



“Funders taking the time to understand, that's what builds trust.”

A Conversation with Roy Head of [Development Media International](#)

Carolyn Robinson
March 5, 2025

Carolyn Robinson: Can you introduce yourself and tell me about the journey that brought you to this work?

Roy Head: My name is Roy Head. I'm the CEO of Development Media International. I was a documentary maker for the BBC, but I left that fairly quickly and went to work for the United Nations (UN) setting up a radio station in Cambodia and then a TV operation during the war in Bosnia and Croatia. As a result of that experience, I was convinced that what mass media could do in conflict situations was limited. There were bigger forces at work in conflict situations. Guns, bombs, international relations. These are more powerful forces than simple behavioral changes. When I left that experience, I was convinced that I wanted to work to put media to use, but in a field where it could be useful.

Health seemed the obvious one for that because health is very susceptible to behavioral changes. People can change their own health for the better. They can certainly change their own kids' health for the better. I went to the BBC, and I went to the World Health Organization and said, let's try and professionalize health communications because there's a lot to be done.

Then I ran what has become BBC Media Action, the health division, for eight years. It was called BBC World Service Trust, at the time. I enjoyed that process, but realized that the BBC's main priority was making good programs, and it always will be. I wanted to either work for an organization or create an organization where the priority was first and foremost saving lives and improving health— that was it.

I spent a year persuading the BBC World Service to carry HIV AIDS spots, which is incredibly efficient. Reaching 140 million people from one building in the middle of

London, it was extraordinary. At the end of that, a man I greatly respected, he was the head of the Africa service, said, 'we're not going to do this anymore. We are not comfortable with the idea of saying there's one side to AIDS prevention.' The Catholic Church has a very different perspective on condom use, for example. The BBC is about balance. It's about presenting all sides of the story. What we've done with DMI is adopt a more scientific perspective and try to build the evidence that this does save lives and prioritize that over and above everything else. We began in 2005.

Carolyn Robinson: What do you think is distinctive about your approach to health communications?

Roy Head: What's distinctive about our approach is the scale at which we do it. We broadcast typically 10 times a day, 365 days a year. We use advertising techniques. We use spots. We broadcast them over and over again. Our job is to do two things with those spots. One, make sure they address the barriers to behavior change in a precise way. Two, to make sure they're broadcast in every corner of the country and that we use the right broadcast.

The logistics aspect. It's a lot of work. It's a lot of expenses. It's a lot of effort to make those calculations work out [to determine] who's got the audiences. Which of these 1000 radio stations have actually got the audiences? You have to do that analytical work. Then you have to do the legwork of developing relationships with those broadcasters and make sure the message gets out there. If it doesn't get out there, it has no impact at all.

We put a lot of value in getting the message out to people and focusing on that. The other aspect is the research/creative side. These two things go together. We've adopted some new techniques. Instead of doing focus groups and trying to work out what the barriers are to people changing their behaviors. We use survey techniques where we elicit the list, and then after that, we quantify the relationship between particular behaviors and particular beliefs and people who've actually changed their behavior. We try to put these two things together in a very quantitative way to work out the actual key to changing behavior.

What are the behaviors and beliefs which most correlate with changed behaviors? By doing that, we're trying to combine the perspectives of communities. This is what people are believing, feeling, thinking, with a more scientific way of eliciting and understanding that. Rather than taking a stab in the dark. What our creative staff can do with a particular message is incredibly important. What we need from them is to apply those creative skills to the very precise barrier to behavior change that we're facing.

Carolyn Robinson: Can you share more about the scope of your operations.

Roy Head: We've done work in Brazil and in India, in the past. But now we are focused entirely in Africa. We are in eight countries in Africa. Burkina Faso, where we started. Tanzania, Zambia, Malawi, Ethiopia, Mozambique, Madagascar, Uganda. We have about 25 staff members in London. We have about 85 staff members worldwide. We have offices in those countries.

Carolyn Robinson: What's the thinking behind focusing on Africa?

