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Safeguarding Africa's Health

Africa Centres for Disease Control and Prevention (Africa CDC)

Promoting mask-wearing during the COVID-19 pandemic:

A policymaker's guide

Contents

Executive Summary

Use of face masks and cloth face coverings has been shown to reduce transmission of SARS-CoV-2[1], the virus that causes COVID-19. Along with handwashing and physical distancing, wearing a mask[2] is one of three key measures that people can take to decrease their own risk of contracting COVID-19 and decrease the chances of infecting someone else.

This document draws on scientific evidence from the COVID-19 pandemic and from prior public health research on behaviour change, with the purpose of empowering African Union Member States to promote widespread adoption of masks in the general population.[3] This document complements existing Africa CDC technical guidance on the community use of face masks.[4]

Key findings

1. There is scientific evidence that mask-wearing in the community, as part of a comprehensive strategy to prevent disease transmission, can reduce the spread of COVID-19.

2. Masks vary in how effectively they prevent the spread of COVID-19, depending on the material from which they are made, their structure, and how they are worn.

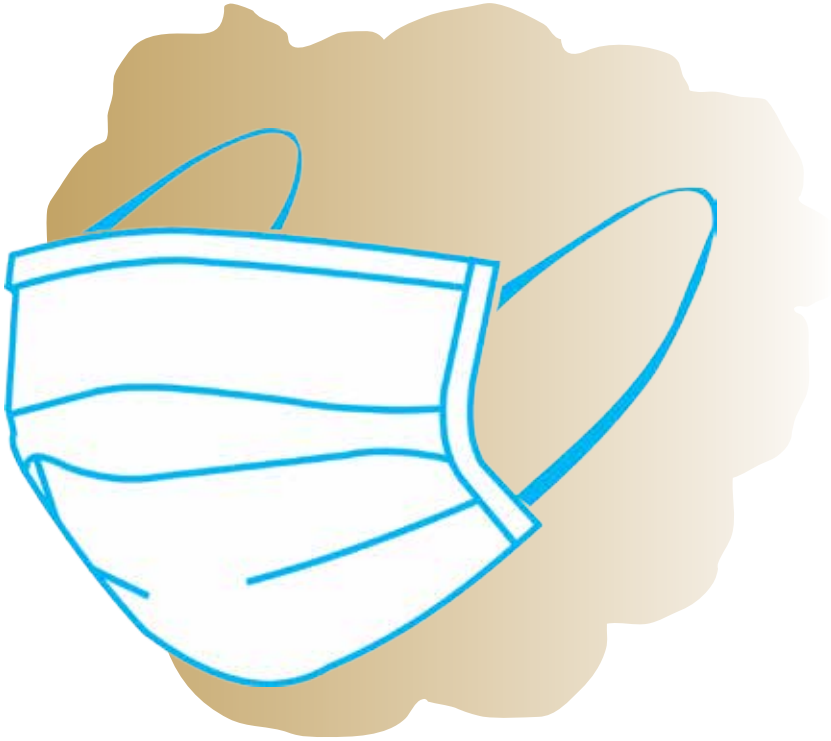
3. There are multiple reasons people may not wear a mask, including lack of understanding of risks, perceived social stigma and unsupportive social norms, distrust in government authorities, or lack of access. Social science research to understand differing rates of adherence and barriers is important to inform strategies.

[1]Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis (https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)
[2]In-Depth Review of the 3 W's: Wear a mask, Wash your hands, and Watch your distance. (https://preventepidemics.org/spanish/covid19/science/weekly-science-review/july-25-31-2020/)
[3]It does not cover the promotion and use of medical-grade "N95" masks in health care settings.
[4]Community use of face masks (https://africacdc.org/download/community-use-of-face-masks-2/)

4. Evidence supports the effectiveness of (1) legal mandates, (2) strategic communication and advertising campaigns, and (3) community engagement in increasing access to masks and providing positive social modeling. Integrating these three elements into a masking strategy can improve adherence.

5. Community mask-wearing should be promoted as a "new normal" that people should adopt for the foreseeable future, until COVID-19 spread is extremely low or herd immunity is achieved through vaccination.

6. Handwashing, physical distancing and reducing or eliminating high-risk situations (e.g. crowded indoor gatherings without mask-wearing) are also critical to limit the spread of COVID-19.



