

CAPABILITY STATEMENT

Prevention, Preparedness and Response to Infectious Disease Outbreaks and Public Health Emergencies

Who are we?

Established in 1999, BBC Media Action is the international development organisation of the BBC. We reach more than 100 million people each year, working with creative communication and trusted media to achieve positive change. We ensure people have access to information they can trust, bridge divides and challenge prejudice. We enable people to have their say, understand their rights and take action to transform their lives. Working with mass media, interpersonal communication and community mobilisation, we achieve impact at scale across our focus areas of governance and rights, health, resilience, humanitarian response and gender equality. We have expertise in fragile and conflict-affected societies and environments where political, security or other factors mean that media is one of the few options available to reach and engage marginalised groups.



We work in 23 countries

Asia

Afghanistan
Bangladesh
Cambodia
India
Indonesia
Myanmar
Nepal
Solomon Islands

Africa

Ethiopia
Kenya
Nigeria
Sierra Leone
Somalia
South Sudan
Tanzania
Zambia

Middle East and North Africa

Algeria
Libya
Tunisia

Europe and Caucasus

Armenia
Georgia
Moldova
Ukraine

High quality, accurate and engaging communication can support people to adopt and maintain practices that in turn help prevent an infectious disease outbreak, as well as preparing for and responding to public health emergencies if and when they happen. BBC Media Action's work and impact on infectious disease prevention, preparedness and response (PPR) highlights the varied ways in which media and communication can positively enable and empower people to prevent, prepare for and then cope, not only with the health issues but also the wider impacts when a public health emergency or pandemic occurs. We recognise that health is often influenced by factors beyond the control of the individual and thus engage social networks, such as whole families and communities, and work closely with health systems. We also consider the interrelationship between the broader context and health decision-making, such as gender and power dynamics and social exclusion. Cross-cutting to all our PPR portfolio is a focus on health, digital and media literacy to mitigate and counter the impact of the proliferating mis- and disinformation that accompanies public health emergencies.



How we do it: four mutually reinforcing activity sets



Research

Local researchers use a mix of methods to understand audiences' media and communication habits as well as their needs, beliefs, behaviour and influencers. These insights inform our programme strategies, and content is tested to ensure it resonates with its target audience. We also use research to adapt activities and evaluate.



Capacity Strengthening

We work with local and national media organisations, government agencies, civil society organisations (CSOs), health workers and development agencies to strengthen capacity to achieve positive health outcomes through media and communication. This is vital for sustainability.



Production and Dissemination of Media Content

Creative, informative and engaging media outputs are at the heart of our work. We use TV, radio, online and mobile platforms and produce a range of factual and entertainment formats (such as dramas, magazine shows, discussions and spots) to engage with audiences as well as supporting effective conversations between health service providers or educators and their communities.

We combine these platforms and formats to achieve greatest regular reach, engagement and impact.



Outreach: Community Mobilisation and Interpersonal Communication

Many people have limited or no access to media due to their location, gender, age or circumstance. We use a range of outreach activities, such as discussion groups, live recordings or community events to engage with excluded audiences.

We also use face-to-face and online communication strategies to stimulate the household and community level discussion that is critical to empowering populations to improve health and demand action from key stakeholders.

Prevention of infectious disease outbreaks

Much of BBC Media Action's overall health communication portfolio is designed to prevent infectious disease outbreaks. We have developed a broad range of social and behaviour change communication (SBCC) initiatives addressing **routine immunisation** around the world. We use innovative research methodologies to understand and track barriers to, and enablers of, voluntary vaccine uptake, particularly among the marginalised, and human-centred design approaches to create targeted interventions which pay close attention to people's context and social and gender norms. A [synthesis of research findings](#) outlines how our programmes provide listeners with **accurate, trusted and clear information to counter misinformation and harmful rumours** around polio. In Afghanistan, we delivered a radio-centred programme, which helped parents to voluntarily choose to get their children vaccinated (polio and other childhood immunisations) based on the facts about vaccination, and supported improvements in child and family health among households with traditionally high vaccine refusal rates. [In Nigeria](#), our multi-format media outputs, including our long-running radio drama, *Madubi*, reached 57% of media-consuming caregivers of young children in target northern states, improving understanding about the need for multiple doses of vaccines, prompting discussion about immunisation in communities, and building trust and confidence in vaccines and vaccinators, together helping parents choose to have their children vaccinated.

Our health portfolio also addresses critical **water, sanitation and hygiene behaviours**, again a key contributor to preventing the spread of infectious diseases. For instance, we supported local radio stations in Kenya to produce and broadcast compelling radio programmes on WASH issues in local languages, including radio spots, call-in and discussion programmes, and short dramas. Overall, these outputs reached 55% of the adult population in the target regions. Using regression analysis and controlling for environmental, social and demographic factors, we found that listeners were more likely than non-listeners to: know the **correct handwashing technique** and be aware that washing hands can prevent



diarrhoea; **report washing their hands** at three or more critical times; be able to name at least three ways to **make water safer to drink**; and know that disposal of excreta in, or near, a water source can make it unsafe to drink. We have also supported India's *Swachh Bharat Mission* (Clean India) with the creation of a radio drama (*Shaucha Singh*) and short films to help **change sanitation-related attitudes and behaviours** amongst key stakeholders and the general public. Our high profile TV drama, *Navrangi Re!*, tackled faecal sludge management as an issue critical to the health and safety of water in India. Reaching nearly 60 million viewers overall, there were significant improvements in the audience's attitudes towards regular desludging, willingness to save to pay for this, and a desire to improve the quality of existing septic tanks.

