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1 **Conditional Trust: Community perceptions of drone use in malaria control in Zanzibar**

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10

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18

19 **Declaration of interest**

20 The authors have no competing interests to declare.

21

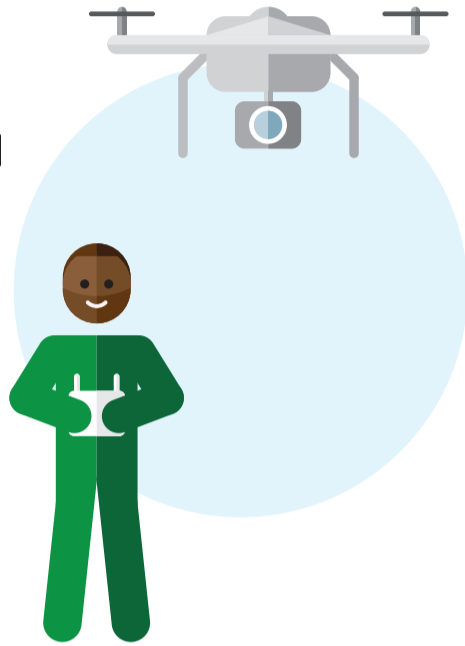
22 **Ethics statement**

23 Steps were taken to ensure confidentiality for all those who participated in the research and
24 that any data stored was anonymised and protected under Sazani Associate's data protection
25 policy. All the team members (all based in Zanzibar) have current CRB checks and Sazani
26 have just had their safeguarding systems reviewed very recently by UK Department for
27 International Development. Informed consent for participation in the research was gained
28 verbally, this deemed to be appropriate given the relatively low rates of literacy. Our study was
29 approved by the Zanzibar Health Research Institute reference
30 ZAHREC/03/AMEND/OCT/2020/07 on 29th September 2020.

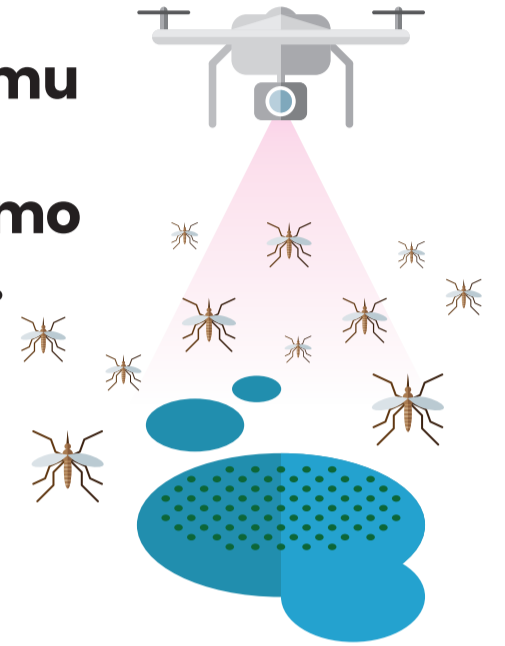
31

Maleazo kuhusu mradi kuondoa malaria

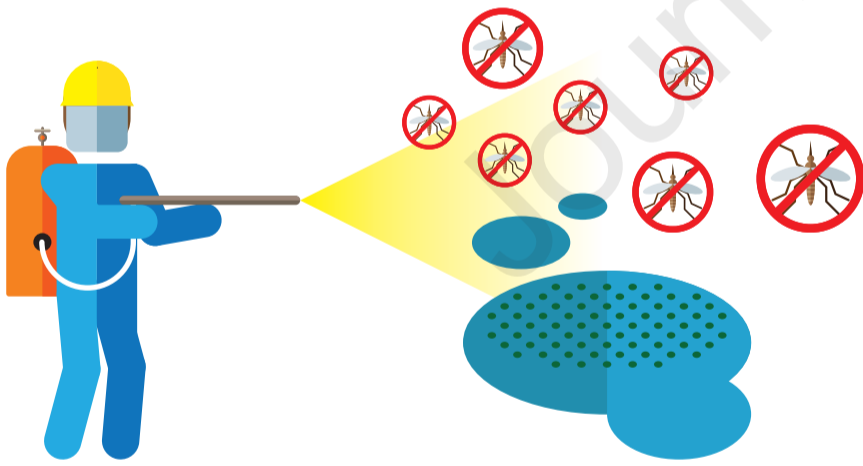
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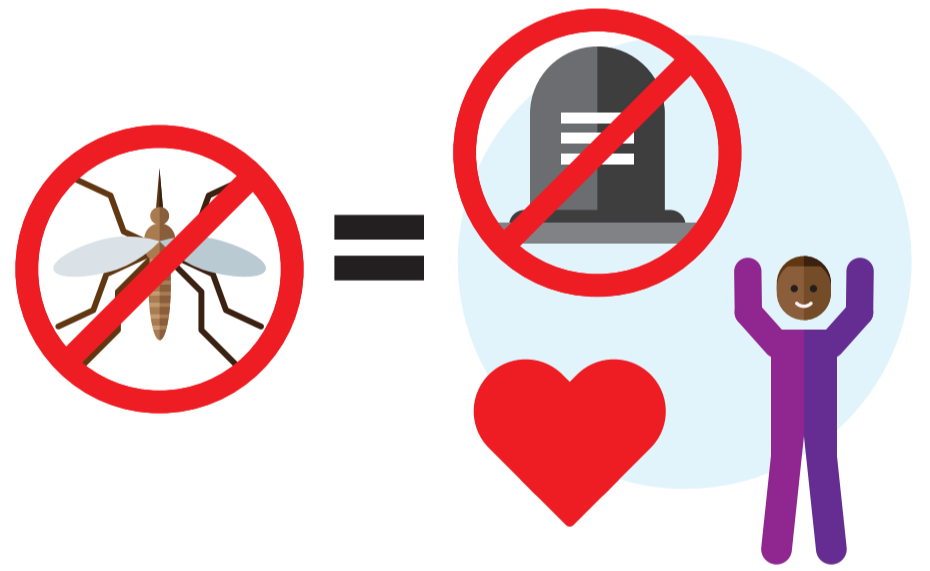
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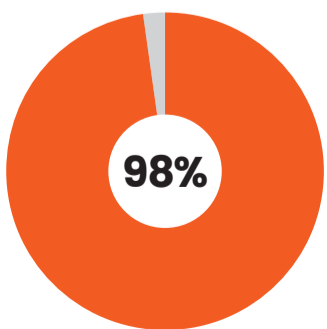
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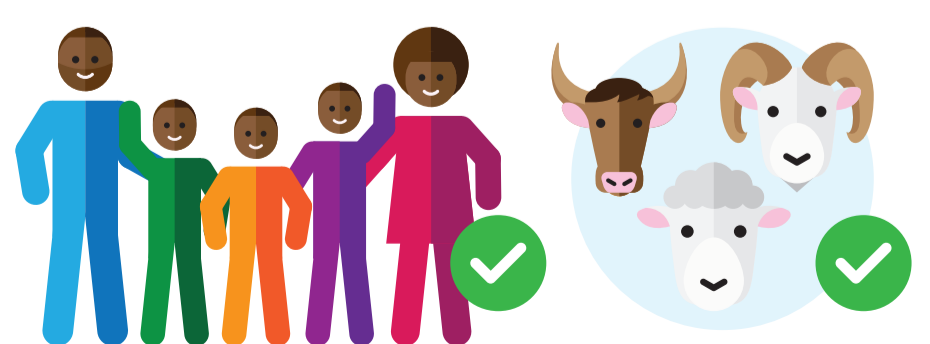
Hakuna mbu = hakuna malaria.



