



Social Listening To Strengthen Vaccine Programs: Leveraging A National Health Hotline In Malawi

Understanding why there is generally low uptake of routine COVID-19 vaccine in Africa is critical if we are to address vaccination inequities and meet the goals of [WHO's new Immunization Agenda 2030](#).

While the COVID-19 vaccines have been proven to protect against severe infection and death from the SARS-CoV-2 virus, many people around the world have been unaware of how, where and why to receive the vaccine. Or they have expressed misgivings due to misinformation and rumors associated with the vaccine.

Efforts to boost vaccination rates in countries and communities where rates remain stubbornly low require an understanding of people's perceptions and concerns. A responsive strategy can then be developed to build trust in vaccine safety, efficacy and delivery.

VillageReach has started to work with governments in Africa to [improve access to primary health care](#), including immunization programs. One method is to systematically monitor and respond to vaccine questions and misinformation in public discourse through [a process called social listening](#). The approach applies a framework proposed by Gavi, the Vaccine Alliance and partners.¹ It identifies the critical barriers to vaccine demand, including access and availability. The social listening analysis helps health systems prioritize responses to address information needs, gaps and emerging misinformation and rumors.



Social listening identifies the critical barriers to vaccine demand, including access and availability.

¹ <https://www.gavi.org/sites/default/files/2021-06/Finding-the-Signal-Through-the-Noise.pdf>



Calls made to the CCPF hotline at the onset of COVID-19 increased **five times**

Case Study

To help boost vaccination rates in Malawi, VillageReach is working with the Ministry of Health (MoH) to listen to the concerns of citizens, compile data about misinformation and information gaps, and inform data-driven response strategies to close those gaps.

This approach to social listening is conducted through [Chipatala cha pa Foni](#) (CCPF), a toll-free national health hotline in Malawi that provides information and referrals through calls by trained health workers or recorded messages on general health topics.

CCPF is operated by the Malawi MoH and serves 9,500 callers per month. On average, 100,000 interactive voice recorded (IVR) messages are accessed each month. At the onset of the COVID-19 pandemic, demand for CCPF spiked after it was declared a trusted source of information on COVID-19 during a presidential address. The number of calls attempted to CCPF increased five times and the number of IVR messages heard increased four times in comparison to before the pandemic.

VillageReach and the MoH partnered to enable CCPF operators to label incoming calls relevant to COVID-19 vaccination and catalogue whether the caller was asking about vaccine access and eligibility, effectiveness, misinformation or safety concerns. This allows us to filter calls about COVID-19 vaccination for further quantitative and qualitative analysis. A significant majority of calls about COVID-19 vaccines are from men (79% in the last two weeks of May) and more than 80% of callers were 45 years old or younger, suggesting the hotline is particularly useful to adult men and that women or people over 45 years old may have barriers to reliable health information via mobile phone.

All CCPF calls are recorded, but stripped of any and all personally identifiable information. A VillageReach Malawi researcher then listens to an anonymous sample of 20-25 of the filtered calls per analysis period to log any questions or concerns expressed by the caller. The calls are tracked across the identified topic categories and monitored for the frequency of concerns over time.

This analysis helps officials identify new themes as they emerge, and then pivot public communication and messaging to address those concerns. When rumors are identified, their potential impact is assessed as either low, medium or high impact based on guidance in the UNICEF Vaccine Misinformation Field Guide.² The MoH then prioritizes its messaging to address rumors with the highest potential impact on COVID-19 vaccination demand.

