

Breakthrough RESEARCH—Social and Behavior Change Costing Community of Practice Series
Brief #2

Understanding the Costs of SBC Social Media Interventions



Breakthrough RESEARCH is gathering, analyzing, and sharing evidence on the costs and impact of social and behavior change (SBC) interventions to support the case that investing in SBC is crucial for improving health and advancing development. A review of the SBC costing literature identified 147 studies on SBC costs, methodological shortcomings, and knowledge gaps that can be addressed in new SBC costing studies.¹ To address these gaps, Breakthrough RESEARCH issued the *Guidelines for Costing of Social and Behavior Change Health Interventions*,² which lay out 17 principles for conducting high-quality costing studies. This is the second in a series of brief reports intended to complement the guidelines and support a **Community of Practice around SBC costing** by highlighting important issues and practices for SBC costing.

The use of social media has grown exponentially in recent years, with an estimated 4.2 billion active social media users in 2021, representing over half of the global population.¹ Although a “digital divide” exists, with lower social media use among low- and middle-income countries compared to high-income countries, this divide is narrowing due to rapid growth in internet and social media use in developing economies, enabled by increases in smartphone ownership.² In response to this growth, social and behavior change (SBC) interventions have begun to leverage social media to reach individuals with content promoting healthy behaviors.

SBC interventions disseminated via social media can be independent or embedded into broader campaigns, and include digital advertisements, videos, blogs, and links posted to social media platforms like Facebook, Twitter, Instagram, TikTok, and others. Engagement on social media can be either unidirectional, where the intervention posts content, or it can be more interactive, where the intervention engages in discussions in comment sections or hosts virtual question and answer sessions.

While the use of social media for SBC has grown, there is limited evidence on the costs of these types

BOX 1 EXAMPLES OF SBC INTERVENTIONS USING SOCIAL MEDIA

Dissemination of youth-led videos encouraging adults to communicate with youth on RH/FP issues⁴

Promotion of malaria prevention on Facebook in Southeast Asia⁵

Blogging project, TB&Me, used to support medication adherence in multiple countries⁶

The social media campaign, #TheTeaOnHIV, aimed at building HIV knowledge among youth in Africa⁷

of interventions. In a recent literature review, no peer reviewed studies on the costs of SBC via social media interventions in low- and middle-income countries were identified.³ To help address this gap, this brief identifies key considerations for costing SBC via social media, given the unique nature of social media platforms, and provides an applied example from the *Merçi Mon Héros* (MMH; Thank You, My Hero) project, a youth-led multi-media campaign in Francophone West Africa, funded by the United States Agency for International Development (USAID). MMH focuses on improving reproductive health and family planning (RH/FP) outcomes through SBC interventions, including videos disseminated over social media.⁴

What should be included when costing SBC via social media?

The components of social media costs associated with SBC interventions can be classified into three primary categories: 1) costs to develop the content, 2) costs to disseminate the content, and 3) overhead costs. **Table 1** further segments each of these categories into personnel and other cost components.

In creating the content, costing should capture the resources that go into design and production. Costs can be measured for financial costs only, which consist of the financial outlays for goods and services, or for economic costs. Economic costs include financial costs as well as donated goods and services, or in-kind contributions, which are valued based on local market prices. Depending on the intervention, many different professionals may be

involved in content development, such as writers, editors, and graphic designers (see Table 1). During the production stage, professionals like actors, stylists, photographers, and directors may be needed. Other costs may include equipment, staging/set-up costs, and editing software.

Social media dissemination costs include costs of the personnel required to post and moderate the content and comments, such as SBC program managers reviewing how the results are received. Social media influencers may also be used to promote the contents. Additionally, the costs of hosting the content on the web and social media advertising (e.g., paying Facebook to promote the intervention's content) should be included.

TABLE 1 SOCIAL MEDIA COST CATEGORIES FOR CONTENT CREATION AND DISSEMINATION OF SBC

Cost category	Components	
	Personnel	Other
Developing the content	Photographers	Camera
	Videographers	Stock photos
	Graphic designers	Location rentals and set-up
	Writers	Travel and meals
	Animators	Software (e.g., editing tools)
	Actors/models	
	Directors	
	Editors	
	Producers	
	Stylists	
	Translators	
	Consultants	
	Project management	
	Volunteers	
Disseminating the content	Promoters/influencers	Content hosting
	Analysts	Paid advertising
	Monitoring and evaluation	Analytical tools
	Project management	
Overhead	Proportion of personnel not working directly on the activity (e.g., finance officer, human resources)	Proportion of home office rent, utilities

Finally, overhead costs allocated to the intervention should be included. Overhead costs consist of personnel that do not work directly on the SBC intervention but support the overall running of the organization, such as people who work in accounting, business development, and human resources, as well as the cost of maintaining physical offices. Since most organizations working on SBC have multiple projects, only a portion of overhead costs should be allocated to any one intervention. Most often, overhead costs are allocated using a “top-down” approach, where costs are allocated based on the relative contribution of the specific intervention to overall costs.

