



MONGOLIA NATIONAL COMMUNICATION STRATEGY FOR AVIAN INFLUENZA AND HUMAN INFLUENZA PANDEMIC



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LIST OF ABBREVIATIONS:

AI	Avian Influenza
BCC	Behavioural Change Communication
CIDNF	Center for Infectious Diseases with Natural Foci
FAO	Food and Agricultural Organization
HIP	Human Influenza Pandemic
HPAI	Highly Pathogenic Avian Influenza
MNPRTV	Mongolian National Public Radio and Television
MoECS	Ministry of Education, Culture and Sciences
MoFAg	Ministry of Food and Agriculture
MoH	Ministry of Health
MoRTT	Ministry of Road, Transport and Tourism
NEMA	National Emergency Management Agency
NCC	National Coordination Committee on AI/HIP
NCCD	National Center for Communicable Diseases
NCHD	National Center for Health Development
PI	Press Institute
PHI	Public Health Institute
PPE	Personal Protective Equipment
PTRC	Population Teaching and Research Center
SSIA	State Specialized Inspection Agency
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

1. INTRODUCTION

Emergency management is not new for the Government and people of Mongolia. Over the past decades, the Mongolian Government has successfully overcome many emergencies and saved lives, economic opportunities and social and economic structures through awareness and through providing on-time preventive, protective and curative measures in both the animal and human health spheres. Establishment of National Emergency Management Agency (NEMA) three years ago has provided the nation with new organised, coordinated and timely avenues to fight, contain and overcome emergencies that may endanger animal and human health. A relatively recent threat to poultry and human health in the region and other countries of the world; Avian Influenza and Human Influenza Pandemic (AI-HPAI) also called Highly Pathogenic Avian Influenza (HPAI), poses serious economic and social challenges to the world. AI-HPAI results in poultry outbreaks causing serious economic losses, loss of human lives, among other collateral damages. Although Mongolia has not experienced any case of poultry and human HPAI, increasing domestic consumption of poultry products met by a growing local poultry industry but largely through imports, and existence of three flyways of migratory birds in Mongolian skies do require that the Government, the civil society, the NGOs, the private sector and the people must be in a state of preparedness, equipped with ways and means to fight against AI-HPAI all over Mongolia. The single most important strategy to fight AI-HPAI is through developing and sustaining risk-free behaviours by raising awareness among the people directly involved in handling poultry, emergency managers, and professional management at various levels in many sectors, housewives and the general public. The Government of Mongolia passed a decree #110, 2006 and #61, 2007 that resulted in the National Strategy for Preventing and Fighting the AI and a detailed plan of action. The National Strategy for Preventing and Fighting the AI did not contain an integrated communication strategy. This document, called National Communication Strategy for Avian Influenza and Human Influenza Pandemic, Mongolia, is a resource document based on stakeholders' consensus, to guarantee that Mongolia has a national communication strategy that is not only AI-HPAI specific, but it also provides a transition from a solely public, government effort to a roadmap for a new journey involving not just the Government of Mongolia but also the civil society, the NGOs, the academia, private sector and, above all, the people of Mongolia.

NICS and the detailed communication plan for prevention and control of AI-HPAI address the interventions which can be undertaken on short notice to contain outbreak, prevent possible loss of lives and social disruption by mobilizing all national, aimag and soum resources, and all effective channels of communication, allied departments, media, NGOs and the civil society.

This document contains the following sections:

1. **A Situational Analysis** of Avian Influenza—global and specific to Mongolia—including a summary of accomplishments to date, lessons learned from recent communications.
2. **The Communication Strategy** for Mongolia that presented as a matrix identifying audiences, behavior outcomes/communication objectives, key messages, communication channels and monitoring indicators.
3. **The Three Year Implementation Plan**, identifying specific activities, timeframe, cost and responsible parties.

2. SITUATION ANALYSIS

2.1. Avian Influenza and Human Influenza Pandemic

Highly Pathogenic Avian Influenza (HPAI) H5N1 is a highly contagious disease among poultry. It has caused high mortality in poultry flocks and prompted the destruction of hundreds of millions of birds through mandatory culling operations. HPAI has become endemic in many parts of the world with recurring outbreaks in poultry in Asia and Africa.

Humans can get infected by the H5N1 virus which causes HPAI in poultry. However, transmission of the virus from animal to human is rare and mostly associated with close and direct contact with infected birds. As of 3 June 2008, there have been 383 confirmed cases of H5N1 infection in humans of which 241 have resulted in death world-wide¹.

