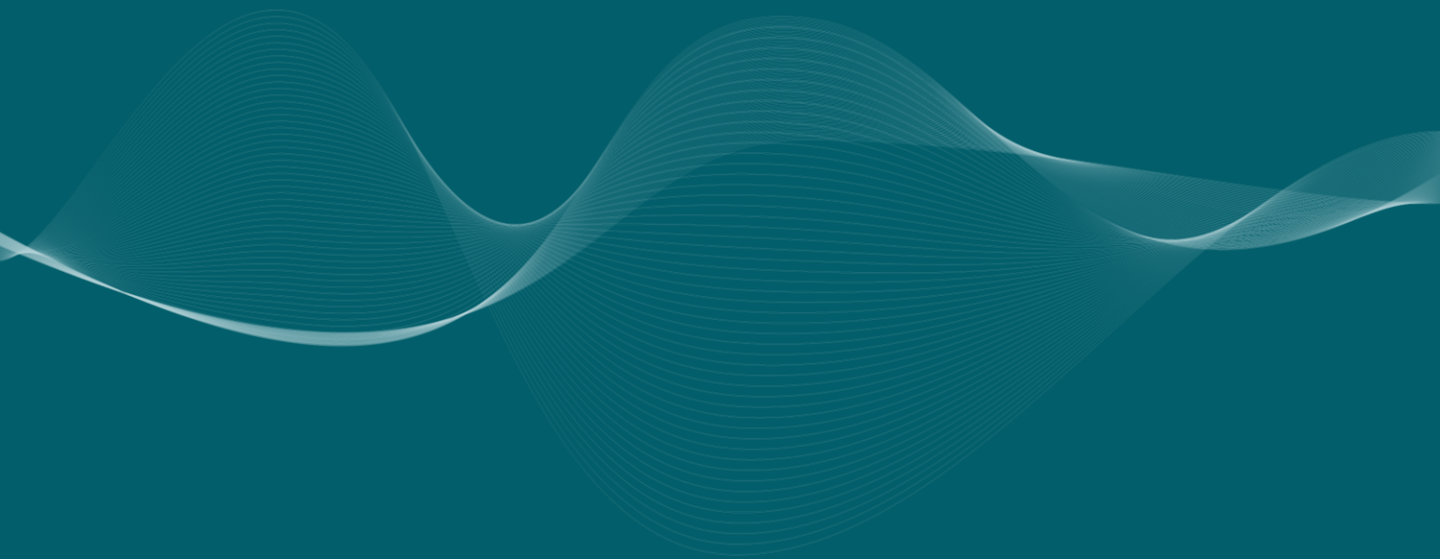


2018 Annual Report



dmi^{((•))}

LETTER FROM THE CEO

Dear colleagues and partners

2018 was a big year for DMI. The publication of the results of our major scientific trial was the culmination of work dating back to 2008, by our own staff and by our colleagues at the London School of Hygiene and Tropical Medicine. It has huge significance for us.



We took a decision in 2008 that if mass media was to be taken seriously by policy makers we had to enter the worlds of epidemiology and health economics and prove, to the highest scientific standards, that it works. My own belief is that human knowledge belongs at the core of public health

People have the right to know how to protect their own lives and those of their families. Given that mass media can convey this knowledge to millions of people at a time, it seems likely to be cost-effective. But hunches and beliefs are nowhere near enough. No scientific trials had ever proven that mass media can change behaviours, let alone save lives. By contrast, virtually every medical intervention can be tested in terms of how effective and cost-effective it is. For this reason communications has languished at the periphery of public health for many decades: people know that human knowledge is important but it's safer to invest in drugs and doctors. Somehow we had to bring two worlds – creativity and science – together. That's what these last few years have been about: subjecting what we do to the most rigorous testing available. So it's a major landmark (not to mention a huge relief!) that we now have the evidence we need.

This data was always a means to an end, however. DMI's guiding principle is to build the evidence, then take it to scale: to save or improve as many lives as we possibly can. Thankfully the response of our funders has been really positive. In 2019 we will be expanding from three countries to ten, a step-change in our scope and impact. It's a huge challenge but we feel more than ready for it.

I'd like to express my sincere thanks to our funders, who take risks alongside us. They not only believe in what we're trying to do but also make a real contribution to the quality of our thinking. Without their commitment, particularly in the early days, none of this would have happened. I'd also like to thank our staff and board: it's difficult to imagine a smarter or more dedicated group of people and it's a joy to work alongside them.

I hope to have more good news for you in 2019.

Roy

A handwritten signature in dark ink, appearing to read 'Roy Head'.