Introduction

Wearing a mask is one of the simplest ways to reduce the spread of COVID-19, and persuading people and communities to embrace mask-wearing is a core intervention for curbing the pandemic. The World Health Organization (WHO)[5] and the Africa Centres for Disease Control (Africa CDC)[6] have recommended that people wear masks in public settings where SARS-CoV-2 can be transmitted.

According to current evidence, SARS-CoV-2 is primarily transmitted from people with the disease through respiratory droplets and physical contact. There is substantial evidence that people with asymptomatic, pre-symptomatic or early stage infection can contribute to community transmission of the virus. The use of medical masks – in conjunction with hand hygiene and physical distancing – has been shown to prevent infection with respiratory pathogens[7]. The SARS-CoV-2 virus is found in significant numbers in the nose and throat of infected people[8] and is transmitted to susceptible contacts through microscopic droplets that enter the body through the nose, mouth or eyes.[9]

Consistent and widespread use of face masks can help reduce the spread of infection in the community by minimizing shedding of respiratory droplets from infected people, including people who may not be aware that they are infected or may not have any symptoms.

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[5]Advice on the use of masks in the context of COVID-19 (https://apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf?sequence=1&isAllowed=y)
[6]Community Use of Face Masks (https://africacdc.org/download/community-use-of-face-masks/)
[7]Can physical interventions help reduce the spread of respiratory viruses? Jane Burch (PhD) and Christopher Bunt (MD) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2020. Available from: https://www.cochranelibrary.com/cca/doi/10.1002/cca.2965/full.
[8]Zou L, Ruan F, Huang M et al. SARS-CoV-2 viral load in upper respiratory specimens of infected patients. N Engl J Med. 2020; 382:1177–1179. Available from: https://www.nejm.org/doi/10.1056/NEJMc2001737
[9]Tu Y, Chien C, Yarmishyn AA, Lin Y, Luo Y2,4 , Lin Y, Lai W, Yang D , Chou S et al. A review of SARS-CoV-2 and the ongoing clinical trial. Int. J. Mol. Sci. 2020; 21(7):2657. Available from: https://www.mdpi.com/1422Đ0067/21/7/2657

This document complements existing Africa CDC guidance on the community use of face masks. No single strategy can guarantee the widespread adoption of mask-wearing; this document brings together evidence, tools and guidance from different sources to help policymakers develop a comprehensive intervention, including best practices for policy, recommendations for using mass media to establish masks as a social norm, and detailed guidance on how to measure mask use.

Evidence that mask-wearing reduces COVID-19 transmission

The primary mode of SARS-CoV-2 transmission is through tiny respiratory droplets that are exhaled when infected people breathe, speak, cough, or sneeze.[10] Masks can prevent the spread of COVID-19 in two ways: by preventing a healthy person from acquiring the disease and by preventing an infected person from spreading the disease. In the latter case, known as *source control*, the mask acts as a barrier to prevent respiratory droplets from spreading to nearby people or to surfaces where the virus can remain viable.

There is scientific evidence that widespread use of masks in the community prevents the spread of COVID-19. A systematic review that included eight randomized controlled trials conducted in community settings[11] found that mask-wearing protects against respiratory infections in high-transmission community settings. Numerous observational studies have compared disease transmission patterns in settings where mask-wearing is common to settings where it is not. A review and meta-analysis of observational studies on mask-wearing found that mask-wearing significantly reduces the spread of coronaviruses that cause SARS, MERS and COVID-19 in and outside healthcare settings.[12]

Effective source control depends on people consistently wearing masks in public spaces even when they feel well, because a substantial

[10]See: Africa CDC Position Statement on transmission of SARS-CoV-2 by pre-symptomatic and asymptomatic individuals (https://africacdc.org/download/position-statement-on-transmission-of-sars-cov-2-by-pre-asymptomatic-and-asymptomatic-individuals/)
[11]Medical masks vs N95 respirators for preventing COVID-19 in healthcare workers: A systematic review and meta-analysis of randomized trials (https://pubmed.ncbi.nlm.nih.gov/32246890/
[12]Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis (https://pubmed.ncbi.nlm.nih.gov/32497510/)

proportion of people with COVID-19 may not show symptoms[13]. Studies have shown that people with COVID-19 who wear masks before they develop symptoms are less likely to transmit the disease to others in their households[14].

