



Ministry of Health – Seychelles

# **Communication Strategic Plan**

For Crisis Communication, Public Awareness

And Prevention Against

## **Plague**

In Seychelles

October 2017

**Cover illustration courtesy:**

Ministry of Health – Seychelles

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# Table of Contents

1. Chapter 1 .....	7
1.1. Acknowledgement.....	7
1.2. Background.....	8
1.3. Introduction.....	10
1.4. Guiding Principles.....	12
1.5. Risk Communication areas .....	14
1.6. Purpose.....	14
2. Chapter 2 .....	15
2.1. Rapid Assessment.....	15
2.2. Consideration of outrage. ....	15
2.3. Coordination and Partnerships .....	15
3. Chapter 3 .....	17
3.1. Communication Goal.....	17
3.2. Primary Communication Strategy .....	17
3.3. Communication Objectives .....	17
3.4. Target Audiences.....	18
3.4.1. Primary Target Group.....	18
3.4.2. Secondary Target Group .....	18
3.4.3. Tertiary Target Group.....	18
3.5. Settings.....	19
3.6. Targeting communications.....	19
3.9. Communication Approaches .....	21
3.8. Communication Tools.....	22
3.12.1. Establishment of a Crisis Information Center .....	25
3.12.2. Identification of Communication focal points within key organisations, partners and stake holders.....	26
3.12.3. Designation of national spokespeople from the Ministry of Health .....	27
3.13. Communication Activity Plan.....	27
3.14. Contingency Crisis Communication Planning .....	28
3.7. Key Messages .....	28

3.7.1. Information messages.....	28
3.7.2 Personal protection messages.....	29
3.7.3. Public Health measures and official notices.....	29
3.15 References .....	28
Annex1: Communication Activity Plan .....	29
Annex 2: Activities, Tasks and Estimated budget.....	34
Annex 3: Rapid Assessment on the Ebola Virus Disease .....	39

# **1. Chapter 1**

## **1.1. Acknowledgement**

We would like to acknowledge the support and input of the staff of the Ministry of Health and the WHO Liaison Office for Seychelles in the development of this document.

We would like to thank all those who agreed to participate in the pretesting of the messages and ad-hoc assessment of the knowledge, attitude and practices on plague conducted during the development of the plan.

## **1.2. Background**

Madagascar is experiencing a severe outbreak of plague affecting major cities and other non-endemic areas since August 2017. This current outbreak is of significant public health concern since both pneumonic and bubonic plagues are reported, with pneumonic the most virulent form of the disease. This outbreak carries a moderate risk of spread to neighbouring Indian Ocean islands, including Seychelles. The risk has been mitigated by the short incubation period of pneumonic plague and the institution of exit screening measures at the airport and other major ports. However, there is a need for ongoing vigilance and public awareness to support precautionary public health measures, especially among travellers and those most at-risk, and help ensure that potential cases are rapidly detected as part of an effective emergency response.

At the time of drafting, there have been no confirmed cases of plague in Seychelles. On the 27th September 2017, a Seychelles basketball coach, who was attending the Indian Ocean Basketball Club championship died of a respiratory illness within Madagascar, and the Malagasy health authorities confirmed pneumonic plague as the cause of death. On 10 October 2017, the Seychellois Ministry of Health also notified WHO of a probable case of pneumonic plague, a 34-year-old man who had visited Madagascar. The case subsequently tested negative for the disease upon confirmatory testing in Paris. Upon arrival in the country, the man attended two major social events in one night whilst being symptomatic. As a result a total of 332 primary contacts and 631 secondary contacts received prophylaxis. During the course of these events, one private school and all government primary and secondary schools took the decision to close down.

The series of events created panic amongst the population and rumours spread quickly on social media. International media also incorrectly reported the case as being confirmed. The Ministry responded by releasing daily updates on the current situation and general information on plague by the Commissioner of Public Health and through the Ministry of Health website via press releases, strengthening the dissemination of health messages on the television, radio, social media and SMS amongst others. A hotline (141) was also instilled on 12th October 2017 with the aim of receiving queries and responding to enquiries from members of the public.

However, there remains a need to strengthen a multi-pronged approach to effective risk communications to support ongoing preparedness against plague, with contingency plans in



the event of an outbreak. This communications would aim to build trust among the public in response plans and support adherence to protective public health measures that reduce the risks of importation and spread of the disease.

In view of the on-going situation in Madagascar, the Public Health Authority has updated measures in place so as to further decrease the risk of introducing the Ebola virus in Seychelles. These measures include travel restrictions from Madagascar, as well as intensified surveillance at the ports of entry.

### 1.3. Introduction

There are different types of plague, all of which have been detected in Madagascar during this current outbreak.

- *Pneumonic plague*, or lung-based plague, is the most virulent form of plague. Patients can develop symptoms within 24 hours of exposure to the bacteria. Typically, the pneumonic form is caused by spread to the lungs from advanced bubonic plague but it can also be transmitted between humans via inhalation of droplets (typically by coughing). Pneumonic plague, if not diagnosed and treated early, is almost always fatal.
- *Bubonic plague* is the most common form of plague and is caused by the bite of an infected flea. The bacteria travels through the lymphatic system, causing a “bubo”, an inflammation of the lymph node which is tense and painful. At advanced stages of the infection the inflamed lymph nodes can turn into open sores filled with pus.
- *Septicaemic plague* occurs when infection spreads through the bloodstream, following untreated bubonic plague or manifests as the first symptom of infection with the bacteria. It can cause bleeding, tissue necrosis (turns to black) and shock.

All forms of plague can be rapidly diagnosed with rapid test kits, but its confirmation usually requires laboratory testing of blood, sputum or “bubo”. Plague can be effectively treated by timely prescription of appropriate antibiotics.<sup>1</sup> Effective prophylaxis is also available for people who may have been exposed to the disease.

