

## Overcoming lockdown restrictions by digitising health promotion

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### **What challenge or opportunity did you try to address? Were existing solutions not available or not good enough?**

During the COVID-19 pandemic, MSF field health promotion (HP) teams in many countries have been faced with limitations caused by lockdown restrictions. To protect populations, in-person meetings were banned, and disseminating information to communities about COVID-19 protection measures and symptoms became complicated. Traditional HP tools, such as health talks or outreach events, were impossible.

### **Why does this challenge or opportunity matter – why should MSF address it?**

Until the pandemic is over, communities worldwide will be faced with varying degrees of restrictions on movement and gatherings. The same is true for MSF teams. While meeting people physically remains restricted, the organisation will need alternative methods of interacting with communities, both on an individual level and in groups.

### **Describe your innovation and what makes it innovative**

Use of social media by MSF has been limited to communications teams. By changing the paradigm and approaching these platforms as tools to disseminate HP information, we are uncovering massive potential. We implemented digital HP through social media platforms (Facebook, Instagram, WhatsApp) in 11 countries.

### **Who will benefit (whose life / work will it improve?) and were they involved in the design?**

Communities served by MSF received relevant and accurate information about COVID-19 prevention and related health information. The communities we targeted were also involved in designing the campaigns, in line with community engagement principles.

### **What objectives did you set for the project – what did you want to achieve and how did you define and measure success (improved service, lower cost, better efficiency, better user experience, etc.)?**

We aimed to disseminate relevant information as widely as possible. Where possible, we engaged in one-to-one conversations with community members via messenger applications.

### **What data did you collect to measure the innovation against these indicators and how did you collect it? Include if you decided to change the indicators and why**

The 'reach' of a social media post is defined as the number of individuals who are exposed to that post through their own social media account. We collected information on the number of people reached, total number of views, frequency of views per person, number of comments, number of conversations, and topical breakdown of conversations between June and December 2020.

### **How did you analyse this data to understand to what extent the innovation achieved its objectives? Did this include a comparison to the status quo or an existing solution?**

We reviewed the data globally and by country.

### **Were there any limitations to the data you collected, how you collected it or how you analysed it, or were there any unforeseen factors that may have interfered with your results?**

All data were pertaining to online activities only; we could not reach people in areas of limited data coverage (for example most of South Sudan outside Juba, or the Central African Republic) or people without access to social media. In some cases, our objectives were to promote in-person services, and we struggled to match online data to offline results (number of people accessing services or changing behaviour).

### **What results did you get?**

We reached over 21 000 000 people through 14 social media campaigns. We recorded over 106 000 000 views of HP messages, 15 000 one-to-one conversations, and 6 600 comments.

### **Comparing the results from your data analysis to your objectives, explain why you consider your innovation a success or failure?**

This is the first example of social media being used for rapid digital HP at this scale and in response to a global emergency. We leveraged pre-existing tools to disseminate critical health-related information in lockdown scenarios. We reached 21 000 000 people in 6 months and therefore consider this pilot a success.

### **To what extent did the innovation benefit people's lives / work?**

Those who engaged with our campaigns had the opportunity to interact with MSF staff without risking exposure to COVID-19.

### **Is there anything that you would do differently if you were to do the work again?**

We would develop an improved system for measuring whether online results accurately reflect population health outcomes.

### **What are the next steps for the innovation itself (scale up, implementation, further development, discontinued)?**

Development of indicators and measurable connections to health outcomes are required. Creating referral pathways to different modes of communication will also be important, allowing for more detailed HP support through platforms that are better equipped for two-way communication.

### **Is the innovation transferable or adaptable to other settings or domains?**

Social media is used globally, in contexts with mobile data coverage.

### **What broader implications are there from the innovation for MSF and / or others (change in practice, change in policy, change in guidelines, paradigm shift)?**

We hope to demonstrate that the use of digital tools and social media are not only for communication teams but can directly contribute to the improvement of health-seeking behaviour. Additionally, this approach should be considered for HP in hard-to-reach populations.

### **What other learnings from your work are important to share?**

Other digital HP projects from Lebanon and Zimbabwe have been presented at previous MSF Scientific Days. We have shown that this approach can also be used on a global scale.

### **Ethics**

This innovation project did not involve human participants or their data; the MSF Ethics Framework for Innovation was used to help identify and mitigate potential harms.



**Jakub Hein**

Jakub Hein has been working with MSF in various digital positions for the last five years. Initially focusing on digital communications, he has branched out into the use of digital tools for health promotion (HP) in MSF missions. He has piloted several digital HP campaigns in South Africa and Zimbabwe, growing the digital HP concept from a pilot into a regional approach, and integrating digital HP into medical activities within MSF projects in Southern Africa. In 2020, he led the creation of a Digital Health Promotion Unit under the COVID-19 Task Force. Later, the unit was fully integrated into the medical department, and continues to support around 20 countries where MSF implements a digital health promotion approach.