FEDERAL DEMOCRATIC
REPUBLIC OF ETHIOPA

ETHIOPIAN
ONE HEALTH
RISK COMMUNICATION STRATEGY

A Multisectoral Joint Strategic Document Developed by the Ministry of Health; Ministry of Agriculture; Environment Protection Authority; and Ethiopian Wildlife Conservation Authority

May 2022
Addis Ababa, Ethiopia

FOREWORD

The convergence of people, animals, and our environment has created a new dynamic in which the health of each group is inextricably interconnected. The challenges associated with this dynamic are profound, demanding, and unprecedented. Of the many diseases now recognized in humans, approximately 60% are due to multi-host pathogens characterized by their movement across species lines. Over the last three decades, approximately 75% of new emerging human infectious diseases have been zoonotic in origin (i.e., transmitted from animals). The increasing interdependence of humans with animals and their products may well be the single most critical risk factor to our health and well-being with regard to infectious diseases. In the future, the animal-human interdependence shall be exacerbated by globalization, population growth, climate change, changes in land use, intensification of livestock production, and other human behaviors.

The Government of Ethiopia and its development partners recognize the critical importance of intensifying multisectoral and multidisciplinary collaboration and coordination to be able to effectively prevent, detect, and respond to health threats at the human-animal-environment interface. Recognizing the benefits of that collaboration and aiming to strengthen it further, the government officially established the National One Health Steering Committee in 2017. This new platform laid the initial bricks of a foundation for establishing and strengthening coordination, collaboration, and communication between the human, animal, and environmental health sectors and partners for better health outcomes.

This One Heath Risk Communication Strategy demonstrates the government's commitment to action and marks a new beginning of risk communication to prevent and contain emergency health threats in Ethiopia. The document outlines proposed activities to be implemented in the next five years (2021–2025) under five strategic objectives, in alignment with the Global Health Security Agenda (GHSA) multisector risk communication Joint External Evaluation (JEE) indicators, to reduce the risks and impacts of public health threats. The strategy document will facilitate consistent communication between partners and inform the design of messages and activities to raise awareness, promote healthy behaviors, and mobilize communities to act during any health threat emergency.

The strategy was developed, reviewed, and ratified by the One Health sectors and partners. As a living document it may be reviewed and updated as appropriate, based on available information on emerging human, animal, and environmental health concerns, and emergencies in the country. It is believed that this risk communication strategy will be a useful document to guide and implement risk communication activities to promote safe and healthy behaviors before, during, and after any health threat emergency in Ethiopia.

EXECUTIVE SUMMARY

During public health emergencies, people need to know what health risks they face, and what actions they can take to protect their health and lives. Accurate information provided early, often, and in languages and channels that people understand, trust, and use, enables individuals to make choices and take actions to protect themselves, their families, and their communities from threatening health hazards. Risk communication is an integral part of any emergency response. It is the real-time exchange of information, advice, and opinions between experts, community leaders, or officials and the people who are at risk. During health threat emergencies, effective risk communication allows people most at risk to understand and adopt protective behaviors. It allows authorities and experts to listen to and address people's concerns and needs so that the advice they provide is relevant, trusted, and acceptable.

The purpose of this strategy is to provide government stakeholders and partners with operational guidance and tools for the implementation of a multisectoral risk communication approach to address ZDs and other health threats at the human-animal-environment interface.

Objectives of the risk communication strategy include:

- Provide clarification and guidance on how the One Health multisectoral approach activities operate with specific sectors during prevention, detection, and response to emerging/re-emerging and endemic diseases and other health threats that require coordination and a joint response, including public health emergencies of international concern (PHEICs)
- Provide a plan with specific activities to strengthen risk communication capacity as measured by the JEE during times of preparedness and recovery to improve rapid detection and response
- Provide government stakeholders and partners with operational guidance and tools for the implementation of a multisectoral risk communication approach to address ZDs and other related health threats at the human-animal-environment interface
- Identify appropriate communication channels and community engagement structures across One Health sectors that can be activated for dynamic feedback with communities for improved One Health risk communication

The following are strategic objectives outlined in the risk communication strategy document in alignment with the GHSA multisectoral risk communication JEE indicators. Under each strategic objective, key One Health risk communication activities to be implemented in the upcoming five year (2021–2025) are described.

- Strengthen risk communication systems (e.g., plans, mechanisms) from national to community level
- Improve internal and external communication and coordination at all levels (national, regional, woreda, and kebele)
- Improve the capacity to provide timely, accurate, and consistent public health communication messages
- Establish effective communication and engagement with affected communities
- Establish a dynamic listening and rumor management system from the local to national level

This document is intended for use by the national, regional, zonal, and woreda One Health coordination mechanisms; key government sectors (e.g., Ministry of Health and Ethiopia Public Health Institute, Ministry of Agriculture, Environment, Forest and Climate Change Commission , Ethiopian Wildlife Conservation Authority, and other relevant sectors), and partners working in the prevention of ZDs and other public health threats. The document contains strategic objectives, and key activities to guide risk communication activities in prevention, detection, and response to public health threats. This strategy should be used in conjunction with existing emergency operations plans, procedures, guidelines, resources, assets, and incident management systems.

ACKNOWLEDGMENTS

This document is the result of a collaborative effort of the National One Health Steering Committee and partners with the aim to strengthen multisectoral government coordination, collaboration, and communication for preparedness and response to public health threats. Each of the key One Health core sectors and partners contributed their technical expertise and experience to outline and describe existing communication networks and the actions needed to employ those networks to deliver coordinated and systematic risk communication messages and activities before, during, and after a health threat emergency.

The National One Health Steering Committee extends its gratitude and sincere appreciation to all of those whose valuable contributions made this document possible. Your commitment to collaborative coordinated action employing risk communication principles to manage human, animal, and environmental health threats have the potential to make Ethiopia a safer and healthier country.

Stakeholders and partners involved in the development of this strategy:

- National One Health Communication Task Force (coordinating body)
- Ethiopian Public Health Institute (EPHI)
- Ministry of Health (MOH)
- Ministry of Agriculture (MOA)
- Environment Protection Authority (Previously Environment, Forest, and Climate Change Commission)
- Ethiopian Wildlife Conservation Authority (EWCA)
- World Health Organization (WHO)
- Food and Agriculture Organization (FAO)
- United States Agency for International Development (USAID)
- Centers for Disease Control and Prevention (CDC)
- Johns Hopkins University Center for Communication Programs (CCP)
- Ohio State University-Global One Health Initiative (OSU-GOHI)
- Resolve to Save Lives (RTSL)
- American Society for Microbiology (ASM)
- Consortium Christian Relief and Development Association Polio CORE Group (CCRDA-CORE)
- International Livestock Research Institute (ILRI) Horn Project
- Animal Health Institute
- National Veterinary Institute (NVI)
- Addis Ababa University Community Health School

ACRONYMS

AHRI	Armauer Hansen Research Institute
AU-IBAR	African Union Inter-African Bureau for Animal Resources
BCC	Behavior Change Communication
CAHW	Community Animal Health Worker
CDC	Centers for Disease Control and Prevention
C-ELISA	Competitive Enzyme Linked Immunosorbent Assay
DOVAR	Disease Outbreak and Vaccination Report
DRMC	Disaster Risk Management Commission
EBA	Ethiopia Broadcasting Authority
EFCCC	Environment, Forest, and Climate Change Commission
EFDA	Ethiopian Food and Drug Authority
EMA	Ethiopian Medical Association
EOC	Emergency Operation Centre
EPHA	Ethiopian Public Health Association
EPHI	Ethiopian Public Health Institute
EPT	Emerging Pandemic Threat
ESTIDs	Ethiopian Society of Tropical and Infectious Diseases
ESAP	Ethiopian Society of Animal Production
EU	European Union
EVA	Ethiopian Veterinary Association
EWCA	Ethiopian Wildlife Conservation Authority
FAO	Food and Agriculture Organization of the United Nations
GHSA	Global Health Security Agenda
HEW	Health Extension Worker
HPAI	Highly Pathogenic Avian Influenza
HSTP	Health Sector Transformation Plan
IEC	Information, Education, and Communication
IDS	Integrated Disease Surveillance
IGAD	Inter-Governmental Authority for Development
ILRI	International Livestock Research Institute

JEE	Joint External Evaluation
JOHI	Jigjiga One Health Initiative
MCM	Multisectoral Coordination Mechanism
MOA	Ministry of Agriculture
MOCT	Ministry of Culture and Tourism
MOH	Ministry of Health
MOST	Ministry of Science and Technology
MOP	Ministry of Peace
NAPHS	National Action Plan for Health Security
NOHCTF	National One Health Communication Task Force
NOHSC	National One Health Steering Committee
NGO	Non-Governmental Organization
NVI	National Veterinary Institute
OHCEA	One Health Central and East Africa
OIE	World Organization for Animal Health
PHEIC	Public Health Emergency of International Concern
PHEM	Public Health Emergency Management
PHEOC	Public Health Emergency Operations Centre
RRT	Rapid Response Team
RT-PCR	Reverse Transcription Polymerase Chain Reaction
RVF	Rift Valley Fever
SBC	Social and Behaviour Change
SMS	Short Message Service
SNNPR	Southern Nations Nationalities and People Regional State
SOPs	Standard Operating Procedures
TWG	Technical Working Group
USAID	United States Agency for International Development
VDFCA	Veterinary Drug and Feed Control and Administration
WAHIS	World Animal Health Information System
WHO	World Health Organization
ZD	Zoonotic Disease

CONTENTS

SECTION I
INTRODUCTION

INTRODUCTION TO ONE HEALTH AND ZOONOTIC DISEASES

Ethiopia is the second-most populous country in Africa and the 13th in the world, with a population of about 115 million people and a growth rate of 2.6%. The population growth coupled with an ambitious livestock intensification plan, rich biodiversity, the expansion of residential areas close to wildlife, and frequent interaction between humans and animals puts Ethiopia at an elevated risk of emerging pandemic diseases and other global health threats. In addition to the existing burden of endemic diseases, the emergence of new antimicrobial resistance and food safety, biosafety and bio-security issues are creating additional challenges to the public health sector and the general population.

Mitigating the impact of endemic and emerging zoonotic diseases (ZDs) and other health threats of public health importance requires multisectoral collaboration and interdisciplinary partnerships. Collaboration across sectors relevant to the above health threats—particularly among human and animal (domestic and wildlife) health disciplines—are essential for quantifying the burden of ZDs and other health threats; detecting and responding to endemic and emerging zoonotic pathogens and other health threats; prioritizing the health threats of greatest public health concern; and effectively launching appropriate prevention, detection, and response strategies.

The One Health approach, adopted as the core driver of the Global Health Security Agenda (GHSA), an alliance of more than 69 governments and international partners formed to make the world safer from infectious diseases, is a mechanism that enhances collaboration among the human, animal, and environment sectors to deliver optimal health for humans, animals, and the environment.[1] Although Ethiopia has made significant steps to strengthen the animal and human health services, both in workforce and facilities, cross-sectoral efforts to prevent, detect, and respond to health threats at the interface are still at an initial stage. Cross-sectoral collaborations have been limited in their lifespan and specific in their scope and are disbanded once the threat is contained or reduced.