Effective risk communications is vital for prevention and control of outbreaks. This means ensuring regular exchange of information and advice between experts or health officials and the public, thereby helping people to take informed decisions to protect their health. A range of techniques and tools should be deployed, ranging from media and social media communications to interpersonal dialogue, and community engagement. Rumours, misreporting and other communication risks must also be closely monitored and managed in line with communication best practices.

In Seychelles, the mass media is a very important source of health information for the general public, and influences policy-makers and collaborators. Social media is also an increasingly prevalent source of information, particularly among youth, and news can spread extremely quickly via facebook. Timely communications is therefore imperative to ensure that credible, accessible public health information is available when people need it,

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<sup>1</sup> <http://www.who.int/mediacentre/factsheets/fs267/en/>

and so that rumours can be adequately controlled. Interpersonal engagement of key influencers, for instance through trainings, orientations and mentorship, can also help educate others on the risks, dangers and preventive measures needed to prevent the importation or spread of plague and other public health risks.

This Communication Strategic Plan is an essential and integral component of the national prevention and response programme being put in place and led by the Ministry of Health, Health Care Agency and Public Health Authority to decrease the risk of the introduction of plague in Seychelles.

To accelerate the process, existing information and experiences gathered during previous consultations and engagements with the public, partners and stakeholders on similar issues have been used in the formulation of the plan.

Meetings and consultations with the Health Promotion Unit, the Disease Surveillance and Response Unit (DSRU) in the Public Health Authority and other departments, and desk reviews have been done based on the urgency of the situation.

The Plan has been developed using a combination of standards, guidelines, best practices and advisories from the World Health Organization (WHO), Centre for Disease Control (CDC), Disease Surveillance and Control Unit (DSRU) and Public Health Authority in the Ministry of Health as well as guiding documents such as the WHO International Health Regulations (IHR), WHO Integrated Disease Surveillance and Response Guidelines.

## **1.4. Guiding Principles**

The plan is based on five essential practices and guiding principles for effective outbreak communication identified as best practices by WHO: build trust, announce early, be transparent, respect public concerns, and plan in advance.

### **Build trust**

*As the foundation for effective outbreak communication, the most critical objective is to build, maintain, or restore public trust in those responsible for managing the outbreak and issuing information about it. A core part of this is creating effective two-way communications with those facing public health risks, including through community engagement and dialogue.*

### **Announce early**

*Early announcement contributes to early containment in a situation where every day counts. Equally important, early announcement wins public confidence that authorities are openly reporting what they know when they know it, setting expectations that information will not be concealed. This means being ready to communicate even in uncertainty: aim to communicate fast and communicate first.*

### **Be transparent**

*Transparency characterizes the relationship between the outbreak management and preparedness teams and the public. Transparency can be defined as communication that is candid, easily understood, complete, and accurate.*

### **Respect public concerns**

*The public is entitled to information that affects their health and the health of their families. Public concerns should be treated as legitimate, explored, and respected as a force that will influence an outbreak's impact. Today, effective risk communication is viewed as a dialogue between technical experts and the public and rumour management (listening and responding) is fundamental to effective emergency preparedness and response.*

### **Plan in advance**

*Outbreak communications must be a part of outbreak management planning from the outset. This means being prepared: having protocols in place as well as coordination mechanisms, with plans, materials and messages ready for dissemination for identified public health risks.*



## **1.5. Risk Communication areas**

The following risk communication areas are taken into consideration in drafting the communication objectives, strategies and activities for this plan, which aim at engaging people towards promoting informed actions that reduce public health risks:

- a) **Public awareness and information**, where people are informed, involved and educated about risks and risk assessments in general;
- b) **Behaviour change and protective action**, which encourages risk reduction behaviour by engaging communities and trying to influence the perceptions of the audience;
- c) **Dynamic listening and rumour management**, which ensures public concerns are addressed within the response; and
- d) **Coordination and partnerships**, which helps ensure adequate information sharing and collaboration among key stakeholders.

## **1.6. Purpose**

This communication strategic plan will contribute to maintain a zero local infection rate and 100% detection rate for imported cases of plague in Seychelles.

## **2. Chapter 2**

### **2.1. Rapid Assessment**

An emergency helpline was established following reports of suspected plague in Seychelles in October 2017. Calls were logged and concerns recorded have been used to inform this communications strategy. It is recommended that additional assessments are carried out including a perceptions survey and pretesting of communications messages and materials to better understand knowledge, attitudes and practices of the various target groups among the general public.

A summary of key responses is in **Annex 3**.

### **2.2. Consideration of outrage.**

The concept that risk perception is a function of hazard and outrage means that in any risk communication effort, the risk communicator cannot afford to ignore any outrage that is felt by the audience. The following conclusions about hazard and outrage are to be taken into consideration and are addressed by the strategies and activities planned:

- (1) The public responds more to outrage than to hazard;
- (2) Activists and media may amplify the outrage but they do not create it;
- (3) Outraged people do not pay much attention to hazard data;
- (4) Outrage is not just a distraction from considering the real hazard - both are legitimate and must be addressed.

### **2.3. Coordination and Partnerships**

The success of the communication interventions will depend greatly on the effective involvement of all stakeholders and collaborators who have a role to play in the prevention and response to any potential epidemic in the country, from health and development partners, other government agencies and departments, health workers and communities. So as not to undermine communication efforts, partners should strive to present information in a coordinated and consistent way and advocate constantly to support the surveillance and response plan in place. Effective communications and regular meetings can support effective information sharing that is a pillar of the response, and making sure that those who need information have access to it at the right time.

### **2.4 Media landscape**

The media has essential and specific roles and responsibilities vis a vis the threat of an epidemic. The mass media can be used very effectively, especially at the start of an outbreak, as it has the potential to reach large numbers of people very quickly. Good reporting also translates technical information relating to public health risks into lay language and can help the public better understand the situation at hand, including its implications for their own health and behaviours. In addition, media coverage can put those in charge of the outbreak response under close public scrutiny, creating pressure for them to be seen as moving rapidly and decisively to protect public health. Various techniques can be used to engage the media including press conferences and briefings, trainings, interviews, dedicated content and broadcast messages (spots).