Roy Head, CEO and
Board Member

21/02/2019



2018 PROJECTS

Sahel Women's Empowerment and Demographic Dividend (SWEDD)

Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger

Family planning TV, radio and social media campaign funded by UNFPA, World Bank and WAHO

Family Planning randomised controlled trial (RCT)

Burkina Faso

Family planning radio campaign funded by Global Innovation Fund, USAID and a philanthropist

QGJeunes

Burkina Faso

Family planning radio and web campaign funded by UNFPA

Early childhood development research

Burkina Faso

Early childhood development research project funded by Dubai Cares

Programme d'Appui à la Sécurité Alimentaire et Nutritionnelle, à l'Agriculture Durable et à la résilience au Burkina Faso (PASANAD)

Burkina Faso

Nutrition TV and mobile video campaign in partnership with Groupe de Recherches et d'Echanges Technologiques (GRET) funded by the EU Commission

Addressing Stunting in Tanzania Early (ASTUTE)

Tanzania

Nutrition TV and radio campaign in partnership with IMA World Health funded by DFID

Malezi early childhood development campaign

Tanzania

Early childhood development radio and mobile video campaign in partnership with the Elizabeth Glaser Paediatric Aid Foundation funded by the Hilton Foundation

NutriSaude

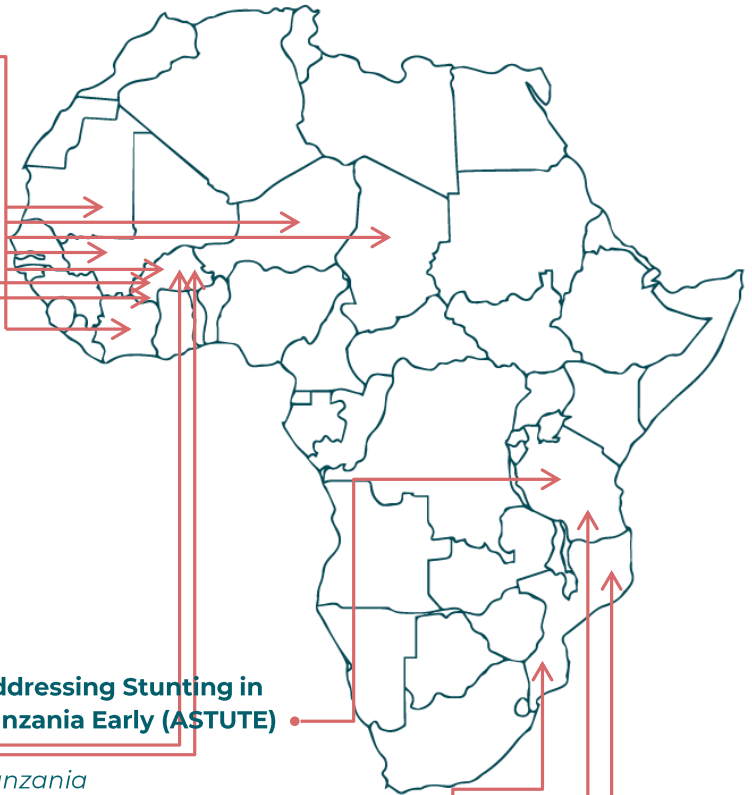
Mozambique

Nutrition radio campaign funded by the World Food Programme

IntenSaude

Mozambique

National scale treatment-seeking radio campaign funded by the Unorthodox Philanthropy, the Swiss Development Corporation, the Botnar Foundation, GiveWell, Founders Pledge and the Mulago Foundation



01 2018 HIGHLIGHTS

Publication of child survival randomised controlled trial results

In July, the results of our [child survival randomised controlled trial](#) (RCT), conducted in partnership with the London School of Hygiene and Tropical Medicine (LSHTM), were published in BMJ Global Health. This trial represents the first time that an RCT has successfully demonstrated that mass media can change behaviours.

As illustrated below, our treatment-seeking radio campaign in Burkina Faso led to dramatic changes in behaviours. Parents were more likely to take children with symptoms of diarrhoea, malaria, and pneumonia to health facilities if they had heard our radio spots. Year 1 saw the following increases in intervention zones compared to controls:

56% Increase in malaria consultations (p<0.001)

39% Increase in pneumonia consultations (p<0.001)

73% Increase in diarrhoea consultations (p<0.001)

Modelling using the [Lives Saved Tool](#) (LiST) indicates that these changes in behaviours corresponded to a 9.7% mortality reduction in the first year, and approximately 3,000 lives saved over the course of the three year campaign. LSHTM economists have calculated that our campaign is among the most cost-effective methods of saving children's lives that is currently available, at a cost of just \$7 to \$27 per year of healthy life added. The [results](#) and [cost-effectiveness](#) estimates were published in two papers in BMJ Global Health in 2018.