In spite of current rarity of human cases of infection, there is risk that the H5N1 virus could mutate into a form that could be easily transmitted from human to human and thus trigger a deadly influenza pandemic². It should be noted that H5N1, which is currently causing the greatest concern, is only one of the many candidate viruses that could cause a human influenza pandemic. In fact, an influenza pandemic can be caused by other emerging viruses, providing that it meets the conditions³. Therefore, preparedness to respond to a pandemic is important and imperative in all countries.

WHO has outlined six phases to help us understand where we are in relation to the threat of a severe global pandemic. Currently we are in Phase 3 where human infections with a new virus are present, but no (or very infrequent) human to human spread has occurred. Progression to Phase 4 would require the emergence of small clusters of human to human transmission in localized areas. If the threat is elevated beyond Phase 4, a very quick progression from Phase 5 to Phase 6 (full pandemic) is likely to occur⁴:

Inter-pandemic period	Phase 1	No new influenza virus detected in humans. If a new influenza virus presents in animals, the risk of human infection is considered low
	Phase 2	No human infections, but a circulating animal influenza virus poses a risk to humans
Pandemic alert period	Phase 3	Human infection(s) with a new virus, but no (or very infrequent) human-to-human spread
	Phase 4	Small human-to-human cluster(s) – less than 25 people, lasting less than 2 weeks, highly localized – virus is not well adapted to humans
	Phase 5	Larger human-to-human cluster(s) – between 25-50 people, lasting from 2-4 weeks, still localized but virus increasingly better adapted to humans
Pandemic period	Phase 6	Significantly increased and sustained transmission in general population

2.2. Mongolian Context

¹ http://www.who.int/csr/disease/avian_influenza/country/cases_table_2008_06_03/en/index.html

² Three pandemics have occurred in the last century, in 1918, 1957 and 1968 each causing millions of deaths of which 1918 Spanish flu the most severe accounting for 20-40 million deaths.

³ A pandemic can start when three conditions have been met: a new influenza virus subtype emerges; it infects human causing serious illness; and it spreads easily and sustainably among humans - http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html#cana

⁴ Globally, there is only one phase at a time, as declared WHO. At the moment, we are in phase 3.

As of 03 June 2008, there has been no outbreak reported among humans or domestic poultry in Mongolia. However, the country is vulnerable because: (i) three major flyways of migratory birds of the Asia and the Pacific region cross Mongolia – in 2005 and 2006 specimens taken from dead migratory birds in Huvsgul and Bulgan provinces were tested positive for H5N1; and (ii) the country shares a border with and imports poultry products from China, where HPAI H5N1 has become endemic in poultry populations.

Traditionally, poultry is not a popular part of the Mongolian diet. Therefore, the poultry industry is small yet growing. The total poultry population of Mongolia is estimated at 400,000. Ninety percent of Mongolian poultry raisers are located around the three most densely populated urban centers, and 46% of these are backyard farmers. A recent nationwide survey done showed that only 8% of households kept poultry. The majority (65%) raise poultry for their own consumption (mostly eggs), 58% for trading and income⁵.

In 2006, the Government of Mongolia, with funding from the Government of Japan, launched a nation-wide campaign to raise AI awareness and to try to change behaviours of those vulnerable people to prevent the spread of H5N1 among poultry and humans. The campaign has achieved the following results⁶:

- Awareness of Avian Influenza (AI) among the poultry farmers is quite high with regard to human health aspects. For example, 95.8% believe that a person can get infected with Avian Influenza; 87% consider AI infection in humans dangerous; 97.5% say that sick or dead birds should not be touched; 70% reply that cooking poultry meat well helps reduce the risk of human exposure to and infection with the H5N1 virus. On the other hand, poultry farmers' knowledge and practices related to AI are not very satisfactory with regard to animal health aspects. Although a majority of respondents (87%) cited vaccination as the key method to prevent AI in their flocks, a smaller percentage cited keeping domestic birds away from wild birds (33.9%) and keeping water and feed away from wild birds (21%). Only 19.3% reported separating new birds from current flock for a few days. Bio-security knowledge around poultry waste management (droppings and carcasses) is also low. There is a need to improve the KAP of the poultry farmers with regards to protecting their poultry from AI.
- Awareness of AI among the general population is high: 94% of participants believed humans could be infected with AI; 96% believed it dangerous. Almost 70% mentioned that humans could get AI from infected birds and around 50% mentioned the specific danger of eating infected birds. However, there is gap between knowledge and practices: while 52% of participants said they would report a dead bird, only 17% of those who had encountered sick or dead birds had actually done so and 11,3% had even touched the sick or dead birds with bare hands. Twenty percent reported eating undercooked poultry.
- There is much less information with regard to knowledge, attitude and practices of the population regarding to human influenza pandemic: almost 65% reported they would isolate a sick family member; 84% would wash their hands regularly with soap if one of the family members had a cough and high fever. In terms of care seeking, almost 95% of

⁵, ⁶ Population Teaching and Research Center commissioned by the ERCP, UNICEF and MOH, *Set of surveys on preparedness and response for Avian Influenza, Human Influenza Pandemic – unpublished report*, Ulaanbaatar 2007.

the participants said they would refer to a health worker if one of their family members fell ill.