In Seychelles, print, radio and TV are all popular forms of media, and literacy rates are very high at 94 percent. Among younger generations, social media especially Facebook is an increasing source of news across the islands, with potential for news to spread virally via this forum within minutes of an event occurring. The media landscape is also changing fast with a proliferation of new media houses, many of whom have been less engaged in health engagement efforts in the past. According to the most recent Census (2010), 90 percent of the population owns a mobile phone. However this is likely to have increased since the Census was conducted. Used judiciously, mobile phone communication (e.g. via SMS) can be an effective tool for reaching large numbers of people quickly in the event of an emergency.

## **2.5 Social background**



## 3. Chapter 3

### 3.1. Communication Goal

The overall goal of the communication strategy in Seychelles is to increase the level of knowledge on plague and promote protective action among the general population to prevent its importation and, in the event of an outbreak, its spread .

### 3.2. Primary Communication Strategy

Develop and implement a comprehensive communication plan to raise awareness on plague risks and promote the adoption and practice of preventive measures in Seychelles.

### 3.3. Communication Objectives

Taking into consideration the fact that no study has been conducted to establish a base line on knowledge, attitudes and practices among the population on the prevention and control of plague, the assumption used for the purpose of this plan is that the majority of the population is not aware of these prevention and control measures.

In the next six months,

1. To increase percentage of the general population who are aware of the origin, symptoms, modes of transmission and effects of plague and how to reduce risks;
2. Increase uptake of protective measures among groups at-risk, including recognition of signs and symptoms and the need for immediate treatment;
3. To increase collaboration among specific target groups, partners and stakeholders advocating for and participating in the implementation of the surveillance, preparedness and response plans put in place by the Ministry of Health.
4. Ensure rapid and proactive communications in the event of an outbreak, including raising awareness on respective roles and functions among key stakeholders

It is highly recommended that in order to validate key knowledge, attitudes, perceptions, barriers and practices related to plague, a formative study needs to be carried out.

It should be noted that the success of many of these interventions would also depend to a great extent on the effectiveness of the surveillance and response interventions as well as levels of engagement of different stakeholders. This requires active participation from across the different sectors of the response.

### **3.4. Target Audiences**

This communication strategy aims to work with key, predetermined target groups. In order for the strategy to be effective, it has to be relevant to the needs of each of the target groups. Therefore it is important to understand their needs and characteristics so as to design specific strategies to convince them to practice as well as maintain the recommended/desired behaviours. Different communication approaches, messages and content are needed for each group.

#### **3.4.1. Primary Target Group**

- Travellers/potential travellers and their family members/contacts
- Health Workers (including private practitioners)
  - Travel authorities / service providers (staff from: Airlines, Skychef, Travel agencies, Hotel workers & clients, Shipping Companies)
  - Responders / Implementers
  - Enforcement Agencies (Customs, Immigration, Seychelles Port Authorities, Seychelles Civil Aviation Authority, Seychelles Police and Public Health Officers)
  - Internal (Ministry of Health, DRDM)
  - General public

#### **3.4.2. Secondary Target Group**

- Schools (Management, Teachers, Ministry of Education)
- Religious/Faith-based organisations, e.g Interfaith Council
- Community Leaders (District Councils, youth leaders)
- National Assembly
- Alternative and complementary medicine practitioners

#### **3.4.3. Tertiary Target Group**

- Media
- Health partners and NGOs
- Businesses and Employers
- Other Ministries (e.g. Foreign Affairs...)

This strategy aims to reach out to and promote behavioural change among **Primary Target groups** i.e. front line workers, general population. But there are other **Secondary Target**

**groups** such as teachers, community leaders etc. who can directly influence the behaviour of Primary Target groups and need to be engaged with as well.

Additionally, a great deal of advocacy would also need to be carried out with the **Tertiary Target groups** such as policy makers/implementers and the media as they directly or indirectly influence the intention/ability to act of the secondary target groups as well as primary target groups.

### **3.5. Settings**

- Homes
- Communities
- Schools
- Workplaces
- Health facilities
- Points of entry (airport, seaports)
- Places of worship

### **3.6. Targeting communications**

No	Audience	Key Behaviour/s to Promote	Barriers	Communication Channels	Communication Message Content
1	General public (heads of households, children, parents, guardians and other family members)	Following travel advisories;  Awareness of signs and symptoms and importance of early reporting;  Confidence in government response plans.	Mistrust, fear, misinformation  ??	SMS  Media (talkshows, interviews, press release)  Social media  Helpline  Interpersonal (through religious leaders, community leaders)	e.g. There have not been any confirmed cases of plague in Seychelles. However there is a serious outbreak of plague in Madagascar.  Avoid all but essential travel to Madagascar  If you have travelled, report to the health facility immediately if you feel unwell (see below)  The Government has plans in place to respond to plague if an outbreak occurs. Plague can be treated effectively if treated on time. In the event of an outbreak, x, y and z will happen
2	Travellers / potential travellers & contacts		Unwillingness to identify travel history (esp. for informal travellers)?		
3	Travel authorities / travel service providers				
4	Health Workers				
5	Responders (?)				
6	Government				

	departments involved in the response (including District authorities, internal MoHS, Disaster Management)				
7.	Alternative and complementary medicine practitioners				
8.	Schools (teachers, management)				
9.	Religious and community leaders				
10.	Media				
11.	Other Ministries (Education, law enforcement, foreign affairs etc)				
12.	Health sector partners / NGOs				
13.	Policy makers				

### 3.9. Communication Approaches

- a) **Advocacy:** Aims to engage the support of influential organizations and individuals and target people in positions of power. Advocacy would help influence policy and to

raise the issue preparedness and response in epidemic on the policy agenda and in the minds of the people.