Watch a one minute animation that explains our results and a one minute film about a young girl called Mariéta who was saved by our campaign on our website (<https://www.developmentmedia.net/animation.html>, <https://www.developmentmedia.net/marieta.html>)



MARIÉTA'S STORY

Tibandiba Lankoandé lives in the village of Dakiri, in rural Burkina Faso. Three years ago, his one-year-old daughter, Mariéta, fell ill and went into a coma. Despite consulting traditional healers and spending his limited resources on a number of counterfeit medicines, bought from a local market, Tibandiba was unable to cure his daughter. He became convinced that Mariéta was cursed with an illness caused by a bird flying over a sleeping child – a widespread belief amongst rural communities. It was only when he heard a radio message explaining to parents how to recognise the symptoms of malaria and encouraging them to seek treatment that Tibandiba realised his daughter had severe malaria. He immediately sought medical help, as advised by the campaign. Mariéta made a full recovery and is now fondly known in her village as 'child of the radio'.

Our results generated significant interest in the [press](#), and were featured in over 150 news outlets, including [BBC World News](#), [Reuters](#) and [CNN](#).

02 2018 HIGHLIGHTS

First RCT to test whether mass media can increase contraceptive uptake

Following its successful randomised trial (RCT) on child survival, DMI has been conducting a second RCT to test whether mass media can improve the modern contraceptive prevalence rate in Burkina Faso. If successful this will be only be the second time that mass media has been scientifically proven to change behaviours. This is a harder behaviour change to effect, however, than treatment-seeking: most parents will respond to urgent cases of illness if they know what to look for. Deciding how many children to have, or when to have them, is a far more personal decision, strongly influenced by traditional beliefs and religion. Results will be available in 2019.

THE INTERVENTION

8 partner stations

121 weeks broadcasting

10 spots per day

3 interactive shows per week

5 languages

Focus on increasing **modern contraceptive uptake**



FAMILY PLANNING IN BURKINA FASO

Burkina Faso has a total fertility rate of 5.4 children born to each woman (World Bank, 2015) and the population quadrupled from 4.3m in 1950 to 18.1m in 2015. It is projected to further double by 2040 (35m) and double again by 2090 (75m). The country cannot sustain these levels of population growth and it is likely to lead to mass starvation and/or mass migration.

And yet, modern contraceptive use is as low as 26%, and 27% of women's last birth were unintended (PMA2020 2018). What is more, spacing of less than 2 years between children raises the risk of death at ages 1-4 years by about 40% (Cleland et al. 2012). Increased family planning is also associated with increased educational participation (Longwe & Smits, 2013) and economic benefits (Sonfield et al., 2013).

The case for helping women to meet their family planning needs could not be stronger. In Sub-Saharan Africa, much can be achieved through changing behaviours; the main barriers to contraceptive uptake are a lack of information and awareness and a fear about contraceptives, rather than access to contraception (Cleland et al. 2011).

03 2018 HIGHLIGHTS

Child survival campaign, IntenSaude, on air in Mozambique

Following our child survival randomised controlled trial (RCT) results from Burkina Faso, which indicated that our treatment-seeking campaign is an highly cost-effective method of saving children's lives, we have scaled up our child survival campaigning to Mozambique.

The primary objective of this project is to increase the proportion of children in Mozambique who receive treatment for pneumonia, diarrhoea and malaria by encouraging their parents to recognise the symptoms of these diseases and to take them to a health facility.

The secondary objective is to test whether the findings of the Burkina Faso child survival RCT (that media campaigns increase treatment-seeking behaviours, in particular for pneumonia, diarrhoea and malaria in under-fives) apply in a different country, and at national scale. This campaign will reach around 16 million people in Mozambique, compared to the 3.5 million reached in Burkina Faso for the RCT.

This two year campaign went on air in October 2018, broadcasting across all 10 provinces of Mozambique, on Radio Moçambique's Antena Nacional, in Portuguese, and on regional radio via Radio Moçambique's provincial stations, in local languages.



CHILD SURVIVAL IN MOZAMBIQUE

Mozambique has one of the highest child mortality rates in the world, with 82,891 children dying before their fifth birthday every year (UN World Population Prospects, 2012). The three main causes of under-five deaths are malaria, pneumonia and diarrhoea, which are responsible for 59% of under-five deaths in Mozambique (27% malaria, 19% pneumonia, 13% diarrhoeal disease) (Liu et al., 2014).