98% ya wanakijiji wanaunga mkono matumizi ya kidege nyuki.



Kidege nyuki ni salama kwa watu, wanyama na majengo.



1 **Conditional Trust: Community perceptions of drone use in malaria control in Zanzibar**

2

3 **Abstract**

4 Background: The potential of drones to support public health interventions, such as malaria
5 vector control, is beginning to be realised. Although permissions from civil aviation authorities
6 are often needed for drone operations, the communities over which they fly tend to be ignored:
7 How do affected communities perceive drones? Is drone deployment accepted by
8 communities? How should communities be engaged?

9 Methods: An initiative in Zanzibar, United Republic of Tanzania is using drones to map malarial
10 mosquito breeding sites for targeting larval source management interventions. A community
11 engagement framework was developed, based on participatory research, across three
12 communities where drones will be deployed, to map local perceptions of drone use. Costs
13 associated with this exercise were collated.

14 Results: A total of 778 participants took part in the study spanning a range of community and
15 stakeholder groups. Overall there was a high level of acceptance and trust in drone use for
16 public health research purposes. Despite this level of trust for drone operations this support
17 was conditional: There was a strong desire for pre-deployment information across all
18 stakeholder groups and regular updates of this information to be given about drone activities,
19 as well as consent from community level governance. The cost of the perception study and
20 resulting engagement strategy was US\$24,411.

21 Conclusions: Mapping and responding to community perceptions should be a pre-requisite for
22 drone activity in all public health applications and requires funding. The findings made in this
23 study were used to design a community engagement plan providing a simple but effective
24 means of building and maintaining trust and acceptability. We recommend this an essential
25 investment.

26 **Keywords:** Drones, unmanned aerial vehicles, malaria, community perceptions, public health,
27 vector control

28

29 **1. Introduction**

30 Drone technology has the potential to provide benefits for a wide range of sectors and
31 applications. The advantages that drones can offer to the public health sector have been
32 acknowledged and their integration into practical public health interventions and operations
33 are beginning to be realised, notably in the way medical supplies can be delivered and how
34 disease risk can be mapped and controlled (1–7). In malaria control, there is growing evidence

35 that drones can be used for mapping mosquito vector habitats (1–4,7) potentially providing a
36 step-change in the way that vector control interventions are delivered.

37 Ethically there are major considerations for utilizing drones, particularly in countries where
38 they have the potential to be used for cohesive or warfare purposes or where they do not
39 represent indigenous or accessible technology, adding to the apparent power differential of
40 technological equipment (including drones) deployed from the global North into communities
41 in the global South (8). From a public perspective, one of the main sources of mistrust relate
42 to the misuse of drones for invading privacy, especially related to their use in commercial or
43 hobby applications, together with their potential misuse by criminals and terrorists (9–11).
44 Interestingly, these negative connotations are potentially augmented by actual public
45 knowledge being significantly less than perceived knowledge (9).

46 A series of ethical guidelines were issued in 2016, by the Council for International Organization
47 of Medical Sciences (CIOMS), emphasising the importance of community engagement as a
48 critical element of health-related research (12). Consultation or engagement with communities
49 has been considered as a tool for mitigating potential nascent ethical dilemmas within
50 development or health projects. In the context of public health work within the global South,
51 Adhikari et al. (13) states that community engagement is stressed as something to be
52 deployed instrumentally, focusing on its ability to galvanise project delivery, with less
53 emphasis on ethical good practice. Intrinsic and explicit constraints placed on projects in the
54 global South by those that fund them, very often from a country in the global North, tend to
55 focus on outputs or at best outcomes that largely ignore process and that which are intangible
56 within the affected communities. Lack of effective engagement, particularly in low income
57 countries where there are disparities in education, economy and power, can contribute to
58 suspicion and study refusals (14).

59 In terms of drone use, central to aviation law is the safety of people and property on the ground
60 and the safety of other airspace users, commonly enforced through the requirement for drone
61 pilots to have a recognised qualification demonstrating competency and understanding of
62 these laws (15). Additionally, aviation authorities define zones where drone flights are
63 restricted (e.g. in the proximity of aerodromes where specific permission must be obtained)
64 or zones where flights are prohibited (e.g. government facilities and sensitive infrastructure).
65 However, there is no legal or procedural requirement to engage the communities over which
66 the drones fly. Services exist (mainly within more economically developed countries) that allow
67 members of the general public to define regions of Drone No Fly Zones over their personal
68 property (e.g. services such as www.noflydrones.co.uk) but there is no legal requirement for
69 these areas to be respected in the same way as controlled or restricted airspace. Not only
70 does this represent an omission ethically but unsolicited drone use could contribute to a loss

71 of acceptance and support for wider public health initiatives. Despite this importance, currently
72 there have been no publications for capturing this type of data in the context of drone use in
73 malaria control.

74 This study presents a methodological framework to address these ethical considerations
75 through the development of a community engagement framework. This framework draws on
76 two factors, one a profile of the potentially affected communities as key stakeholders, secondly
77 a participatory mapping of community attitudes and perceptions of the use and acceptability
78 of drones. The concepts of community and engagement are interpreted differently across the
79 domains of health promotion and health related research (16). For the purposes of this paper,
80 communities are geographical, and engagement relates to all of the direct and indirect
81 interactions between them and the project.

82 The study takes place in Zanzibar, United Republic of Tanzania, preceding an LSM
83 programme that uses drones for mapping mosquito breeding sites. In the context of this project
84 and the proposed use of drones, ethical considerations were determined, drawing on an
85 understanding on the social, cultural and historical context for the research and community
86 perceptions of the proposed research tools, primarily drones.