- b) **Interpersonal Communication** (*One to one, door to door, workshops, meetings etc.*): would be one of the key approaches of this strategy in order to increase knowledge on the importance of hygiene as well as promote behavioral change among families and communities.
- c) **Community engagement:** would be carried out to strengthen dialogue among community members, schools, churches etc., on issues of disease prevention. It would provide a key platform to help increase community participation and ownership over preparedness and response efforts.
- d) **Mass media:** would raise mass awareness, bring the issue into the limelight and also help promote critical behaviours and programme information. Simultaneously, they would also provide support and credibility to the interpersonal and community mobilization efforts.
- e) **Digital media** will be used for timely, accessible communications including social media (facebook) and SMS communications for rapid information dissemination, both to general public and targeted groups.
- f) **Effective IEC materials:** would support behaviour change communications. They would include approved messages, FAQs, fliers, spot messages and so forth.
- g) **Capacity Building:** In order to be able to carry out communication activities effectively, a significant amount of capacity building activities (trainings) would need to be carried out at various levels, including partners, internal stakeholders, health workers / responders and targeted community members, to support awareness on disease/outbreak preparedness and control.
- h) **Active coordination:** Supports effective information sharing among partners and internal stakeholders including timely, targeted dissemination of messages and materials and coordination meetings and reports
- i) **Accessible public information.** This will include dedicated response lines and public information points at key strategic locations. A dedicated crisis centre will also be established to provide timely and accurate information relating to the emergency.

### **3.8. Communication Tools**

#### **1. Mass Media**

Tools to engage the mass media include:

- Regular press conferences. In the event of an outbreak, these may be held daily and should provide updates at key stages. Press conferences are one of the most efficient ways to reach the media when human resources are stretched.
- Press releases / advisories
- Interviews with identified spokespeople
- Broadcast messages
- News alerts
- Media protocols should also be updated alongside orientation / guidance for spokespeople (see trainings)

## 2. **Digital, online and social media**

Social and other digital communications, specifically SMS, provides opportunities for realtime alerts. SMS alerts can be disseminated quickly to the general population or to targeted groups (e.g. health workers, airport staff)

- User groups for SMS (internal/external) / Whatsapp Groups (internal)
- Facebook posts
- Website content
- Emails/e-alerts
- Intranet posts
- Youtube videos
- Instagram

## 3. **Print and IEC materials.**

These would include IEC products as well as guidelines targeted for specific groups.

- Guidelines for health workers, airlines, POE staff
- Public notices
- Key messages (internal)
- Posters, fliers, FAQs (external)
- Spot messages (radio and video including video spots for airlines and airports, video screen in Victoria, displays in banks).
- Murals/billboards in schools, Health facilities and other strategic locations.

## 4. **Internal communication and coordination**

- Teleconference meetings
- Coordination meetings (IDSR)
- Minutes and presentations
- Emails, WhatsApp and SMS

## 5. Information points

- Information corners will be established in health facilities and key strategic locations on disease prevention and control.
- **In the event of an outbreak**, through the Department of Risk-Reduction and Disaster Management (DRDM) a crisis information center will be established to provide real time, accurate information on the progress of the outbreak, the public health measures in place for the response and recommended preventive measures (more details below)
- A specific response phonenumber has also been established so that the public can get access to realtime information relating to plague or other issues of public health concern. The system is manned by a team of volunteers (trained and retired health workers with support from youth groups).

## 6. Trainings and capacity building

Capacity building underlies the effectiveness of this communications strategy and will aim to reach a range of internal and external stakeholders to support awareness on plague (signs and symptoms, preventive measures/precautions, plans for the response) and key components of disease prevention and control. Specific trainings and guidance will include:

- Training of media houses (covering responsible reporting on outbreaks, health reporting, plague, sources of information)
- Training of spokespeople (media 101)
- Risk communication training (partners and focal persons)
- Training of community influencers on plague / disease prevention and control (e.g. teachers, community leaders – District Councils, youth leaders, Interfaith Council)
- Training of helpline team (effective communication skills)
- Training of health workers (plague detection and response and compassionate communications, community outreach)
- Training of airlines / travel agents / port & aviation authorities
- Development and dissemination of communication SOPs and protocols among internal stakeholders

## 7. Community engagement.

Community engagement is key to effective emergency preparedness and response. Networks will be mobilized to ensure they are oriented and ready to provide the needed



support should an outbreak occur (see Partnerships below). Specific activities proposed include, In the event of an outbreak:

- door to door sensitization in community settings.
- Sensitization during events: (Masses, public meetings and gatherings, school events), through community stakeholders that have been identified, trained and oriented

## **8. Partnerships**

The success of the strategy will depend on leveraging resources and networks of partners to ensure that different stakeholders can access the information they need when they need it. Key networks to orient ready for preparedness and response efforts include:

- Red Cross volunteers, SEPS, youth networks, District Councils, Interfaith Council, traditional medicines association, helpline responders;
- DRDM;
- Local Government Authorities (District Brigades)

Communication Focal points (see below).

## **9. Media monitoring**

Effective media monitoring will be undertaken by Health Education and the Public Relations Unit, with support from DRDM. Together with the reporting line (141) which will be logged to record incoming public concerns and feedback from the networks described above, this will help ensure communications risks are promptly identified and responded to. To perform these functions, the Communications Pillar needs to have assured access to a full range of publications and media channels available for public use in the country including social media and print products.

### **3.12.1. Establishment of a Crisis Information Center**

Rumours, speculations and misinformation can be effective barriers during communication in emergency and crisis situations. Lack of accurate and timely information is the most common cause of speculation and rumours.

To help address this, through the DRDM a Crisis Information Centre will be established during any emergency to be a source of timely and accurate information and to pre-empt rumours and speculation among the general population and the media. Other key functions will include:

- An effective communication tool to triangulate information from and between the National Authorities, the media and the general population.

- Act as the media monitoring mechanism (*i.e. monitor all information being published and broadcast locally (SBC, PureFM, Seychelles Nation, Today in Seychelles, Les Seychellois, Weekly, Seychelles Independent etc.)*) and from the main international news channels (*CNN, BBC, Aljazeera, TV 5 etc.*) as well as social media (*Facebook*) on.
- Use as an internal communication mechanism as well to keep all Ministry of Health staff as well as partners and stakeholders involved in the implementation of the response plan well informed on the progress on the outbreak and the activities being implemented as part of the plan. This will be done either through intranet and or emails and phone calls.

