

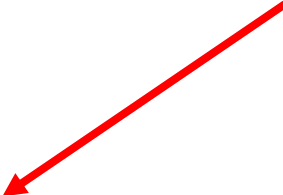
# Storytelling with Slides

- Slides that tell a story are more likely to be understood and remembered by your audience, especially if there are non-technical staff involved.
- A good story has several key elements that we should aim to include in our slides:
  - An **introduction** that lays out key details to prime the reader so they can understand what is going on
  - a **compelling middle** with clear points of interest (and pictures!) that is broken up into digestible sections, each of which should have its own takeaway message
  - a **conclusion** that recaps the key findings, answers key questions, and perhaps sets out the next steps
- Let's look at a previous example of MACEPA work for the Zambia NMEC that tells a story, highlighting key elements as we go.

# Introduction

- Here we work through a data-driven approach to stratification and sub-national tailoring of malaria interventions in Zambia
- We focus on 3 key malaria interventions
  - PBO nets
  - IRS
  - CHWs
- Decisions of where to implement different interventions are based on past intervention coverage, malaria burden and between-province equity

Introduction very clearly outlines the purpose of the presentation, what kind of data we are going to look at, and what the decisions coming out of it will be.



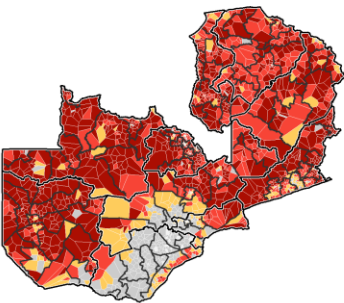
This about who your **audience** is

- How much of the context do they know?
- What acronyms are they familiar with?
- How much detail would resonate best with them?
- Are they more interested in the methods or the results?

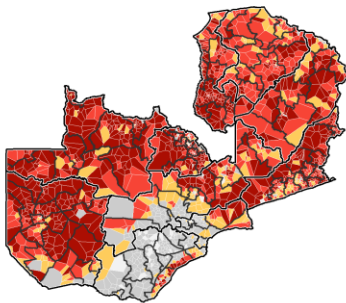
# Overview of HFCA-level changes in malaria burden

## 2017-2021

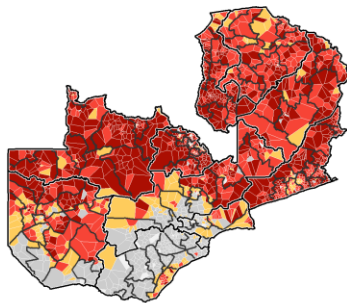
2017



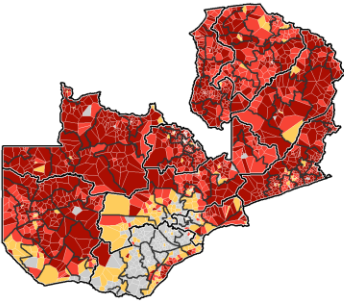
2018



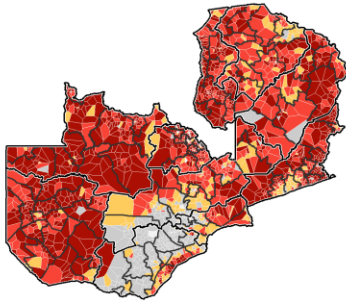
2019



2020



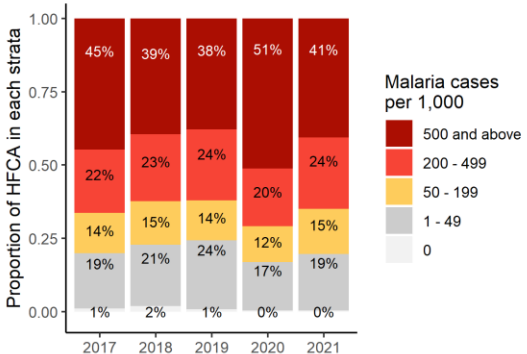
2021



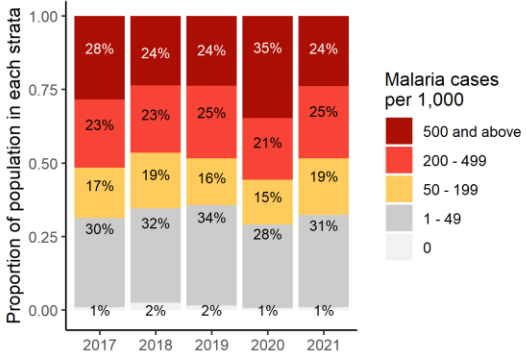
Malaria cases per 1,000

0	1 - 49	50 - 199	200 - 499	500 and above
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Proportion of HFCA in each strata



Proportion of population in each strata



Big, clean figures with well labeled axes and legends combined with a simple title allow for slides that don't need their own text. This slide can be clearly explained by a presenter or shared for external review without additional context. Plan your verbal (out-loud) sentences to draw the reader's eye to key messages.

Clear aim with identifiable numeric goals

Making your approach clear but not spending too much time on it is the ideal balance. Short digestible sentences, should be half a slide max.