- Awareness and understanding of the AI among the decision-makers have improved significantly. However, their capacity to plan, produce and provide information to the public needs to be strengthened.⁷

Finally, regarding poultry consumption habits, the survey showed that eggs are three times as popular as meat⁸. Most people buy imported pre-packaged poultry meat for preparing meals – by either boiling or frying the meat. Slaughtering of poultry in home is negligible, even among backyard farmers, as poultry is generally raised for eggs (not meat)⁹.

2.3. Summary of Mongolian AI/HIP communication response and lessons learned

2.3.1 Summary of key achievements/activities in Mongolia to date

The Government of Mongolia approved “National Strategy for Preventing and Fighting the AI” by resolution #110, 2006 and a detailed plan of action to implement the strategy by decree #61, 2007. According to the National Strategy, sectoral agencies of the Government are to elaborate specific Programmes of Actions. In accordance with this, the Ministry of Health has worked on the Communication and Awareness-raising component as the focal institution and the National Emergency Management Agency has tasked to take a coordinating role. Starting from April 2006 the GoM has been implementing the Emergency Risk Communication Project on AI/HIP funded by the GoJ with the support of the UNICEF, and under the leadership of the NEMA and MoH. An Integrated Work plan of the project was developed at the Stakeholders' Planning Workshop on Behavioural Interventions for AI on 23 May, 2006 involving main stakeholders, such as Embassy of Japan, WHO, FAO, UNDP, World Bank, USAID, Mercy Corpus, World Vision, Red Cross, MoH, MoECS, MoTT, NEMA, MoFag, SSIA, the media representatives, MNPRTV, PI, PTRC, NCCD, PHI, NCHD, CIDNF, Central Laboratory for Veterinary Hygiene.

Scope of the project:

Advocacy and Capacity building at the national level:

- More than 2,500 people such as health/veterinary/emergency professionals, border control staff, inspectors, governor officers and journalists improved their knowledge on AI/ HIP through training/workshops; and
- 707 school and kindergarten staff were trained how to deliver AI/PHI prevention messages to children and how to promote hand washing in their schools and kindergartens.

Awareness raising and nation-wide coverage of the mass media:

- TV and Radio spots, programs which promote hand washing; covering sneezes, coughs and wearing a mask are being aired through national and aimag TV channels and radio stations; 40 articles have been published in 7 newspapers.

⁷ “Environ” Consulting LLC commissioned by the ERCP, UNICEF and NEMA (unpublished report), *A Final Report of the Institutional Assessment on Avian Influenza and Human Pandemic Influenza*, Ulaanbaatar 2007

⁸ National Centre for Communicable Diseases commissioned by the ERCP, UNICEF and MoH (unpublished report), *Baseline Survey Report: Public Knowledge, Attitudes and Practice on Avian Influenza*, Ulaanbaatar 2006

⁹ Informal discussion with Mr. Purevkhoo, PhD, Specialist of the Veterinary Department, MoFag

Strengthening the inter institutional communication system and capacities of the focal agencies:

- Support to establishment of the TAD info system at the MoFAG an introductory training;
- The rules on the Event based surveillance system for human health sector was developed and approved by the Head of the NCCD; and necessary hardwares such as portable and base radio stations, LCD projectors, copiers, PPE and info kits were distributed to key agencies for public health promotion.

The three studies conducted as part of the project work plan; “Institutional Assessment Report on Avian Influenza and Human Influenza Pandemic”, “Set of KAP Surveys on Preparedness and Response for Avian Influenza, and Human Influenza Pandemic” and “Media mapping and assessment of the media capacity for mobilization during Pandemic Influenza and other Emergencies”. The first report measures the capacity and ability of the partners to translate AI-HPAI communication strategy into action while the second report relates to the impact of communications activities on various target groups like decision makers, health providers, general population, poultry farmers, and the state of prepared response of health facilities. Third one mapped out the capacity of the national and local media outlets to be mobilized during the emergencies, including A/HPI and the feasibility for deployment by the government agencies. The three reports point out certain valid facts. The “Institutional assessment report” focuses on serious capacity building issues of various agencies involved in AI-HPAI communication while second report on KAP lists various changes that have occurred in the levels of AI/HPAI-specific knowledge of decision makers, general public, health providers and health outlets, children and the poultry sector and the last one reveals strengths and weaknesses of the current capacity of the media and focal government agencies to operate in emergencies and develops guidelines on Effective media Communication in Emergencies.