Masks can also protect the wearer. There is abundant evidence from healthcare settings[15] that medical procedure masks (also called surgical masks) and respirators (such as N95 respirators) protect the wearer from respiratory viral infections. Observational data from the COVID-19 pandemic suggest that people in the community who wear masks and become infected are less likely to develop severe disease.[16] This may be due to the smaller inoculum of viruses to which the wearer is exposed, even if the mask doesn't filter out 100% of viral particles. [17]

Some studies have hypothesized that widespread wearing of masks may give communities a false sense of security, thus reducing adherence to other precautions such as handwashing and physical distancing and resulting in more infections. However, there is no evidence that mask-wearing increases the spread of COVID-19[18] and evidence from healthcare settings suggests[19] that observing certain measures to decrease the spread of infections (e.g. wearing a mask) is associated with increased adherence to other complementary measures.

[13]Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV-2) (https://science.sciencemag.org/content/368/6490/489)
[14]Reduction of secondary transmission of SARS-CoV-2 in households by face mask use, disinfection and social distancing: a cohort study in Beijing, China (https://gh.bmj.com/content/5/5/e002794)
[15]Medical masks vs N95 respirators for preventing COVID-19 in healthcare workers: A systematic review and meta-analysis of randomized trials (https://pubmed.ncbi.nlm.nih.gov/32246890/)
[16]Masks Do More Than Protect Others During COVID-19: Reducing the Inoculum of SARS-CoV-2 to Protect the Wearer (https://link.springer.com/article/10.1007/s11606-020-06067-8)
[17]Smereka J, Ruetzler K, Szarpak L, Filipiak KJ, Jaguszewski M. Role of mask/respirator protection against SARS-CoV-2. Anesth Analg 2020.
[18]Universal masking for COVID-19: evidence, ethics and recommendations (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7254130/)
[19]The Effect of Contact Precautions on Healthcare Worker Activity in Acute Care Hospitals (https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/effect-of-contact-precautions-on-healthcare-worker-activity-in-acute-care-hospitals/3EB215F7931D16595EF66DFDCDE8C548)

Promoting mask-wearing with policy

Community-wide requirements to wear masks will be most effective if they are clear, consistent, legally sound, and designed to encourage broad adherence. Although the details of any given policy will need to be tailored for each jurisdiction, some general characteristics apply.

Rules on mask-wearing should be clear and comprehensive

Rules should clearly indicate who must wear a mask, what type of masks are allowed, where[20] and when masks must be worn, and how they must be worn.

Mandates should generally apply to everyone, clearly indicating any narrow exemptions. They should define the types of masks allowed or prohibited, striking a balance between precision and flexibility. (Overly strict requirements could create supply challenges, while overly permissive rules could encourage masks that provide no protection, or in some cases, make infection more likely.) The mandate should specify that the mask always cover the nose and mouth. If surgical masks or other respirators (e.g. N95 or FFP2) are in short supply, policymakers may limit their use to healthcare workers, requiring the public to use other types of coverings.

Mandates should generally be applied to indoor places accessible to the public or used collectively[21], including places of work[22] and public transportation[23].

[20]The Framework Convention on Tobacco Control offers a helpful parallel in the creation of smoke-free spaces. The FCTC requires Parties to prohibit smoking in indoor workplaces, public transport, indoor public places, and, as appropriate, other public places. The FCTC guidelines provide suggested definitions for each term.
[21]Private homes are generally not considered a public place but if non-household members are present in a private home and safe physical distancing cannot be maintained, then people should wear masks there too. For example, California requires masks in "high-risk areas," including any room or enclosed area where other people (except members of the person's own household or residence) are present and unable to physically distance.
[22]Mandates should define workplaces as any place used by people during their employment or work, including not only those places at which work is performed, but also all attached or associated places commonly used by the workers in the course of their employment, including corridors, lifts, stairwells, lobbies, shared facilities, cafeterias, toilets, lounges, lunchrooms and outbuildings such as sheds and huts. Vehicles used in the course of work are workplaces and should be specifically identified as such.
[23]Public transport should be defined to include any vehicle used for the carriage of members of the public, usually for reward or commercial gain, including taxis.