87 The specific objectives of this work were to: i) Identify key stakeholder groups within Zanzibar
88 communities. ii) Determine prior understanding and perceptions of drone use. iii) Establish
89 levels of trust of drone use within communities and the drivers of trust, whether in support of
90 drone use or negative feelings towards drone use. iv) Perceptions on who should providing
91 permission for drone deployment.

92

93 **2. Methods**

94 *2.1 Study location*

95 Zanzibar is a semi-autonomous archipelago in the western Indian Ocean, ~130 km off the
96 coast of Tanzania. The Zanzibar Malarial Elimination Programme (ZAMEP) has made great
97 strides in their battle against malaria, chiefly through widespread bednet use and targeted
98 indoor residual spraying of insecticide (17–20). As ZAMEP make a final push towards malaria
99 elimination they are looking to integrate interventions such as LSM into their programme. In
100 partnership with Aberystwyth University (UK), ZAMEP are trialing the use of drone and
101 smartphone technology for supporting LSM activities.

102 In January-February 2021, participatory mapping of community attitudes and perceptions of
103 the use and acceptability of drone use was carried out across three villages with community
104 councils (Shehias): Bumnwisudi, Ndagaa and Mahonda, Unguja island, Zanzibar. As well as

105 being in close geographic proximity, the three communities were defined as being linked by
106 social ties, common perspectives and interests. These communities present a representative
107 sample of rural conditions, with a mixture of agriculture ranging from large scale irrigation to
108 more small scale rainfall-fed farming. In terms of formal institutions, there are seven schools,
109 four primary and three secondary in, or within close proximity to the three communities.

110

111 *2.2 Community engaged research*

112 The study adopted a community focussed approach, that incorporated a mix of qualitative and
113 quantitative methods, underpinned by CIOMS ethical guidelines (12). Through the study,
114 community based stakeholder groups were identified and characterised. Key stakeholders
115 were those individuals, entities and organisations in the project affected communities, who
116 would/could be affected daily by use of drones, those that may have an interest in the research
117 and those who could influence whether or not drone activity proceeded in the area. Each
118 stakeholder group was then categorized by their relative influence (i.e. how powerful their
119 influence is) and importance (i.e. those stakeholders whose needs and interests coincide with
120 the aim of the drone-related activity).

121 Community stakeholder engagement, as a planned process, presents an opportunity to
122 provide input into research to improve its outcomes and goals (21,22). Engagement occurs
123 along a spectrum: from reaching out and informing, to consulting, involving, collaborating and
124 shared decision making, also known as empowerment (23). The degrees of stakeholder
125 engagement can be viewed as a continuum of potential influence on a decision or action being
126 considered from the initial distribution of information through to stakeholder empowerment.

127

128 *2.3 Stakeholder Analysis*

129 Understanding who to involve and how – from provision of information through to delegation
130 of decision making – requires an understanding of the different stakeholder groups, their
131 characteristics, interests in a project, influence over a project and importance of the project to
132 their living realities.

133 Identifying and assessing the influence and importance of the different stakeholder groups
134 involves a technique known widely as Stakeholder Analysis (24). Analysing stakeholder
135 groups according to how much their interests coincide with a project (importance) and their
136 ability to affect the success of a project or in other words how powerful they are (influence)
137 are accepted parameters for mapping stakeholders. Such analysis or mapping enables
138 understanding of what drives different stakeholder's involvement, their potential impact on the

139 success of a project and hence how and when they should be engaged with across a project
140 life and how much attention to give to the respective stakeholders (25).

141 Stakeholder analysis involved four steps: 1) Identifying the different stakeholder groups; 2)
142 assessing the nature of their respective influence and importance; 3) constructing a matrix
143 according to their level of influence and importance; and 4) preparing and engagement
144 framework based on the matrix.

145 Six key stakeholder groups were identified (Table 1): Shehia (smallest government
146 administrative unit) committees; school management committees; school teachers; young
147 people; men's groups; women's groups. Once the stakeholder groups are identified and
148 characterised, summarising their relative influence and importance, it is possible to determine
149 what level of engagement they would require in relation to the drone activities.

150

151 Table 1. Summary of community stakeholder groups their relative interest, influence and
152 importance.

Stakeholder Groups	Community	Interest	Influence	Importance
Shehia Committees (SC)	Bumbwisudi Mahonda, Ndagaa (Ghana)	Live locally, Community Governance Structures	High	High
School Management Committees (SMC)	Chuini Mawimbini, Kitope, Mahonda, Mfenesini, Uzini	Live locally, Community Institution Management	Medium	High
School Teachers (ST)	Chuini Mawimbini, Kitope, Mahonda, Mfenesini, Uzini	Work in the community institutions (schools)	Medium	Medium
Young People (YP)	Bumbwisudi, Ndagaa, Mahonda	Live in the community	Low	Medium
Mens Groups (MG)	Bumbwisudi, Ndagaa, Mahonda	Live locally and work in community farming groups	Low	High
Womens Groups (WG)	Bumbwisudi, Ndagaa, Mahonda	Live locally and participate in community women's groups	Low	High

153

154 Once analysed and considered, each stakeholder group can be categorized according to their
 155 relating importance/influence, guided by the matrix in Table 2. Shehia Committees (SC), as
 156 local government representatives, are both influential and important and should be involved
 157 in decision making regarding how and where the drone activity is implemented. School
 158 Management Committees (SMC) are influential in the community but not very important to the
 159 drone activity. They should be informed and consulted with so they can feed into decision
 160 making. The community members, farming men's groups (MG) and women's groups (WG)
 161 and young people (YP), have very little influence but are very important to the drone
 162 programme and should be kept informed and consulted with so their views and opinions are
 163 considered in the research planning. School Teachers (ST), are not very influential or
 164 important to the drone activity but should be kept informed about what is planned, where and
 165 when.

166 Table 2. Stakeholder analysis matrix of importance and influence.

Importance	High importance/Low influence	High importance/High influence
	These stakeholders require special attention to gain and maintain involvement and be kept informed through appropriate communication.	Stakeholders of high importance to the activity and significantly influence on its success, should be collaborated with to facilitate effective support for the activity.
	Low importance/Low influence	Low importance/High influence
	Stakeholders who are low priority but should be kept informed throughout the process as their status can change over time.	Stakeholders with high influence on the outcome of the activity, but not directly interested, should be consulted with to secure their approval and or support.
0	Influence	

167

168 Following the Stakeholder Group analysis, an engagement framework was prepared based
 169 on the World Bank Participation Continuum (26):

- 170 • **Informing:** one-way communication flow in which stakeholders are passive information
 171 receivers.
- 172 • **Consulting:** one-way, although there is an opportunity for stakeholder feedback to be
 173 received.
- 174 • **Involvement:** requires two-way interaction, entailing providing feedback on stakeholder
 175 contribution.
- 176 • **Collaboration:** involves developing stakeholder partnerships within decision making
 177 processes.
- 178 • **Empowerment:** the delegation of final decision-making (on identified issues) to
 179 stakeholders.