2.3.2 Lessons learned

The lessons learned during last year awareness campaign and other communications activities include:

1. In order to improve communication management of AI/HPAI, a comprehensive communication strategy should be designed prior to further communication intervention.
2. Preventive action is much more effective than post-hoc reaction in controlling the spread of diseases. Systems must be in place to allow early and rapid interventions and AI/HPAI need not be treated as “academic threat” but as a real possibility.
3. A public, private partnership (PPP) comprising collaborative effort among the Mongolian government, NGOs, and the civil society organizations to promote BCC needs to be introduced and encouraged.
4. In order to evolve into the next stage of participatory communication, existing “Information Dissemination” phase in Mongolia needs an enabling environment through capacity development and institutional strengthening of partners by the human resource development and hardware supplies for BCC activities.
5. Clear, concise, and accurate information is vital to combat rumours and myths. Using simple, jargon free language for journalists and other communicators will facilitate communication.

3. COMMUNICATION STRATEGY

Currently, the threat of AI to animal and human health in Mongolia is relatively low. However, since AI has become endemic in some countries of the region, prevention and control of H5N1 requires a long-term perspective, as does the communication strategy. Meanwhile, the threat of an influenza pandemic, which may start somewhere else, still exists and the communication strategy for pandemic preparedness and response will be different from AI.

3.1. Communication strategy to prevent and control AI has two specific objectives:

- 1.1 Reduce the risk of animal-to-animal transmission:
- 1.2 Reduce the risk of animal-to-human transmission

When there is no outbreak, prevention of H5N1 transmission from animal to animal can be addressed using a community-based approach with proper veterinary services because (i) awareness of AI among poultry farmers is quite high, however bio-security practices are weak; (ii) the poultry industry in Mongolia is small yet growing fast – there is a clear opportunity to encourage good practice from the beginning, before a problem develops; and (iii) lessons learned in the fight against HPAI elsewhere show that behaviour changes in bio-security practices require a long-term strategy with proper on-ground support for poultry farmers based on technically sound and feasible options. Prevention and control of AI in poultry populations should best be integrated into the routine animal husbandry promotion programs. The key behaviours to strengthen good bio-security are reporting of sick and dead birds and vaccination.

When there is a confirmed outbreak in animals or humans, a campaign will be launched to reinforce above behaviours and promote those that reduce the transmission of animal to human. The scale (national and/or localized focus) of the campaign will depend on the extent of the outbreak.

3.2. Communication strategy for human influenza pandemic preparedness has three specific objectives:

- Encourage people to prepare household logistics for a pandemic
- Develop habits and behaviours that reduce flu transmission: FLU- WISE¹⁰
- 2.3 Strengthen the government communication system for preparedness and response to an influenza pandemic

Preparedness campaigns should start early since the start of a pandemic is unpredictable. This campaign will develop or encourage people to adopt behaviours that prevent the transmission of influenza virus, following WHO/UNICEF recommended FLU-WISE (**W**ash, **I**nform, **S**tay apart and **E**tiquette) using both mass media and networks of grass-root workers to maximize reach. An element of logistical preparedness will be introduced later in the campaign. At the same time, it is important to identify and strengthen the capacity of the government agencies in charge of the communication during a pandemic, including spokespeople¹¹.

¹⁰ WHO, UNICEF (unpublished report), *WHO/UNICEF Informal Discussion on Behavioural Interventions for the Next Influenza Pandemic*, 2006.

¹¹ For further information, refer to “Environ” Consulting LLC commissioned by the ERCP, UNICEF and NEMA (Unpublished report): *A Final Report of the Institutional Assessment on Avian Influenza and Human Pandemic Influenza*, Ulaanbaatar 2007

3.3. Communication strategy for human influenza pandemic response has three specific objectives

- 3.1 Reduce the transmission of pandemic influenza virus
- 3.2 Reduce mortality caused by the influenza pandemic
- 3.3 Help people recover from the influenza pandemic

When a pandemic is declared by WHO, an intensified campaign will be launched immediately to reinforce FLU-WISE and promote FLU-CARE¹² (Care, Assess, Rest, Evaluate) using all possible mass media to reach people, while inter-personal channels will be discouraged. Communication materials (audio, video spots and public service announcements) will be prepared in advance and pre-deposited for immediate use.

As the pandemic evolves and new information becomes available, Government must be ready to manage the critical short-term communication need and use the mass media to get the latest information across in a calm and steady manner¹³. The Technical Working Group (under the National Coordination Committee) plays an important role in: (i) providing the identified spokesperson with key messages based on latest technical information; and (ii) assisting government in designing messages which reassure and calm fears. At a later stage, the campaign will focus on helping people recover from the pandemic.