To advance the GHSA and other international and national commitments Ethiopia has formally set up a National One Health Steering Committee (NOHSC) and five technical working groups (TWGs) (Anthrax, Brucellosis, Rabies, Emerging Pandemic Threats (EPT), and the National One Health Communication Task Force)—comprised of core government ministries and other relevant actors within the human, animal, and environmental health mandates—to strengthen multisectoral coordination and collaboration.

RATIONALE FOR DEVELOPMENT OF THIS RISK COMMUNICATION STRATEGY

The World Health Organization (WHO) defines risk communication as the real-time exchange of information, advice, and opinions between experts or officials and people who face a threat to their survival, health, economic, or social well-being from hazards, such as ZD outbreaks, hazardous chemicals, or radiation.[2] Risk communication ensures that people and communities are aware of current threats and is designed to change behavior to reduce ongoing and potential risks. Its goal is to enable people at risk to take informed and best possible decisions to mitigate the risks to their health and well-being. Risk communication requires effective engagement of relevant stakeholder communities. Community engagement means that affected communities are consulted about and included in the planning and response to risk reduction efforts for ZDs and other health threats by considering local social, cultural, political, economic, and other realities. An effective risk communication intervention requires robust, trustworthy communication between the public and response actors, and a commitment to community engagement.

The public and relevant stakeholders must be regularly informed and given prevention advice to avoid the circulation of false information, which creates more uncertainty, fear, and panic in the population. Risk communication should always make use of a range of communication and engagement tactics, including mass communication and social media for public information, community mobilization, strategic partnerships (e.g., setting up working groups and committees with key stakeholders), and leveraging existing information platforms and information systems.

Once a health emergency occurs, strong emergency risk communication involves a process with an outcome (e.g., managing an outbreak), which promotes dialogue among everyone involved in the response, beginning with affected community members. Effective listening and two-way communication can strengthen relationships, build trust, and enhance transparency. During a public health threat, early, coordinated, and effective delivery of life-saving messages can make a tremendous difference in the eventual magnitude of an outbreak or epidemic. Risk communication capacity is measured by the WHO JEE tool in five domains: systems, internal and partner coordination, communication with the public, community engagement, and dynamic listening and rumor management, on which Ethiopia scored 3, 3, 4, 3, 3, respectively.[2]

This decade has recorded an unprecedented 2019 novel coronavirus (COVID-19) disease outbreak which continues to have untold social and economic impact on the world. As infections spread across borders, countries like Ethiopia are not only infected but remain vulnerable due to their population size and sociocultural makeup. To mitigate the impact of the disease, Ethiopia has developed and implemented the Risk Communication and Community Engagement (RCCE) strategy document. This document provides comprehensive actionable guidance for Ethiopia's RCCE response to the COVID-19 outbreak and strengthens its contribution to the overall emergency response with recommended strategic actions at the various phases of the emergency. Lessons will be drawn from the extensive experience on COVID-19 risk communication approaches, and activities will be used as an input to guide this strategy.

The NOHSC has the experience of establishing joint multisectoral Rapid Response Teams (RRTs) to investigate and respond to outbreaks that occurred across the country in 2019 and 2020. These include the mass bird deaths in South Omo; suspected Rift Valley fever (RVF) investigation and response in South Omo and Borena; anthrax outbreak management in Waghimra, Central Gondar, and South Gondar; rabies outbreak investigation in SNNP; and response to an unknown camel disease in Somali. Each of these multisectoral outbreak investigations and response activities were led and coordinated by leads of the respective disease specific TWGs (Anthrax, Brucellosis, Rabies, EPT, and the National One Health Communication Task Force). Results of the after-action reviews following the joint outbreak investigations identified lessons on the benefits of working jointly, as well as areas that need improvement in joint work relationships.

Building on the above experience it is important to establish a clear mechanism of coordination and communication between the NOHSC and those sectors leading emergency management.

Most of the existing public health emergency response strategies/guidelines in Ethiopia are more sector specific, which do not clearly demonstrate multisectoral, multidisciplinary coordination as a One Health approach. The lack of coordination and lack of timely response experienced in investigation and response to "cold case outbreaks/endemic diseases" such as anthrax outbreaks—which are localized to some extent but require multisectoral joint investigation and response from the national to community level—are evidence of this approach. Therefore, this strategy will serve as guidance to One Health stakeholders and partners on how the One Health multisectoral approach activities operate with specific sectors during preparation, detection, and response to emerging/re-emerging and endemic diseases and other health threats that require coordination and a joint response.

Purpose, objectives and intended use

The purpose of this strategy is to provide government stakeholders and partners with operational guidance and tools for the implementation of a multisectoral risk communication approach to address ZDs and other health threats at the human-animal-environment interface. The One Health risk communication strategy is fully aligned and linked to overarching national documents such as the National Action Plan for Health Security (NAPHS), National One Health Strategy Plan, and Health Sector Transformation Plan (HSTP).

Objectives of the strategy include:

- Provide clarification and guidance on how the One Health multisectoral approach activities operate with specific sectors during preparation, detection, and response to emerging/re-emerging and endemic diseases and other health threats that require coordination and a joint response, including public health emergencies of international concern (PHEICs)
- Provide a plan/specific activity to strengthen risk communication capacity as measured by the JEE during times of preparedness and recovery to improve rapid detection and response
- Provide government stakeholders and partners with operational guidance and tools for the implementation of a multisectoral risk communication approach to address ZDs and other related health threats at the human-animal-environment interface
- Identify appropriate communication channels and community engagement structures across One Health sectors that can be activated for dynamic feedback with communities for improved One Health risk communication

This document is intended for use by the national, regional, zonal, and woreda One Health coordination mechanisms: key government sectors (e.g., Ministry of Health [MOH] and Ethiopia Public Health Institute [EPHI], Ministry of Agriculture [MOA], Environment, Forest, and Climate Change Commission [EFCCC], Ethiopian Wildlife Conservation Authority [EWCA]), and partners working in the prevention of ZDs and other public health threats. The document contains strategic objectives, and key activities, to guide risk communication activities in prevention, detection, and response to public health threats. This strategy should be used in conjunction with existing emergency operations plans, procedures, guidelines, resources, assets, and incident management systems.

STAKEHOLDERS AND OTHER AUDIENCES

The primary target audiences for this strategy are program managers at national, regional, zonal, and woreda levels of the public health, livestock, wildlife, and environmental sectors, including partners working on prevention and control of ZDs, all of which work to implement this strategy to protect the health and welfare of the community, families, and individuals against the effect of ZDs. To support the effective implementation of this strategy secondary audiences such as political and administrative bodies, professional and trade associations related to human, animal, wildlife, and environmental health, United Nation Agencies, and donors are key players.

This strategy addresses both internal (within and among partner organizations and stakeholders represented as members of the multisectoral coordination effort) and external stakeholders and partners who are standing beside the multisectoral coordination to support to achieve timely and effective information sharing and response at all levels in Ethiopia.

Understanding the audiences (internal and external) and their challenges is very important to communicate risk effectively, both internally and externally. A range of target audiences can be identified, but it is important to select the most important ones.

INTERNAL	EXTERNAL
Governmental - Ministry of Health (EPHI, EFDA, EPSA, AHRI) - Ministry of Agriculture (ANIMAL HEALTH INISTITUTE , NVI, VDFACA) - Ministry of Transport - Ministry of Finance - Ethiopia Broadcasting Authority - Ministry of Foreign Affairs - Ministry of Peace (ARRA, NDRMC) - Environment, Forest, and Climate Change Commission - Ethiopian Wildlife Conservation Authority - Prime Minister's Office Press Secretariat - Ministry of Education - Ministry of Science and Higher Education - Ministry of Science and Technology - Ministry of Women, Youth and Children - Ministry of Justice - Ministry of Defense - Ministry of Culture and Tourism	**Global, regional, and bilateral partners** - World Health Organization - World Organization for Animal Health - Food and Agriculture Organization - U.S. Agency for International Development (USAID) - U.S. Centers for Disease Control and Prevention (CDC) - Africa Centers for Disease Control and Prevention - African Union Inter-African Bureau for Animal Resources - European Union - Intergovernmental Authority on Development - International Livestock Research Institute - Cross-border countries - World Bank - Africa Development Bank

<table>
<tr><th>INTERNAL</th><th>EXTERNAL</th></tr>
<tr><td rowspan="2"><h3>Non-governmental and international partners</h3>
USAID and CDC projects implementing partners engaged in prevention and control of ZDs in Ethiopia
Veterinary San Frontiers
Core Group
Horn project, University of Liverpool
Ohio State University Global One Health Initiative
One Health Ethiopia
Public Health England
Africa One Health University Network
Vital Strategies
American Society of Microbiology</td><td><h3>Mass media (public and private medias)</h3>
Broadcast media (radio, television) social media and print media</td></tr>
<tr><td><h3>Community leaders and members</h3>
Traditional leaders
Social structure (Edirs)
Influential public figures
Religious leaders
Livestock herders
Abattoir and tannery workers
Shepherds and animal traders</td></tr>
<tr><td><h3>Professional associations</h3>
Ethiopian Veterinary Association
Ethiopian Public Health Association
Ethiopian Medical Association
Ethiopian Society of Tropical and Infectious Diseases
Ethiopian Society of Animal Production</td><td><h3>Private sector</h3>
Animal product processing industry (meat, dairy, poultry, animal product food serving establishments, etc.)
Animal product import and export trade public limited companies
Livestock producer and processing association
Public and veterinary clinics/hospitals/pharmacy
Animal feed processing and distributors
Traditional healers</td></tr>
</table>

SECTION II
BACKGROUND AND SITUATIONAL ANALYSIS

ONE HEALTH LANDSCAPE IN ETHIOPIA

Ethiopia is home to a host of zoonotic pathogens and other health threats. The country is vulnerable to the effects of ZDs as the economy is largely dependent on agriculture, and it is home to the largest animal population in Africa. In 2016, the country conducted a ZD prioritization exercise that guided a range of government agencies through the process of determining ZDs of greatest public health threat to the country. In the prioritization process, 43 potential ZDs of concern were vetted through a set of criteria determined jointly by the Ethiopian agencies and partners. As a result of the prioritization process, human and animal health agencies jointly selected five ZDs (rabies, anthrax, brucellosis, echinococcus, and leptospirosis) they can collaboratively begin to tackle. This priority list has been updated to anthrax, rabies, brucellosis, highly pathogenic avian influenza (HPAI), and RVF through the One Health re-prioritization workshop conducted in September 2019 in Addis Ababa.