04 2018 HIGHLIGHTS

Preparing for a major project on early childhood development (ECD)

We conducted a qualitative study, in partnership with University College London (UCL) to explore practices, perceptions, motivators and obstacles to childhood development related practices amongst parents and caregivers of children aged 0-2 years in rural Burkina Faso.

The study was conducted to inform the design of a major ECD project that DMI is preparing, which if effective, could prove more feasible and cost effective than current approaches to promoting healthy early child development. This qualitative study has allowed us to build on our current expertise in running early childhood development campaigns, which we began doing in 2011. The results of the qualitative study will be published in BMJ Global Health in 2019.



EARLY CHILDHOOD DEVELOPMENT IN SUB-SAHARAN AFRICA

By the age of 4, it is estimated that over 40% of children in Sub-Saharan Africa fail to meet basic cognitive or socio-emotional milestones (McCoy et al., 2016). According to the Lancet (2017) only about a third of parents in developing countries actively involve their children in stimulating activities and most government programmes fail to reach children in their first years of life.

Intervening in the first 3 years of life is the most cost-effective way to help these children develop to their full potential (Engel et al., 2011). Simple parent-focused interventions encouraging cognitive stimulation can allow children to compensate for delays in their development due to diverse risks, such as malnutrition (Rao et al., 2014). The benefits of such early interventions can still be measured many years later (Gertler et al., 2014).

Yet despite the positive impact of early stimulation, there are currently few tested models for taking early childhood interventions to scale in an equitable manner (UNICEF, 2012). If a mass media approach works, it could be a viable method for taking ECD initiatives beyond the community level to national scale.

05 2018 HIGHLIGHTS

Regional family planning campaign in West Africa

This year we have successfully implemented our first multi-country campaign, which spans Burkina Faso, Chad, Cote d'Ivoire, Niger, Mali and Mauritania. This radio, TV and social media campaign is part of UNFPA's Sahel Women's Empowerment and Demographic Dividend (SWEDD), and is focused on promoting family planning. We have used innovative methods to ensure the material is relevant to a diverse audience spanning multiple countries. For example, we have created videos for social media that are set in an imaginary city called Banoni (Bamako, Abidjan, Nouakchott, Ouagadougou, Niamey, N'Djamena), which has a diverse population of ethnic groups and religions, so that all six countries are represented. We chose to use animations, rather than films, to ensure that the videos were not specific to one country and felt

relevant to viewers in all target countries. The animations follow the story of a girl called Nya, as she grows up and navigates the challenges of being a woman in the Sahel region.

The animations have reached millions of youths through TV and social media:

277 million

African television viewers

8 million

views on Facebook since August

4000+

Facebook comments on the animations

The animations have also stimulated a lively debate on social media. DMI is conducting an analysis of the 4,000+ [Facebook](#) comments on the animations to learn more about our audiences.



Episode 1: Nya and her mother argue against child marriage for Nya.



Episode 2: Nya convinces her boyfriend to come to a sexual health clinic.



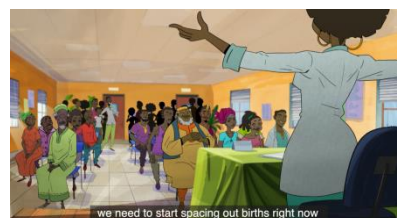
Episode 3: Nya convinces her grandmother of the importance of her education.



Episode 4: Nya's mother dies in labour after closely spaced births.



Episode 5: The village chief advises local men to encourage contraception.