Stating your assumptions for an analysis is very important. These are often the hardest elements to communicate because they are considered more important by the modelers than by the people listening to them.

## Step 1: Targeting IRS

**Aim:** Based on the NMEC plan to target 600,000 structures in the 2022/2023 transmission season, we want to identify the HFCA to target with IRS to ensure high impact, high coverage, and equity between provinces

### **Approach**

*Starting with a district level analysis*

1. Identify all areas in the strategy that could have IRS (levels 3,4)
2. From these select areas that had high IRS coverage in the last 2 years
3. From these, select the districts that had both high IRS coverage and the highest malaria burden

*Then moving on to a HFCA level analysis*

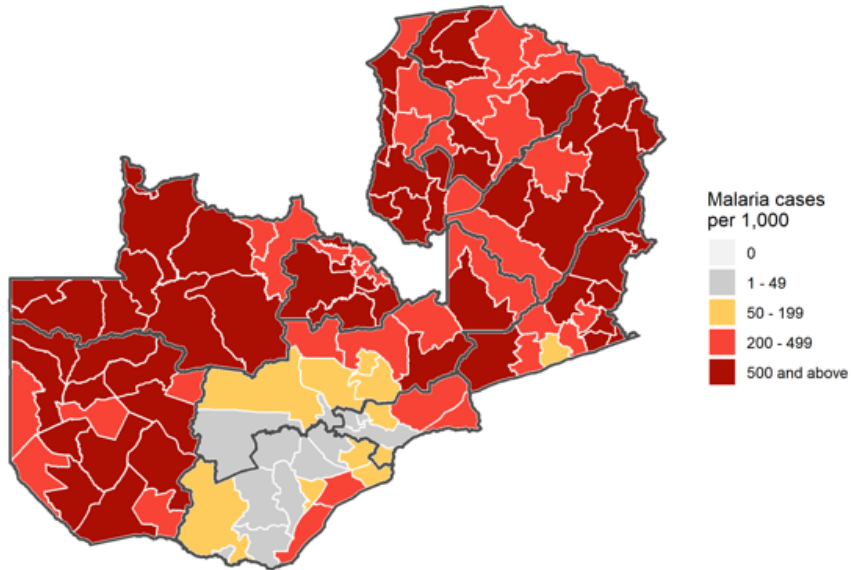
1. With the districts targeted in point 3 above, map IRS coverage at the HFCA level to further identify areas that had high IRS coverage in either of the last 2 years
2. Rank areas based on coverage and burden, and select the top X HFCA that make up X% of the population
3. Add in additional criteria to ensure there is some level of equity between around how much IRS each province receives

### **Rationale/assumptions for analysis:**

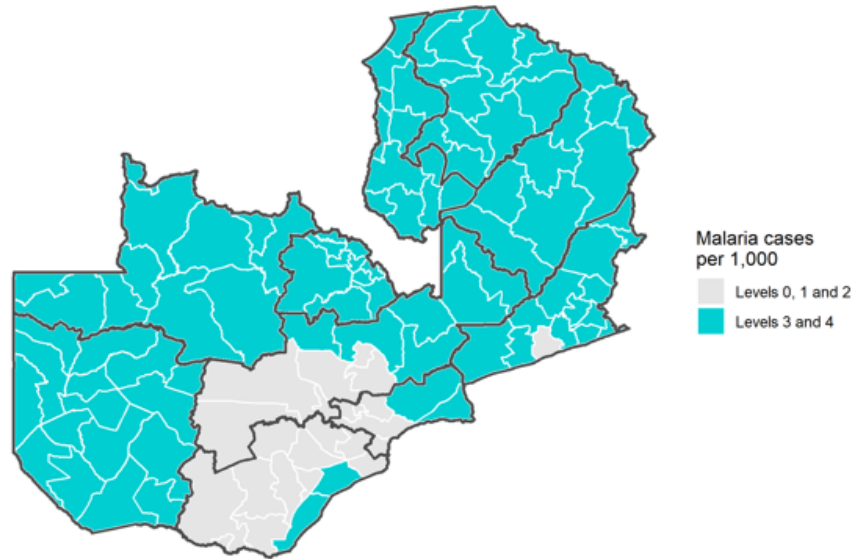
- *IRS is likely to result in the greatest burden reduction in the highest transmission areas*
- *Spray areas that have conducted high coverage IRS in the last 2 years are likely to be able to conduct high coverage IRS again the future*
- *It is operationally unfeasible to conduct IRS in every district based on commodity supplies, or to target just a few HFCA across every district, therefore identifying target district and then within these districts, target HFCA allows for a targeted yet operationally feasible strategy*
- *It is important to ensure some level of equitable IRS coverage between provinces, rather than just target all resources to the highest incidence provinces, therefore we impose that each province receives at a minimum 5% of the national IRS commodities.*

**District level analysis: Malaria incidence strata in the 2020/2021 transmission season and all areas that fall into levels 3 and 4**

Malaria incidence strata  
2020/2021 transmission season



Districts in levels 3 and 4  
2020/2021 transmission season



This title both explains the graphs and also identifies where we are in the process identified in the previous slide.