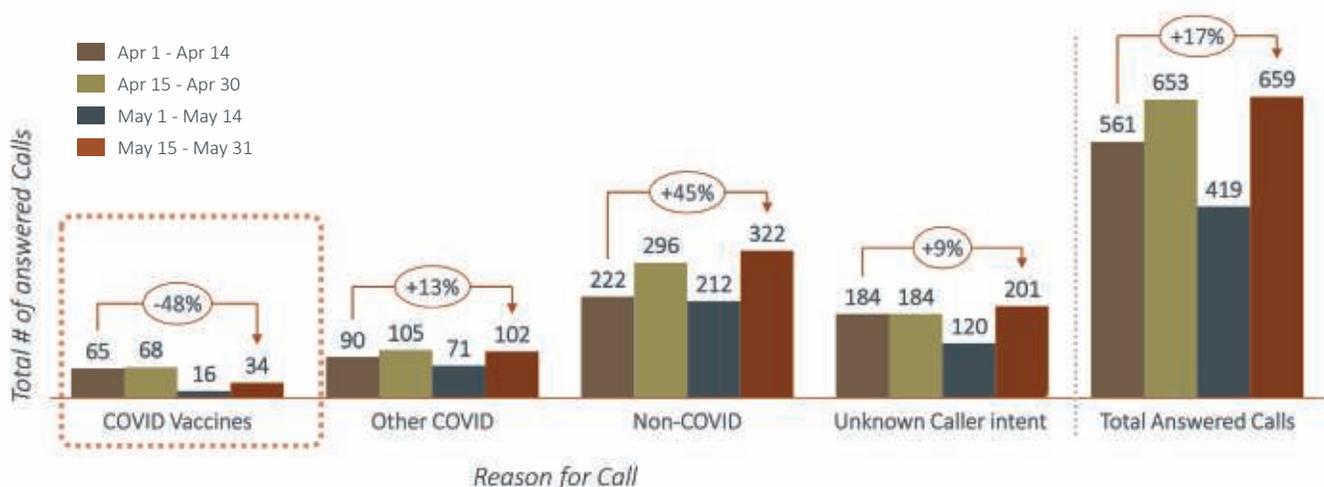
² <https://www.unicef.org/mena/reports/vaccine-misinformation-management-field-guide>

Indicator	Low Risk	Medium Risk	High Risk
Risk of Vaccine Hesitancy & Demand	Low risk to vaccine demand	Potential to trigger hesitancy to vaccinate	Potential to lead to vaccine refusals
Reach and scope of misinformation	Limited potential reach or scope	Moderate potential reach or scope	Wide or cross-country reach or scope
Likelihood of issue spread or escalation	Unlikely to spread in community or online	Spreading in community and/or online	Spreading rapidly in community and online
Response capacity	Strong messaging and capacity in place	Limited existing messages & resources to manage crisis	Limited existing messages and capacity exceeded
General public trust	Remaining trust in government, health services, vaccines	Reduced trust in government, health services, vaccines	Outward displays of mistrust government, health services, vaccines
Response	Monitor closely, consider prebunking	Debunk, raise trusted voices	Debunk, raise trusted voices

In response to the common questions, VillageReach supported the MoH to develop interactive voice response (IVR) messages so that CCPF callers can rapidly and easily access accurate information through an existing, trusted source, without having to wait to speak with a hotline worker. Updated guidance was also developed for CCPF operators to help them address emerging questions and rumors in real-time and in a consistent manner.

The bi-weekly analysis report is shared with the MoH through its National Covid Task Force and Risk Communication and Community Engagement group (RCCE). The report helps inform an RCCE subcommittee on how to manage and respond to emerging rumors and misinformation. One response that included the development of COVID-19 vaccine programs aired on a national radio station and several local radio stations. The programs answered frequently asked questions the CCPF received and aimed to dispel misinformation identified in the social listening reports. Additional efforts included the development of flyers, posters, brochures, radio advertisements and jingles to amplify accurate COVID-19 vaccine information.