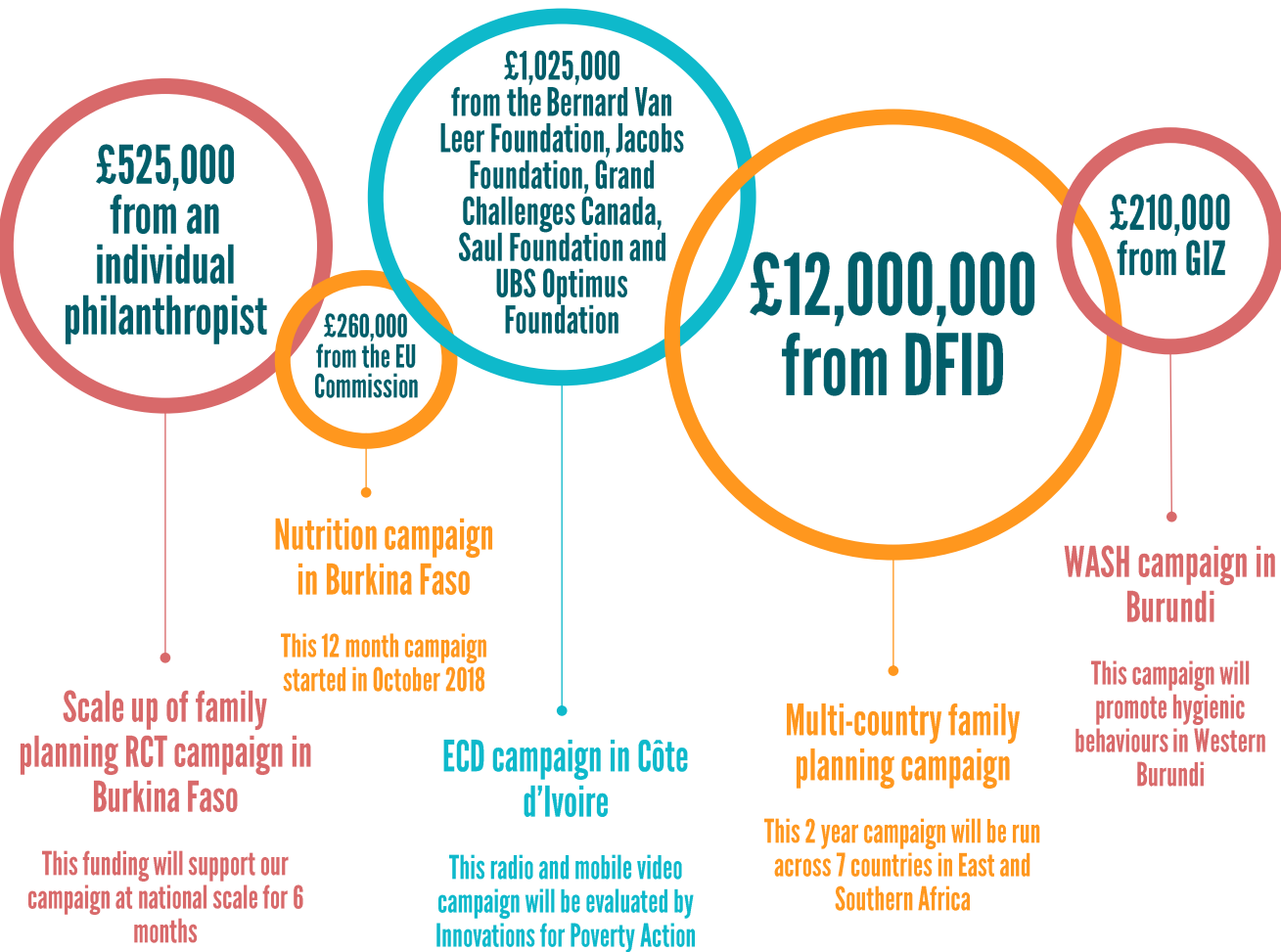


Episode 6: Nya explains the importance of using family planning to Banoni's future.

FINANCIAL SUMMARY

New project funding secured for 2019

In 2018, DMI secured the following funds for projects in Burkina Faso, Burundi, Côte d'Ivoire, Ethiopia, Madagascar, Malawi, Mozambique, Tanzania, Uganda and Zambia:



Thank you to the funders of our 2018 campaigns



THANK YOU TO OUR BOARD AND ADVISORS

BOARD



David Heymann
Former Assistant
Director-General,
WHO



Jimmy Whitworth
Professor of
Epidemiology,
LSHTM



Bob Hornik
Professor of Health
Policy, Annenberg School
of Communication



Mark Adams
Former Chief
Finance Officer,
Easyjet + Hastings
Direct

ADVISORS



Bocar Kouyaté
Former Senior
Advisor, Ministry of
Health, Burkina
Faso



Joy Phumaphi
Former Minister of
Health, Botswana and
Vice-President,
World Bank



Cesar Victora
Former President,
International
Epidemiological
Association



Rachel Glennerster
Co-Founder,
Poverty Action Lab
(J-PAL) at MIT.



Richard Horton
Editor-in-Chief,
The Lancet

KEEP IN TOUCH!



Website

<https://www.developmentmedia.net>



Newsletter

<https://www.developmentmedia.net/newsletter-updates.html>



Email

info@developmentmedia.net



Phone

+44 (0) 203 058 1630



Facebook

<https://www.facebook.com/developmentmedia/>



Twitter

@followdmi



YouTube

<https://bit.ly/2QERrxH>

s



Google+

<https://bit.ly/2T3Mw6v>