Which unit costs should be calculated?

Once the total costs are captured, the next step is to choose the most appropriate denominator(s) to calculate unit costs. [Community of practice brief #1](#) describes the importance of understanding the denominator used to calculate unit costs for assessing the cost and cost-effectiveness of SBC interventions. Typically, an impact evaluation is needed to calculate denominators related to health behaviors or health outcomes. A common unit cost reported is the cost per person exposed to the intervention. For SBC via social media, measuring cost per exposure is particularly challenging due to the nature of social media platforms. There are several potential denominators, not requiring an impact evaluation, that measure exposure,⁸ including:



Reach—the number of individuals exposed to SBC content via a social media platform, which can be further segmented into “paid reach” if the reach was due to social media advertising promoting the content (e.g., Facebook ads) and “organic reach” if the content was due to being part of a regular social media feed.



Engagement—the number of times people engaged with content through reactions, comments, shares, mentions, likes, etc.

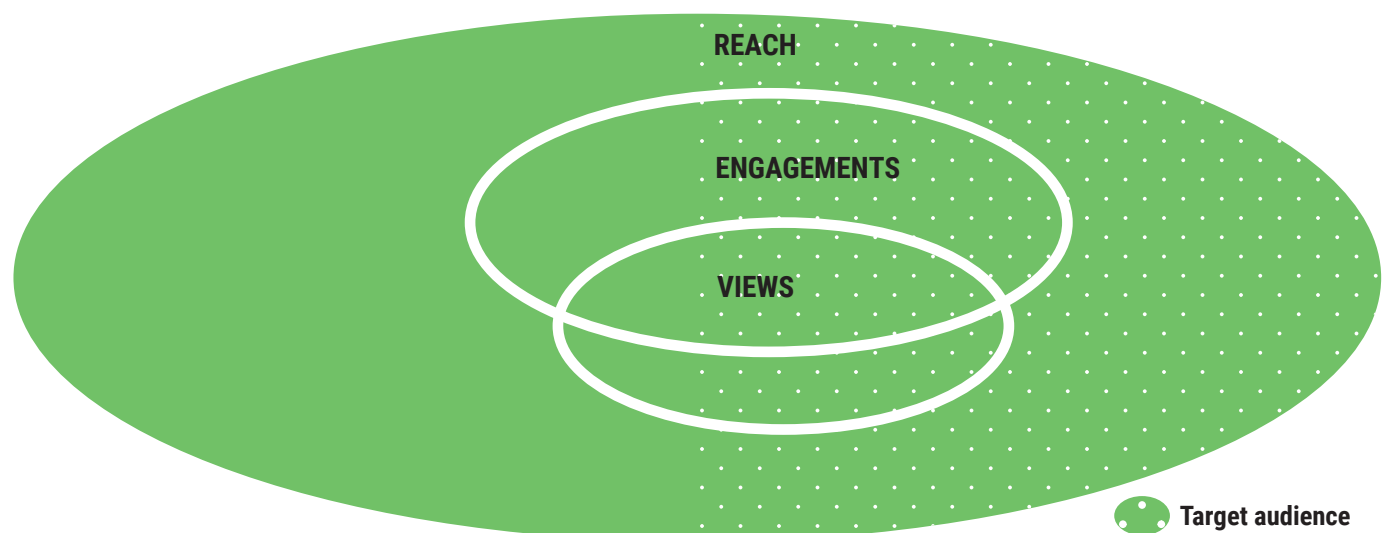


Views—for videos shared on social media, the number of times the video was viewed, which can be further subdivided based on the amount of time spent viewing the content (e.g., at least 30 seconds, complete view).

Figure 1 depicts the relationship between these measures, where engagements and views are nested within reach. Among those that have been reached, one can engage with the post and view the videos, with some both engaging and viewing.

Another consideration in selecting a denominator is whether the content is reaching the target audience for the SBC message. This can be particularly important for populations that are harder to reach, including girls and women, who have less access to the internet.⁹ If a campaign is aimed at adolescent girls and young women, one may want to estimate the cost per reach for females aged 15–24.