Ethiopia has a history of cross-sectoral collaboration in the management of infectious diseases and other public health threats. Several ad hoc initiatives arose in response to health threat occurrences at the national and global level over the last two decades. Some of the best examples include ad hoc One Health initiatives established in response to threats posed by HPAI, RVF, Ebola hemorrhagic fever, and investigation of unknown liver diseases. While these initiatives engaged different sectors enhancing multisectoral collaborations, they were limited in their lifespan and specific in their targets and were disbanded once reduction of the anticipated threat was achieved. Observations from existing initiatives and results of consultative discussions show that there is a lack of strong communication mechanisms and data sharing both vertically and horizontally, poor surveillance and diagnostic capacity, and gaps in local resource mobilization/financing.

Several non-governmental organizations (NGOs) are increasingly involved in supporting the government initiative in One Health. Their support entails capacity building, including strengthening surveillance systems and laboratories; workforce development; risk communication; supporting research implementation; evidence generation; and monitoring and evaluation.

The NGOs include:

- One Health units for Human, Environment, Animals and Livelihood (HEAL) project of Volunteer San Frontiers/VSF-Suisse
- One Health Central and East Africa (OHCEA)
- Jigjiga One-Health Initiative (JOHI), a research and development partnership between Jigjiga University, Armauer Hansen Research Institute (AHRI – MOH), and the Swiss TPH (Basel);
- OHIO Global Health Initiatives in Ethiopia
- Vital Strategies-Resolve to Save Lives

Before the establishment of the NOHSC, all of these efforts toward promotion of the One Health approach in the country were carried out separately to meet their project objectives. In addition to working in limited geographic areas, they lacked a coordinating body to synergize each other, which resulted in a duplication of effort.

Ethiopia increasingly has embraced the One Health approach to prevent, detect, and respond to the existing and emerging threats. With the support of partners, the Government of Ethiopia formally established the NOHSC in 2017. NOHSC has been established to facilitate multisectoral coordination and collaboration among One Health stakeholders and partners at national and subnational levels, and to strive towards the establishment of a sustainable institutionalized One Health platform in the country.

Based on analysis of their prevalence in Ethiopia and their transboundary transmission potential, the NOHSC has re-prioritized five national priority ZDs: anthrax, brucellosis, HPAI, and RVF). Moreover, the NOHSC has established five national TWGs, including Rabies, Anthrax, Brucellosis, EPT, and the National One Health Communication Task Force, to promote multisectoral coordination and collaboration on One Health activities.

Each established TWG includes membership composed of core One Health sectors and partners that have the required knowledge and skills to deal with the specific disease. In each TWG, the MOH and MOA alternate chairperson and secretariat positions based on an agreed period (every six months). Additionally, One Health coordination structures have been extended to seven regions (Amhara, Oromia, SNNPR, Tigray, Somali, Benshangul-Gumuz, and Gambella), seven zones, and 17 woredas in different regions. A brief description of the stakeholders and key communication platforms and networks within each One Health sector is provided below.

NATIONAL ONE HEALTH CORE SECTORS

Public Health Sector

The MOH is mandated to take preventive measures against events that threaten the public health and—in the event of an emergency—coordinate measures of other stakeholders to tackle the problem expeditiously and effectively. The MOH and its technical wing, the EPHI, in collaboration with stakeholders and partners, has been responding to disease outbreaks, other public health emergencies, and humanitarian crises such as supporting internally displaced people, through the Public Health Emergency Management (PHEM) coordination forums, PHEM task force, technical task force, and TWGs. In addition, the MOH and EPHI have actively engaged in the multisectoral investigation and response to the ZD outbreaks.

The public health sector has a strong and well-organized structure that extends from national to kebele levels. Based on the national guidance, each level has its own mandate on how to operate in protecting the public from any form of health threats. The frontline health structures (woreda health office, health centers, health posts run by health extension workers [HEWs], One leader to 30 households' health development army and One leader to five households' network) play key roles in surveillance and response and ensure community engagement to prevent and control public health threats.

The MOH relies on the PHEM Center of the EPHI, which, based on Council Ministers Regulation No. 301 / 2013, has the mandate to lead and coordinate the public health emergency preparedness, early warning, surveillance, response, and recovery and rehabilitation efforts. The PHEM structure is staffed with required expertise at all levels.

The national influenza and arboviruses laboratory under PHEM in the EPHI has the capacity to detect disease-causing pathogens of various ZDs and suspected cases. The necessary resources are always available. The PHEM has a well-organized integrated disease surveillance (IDS) system to track priority diseases, events, and conditions, and immediately notify the relevant authorities. The PHEM system is at the stage of piloting a new electronic reporting system for both IDS and the health management information system (HMIS). This system uses software that will be installed on computers at different levels, the lowest being at the health-center level. The health sector will maximize use of the existing and ongoing woredas connectivity that is going on nationwide for this purpose. However, until these mechanisms are in place, woredas are expected to send their reports using the available paper-based reporting system.

The public health sector has public health emergency guidelines that clearly outline and describe the protocol and steps in disease case identification and management; the required reporting at each level of emergency management and at each phase of the public health emergency; and the roles and responsibilities of different actors in the public health structure.3 There are guidelines on the establishment, functions, and management of the Emergency Operation Center (EOC), RCCE, and RRT that can manage the coordination and leadership of a wide range of pandemic and epidemic threats. There are also disease-specific case management guidelines for a wide range of ZDs, including but not limited to anthrax, rabies, malaria, Ebola, and COVID-19. In addition, the government of Ethiopia has prepared a National Action Plan for Health Security (NAPHS) that was endorsed to strengthen the country's capacity to prevent, detect, and respond to an outbreak of public health concern.

The MOH has a health promotion team with relevant expertise under the Health Extension and Health Promotion Directorate and, through the EPHI, experienced staff members both in the early warning and emergency management section, and on the RCCE teams. There are also communication experts from WHO, UNICEF, and Resolve to Save Lives at MOH and EPHI to support the health promotion and risk communication at RCCE and public relations offices. At the subnational level the MOH has a health promotion section staffed with trained expertise in health promotion and communication. At the community level there are HEWs whose responsibilities are focused more on health education, surveillance, and other preventives services such as immunization, reproductive health, hygiene, and sanitation. The existence of these structures and expertise provides opportunities to strengthen the health promotion and risk communication activities.

Animal Health Sector

The animal health sector is mandated to establish a system that ensures access to quality veterinary services to improve the prevention and timely control of animal and fish diseases, including zoonosis. The animal health workforce of the country is assigned to several offices including field services, animal health laboratories, academia, research institutes, NGOs, international organizations, and the private sector. The field services include federal and regional animal health services, woreda/district clinics and kebele animal health posts. An animal health assistant (as an extension agent) represents each animal health post, and each animal health assistant serves two to three kebeles.

Livestock disease surveillance is carried out at both the federal and regional levels in Ethiopia. At the federal level, the Epidemiology Directorate under the MOA guides overall surveillance activities and central animal health data collection, collation, analysis, and dissemination.

The Animal Diseases Notification and Investigation System (ADNIS)—a mobile application-based reporting mechanism from animal health clinic to federal level—and the Disease Outbreak and Vaccination Report (DOVAR)—which includes both electronic and paper-based reporting—strengthen the country's animal health surveillance systems in reporting notifiable diseases such as anthrax, rabies, HPAI, and RVF. However, these reporting systems are functioning to their current capacity; there are some inconsistencies, incompleteness, and inadequacy of coverage that challenge timely reporting of diseases.

The animal health sector includes the Animal Health Institute and 15 regional veterinary laboratories in the country. Animal Health Institute has a high-capacity laboratory staffed with experts in detecting disease-causing pathogens in animals from field samples using both serological (C-ELISA and IgM capture ELISA) and molecular (RT-PCR) techniques. The country also has a National Veterinary Institute (NVI) capable of producing animal vaccines at scale when needed.

To mitigate the risk of introduction of diseases crossing international borders via importation of livestock and livestock products, there are six quarantine stations (Mille, Jigjiga, Metema, Humera and Almehal, Dire dawa) and five check posts (Aysha dewele, Lefe esa, Moyale, Togochale, Decheto, and Bole international airport). Quarantine services located near Kenya, Somalia, and Sudan play a significant role in the prevention of introduction of transboundary diseases into the country through movement of livestock and livestock products originating from infected countries.

Within the MOA the risk communication and animal health promotion activities are coordinated by risk communication experts and World Organization for Animal Health (OIE) experts with veterinary backgrounds who are assigned and working under the Epidemiology and Public Health Directorates, accountable to the state minister. In addition, the communication experts at the public relations office of the ministry provide technical support to risk communication experts in the design and development of communication materials and messages. However, while these structures and expertise exist at the national level, there is a need to strengthen the risk communication section of the ministry from the national to the subnational level.

Ethiopian Wildlife Conservation Authority

The Ethiopian Wildlife Conservation Authority (EWCA) is established under proclamation number 575/2008 having the responsibility to undertake appropriate conservation and development of wildlife for its sustainable use. Its vision is "to see Ethiopia as one of the top five African countries in sustainable wildlife development, conservation and utilization by 2025." Its mission is" to develop and conserve Ethiopia's wildlife resources and protected areas scientifically through active participation of the community and other stakeholders, to bring ecological, economic and social benefits for Ethiopians as well as the global community and pass them to the next generation as a heritage." https://www.nationalparks-worldwide.com/eaf/ethiopia/national-parks/ewca/ethiopian-wildlife-conservation-authority.html

EWCA is one of the core members of the NOHSC. The workforce includes animal health experts, environmental health experts, research experts in wildlife and habitat, and wildlife scouts (rangers) who look after the health and well-being of the wildlife and their habitats at national park and wildlife sanctuary levels. The wildlife protected areas are organized and managed under the federal and regional administrations and staffed with relevant levels of expertise. Current biodiversity disease surveillance is often ad hoc and relies on passive surveillance (data collected from community submissions) and regular monitoring of wildlife deaths by rangers. The current approach to surveillance for wildlife diseases is still inadequate as demonstrated by the slow characterization and response to past disease outbreaks.

Regular surveys for the presence or absence of disease in wildlife are conducted in the protected areas. For any death occurrence of wild animals, the wildlife scouts or experts automatically report to the park office, which in turn reports to the EWCA. When notifiable diseases are found and reported by wildlife scouts, wildlife experts and veterinarians at EWCA collaborate with MOA/ Animal Health Institute for detailed investigation and response. The EWCA has experience in leading such collaboration in managing the rabies outbreak in the Ethiopian Wolf which spilled over from domestic dogs in Semen National Park. Major duties and powers of the EWCA that require One Health coordination include:

- Prevention and control of incidence of wildlife diseases within or outside of conservation areas
- Issuance of permits and health certificates to export and import any wildlife or wildlife products
- Conducting periodic surveillance and monitoring of avian flu in aquatic birds in wetlands and Rift Valley lakes

Environment, Forest, and Climate Change Commission

The Environment Forest and Climate Change Commission (EFCCC) is established under proclamation number No 916/2015. It is a federal institution for managing the environment of Ethiopia. EFCCC is responsible for ensuring the realization of the environmental rights, goals, objectives, and basic principles enshrined in the Constitution and the basic principles set out in the environmental policy of Ethiopia.

