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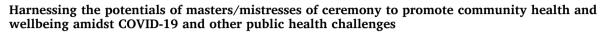
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Letter to the Editor





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ABSTRACT

Public health risk communication and general health information dissemination efforts require multiple approaches to sustainably engage communities to pursue individual and collective preventive actions. Engaging only highly skilled professionals to deliver public health messages, particularly in low and middle-income countries is expensive. Thus, masters/mistresses of ceremony (MCs) have the potential to contribute to disseminating evidence-based messages to communities on existing, emerging or re-emerging public health issues in developed and developing countries, thereby complementing existing dissemination efforts being made towards malaria, HIV/AIDS and SARS-CoV-2 (COVID-19) prevention and control, among others. Establishing feedback mechanisms to assess the impact of the MC-led health promotion on the target audiences is vital.

1. Masters/mistresses of ceremony – an untapped human resources for health capacity

Masters/Mistresses of Ceremony (MCs) exist in developed and developing countries and can serve as community lay health workers. They operate in Australia, United States of America, United Kingdom, Uganda, South Africa and other countries. They provide information, motivation and entertainment at public events such as conferences, corporate cocktail parties, gala nights, weddings, award nights; serving as program directors, facilitators or panel discussion moderators. These opportunities can be harnessed to propagate health messages.

MCs are known to create laughter, humor and tend to understand their communities well. Effective health communication requires trust, including understanding and tailoring the message to the target audiences. In Nigeria, for example, MCs reach a wide range of people in rural and urban communities during organized festivals/festivities/celebrations such as traditional African weddings, New Yam Festivals, burial/ funeral programs, etc. They have the capacity to convey critical information humorously, using powerful local songs, idioms and proverbs in English and/or local languages. They are usually trusted, well-respected and therefore can be trained as lay health workers to complement other health communication and media platforms, particularly in their local communities. Considering that social and cultural identity, including other characteristics may affect people's responses to health information and messaging, masters/mistresses of ceremony (MCs) are a good fit for social marketing of behavior change programmes. They can be equipped with social marketing skills to disseminate health promotion messages (product) during their regular ceremonial engagements, thus, complementing other efforts being made towards communicable and noncommunicable disease prevention and control. Social marketing approaches have been used to promote breastfeeding, personal care, immunization and tobacco control [1].

Effective crisis and risk communication strategies are essential, particularly during emergencies like the COVID-19 pandemic. Public

health threats need to be addressed in a way that is socially and culturally meaningful to the target audience [2] and responsive to the interests and values of diverse publics, with the aim of improving health perceptions, intentions and behavior, building trust and breaking language barriers. The way messages are received and applied is often influenced by the social context. A friendly communication strategy that has broad reach and can increase issue awareness [3] and considers social and cultural characteristics and varying literacy levels [4] is necessary to complement other efforts aimed at curbing the huge burden of malaria, HIV/AIDS scourge and COVID-19 pandemic. Thus, MCs need to be trained to communicate public health messages effectively.

2. Conclusion

There is inadequate human resources capacity to address the numerous health challenges in developing and developed countries. Public health professionals can engage masters/mistresses of ceremony (MCs) to contribute to promoting evidence-based health interventions. Training MCs as lay health workers or agents of health promotion promises to be one of the culturally-appropriate methods to help communicate health risks to communities. It is expected that training of MCs as lay health workers/agents of health promotion will help elicit more interest in the use of insecticide-treated bednets among communities and uptake of rapid malaria testing to reduce the burden of malaria, scale up use of voluntary counseling and testing services and home-based care in the control of HIV/AIDS, as well as reduce COVID-19 vaccine hesitancy. To effectively equip MCs, health professionals need to obtain data on the knowledge level of the MCs on malaria, HIV/ AIDS, COVID-19 prevention and control measures, as the basis for the training. Establishing feedback mechanisms to assess the impact of the MC-led health promotion on the target audiences is vital. Some of the ways to obtain quality feedback are (a) to develop a logbook, designed to document the number of evidence-based messages MCs shared during ceremonies over time, including strategies they used to convey the messages. (b) Keeping a record of the number of people who contacted MCs through text messages or face-to-face discussions. (c) Carry out felt impact surveys among the target audience.

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