*This step identifies districts that have the highest malaria burden and may benefit from IRS the most*

A label detailing what the purpose of this step is exactly boils down the slide into one sentence.



This is a complex slide but it sets up an important element of the final takeaways. The caption clearly explains what the plots are showing in one sentence.

### IRS coverage data from 2020 and 2021

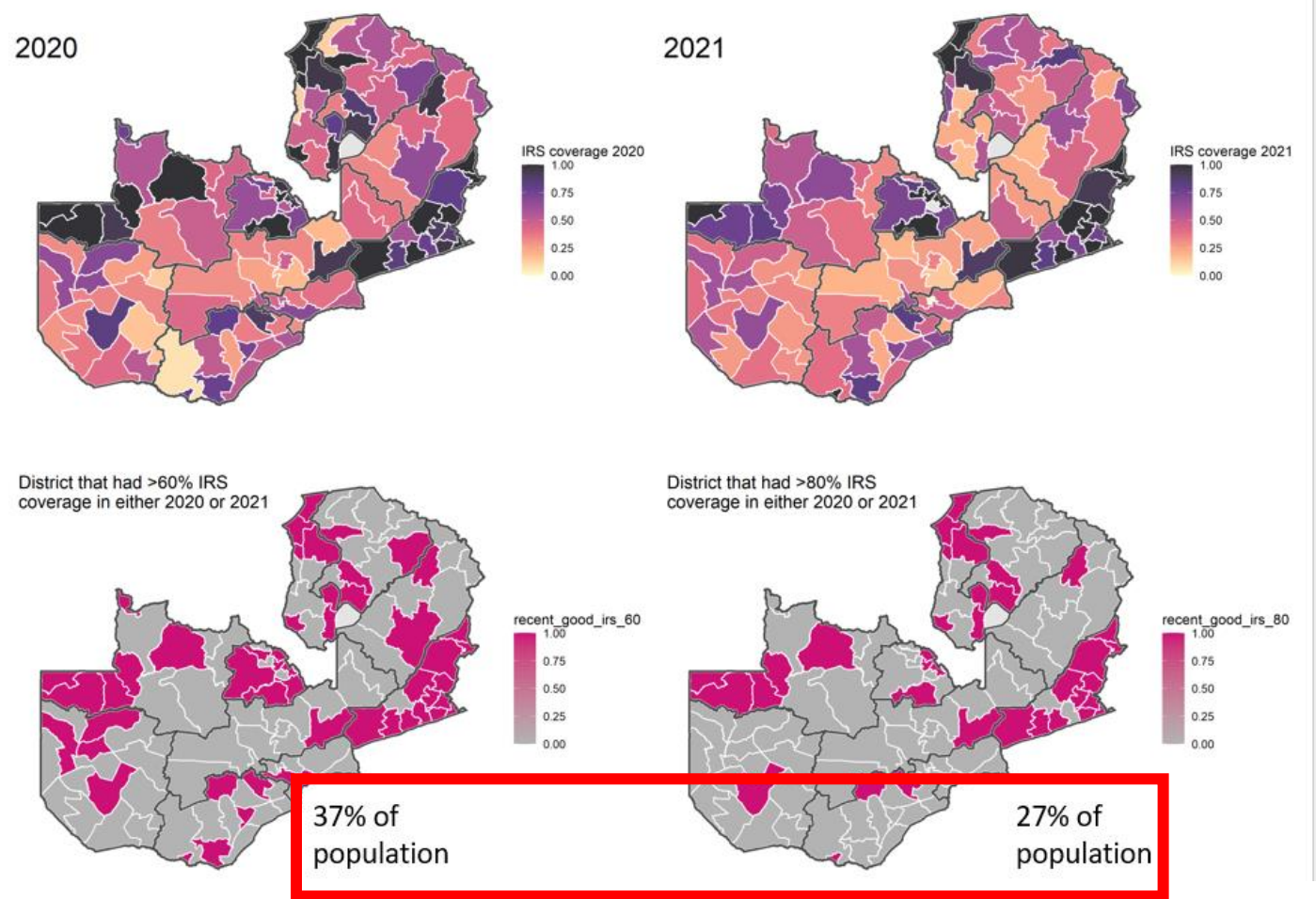
Here we show the IRS coverage levels from the last 2 years

In the lower row, we highlight either:

- Districts that had **>60%** coverage in either 2020 or 2021
- Districts that had **>80%** coverage in either 2020 or 2021