The Information Center will be equipped with fixed line, cellular call facilities, television and internet access. It will be staffed with personnel trained in communication with particular focus on risk communication and public relations.

The Center will keep itself updated on the latest information on trends, measures and programmes in place locally and internationally to pass on to the media and the general population based on queries by phone and emails.

The Center will be advertised as the main interactive public information mechanism through which the media and public can address the concerns, queries and suggestions for the duration of the outbreak preparedness and response phase.

### **3.12.2. Identification of Communication focal points within key organisations, partners and stake holders and in the districts**

To facilitate the exchange of information, planning, monitoring and evaluation purposes it is important to identify and establish communication focal points within key organisations, partners and stakeholders for the duration of the outbreak preparedness and response for three main reasons:

1. To guarantee that all relevant official information reaches the prospective target groups in a consistent and timely manner.
2. Ensure a direct line of communication between the Ministry of Health and its partners/stake holders in the implementation of the communication plan for Ebola.
3. Record feedback from the respective parties in time to mitigate communication barriers and obstacles in the implementation of delegated activities.

A contact list for these focal points must be maintained and updated ready for any emergency and they must be oriented on their roles.

### **3.12.3. Designation of national spokespeople from the Ministry of Health**

To ensure a credible and official source of information and directives from the Ministry of Health as the lead agency in the preparedness and response to plague in Seychelles, it is proposed that a key spokesperson is designated to communicate on behalf of the Ministry of Health during the outbreak period. An alternate person should also be identified to stand in in the absence of the designated spokesperson.

The identity and role of the designated spoke person will be communicated to the media and all relevant partners/stake holders and the spokespeople will be trained to support effective communications and engagements.

## **3.13 Communication Activity Plan**

The activity plan incorporates some activities that are already in progress due to the urgency of the situation and existing plans and protocol for infectious diseases management by the Public Health Authority and the Health Care Agency. The plan also takes into consideration the involvement of partners and stakeholders in respect of their involvement in the epidemic response plan for the threat of plague importation in Seychelles.

It is also to be noted that this activity plan is a dynamic one that will be modified and updated based on the following:

- The circumstances and progression of the plague outbreak.
- Inputs, contributions and participation of partners (local and international), stakeholders and other interested parties.
- Available financial resources to strengthen the interventions.
- The identification of specific needs and/or gaps in knowledge, attitude and practices (KAP) in respect to infectious disease prevention and control among the population during the implementation process (*Taking into consideration the fact that a KAP has not yet been done*).
- After review of the main Response Plan for plague which is in the process of being finalised by the Ministry of Health.

The communication activity plan, tasks and estimated budget is attached in Annex 1 and 2.

### **3.14 Contingency Crisis Communication Planning**

To ensure the sustainability of effective communication in the eventuality that the plague outbreak reaches Seychelles, it is wise and important to plan for scenarios that will need extraordinary measures and interventions in relation to communication that may or may not be covered by the Public Health Act and the legal implications of such measures.

These may include but are not limited to:

- priority access to national media channels,
- use of conventional communication approaches (e.g. bull horns, mobile PA systems, etc.),
- access to large target groups (such as employees of large organisations, students ),
- dedicated publications on the outbreak,
- blockage or legal action against information sources and promoters of behaviours that may contribute to hamper response efforts and or deterioration of the outbreak. (Actions by religious groups, alternative medicine practitioners, anti-social/political groups etc.)

We propose that the multi-sectorial communication team with the guidance of the Public Health Authority undertake the task to draw up crisis communication action plans based on a series of worst case scenarios in the event that confirmed cases of Ebola are detected in Seychelles.

A crisis communication contingency fund should also be established to finance any additional activities needed based on these plans.

### **3.15 Monitoring and Evaluation**

### **3.15 References**

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## Annex 1: Communication Activity Plan

<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase percentage of the general population who are aware of the origin, symptoms, modes of transmission and effects of plague and how to reduce risks;</li> <li>2. Increase uptake of protective measures among groups at-risk, including recognition of signs and symptoms and the need for immediate treatment;</li> <li>3. To increase collaboration among specific target groups, partners and stakeholders advocating for and participating in the implementation of the surveillance, preparedness and response plans put in place by the Ministry of Health.</li> <li>4. Ensure rapid and proactive communications in the event of an outbreak, including raising awareness on respective roles and functions among key stakeholders</li> </ol>
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Define and use clear key messages targeting specific groups based on their settings, influence, roles and responsibilities.</li> <li>2. Use diverse communication approaches (interpersonal/engagement) and mass media to raise awareness on risks and promote protective measures against plague importation and spread</li> <li>3. Build capacity of health workers, partners and internal stakeholders to advocate and participate in the implementation of the communication plan.</li> <li>4. Use of community interventions to raise awareness on risks and support protective measures against plague importation and spread.</li> </ol>

Implementation Framework					Monitoring & Evaluation Framework		
Focus	Activities	Channels and Supports	Responsible Parties	Time Frame	Indicators	Target	Verification Source
Management and coordination	Set up a multi – sectorial risk communication team to manage, support and monitor the implementation of the communication strategic plan for plague	Meeting/Working sessions	Ministry of Health	3 <sup>rd</sup> week of October	Number of team members in place		Terms of reference/team members
Management and coordination	Conduct baseline perceptions survey	Telephone, door-to-door	Communications Group <i>Identify partners</i>	1 <sup>st</sup> week of November	Number of people surveyed		Survey reports
Management and coordination	Develop and disseminate SOPs for emergency communications response	Meeting/Working sessions SOPs	Communications Group DRDM	1 <sup>st</sup> week of November	Availability of SOPs		Emergency SOPs in place and disseminated for timely Risk Communications

