who survived COVID-19 with severe long-term implications for major body systems, including heart and vision problems and multi-system inflammatory syndrome in children (long COVID)
4. Several safe and effective vaccines were developed and distributed disproportionately to high-income countries (HIC)—WHO reports [11,477,767,378 vaccine doses](#) have been administered as of April 29, 2022
5. New COVID-19 variants mutated and spread quickly across the world (Delta, Omicron, Omicron BA.2)
6. COVID-19 vaccination protocols changed in response to the new variants
7. Most HIC countries have relatively high rates of fully vaccinated communities (including booster shots)
8. It has become clear that COVID-19 immunity from infection and vaccination wanes over time and requires booster doses of the vaccination
9. The vaccine is still not approved in most countries for children under five years old
10. Many countries have rapidly changing COVID-19 restrictions in response to changing COVID-19 epidemiology and variants

Approaches to malaria SBC should take into account the [WHO Advice for the Public on COVID-19](#) national and local guidance on COVID-19, such as guidance on the COVID 19-vaccine, limits on the number of people convening in one place, frequent hand washing, maintenance of physical distancing, practice of respiratory hygiene, prompt care-seeking for symptoms of COVID-19, and adherence to advice provided by authorities and providers.

The [World Health Organisation's 2021 World Malaria Report](#) describes the impact of COVID-19 on malaria very clearly: "*The 2021 edition of the report took a closer look at the impact of disruptions to malaria prevention, diagnosis and treatment during the COVID-19 pandemic. The latest data show that the worst-case scenario projected by WHO – a doubling of malaria deaths in sub-Saharan Africa – did not come to pass. However, moderate disruptions to malaria services led to a marked increase in cases and deaths in 2020 over the previous year. According to WHO's latest World malaria report, there were an estimated 241 million malaria cases and 627,000 malaria deaths worldwide in 2020. This represents about 14 million more cases in 2020 compared to 2019, and 69,000 more deaths. Approximately two-thirds of these additional deaths (47,000) were linked to disruptions in the provision of malaria prevention, diagnosis, and treatment during the pandemic.*"

It is essential to note that each country has vastly different circumstances, COVID-19 epidemiology, COVID-19 histories and trajectories, levels of access to the COVID-19 vaccines, and political challenges facing the control of COVID-19. With this iteration of this guidance document, the RBM SBC WG is less prescriptive than the previous guidance document and suggests that all malaria SBC activities closely adhere to the changing COVID-19 landscapes and regulations of the countries in which they work. We must acknowledge COVID-19 and how it impacts our day-to-day work and, at the very least, should not be agents in the spread of the disease. Implementing malaria SBC activities as safely as possible is crucial as malaria care-seeking during the past two years in most countries has suffered. We stand at a critical time to halt the backslide of progress against malaria over the past 20 years.

## General Considerations for Malaria SBC in the COVID-19 Context

### Consideration #1: Channel Selection

The goal is to reduce the risk of transmitting COVID-19 while malaria SBC activities are implemented. The following table looks at each malaria SBC channel and considers the advantages, disadvantages, considerations, examples, and considerations for co-messaging with COVID-19 (inserting or integrating malaria messages into COVID-19 vaccine and preventive measures campaigns and events). This table is meant to assist programs in thinking through which channels to use for their malaria activities during various points in their COVID-19 epidemics, in accordance with local COVID-19 restrictions and guidance.

**Table 1: Advantages, disadvantages, examples, and considerations by channel**

Advantage	Disadvantage	Consideration	Example	Co-Messaging with COVID-19
<b>Advocacy Meetings at National, Provincial and District Levels</b> (such as those during ITN mass campaigns, etc.)				
Allows for putting in place plans, key influencers, and messages at all levels and for addressing any rumours arising that could impact the success of planned campaigns or activities.	Many stakeholders at these levels would have already been part of COVID-19 awareness sessions and meetings. Although malaria should be the focus, there would necessarily be some repeated information, and participants may lose focus on the objective of the sessions.	Consider developing advocacy packages that can be provided to stakeholders through electronic channels, ensure COVID 19 preventive measures are taken during meetings, and include detailed information on the malaria burden and the importance of ITNs, as well as any information	Advocacy packages have a frequently asked questions (FAQs) sheet with questions and answers on the malaria burden in the country and what will happen if malaria is not kept high on the health agenda during the COVID-19 pandemic.	If COVID-19 advocacy or risk communication and community engagement (RCCE) coordination meetings are already taking place, adding reminders about malaria still being a critical issue can help participants remember that a crisis like this needs to consider many critical health aspects, not just the