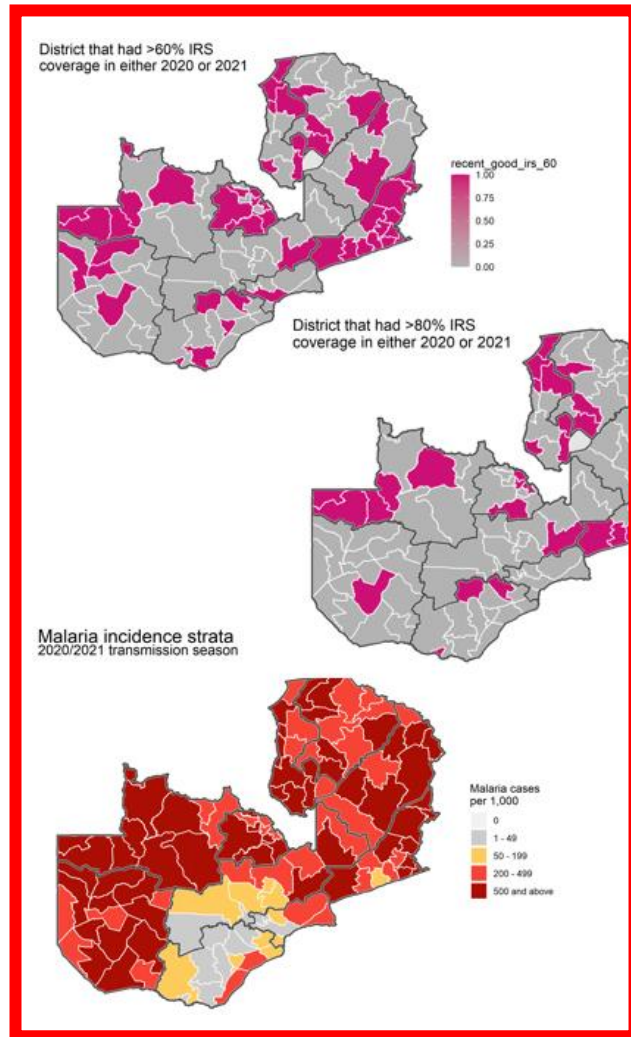
*This step identifies districts that have the capacity for high coverage IRS programs*

Clear and short identification of the purpose of this step/slide



These annotations outline the stakes or the importance of the maps. If we don't quantify the takeaway from the chart, it won't resonate with decision makers. Think about what a useful value/statistic is to draw out from your graph to help with the explanation of the graph

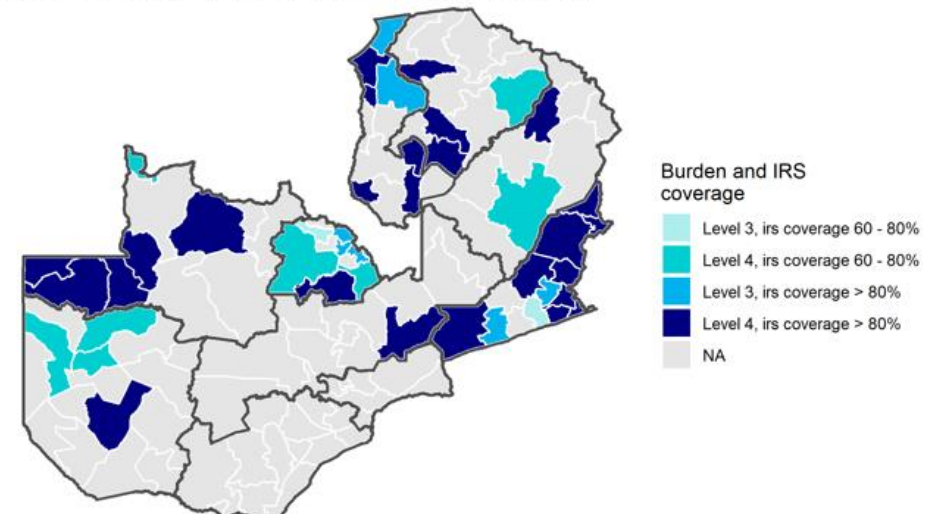
These smaller plots from previous slides show the throughline of how the targeting criteria have evolved. A consistently identifiable theme that builds throughout the presentation helps to reinforce the message.



## Districts that had both high IRS coverage and the highest malaria burden

By combining information of IRS coverage and malaria burden, we define 4 new strata for IRS suitability based on both high burden and high historical coverage

Malaria incidence strata (2020/2021) and IRS coverage (2019/2020 or 2020/2021)