It is mandated to formulate or initiate and coordinate the formulation of strategies, policies, laws, standards and procedures and, upon approval, monitor and enforce their implementation. It is also responsible for the synergistic implementation and follow-up of international and regional environmental agreements, including those pertaining to hazardous chemicals, industrial waste, and anthropogenic environmental hazards in which Ethiopia is a party.

EFCCC maintains official government structures from the federal to the woreda level; however, there are some differences in the structure of the offices from regional to woreda level. EFCCC is also one of the NOHSC core members. The commission utilizes the Ethiopian Environment Forest Study Institute and the Addis Ababa Environmental Study Laboratory for investigation of pollution and other hazards. The organization has a wide range of technical staff (e.g., environmentalists, chemists, biologists, social scientists, geographers).

Development partners

There are a range of actors that participate in or contribute to the NOHSC, TWG, and TF efforts to maximize the expertise, networks, and tools. Donors provide financial support to fill the government gaps and demonstrate new interventions. The United Nations Agencies (FAO, WHO, OIE) and other development partners such as USAID, CDC, and SDC operate according to their areas of specialization to support the efforts of the country. Response by UN agencies is coordinated through the resident/country (national, regional) offices. In the case of a public health emergency satisfying the classification of PHEICs according to IHR Regulations of 2005, the WHO, upon receipt of notification from the MOH, and OIE from the MOA, communicates with neighboring countries through their protocols and websites/WAHIS. WHO, OIE, and FAO support in policy analysis, field operations, and monitoring of standards according to existing protocols and strategies.

Non-Governmental Organizations and Other Partners

NGOs and partners support the implementation of the Ethiopian multisectoral joint disease prevention, preparedness, and response activities through official request from the NOHSC. The national coordinating body identifies priority areas requiring support and provides guidance to NGOs and other partners. NGOs and partners provide support in the identified areas under the leadership of the core sectors at national, regional, and district/woreda levels.

When there are notifications or alarm of potential pandemic/transboundary disease happening from recognized sources or there are outbreak calls from sector ministries on internationally notifiable diseases, the NOHSC through its disease specific TWGs (Anthrax, Rabies, Brucellosis, EPT), or the mandated sector ministry, will establish an RRT to investigate and respond to the situation and coordinate response.

Media

The media plays a very significant role in shaping the public attitude; it has the responsibility both to educate and to report accurate health and science information. It is advantageous for the One Health coordination mechanism to cooperate with media during emergency or crisis situations. Media is the primary tool to get public safety messages to communities during an emergency, and media outlets know their audiences better than other program sectors do. The media translates messages into a framework that is better understood by portions of the community. Media needs to be involved during a crisis and its role should be considered during the planning process.

Interacting with the media is an essential part of risk communication strategies. Use of media outlets is the best mechanism for quickly reaching a wide audience. The media is especially important during the first hours or days of an emergency. Social media, such as Twitter and Facebook, is increasingly important as it is a very fast form of communication. Mass media, particularly television and radio, still has the widest distribution; however, in some cases, traditional media (such as DAGU) will be the best way to reach many audiences of the public during an emergency.

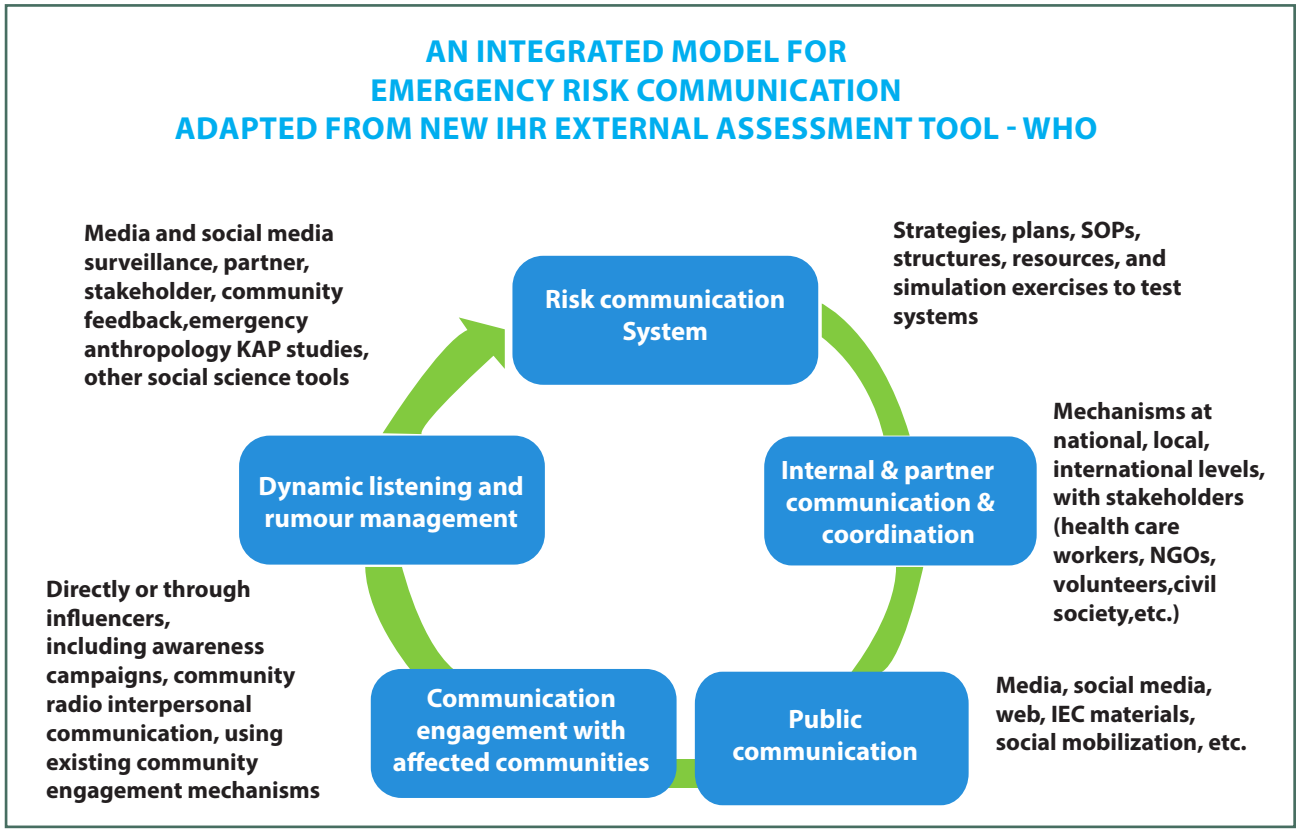
Mass media in general plays a significant role in improving awareness and influencing people's perception during an emergency. Ethiopian mass media (radio, television, and newsletters) require support to mainstream the issue of ZDs and other health threats in their programs and regular public communication.

SECTION III
NATIONAL ONE HEALTH RISK COMMUNICATION STRATEGY

Providing the public and other stakeholders, including responding organizations, with accurate and timely information is a key element of an effective response to ZDs or other health threats. This provision of information requires a careful strategy if it is to succeed in reducing risk.

This section includes the strategic objectives measured by JEE indicators, key activities under each strategic objective, and rumor management in Ethiopia.

The Ethiopian national multisectoral ZD risk communication strategy follows an integrated model of emergency risk communication as illustrated below.



Source: Risk Communication and Community Engagement 2019 Novel Corona Virus (COVID-19) Disease Preparedness (February 2020);

Strategic Objectives

The following strategic objectives are expected to be implemented by key One Health stakeholders and partners working with or supporting One Health in the prevention of priority ZDs and other related threats. The plan to achieve activities under these objectives spans five years (2021–2025). The objectives are outlined in alignment with the GHSA risk multisector risk communication JEE indicators:

- Strengthen risk communication systems (e.g., plans, mechanisms) from national to community level
- Improve internal and external communication and coordination at all levels (national, regional, woreda, and kebele)
- Improve the capacity to provide timely, accurate, and consistent public health communication messages
- Establish effective communication and engagement with affected communities
- Establish a dynamic listening and rumor management system from local to national level

Key risk communication activities by strategic objectives

1. Strengthen risk communication systems (e.g., plans, mechanisms) from national to community level

   This section includes development of rick communication strategies, action plans, Standard Operational tools that guide effective implementation of the planned activities, and simulation exercises to test systems. To achieve effective risk reduction and risk communication the establishment of clear plans, tools, and mechanisms play key role in maintaining standards, and clarify role and responsibility of all actors to avoid duplication of effort and ensure accountability at all levels. Indicative planned activities under this strategic objective are listed in section IV strategy action plan

2. Improve internal and external communication and coordination at all levels (national, regional, woreda, and kebele)

   Continuous and effective communication within and between responsible government sectors, partner organizations, and other relevant stakeholders—including media and the public—is a critical success factor.

   Internal and external communication is the foundation upon which information, knowledge, ideas, and beliefs are shared within and between responsible sectors. Communication between cross-sector stakeholders using real-time information through existing platforms such as TWGs, and task forces needs to be well planned of time. Unlike what happens to date, where responses take a campaign model, it is important to plan for mitigation efforts with exchange of information on a continuous basis to prevent potential eventualities. Indicative plans under this strategic objective are listed in section IV strategy action plan. In addition to the detail activities, management and coordination of emergency described in annex 4 page 37 of this strategy.

3. Improve the capacity to provide timely, accurate, and consistent public communication messages Continuous communication of real-time information to all stakeholders, including the community, requires competence in public communication and selection of appropriate and locally feasible channels. The goal here is to build mass awareness, motivate participation or active engagement of relevant stakeholders, and to generate positive goodwill from communities and public officials to mitigate, respond to, and plan for recovery.

   Such communication includes another dimension of keeping the international stakeholders informed early on of developments at country or local level. This allows the One Health coordination mechanism to keep the public informed about potential emergencies based on real-time information, and international communities on preparedness plans, resources, and gaps to mobilize additional support as deemed necessary.

   Dissemination of public health information/ messages shall be through various channels such as letters, faxes, mailings, advertisement, websites, fliers, factsheets, local and national radio, television, social media, press conferences, and briefing meetings. In addition, locally viable communication approaches could be put to use. Indicative plans under this strategic objective include but are not limited to: , Detail activities under this strategic are listed in section IV strategy action plan

4. Establish effective communication and engagement with affected communities

   Community engagement includes communicating with and working with leaders and members of a community. Community engagement can take many forms depending on the sociocultural profile of the community in question. Community engagement enables the community to be informed of the plan, reach consensus on problems, and identify local resources to contain and own the problem and solution with an active role in the process. This process involves local influential leaders, community members of different profiles, local informal structures, and authorities.

