



# **Avian Influenza Global Communication Leadership Meeting**

**Overview  
of Pandemic Preparedness Activities**

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# HIPPIE...also known as H2P

- HIPPIE--Humanitarian Initiative to Prepare for a Pandemic Influenza Emergency (Ron Waldman, USAID\*)
- H2P--Humanitarian Pandemic Preparedness Initiative (Pierre DuPlessis, IFRC)

\*[http://www.avianflu.aed.org/docs/HIPPIE\\_1-24-08.pdf](http://www.avianflu.aed.org/docs/HIPPIE_1-24-08.pdf)

## USAID INITIATIVE to

- Help developing countries (up to 20 over 3 years) prepare for and respond to avian and pandemic influenza.....or any emergency
- Reach across all sectors—public, private, and civil society
- Primary goal: limit excess mortality during a pandemic

# Partners

- IFRC
- UN (UNICEF, WFP, UNHCR, OCHA, etc.)
- AI.COMM
- CORE GROUP (SAVE, CARE)
- INTERACTION
- (STOP AI)

# Objectives

- Support development of pandemic preparedness plans in the areas of health, food security, and livelihoods
- Strengthen capacities of humanitarian and civil society organizations to carry out pandemic preparedness plans
- Ensure coordination between global, national, district, and community level stakeholders in preparedness & response

# First-round Countries

- Egypt—December 2007
- Ethiopia—March 11
- Nepal—June 16
- Rwanda—July 21
- Mali—July 28
- Uganda—Aug 18

# AI.COMM's Main Roles

- Communication (including advocacy)
- Formative research
- Coordination of food security working group

## H2P areas of training and communication

- Non-pharmaceutical interventions (NPIs) to reduce transmission at household and community levels
- Home and community-based care of those ill with influenza
- Reduce indirect health impacts (plan for continuity of services for pneumonia, malaria, diarrhea, AIDS, and TB)

# 1. Household mitigation

- What is pan flu
- Transmission
- What families can do to reduce transmission (respiratory etiquette, hand washing, keeping your distance from others, & voluntary isolation of the ill)
- Signs
- Home care
- Care seeking outside the home
- Community communications to promote & support families in the above

## 2. Community mitigation

- What communities can do to reduce transmission (social distancing of adults and children, such as closing schools and other community activities, and possibly, support to households with ill family members for voluntary quarantine of the exposed).
- Community support for families unable to care for themselves (due to illness among all of the household's potential caregivers or household resource constraints).
- Modification of existing health facility services (such as providing 12 weeks supply of medications to HIV & TB patients and focusing on only life-saving interventions)
- Psycho-social support
- Early warning (surveillance)

### 3. Community case management of childhood illnesses

- Applies in a more severe situation in which large numbers of patients may overwhelm the health system.
- Move case management of childhood pneumonia, diarrhea, and malaria from health facilities to the community level by community health workers (CHWs) during a pandemic.
- Substantial extra supplies of drugs may be needed from outside the community, as are extra training and supervision efforts to upgrade the capabilities of community health workers.

# Approach to health training

Develop “**off-the-shelf**” fully prepared & deployed capacity among several **in-country partners** at national & sub-national levels, to rapidly roll out **district-level planning & training** for community interventions in as many NGO/RC/partner work sites as possible, with minimal support from outside these sites.

The idea is to train national & **district-level community health program managers** & other key partner staff, through national & district-level workshops, in what they should do differently during a pandemic – focusing on a few changes to existing programming which could be achieved in only a few days training of **community health workers (CHWs) & community leaders**, after notification of the triggering event (such as WHO declaration of Phase 5 or 6, following evidence of person-to-person transmission in another country)

## AI.COMM work to date: Coordination

- Hired Ricardo as Pandemic Communication Coordinator
- Attended Oct 2007 launch/signing ceremony in Geneva with 21 NGOs
- Participate on H2P partner Advisory Committee
- Participate on Health Technical Working Group focused on CHW training