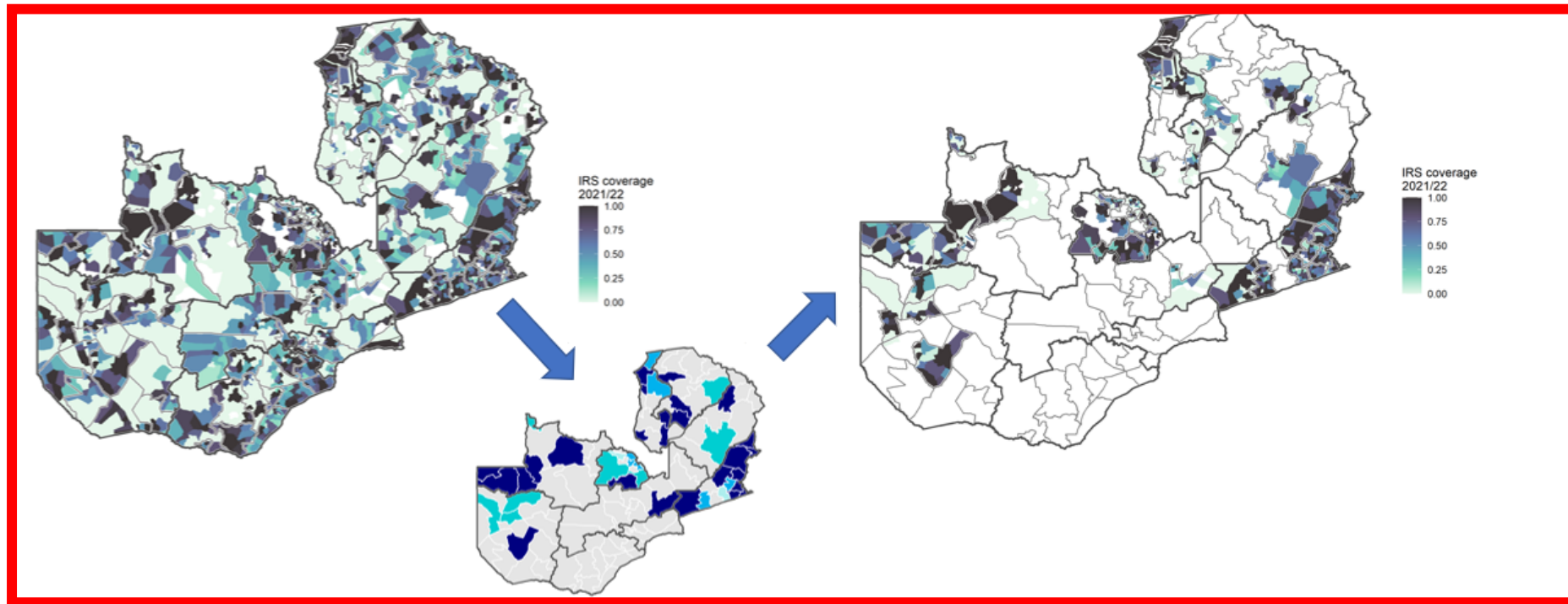


On the next slide we can drill down into population residing in each of these IRS/burden strata

Seeding the next step in the process allows you to keep the presentation flowing while reinforcing the link to the message you've been building.

## HFCA-level analysis 1: Malaria incidence strata in the 2020/2021 transmission season and all areas that fall into levels 3 and 4

The plot on the left shows HFCA level IRS coverage (using spray area population estimates from Akros)  
Combining this with the target districts identified previously, we now have the following HFCA to select from



Don't be afraid to use arrows, shapes, and other annotations to show how one step in the process can lead to another! These illustrations greatly enhance readability while minimizing text on the slide.



## Step 2: Targeting PBO nets

**Aim:** To identify the HFCA and populations that should receive PBO nets to ensure all population have access to some form of vector control

**Approach**

Simply identify and quantify all HFCA that will not receive IRS

**Rationale/assumptions for analysis:**

- *There is adequate budget to procure all PBO nets (i.e. no standard LLINs)*
- *All individuals should have access to some form of vector control*

*Option: scale back mass PBO LLIN distribution in very low transmission urban areas*

**Approach**

Estimate the potential number of LLINs 'saved' by assuming that in low transmission urban areas, LLINs are only distributed to individuals presenting at health facilities with malaria

**Rationale**

- *Scarce resources to procure malaria commodities could be better invested in area with higher malaria burden and/or areas with lower access to treatment*

Similar to the last "Step" slide, keeping the consistent headings of the aim, the approach and the rationale/assumptions. This signposting helps to ground the viewer in the process.

Presenting multiple options in a similar format can be useful for comparison.

## HFCAs targeted for PBO nets, number of people needing a net, and number of nets needed

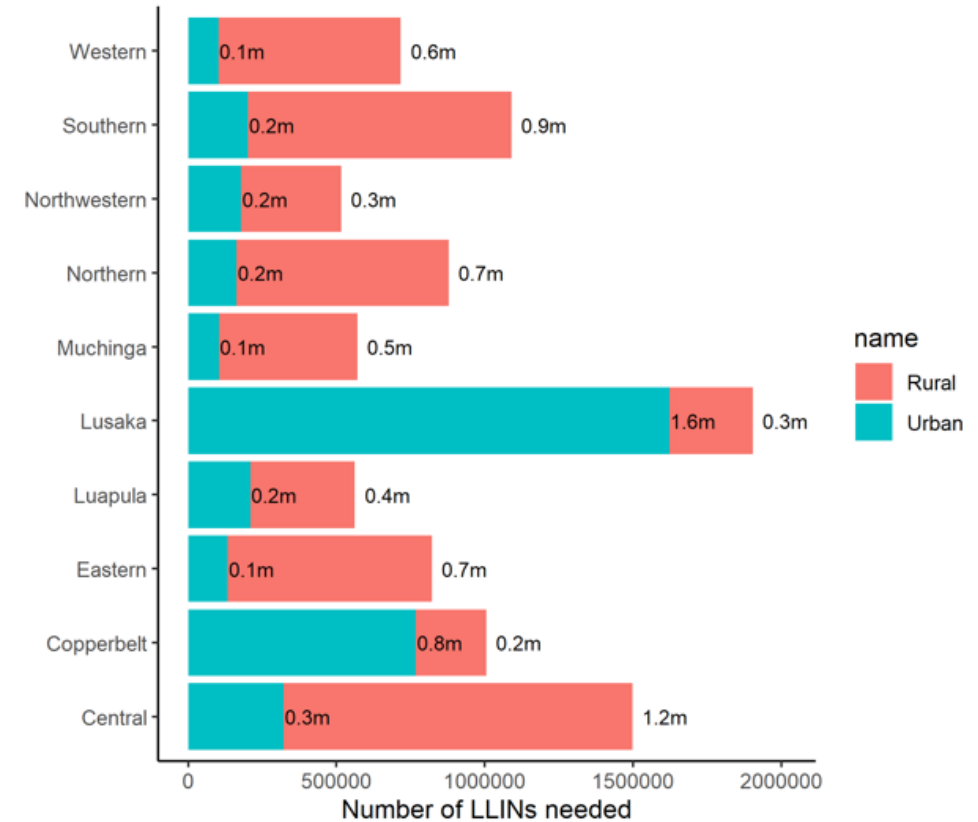
We can also break down this estimate of the number of nets needed into rural and urban needs per province