		about COVID-19. Ensure COVID prevention measures are in place as much as possible.		immediate threat.
<b>Mass Media Communication</b> (National/Regional and Community Radio/ Television/ Newspapers, etc.)				
Given that COVID-19 is one of the most critical health issues globally, households may listen to messages aired on the radio/ television or published in newspapers. Including mass media, SBC malaria materials could make households more conscious and concerned about maintaining protection from malaria and the importance of promptly seeking care.	Overload of information leads to low retention of key messages.	Mass media provides one of the best opportunities for ensuring it is continually reinforced that although COVID-19 is a major risk, malaria is still prevalent in communities, and people need to protect themselves and seek diagnosis and treatment.	Radio spots, debates, and phone-in programmes are strong channels to inform people about what they should do with ITNs that have been used by people with suspected or confirmed COVID-19 or those that have died after suffering from COVID-19, for example.	While co-messaging can increase the reach of malaria messages, it will only be an advantage if the messages are clear, concise, and leave no room for misinterpretation. Such messages should focus on how COVID-19 might change an individual's own malaria-related experiences.
<b>Mass Media Communication</b> (Social Media, Digital Interactive Voice Recording, SMS, Phone, etc.)				
Mass media is a major source of information in many countries and provides a good opportunity to pass regular, consistent, and correct messages to counter misinformation	Social media access can be limited in many countries and, in some cases, severely limited (especially in rural areas, among women and in complex operating environments).	Consider having a team dedicated to monitoring social media or social listening platforms to ensure malaria information flows correctly and accurately. These teams must be easily	An MoH Twitter and Facebook page that provides daily updates on health issues in the country, including malaria. A COVID-19 hotline number could bring callers to an interactive voice	The most important information for people is how malaria services will look different in the context of COVID-19, such as what to expect at health facilities when seeking care since

and disinformation. Phone ownership is relatively high in general (although women are less likely to have access to phones).	There are multiple sources of unverified information, especially on social media, leading to misinformation about COVID-19 and malaria.	identifiable as being from an official source (e.g., MoH toll-free call centres) and respond to misinformation and rumours promptly and effectively using the same social media platform. The COVID-19 rumour and misinformation tracking management team can integrate malaria-related questions.	recording platform taking callers through health-related content, including malaria.  <a href="#">View a multi-country example of malaria SBC on social media during COVID-19.</a>	facilities are working hard to prevent the spread of COVID-19 by following the recommendations of the WHO, national, and local policies.
<b>Print Materials</b> (Posters, Banners, etc.)				
Print materials (if robust and well-developed) can provide valuable information to semi-literate communities.	Overload of information on print materials such as posters, flyers, and FAQs can mean that they lose their effectiveness, leading to low retention of key messages, and increased risk of COVID infection due to the contact in hand-to-hand distribution.	Consider laminating any print materials produced that will be used regularly (e.g., CHW job aids), and wash them daily.  Keep messages short and consider using photos and graphics to reduce text on the posters.	CHW job aids include information on malaria prevention and treatment behaviours. If laminated, there must be clear instructions to CHWs that the job aids should be washed regularly with soap (or equivalent) and water, thereby reducing the risk of spreading the COVID-19 virus.	Communicating how malaria prevention and treatment services will look different in the context of COVID-19 is the most important. Consider modelling and describing what to expect at health facilities when seeking care for fever, ITN distributions, CHW services, etc.
<b>Interpersonal Communication (IPC) at Community Level</b> (Street Messages, Door to Door IPC, Community Meetings, etc.)				
In-person IPC is recommended to be conducted strictly according to national and local COVID-19 restrictions and	It might be difficult to respect physical distancing best practices during IPC, which could increase the spread of COVID-19 if not very	Consider limiting IPC activities to the following when advised by national and local COVID-19 guidance, as they represent a lower risk of	Visual examples of ITN campaign IPC agents (e.g., CHWs) practising the COVID-19 precautions are shown in newspapers and on television	If IPC activities are happening for COVID-19, consider co-messaging about the continuity of malaria services and what to expect from malaria