## AI.COMM work to date: Formative research

- Completed first qualitative research study in Ethiopia
- Plan additional studies in Bangladesh, South Africa (regional), Peru, and Azerbaijan

# Focus of research

- ❑ Perceptions of influenza—how do communities view its seriousness
- ❑ Past experiences with emergencies—what do people do? Where do they go?
- ❑ Non-pharmaceutical interventions (NPIs)—isolation, quarantine, social distancing
- ❑ “Indirect impacts”—disruption of health services, food supply, etc.
- ❑ Sources of communication in emergencies

## AI.COMM work to date: food security

- ❑ Convened food security working group including WFP, UNICEF, NGOs, and universities
- ❑ Created a food security information portal
- ❑ Coordinated a consultant team to develop a food security planning template
- ❑ Coordinated a meeting in Rome with the WFP to share approaches to food security during a pandemic

# Why food security?

.....the social reactions to a pandemic would cripple economies, with resulting interruptions in the harvesting, processing, transport, sales and distribution of the basic food supplies – mostly staples or grains – without which populations will suffer increased rates of malnutrition and, for those already malnourished, increased rates of mortality.

In many scenarios of a severe pandemic, the greatest share of deaths would not be from the respiratory distress due to the influenza, combined with bacterial pneumonia, but from the economic dislocations involving long-term economic depression and pockets of famine.

# Steps for communities before a pandemic

<b>Task</b>	<b>How often</b>	<b>Result</b>	<b>Requires</b>
Map foodstocks	Annual update	Map, List	Visiting farms, industry
Identify food protection priorities	Every 2 years	List	Convening local experts
Assess who are most vulnerable households	Annual	Roster	Surveys, measures
Communicate to key organizations	Every 2 years	Messages	Meetings
Compile public works projects	Every 2 years	List	Creative exploration
Track early warning signs of local livelihood disaster	Continuously during pandemic	Decisions	Track markets, movements of people, local rumors
Propose increased foods for medical care	Every 2 years	Commitment	Convening community

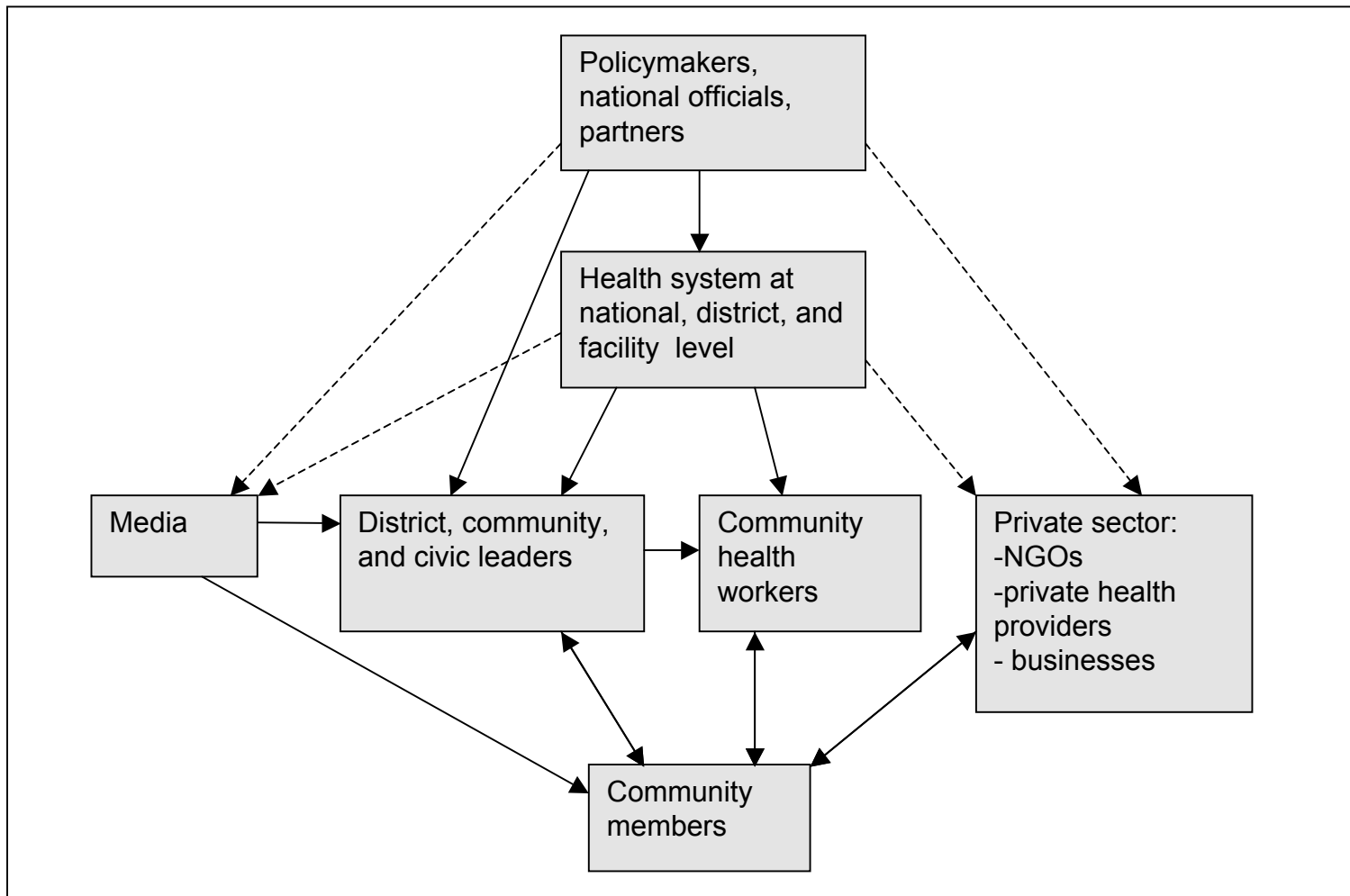
# Steps for communities during a pandemic