   It is very important to understand how best to engage the community so that the affected and hard-to-reach populations have a stake in the planning, response, and recovery from emergencies. Indicative plans under this strategic objective are listed in section IV strategy action plan

5. Establish a dynamic listening and rumor management system from local to national level

6. Communication under emergency circumstances requires not only delivering real-time information but also active and dynamic listening to stakeholders, including the community. This will help identify what is real and what is a rumor. A rumor is defined as unverified information (including misinformation, disinformation, and misunderstanding) that transmits faster from person to person.[14] Rumors affect plans and responses against emergency health threats. As a result, it is critical to track and counter rumors on a continuous basis both before and immediately after they arise. It would otherwise influence the choices people make in terms of the uptake of preventive actions and facilitate the rapid spread of a disease with dire consequences. Indicative plans under this strategic objective are listed in section IV strategy action plan

SECTION IV
RISK COMMUNICATION ACTION PLAN

ACTIVITIES	IMPLEMENTATION TIMELINE					RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026	
Strategic Objective 1: Strengthen risk communication systems (e.g., plans, mechanisms) from national to community level						
1.1 Develop and regularly update the multisectoral risk communication plans on preparedness and response to ZDs and other public health emergencies, including re-emerging and epidemic diseases						
1.1.1 Develop the plan (action plan, cost, and M&E framework)	x					National One Health Communication Task Force (NOHCTF), NOHSC, sectors
1.1.2 Familiarize the strategy and plan to sub national levels (region, zone, and woreda)	x	x				NOHCTF, RTF, ZTF, Woreda
1.1.3 Periodic monitoring and review of plan implementation	x	x	x	x	x	NOHCTF
1.1.4 Resource mapping and mobilization	x	x	x	x	x	NOHCTF
1.1.5 Develop a pathway or guide to develop and share real-time information on risks/threats (IDSR, HMIS, ADNIS, and DOVAR) is linked and shall be communicated to disease specific TWGs, government sector offices, and partners	x					NOHSC, NOHCTF, and sectors
1.1.6 Develop intersectoral health threat information sharing protocol	x					NOHSC, NOHCTF, and sectors
1.1.7 Develop disease-specific risk communication SOPs, formats, etc. for priority ZDs and other health threats		x				TWGs, NOHSC, NOHCTF
1.1.8 Conduct simulation exercise to test effectiveness of the strategy		x		x		NHOCTF
Strategic Objective 2: Improve internal and external communication and coordination at all levels (national, regional, woreda, and kebele)						
2.1 Establish and strengthen One Health coordination bodies at different levels						
2.1.1 Establish One Health coordination mechanisms at regional, level to enable them to take the lead in the coordination and implementation of the multisectoral preparedness, detection, and response efforts to ZDs and other health threats in Ethiopia	x	x				NOHSC, NOHCTF, and regional governments
2.1.2 Strengthen One Health coordination mechanisms at regional, level to improve their coordination and implementation capacity of the multisectoral preparedness, prevention, detection, and response efforts to ZDs and other health threats	x	x	x	x	x	NOHSC, NOHCTF, and regional governments

ACTIVITIES	IMPLEMENTATION TIMELINE					RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026	
2.1.3 Conduct national and regional level One Health advocacy to ensure commitment of political and high-level program leaders in support of the multisectoral coordination	x	x	x	x	x	NOHSC and NOHCTF
2.1.4 Provide training for One Health coordination and TWGs on risk communication	X	x	x	x	x	NOHSC, NOHCTF, regional governments, partners
2.1.5 Conduct monthly regular and conditional meetings with TWGs and their partners where epidemiological and surveillance updates, lessons, and tools can be shared	x	x	x	x	x	NOHSC, NOHCTF, regional governments, partners
2.1.6 Provide monthly updates to the MCM or TWGs based on the findings of risk and surveillance data analysis	x	x	x	x	x	TWGs, NOHCTF
2.1.7 Provide regular update on the existence of an outbreak or emergency between the sectors,	x	x	x	x	x	TWGs, NOHCTF
2.1.8 Conduct a joint intra- and/or after-action review of the joint outbreak investigation	x	x	x	x	x	NOHCTF, TWGs, regional OHTF
2.1.9 Establish a joint RRT and RCCE team to coordinate risk communication activities during emergencies	x	x				NOHCTF, TWGs, regional OHTF
2.2 Develop, update, promote, and maintain One Health communication platforms (webpage, telegram, Facebook, WhatsApp channels, and other relevant communication technologies)						
2.2.1 Establish communication platforms (Telegram, WhatsApp, Facebook, twitter pages)	x	x				NOHCTF
2.2.2 Update the One Health Ethiopia webpage	x	x	x	x	x	NOHCTF
Strategic Objective 3: Improve the capacity to provide timely, accurate, and consistent public communication messages						
3.1 Identify and train spokespersons and journalists						
3.1.1 Develop training and orientation guide for media professionals and government spokespersons		x				NOHCTF, NOHSC
3.1.2 Identify public/private media journalists and provide orientation on role of media in public health emergencies		x	x	x	x	NOHCTF, NOHSC
3.1.3 Identify and train national and regional spokespersons, Public Relations officers, and journalists		x	x	x	x	NOHCTF, NOHCTF, regional OHTF

ACTIVITIES	IMPLEMENTATION TIMELINE					RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026	
3.2 Establish and maintain relationships with external communication partners						
3.2.1 Develop a guide on how to establish and maintain relationships with public and private mass media, telecommunication companies, and influential social media bloggers		x				NOHCTF, NOHSC
3.2.2 Establish a mechanism for regular sharing of pandemic and reportable disease situations to relevant external partners in accordance with WHO and OIE guideline	x	x	x	x	x	No need to develop guide. Existing reporting lines to WHO, OIE, and other external partners can be used
3.2.3 Identify and train public figures as One Health risk communication ambassadors		x				NOHCTF, NOHSC
3.3 Develop and review templates for communication materials and establish timeline for delivery						
3.3.1 Develop protocols for rapid communication via press release on emergencies and management		x				NOHCTF, NOHSC
3.3.2 Develop templates for periodic and regular press releases of emergency management information after the first 24, 48, and 72 hours, and at subsequent intervals		x				NOHCTF, NOHSC
3.3.3 Develop templates for periodic and regular "briefing reports" that can be used for daily or weekly briefings after the first week		x				NOHCTF, NOHSC
3.3.4 Develop or review public risk communication materials (e.g., mass media communication guide, factsheets, and supporting tools) on ZDs and other health threats on a regular basis		x	x	x	x	NOHCTF, NOHSC
Strategic Objective 4: Establish effective communication and engagement with affected communities						
4.1 Develop risk communication training guide/manuals for ZDs and other health threats, and conduct training for program managers, frontline workers, and religious and community leaders						
4.1.1 Adapt/develop risk communication training guide for ZDs and other health threats for program managers, frontline workers, and their supervisors		x				NOHCTF, NOHSC
4.1.2 Adapt/develop community education and mobilization guide for prevention and control of ZDs and other health threats		x				NOHCTF, NOHSC

ACTIVITIES	IMPLEMENTATION TIMELINE					RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026	
4.1.3 Conduct trainings on risk communication and community mobilization on ZDs and other health threats for religious and community leaders, program managers, frontline workers, and their supervisors		x	x	x	x	NOHCTF, NOHSC, regional OH platforms
4.2 Develop templates for communication materials						
4.2.1 Develop health threat prevention and control message development frame/ templates		x	x			NOHCTF, NOHSC
4.2.2 Develop media outlet schedule and share relevant messages related to risk communication and responses (e.g., print, audio, television, local communication platforms)		x	x			NOHCTF, NOHSC
4.2.3 Develop tools and schedule to track shared information and implications to improve interventions		x				NOHCTF, NOHSC
4.2.4 Provide training to media and communication professionals		x	x	x	x	NOHCTF, NOHSC, regional One Health platforms
4.3 Identify and utilize appropriate communication channels to reach a range of audiences						
4.3.1 Assess appropriate communication channels to reach hard-to-reach communities (e.g., pastoralists) and conduct community mobilization and education activities at marketplaces, schools, and religious places		x				NOHCTF, NOHSC, regional One Health platforms
4.3.2 Conduct community mobilization and education activities at marketplaces, schools, and religious places		x	x	x	x	NOHCTF, NOHSC, regional One Health platforms
4.3.3 Identify large cultural events (festivals) such as Gada (in Borana and Guji), and Evangadi (in Hammer) and religious festivities in the highlands to create awareness to the public at large		x	x	x	x	NOHCTF, NOHSC, regional One Health platforms
4.3.4 Develop message and transmit in different languages through relevant media channels, (Radio, TV and print)			x	x	x	NOHCTF

ACTIVITIES	IMPLEMENTATION TIMELINE					RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026	
4.4 Ensure the existence of culturally appropriate and gender-sensitive risk communication messages and activities employing communication channels that extend to village and household levels with feedback loops to the national level						
4.4.1 Ensure culturally friendly and gender-sensitive messages are available to prevent and respond in time to emergencies		x	x	x	x	NOHCTF
4.4.2 Identify and address gender and cultural barriers to access to information and media		x	x	x	x	NOHCTF
4.4.3 Empower women as primary care providers to contribute to mitigating risks and facilitating response at household level		x	x	x	x	NOHCTF, NOHSC, regional One Health platforms
Strategic Objective 5: Establish a dynamic listening and rumor management system from local to national level						
5.1 Establish mechanism for rumor management from local to national level						
5.1.1 Adapt/develop guideline for rumor detection, verification, and management			x			NOHCTF, NOHSC, regional One Health platforms
5.1.2 Establish locally viable channels to report on communicating rumors about disease occurrence		x	x			NOHCTF, NOHSC, regional One Health platforms
5.2 Conduct national, regional, zonal, and woreda level follow-up and review with involvement of stakeholders, community representatives, and partners on a regular basis						
5.2.1 Develop supportive supervision and follow-up checklists		x				NOHCTF, NOHSC, regional One Health task forces
5.2.2 Conduct annual review of risk communication activities at national and regional levels			x	x	x	NOHCTF, NOHSC, regional One Health task forces
5.2.3 Conduct quarterly reviews of risk communication activities at zonal and woreda levels.			x	x	x	NOHCTF, NOHSC, regional One Health task forces
5.2.4 Develop multisectoral rumor tracking tools to collect community perceptions and provide feedback			x			NOHCTF, NOHSC, regional One Health platforms
5.2.5 Conduct multisectoral rumor tracking to collect, verify, and analyze community perception for feedback			x	x	x	NOHCTF, NOHSC, regional One Health task forces

SECTION V
MONITORING AND EVALUATION

Risk communication is a two-way process. It is not merely a question of transmitting a message, but also of determining what target audiences want to know, determining what the organization needs to tell them, and then checking to be sure that the message is well received and understood and leads to optimal decisions that protect and enhance safety and public health.

In addition, monitoring of risk communication and evaluation of communication efforts, both during and after implementation, allows meaningful adjustments to be made while the issue is being addressed, and provides valuable lessons to be learned for addressing future risks.

A comprehensive and systematic approach involving ongoing monitoring and evaluation is essential to making risk communication activities as effective as possible. For example, monitoring for unintended consequences of the communication—and for emerging questions, concerns, and misconceptions—allows an organization to address these in a timely and responsive manner. Effective monitoring and evaluation of risk communication will not only inform what, how, and with whom an organization needs to communicate on an issue but can also offer valuable insight into how the risk itself should be managed. Monitoring and evaluation of risk communication will collect feedback from target audiences that can offer valuable insights into how the risk itself should be managed.