Nationally, this adds up to

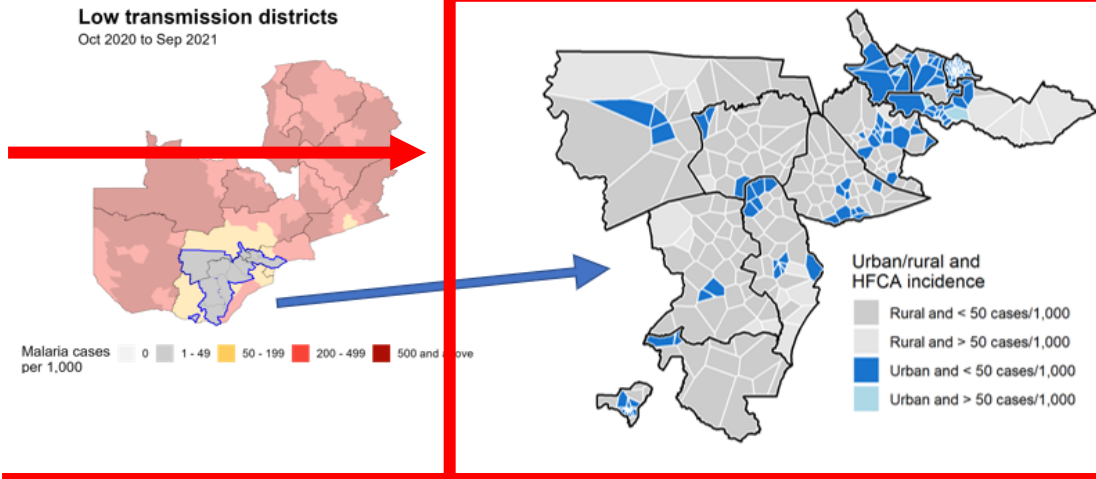
**5.8m nets needed for rural residents**  
**3.8m nets needed for urban residents**

The bolded takeaway messages have been boiled down to very concrete numbers that can be explained in more detail later.

Q: What other key messages could be highlighted from this graph?



## Potential number of nets saved by not doing mass LLIN distribution in low transmission urban areas (and switching to reactive distribution to symptomatic individuals)



Approximately **3.5 million individuals** reside in the darker blue areas (urban and low transmission)

### Stopping mass LLIN distribution in low transmission urban HFCA

If mass LLIN distribution was stopped in these HFCA, **1.94m fewer LLINs would be required** (assuming 1 net per 1.8 individuals)

### Replacing mass LLIN distribution with distribution to symptomatic individuals at health facilities

In the 2020/2021 transmission season, there were approximately **29,000 malaria cases** amongst these 3.5 million individuals in the dark blue HFCA

Therefore, if LLINs were just distributed to individuals with symptomatic malaria, **29,000 nets would be needed** – considerably less than the 1.94 million nets needed in a mass campaign

Graphical inset follows the same formatting of the previous maps and is shown directly coming from a highlighted area of a previous figure to emphasize the logical throughline of the earlier slides.

The different scenarios are in bold to guide the discussion, while the takeaway message is clearly highlighted.

This is a very actionable and clear insight for a policymaker, that explains the benefits of the proposed approach from the slide title.