Roy Head: The reason for that is that at the very beginning of DMI, I remember having a conversation with the lead scientist at [Wellcome Trust](#) about how many lives I could save. He said, "Look, if I were you, I'd look at child health because child deaths, there's a lot of them. You can measure this easily. There are standard techniques for measuring it." We did our first scientific trial. This is what DMI is. What we are known for is a very scientific approach to evaluation. We did a randomized control trial in Burkina Faso, which was the first successful trial to show that mass media can change behaviors.

We did that for child health. We measured child health because it's much easier to measure child deaths than adult deaths because there's more of them. Then we've carried that on. From a human perspective, saving a child's life feels like a good thing. From an economist's perspective, you save my life, you are going to add an extra 30 or 40 years to the world of human life. You save my son's life, that's going to add probably another 90 years to the world. It's from an economist's perspective, but it's also a very dry way of looking at it. It is a good thing to do [saving children's lives]. There's so many children still dying.

Carolyn Robinson: Can you share any plans you have for growth? Are you thinking of expanding to other countries in Africa? The logistics of what you're doing seems quite labor intensive.

Roy Head: Things are in flux at the moment because of what's happening to USAID (The United States Agency for International Development). We're looking around us and seeing a lot of our competitors decimated. That's not just our international competitors but also local organizations. The need for this work is going to grow. At the same time, the funding is not going to grow, not in the immediate future. We are in the middle of looking at how we can expand and use different models. I can't say too much about this at the moment, but using different models to try and work in neighboring countries.

We're already in eight countries. If we can work in neighboring countries and work in a much more cost effective way, ideally building capacity within governments to do this work—that would be valuable. This is something we're exploring at the moment, but we're not there yet. It's the direction we need to head in. That is, how to do more with the same resources.

Carolyn Robinson: Is the idea to work with governments to scale?

Roy Head: That's the holy grail, working with governments. In Europe, governments do this work, though not on a very big scale. The British government doesn't do massive media campaigns on public health. That's because a lot of the key messages are fairly well understood. People understand when they should take their kids for treatment.] Whereas there's a lot of ground to cover still in lower income countries. There is still work to do.

Carolyn Robinson: Could you share an example that illustrates the impact of your work and how you know it's working?

Roy Head: We were very conscious that we were in the public health arena, and the whole public health arena is dominated by epidemiologists, by health economists, people who can tell you that this works, this drug works, that we've done a randomized control trial on this drug, and it works. We've even done it on bed nets, and it works. They've done it for almost everything. Then mass media was coming along very big, very expensive, and saying, we are important too.

People have an intuitive sense that mass media is powerful, but does it work? On what scale? Is it more useful than a hospital? Is it more useful than a bed net? These crazy questions come up. We didn't have a way of answering them. There had been four randomized control trials [about the effectiveness of the campaigns] before us, and they were all in the states, and they all failed.

These trials tested whether mass media campaigns were attached to public health issues. They were attached to either heart disease or smoking, and they all failed. They failed because it's very difficult to do a randomized controlled trial for mass media. It's basically because you can do one in America, you can do a campaign in New York and do a campaign in Boston and have Los Angeles and Cleveland as controls. Sure, you can do that, but you have to leave out CNN, ABC, NBC, Fox, Disney and Discovery. You have to leave out all the national channels and broadcast on local channels.

Local channels get about 10% of the audience. [Therefore] you are sacrificing the whole point of mass media, which is reaching millions and millions of people in order to satisfy this research design. You're having to broadcast a little bit on these channels people aren't watching. We went to Burkina Faso, and we did a major, randomized control trial (RCT). It cost \$12 million. Burkina Faso was a country where they had lots of local radio stations, and national media reached almost nobody, less than 10% of the population.

National media broadcast in French, most of the population were listening in local languages.

The Burkina government had facilitated this [effort]. They strongly believed in local private media. We did a randomized control trial. It was a three-year broadcasting campaign. At the end of that, we knew that the increase in malaria treatment was 56%. We knew that the increase in pneumonia treatment was 39%, and the increase in diarrhea treatment was 73%. That's proven, and it's the first ever results to show that mass media can change behaviors. Using modeling, we can estimate that resulted in a 9.7% reduction in child deaths the first year.