180

181 Stakeholder participation and impact on the process increases along the continuum,
182 summarised and the project linked to the stakeholder analysis of influence and importance so
183 that the community stakeholders in the study area with: low influence and importance were
184 kept informed; low influence and high importance were informed and consulted; high influence
185 and low importance were informed and consulted; high influence and importance were
186 informed consulted and involved in decision making.

187

188 *2.4 Data collection*

189 To understand what type of information should be shared, what issues the community should
190 be consulted on and involved in, it was important to understand existing attitudes towards and
191 perceptions of drones. A mixed-methods research approach (27) was adopted combining
192 qualitative and quantitative data collection methods using questionnaires, semi structured
193 interviews and focus groups. Questionnaires were prepared using ArcGIS Survey123 (version
194 3.13) software that enabled geotagging of all of the data collected. A set of survey questions
195 were prepared with predetermined answers using likert scales to capture the three
196 communities perceptions of drones. Focus group and semi structured interview guides were
197 also produced that followed a similar narrative to the questionnaires, without predetermined
198 answers.

199 The survey tools were presented to the Zanzibar Ethics Committee for review and approval.
200 Their comments were addressed and the three study tools were deployed by a data collection
201 team comprised of two men and two women from Sazani Trust, Zanzibar. Individual identities
202 of study participants were kept confidential, only data related to gender, age and location was
203 made explicit. Questionnaires were undertaken with a purposive sample of stakeholders from
204 each of the identified stakeholder groups in each of the communities. Focus groups were
205 undertaken with small representative groups of the respective stakeholders and semi
206 structured interviews were carried out with key informants from each of the stakeholder groups.
207 Cultural sensitivity linked to gender was applied to the research methodology, with males and
208 females being surveyed and or engaged with separately to foster interactions that permitted
209 expressions of gendered identities, roles, and experiences.

210

211 *2.5 Cost data*

212 As a potentially important component for the operational deployment of drones, we sought to
213 collate and present the costs associated with the community drones perception study. Health

214 system cost data was collected retrospectively through record review. The quantity, timings
 215 and unit costs of each member of staff have been collated to calculate total staff costs.
 216 Consumables and transport costs such as fuel, stationery, vehicle rental, etc. have been
 217 collected through a mix of direct observation and record review.

218 We also included costs related to lost productivity for the community members who
 219 participated in interviews, using mean interview duration and World Bank's GDP per capita
 220 estimates for Tanzania. Sheha committee members indirect costs have been calculated using
 221 daily allowances from ZAMEP. As interviews took place in the community, it was assumed
 222 that community members were not required to travel, so no travel costs have been included
 223 for this. Similarly, it was assumed that their lost time did not exceed the interview's duration.

224 Costs collected in the local currency have been converted to US\$ using the exchange rate
 225 reported by OANDA (www.oanda.com) at the time of the analysis. No inflation rate has been
 226 used as all costs reported are 2021 prices.

227

228 3. Results

229 3.1 Study participants

230 In total we had 778 participants in the study spanning the range of community and stakeholder
 231 groups with 19 groups across the three communities (Table 3). Overall, 60% of study
 232 participants were from Womens Groups, representing the rural culture of women in Zanzibar
 233 engaging in collective activities. Young People also represented a dominant stakeholder group
 234 accounting for 17% of total participants. Other groups (School Committees, School Teachers,
 235 School Management Committees, Mens Groups) represented between 2-8% of total
 236 participants.

237 Table 3. Breakdown of study participants per community and stakeholder group.

238

	School Committees	School Management Committees	School Teachers	Mens Groups	Womens Groups	Young People	TOTALS
Ndagaa	20	5	9	20	246	30	330
Bumbwisudi	26	4	4	5	40	11	90
Mahonda	8	12	24	41	183	90	358

TOTALS	54	21	37	66	469	134	778
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239

240 *3.2 Responses*241 *Have you heard of drones or unmanned aerial systems prior to participating in this survey?*

242 There was very little difference in response to this question between the communities, with
 243 59% responding “no” and 41% responding “yes”. On showing the participants a picture of a
 244 drone, their responses did not change significantly, suggesting that awareness of drones could
 245 be linked to education and community member exposure to different localities. Awareness
 246 could also be linked to internet access - In 2018, over 95 percent of Tanzania’s 23 million
 247 internet users accessed the internet via mobile phone. Stakeholder groups where “yes”
 248 responses exceeded 50% (teachers, school management committees and Shehia
 249 committees) are all associated with a higher level of education and/or experience (Figure 1A).

250

251 Figure 1. Breakdown of responses to the questions A: Have you heard of drones or
 252 unmanned aerial systems prior to participating in this survey? B: Participants’ primary
 253 sources of information about unmanned aircraft systems or drones. C: How would you
 254 feel if a drone flew over your village?.

255

256 *What are [participants’] primary sources of information about unmanned aircraft systems or*
 257 *drones?* Most participants across the stakeholder groups and communities selected other
 258 from a detailed list of options (Figure 1B). The primary source of information was political
 259 rallies and meetings, attributed to the recent national elections in October 2020 and the use
 260 of drones by state media and others to capture media footage of these meetings. Television
 261 was a significant source of information in Mahonda, but not in the other two communities,
 262 attributed to availability of electricity and TV reception. Given the relatively small number of
 263 responses (n=27) that mention personal experiences suggests that show-and-tell and/or
 264 demonstration flights would be a potentially valuable mode of increasing community
 265 knowledge and awareness of drone technology.

266 Respondents were asked for true, false or unsure responses to the following statement:
 267 *Special approval from the Government is required to legally operate Unmanned Aircraft*
 268 *Systems in Zanzibar.* The Zanzibar Archipelago has a robust state governance structures,
 269 with state representation starting at the community level (Shehia Committees) and no parallel
 270 traditional/ tribal governance structure. This, combined with a legacy of state socialism, means
 271 that governmental permission and approval is regarded as essential (96% responding “true”).

272 The majority of respondents (76%) answered “true” when asked for true/false/unsure
273 responses to the statement *Most unmanned aircraft systems currently in use are capable of*
274 *operating completely autonomously without any human controller*. Although it is true that most
275 commercially available drones can be operated autonomously a human controller is always
276 necessary. This perhaps relays a lack of knowledge within the rural communities, as to the
277 nature of drones and how they are controlled: Something that could be easily remedied
278 through community demonstrations prior to the drones being deployed.