There is growing evidence about the **connection between climate change and human health**, including on infectious diseases. BBC Media Action's work in [Sierra Leone](#) highlights the role media and communication can play in supporting shifts in risk perception and increases in appropriate prevention, timely testing and treatment for infectious diseases such as malaria – vital work as climate change extends the geographic areas where malaria and other infectious diseases are a risk.



Preparedness for public health emergencies

Getting timely, relevant and accurate information to people affected by an infectious disease outbreak and public health emergency is far more effective if key actors, including **media practitioners, frontline health workers, humanitarian actors and government agencies, are connected, prepared and trained** to do this. As part of our Ebola response in West Africa, BBC Media Action **trained more than 400 participants from government, humanitarian organisations and the media in 10 countries at risk of an Ebola outbreak** across West and Central Africa. Training government, humanitarian and media practitioners together helped to build connections between these sectors, which are a vital part of a coordinated response. Research respondents felt the [Lifeline](#) training had improved their capacity and confidence to communicate with their audiences about Ebola, and many participating organisations launched their own “Lifeline programming” immediately after the training. We have delivered **scenario-based training** with the International Federation of Red Cross and Red Crescent Societies (IFRC) for national Red Cross Societies and local media across seven countries in Africa and Asia to increase their capacity to communicate with affected communities during and after public health emergencies. Scenarios included cholera and Ebola

and helped participants to consider the wider context, norms and public health response when developing their communication strategies. Participants reported that the training helped to determine which content and information is useful to communities in a crisis (and which is not) and strengthened relationships between different sectors. BBC Media Action has also developed [a guide to communicating in public health emergencies](#), an open access tool available in 13 languages, to strengthen the capacity of media practitioners to support audiences during health emergencies.

BBC Media Action recently produced [a film](#) exploring how a changing climate is increasing the incidence of malaria in the upper Himalayas. The film sought to build understanding and **inspire discussion and collective action around helping communities prepare for health risks linked to climate change**. It was one of a series of short films produced in the run up to COP26, which were disseminated at scale, from a TV broadcast on BBC World News (available in 450 million homes worldwide), to being featured on BBC.com (over 150 million users) to social media engagement, press coverage and in-person events with high level stakeholders at COP26.

Response to infectious disease outbreaks and public health emergencies

BBC Media Action has leveraged our extensive field presence; our wide networks with media, CSOs, global health and humanitarian agencies, academic institutions and government health agencies; and our in-depth understanding of effective social and behaviour change communication strategies to provide a comprehensive communication response to a range of infectious disease outbreaks and public health emergencies. Throughout, we continually adapt our content to reflect people's changing needs and realities, and use a mix of creative platforms and formats to help mitigate communication fatigue. Our content is always driven by research to understand people's needs, fears, misconceptions and trusted information sources related to a particular health emergency and response. This provides us with insight into which drivers of change should be addressed in our programming, enabling our production teams to produce trusted, clear and actionable content that reaches people at scale, stands out in a sea of information, reduces harm, helps people to cope and ultimately contributes to saving lives.

Public health emergencies we have responded to include:

Ebola – We mounted one of the [first and largest communication responses to the Ebola epidemic in West Africa](#), developing mass media programming in Guinea, Liberia and Sierra Leone. Listeners to [our programming](#) reported being motivated to take preventative action, such as practising safe burials and handwashing, as well as increased sympathy for and reduced stigma towards Ebola survivors, and increased confidence to attend hospitals or treatment centres.



Through training and mentoring, BBC Media Action supported journalists to report safely from affected communities and promote accountability, such as highlighting where hand-washing stations had not been made available to the community. We also played a key role in the BBC's award-winning Ebola WhatsApp information service – the first 'lifeline' humanitarian service to be launched inside the app.

Polio – In response to a re-emergence of the wild polio virus in Somalia, we developed a 42-episode Somali-language radio programme called *Dhibcaha Nolosha* ([Drops for Life](#)). Broadcast on the BBC Somali Service, listeners reported that the show had dispelled previously-held misconceptions about vaccinations and helped them voluntarily choose to have their children vaccinated, a finding supported by anecdotal feedback from health workers. Audiences placed high levels of trust in information gained from the programme, both because of the credibility attributed to the BBC and because it featured trusted individuals, such as doctors and religious leaders. The programme also strengthened the communication capacity of vaccinators and health workers and built empathy and trust between vaccinators and communities.