recommendations.	carefully implemented.	spreading COVID-19: <ul style="list-style-type: none"> <li>• Town criers and motorised street announcements/mobile units,</li> <li>• Religious services that are using alternatives that reduce social interaction (e.g., broadcast on television, radio, or on social media).</li> </ul>	coverage, so households know what to expect during the campaign (e.g., CHWs using megaphones to communicate messages on malaria).  <a href="#">View examples of malaria SBC during COVID-19.</a>	testing and treatment, which might be different from normal (clinic hours, PPE the staff might be wearing, procedures, etc.). It is critical for communities to understand what COVID-19 prevention measures are being implemented during these activities (e.g., CHWs wearing masks and maintaining physical distancing) so that communities feel safe and accept the activity being implemented.
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*In 2021, the RBM Partnership to End Malaria Social and Behaviour Change Working Group documented four case studies that reflect a spirit to fight the COVID-19 pandemic and malaria against all odds. The case studies can be found at <https://www.thecompassforsbc.org/sbcc-spotlights/malaria-sbc-during-covid-19>*

### **Consideration #2: Innovation and Adapting Activities**

Keep in mind when selecting a mix of channels that there are many options for programs that wish to limit in-person IPC. These are not limited only to national radio, national television, social media, and print materials. As noted above, other options include regional and community radio, motorised street announcers, caravans, drama shows on trucks, previously recorded or live announcements from churches/mosques that have a large speaker system, and griots/town announcers (when done safely). Other examples include adding messages to popular media products already being broadcast, SMS, interactive voice response (IVR), Instagram, TikTok, WhatsApp, etc. Several countries have adapted existing health hotlines to include COVID-19 messaging or set up hotlines where none existed, and malaria information can easily be integrated into these systems.

It is a well-established best practice that the interactive component of SBC activities is important for impact, so consider maintaining or increasing platforms that allow for two-way dialogue, like call-in shows, phone-based competitions, virtual personal contact platforms, shifting

in-person house-to-house visits to phone calls, or other innovative approaches.

### ***Consideration #3: Rumours and Rumour Management***

Rumours often emerge when there is a lack of accurate, credible, and reliable information or too much information, resulting in conflicting information or an overload of information. In that case, it is hard for consumers to separate fact from fiction. With a highly infectious disease and a shortage of credible information, rumours about COVID-19 are already rampant worldwide. When the COVID-19 rumours intersect with malaria, the malaria response must be prepared to act immediately and respond to rumours that need addressing. This is particularly true when COVID-19 cases coincidentally rise at the same time ITN campaigns happen. National Malaria Control Programmes (NMCPs) should establish a rumour tracking system for malaria in the context of COVID-19 and develop messages to respond to rumours. Early planning to anticipate possible rumours in the local context must be done, a mitigation plan put in place, and a response plan developed and ready for immediate rollout once rumours are discovered. Mitigation of rumours must be done through a strong multi-channel strategy to ensure that clear, correct, and actionable information is communicated. Response plans for rumour management must include which kinds of rumours should be addressed and when, the channels that will be used, the key spokespeople that will be used at all levels because they are trusted figures, and draft key messages that can be quickly adapted to address the specific information contained in the rumour. Generally, when rumour management plans are put into action, the people addressing the rumours should not be the same people who disseminated the discredited information the first time (even if that person is now sharing accurate information).

For COVID-19 rumour management guidance, visit:

<https://www.thecompassforsbc.org/sbcc-tools/technical-brief-covid-19-rumor-tracking-guidance-field-teams>

<https://www.thecompassforsbc.org/sbcc-tools/technical-brief-creating-real-time-rumor-management-system-covid-19>

### ***Consideration #4: Stigma***

#### *General Stigma*

Stigma comes from the impulse to assign blame, especially during an outbreak of a highly contagious disease. We have seen in countries with few critical care facilities (which means COVID-19 in these settings will be more lethal), those diagnosed with COVID-19 have become stigmatised. Likewise, health care workers may become stigmatised. People in some places have stopped seeking care for fever or other illnesses for fear of contracting COVID-19 from a health care worker.