¹² WHO, UNICEF (unpublished report), *WHO/UNICEF Informal Discussion on Behavioural Interventions for the Next Influenza Pandemic*, 2006.

¹³ For further information, refer to WHO *Outbreak Communication Guidelines*, which can be retrieved from <http://www.who.int/infectious-disease-news/IDdocs/whocds200528/whocds200528en.pdf>

Communication strategy to prevent and control AI (HPAI and H5N1 infection in humans)

Audiences	Behavioural outcomes	Channels/materials	Monitoring indicators
Objective 1. 1: To reduce risk of animal-to-animal transmission of Avian Influenza			
Poultry farmers	<p>When there is no outbreak:</p> <ul style="list-style-type: none"> ▪ Report sick or dead bird to authorities. ▪ Apply bio security (Recommendation from FAO and Ministry of Agriculture for Mongolian context is needed) ▪ Vaccinate poultry against HPAI H5N1 <p>When there is an outbreak:</p> <ul style="list-style-type: none"> ▪ Report sick or dead birds to authorities. ▪ Apply more intensively bio security measures. ▪ Vaccinate poultry against Avian Influenza. ▪ Disinfect poultry raising areas. ▪ Dispose sick or dead poultry safely ▪ Apply control movements according to authorities' regulations. 	<ul style="list-style-type: none"> ▪ Network of vet and paravet: manual, leaflets, posters, educational video ▪ Local media: Public service announcement. ▪ Network of vet and paravet 	<ul style="list-style-type: none"> ▪ Number (%) of vet and paravet trained in Avian Influenza. ▪ Number (%) of poultry farmers able to list minimum bio-security measures ▪ Number (%) of poultry farms certified as bio-secured.
Objective 1. 2: To reduce risk of animal-to-human transmission of H5N1 virus			
Poultry farmers and handlers ¹⁴	<p>(When there is an outbreak)</p> <ul style="list-style-type: none"> ▪ Do not touch or prepare sick or dead birds for food ▪ Wash hands with soap after contact with birds and eggs; before eating and after preparing poultry meat ▪ Cook poultry meat and products well ▪ Dispose of sick or dead birds safely ▪ Seek medical help if you develop high fever after close contact with poultry or poultry products. 	<ul style="list-style-type: none"> ▪ Mass media: television (TV spots/PSA/education programs); Radio (radio spots/PSA/education programs) ▪ Local media: television (TV spots/PSA/education programs); Radio (radio spots/PSA/education programs) ▪ Interpersonal communication: Network of health workers and Red-Cross: brochures, leaflets/posters 	<ul style="list-style-type: none"> ▪ Number of poultry farmers able to list minimum preventive H5N1 infection. ▪ Number of poultry farmers applying minimum preventive measures to protect them from H5N1 infection.

¹⁴ These include all those have direct contact with live poultry and its eggs, including marketers. The KAP survey shows that most of these are women and children.

Audiences	Behavioural outcomes	Channels/materials	Monitoring indicators
Poultry consumers	<ul style="list-style-type: none"> ▪ Buy safe or certified poultry (or from a trusted source). ▪ Cook poultry meat and products well. ▪ Wash hands with soap after preparing poultry meat or handling eggs. ▪ Use separate chopping boards and dishes for raw and cooked food. ▪ Wash cooking utensils with soap and clean surfaces of preparation area after preparing poultry meat. ▪ Seek medical help if you develop high fever after close contact with poultry, its meat and products. 	<ul style="list-style-type: none"> ▪ Mass media: television (TV spots/PSA/education programs); Radio (radio spots/PSA/education programs) ▪ Local media: television (TV spots/PSA/education programs); Radio (radio spots/PSA/education programs) ▪ Interpersonal communication: Network of health workers and Red-Cross: brochures, leaflets/posters 	<ul style="list-style-type: none"> ▪ Number of poultry consumers able to list minimum preventive measures to protect them from Avian Influenza ▪ Number of poultry consumers applying minimum preventive measures to protect them from Avian Influenza.