# Step 3: Identifying the number of new CHWs needed to achieve national targets

**Aim:** To estimate the number of additional CHWs needed to reach national coverage targets

## **Approach**

We quantify the total number of registered CHWs on DHIS2 and the total number of 'active' CHWs reporting data into DHIS2. We then estimate how many additional CHWs would be needed to achieve national targets

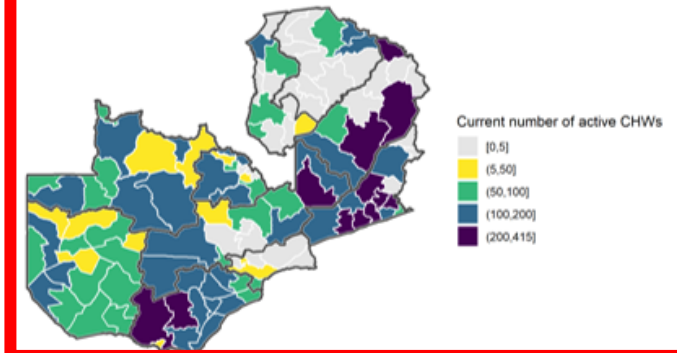
Same aim/approach/assumptions framework used throughout the presentation

## **Rationale/assumptions for analysis:**

- The national coverage target is 1 CHW per 500 population in rural areas and 1 CHW per 2,000 population in urban areas
- An 'active' CHW is currently defined as anyone who has submitted 3 or more data reports into DHIS2 in any one year since 2018
- For each district we use rasterized population data to estimate the proportion of the population in each district that reside in urban, peri-urban and rural areas

These assumptions make sure to highlight the methods choices that most impact the analysis and interpretation of the results.

Number of current active CHWs based on any CHW registered in DHIS2



A quick graphic makes sure that everyone has an understanding of the current country trends.

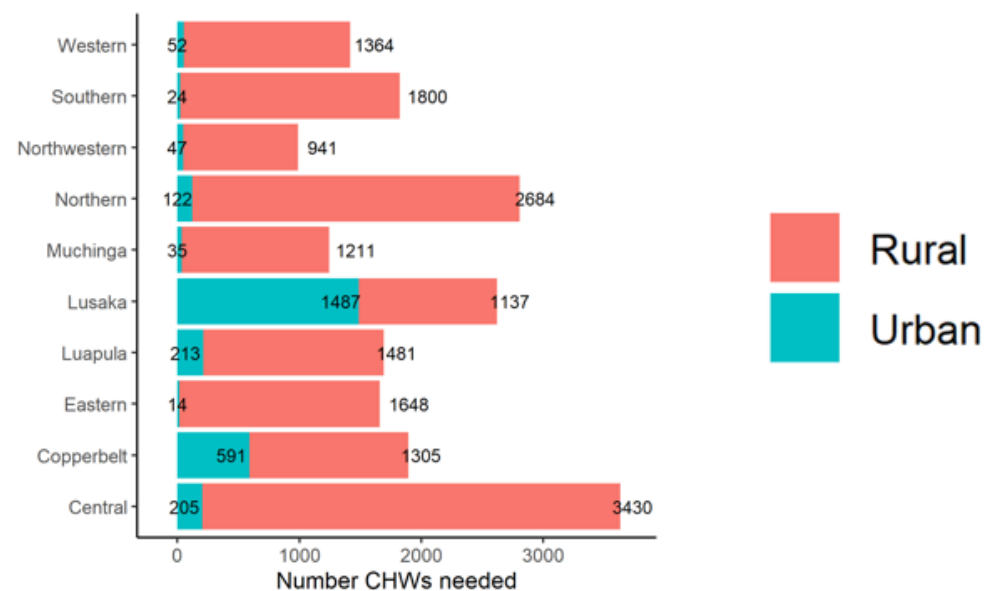


If a slide deck is shown multiple times, it can be helpful to highlight where and why changes are made between versions.

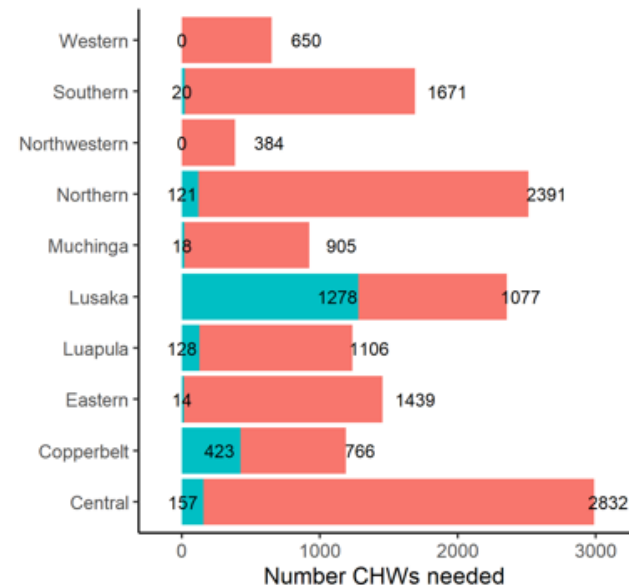
UPDATED 29<sup>TH</sup> JULY – WAS NOT ACCOUNTING FOR NA'S PROPERLY IN DISTRICTS WITH NO ACTIVE CHWS...