COVID-19 – As part of BBC Media Action's response to the COVID-19 pandemic, we have produced trusted, accurate and timely multimedia content in over 50 languages, reaching more than 100 million people. Our experience, learning and partnerships allowed us to respond quickly and effectively, and our outputs have achieved huge reach in the countries where we work – including more than a third of the adult populations in Afghanistan, Somalia and Nigeria – and had a



positive impact on the **uptake of preventative** behaviours. For example, 77% of listeners to our radio programme in Ethiopia reported that the output encouraged them to continue to adopt safe behaviours to reduce SARS-CoV-2 transmission. In Afghanistan, 78% of those who watched or listened to our public service advertisements produced under the Hygiene and Behaviour Change Coalition programme said they used soap when washing their hands as a result of the programming. 66% of those regularly reached by our national radio programme in Somalia mentioned handwashing with soap and water as a step they take to prevent COVID-19, compared to 53% of those not regularly reached. We also leveraged our strong social media brands to disseminate COVID-19 content, and launched a chatbot in Libya to provide tailored information related to the pandemic.

We paid close attention to **reaching vulnerable groups**, in particular women and girls, people with disabilities, people experiencing water scarcity, and refugees and internally displaced people. In the Rohingya refugee camps in Bangladesh, we conducted dedicated research to understand knowledge levels and priority concerns among older populations in relation to COVID-19 and shared those with the humanitarian community. These insights also informed the development of [a wide range of communication tools for use by humanitarian agencies and health workers](#). In Afghanistan, we created a drama for the Kuchi nomadic community and in Nigeria and Somalia, we produced radio and TV ads to raise awareness of how the pandemic was specifically impacting on people living with disabilities and help audiences consider how to better support people with a diverse range of abilities.




We have produced multimedia outputs **addressing COVID-19 vaccine hesitancy** and acceptance in numerous countries. In Nigeria, a quantitative survey found that respondents who are regularly reached by BBC Media Action's content are more likely to say they encouraged others to get vaccinated and they had **got vaccinated** themselves. Regression analysis, controlling for confounding factors such as sex, age, education, location, income and status of vaccination, showed that regular audiences were more likely to discuss COVID-19 vaccination with others and to report a higher level of trust in healthcare workers' capacity to safely and equitably distribute COVID-19 vaccines.


Alongside creating our own mass media content, BBC Media Action has also been **active in supporting the wider COVID-19 response**. We produced a dedicated [COVID-19 handbook for media](#) and delivered remote training and mentoring for local media partners in many of the countries where we work, covering key topics around business continuity, COVID-19 communication, working practices to prevent coronavirus transmission, and techniques to debunk mis- and disinformation. We worked with global, regional and national Risk Communication and Community Engagement (RCCE) network leads on a number of webinars for media about communication in the early months of the pandemic. For example, in Bangladesh and Afghanistan, we directly supported the national risk communication and response effort, providing community perceptions and experience analysis, content creation and technical support to national and local organisations through key coordination networks. BBC Media Action collaborated with the WHO to develop the [Social and Behavioural Insights COVID-19 Data Collection Tool for Africa](#), to collect timely insights into people's changing needs and feed those into COVID-19 responses. The tool was piloted in Nigeria and Zambia and is being used by WHO offices across Africa. We have also worked with local media partners to conduct and use audience research data to address COVID-19 misinformation and shape in-person, digital and traditional media communication. We continue to work with global, regional and national health and humanitarian agencies and networks set up during the COVID-19 pandemic to support coordination, strengthen media and communication engagement and explore how to improve infectious disease PPR moving forward.

Key differentiators


The following factors are key to our success in achieving scale, sustainability and impact:

 **Trust** – Effective health communication must come from a credible source. In addition to BBC Media Action's close links with the BBC, we establish trusted content brands and involve respected figures from within communities in our work.

 **Creativity and high production values** – We work in often very competitive media markets. We harness talent from local creative industries as well as from our other media partnerships and the wider BBC to develop content which attracts, entertains and inspires audiences.

 **Reach and engagement** – We reach millions of people with our health programming, which is critical for cost-effectiveness. However, one-off reach is not enough if we are to help people voluntarily change complex behaviours and social norms at scale. So, our comprehensive media and communication projects are skilfully designed to ensure that we engage people regularly over time and use varied formats and platforms to inspire people in different ways.

 **Understanding audiences** – Research is vital to understand people, communities and their external environment. We use segmentation to understand specific audiences' needs, barriers and enablers and their key influencers – the people who can enable or hinder the uptake of healthier behaviours and practices by our target groups. We also pay close attention to understanding the role of social norms.

 **Going beyond messaging** – We constantly seek innovative responses to complex health issues, going beyond message-based approaches. Our evidence shows that, in addition to accurate information, it is also critical that people discuss health issues with trusted others and believe that safer and healthier practices are beneficial, possible and becoming common and accepted in their community. In many cases, challenging deep-seated social norms that prevent people from realising their right to health is also vital to supporting positive change.

 **Working in partnership** – We work with local and national media as well as across sectors, with government, health workers, CSOs, academics, UN and international agencies. This enables our work to go beyond mass media, reaching those without media access and sparking household, community and society-wide discussion. We support the development of stronger and more responsive health systems, including through capacity strengthening work with government health and communication departments and health workers. We provide media and community spaces for citizens to participate in building a health system that meets their needs and to hold key stakeholders to account for health policy, expenditure and service provision.

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