Communication strategy for pandemic preparedness

Audiences	Behavioural outcomes	Channels/Materials	Monitoring Indicators
<p>Objective 2. 1: To encourage people to prepare household logistics for a pandemic</p> <p>All audiences¹⁵</p>	<ul style="list-style-type: none"> ▪ Store essential household supplies for 1 months (food, water, fuel etc) ▪ Prepare a family health kit (thermometer, anti-fever medication, and other necessary medicines for 1 month) 	<ul style="list-style-type: none"> ▪ Mass media: television (TV spots/PSA/education programs); Radio (radio spots/PSA/education programs) ▪ Local media: television (TV spots/PSA/education programs); Radio (radio spots/PSA/education programs) ▪ Internet ▪ Mobile SMS ▪ Interpersonal communication: Network of health workers and Red-Cross: brochures, leaflets/posters 	<ul style="list-style-type: none"> ▪ % of population agreeing that they should store household supplies for pandemic ▪ % of population able to list major items recommended ▪ % of population with supplies present in home
<p>Objective 2. 2: To develop habits and behaviours to reduce the transmission of influenza</p> <p>All audiences</p>	<ul style="list-style-type: none"> ▪ Wash: wash your hands and clean surface with soap ▪ Inform: Inform yourself and others about influenza and maintain a good health habit ▪ Stay apart¹⁶: Try to keep a distance of more than metre away from others, especially if sick; Stay at home as much as possible; avoid public gatherings and travel. 	<ul style="list-style-type: none"> ▪ Mass media: television (TV spots/PSA/education programs); Radio (radio spots/PSA/education programs) ▪ Local media: television (TV spots/PSA/education programs); Radio (radio spots/PSA/education programs) 	<ul style="list-style-type: none"> ▪ Number of materials produced and pre-deposited ▪ % of population able to list at least 4 key preventive measures against influenza ▪ % of population practicing minimum preventive behaviours against influenza

¹⁵ All audiences such as men, women, children in rural and urban or different ethnic group to promote these behaviours, although different materials/messages can be developed for different audiences

¹⁶ Behaviours needed only in a pandemic, but people need to be prepared now and plan for this.

Audiences	Behavioural outcomes	Channels/Materials	Monitoring Indicators
	<ul style="list-style-type: none"> ▪ Etiquette: Cover coughs and sneezes with mask, tissue or elbow but NOT hands); do not spit in public. 	<ul style="list-style-type: none"> ▪ Internet ▪ Mobile SMS ▪ Interpersonal communication: Network of health workers and Red-Cross: brochures, leaflets/posters 	
Objective 2. 3: To strengthen the communication systems of the government to response to a pandemic			
Policy makers and/or designated spokesperson	<ul style="list-style-type: none"> ▪ Develop and disseminate preparedness instructions and plans (including a communication component) to their respective sectors. ▪ Follow internal communication procedures set out for a pandemic ▪ Communicate latest information regarding the pandemic to appropriate audience, public and media 	<ul style="list-style-type: none"> ▪ Orientation/training workshops ▪ Internal communication channels: instructions/directives/decrees etc. 	<ul style="list-style-type: none"> ▪ Number of people trained ▪ Spokespeople trained with TOR ▪ Number (%) of aimag/soum having a communication plan for pandemic ▪ Number (%) of provinces aimag/soum having their communication plan tested (simulation)
Media personnel	<ul style="list-style-type: none"> ▪ Report developments of influenza pandemic in a responsible and positive manner (from a credible source). 	<ul style="list-style-type: none"> ▪ Orientation/training workshops ▪ Journalist association 	<ul style="list-style-type: none"> ▪ Number of journalists trained ▪ Number of reports published on AI/HIP
Government organizations in charge of communicating with the public about preventive measures	<ul style="list-style-type: none"> ▪ Develop and pre-deposit appropriate materials for pandemic. 	<ul style="list-style-type: none"> ▪ Training and technical assistance 	<ul style="list-style-type: none"> ▪ Number of staff trained ▪ Number (%) of materials produced is evidence-based

Communication strategy for human influenza pandemic response and recovery

Audiences	Behavioural outcomes	Channels/materials	Monitoring indicators
<p>Objective 3. 1: To reduce the transmission of pandemic influenza virus (intensified campaign)</p> <p>All audiences¹⁷</p>	<ul style="list-style-type: none"> ▪ Wash: Wash your hands and clean surface with soap ▪ Inform: Inform yourself and others about influenza and maintain a good health habit ▪ Stay apart: Try to keep a distance of more than metre away from others, especially if sick; Stay at home as much as possible; avoid public gatherings and travel. ▪ Etiquette: Cover coughs and sneezes with mask, tissue or elbow but NOT hands); do not spit in public. 	<ul style="list-style-type: none"> ▪ Mass media: television (TV spots/PSA); Radio (radio spots/PSA) ▪ Local media: television (TV spots/PSA); Radio (radio spots/PSA) ▪ Internet ▪ Mobile SMS 	<ul style="list-style-type: none"> ▪ Number of materials produced and pre-deposited ▪ % of population able to list at least 4 key preventive measures against influenza ▪ % of population practicing minimum preventive behaviours against influenza
<p>Objective 3. 2: To reduce mortality of the influenza pandemic</p> <p>All audiences</p>	<ul style="list-style-type: none"> ▪ Care safely for patients at home. ▪ Assess and improve your knowledge on how to care for yourself and others. ▪ Rest as soon as symptoms develop, seek health advice and stay home. ▪ Evaluate for danger signs and act in accordance with latest information. 	<ul style="list-style-type: none"> ▪ Mass media: television (TV spots/PSA); Radio (radio spots/PSA/education programs) ▪ Local media: television (TV spots/PSA/education programs); Radio (radio spots/PSA/education programs) ▪ Spokespeople, press briefing, media releases. ▪ Internet ▪ Mobile SMS 	<ul style="list-style-type: none"> ▪ Number of timely up-to-date press releases produced ▪ Number of media briefings organized ▪ Number of people following updated recommendations.