Then we did a second trial. It was evaluated by [Rachel Glennerster](#). It showed a 6% point increase in contraceptive prevalence or a 20% relative increase [following these campaigns]. That's a fairly big shift in people using contraception to go up by 6% points. We've got these two RCTs under our belts, which prove definitively that mass media can change these behaviors.

Carolyn Robinson: Everyone learns as much from things that don't work as things that do. Could you describe something that didn't work but that you ultimately learned from?

Roy Head: Earlier in my career when I was at BBC, I set up a leprosy campaign, which resulted in 200,000 people being treated in India. I thought, got this sorted out. This is great. The WHO (World Health Organization) came to me and said, "Can you do this for polio?" I said, "Of course we can." We did a polio campaign, and it was a disaster. It was a terrible failure. The reason it was a terrible failure was that, something like polio, which in India, on national immunization days, they're already reaching 110 million children. The missing children were the last 10%. In fact, smaller than the last 10%.

Mass media is a lousy tool for reaching the last 10%. We were a good tool in India for reaching the first 60%. If you are in Senegal, you're a good tool for reaching the first 85%. If you are in Britain, you're a good tool for reaching the first 95%. You are a lousy tool for reaching those last few. That had to be done door-to-door, had to be done through interpersonal work. It was a strategic blunder, which I made. It made me aware and reminded me of the limitations of mass media. You have to be careful how you use it and be strategic in how you use it. Also just because it works well for one thing doesn't mean it'll work well for everything.

Carolyn Robinson: You mentioned the last 10% with campaigns. Do you consider going to the last mile or have you found it more effective for community health workers or another behavioral change strategy?

Roy Head: We're an inefficient tool for reaching the lowest percentile of the population. You can attempt to do it, but in most of those attempts, the money would be better off spent on health workers, for example, or on outreach. We can help those health workers. We can put tools in the hands of the health workers. For example, a health worker is going around talking about contraception, and whether or not that person is successful depends greatly on how articulate they are talking about sex, but not everybody is. It's a difficult subject, particularly in conservative communities. We can arm them [with the tools to be successful].

Most health workers already have mobile phones. We can put little videos on to explain this stuff. We can put it into the right language. We can put it into any language and explain it, sometimes using animation, sometimes using testimonials, but in a way that people can understand. We can help in that way. Something that I come across that I don't believe in sending is, for example, street theater out or video bands out. These are incredibly expensive. These are inefficient channels. It's best to work through existing structures such as health workers. They've already got phones. You put some software into those phones and some films. The school system, which already exists, you put something through those channels and rather than inventing new channels that reach 100 people at a time. That's not efficient. That's not cost-effective.

Carolyn Robinson: Thinking about the support that you've received, what has been helpful to you in terms of growth and sustainability?

Roy Head: The funding that's most useful to us is exactly what Rippleworks has done. This sounds like what everybody would want, wouldn't they? When you get funding that's unrestricted, that helps you most. The reason that's the best for us is we [allocate funds] in a very mathematical way. We analyze using the data that's come from our RCTs, we know how and to what extent we can change behaviors, and then we look at the countries and we use a tool called the Lives Saved Tool. It's an epidemiological tool.

That will tell you, if you increase malaria treatment by 10% in the Congo, this is how many lives you'll save. That's what the tool does. It brings together all the data from DHS surveys and all the data that we have, and all the data from all the randomized control trials that have been done. It is a very useful tool.

What we've done is look at every country in Africa. We've triaged it.

We [rule out] countries that have security problems because we are not set up to deal with that. It costs us much more to work in insecure areas. We don't want to risk deaths in our own team. We [rule out] the countries that are tiny because that's not cost-effective for us. We [rule out] countries that are already too rich. We also [rule out] countries that are incredibly expensive to work. In Kenya, for example, the airtime is

extraordinarily expensive. It's in the millions of dollars to pay for airtime for the campaigns that we do. Whereas the airtime in Burkina Faso cost \$150,000 a year to broadcast every day of the year, 10 times a day, on every important radio station. There's a gigantic difference in cost.