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Management and coordination	Review, update and disseminate media protocols	Meeting/ Working sessions Protocols	Communications Group DRDM	1 <sup>st</sup> week of November	Availability of protocols		Protocols in place and disseminated
Management and coordination	Establishment of a crisis communication contingency fund.	Meetings and consultations	Communication Team Public Health Authority <i>Partners/Stake holders to be identified?</i>		Establishment of funds		Funds available
Management and coordination	Update and finalize internal and external contact lists for emergencies (SEPS, Red Cross, Interfaith Council etc)	Contact lists	DRDM Public Health Authority Communications Group		Contact lists developed		Existence of contact lists
Management and coordination	Establish Closed User Groups for rapid SMS distributions to key internal stakeholders / implementing partners	User groups	Public Health Authority		Number of CUGs		CUG tests
Management and coordination	Conduct daily media monitoring	Reports	Communication Group	Ongoing	Media monitoring reports		Reports disseminated Follow-up is provided where needed
Management and Coordination	Provide regular weekly updates on IDSR to key stakeholders (internal, external)	Meetings Dissemination of minutes, presentations	Public Health Authority (IDSR)	Ongoing	Regularity of meetings		Emails Meeting reports
Management and Coordination	Establish MoUs with mobile phone companies for emergency broadcasts	MoUs	DRDM		MoUs in place		Existence of MoUs
Orientation and capacity building (internal stakeholders)	Conduct risk communication training with key internal stakeholders, including media training of spokespeople	Training	Communications Group DRDM	2 <sup>nd</sup> week of November	Number of relevant people trained		Session reports
Orientation and capacity building (implementing partners, community stakeholders)	Conduct briefings/sensitization sessions with implementing partners on plague, contingency plans for outbreaks/emergencies and respective roles / responsibilities, as well as basic risk communication skills	Workshops/Meetings, one to one sessions, teleconferences and conference calls	Communication Team DRDM Public Health Authority Red Cross	Orientation and capacity building	Number of people oriented / trained		Session Reports
	<b>NB</b>	<b>It is proposed that the following groups are initially involved:</b> Governmental organisations inc Local Government / Communications					

		Focal persons, Media. National Assembly, <i>Enforcement Agencies (Police, SPDF, SCAA, Immigration, Seychelles Port Authority, Seychelles Maritime Safety Administration), Destination Management Companies, Shipping companies. NGOs, InterReligious Council, District Councils, youth leaders, Alternative medicine and Private Medical Practitioners; MofEd</i>					
Orientation and capacity building (implementing partners)	Verify and orient communication focal persons, including for Praslin and La Digue	Focal persons	Public Health Authority Communication Group	1 <sup>st</sup> week of November	Number of focal persons (FP) in place		Terms of reference disseminated/names of FP
Orientation and capacity building (mass media)	Train media houses for responsible reporting on health emergencies	Trainings	Communication Team (possible partners to be identified)	2 <sup>nd</sup> week November	Number of reporters trained		Session reports
Orientation and capacity building (health workers)	Design, adapt and disseminate IEC materials to support capacity building on plague for health workers including posters, FAQs, clinical guidelines	Print materials	Public Health Authority Communication Team		Number of materials available		Display and use of materials
Orientation and capacity building (health workers)	Conduct briefings/sensitization sessions with health staff on plague, preventive measures, clinical protocols, roles and responsibilities (including public awareness/outreach)	Workshops/Meetings, one to one session. Through teleconferences and conference calls	Public Health Authority Communication Team		Number of sessions conducted		Session Reports
Orientation and capacity building (travel authorities, service providers)	Develop and disseminate protocols and guidelines to travel service providers and authorities	Print products	Public Health Authority		Guidelines produced and disseminated		Availability of guidelines
Public information (general)	Set up and maintain a public health helpline for plague queries	Telephone	Communications Team	1 <sup>st</sup> week November 2017	Call center systems in place Volunteers trained		Queries and Monitoring Reports Number of volunteers trained
Public information (general)	Design, adapt and print general Information, Communication and Education materials (IEC) on plague including FAQs, key messages, posters, fliers	Print Materials	Communication Team Red Cross Society of Seychelles	1 <sup>st</sup> week November	Number of materials available		Samples of materials
Public information (travellers)	Design, adapt and print IEC materials for airports and seaports (posters, TV message/slideshow for display on arrival/departure)	Print materials, TV	Communications Team Public Health Authority	2 <sup>nd</sup> week November 2017	Number of materials available		Screening and display of materials

Public information (general)	Produce and broadcast TV and radio spots on plague protective measures / key info ( <i>with emphasis on travellers/potential travellers</i> )	TV, Radio and social media broadcast	Communication Team Seychelles Broadcasting Corporation	November – April 2017 (+ contingency)	Number of spots produced and broadcast		Samples of spots and broadcast report
Public information (general)	Coordinate interviews by health professionals in existing TV and Radio programmes and talk shows.	TV and Radio broadcast	Communication Team	November – April 2017 (+ contingency)	Number of interviews conducted		Media monitoring reports
Public information (general)	Disseminate media releases and organize press briefings for significant activities relating to plague preparedness and response	Releases, press briefings	Communication Team	November – April 2017 (+ contingency)	Number of releases produced Number of briefings held		Session reports Media monitoring Samples of press releases
Public information (general)	Ensure website is updated as needed	Online	Communication Team	Ongoing	Number of website postings		Quality check on website
Public information (general) ( <i>with emphasis on travellers/potential travellers</i> )	Develop and disseminate communication products on plague for social media and SMS	Social Media (Facebook, Web and Cellular phones)	Communication Team		Number of products developed		Samples and reports
Public information (general) ( <i>with emphasis on travellers/potential travellers</i> )	Develop and disseminate regular updates/alerts on the status of the plague outbreak in the region	Mass Media Social Media	Public Health Authority  Communication Team  Seychelles Broadcasting Corporation	Ongoing	Number of updates/alerts		Samples and media monitoring reports
Public information (general)	Conduct briefings/sensitization sessions on plague and preventive measures in force/being promoted for the general public through mass gatherings.	Religious services, meetings, public activities and gatherings, meetings, mass media	Public Health Authority Communication Team through partners  <i>Via community partners oriented, as described above</i>		Number of sessions conducted Number of partners/stake holders involved		Session Reports Media monitoring reports
	<b>NB</b>	<b><i>The below messages are intended as contingency measures in the event of a plague outbreak.</i></b>					
Emergency response	Emergency SOPs activated	Meetings	Communication Team Public Health Authority DRDM	Contingency	Meetings held		Session reports