Togo mask-wearing mandate exemptions

Decree No 2020-060 mandating mask-wearing in public places in Togo exempts under-5 children and disabled persons from wearing a mask. Nevertheless, it requires that their legal guardian or attendant take other preventive measures.

The Decree also identifies what type of masks should be worn by different categories of the population and reserves N95 or FFP2 respirators for healthcare workers in situations where a COVID-19 case is suspected.

Mandates may also apply to heavily trafficked outdoor places where it is difficult to maintain physical distance consistently. Other outdoor places, especially where there is little transmission of the virus and physical distancing is possible, may be subject to less restrictive rules.

African Union Member States may impose modified mask rules on activities that are impossible while wearing a mask. Activities should only be exempt if minimum physical distancing requirements can be maintained or if other people nearby are wearing masks. For example, at security checkpoints, individuals could temporarily remove their masks during a procedure but security personnel should continue to wear their masks. For some activities that require extreme exertion or exhalation, further distancing requirements should be considered.

Activity-based exemptions to a mandate may include:

1. Eating or drinking
2. Playing sports or exercising
3. Practicing or playing a musical instrument
4. Activities that involve getting the face wet, such as swimming or showering
5. In circumstances when a person is asked to verify their identity for lawful purposes, including security checkpoints
6. Communicating with an individual with hearing impairment

7. Receiving a dental or medical examination or treatment that cannot be performed while wearing a mask.

Mask mandates should be issued by the most appropriate government authority

Policymakers should consider which government body is most appropriate to issue a mask mandate. An executive agency, such as a ministry of health, or a leader such as a governor, mayor or local executive, may or may not have clear authority to issue such rules. If not, the legislature may need to authorize such rules or create the rules through law.

Multiple agencies—or national, regional and municipal governments—may have overlapping authority to issue rules. Without coordination, this can lead to conflicting or confusing patchwork of regulations. Policymakers should strive to balance consistency with local variation, especially as different geographical areas could face drastically different risks.

In general, policymakers should strive to set minimum standards that work for their entire community while allowing local jurisdictions to impose more stringent rules. Private businesses or property owners should also be allowed to impose more stringent rules for their employees and people on their property. It is problematic when a larger geographic entity preempts more local requirements (for example, when a state prohibits cities from requiring masks). This can undermine the ability of communities to protect themselves.

Policymakers should be sensitive to the public's perception of the issuing agency. Engagement with communities, including question and answer sessions with health officials, can help clarify doubt and address rumors and mistrust regarding mask use. The public should view the rules as evidence-based, not politically motivated. The choice of which agency issues the rules may affect the public's perception of the rule and their adherence to it.

Case Study: South Africa's mask-wearing policy

The National Department of Health recommended on 9 April 2020 that everyone in South Africa should wear a cloth face mask when in public. This was reinforced with a directive (Regulation 5) on 12 July 2020 that made wearing masks mandatory in public places. This directive was published at the same time as increased lockdown measures were put in place.

Who: Every person under the law. There is no explicit exemption for children or those with underlying respiratory conditions from the mask-wearing directives. School age learners are explicitly required to wear masks at school and early childhood development centres. On the other hand, the guidelines do not recommend masks for infants who may struggle to breathe or choke on masks.

What: Wearing a cloth face mask, a homemade item, or another appropriate item that covers the nose and mouth is mandatory for every person when in a public place. The guidelines discourage the public from using surgical (medical) or N-95 respirator masks. Surgical masks and N-95 masks are critical supplies that must be reserved for healthcare workers and other medical first responders. There are published guidelines for the production of fabric face masks which were updated on 24 April 2020.

Where: The wearing of a cloth face mask, a homemade item, or another appropriate item that covers the nose and mouth is mandatory for every person when in a public place.

In addition, if not wearing a mask, no person will be allowed to:

1. Use, operate, or perform any service on any form of public transport;
2. Enter or be in a building, place or premises, including government buildings, places or premises, used by the public to obtain goods or services; or
3. Be in any public open space.

When: Exemptions for those who undertake 'vigorous exercise' in a public place, provided that the person maintains a distance of at least three metres from any other person, and subject to directions on what is considered to be 'vigorous' by the Health Minister.