Once we eliminated those outliers, we [assessed] 16 countries. We modeled them. We looked at our costs to do these campaigns in these countries. We looked at how many lives we can save in those countries. We simply have a hierarchy. Top of our list is Tanzania. It's roughly \$300 per life saved in Tanzania. We work down that list. We allocate money in that way. We are fairly unusual in our mathematical obsessions and making sure that we are [focused on] how many lives we can save. The philosophy underpinning it feels sound to me.

We strongly agree with the Gates Foundation. As you walk into their offices, [it states] all lives are created equal. I profoundly believe that's one of the most true statements that you can make. If all lives are equal, then if we have \$5 million, allocating that \$5 million where we can save lives for \$300, \$400, \$500 is more sensible, more just, than allocating it in countries where it costs \$2,000 or \$3,000 per life. That's what we do. We allocate this money where we can save the most lives. That's the rationale behind asking for unrestricted funds.

It's caught on. One of our funders told me to stop being so apologetic about it and to sell this idea to funders. Rather than patching together a little bit of this country and a little bit of that country in an awkward jigsaw. Instead, we say, 'this is what we want to do with it; please give us money.'

Rippleworks has given us a lovely, huge grant, and that's been welcome. We've had from other funders as well. Our unrestricted funding was about \$600,000 a year. It's gone up to about \$4 million a year. We're happy with that.

Carolyn Robinson: Can you share more about your experience with Rippleworks, project support, the Talent Grant or other experiences. What was the impact of it?

Roy Head: The Talent Grant is an incredibly useful grant. So far, we talked about lives saved, how we measure it, what we're going to do with it. It's all about impact and outputs, and rightly so. What Rippleworks does, as well, is to peer under the bonnet of the engine and have a look at what you're doing with this. It came at a beautiful time for us. We set up something called, Africa Leadership Group, which is that instead of simply having our country leaders as a discrete set of managers, we wanted to recognize their accumulated experience, which is so different from the experience that we have day-to-day working out of London. We formed a leadership group and two

weeks later [we received an opportunity] for the Talent Grant and it could be used to support these things.

One of the things we will spend that money on is bringing this group together once a year internationally. Not just on teams, but we can bring them together as a group, where we discuss strategic things for DMI. We're also trying to ensure that as much as possible can be managed in-country rather than in London. We've delegated a lot of new tasks to our country offices. So being able to support that as well is a good new use of that grant.

Carolyn Robinson: Rippleworks is focusing on these specific types of internal capacity building. Would the timing of the support you received make any difference or did the funding model have any other gaps or shortcomings?

Roy Head: The timing in our case, just some luck. It was perfect. It hit us right at the right time. I've got no improvements on that. I think it was generous, and it's a large grant. It's a \$500,000 grant. You can do things with that. You can beef up the things that you wouldn't otherwise be able to do. We allocate our money on doing the campaigns. That's our bread and butter. That's what we do. Then, we're able to make the engine more powerful by making the staff more capable and the synergies between the staff deeper and more profound, then that has a positive impact.

Carolyn Robinson: That's wonderful. In general, where does your funding come from? Is it foundations, grants, private-sector, governments, a mix of all of it?

Roy Head: Most of our funding comes from foundations. I think that, because we are data-driven, we appeal to foundations who are: very much interested in impact, and interested in measuring impact. They can quantify it as well. We are very much in that mold. [The Big Bang Philanthropy](#) funding group has been very generous to us. We've had a lot of funders from that group. We've also had funding from the Wellcome Trust, which is the UK's biggest foundation. It's a science foundation, and we've had two major grants from that. We also had a major grant from the British government to do family planning work.

We've done our second randomized controlled trial, which was on family planning. We were part of a consortium begging for a large grant, £125 million. We had a £12 million chunk of that, and it enabled us to expand. We got it just as we got the results from the randomized controlled trial. It was a beautiful scale-up. We got the trial, the trial said it worked, and then we were suddenly able to expand into seven countries on family planning. That worked well. We haven't got British government funding now [...] the British government funding in general is being cut from 0.5% to 0.3% of GNP (Gross National Product).