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Emergency response	Set up crisis coordination centre in the event of an outbreak	Multimedia, telephone Meetings	DRDM with support from Public Health Authority	Contingency	Centre activated in the event of an emergency		Queries and monitoring reports Coordination meetings
Emergency response	Conduct door to door sensitization in the communities on plague and preventive measures in force/being promoted.	Social mobilisation Mass Media	Public Health Authority Communication Team Red Cross Society of Seychelles  <i>Via community partners oriented, as described above</i>	Contingency	Number of household visited		Activity reports
Emergency response	Conduct briefings/sensitization sessions on plague and preventive measures in force/being promoted for the general public through mass gatherings.	Religious services, meetings, public activities and gatherings, meetings, mass media	Public Health Authority Communication Team through partners  <i>Via community partners oriented, as described above</i>	Contingency	Number of sessions conducted Number of partners/stake holders involved		Session Reports Media monitoring reports
Emergency response	SMS alerts sent out to general population	SMS	Communication Team Public Health Authority DRDM	Contingency	SMS distributions		SMS reports
Emergency response	Conduct daily media outreach (briefings and updates)	Daily press briefings Press releases Daily social media and website posts Interviews with spokespeople	Communication Team Public Health Authority	Contingency	Accuracy of reporting Number of engagements Number of online posts Number of interviews	Daily	Session reports Media monitoring
Emergency response	Print and disseminate additional IEC materials and conduct regular reviews / updates for effectiveness / relevance	FAQs Posters Fliers Billboards Spot messages broadcasting, including screening on airlines/ Victoria / POEs	Communication Team Public Health Authority	Contingency	Number of products Number of people who have seen / understood messages		Surveys Dissemination reports

## Annex 2: Activities, Tasks and Estimated budget.

No	Activities	Tasks	Responsibility	Timeframe	Est. Cost	Resources
1	Setting up a multi – sectorial communication team to manage, support and monitor the implementation of the communication strategic plan for plague	Define Terms of Reference. Identify members. Conduct initial meeting. Define mode of operation.	<ul style="list-style-type: none"> <li>• Proposal to be done by Manager Health Promotion Unit.</li> <li>• Approval by PS Health.</li> </ul>			<ul style="list-style-type: none"> <li>• Stationery</li> <li>• Meeting /communications facilities</li> <li>• Transport</li> </ul>
	Establish plans and protocols for emergency communications	Develop SOPs for Emergency Communications Conduct stakeholder mapping Draft Communications Plan for Outbreak Response Review and update media protocols Validate and disseminate Plan and SOPs Finalize external contact lists for risk communications				<ul style="list-style-type: none"> <li>• Stationery</li> <li>• Meeting /communications facilities</li> <li>• Transport</li> <li>• Telephone access</li> </ul>
	Conduct baseline knowledge / attitudes survey for plague communication	Identify survey methods Draft survey Identify and train survey team Conduct survey Analyse findings				<ul style="list-style-type: none"> <li>• Stationery</li> <li>• Meeting /communications facilities</li> <li>• Transport</li> <li>• Telephone access</li> </ul>
	<i>Establish Closed User Groups for targeted SMS Communications / coordination</i>	<i>Identify systems for targeted SMS distributions</i> <i>Establish system and train users</i> <i>Test system</i>				<ul style="list-style-type: none"> <li>• <i>Additional mobile phone and top-up</i></li> <li>• <i>Distribution software</i></li> <li>• <i>Internet access</i></li> </ul>
	Identify and orient communication focal persons (FP) including Praslin and La Digue	Define roles & responsibilities of F.P Identify appropriate persons. Disseminate ToRs Orient FPs			SR 30,000	<ul style="list-style-type: none"> <li>• Meeting /communications facilities</li> <li>• Transport</li> </ul>
	Daily media monitoring and rumour management	Conduct daily media monitoring Ensure logs are recorded from helpline calls Feed back issues immediately to Senior Management for response	Communication Team DRDM			<ul style="list-style-type: none"> <li>• Online monitoring system</li> <li>• Unrestricted access to social media</li> <li>• Access to full range of newspaper publications</li> <li>• Access to radio / TV</li> </ul>
	Establish MoUs with mobile phone companies for emergency SMS broadcasts <b>and TV/Radio</b>	Discuss and consult on MoUs Draft MoUs	DRDM			<ul style="list-style-type: none"> <li>•</li> </ul>

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	<b>broadcasters?</b>	Finalize MoUs				
	Conduct risk communication training with key internal stakeholders, including media training for spokespeople	Identify spokespeople and other internal stakeholders Develop training content Provide training and orientation (Risk Communication and Media Skills) Organize simulation exercise	Health Promotion Unit			•
	Conduct briefings/sensitization sessions with implementing partners on plague, contingency plans and respective responsibilities, as well as basic risk communication skills	Identify stakeholders / Implementing Partners Develop training content Provide training and orientation (Outbreak Preparedness and Response plans, roles and responsibilities) Organize simulation exercises as appropriate  Targeted groups include: Group 1: <i>Government organisations</i> Group 2: <i>Media</i> Group 3: <i>National Assembly</i> Group 4: <i>Enforcement Agencies</i> Group 5: <i>Destination Management Companies, Shipping companies, travel authorities / providers</i> Group 6: <i>NGOs / SEPS</i> Group 7: <i>Employers</i> Group 8: <i>Religious leaders, District Councils, youth leaders</i> Group 9: <i>Alternative medicine &amp; Private practitioners.</i>	Health Promotion Unit		SR10,000	Appropriate location and logistics.  Technical inputs from Public Health, WHO, DSRU and CDCU.
	Develop and disseminate protocols and guidelines to travel service providers and authorities	Identify target audiences Develop guidelines Disseminate guidelines Orient management on guidelines as part of trainings (above)	Public Health Authority			•
	Set up and maintain a public health helpline	Define purpose of the call center/hot line. Identify personnel and logistics needs. Set-up and test call center/hot line. Identify and collaborate with telephone/television/internet service provider. Train personnel to manage the call center in (Crash course in crisis communication and public relations).	Health Promotion Unit			•
	Design, adapt, test and print Information, Communication and Education materials (IEC) on plague including FAQs, key messages, posters, fliers.	Conduct pre-testing for, design and produce: • Key messages (internal use) • Posters x2 ( <i>What is plague/preventive measures</i> ) • Posters for health workers (x2)	Health Promotion Unit	r	SR 300.000	<b>Local artist?</b> Key messages Content information HR to support pre-testing