FIGURE 1 DIFFERENT MEASURES OF SOCIAL MEDIA EXPOSURE



The most appropriate denominator depends largely on the objective of the SBC intervention and the level of interaction needed to influence behaviors. The number of persons “reached” means the social media post was on an individual’s screen. Still, one could have simply scrolled past the content without absorbing the message, and so “engagement” indicates that they reacted in some way to the content. When SBC is addressing complex barriers to behavior change, then the more intensive measure of engagement is likely most relevant. In contrast, if the objective is simpler—like raising awareness on the availability of services—then the reach metric may be an appropriate measure.

Example: Costing MMH

The MMH project was first conceived at a youth design challenge (YDC) at the Francophone Africa SBC Summit in Abidjan, Côte d’Ivoire in February 2019. Groups of youth competed to craft a winning design of an SBC campaign to address RH/FP issues for Francophone West Africa and the winning team was later trained in video design and production. The final MMH campaign focused on youth sharing positive experiences when older mentors communicated with them about RH/FP issues, aimed at dismantling the taboo around RH/FP discussions and increasing knowledge among youth. Youth consultants were used in all stages of the process, from creating the content and filming the videos to working as social media influencers in promoting and engaging with viewers through comments. The social media videos were disseminated in French in nine countries in West Africa; the costing was conducted for the videos seen in Côte d’Ivoire and Niger. These two countries were selected for analysis because: 1) Côte d’Ivoire hosted the 2019 Francophone Africa SBC Summit where the MMH campaign was originally conceived, and 2) Niger is a high priority country due to low levels of modern contraceptive prevalence.

The cost components of MMH are shown in Box 2. Note that while in-kind contributions of donated time and space were included in the costing, consumers’ out-of-pocket internet costs to access the videos were not included as these are not costs that would be incurred by the SBC program. The total design and production costs were allocated to the two countries based on each country’s proportion of the overall MMH reach, while the dissemination costs were country specific. The total costs for both

BOX 2 COST COMPONENTS OF MMH

Developing the content

- Personnel time in preparation for and attending the YDC and training/production, including in-kind contributions.
- Apportioned conference costs associated with the YDC, including travel, per diems/stipends, lodging, conference costs, and catering.
- Training in video production, including travel, transport, per diems, youth stipends, lodging, training venue, catering, and smart phones.

Disseminating the content

- Personnel time of social media influencers.
- MMH launch event in each country, including tent rentals, catering.

Overhead

- Overhead costs allocated to the intervention.



the video production and dissemination on social media from November 2019 through October 2020 were \$31,233 in Côte d'Ivoire and \$13,748 in Niger.

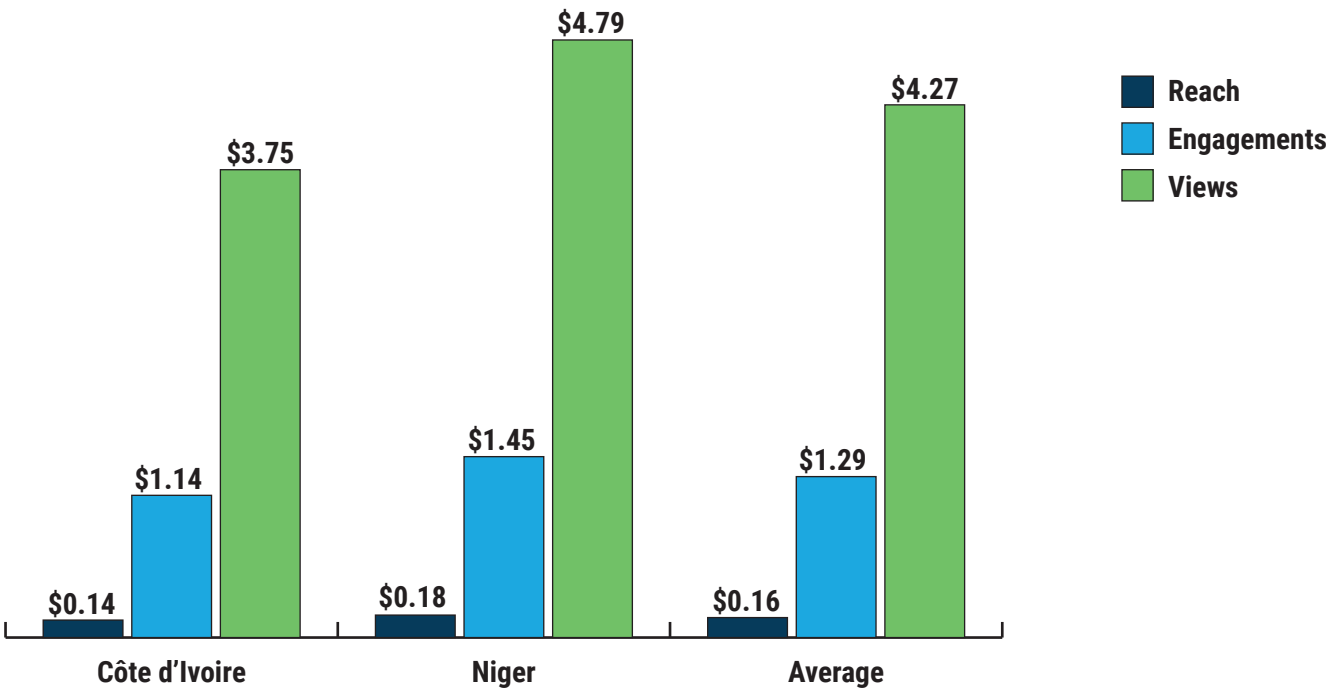
To examine unit costs, three denominators were selected: reach, engagement, and views. On average, the cost per reach was \$0.16, the cost per engagement was \$1.29, and the cost per video view over 30 seconds was \$4.27 (**Figure 2**). Unit costs were somewhat higher in Niger due to lower reach, which likely stems from lower internet access in Niger compared to Côte d'Ivoire.¹⁰