Monthly regular meetings of the NOSC and the different TWGs provide an opportunity to monitor progress of planned activities. In addition, the NOHCTF has planned activities (e.g., monthly meetings, annual action plan review) that help to ensure progress and achievement of the set targets.

The following are key performance indicators to measure the achievement of the five domains of risk communication. The indicators are in alignment with JEE indicators.

KEY PERFORMANCE INDICATORS FOR RISK COMMUNICATION INTERVENTION

These performance indicators are in alignment with the JEE 2.0 edition 2018 indicators.

1. Formal government risk communication plans, arrangements, and systems in place.
    - Risk communication activities included in the country's national action plan
    - Shared communication plans, agreements, and/or SOPs between other response agencies developed
    - A dedicated budget allocated for the risk communications system to grow sustainably
    - Evidence of government entities/agencies having the lead for risk communication for different types and magnitudes of emergencies
2. Existence of risk communication coordination platform and mechanisms for internal and partner communication.
    - Evidence of an informal or formal mechanism to coordinate communication among national stakeholders and response agencies during an emergency
    - Existence of a system to regularly develop communication response plans together with external partners and stakeholders
3. Evidence that public communication unit or team operates efficiently and effectively.
    - Existence of a formalized function with a trained public spokesperson
    - Presence of a communication team dedicated to media and social media outreach that coordinates with partners
    - Target audience analyses to better understand audience language, trusted information resources, and preferred communication channels assessed
    - Messages and information developed and transmitted in major local languages

- Public health messaging adapted according to the geographic location, language, and media preference
- Media and social media monitoring/scanning followed by addressing misinformation quickly

4. Evidence that risk communication units systematically engage populations at community level during emergencies.

    - Presence of social mobilization, health promotion, or community engagement team or working group at frontline level
    - Existence of mechanisms designed to reach out to affected or at-risk populations during health emergencies at national as well as regional, woreda, and local levels
    - Social mobilization, health promotion, or community engagement included in the national strategic plan
    - Risk communication and community mobilization skills provided to community engagement experts, frontline workers, community leaders, and volunteers and trainings conducted

5. Existence of a system to gather information on perceptions, risky behaviors, and misinformation to analyze public concerns and fears.

    - A rumor-tracking tool to collect community perceptions and misinformation and provide feedback developed
    - Supportive supervision and review meetings conducted

MONITORING AND EVALUATION PLAN

ACTIVITIES	TARGETS BY YEAR					MEASUREMENT INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026			
Strategic Objective 1: Strengthen risk communication systems (e.g., plans, mechanisms) from national to community level								
1.1 Develop and regularly update the multisectoral risk communication plans on preparedness and response to ZDs and other public health emergencies, including re-emerging and epidemic diseases								
1.1.1 Develop the plan (costing, action plan, and M&E framework)	1					# plan developed & endorsed	1 plan including M&E, costing, and action plan	NOHCTF, NOHSC, sectors
1.1.2. Familiarize the strategy and plan to sub national levels (region, zone, and woreda)	1	1				# of familiarization workshops; # individuals participated	All regions, zones, and woredas familiarized	MOHCTF, RTF, and zonal TF
1.1.3 Periodic monitoring and review of plan implementation			1		1	# Review meetings conducted	1 review meeting every 2 years	NOHCTF
1.1.4 Resource mapping and mobilization			1	1	1	# resource mapping workshops/ exercises	3 resource mapping workshops organized	NOHCTF
1.1.5 Develop a pathway or guide how to share data/ information collected through IDSR, HMIS, ADNIS and DOVAR to disease-specific TWGs, government sector offices, and partners	1					# strategies, and guidelines developed & endorsed	1 guide	NOHSC, NOHCTF and sectors
1.1.6 Develop intersectoral health threat information-sharing protocol	1					# strategies, and guidelines developed & endorsed	1 protocol	NOHSC, NOHCTF and sectors
1.1.7 Develop disease-specific risk communication SOPs, formats, etc. for priority ZDs and other health threats		5				# strategies, and guidelines developed & endorsed	5 SOPs	TWGs, NOHSC, NOHCTF
1.1.8 Conduct simulation exercise to test effectiveness of the strategy		1		1		# Simulation exercise conducted	2 Simulation exercise conducted	NOHCTF

ACTIVITIES	TARGETS BY YEAR					MEASUREMENT INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026			
Strategic Objective 2: Improve internal and external communication and coordination at all levels (national, regional, woreda, and kebele)								
2.1 Establish and strengthen One Health coordination bodies at different levels								
2.1.1 Establish One Health coordination mechanisms at regional, level to enable them to take the lead in the coordination and implementation of the multisectoral preparedness, prevention, detection, and response efforts to ZDs and other health threats in Ethiopia	3	2				# coordination mechanism established	5 terms of reference	NOHSC, NOHCTF, and regional governments
2.1.2 Strengthen One Health coordination mechanisms at regional, level to improve their coordination and implementation capacity of the multisectoral preparedness, prevention, detection, and response efforts to ZDs and other health threats	**5**	**5**	**5**	**3**	**2**	# coordination mechanisms received capacity strengthening support	20 capacity strengthening support report	NOHSC, NOHCTF, and regional governments
2.1.3 Conduct national and regional level One Health advocacy/ sensitization meeting to ensure commitment of political and high-level program leaders in support of the multisectoral coordination	**1**	**1**	**1**	**1**	**1**	# advocacy/sensitization meetings conducted	5 One per year	NOHSC and NOHCTF
2.1.4 Provide training for One Health coordination and TWGs on risk communication	20	20	20	20	20	# training sessions; # individuals trained (TWGs)	5 trainings 100 persons training reports	NOHSC, NOHCTF, regional governments, partners

ACTIVITIES	TARGETS BY YEAR					MEASUREMENT INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026			
2.1.5 Conduct monthly regular and conditional meetings with TWGs and their partners where epidemiological and surveillance updates, lessons, and tools can be shared	15	15	15	15	15	# monthly meetings	15 meeting reports/TWG	NOHSC, NOHCTF, regional governments, partners
2.1.6 Provide monthly updates to MCM or TWGs based on the findings of risk and surveillance data analysis	12	12	12	12	12	# monthly meetings	12 meeting reports/TWG	TWGs, NOHCTF
2.1.7 Provide regular updates between the sectors on the existence of an outbreak or emergency	12	12	12	12	12	# monthly meetings	12 meeting reports/TWG	TWGs, NOHCTF
2.1.8 Conduct a joint intra- and/or after-action review of the joint outbreak investigation	10	10	10	10	10	# AAR and IAR conducted	10 AAR reports/year	NOHCTF, TWGs, regional One Health task forces
2.1.9 Establish a joint RRT and RCCE team to coordinate risk communication activities during emergencies	7	6				# RRT and RCCE team established	13 RRT and RCCE team established	NOHCTF, TWGs, regional One Health task forces
2.2 Develop, update, promote, and maintain One Health communication platforms (webpage, telegram, Facebook, WhatsApp channels, and other relevant communication technologies)								
2.2.1 Establish communication platforms (website, Telegram, WhatsApp, Facebook, twitter pages)	**2**	**3**				# communication mechanism established	5 communication platforms	NOHCTF
2.2.2 Update the One Health Ethiopia webpage and information sharing website	**1**	**1**	**1**	**1**	**1**	One Health Website updated yearly	1 update annually	NOHCTF

ACTIVITIES	TARGETS BY YEAR					MEASUREMENT INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026			
Strategic Objective 3: Improve the capacity to provide timely, accurate, and consistent public communication messages								
3.1 Identify and train spokespersons and journalists								
3.1.1 Develop training and orientation guide for media professionals and government spokespersons	1					# training and orientation guides for media professions developed	1 training guide developed	NOHCTF, NOHSC
3.1.2 Identify public/private media journalists and provide orientation on role of media in public health emergency		25	25	25	25	# journalists trained	25 journalists trained per year X 4 years	NOHCTF, NOHSC
3.1.3 Identify and train national and regional spokespersons, Public Relation officers, and journalists		25	25	25	25	# spokespersons, PR officers, and journalists trained	25 journalists trained per year X 4 years	NOHCTF, NOHCTF, regional One Health task forces
3.2 Establish and maintain relationships with external communication partners								
3.2.1 Develop a guide on how to establish and maintain relationships with public and private mass media, telecommunication companies, and influential social media bloggers		1				# guide developed	1 guide	NOHCTF, NOHSC
3.2.2 Establish a mechanism for regular sharing of pandemic and reportable disease situations to relevant external partners in accordance with WHO and IOE guideline	12	13	10	10	10	# communication mechanisms established to notify pandemic situation to external partners (e.g., WHO, OIE)	50 notification Reports	No need to develop guide. Existing reporting lines to WHO, OIE and other external partners can be used

ACTIVITIES	TARGETS BY YEAR					MEASUREMENT INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026			
3.2.3 Identify and train public figure as One Health risk communication ambassadors		2				# trained One Health risk communication ambassadors	2 One Health risk communication ambassador trained	NOHCTF, NOHSC
3.3 Develop and review communication materials, templates, and established timeline for delivery								
3.3.1 Develop protocols for rapid communication via press release on emergencies and management	1					# protocol developed for rapid press release	1 protocol	NOHCTF, NOHSC
3.3.2 Develop templates for periodic and regular press releases of emergency management information after the first 24, 48, and 72 hours, and at subsequent intervals		1				# protocol developed for periodic press release	1 protocol	NOHCTF, NOHSC
3.3.3 Develop templates for periodic and regular "briefing reports" that can be used for daily or weekly briefings after the first week		1				# protocol developed for briefing reports	1 protocol	NOHCTF, NOHSC
3.3.4 Develop or review public risk communication materials (mass media communication guide, factsheets, and supporting tools) on ZDs and other health threats on a regular basis		6				# communication materials developed or reviewed	6 communication materials developed (1 mass media communication guide, fact sheets for priority ZDs X5)	NOHCTF, NOHSC

ACTIVITIES	TARGETS BY YEAR					MEASUREMENT INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026			
Strategic Objective 4: Establish effective communication and engagement with affected communities								
4.1 Develop risk communication training guide/manuals for ZDs and other health threats, and conduct training for program managers, frontline workers, and religious leaders								
4.1.1 Adapt/develop risk communication training guide for ZDs and other health threats for program managers, frontline workers, and their supervisors		1				# training guide developed on ZDs communication	1 ZDs communication training guide	NOHCTF, NOHSC
4.1.2 Adapt/develop community education and mobilization guide for prevention and control of ZDs and other health threats		1				# community education and mobilization guides developed	1 community mobilization guide	NOHCTF, NOHSC
4.1.3 Conduct trainings on risk communication and community mobilization on ZDs and other health threats for program managers, frontline workers, and their supervisors		50	50	50	50	# program managers, frontline workers and supervisors trained	200 (50 personals trained per year)	NOHCTF, NOHSC, regional One Health platforms
4.2 Develop templates for communication materials and establish timeline for delivery								
4.2.1 Develop health threat prevention and control message templates	1					# message development templates designed on health threat prevention & control	1 Message templates developed Reports	NOHCTF, NOHSC
4.2.2 Develop media outlet schedule and share relevant messages related to risk communication and responses (print, audio, television, local communication platforms)		1	1	1	1	# messages shared to media outlets by type	5 message delivery Reports	NOHCTF, NOHSC