279 When asked *How would you feel if a drone flew over your village?* The responses in each of
280 the communities were positive with 71% suggesting that they would feel excited and a further
281 10% suggesting that they would be curious (Figure 1C). Interestingly, negative responses, all
282 from communities in Ndagaa and Bumbwisudi, correlate with exposure participants have had
283 to drones, reinforcing the need for community-based demonstrations prior to being deployed
284 in the field.

285 Stakeholder groups were asked *whether they thought they should be notified before a drone*
286 *survey is carried out, and who should provide permission deemed to be required*.
287 Overwhelmingly (91% answering “yes”), people want to be informed before drones are
288 deployed, with just four women’s groups (from all three communities), not needing to be
289 notified beforehand. Most respondents felt that permission should come from the Sheha (head
290 of the Shehia administrative area) (Figure 2A) demonstrating their importance in community-
291 level decisions, with teachers and some students also requiring permission at a Ministerial
292 level from the Government.

293

294 Figure 2. Breakdown of responses to the questions A: Who should provide permission
295 for drone deployment? B: To what extent do you trust researchers and academia
296 operators of Drones to be safe? C: Factors that participants felt would affect their
297 support of drone technology.

298

299 Respondents, within focus group discussions, were asked questions regarding their perceived
300 safety of drone operations and benefits that drones could bring to society. A vast majority of
301 participants felt that drones were safe for people and buildings (83%: very safe, 12%: quite
302 safe; 5% not safe), and 94% of respondents that felt that drones were beneficial to society (6%
303 were unsure) with no one of the opinion that drones offered no benefit. This overall positive
304 outlook on drones is supported by a good level of trust (89%: Figure 2B) within communities
305 when asked about the extent at which respondents trust drone operators to be safe, mirroring

306 findings made in a previous study in Dar es Salaam, Tanania, with (78%) of the witnesses to
307 drone demonstrations having no concerns about the use of UAVs in their communities (28).

308 Importantly, despite a high level of trust in drones and perceived benefits they offer, the
309 support for drone use was not unconditional: according to respondents from across the
310 stakeholder groups and the three communities, acceptance was linked mainly to the perceived
311 benefits (65%: Figure 2C), but also the environment they are being used in, and the purpose
312 of its application.

313

314 3.3 Cost data

315 3.3.1 Health system costs

316 Staff costs are the most important cost driver, with data collection costing up to US\$11,167.
317 Given the large number of study participants, this required 10 days of intensive work and four
318 staff members. Other staff costs related to study preparation activities such as conceptualising
319 the research framework and report preparation were less significant because these were
320 largely desk-based activities. Table 4 gives details of the health system costs incurred. It
321 shows that overall, collecting the data imposed substantial costs, while the costs of
322 implementing the study results represent just 11% of the total health system costs.

323

324 Table 4. Health system costs associated with the drone perceptions study and indirect
325 costs associated with study participants

Health system costs				Study participant costs		
Cost category	Activity	Cost US\$	% of Total	Cost category	Activity	Cost US\$
Sazani Staff	Data collection	11,167	46%	Shehia	Individual interviews and focus group discussions	22
	Data analysis and report preparation	6,980	29%			
	Admin and support	1,565	6%	Community member	Individual interviews and focus group discussions	241
Transport	Vehicle fuel and driver	430	2%			
Equipment	Tablets	558	2%			

	Research software license	419	2%			
Research	Ethics	500	2%			
Study implementation	Posters design	2,792	11%			
	Total	24,411			Total	263

326

327 *3.3.2 Study participants costs*

328 Study participants costs (Table 4) have been calculated using the 15 minutes mean interview
329 duration that was lost to other activities such as work. These indirect costs were calculated
330 separately for all the 54 Shehia committee members and the 724 other community members.
331 This is because data on the daily allowances were collected for Shehias only and this was
332 equivalent to US\$35.4 per day. As stated in the Methods section, for the other community
333 members, World Bank estimates on GDP per capita have been used. This was equivalent to
334 US\$10.7 per day. These costs represent only 1% from the total costs, however, the absolute
335 value as a whole is not important, but the impact it has on the work-related activities.

336 A costing analysis of running a drone-based mapping of malarial mosquito breeding sites for
337 targeting larval source management interventions is currently underway, but we estimate that
338 the drone perception study would represent approximately 25-35% of total economic costs.

339

340 **4. Discussion**

341 For the communities examined in Zanzibar there was a high level of acceptance of drones
342 and their usage for research related activities. This represents a refreshing finding given the
343 broader-scale negative connotations associated with drones due to their use in military
344 operations (29) or perceptions of being risky technology that might interfere with privacy,
345 particularly in relation to their use commercially (e.g. use in delivery of products) or by
346 hobbyists (9,10,30).

347 The perceptions mapped in this study relate to a research project using drone technology to
348 support malaria control initiatives. As such, opinions and perceptions of drones are framed
349 within the context of a clear and relatable benefits to the communities surveyed. The positive
350 support of drones within Zanzibari communities aligns with findings made in other studies that
351 identify a high level of support for the use of drones in scientific research (10,28). However,
352 this support may be fragile: the use of drones in less favourable applications (e.g. use in media,
353 deliveries, hobbyists) could easily undo the support for drone applications with a clearer route

354 to public good, such as public health and safety, e.g. for use by fire services (31). This may
355 be confounded where drone use is unsolicited, without engagement with local communities.

356 Despite the general support and acceptance of drone use in Zanzibar the exposure to drones
357 and prior knowledge is low, with over half of respondents not having heard of drones before,
358 compared to other studies based in the US with a near universal awareness of drones,
359 particularly through mainstream news media (32). In this study, the communities, with the
360 exception of Mahonda were all very rural with out access to internet and predominantly without
361 smart phones. In this respect, acceptance in Zanzibar may actually be a function of community
362 trust in their governance and leadership: if drone operations have been permitted, then it must
363 be beneficial. As described by one participant: "I trust them because the government gives
364 them permission".

365 Given the low rates of exposure and awareness it is clear that a community engagement plan
366 needs to involve a non-technical, introduction and demonstration of drone technology and
367 what benefits they can offer (in the context of public health). Equally, given the levels of
368 influence and trust in local governance, it is important that permissions and consent are sought
369 from Shehia Committees (the smallest unit of governance in the Republic of Tanzania), again,
370 so that high levels of support for drone use is not undone.

371 Valid informed consent is a critical element of ethical health-related research but often in
372 cluster-based studies, this consent is sought from government representatives rather than
373 community members. As the study has shown, intial engagement through the drone
374 perceptions study presented the first step in providing community stakeholders with accurate
375 and adequate information about the study. With perceptions and experiences varying from
376 one region to another, it is important that this kind of study is implemented before drone
377 operations are deployed Understanding what is proposed and being involved in a continuous
378 dialogue through appropriate community engagement will be the next step (33). Facilitating
379 community engagement has been shown to improve the validity of consent, by enhancing
380 understanding of what is expected and why (34). This in turn contributes to gaining both formal
381 and informal permissions, approvals and legitimacy for a planned study (21).