<b>Task</b>	<b>How often</b>	<b>Result</b>	<b>Requires</b>
Community meetings to plan food sharing	Pandemic onset	Transparency & volunteers	Leadership
Negotiate channels and networks for food or voucher provision to vulnerable households	Outset	Mapping and new vouchers	Cooperation among merchants & CBOs
Deliver smallscale food rations to homesteads	Twice/month	Household receipt of minimal food supplies	Trucks, motorcycles, community volunteers
Deliver nutrient-rich therapeutic foods to households with malnourished children	Twice/month	Prevention of severe malnutrition	RUTF, plumpy nut, BP-5, ORS, fortified foods
Convene public works without congregation	Daily	Self-targeted safety net	Food, mobile supervision
Merge feeding, IMCI and agricultural extension	Ongoing	Coverage to families where they live	MOA and MOH sharing
Increase onsite feeding after epidemic wave	Daily	Malnourished rehabilitated	Fuel, structures, volunteers
Promote livelihoods through new loans in new loan cycles with new short-term loan products	Once a month	Increased currency circulation among poor	Capital from banks into microfinance networks
Provision of short-cycle seeds post epidemic wave	Ongoing	Effective sowing of next crop cycles	Cooperation of seed companies

# AI.COMM work to date: communication

- Communication framework for pandemic influenza
- Key messages for before and during a pandemic
- Emergency Communication Workshop piloted in Ghana

# Key target groups



# Potential elements of a pandemic communication program

Type of communication	Key target groups to involve
Advocacy	<ul style="list-style-type: none"><li>▪ Policy makers, national officials, partners</li></ul>
Formative research and message testing	<ul style="list-style-type: none"><li>▪ Community members</li></ul>
Planning and coordination	<ul style="list-style-type: none"><li>▪ Policy makers, national officials, partners</li><li>▪ Health officials</li><li>▪ District, community, and civic leaders</li></ul>
Risk communication training	<ul style="list-style-type: none"><li>▪ Policymakers, national officials</li><li>▪ Health officials</li><li>▪ District, community, and civic leaders</li></ul>
Orientation of media	<ul style="list-style-type: none"><li>▪ mass media (TV, radio, print media, electronic media)</li></ul>
Interpersonal communication training	<ul style="list-style-type: none"><li>▪ District, community, and civic leaders</li><li>▪ Community health workers and responders</li></ul>