ACTIVITIES	TARGETS BY YEAR					MEASUREMENT INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026			
4.2.3 Develop tools and schedule to track shared information and implications to improve interventions		1	1	1	1	# Tracking tools developed	4 Information Tracking report	NOHCTF, NOHSC
4.2.4 Provide training to media and communication professionals		25	25	25	25	# media and communication professional trained	25 trainees per year	NOHCTF, NOHSC, regional One Health platforms
4.3 Identify and utilize appropriate communication channels to reach a range of audiences								
4.3.1 Assess appropriate communication channels to reach hard-to-reach communities (e.g., pastoralists) and conduct community mobilization and education activities at marketplaces, schools, and religious places	1					# assessments conducted	1 assessment report	NOHCTF, NOHSC, regional One Health platforms
4.3.2 Conduct community mobilization and education activities at marketplaces, schools, and religious places		5	5	5	5	# community mobilizations; # estimated people reached	5 community mobilization reports per year for 4 years	NOHCTF, NOHSC, regional One Health platforms
4.3.3 Identify large cultural events (festivals) such as Gada (in Borana and Guji), and Evangadi (in Hammer) and religious festivities in the highlands to create awareness to the public at large		3	2			# public events identified	5 large cultural events identified	NOHCTF, NOHSC, regional One Health platforms

ACTIVITIES	TARGETS BY YEAR					MEASUREMENT INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026			
4.4 Ensure existence of culturally appropriate and gender-sensitive risk communication messages and activities employing communication channels that extend to village and household levels with feedback loops to the national level								
4.4.1 Ensure culturally friendly and gender-sensitive messages are available to prevent and respond in time to emergencies	2	3	2	2	2	# of messages developed and shared	11Message	NOHCTF
4.4.2 Identify and address gender and cultural barriers to access to information and media	1		1		1	# of Assessments conducted to identify barriers for media access	3 assessment Reports	NOHCTF
4.4.3 Empower women as primary care providers to contribute to mitigating risks and facilitating response at household level		**1**	**1**	**1**	**1**	# of workshops conducted with women associations and women development army leaders	4 workshop reports	NOHSC & NOHCTF
Strategic Objective 5: Establish a dynamic listening and rumor management system from local to national level								
5.1 Establish mechanism for rumor management from local to national level								
5.1.1 Adapt/develop guideline for rumor detection, verification, and management			1			# rumor-tracking guideline developed	1 rumor-tracking guideline	NOHCTF, NOHSC, regional One Health platforms
5.1.2 Establish locally viable channels to report on communicating rumors about disease occurrence	5	5				# channels identified to report rumors on disease occurrence	10 channels for local reporting identified	NOHCTF, NOHSC, regional One Health platforms
5.2 Conduct national, regional, zonal, and woreda level follow-up and review with involvement of stakeholders, community representatives, and partners on a regular basis								
5.2.1 Develop supportive supervision and follow-up checklists		1				# supportive supervision and follow up checklists developed	1 checklist	NOHCTF, NOHSC, regional One Health task forces

ACTIVITIES	TARGETS BY YEAR					MEASUREMENT INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE TO COORDINATE
	2022	2023	2024	2025	2026			
5.2.2 Conduct annual review of risk communication activities at national and regional levels			1	1	1	# review meetings conducted	1 annual review report per year	NOHCTF, NOHSC, regional One Health task forces
5.2.3 Conduct quarterly reviews of risk communication activities at zonal and woreda levels			4	4	4	# review meetings conducted	4 review reports per year	NOHCTF, NOHSC, regional One Health task forces
5.2.4 Develop multisectoral rumor-tracking tools to collect community perceptions and provide feedback		1				# rumor-tracking tools developed	1 rumor tracking tool	NOHCTF, NOHSC, regional One Health platforms
5.2.5 Conduct multisector rumor tracking to collect, verify, and analyze community perception for feedback		5	5	5	5	# rumor tracking exercises conducted	5 rumor tracings per year	NOHCTF, NOHSC, regional One Health task forces

ANNEXES

ANNEX 1: REFERENCES

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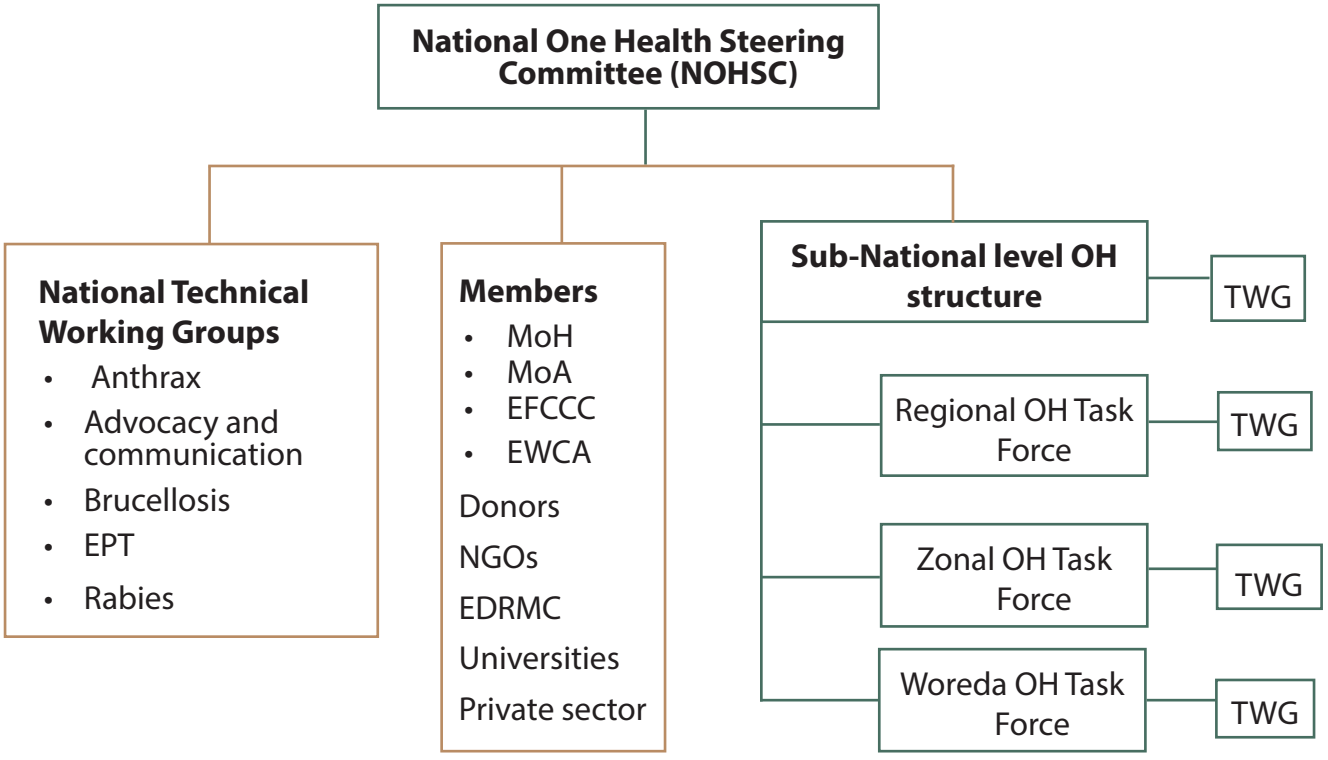
ANNEX 2: IMPORTANT LINKS

- Ethiopia One Health website: www.onehealthethiopia.org
- Ethiopian National One Health Telegram channel: https://t.me/c/1329313625/2

ANNEX 3: CURRENT STRUCTURE OF ETHIOPIAN ONE HEALTH



ANNEX 4: REPORTABLE DISEASES / CONDITIONS IN PUBLIC HEALTH SECTOR, ETHIOPIA

Immediately Reportable Diseases	Weekly Reportable Diseases
- Acute Flaccid Paralysis (AFP) / Polio - Anthrax - Avian Human Influenza - Cholera - Dracunculiasis / Guinea worm - Measles - NNT - Pandemic Influenza A - Rabies - Smallpox - SARS - VHF - Yellow fever	- Dysentery - Malaria - Meningococcal Meningitis - Relapsing fever - Severe Malnutrition - Typhoid fever - Typhus

ANNEX 5: PHASES OF EMERGENCY RESPONSE AND RISK COMMUNICATION

A health threat emergency, such as an epidemic of ZD, can have serious socioeconomic consequences which, at their extreme, may affect the national economy. If a health threat can be recognized quickly while it is still localized, and if prompt action is taken to contain and then progressively eliminate it, the chances of eradicating the health threat are markedly enhanced. Conversely, eradication may be extremely difficult and costly—or even impossible—if the health threat is not recognized and appropriate control action is not taken until it is widespread or has become established.

The preparedness cycle is an important organizational tool that is comprised of four phases of: mitigation, alert, response, and recovery. These phases describe a continuous cycle of planning, organizing, training, equipping, exercising, and evaluating emergency preparedness activities, and allows organizations to increase their overall capacity and resiliency to experience and recover from health threats. The emergency cycle allows organizations to create organization-wide strategies to plan well ahead for health threats.

In addition to the basic risk communication activities described in Section III, this strategy document provides general guidance for the multisectoral emergency management and coordination mechanism (the Emergency Operation Center) that would be activated based on need during the emergency. This part of the strategy describes how a multisectoral risk communication functions at different phases of joint emergency management. Most of the information in this annex are extracted from the Ethiopian public Health emergency management guideline and Ethiopia Public Health Emergency Communication strategy.

Mitigation Phase

Risk mitigation phase include all the anticipated actions are employed in advance of an actual emergency. The Mitigation Phase is defined as the steps taken, from a communications perspective, to reduce the chance of a public health emergency or to reduce the negative impact should one occur.

The communication objectives during this phase aim at providing current information on the risk situation; correcting misinformation and rumors; providing the correct facts; and, as the newer facts emerge, addressing the public concerns as understood from reviews, listening, and learning.

Activities

- Conduct knowledge, attitudes, practices, and beliefs assessment and research on ZDs and other health threats at the human-animal-environment interface (risk, prevention, and control)

  Misconception

  Identifying proper media and key messages

  Understand social and cultural structure, norms
- Develop generic and disease-specific SBCC and training materials on ZDs and other health threats at the human-animal-environment interface (professional, community)
- Training of professionals using developed materials (e.g., media professionals, public figures)
- Conduct community awareness using developed materials
- Disseminate key messages on ZDs and other health threats at the human-animal-environment interface using media (e.g., radio, television, print)
- Resource mobilization

Early Warning

Early warning is the identification of a public health threat by closely and frequently monitoring identified indicators and predicting the risks on ZDs and other health threats that emanate from the human-animal-environment interface. The purpose of early warning is to enable the provision of timely and effective information to the public and to responders, through identified institutions that allows preparing for effective response or taking action to avoid or reduce risk.