We've not had much USAID funding at all. We had some DIV funding, which is a research grant for that second RCT, but not much. Almost all of it has been foundations. There's a real fit there. We speak the same language. We believe in the same things as many of our supporters.

Carolyn Robinson: What are some of the challenges in the funding environment, now? What have been the biggest challenges that you've had historically and currently with the support that you've received from your funders?

Roy Head: One of the challenges is the obsession with the new. New technologies. For example, in our field, if you haven't got a new technology element to your offer, people think you're old-fashioned. Radio dates from the 1920s. How can that possibly be the most powerful medium in Africa? It is. I'm sorry. It still is. Now, not in every country. There are a few countries where television predominates. There's a few in Southern Africa, in Ghana, in Senegal, in some of the Northern African countries. In the majority of the Sub-Saharan African countries, radio remains, by far, the most listened to and the most watched medium. Typically, you're reaching 55% to 60% of the country in a week.

Mobile phones are really important. But they do come with certain drawbacks. For example, we did a project in DRC (Democratic Republic of the Congo) a few years ago when we reached 300,000 people through Facebook, which sounds great, and in Kinshasa alone, 300,000 people. We've got 10 million people through television in Kinshasa. There are ways of using mobile phones, but the market is much more fragmented, and people are watching their own channels. It's very different. You have to go viral [to have the same impact].

There are ways of going viral. We did a small trial in Burkina Faso. In Burkina Faso, films have only ever been made in three languages, and there's 57 languages in Burkina Faso. People have never seen films made in their language, and so we did that in 2014. We seeded those on memory cards amongst a few people. Within a few months, 33% of the population in that area had seen those films. It did go viral. But going viral is hard because you're competing against the entire internet.

We used the fact that there are other 2,000 languages in Africa, probably only 200 of them, at best, have ever had films made in them. There's a lot of potential there. We have to be clever. We can't simply say just posting it on Facebook. People are scrolling through and maybe they watch it and they watch the first 10 seconds of your video, but don't even bother watching the last 20 seconds, and they scroll on. That's not where behavior change comes in. It's harder than that.

Carolyn Robinson: What role does trust play in your relationship with funders? How can a funder cultivate trust with a venture?

Roy Head: The process of how we go about building up the data and then allocating funds in a very data-driven way. Funders taking the time to understand, that's what builds trust. Taking the time. It's our job to explain it. It's their job to understand it.

Carolyn Robinson: Are you finding that trust with Rippleworks?

Roy Head: Absolutely, yes. They got their heads around it and they took the time to work out this is what they're trying to do. This is the evidence that they're bringing to bear on it. This is not Rippleworks but with some donors there is the obsession with the new and new technologies that is sometimes superficial. For many things, we don't need new vaccines. We need to get the old vaccines out to kids. We don't continually ask that a new one is invented. That's good. Sometimes funders will push us to hand over to governments, which is hard, or get big aid funding for what you're doing, which almost never happens.

It's very, very rare that big funders come along and say, "You are doing a great job on your small scale. Let us help you take that to scale." That's never how it works. We were lucky enough to be part of a consortium on family planning with the British government that did allow us pretty much to do our thing, and that was a great opportunity but it's not always a fluid path.

Carolyn Robinson: What bold shifts are needed in funding to strengthen the voices of those who are working closest to the problem?

Roy Head: To use DMI as an example, everything that we do is designed to make sure that we are addressing the reality of people's lives. [Communities] recognize when they hear outputs that we produce. The reality of their lives is recognized, and we've addressed the problems that they can see. In a way, it's everything to get inside the minds of the communities that we serve. At the same time, it's not as simple and reductive as to say: let's allow communities to design the communication campaign, shall we? That's a reductive way of looking at it.