#### *Stigma and the COVID-19 Vaccine*

Stigma also exists around COVID-19 vaccination, as this has unfortunately become a politicised issue in many countries, and several malaria endemic countries have seen significant distrust of the COVID vaccine. Discord between those COVID vaccinated and non-vaccinated exists, as do pockets of populations that refuse to abide by masking and other protective mandates. As the vaccine becomes more available, this trend may continue. Proactively echoing the anti-stigma efforts of any ongoing COVID-19 vaccination campaigns may also help to maintain care-seeking and prompt access to malaria case management during the pandemic.

For guidance on disrupting COVID-19 stigma, visit:

<https://www.thecompassforsbc.org/sbcc-tools/technical-brief-disrupting-covid-19-stigma>

### ***Consideration #5: Gender***

Gender is an important consideration with respect to access to health information and services, especially in lower- and middle-income countries where gender inequities may be particularly high. When considering social media as a channel for rumour management, or as an alternative for interpersonal communication, keep in mind that African women are significantly less likely to have access to social media content. A wide range of diverse channels should be sought for messaging to reach this target audience.

The risk of gender-based violence (GBV) has increased in countries because of COVID-19, indicating a serious potential for increases in GBV as more countries are affected by the pandemic. With more countries imposing restrictive measures, households are placed in higher stress environments, and there are increased opportunities for domestic abuse. In this context, malaria would probably not be a priority area of concern for those mothers. SBC interventions should consider raising the risk perception of malaria among male heads of households and ensuring that activities focus on communication channels most used by women.

For guidance on integrating gender in COVID-19 response, visit:

<https://www.thecompassforsbc.org/sbcc-tools/technical-brief-integrating-gender-covid-19-response>

### ***Consideration #6: A Reminder of the Importance of Context***

The following are just a few reminders of the complicated intersection between global guidance and the reality “on the ground,” which is entirely context specific. The points below represent just a few of the issues that may make the implementation of recommendations difficult, which should be considered and planned for, in addition to the other guidance provided.

- Two years of lockdown and limitations conflict with the need to return to living a normal life. COVID-19 restriction fatigue can be felt everywhere in the world and leads to complacency in practising COVID-19 protective measures.
- Keeping physical distance can be a difficult concept in places where being in crowded conditions is the norm.
- Some malaria deaths are misattributed to COVID-19 and vice versa.
- Gloves, soap, and water are not necessarily standard in many primary health centres and consumables are often in short supply.
- Health facility-based providers, CHWs, and other types of social mobilisation personnel are exhausted from nonstop work and in some cases abuse during the past two years, raising serious concerns about the mental health of these professionals. The result can be attrition from the job, complacency in performing at optimal levels and patience with their patients. These challenges certainly impact malaria diagnosis and treatment.
- Unease on COVID-19 vaccine safety raises concerns, multiple rumours, misinformation, and disinformation.

## **Malaria SBC SHOULD DOs in the Current Context of COVID-19**

The Malaria and SBC Workforce:

- COVID-19 Vaccination: It is strongly advised that all SBC and malaria workforce are fully vaccinated with boosters, as soon as available
- COVID-19 Prevention: Provide daily reminders for COVID 19 prevention behaviours—through multiple channels—to all campaign agents to always:
  - Wash their hands frequently with soap and water or hand sanitiser

- Practice physical distancing based on national and local recommendations
- Use a face mask correctly whenever around other people
- Use gloves, face shields, and other PPE according to local policies and procedures to promote infection prevention and control measures
- Consistently counsel beneficiaries on ITN use, adherence to anti-malarial drug regimens, early and regular ANC visits for pregnant women, participation in SMC and IRS campaigns, and if applicable and address potential rumours or misconceptions for malaria in the COVID-19 context
- Practice consistent respiratory hygiene (covering mouth when sneezing or coughing)

SBC activities with direct contact with beneficiaries MUST:

- Promote the adoption of infection prevention and control measures using environmental modification and by modelling desired behaviours:
  - Enact practices to ensure 1-2m between people and avoid congregating in waiting and patient care areas
  - Have workers demonstrate their ability to safely put on and remove PPE
  - Provide daily reminders to all beneficiaries to seek care if feeling sick, especially if fever is present and reinforce the benefits of a malaria test
  - Set up hand washing or sanitising stations and require use from all beneficiaries