382 In Zanzibar, a large proportion of respondants felt that permission for drone operations should
383 be sought from the communities via Shehia Committees. As such, community engagement
384 should be considered a pre-requisite to all programmes where drones are employed.
385 Additionally, there was a strong desire to be kept informed about these activities. This was
386 deemed to be important not only at the Shehia Committee level but also with rural communities
387 and school management committees informed through regular meetings. There are costs
388 related to doing this but in addition to the possible benefits regarding future operational activity,

389 ethically it moves any future engagement towards a form of collaboration with the local
 390 population. In doing so, malaria control programmes reliant on drone use can be sustained for
 391 the foreseeable future, secure in the knowledge that they have the consent and support from
 392 local communities. Designing future research alongside host communities as collaborators
 393 and inheritors of technological approaches would be the ideal scenario.

394 4.1 Engagement Plan

395 An engagement plan was developed to plan and deliver an appropriate community
 396 engagement process to keep the right people engaged in drone-related activity with the right
 397 amount of detail – a critical component to making stakeholders feel valued, involved, heard,
 398 and appreciated. Specifically, it was important to map stakeholder groups with the purpose of
 399 the engagement activity, the methods and frequency of engagement, those responsible for
 400 delivering this engagement and a clear plan for reviewing each of these components.

401 Methods of engagement were simple: demonstration/information events, project information
 402 sheets and meetings are recommended with key stakeholder groups including Shehia
 403 Committees, Community groups (Men's groups, Women's groups, youth groups) and school
 404 management committees (Table 5). These are to be delivered prior to drone deployment but
 405 also, in the case of project information sheets and meetings should be ongoing (every two-
 406 three months), informing stakeholder groups of progress and updates, but also re-mapping
 407 perception to record and react to any changes in trust or acceptance. Costs related to this
 408 ongoing engagement were not collected in this study. An evaluation of the engagement plan
 409 was not carried out in this study but represents an important direction for future studies to
 410 determine the effectiveness of these types of tools.

411

412 Table 5. Overview of drone-activity engagement plan for communities in Zanzibar.

Key Stakeholders	Purpose of engagement	Engagement method	Frequency	Responsibility	Review
Shehia Committees	To build on current trust and secure and maintain formal consent for drone usage	Demonstration/ Information events	Prior to drone deployment	Aberystwyth Uni, ZAMEP	After each event to see how it could be improved
		Project information sheets	Prior to drone deployment and ongoing	Aberystwyth Uni, ZAMEP	Update every six months

		Meetings	Prior to deployment then every 2-3 months	ZAMEP, community consultants	Ongoing
Community members (men, women, youth)	To maintain trust and informal consent for the drone usage	Demonstration/ Information events	Prior to drone deployment	Aberystwyth Uni, ZAMEP	After each event
School Management Committees		Project information sheets,	Prior to drone deployment and ongoing	Aberystwyth Uni, ZAMEP	Update every six months
		Community meetings	Prior to deployment and the twice a year with updates	ZAMEP, community consultants	After each meeting
Teachers	To keep informed	Project information sheets	Prior to drone deployment and ongoing	Aberystwyth Uni, ZAMEP	Update every six months

413

414 **4.2 Costs**

415 Some cost components, such as ethics approval costs might be relevant for future studies,
416 but not for studies conducted by ZAMEP. Health system factors, such as wages and prices
417 can influence costs. For example, the use of ZAMEP staff may drive the staff costs down by
418 67%. However, this might require extensive training (in qualitative research) and supervision
419 which have not been taken into account in this additional costing calculation.

420 Total time lost by community members due to their involvement in the project might not be
421 equivalent to the interview duration, but these timing data have not been collected as part of
422 this study. As a result, community members indirect costs could have been underestimated.
423 However, we are confident that this would have not meaningfully changed our findings.
424 Although not used in this study, time lost compensations for community members are common
425 practice in qualitative research, and might need to be considered in future studies.

426

427 **5. Conclusions**

428 Permissions for flying drones are necessary in most countries across the World. Although
429 definitions and terminology can be ambiguous at times most civil aviation authorities will
430 expect specific permission related to commercial or governmental drone activities to ensure

431 drone operators a suitably qualified, have insurance cover and have procedures to maximise
432 flight safety and accountability. But currently, for most regions of the World, permission and
433 consent is not required from communities where drone activity is planned. This may be
434 particularly important given the potential disparities in power between the global North and
435 South, particularly using drone technology and their association with an invasion of privacy.
436 Indeed, for countries like the UK the use of drones for collecting images may fall under specific
437 data protection legislation (Such as the Data Protection Act 2018) which must be considered
438 for ethical approval but in the United Republic of Tanzania a specific data protection bill is
439 currently in draft but not yet law.

440 This study, focussing on communities in Zanzibar in the context of a malaria control
441 intervention supported by drone technology, represents a methodological framework for
442 mapping community attitudes and perceptions of the use and acceptability of drones. We
443 argue that from an ethical perspective, this kind of study should be a pre-requisite for any
444 drone activity taking place within, or near communities, regardless of application. In sectors
445 like public health, there is a growing assertion that drones can add benefit, perhaps even step
446 change improvements to the way we deliver important public health services and programmes.
447 Yet if these activities are to be successful and sustainable we need to apply appropriate and
448 effective community engagement strategies. Similarly if global health interventions want to
449 avoid being labelled as emanating from the global North as paternalistic or experimental
450 science projects then engagement must recognise the power imbalance and attempt to
451 address it. Failure to do so is not only unethical but leaves important interventions vulnerable
452 in an era of social media.

453 The key components in this work included the engagement process and implementation of a
454 resulting engagement plan costing US\$21,619 and UA\$2,179 respectively. We recommend
455 that this is a valuable investment in terms of the long term sustainability of the drone
456 programme and, importantly, reduce the risk of community disengagement/distrust which
457 would be damaging in both tangible (project outcomes) and intangible (once broken relations
458 are hard to repair, plus part of wider decolonization agenda) ways.

459 This study revealed widespread trust and support for drone activities for use in malaria control
460 research. But crucially, this support is not unconditional: all stakeholder groups need to be
461 informed prior to drone deployment and consent given; demonstration or information need to
462 be delivered; regular engagement activities need to be conducted, such as meetings and
463 information sheets, to update stakeholders. Ultimately, although trust exists within the
464 Zanzibarian communities studied, this trust can be easily undone, but suitable engagement
465 plan can provide a simple but effective means of building and maintaining trust and
466 acceptability.