# Number of CHWs needed to meet national targets of 1 CHW per 500 rural population and 1 CHW per 2,000 urban population

Number of CHWs needed to meet national targets  
CHWs with >=3 monthly reports in DHIS2 in a year any time since 2020



Number of CHWs needed to meet national targets  
based on any CHW registered in DHIS2



An additional 19,793 CHWs needed to meet national targets based on current active CHWs

An additional 15,380 CHWs needed to meet national targets based on all CHWs in DHIS2

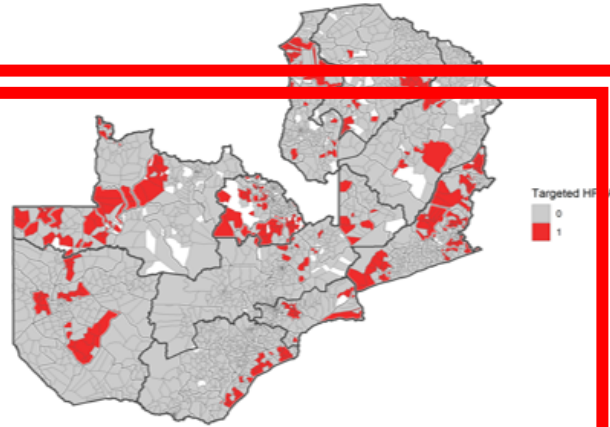
The total numbers for both scenarios are clearly outlined for the country and for each province, making the takeaways actionable.

A good conclusions slide includes high-level story “beats” from each subsection of the presentation, reducing each to a key take-home message that can be easily remembered.

## Conclusions

### IRS

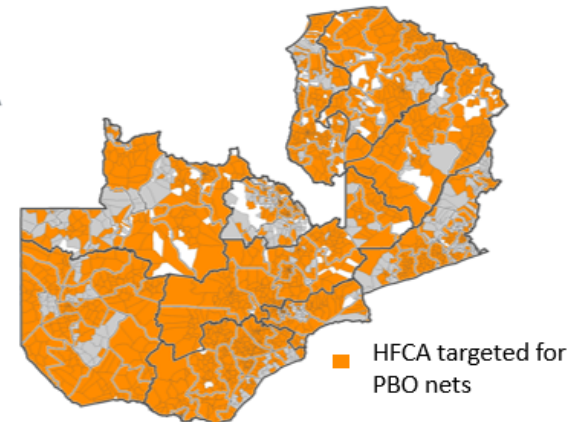
An IRS strategy that targets areas with high burden, good historical IRS coverage, alongside a focus on equity between provinces



~ 600,000 structures targeted

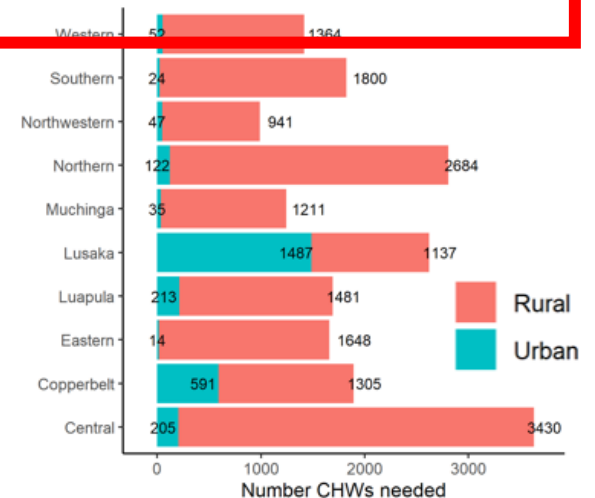
### LLINs

Assuming all HFCA that do not get IRS get a LLIN results in an estimated **9.6m** nets needed. If low burden urban areas only receive reactive distributions to symptomatic individual, **7.7m** nets are needed.



### CCM

Assuming a national target of 1 CHW per 500 rural population and 1 CHW per 2,000 urban population, an additional **19,793 CHWs** are needed



Choosing a champion or standout graphic from each section to highlight will help the audience remember the process that led to the final output.

# Overall Takeaways (1)

- Always think about your **audience**
  - How much context do they have of what you're presenting to them
  - What acronyms/jargon do they know
  - How long is the talk and how much detail should you go into
- How will the slides be '**consumed**' – if you're planning to present directly, you can keep slides more sparse and plan to speak more of the key messages and details, however, if it's a deck that will be email
  - And where is it being presented? If it's in a large room and/or on a bad projector, make sure to focus on make all text readable
- Keep it **concise** – most audiences aren't interested in the wrong turns you took to get to the interesting results – this about what they *\*need\** to know
- Remember not to overwhelm your audience – most people go away from a talk only remembering a couple of key points – make sure your conclusions are concise and cover your **key messages**
- Think about what the **key message of every slide** is, and edit the graph to ensure that message is clearly portrayed - use bold, different colors, different graph style to make your point, make the main results of the slide the title?

# Overall Takeaways (2)

- Use **colored text boxes**, bold text, and standout graphics to highlight your key messages on each slide. Each slide can be summarized in a sentence.
- Being **consistent with your terminology** and your slide set-ups across sections will help readers remember your key messages. If you are inconsistent, people will just latch onto those perceived mistakes and ignore your key points.
- **Using labels creatively** to reduce text helps readers focus on your figures.
- Prepare **1-2 sentence verbal accompaniments** for the key point of each figure that could be distilled just by looking at it.
- Break your presentation into **relevant sections** that can each be summarized in your conclusion slide. Signpost these sections clearly throughout the presentation.