Health facility-based SBC activities SHOULD:

- Promote continued use of confirmatory malaria testing (no presumptive treatment unless indicated by national guidelines), specifically:
  - Promote the use of RDTs over microscopy to ensure efficiency and timeliness of diagnostic and laboratory procedures
  - Provide appropriate malaria treatment according to case management testing and treatment guidelines
  - Promote appropriate differential diagnosis to address non-malaria causes of fever, including for suspect cases of COVID-19
- Use a systems approach to ensure collaboration between service delivery, supply chain, and SBC partners to promote and address:
  - Use of gloves, masks, and other PPE according to local policies and procedures to promote infection prevention and control measures
  - Promotion of adherence to local protocols for infection prevention and control, including handwashing with soap and water or the use of hand sanitiser
  - Patient flow/triage (e.g., having separate areas of patients/clients suspected of COVID-19)
  - Health worker and patient contact practises
  - COVID-19 vaccine acceptance practises among healthcare workers
- Develop and adapt messages to address provider concerns about COVID-19, including vaccine hesitancy among the general population and health care workers due to rumours and misinformation about the vaccine safety and the COVID-19 virus
- Manage patients with suspected COVID-19 appropriately
- Ensure health care workers get vaccinated for COVID 19
- Reiterate the importance of gloves, masks, and other PPE according to local policies and procedures
- Model and communicate infection prevention and control behaviour for clients/patients

- Promote the adoption of infection prevention and control measures using environmental modification and by modelling desired behaviours:
  - Enact practices to ensure 1-2m between people and avoid congregating in waiting and patient care areas
  - Have facility-based health workers demonstrate their ability to safely put on and remove PPE
  - Provide daily reminders to all health workers to seek care if feeling sick
  - Set up hand washing or sanitising stations
  - Ensure clean supplies are available for DOT corners for IPTp, etc.

*There are many other realities malaria programs need to grapple with in attempting to implement global guidance that are highly context specific. The RBM SBC WG encourages malaria partners to share their experiences and ways in which they have addressed COVID-19 within malaria SBC programming on the RBM SBC WG page on the online platform Springboard for SBC: <https://springboardforsbc.org/topics/7020/feed>*

## Annex: Malaria SBC during COVID-19 Resources

Malaria SBC during COVID-19 Resources	
Resource	Organisation
<a href="#">Advice for the Public: COVID-19</a>	World Health Organisation
<a href="#">Best Practices in Mitigating the Effect of COVID-19 on Malaria</a>	RBM Partnership to End Malaria
<a href="#">COVID-19 Communication Network</a>	Johns Hopkins Bloomberg School of Public Health
<a href="#">COVID-19 Rumour Tracking Guidance for Field Teams</a>	Breakthrough ACTION/Johns Hopkins Center for Communication Programs
<a href="#">Creating Real-Time Rumour Management Systems for COVID-19</a>	Breakthrough ACTION/Johns Hopkins Center for Communication Programs
<a href="#">Disrupting COVID-19 Stigma</a>	Breakthrough ACTION/Johns Hopkins Center for Communication Programs
<a href="#">Insecticide-Treated Net Distribution during COVID-19</a>	Alliance for Malaria Prevention
<a href="#">Integrating Gender in the COVID-19 Response</a>	Breakthrough ACTION/Johns Hopkins Center for Communication Programs
<a href="#">Malaria SBC Program Guidance in the Context of the COVID-19 Pandemic</a>	RBM Partnership to End Malaria Social and Behaviour Change Working Group
<a href="#">Malaria SBC during the COVID-19 Pandemic Case Studies</a>	RBM Partnership to End Malaria Social and Behaviour Change Working Group
<a href="#">RBM Partnership to End Malaria COVID-19 Response and Resources</a>	RBM Partnership to End Malaria
<a href="#">Tailoring Malaria Interventions in the COVID-19 Response</a>	World Health Organisation Global Malaria Programme
<a href="#">World Malaria Report 2021</a>	World Health Organisation Global Malaria Programme



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