467

468 **Bibliography**

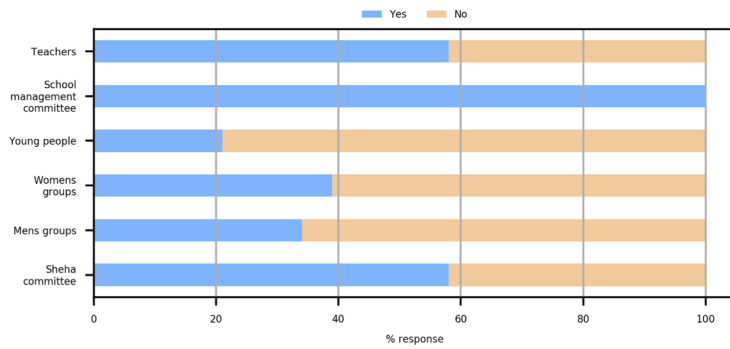
- 469 1. Hardy A, Makame M, Cross D, Majambere S, Msellem M. Using low-cost drones to map
470 malaria vector habitats. *Parasit Vectors*. 2017 Jan 14;10(1):29.
- 471 2. Fornace KM, Drakeley CJ, William T, Espino F, Cox J. Mapping infectious disease
472 landscapes: unmanned aerial vehicles and epidemiology. *Trends Parasitol*. 2014
473 Nov;30(11):514–9.
- 474 3. Carrasco-Escobar G, Manrique E, Ruiz-Cabrejos J, Saavedra M, Alava F, Bickersmith
475 S, et al. High-accuracy detection of malaria vector larval habitats using drone-based
476 multispectral imagery. *PLoS Negl Trop Dis*. 2019 Jan 17;13(1):e0007105.
- 477 4. Schenkel J, Taele P, Goldberg D, Horney J, Hammond T. Identifying potential mosquito
478 breeding grounds: assessing the efficiency of UAV technology in public health. *Robotics*.
479 2020 Nov 11;9(4):91.
- 480 5. Laksham KB. Unmanned aerial vehicle (drones) in public health: A SWOT analysis. *J*
481 *Family Med Prim Care*. 2019 Feb;8(2):342–6.
- 482 6. Claesson A, Bäckman A, Ringh M, Svensson L, Nordberg P, Djärv T, et al. Time to
483 Delivery of an Automated External Defibrillator Using a Drone for Simulated Out-of-
484 Hospital Cardiac Arrests vs Emergency Medical Services. *JAMA*. 2017 Jun
485 13;317(22):2332–4.
- 486 7. Stanton MC, Kalonde P, Zembere K, Spaans RH, Jones CM. The application of drones
487 for mosquito larval habitat identification in rural environments: a practical approach for
488 malaria control? *BioRxiv*. 2020 Aug 6;
- 489 8. Hanrahan BV, Maitland C, Brown T, Chen A, Kagame F, Birir B. Agency and extraction
490 in emerging industrial drone applications. *Proc ACM Hum-Comput Interact*. 2021 Jan
491 5;4(CSCW3):1–21.
- 492 9. Aydin B. Public acceptance of drones: Knowledge, attitudes, and practice. *Technol Soc*.
493 2019 Nov;59:101180.
- 494 10. Klauser F, Pedrozo S. Big data from the sky: popular perceptions of private drones in
495 Switzerland. *Geogr Helv*. 2017 Jun 6;72(2):231–9.
- 496 11. Lidynia C, Philipsen R, Ziefle M. Droning on about drones—acceptance of and perceived
497 barriers to drones in civil usage contexts. In: Savage-Knepshield P, Chen J, editors.
498 *Advances in human factors in robots and unmanned systems*. Cham: Springer
499 International Publishing; 2017. p. 317–29.
- 500 12. Council for International Organizations of Medical Sciences. International ethical
501 guidelines for health-related research involving humans. Geneva, Switzerland: CIOMS;
502 2016.
- 503 13. Adhikari B, Pell C, Cheah PY. Community engagement and ethical global health
504 research. *Glob Bioet*. 2020;31(1):1–12.
- 505 14. Lavery JV. Building an evidence base for stakeholder engagement. *Science*. 2018 Aug
506 10;361(6402):554–6.
- 507 15. C A A. CAP 722: Unmanned Aircraft System Operations in UKAirspace – Guidance. 8th

- 508 ed. UK: Civil Aviation Authority; 2020 Nov.
- 509 16. Wilkinson A, Parker M, Martineau F, Leach M. Engaging “communities”: anthropological
510 insights from the West African Ebola epidemic. *Philos Trans R Soc Lond B, Biol Sci.*
511 2017 May 26;372(1721).
- 512 17. Hardy A, Mageni Z, Dongus S, Killeen G, Macklin MG, Majambare S, et al. Mapping
513 hotspots of malaria transmission from pre-existing hydrology, geology and
514 geomorphology data in the pre-elimination context of Zanzibar, United Republic of
515 Tanzania. *Parasit Vectors.* 2015 Jan 22;8:41.
- 516 18. Haji KA, Khatib BO, Smith S, Ali AS, Devine GJ, Coetzee M, et al. Challenges for malaria
517 elimination in Zanzibar: pyrethroid resistance in malaria vectors and poor performance
518 of long-lasting insecticide nets. *Parasit Vectors.* 2013 Mar 28;6:82.
- 519 19. Björkman A, Shakely D, Ali AS, Morris U, Mkali H, Abbas AK, et al. From high to low
520 malaria transmission in Zanzibar-challenges and opportunities to achieve elimination.
521 *BMC Med.* 2019 Jan 22;17(1):14.
- 522 20. Morris U, Khamis M, Aydin-Schmidt B, Abass AK, Msellem MI, Nassor MH, et al. Field
523 deployment of loop-mediated isothermal amplification for centralized mass-screening of
524 asymptomatic malaria in Zanzibar: a pre-elimination setting. *Malar J.* 2015 May
525 17;14:205.
- 526 21. King KF, Kolopack P, Merritt MW, Lavery JV. Community engagement and the human
527 infrastructure of global health research. *BMC Med Ethics.* 2014 Dec 13;15:84.
- 528 22. Sherman MH, Ford J. Stakeholder engagement in adaptation interventions: an
529 evaluation of projects in developing nations. *Climate Policy.* 2014 May 4;14(3):417–41.
- 530 23. O’Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh J, Jamal F, et al. Community
531 engagement to reduce inequalities in health: a systematic review, meta-analysis and
532 economic analysis. Southampton (UK): NIHR Journals Library; 2013.
- 533 24. Friedman AL, Miles S. *Stakeholders: Theory and Practice.* Oxford: Oxford University
534 Press; 2006.
- 535 25. Blair J, Fottler M, Whitehead C. Diagnosing the stakeholder bottom line for medical
536 group practices. Keystakeholders’ potential to threaten and/or cooperate. . *Medical*
537 *Group Management Journal.* 1996;43(2):40–51.
- 538 26. World Bank. *World Bank Participation Sourcebook.* Washington DC: World Bank; 1995.
- 539 27. Timans R, Wouters P, Heilbron J. Mixed methods research: what it is and what it could
540 be. *Theory Soc.* 2019 Apr;48(2):193–216.
- 541 28. Eichleay M, Mercer S, Murashani J, Evans E. Using unmanned aerial vehicles for
542 development: perspectives from Citizens and Government Officials in Tanzania.
543 Durham, USA: ICT Works; 2016.
- 544 29. O’Driscoll D. *UAVs in Humanitarian Relief and Wider Development Contexts.* 2017 Aug
545 14;
- 546 30. Boucher P. “You Wouldn’t have Your Granny Using Them”: Drawing Boundaries
547 Between Acceptable and Unacceptable Applications of Civil Drones. *Sci Eng Ethics.*
548 2016;22(5):1391–418.