Narrowly tailor sanctions for non-compliance

Ideally, communities will widely adopt mask-wearing requirements without the need for sanctions. Promoting social norms for widespread use of masks (through strategic communication and community engagement strategies) will likely be more effective than enforcement. In some areas, policymakers may still choose to implement sanctions for non-compliance.

Before implementing sanctions, policymakers should ensure that they have clearly communicated the rules and the reasons behind them through interactive communication interventions, ensure that people have access to masks, and that leaders are modeling good behaviour by wearing mask. If these conditions are met and sanctions are still deemed necessary, such sanctions should be proportionate to the misbehaviour. Sanctions can be graduated, so they become more severe for repeated or egregious violators. For most people, the threat of sanctions may be enough to encourage adherence, and governments may consider publicizing the existence of sanctions in the news media to generate awareness.

Law enforcement should be careful to ensure that sanctions are applied consistently across the population and avoid targeting any particular groups. Enforcement efforts may backfire if the law is perceived as a tool for discrimination or harassment against certain populations.

Engage businesses in promoting mask-wearing

Policymakers can extend the reach of mask mandates by imposing special responsibilities on businesses. Governments can condition reopening of businesses on adoption of new rules, including physical distancing, handwashing and mask-wearing. Sanctions for businesses that encourage customers or employees to flaunt the rules should be more severe than sanctions for individuals, and could include non-monetary sanctions such a license suspension or revocation.

Senegalese population shows high level of adherence to mask-wearing mandate

Senegal implemented a mask-wearing policy early in its COVID-19 response. The measure was reaffirmed after the government lifted the state of emergency at the end of June 2020. In his address to the nation, President Sall presented mask-wearing not only as a personal measure, but as an act of good citizenship and patriotic commitment to the nation. Recent survey data show that 97% of respondents recognize that wearing a mask could prevent the spread of COVID-19, and 95% report wearing a mask in the previous week.

More information here:

Presidential address on lifting the state of emergency:

https://www.au-senegal.com/IMG/pdf/discours20dubf7b.pdf

Survey data:
https://preventepidemics.org/wp-content/uploads/2020/09/09082020-senegal.pdf

Second arrêté (post state of emergency):

https://www.sec.gouv.sn/actualit%C3%A9/arr%C3%AAt%C3%A9-minist%C3%A9riel-n%C2%B0-011592-du-10-juillet-2020-prescrivant-le-port-obligatoire-de-masque

First arrêté (linked to state of emergency): https://www.sec.gouv.sn/actualit%C3%A9/arr%C3%AAt%C3%A9-minist%C3%A9riel-n%C2%B0-009137-du-17-avril-2020-prescrivant-le-port-obligatoire-de-masque-de

The Gambia Compulsory Wearing of Face Masks Order, 2020

When mandating face mask wearing in public places in The Gambia, the Minister of Health required motor vehicle drivers and ferry operators to ensure that all passengers abide by the requirement before entering their vehicle or ferry. Similarly, the owner or manager of public or private business premises shall ensure that all persons entering the premises wear a mask. Violations of these requirements are liable upon conviction to a fine of 1000 Dalasis.

Employees should be required to wear a mask as a condition of employment, and employers could suspend or terminate employees who refuse to do so without legitimate reason.[24]

Businesses should be required to prominently post signs informing all customers and employees to wear a mask at all times on the premises, and should instruct employees to inform customers about the rules and provide masks if available. If customers refuse to comply, staff should ask them to leave the premises, and if necessary, call the authorities.

[24]If an employee cannot wear a mask for health reasons, the employer should consider whether it is possible to offer reasonable accommodation, such as allowing them to work remotely. If not, then the employee may not be able to continue working in accordance with local labor laws.

Promoting mask-wearing through community engagement and strategic communication strategies

Communities have been affected by the COVID-19 pandemic in different ways. Community engagement strategies seek to effectively involve community leaders and members in public health response, and deliver context-specific and culturally appropriate support to overcome barriers and promote positive behaviours. Such strategies are important during any public health intervention and are critically important during a pandemic.