		<ul style="list-style-type: none"> <li>• Posters for airports (x1)</li> <li>• Leaflets x4 (<i>What is plague/Preventive measures/response plans</i>)</li> <li>• Q&amp;As x1 (<i>What is plague</i>)</li> <li>• Info Pack x1</li> <li>• Guideline x 3 (<i>How to conduct sensitization in your workplace/Door to door campaign</i>)</li> <li>• Notices on public health alerts/measures (as required)</li> <li>• SMS messages</li> <li>• Social media messages / materials</li> </ul>				
5	Produce and broadcast TV and radio spots on plague	<p>Conceptualize and Produce:</p> <ul style="list-style-type: none"> <li>• TV/Radio Spot on what is plague?</li> <li>• TV/Radio Spot on how to prevent/respond to plague.</li> <li>• TV/Radio Spot on preventive/response measures in force.</li> <li>• TV/Radio spot on isolation procedures &amp; control</li> </ul> <p>Broadcast TV/Radio spots on mass media Screening of spots at ports of entry</p>	Health Promotion Unit		SR 80,000  Free SBC/PureFM?  SR 20,000	Key messages Content information Access to screens at POEs   Broadcast by SBC/PureFM
	Coordinate regular press briefings and interviews by health professionals in existing TV and Radio programmes and talk shows.	<p>Identify possibilities/negotiate for slots in existing programme schedules. Identify key speakers from Ministry of Health/Partners/Stakeholders. Organize press briefings for milestone activities / events</p>	Health Promotion Unit			Broadcast by SBC/PureFM Space for media briefings
	Conduct briefings/sensitization sessions with health staff on plague and preventive measures in force/being promoted.	<p>Organise location and logistics for meeting. Identify and mobilise resource persons for sensitization sessions. Conduct sessions based on availability of personnel.</p>	Health Promotion Unit IDSR		SR20,000	Appropriate location and logistics.  Technical inputs from Public Health, DSRU and CDCU.
	Develop and maintain regular updates/alerts on the status of plague in the region	Draft and circulate update/alerts on a weekly basis in pre-infection phase and on a daily basis during outbreak phase.	Public Health Commissioner		No costs-	Updated local and international data and trends on Ebola outbreak. Contact lists updated
13	Conduct awareness and education sessions to mitigate fears and uncertainties among the general population and provide accurate	Conduct meetings and awareness sessions with key community stakeholders	Public Health Authority	Sept-Oct 2014	SR 15,000	Supportive materials on plague

	information on plague, and outbreak response plans					Equipment and logistic support.
	Disseminate the plague outbreak response plan and the roles and responsibilities of all partners/stake holders	Conduct briefing meeting with partners and stakeholders to present the response plan, including specific meeting with Communications stakeholders	Public Health Authority Health Promotion Unit		SR 10,000	Copies Response Plan
	Establishment of a crisis communication contingency fund.	Evaluate financial needs based on plans developed in the above activity.  Source out funding for contingency fund.	Health Promotion Unit Public Health Authority Diseases Surveillance and Responses Unit Partner/Stake holders		-	Information on local sponsors, existing funding sources, bilateral and multilateral partners and donors.
<b>CONTINGENCY (IN THE EVENT OF AN OUTBREAK)</b>						
	Activate crisis coordination centre	Activate the centre Announce and promote the activation of the centre Mobilize partners Organize coordination meetings	DRDM			DRDM facilities
	Disseminate additional IEC materials and broadcast messages	FAQs Posters Fliers Billboards Spot messages broadcasting, including screening on airlines/ Victoria / POEs Notices / public health alerts	Health Promotion Unit			Airtime
	Promote sensitization on plague and preventive measures in force/being promoted by Employers in their workplaces.	Conduct sessions at workplaces  Identify resource persons to conduct sessions  Conduct sessions initially at: <ul style="list-style-type: none"> <li>• Construction companies</li> <li>• IOT</li> <li>• SPTC</li> <li>• PUC</li> </ul>	Health Promotion Unit		SR30,000	Support materials on plague  Equipment and logistic support.
	Conduct door to door sensitization in the communities on plague and preventive measures in force/being promoted.	Develop proposal for door to door campaign.  Negotiate with Red Cross Society of Seychelles to conduct the campaign	Health Promotion Unit		SR 20,000	Support Materials  Equipment and logistics support.
	Daily media briefings	Gather media for daily briefings during an outbreak	Communications Unit			Key messages and IEC materials

	SMS alerts	Disseminate emergency SMS alerts to share key info & updates	Health Promotion Unit			
	Conduct briefings/sensitization sessions on plague, response plans and preventive measures in force/being promoted for the general public through mass gatherings.	Provide guidelines and information to disseminate during mass gatherings. Identify and orient key resources persons to conduct dissemination. Develop training content Provide trainings to facilitators	Health Promotion Unit		SR 5000	
	Daily updates shared with partners	Draft and disseminate daily updates to partners Organize daily coordination meetings and share minutes / presentations	Public Health Commissioner		No cost	
	Total Estimated Cost					
	10% Contingency					
	<b>Gross Total</b>					