We can do much better than that. For example: you don't do a focus group and give communities a list. You don't just hand over the design of the campaign to somebody in a village in Ethiopia. That's not how to best do it. We elicit the various reasons why behaviors may be problematic for them, why getting to a malaria clinic or using soap or whatever might be problematic for them. Then we try and correlate which beliefs are the most strongly correlated with behavior change. We do that quantitatively. That's bringing the best of research skills that we can with the knowledge that's inside people in the community's heads. We try to marry those two in an effective way.

There is a tension between community-level stuff and going to scale. Going to scale is almost by definition getting further away from the man or woman in the community. That's what it means when you start talking about broadcasting to 10, 20, 30 million people. The research technique is a way to build that connection. So that people still recognize, however large this program, project, or campaign is, they can still recognize the truth of it— the truth of their reality.

Carolyn Robinson: What advice would you give to funders who want to help social ventures like yours be more successful?

Roy Head: It is the approach of Rippleworks, and the approach taken by many of our best funders is to do what they do, which is do real due diligence and build trust there. Also, getting to understand the strengths and weaknesses of the organization, doing that due diligence, asking all the hard questions, and then after that, letting them get on with it. That's the most cost-effective way. I'm sure I can quantify that and measure that. It's the most cost-effective way of spending money. I welcome that. If Rippleworks were ever to give repeat funding, that would be even better. I do understand that they have the philosophy of giving it once. They've given it once, and they've also given us this Talent Grant, which is so generous.

I've been speaking to my staff. The application was detailed, and it was rigorous. It was sensible, and it seemed to get to the nub of the issue. We were impressed by that. This isn't Rippleworks but some funders impose co-funding requirements. That can be tricky. While it's comfortable and reassuring for a funder to know that another funder has also done due diligence and likes you, as well, I can understand that.

But often, what you get is you are in a country, one funder wants to work in this part of the country and another funder wants to work in [another] part of the country. A third funder is interested in working in both of those, but they only want to focus on the children, and for very good reasons. These foundations have their boundaries. Before you know it, you've got a jigsaw that doesn't fit. You're trying desperately to please everybody. The co-founder requirement can end up being a bit of a mess sometimes. It will carry on happening. I genuinely do understand why it does, but it's not ideal.

Everybody wants to be catalytic. Everybody wants to inject that small amount of funding, which leads to huge amounts of funding being released thereafter. Again, I understand that every funding pot is limited. If you could expand that and make it catalytic and go big afterwards, that's a good thing. One has to remember, and particularly, the events of the last few weeks, the philanthropy game is one of the biggest games in town now. A lot of the big donors: the Dutch, the British, the Americans are withdrawing funds. We have to be conscious of that.

Carolyn Robinson: What would you say are the three main things that you need to grow and sustain your work?

Roy Head: We need good staff. You can't get around that. You need staff who are smart and dedicated. Whether that's at the country level or the headquarters level, that steady flow of people is absolutely essential. We need to focus on what is important. Often, there's a lot of money attached to things which are not the most important things in the world. We try to keep a ruthless focus on saving lives and substantially improving lives. It's quite easy to get distracted by a funding opportunity that is at the periphery of public health and not at the center of it. The final thing is money. Nothing happens without money. Money underpins everything. Our job is to spend it as effectively as possible, but we need to keep on cultivating those links and persuading people that this is a good investment.

Carolyn Robertson: Is there anything else you would like to add?

Roy Head: One other thing is, with aid, particularly big aid, you're asked to produce budgets for flights three to four years in advance. The way that the squeeze is put on overheads, as if overheads are a terrible thing. Overheads are a bad thing if your basic job is shipping lots of commodities around the world. Yes, you want to do that for the minimum possible overhead. You want the maximum amount of money going on the commodities to be distributed. For other models, and our model is included in this, you have to pay for thought, and you have to pay for analytics, and you have to pay for research, and for good production.

Carolyn Robertson: Thank you so much Roy. I appreciate your time.

Carolyn Robinson led Solutions Journalism Network's broadcast initiatives for many years. She is an experienced television producer/reporter for global news media such as CNN, BBC and Al Jazeera. As an international media development consultant, she has trained local journalists and directed media programs in two dozen countries around the world.

***This conversation has been edited and condensed.*