Engage and empower community leaders

During the 2014 Ebola virus disease outbreak in West Africa, distrust of the government and public health authorities in many countries made some communities to ignore protective behaviours such as modified burial practices. Engaging and empowering religious leaders was considered one of the critical strategies to bring the outbreak under control.

During the COVID-19 pandemic, governments should engage leaders from ethnic and religious groups, with emphasis on communities that are at higher risk. Engaging community and religious leaders and other key influencers can help build trust, understand community behaviour drivers, find local solutions to barriers, as well as define best activities and trusted channels to promote and improve mask-wearing. Such engagement can also include digital engagement, peer education, or interactive community-based media, etc.

In addition to policies that promote mask-wearing, governments should develop communication approaches to support widespread use of masks as the "new normal".

Data from public opinion surveys suggest that there are multiple reasons people may not want to wear masks (Figure 1), and that, often, refusal to wear a mask may be due to multiple, overlapping barriers. Strategic communication campaigns can be used to change knowledge, attitudes and practices, influence perceived social norms around mask-wearing, and address some of the barriers.

Use community-level activities to increase access to masks

There is evidence of the effectiveness of health promotion campaigns that combine strategic communication with low- or no-cost products (e.g. condoms to prevent sexually transmitted infections). Dispensing masks in low-resource, low-adherence communities, along with health promotion messages, may help increase mask use. This may include teaching community members how to make masks from materials that are readily available.

Why do some people not wear mask?

The Partnership for Evidence-Based Response to COVID-19 (PERC) survey[25], conducted in 18 African Union Member States in August 2020, found that 43% of respondents believed that people who wear face masks may be infected and it is necessary to stay away from them. Some 92% of respondents strongly or somewhat agreed that people who wear masks are being careful, and these respondents appreciate that they are protecting others. Only 24% of respondents agreed that people who wear masks are foolish because it is unlikely to protect anyone. Barriers to mask-wearing reported by respondents include:

[25]Evidence-based Public Health Response (https://preventepidemics.org/covid19/perc/)

1. 22% of respondents said they do not need one/do not go out/do not mix with others outside their households;
2. 13% of respondents said masks are not mandatory;
3. 11% of respondents cannot afford a mask;
4. 9% of respondents do not think masks are necessary or think that masks do not protect/prevent the spread of COVID-19;
5. 6% of respondents do not know how or where to get one;
6. 6% of respondents cited a critical illness, breathing difficulties, or mobility difficulties that make it harder to wear a mask;
7. 5% of respondents cannot get to shops/markets, or feel it is too far away to buy a mask or materials for a mask.

Goals of strategic communication

1. Increase belief that COVID-19 is a threat to them or family.
2. Increase belief that masks are an important protective measure.
3. Increase knowledge about when masks are necessary and how to avoid riskier environments.
4. Increase skills in how to use masks: how to wear and remove, how to wash or dispose, which products to avoid, etc.
5. Increase belief in positive social norms — "people like me" support mask-wearing.
6. Increase awareness of and compliance with regulations.

Governments should test effective messages, channels and messengers

Understanding the behaviour drivers through social science research is fundamental to defining optimized government messaging about mask-wearing. Messaging should be informed by communication assessments conducted with focus groups or by survey to ensure key messages are understood and perceived as credible, relevant, culturally appropriate, and effective. The chosen messages will be most effective if they engage and address the needs of their intended audiences and if the messages are delivered by trusted spokespeople, including community leaders. Governments should consider communication research and timely epidemiologic data together to identify the most important audiences: those at the highest risk, and for whom behaviour change can have the greatest impact.

Governments should sustain risk communication as part of a larger public health strategy

Most audiences need repeat exposure to messages and the space to dialogue and raise questions to trigger sustained behaviour change. Therefore, public health authorities should endeavour to deliver effective messages via trusted sources and such messages should be repeated over time and over different interactive media channels and bilateral communication activities. Messaging should be as simple as possible, consistent, and sustained across the different channels, including in local media, government-owned digital properties such as websites or social media pages, and paid advertising and marketing on TV, radio, print, outdoor billboards, digital or social media. Interactive platforms and channels should be prioritized. Simultaneously, there should be feedback mechanisms to address community concerns and rumours regarding the use of mask, and help adjust messages and communication interventions.

