



# Rumor has it...you can quickly leverage a national health hotline for social listening

Emily Lawrence, Steffanie Chritz, Tafwirapo Chihana, Benedicte Waula VillageReach

## Background Specific Aims & Objectives

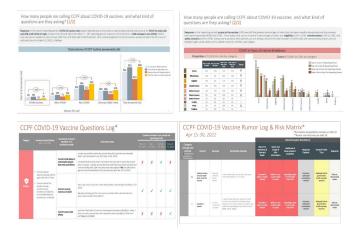
- VillageReach worked with the Malawi MoH in 2022 to listen & analyze citizens' concerns surrounding COVID-19 vaccines via the toll-free national health hotline, Chipatala cha pa Foni (CCPF), and suggest data-driven strategies to improve vaccine adherence
- At the start of the COVID-19
   pandemic, demand for CCPF sharply
   increased up to five times after it was
   declared a trusted source of
   information on COVID-19 during a
   presidential address.

- Create a process for conducting social listening for COVID-19 Vaccine Calls via Malawi's National Health Hotline (CCPF)
- Implement the social listening process and provide regular reports on COVID-19 vaccine questions and concerns to the National Communication and Community Engagement (RCCE) group to inform tailored demand generation materials/outreach.

#### **Methods**

- We trained CCPF operators and created a system to label incoming calls relevant to COVID-19 under the following categories:
  - Access
  - Eligibility
  - Effectiveness
  - Safety
  - Misinformation
- All CCPF calls were recorded, but stripped of any personally identifiable information
- Every two weeks, a VillageReach team member listed to and recorded a sample of 20-25 filtered calls
- The calls were tracked across the identified topic categories and monitored for the frequency of concerns over time

### **Graphs/Figures**



#### Results

- Social listening informed the RCCE on how to respond to emerging rumors and citizen questions.
- Data from these reports led to the tailoring of COVID-19 vaccine messaging featured on radio, flyers, posters, brochures and jingles.
- Social listening data led to the creation of COVID-19 vaccine messaging on CCPF interactive voice response messages, of which there have been over 6,000 interactions with since May.
- Challenges with the approach include:
  - Absence of sustained funding to maintain the staff time for manual transcription and qualitative analysis;
  - 2. Decreased interest in findings due to waning focus on COVID-19;
  - Decreasing trend in the number of COVID-19 vaccine calls to the hotline; and
  - 4. Lack of representativeness of CCPF callers

#### **Conclusions**

This approach demonstrates how to quickly leverage health hotlines for social listening to support introduction of new vaccines. Recommendations for successful implementation of this approach include:

- (1) Partners should work together to implement social listening to ensure that multiple types of data sources, including health hotlines, are including in social listening analysis;
- (2) Social listening teams should be comprised of individuals with both analysis and advocacy skills, as the analysis is only useful if there is someone to advocate for that data to be actively used; and
- (3) Social listening programs via health hotlines must work closely with hotline staff to ensure they understand coding procedures as well as how to effectively respond to caller vaccine concerns and reports of misinformation.

#### **Acknowledgements**

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#### References

- Blauvelt C, West M, Maxim L, Kasiya A, Dambula I, Kachila U et al. Scaling up a health and nutrition hotline in Malawi: the benefits of multisectoral collaboration. BMJ 2018; 363 :k4590 doi:10.1136/bmj.k4590 ii UNICEF.
- Vaccine Misinformation management Field Guide. December 2020. <a href="https://www.unicef.org/mena/reports/vaccine-misinformation-management-field-guide">https://www.unicef.org/mena/reports/vaccine-misinformation-management-field-guide</a>