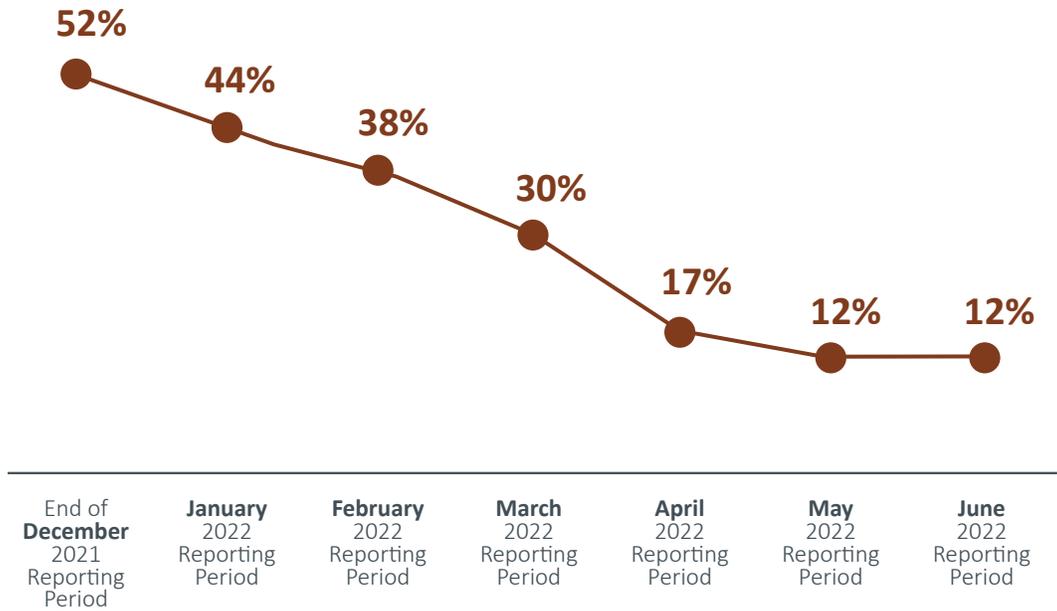
Total Volume of CCPF Hotline [Answered] Calls



Evidence of Results

This low-cost data-driven strategy quickly paid dividends. For example, in the first half of 2022, callers expressed concerns that the COVID-19 vaccine would adversely impact family planning. Those concerns were addressed in radio and print advertisements. By May 2022, the calls sampled for the data set expressing family planning concerns vanished completely. The same was true for rumors that linked the vaccine to fatal side effects.

Proportion of COVID-19 Vaccine Calls Related to COVID-19 Vaccination Misinformation



That percentage cut in half during the first two weeks of May but ticked up slightly to 21% for the last two weeks of the month.

The analysis that concluded for the month of May did notice a trend in rising calls about vaccine availability and efficacy. While misinformation seems to be dropping, there are still some persistent rumors, particularly around religious beliefs and vaccine side effects.

The VillageReach team that produces the analysis also made recommendations for the MoH that would show its responsiveness to its citizens concerns. The recommendations included working with religious leaders to dispel religious misinformation, bolstering messaging around vaccines preventing death and serious illness, clarifying where vaccines are available, laying out steps for receiving proof of vaccination and clearly articulating common side effects from the vaccines.



Partner with VillageReach to help create resilient health systems.

Continue the momentum and expand social listening programs in Malawi and beyond.



Beyond Vaccine Hesitancy

Social listening provides invaluable, objective metrics that can inform data-driven decisions of resilient health care system. Governments and implementers should prioritize technology-assisted tools that provide them with real-time data to shore up gaps in health care delivery. Further, as a solution like a health center by phone proves to be responsive, informative and trusted, it generates its own feedback loop. That is, as it responds to its citizens, the more it is utilized, the stronger its data becomes, the quicker a messaging strategy pivots to address the concerns of a broader swath of the population.

The following are key to implementing an effective social listening system:

- **Mitigation strategies to address misinformation and rumors should leverage existing channels, including health hotlines.** The cost of introducing social listening within an existing national health hotline, which already collects data on each call, is minimal in comparison to initiating a new, separate data collection process.
- **Partners should work together to introduce the social listening process and respond to misinformation and rumors.** To ensure that multiple types of data sources are included in social listening, it is necessary to conduct a landscape analysis to identify all partners whose existing data sources can be leveraged to address emerging misinformation and rumors. To facilitate efficient social listening analysis, partners should standardize the coding and interpretation process and work together to jointly present results on a regular basis to decision makers and implementers.
- **Partners should review data together to create a coordinated team response.** To create an agile, dedicated and responsive team, partners should come together to review the data and to make timely decisions that efficiently disseminates accurate information and stymies misinformation.

For more information contact Emily Lawrence
Senior Manager of Research, Evidence and Learning

Emily.Lawrence@villagereach.org