¹⁷ All audiences such as men, women, children in rural and urban or different ethnic group to promote these behaviours, although different materials/messages can be developed for different audiences

Audiences	Behavioural outcomes	Channels/materials	Monitoring indicators
<p>Objective 3. 3: To help people recover from the pandemic</p> <p>All audiences (especially those have recovered from the pandemic flu and who will have immunity)</p>	<ul style="list-style-type: none"> ▪ Provide psycho-social support to those in need. ▪ Help provide care for the sick ▪ Families care for the ill at home 	<ul style="list-style-type: none"> ▪ Mass media: television (TV spots/PSA/; Radio (radio spots/PSA/education programs) ▪ Local media: television (TV spots/PSA/education programs); Radio (radio spots/PSA/education programs) ▪ Spokespeople, press briefing, media releases. ▪ Internet ▪ Mobile SMS 	<ul style="list-style-type: none"> ▪ Number of people who recovered volunteering their services ▪ Community support networks formed by volunteers who have recovers from flu ▪ Health facilities report having sufficient staff and supplies to care for critically ill patients

THREE YEAR IMPLEMENTATION PLAN: Activities, Timeframe, Cost and Responsible Parties

N	Activity/Process/Output	Timeframe	Cost (USD)	Lead/Responsibility.
1	<p>Develop a draft Integrated communication strategy and comprehensive plan for Prevention and Control of Avian Influenza and Human Pandemic Influenza, with help from partners, and finalize with inputs from relevant colleagues; have the plan approved by relevant authorities.</p> <p>Process: Along with NEMA, MoH, UNICEF to draft the plan, organize a national consultation to discuss and finalize the plan.</p> <p>Output: An Integrated communication strategy developed and approved by the Cabinet or the national Coordination Committee on AI/HP.</p>	Sep 2008	20, 000	NEMA/UNICEF/ MoH/MoFag/SSIA
2	<p>Raise funds to operationalize the Strategy.</p> <p>Process: GoM, the national coordinating committee (NCC) on AI/HP to raise funds for implementing the strategy by allocating national finances and by bringing in funding from various multilateral and bilateral agencies.</p> <p>Output: Funds raised to operationalize the Strategy.</p>	Oct 2008- Jul 2009	-	NEMA/MoH/MoFag/SSIA
3	<p>Involve the new parliament, ministers and other decision makers in prevention and control of AI/HPAI, organise special briefing sessions to familiarise and update the new establishment on AI/HPAI.</p> <p>Process: NEMA/MoH/MoFag/SSIA to initiate and complete the process.</p> <p>Output: Parliament and cabinet members familiarised with the situation of AI/PIH.</p>	Oct- Dec 2008	2, 000	MoH in collaboration with UNICEF/others
4	<p>Train NEMA/MoH/MoFag/ NGOs/media in “strategic communication for behaviour and social change” in one-week intensive training sessions; with 5 work days and two field days.</p> <p>Process: Technical group of the NCC to do the ToRs, identify the trainers who would not only conduct training but also create trainers/participants manuals keeping in view the Mongolian socio-cultural context and other indicators.</p> <p>Output: Professionals from NEMA/MoH/MoFag/NGOs/media trained in “strategic communication for behaviour and social change”.</p>	Nov 2008- Nov 2009	50, 000	NCC/NEMA