While no other comparable unit costs for SBC via social media were identified in the literature, the cost per reach is comparable to average unit costs for mass media, while the cost per view is closer to the unit costs for group interpersonal communication.³ In addition to the objectives of the social media campaign, the innovative strategy of involving youth from design through dissemination also built technical skills among youth in both countries. This is an important consideration to include when making future cost comparisons, as additional costs related to capacity building may be worth the investment when considering secondary objectives, such as those related to future livelihoods.

Moving SBC costing via social media research forward

At present, there is little known on the costs and cost-effectiveness of conducting SBC interventions via social media. With social media becoming such an important platform for communication globally, it is critical that we have a better understanding of how SBC interventions on social media impact health knowledge, attitudes, and behaviors. Costing should be embedded in effectiveness research to explore the cost-effectiveness of SBC via social media, both independently and for SBC interventions that include social media as one component of a broader SBC package. As new data on the costs and cost-effectiveness of SBC interventions on social media emerge, programs can use the information for budgeting and planning, as well as for allocating scarce resources most effectively.

FIGURE 2 MMH UNIT COST BY EXPOSURE LEVEL



REFERENCES

1. Kemp, S. 2021. "Digital 2021: Global overview report. 2021." Accessed April 28, 2021 at: <https://datareportal.com/reports/digital-2021-global-overview-report>.
2. Poushter, J., C. Bishop, and H. Chwe. 2018. "Social media use continues to rise in developing countries but plateaus across developed ones." Accessed April 28, 2021 at: <https://www.pewresearch.org/global/2018/06/19/social-media-use-continues-to-rise-in-developing-countries-but-plateaus-across-developed-ones/>.
3. Avenir Health. 2021. "Documenting the costs of social behavior change interventions for health in low- and middle-income countries," *Breakthrough RESEARCH Technical Report*. Washington, DC: Population Council. http://breakthroughactionandresearch.org/wp-content/uploads/2021/08/BR_UnitCostRepository_Report.pdf
4. Prince, S. 2020. "Youth thank their reproductive health heroes." Accessed April 28, 2021 at: [https://ccp.jhu.edu/2020/03/30/youth-reproductive-health-heroes-francophone/#:~:text=Through%20Merci%20Mon%20H%C3%A9ros%20\(which,in%20their%20reproductive%20health%20experiences](https://ccp.jhu.edu/2020/03/30/youth-reproductive-health-heroes-francophone/#:~:text=Through%20Merci%20Mon%20H%C3%A9ros%20(which,in%20their%20reproductive%20health%20experiences).
5. International Federation of Red Cross and Red Crescent Societies. 2020. "Malaria prevention through social media." Accessed April 28, 2021 at: https://communityengagementhub.org/wp-content/uploads/sites/2/2020/04/Malaria-and-social-media_Southeast-Asia-FINAL-with-NRC-Logo_1-May.pdf.
6. Horter, S. et al. 2014. "I can also serve as an inspiration": A qualitative study of the TB&ME blogging experience and its role in MDR-TB treatment," *PLoS ONE* 9(9): e108591.
7. World Health Organization (WHO). The tea on HIV. Accessed April 28, 2021 at: <https://www.afro.who.int/TheTeaOnHIV>.
8. Merci Mon Heros social listening campaign summary report: October 2020.
9. International Telecommunication Union. Bridging the gender divide. Accessed June 8, 2021 at: <https://www.itu.int/en/media-centre/backgrounders/Pages/bridging-the-gender-divide.aspx>
10. The World Bank. Individuals using the internet. Accessed April 28, 2021 at: <https://data.worldbank.org/indicator/IT.NET.USER.ZS>

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