# Target group: district & community leaders

	Desired action by target group that messages to this group should support
<b>Pre-pandemic</b>	Obtain orientation/training on pandemic influenza, including personal hygiene measures, when and why to implement social distancing measures (NPIs), authorization process for implementing NPIs, process to initiate them; build skills in risk communication regarding pandemic flu
	Define roles and responsibilities, including communication team with designated spokesperson to communicate with media and/or community
	Develop plan of action in event of epidemic, including implementing NPIs community mobilization and schedule for communicating with different segments of community
	Draft plans to organize volunteer networks, succession plans, and potential actions for burial, civil unrest, etc.
<b>Pre-local outbreak</b>	Orient communities to the risks of pandemic influenza and the key actions that they should take
	Coordinate with health officials to rapidly train and activate volunteer networks
	Begin to implement volunteer networks, succession plans, and actions for burial and civil unrest
<b>During local outbreak</b>	Implement social distancing (NPIs) and other needed steps in a timely manner in order to reduce excess mortality
	Coordinate with health leaders to monitor action of volunteer networks
	Maintain regular contact with health authorities for updates on epidemic status and recommended actions and to provide feedback from community
	Communicate clearly and frequently with media and community, including NGOs and FBOs, about status of epidemic
	Coordinate inputs and support from private sector, including businesses and NGOs

# Messages for Community Leaders and Organizations to Prepare for an Outbreak

	Message Categories	Sample Messages
<b>The Threat of a Pandemic Influenza Outbreak is Serious</b>	A pandemic influenza outbreak will be more serious than you might think.	<ul style="list-style-type: none"><li>▪ <i>In the 20th century, three influenza pandemics were responsible for more than 50 million deaths worldwide.</i></li><li>▪ <i>The 1918–1919 flu pandemic was the most severe; more than half of the people who died during that pandemic were between 18 and 40 years of age and healthy.</i></li><li>▪ <i>If an outbreak like the 1918-1919 pandemic occurs, it is estimated that between 180-360 million people could die worldwide. This is five times the number of deaths from AIDS.</i></li><li>▪ <i>Even in a year when there is no pandemic, 1-1.5 million people die from influenza and related complications.</i></li><li>▪ <i>Because it will affect the whole world, a pandemic might stop the world economy and distribution of food and other supplies that are important to communities.</i></li></ul>

# Messages for Community Leaders and Organizations to Prepare for an Outbreak

	Message Categories	Sample Messages
<b>What community leaders can do to prepare for a pandemic</b>	Community leaders should have plans in place for social and economic disruptions related to a pandemic outbreak.	<ul style="list-style-type: none"><li>▪ <i>Your community will be relying on you for guidance during a pandemic outbreak, so you should be prepared.</i></li><li>▪ <i>Plan for how to support families that are unable to care for themselves during a pandemic outbreak.</i></li><li>▪ <i>Prepare for what would happen if food became widely unavailable.</i></li><li>▪ <i>Prepare for civil unrest during a pandemic outbreak.</i></li><li>▪ <i>Think about how you could help to maintain services and functions such as food supply, water, fuel, electricity and communications during a pandemic outbreak.</i></li><li>▪ <i>Plan for how funerals and burials should take place if the government forbids all gatherings of people.</i></li><li>▪ <i>Plan for how children would be cared for if schools are closed.</i></li><li>▪ <i>Consider training large groups of people who can help during a pandemic, such as doctors, nurses, midwives, health promoters, teachers, and members of unions or faith groups.</i></li></ul>

# Challenges

- Complexity of H2P Partnership
- How to engage in-country partners in taking pandemic seriously and preparing
- Complexity of food security issue

# Questions for discussion

- How can we effectively advocate for pandemic preparedness in countries?
- What are strategic entry points?
- How to link to our avian flu programs?
- What are the most important elements of a pandemic communication strategy?