Case study: COVID-19 behavior change in Freetown, Sierra Leone

The city of Freetown has excelled at community engagement and clear messaging around COVID-19. Freetown circulated a video featuring Mayor Yvonne Aki-Sawyerr to raise awareness of COVID-19 symptoms and preventive measures. Additionally, the city produced visual and audio content to explain virus transmission as well as the importance of handwashing and social distancing. These messages were delivered by trusted community leaders such as ward councillors, the inter-religious council, market chairpersons, and youth leaders. To ensure that Freetonians can follow the suggested preventative measures, the city ensured the provision of water in public places including markets and peripheral health units, adopted policies to support physicial distancing, and provided food deliveries during periods of lockdown.

Communication should be implemented in coordination with other interventions and messages that promote avoidance of high risk environments such as crowds, indoor spaces with poor ventilation and close-contact settings such as meetings, religious gatherings, weddings, and other indoor recreational activities or celebrations.

Moving from intentions to habits

Often, people who want to adopt new behaviours such as mask-wearing face barriers such as forgetting a mask or momentary inconveniences ("it's hard to breathe through while I'm jogging.") Campaigns that support formation of new habits—such as leaving a mask by the front door or in the car—may help bridge the gap between intentions and action.

Clear messages on the need to wear a mask, wash hands and maintain physical distance provide an excellent "umbrella" campaign for all audiences and should be complemented with more targeted strategic communication focused on specific at-risk groups. These segmented campaigns may use community influencers who can appeal to and dialogue with subpopulations, use targeted media buys to serve culturally appropriate messages to key audiences, or provide geographically targeted media placements such as billboards or digital advertisements.

Leaders should establish positive norms through news media

People are heavily influenced by what they perceive as the values of their community. Governments, with the help and support of key influencers, should use the news media to promote mask-wearing as a social norm. Some strategies include releasing polling data that demonstrate widespread community approval for masks, sharing monitoring data of widespread adherence, and encouraging news stories about positive trends in mask-wearing as greater numbers of community members don masks.

Those who defy mask requirements may receive outsized media attention relative to their numbers; public health authorities should highlight the percentage of people who are masking rather than focusing on those who are not masking, to promote norming.

Government officials and health authorities should wear masks in public to model the behavior, including at news conferences when they are not speaking, and should share photographs of themselves wearing masks on their social media feeds. Government media should also exemplify this "new normal" by depicting people wearing masks and practicing physical distancing in print and video advertising.

Communication should appeal to emotions and values

For many behaviour change campaigns, graphic imagery that emotionally conveys the health harms of not taking protective action is effective. Messaging should convey the importance of adopting behaviours that protect neighbours and community, as this can be a motivating factor. For example, mask promotion videos from the #MaskUp campaign use this key message: "Whatever your mask says about you, it says you care about others."

Monitoring and evaluation of mask-wearing policy

Community adherence to mask-wearing will change over time. It can be influenced by several factors including changing risk perception, change in season (it becomes hotter and mask wearing becomes uncomfortable) or increase in misinformation and rumours. Setting performance targets for mask wearing and measuring community adherence regularly can inform adaption in policy and approaches to ensure that mask-wearing is an effective tool in limiting the spread of COVID-19.

Case study: monitoring mask-wearing in public transportation in Ghana

In an address to the nation, the President of the Republic of Ghana instituted the production of more the 3 million locally produced face masks to increase access by citizens. The Ministry of Health issued guidelines for the use of face masks by commercial vehicle drivers, attendants, and commuters in public transport.

A study conducted using roadside observation to identify adherence to existing guidance, shows that average compliance with face mask use was just 12.6%. This indicates the need for interventions in the transport sector and highlights the importance of monitoring and evaluation to determine the effectiveness of the implementation of policies.

Source: Adherence to social distancing and wearing of masks within public transportation during the COVID-19 pandemic. https://doi.org/10.1016/j.trip.2020.100191

Understanding who is wearing masks, where they are wearing them and, most importantly, why some people are not wearing masks are important in guiding implementation. Direct observational studies to count people who wear masks, disaggregated by gender and location can be important indicators. Knowledge, attitude and practice surveys can also be an important tool to inform adaption of community engagement strategies.

Resources for establishing monitoring programmes for mask adherence are available at: https://preventepidemics.org/covid19/resources/mask-playbook/.

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