Immediate actions to take in the event of a public health emergency:

First 12 hours

- The emergency hazard early warning response team/department at MOH/EPHI, MOA, or EWCA shares initial alert and calls a meeting of the One Health MCM and TWG to discuss the emergency and initialization of press release and update key messages.
  - Initial alert shared between sectors
  - Activate the multisector RRT and RCCE team to coordinate risk communication activities during early emergency situations
  - Develop key messages
  - Conduct joint press releases by approved spokesperson on the event and the response
- Authorized spokesperson to brief media on the event and the response. Conduct regular media monitoring on information shared across the response pillars.
- Engage community networks and feedback loops to gather real-time information from the field.

First 24 hours

- **Activate and engage internal communication pathways at national and district levels.**
  - The lead organization notifies and convenes communication partners meeting, sharing the information that will be provided to the public
  - Activating the previously established roles and responsibilities of the various communication partners using established communication platforms (e.g., email distribution list, phone calls)
  - Short message service (SMS) text messages, or phone trees
  - Other technology applications (e.g., Telegram, Facebook posts, websites, WhatsApp groups set up within the sectors)
- **Establish credible and transparent initial information about the emergency.**

  In the first 24 hours of a response, trust in leaders can be established or destroyed depending on how communication efforts are perceived. Principles of risk communication that are important to convey are (a) be first, (b) be right, (c) be credible, (d) express empathy, (e) promote action, and (f) show respect. Share what is known as soon as possible. The perception that information is being withheld erodes public confidence and can end up costing lives due to distrust of messages. Being open, timely, and transparent is key to winning trust.
  - Craft key communication messages to build trust and credibility between sectors
- **Assign trusted and trained spokespersons on the front lines of communications.**
  - Disseminate the key information through identified spokesperson to build confidence
    - Share initial information with the public quickly
    - Press conferences with spokesperson
    - Press release
    - Radio newscasts with spokesperson
    - SMS text messaging
    - Social media posts (Telegram, Facebook, WhatsApp, Twitter)
    - Contact with social mobilization pillar to share information on activities and approved messages
    - Circulate key messages on social media and websites of pillar partners and PHNEOC

First 48 hours

1. **Continue to engage internal communication pathways.**

   By 48 hours, an initial meeting of the One Health risk communication task force and all relevant partners should take place for the purpose of information sharing and planning. Ensure district communication plans have been activated to impart information to village levels.
   - Activate district-level communication plans
   - Meeting One Health risk communication MCM and partners at the district level
2. **Continue to share emergency information with the public through:**
   - Press conferences with spokesperson
   - Radio newscasts with spokesperson
   - Rhythm of daily briefing in EOC and other pertinent sectors
   - SMS
   - Social media
3. **Activate targeted communication to traditional thought leaders and influencers.**

   By 48 hours, the direct communication channel to community influencers (e.g., clan leaders, religious leaders, and Aba Gadas) that was developed during the planning phase should be activated, and these individuals should receive messages, training, and guidance to pass on to their followers.

4. **Ensure lower government structure engagement.**

- Conduct training and orientation on the emergency reporting and community alerting at low-level government structures (e.g., 1-30 development army leaders and equivalent units at each sector and extension workers in all relevant sectors).
  - Gain the desired facts needed to protect them, their families, and their animals from the dangers they are facing
  - Make well-informed decisions using all available information
  - Have an active, participatory role in the response and recovery
  - Act as a "watch-guard" over resources, both public and donated monies
  - Recover or prese rve well-being and normalcy, including economic security

5. **Develop top-level messages that will serve as a strong foundation during a public health emergency response.**

   Short, clear messages are easier for both spokespersons and audiences to understand, recall, and repeat. Messages at the district level must reflect approved national messaging.

   - Develop short, clear messages that reflect approved national messaging
   - Examples of top-level messages:
     - We know how to stop the spread of the outbreak.
     - Stopping this health emergency is our top priority.
     - When we work together, more people can survive the outbreak.
     - You can take steps now to protect yourself and your family.

6. **Evaluate new data and revise messages according to risk communication principles.**

   In the first 24 to 48 hours of a health crisis, new information will be coming in constantly. Initial messages may need to be updated according to new data. It is important to make sure new information is credible and to have a plan (i.e., daily briefings) to deliver new information quickly.

   - Evaluate available communication messages considering the current emergencies
   - Update risk communication messages based on new evidence

7. **Share initial messages for the public quickly.**
   - **Conduct a press conference to brief media with the heads of key partner agencies/ministries**
   - Conduct review after press conference to ensure intended messages are published and broadcast by media houses appropriately
   - Press release
   - Radio newscasts with spokesperson
   - SMS text messaging
   - Social media posts (Telegram, WhatsApp, Facebook, Twitter)

First 72 hours

- Refine/update communications materials on the emergency to highlight current situation and actions to be taken
- Identify target audiences based on the specific emergency
- Contact local, national, and international media to facilitate interviews and visits
- Continue to comply with the notification requirements (e.g., WHO, OIE)

Response Phase

Rapid response limits the number of cases and geographical spread, shortens the duration of the outbreak, and reduces fatalities. Communicate with the respective level immediately for verification upon receipt of an alert, rumor, or detection of a deviation of the disease or condition from the expected trend while performing weekly surveillance data analysis. For immediately notifiable and reportable diseases, a single suspected case is the trigger for acting, reporting the case to a higher level, and investigating. This phase involves the actual implementation of the risk communication plan when the disaster is occurring. In addition, after evaluation of the EOC criteria, this phase may require the activation of EOC and multisector response team. The EOC is the physical location at which the coordination of information and resources between pertinent sectors to support incident management (on-scene operations) activities normally takes place.

Important points to be addressed during immediate response are:

I. acknowledge the event
II. acknowledge the risk due to the event with empathy
III. identify and task a credible spokesperson for release of information on the present situation

IV. provide information on behavioral aspects for prevention of spread of disease
V. commit to providing information on ongoing basis to stakeholders and public

Pre-response assessment of level of emergency – risk verification

Step 1: Verify the situation at its source (credibility), opinion of the subject matter experts

Step 2: Convene a core team of experts from subject disciplines (e.g., public health practitioners, clinicians, veterinarians)

Step 3: Send notifications of all the teams (technical team, NOHCTF, media spokesperson) to the stakeholders, senior management, policy makers, central and state governments, including local bodies

Step 4: Assess level of emergency: rapid assessment of extent of involvement of threat/event, population/groups/vulnerable community, agent (new disease-causing organism)

Week One and Beyond

1. **Continue to engage internal communication pathways at the national and subnational levels.** Given the complexity of risk communication for public health emergencies, keeping internal government and non-government partners apprised of plans, next steps, and progress is critical for a harmonious response.
   - Conduct daily meetings of the NOHSC to provide updates and plans to assess effectiveness of regional communication plans and social mobilizers
   - Discuss feedback regarding rumors, myths, and misconceptions that must be addressed (e.g., through new messages, media coverage)
   - Update and disseminate messages based on the assessment

2. **Continue to engage targeted communication to thought leaders and influencers.**

   Community influencers (e.g., volunteers, public figures, religious and clan leaders) should be in communities sharing messages via the regional and woredas communication plan.
   - Deliver messages door-to-door, through mobile vans and town criers, and by visits to religious places, marketplaces, social gatherings, and schools

3. **Design and deliver concise, consistent, accurate, and actionable messages.**
   - Identify key behaviors and reinforce them through multiple channels
   - Modify messages as surveillance and rumor-tracking reports indicate
   - Ensure government and partner organizations are consistent in key messaging

4. **Use multiple channels and methods to layer consistent messages and information.**

   Radio, television (e.g., shows, newscasts, commercials, jingles) and print media (when possible, accompany news articles with visual aids such as photos and drawings), other communication platforms
   - Posters, banners, brochures, fliers
   - SMS text messaging
   - Dramas
   - Social media (e.g., Facebook, Telegram)
   - Daily situational briefings
   - Press conferences for new critical information
   - Media statements for less urgent information
   - Community outreach and person-to-person or group-to-group message sharing (e.g., at social and religious gatherings such as Edir)

5. **Work with the social mobilization pillar and its networks to ensure messages reach the village and household level.**
   - Risk communication and community engagement teams at woreda and village level coordinate household and community activities
   - Engage community-level volunteers (e.g., youth, teachers, students), health development army, households' network, HEWs, community animal health workers (CAHWs)

6. **Emphasize interpersonal communication methods.**
   - Provide woreda media and woreda communication officers, local leaders, traditional leaders, and respected community resources (e.g., teachers, CAHWs) with health and progress information they can share with others.
   - Keep community-level communication activity implementers updated/informed of new developments
   - Where possible, arrange community meetings with national/regional-level leaders to link government more closely to people
7. **Track rumors and use the results to update messaging strategies.**
   - Conduct community feedback to track rumors (misinformation, disinformation, and myths) to meet the needs of those affected by a public health emergency
   - Conduct media scanning to track rumors to track incorrect information
   - Document rumors and responses to avoid duplication of messages
   - Update messaging content and strategy based on documented rumors
8. **Provide regular updates (e.g., weekly) on actions taken to combat the disease.**
   - Use the Internet, social media, and official Facebook pages as a means of sharing progress information with international audiences

Recovery Phase

Recovery is defined as the process of rebuilding, restoring, and rehabilitating the community following an emergency. Recovery is a complex and long-running process that will involve many more sectors and participants. Therefore, recovery plans are implemented and coordinated with all responsible government sectors at all levels. Recovery is best achieved when the affected community is able to exercise a high degree of self-determination. During this phase, the risk communication activities include but are not limited to the following activities:

- **Revisit the One Health National Emergency Risk Communication Strategic Plan and determine where improvements are needed.**
  - Revise the risk communication strategic plan based on lessons learned
  - Share findings with all stakeholders, including affected communities
- **Evaluate problems and review lessons learned at both the national and district levels.**
  - Despite advance planning, problems will arise. It is important to:
    - Complete an after-action review—take time after a crisis to review what worked well and document the lessons learned
    - Assess the new landscape following the emergency
  - Ensure that all communication partners take part in a post-emergency information-sharing evaluation meeting
- **Reassure and track rumors.**
  - Service providers at frontline level should closely work with religious and community leaders to provide psychological support
  - Appropriate sector official or officials of different sectors shall provide a joint press release to reassure the community after the catastrophe
  - Messages and communication to the affected communities at this stage shall focus on reassurance and maintenance of the prevention and control practices
  - Continue to track rumors during recovery and provide timely feedback
- **Celebrate and share victories.**
  - Create a series of stories from those whose actions saved lives, and share these stories through multiple channels
  - Capture, record, and share stories and images of local innovations and successes in fighting the disease
  - Provide an easy method for community leaders, volunteers, and survivors to share information
  - Report achievements widely through multiple channels
- **Return to public health emergency planning and testing.**
  - Test the system regularly
  - Ensure a continual feedback loop with communities, which will again feed into preparedness before an emergency