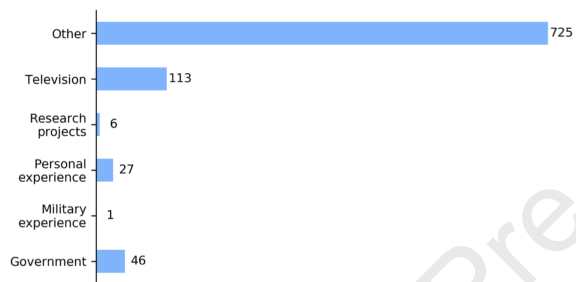
- 549 31. Twidwell D, Allen CR, Detweiler C, Higgins J, Laney C, Elbaum S. Smokey comes of
550 age: unmanned aerial systems for fire management. *Front Ecol Environ*. 2016
551 Aug;14(6):333–9.
- 552 32. Reddy LB, DeLaurentis D. Opinion survey to reduce uncertainty in public and
553 stakeholder perception of unmanned aircraft. *Transportation Research Record: Journal*
554 *of the Transportation Research Board*. 2016 Jan;2600(2600):80–93.
- 555 33. McMillan JR, Conlon C, Nuffield Council on Bioethics. The ethics of research related to
556 health care in developing countries. *J Med Ethics*. 2004 Apr;30(2):204–6.
- 557 34. Bull S, Lindegger GC. Ensuring consent to research is voluntary: how far do we need to
558 go? *Am J Bioeth*. 2011 Aug;11(8):27–9.
- 559

Journal Pre-proof

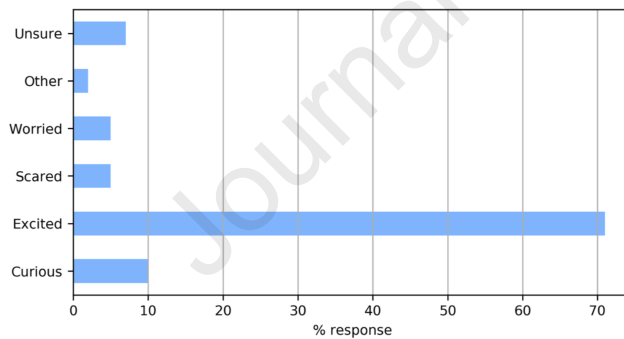
A Have you heard of drones or unmanned aerial systems prior to participating in this survey?



B Participants' primary sources of information about unmanned aircraft systems or drones.



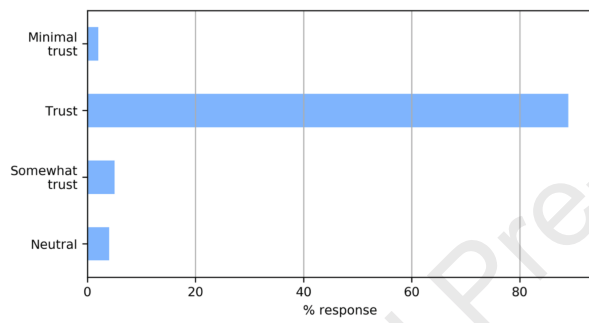
C How would you feel if a drone flew over your village?



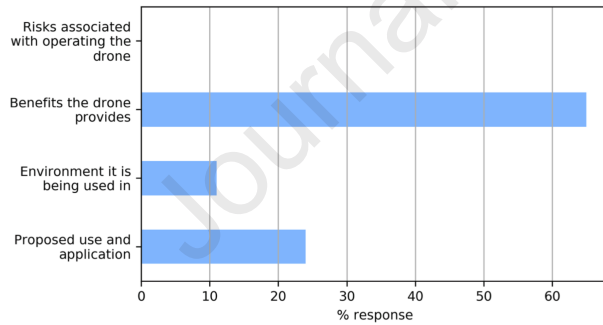
A Who should provide permission for drone deployment?



B To what extent do you trust researchers and academia operators of Drones to be safe?



C Factors that participants felt would affect their support of drone technology



1 Highlights

- 2 • Drone technology can offer benefits to public health interventions such as malaria
3 vector control
- 4 • There are a lack of studies into the community perceptions of drone use in a rural sub-
5 Saharan setting
- 6 • There is widespread trust within communities in Zanzibar for the use of drones in public
7 health but this trust comes with certain conditions
- 8 • Communities need to be informed of drone activities and consent for drone deployment
9 needs to be granted at the community level
- 10 • Trust and consent for drone operations can be easily undone, especially where the
11 use of this technology is unsolicited
- 12 • Mapping community perceptions of drone use and establishing a clear and effective
13 engagement plan should be a pre-requisite for all drone operations.

Andy Hardy: Conceptualization, methodology, formal analysis, investigation, writing – original draft, project administration, funding acquisition. **Mark Proctor:** Conceptualization, methodology, investigation, writing – original draft, supervision, project administration. **Cathryn MacCallum:** Conceptualization, methodology, investigation, writing – original draft, supervision, project administration. **Josh Shawe:** Methodology, formal analysis, investigation. **Safia Abdalla:** Methodology, investigation, resources, data curation. **Rajab Ali:** Resources, data curation. **Salha Abdalla:** Resources, data curation. **Gregory Oakes:** Methodology, investigation, writing – reviewing and editing. **Laura Rosu:** Methodology, formal analysis, investigation, data curation, writing – reviewing and editing. **Eve Worrall:** Methodology, formal analysis, investigation, writing – original draft, funding acquisition