N	Activity/Process/Output	Timeframe	Cost (USD)	Lead/Responsibility.
5	<p>Organize/support AI/HPAI “Media Meet” at Press Institute, Ulaanbaatar, and other cities, to motivate the media for a responsible and positive role in the prevention and control of avian flu and other highly infectious diseases, share the results of behaviour mapping with the media and utilise 2008 media mapping and guidelines.</p> <p>Process: Technical group of the NCC to do the ToRs, identify the key media outlets who would disseminate AI/HP prevention messages not only conduct training but also create trainers/participants manuals keeping in view the Mongolian socio-cultural context and other indicators.</p> <p>Output: Journalists’ knowledge/information on AI/HP improved and motivated to disseminate responsible updated information on AI/HP.</p>	Dec 2008- Feb 2009	3, 000	NCC/NEMA collaboration with WHO and other donors
6	<p>Alliances with different communication networks – NGOs, volunteers, Religious Leaders, Poultry Association, etc - to reach out focused segments face to face.</p> <p>Process: Identify the partners. Work out the activities and partnerships Start the activities.</p> <p>Output: Involvement of NGOs, volunteers, Religious Leaders and Poultry Association in working on AI/HP improved, target groups reached through them.</p>	Oct-Dec 2008	10, 000	NCC in collaboration with NEMA/UNICEF
7	<p>Monitoring the implementation and regular reporting.</p> <p>Process: Identify partners and assign roles. Develop monitoring tool, info gathering tool and template for regular reporting. Agree on how to use baseline, conducted earlier, and time periods for monitoring and reporting.</p> <p>Output: Monitoring and info gathering tools and template for regular reporting developed and used accordingly.</p>	Nov 2008	5, 000	NCC, NEMA/MoH in collaboration with UNICEF & WHO
8	<p>Involve selected communities and NGOs like Mongolian Red Cross and initiate Community Surveillance (or the Event based surveillance) for enhanced and proactive reporting of sick and dead chicken/bird cases</p> <p>Process: Develop the rules of the surveillance, assign roles and responsibilities of the parties, conduct trainings, and advertise the importance of proactive reporting through media.</p> <p>Output: Reporting of the unusual sickness and death or events improved and national</p>	Nov 2008- Dec 2009	25, 000	NCC/NEMA/MoH in collaboration with UNICEF & WHO

N	Activity/Process/Output	Timeframe	Cost (USD)	Lead/Responsibility.
	surveillance capacity improved.			
9	<p>IEC material development and Mass Media activities: Draft, design, field test printing and airing:</p> <ol style="list-style-type: none"> 1. Calendar/poster/leaflet for backyard poultry breeders and handlers 2. Brochure containing CD 3. Coloring & story booklet for children 4. AI/HPAI Kit (creative briefs) for Policy/Decision Makers, Media & Leadership 5. Orientation Film for vulnerable groups, educated class & general public 6. Poster calendar for poultry farms 7. Poster for school population 8. Banner for poultry shops 9. Banner/billboards for streets 10. Flyers for general public 11. TV and Radio programs & messages 12. Stickers for different population. <p>Process: Following the agreed branded theme, messages, text and requirements the partner to arrange printing, delivery & usage. TV and Radio Spots with Pandemic messages "FLU WISE and FLU CARE" need to be produced and stockpiled for further airing during the possible outbreak. Output: IEC materials developed, distributed, and aired.</p>	July 2008- Dec 2010	100, 000	NCC and partners including NEMA/MoH/MoFag/SSIA/UNICEF/RC/WB
10	<p>Conduct Mid-term review (MTR) to focus on process evaluation to determine the nature, functions, positions and strategic nature of the processes involved in the communications campaign, MTR not to concentrate on the impact at this stage.</p> <p>Process: Third party, competitively selected, to conduct MTR and provided with all information including baselines, progress reports, IEC materials, secondary data on the basis of ToRs mutually agreed by the partners and the third party conducting the MTR. Output: The MTR conducted and findings presented to the NCC and respective agencies.</p>	Aus- Nov 2009	35, 000	NCC/NEMA

N	Activity/Process/Output	Timeframe	Cost (USD)	Lead/Responsibility.
11	<p>Conduct a one-day Lessons Learned seminar.</p> <p>Process: Third party contractor to summarise findings, compile lessons learnt, print booklets and to present them at Lessons Learned Seminar having attendants from all stakeholders; decision makers, partners' representatives, NGOs, communities, poultry farmers, children, private sector, among others.</p> <p>Output: A one-day Lessons Learned seminar conducted and participants from all stakeholders got familiarized with the findings of the MTR.</p>	Jan 2010	15, 000	NCC
12	<p>Adjust the communications contents, and the direction of the campaign, and choose the right target groups and the media outlets in the context of MTR results, and re-launch the second and final part of the campaign.</p> <p>Process: NCC to be the focal point in collaboration with other partners.</p> <p>Output: The communication campaign contents adjusted according to the MTR findings.</p>	Jan - Oct 2010	100, 000	NCC
13	<p>Final evaluation of the project, presentation in a Lessons Learned seminar, printing and circulation of report and seminar documents.</p> <p>Process: NCC to liaise with M&E departments/experts and design ToRs for the third party conducting the evaluation.</p> <p>Output: The final evaluation and lessons learned seminar conducted and all stakeholders provided with findings of the evaluation.</p>	Dec 2010	75, 000	NCC
	TOTAL BUDGET		490, 000	