**Assessment Report**

**Behavior Change Communication for (H)PAI in Egypt**

**for**

**Food and Agriculture Organization Egypt**

**Prepared by**

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**Assessment**

**Behavior Change Communication for (H)PAI in Egypt**

**Prepared by Dee Bennett**

**25 January 2015**

**Executive Summary**

The government of Egypt is at a critical juncture in how it responds to the Highly Pathogenic Avian Influenza (H)PAI. Since November 2014 there has been a steady rise in reported poultry and human cases: 29 human cases and 12 deaths and a triple increase in poultry cases in 2014 compared to 2012. The UN Agencies: the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) along with select ministries of the government recognize that if the virus is not controlled the ramifications will affect the whole of society.

FAO has seen the need for implementing sustainable strategic actions that will manage and contain (H)PAI while also supporting the government’s openness to and request for technical assistance. In December 2014, FAO followed up on the USAID/Egypt Avian and Pandemic Influenza Program (API) Assessment Report prepared in 2012 that high-lights gaps in the API program. Among the recommendations was to design and implement an evidence-based social and behavior change communication plan (SBCC).

While individual behavior changes are very important, individual behavior change alone is not enough. The most effective and sustainable approach is to institutionalize change through policy and regulatory actions as well as to affect change in cultural and social norms. This can be accomplished best when there is full-engagement at the highest government level and inclusion of all sectors.

FAO took the lead and procured the services of a social and behavior change communication expert who has over 30 years designing and implementing BCC programs and 10 years of experience in pandemic and avian influenza. In December 2014 and January 2015 the consultant visited Egypt and conducted a situation analysis of the current BCC and outreach activities being implemented at the national and district-levels. The consultant and representatives from FAO and GOVS visited two governorates: al Minya and Qualibya and conducted interviews with Sector 3 and household farmers, transporters, service providers, educators, and government and civil society officials. Based on the findings from these meetings and a desk review of reports and documents the consultant designed a Behavior Change Communication Strategy and a Year One Implementation Plan. (BCC Framework Attachment A; Year One Implementation Plan Attachment B)

A key finding from the interviews and meetings with farmers and influentials was the level of anxiousness and even hopelessness felt about the current (H)PAI situation in Egypt. Concerns were that the situation was bleak, maybe even irreversible, and that the virus may not be brought under control. In informal conversations with the farmers, specific fears focused on the unregulated situation within the industry (Sector 3 primarily), lack of government oversight, uncertainty about the overall national economy, and their (farmers and general populations) personal futures and livelihoods.

Since 2005 FAO, WHO and donor governments have recognized that the virus is more than an animal health issue. If kept unchecked it will have a devastating impact on Egypt’s food- and nutrition-security, livelihoods, health, and economics.

**Situation Analysis**

**Research and Data**

There is no current qualitative research (research conducted within the last three years) that provides pertinent insights on our target audiences or on the environment where they live and work. There is no data that serve as a baseline to monitor change. Without research data and analyzed evidence social and behavior change planning is guess-work.

**Policy and Regulatory Issues**

The government of Egypt from 2010 to 2014 underwent two revolutions and has elected its third president in four years. With the political changes at the top and shuffling and reshuffling of the government leadership, a gap in policy and regulatory action and oversight has had a negative impact on the poultry industry’s licensing regulations, oversight and enforcement, and overall management of commercial farmers, live-bird markets and preventative care.

The vastness of the illegal Sector 3 farms that have sprung up literally overnight are attributed as a leading cause of the spread of the virus; the limited range of front-line responders (veterinarians and community health care workers) trained in skills and techniques that match the current situation; and the absence of an evidence-based systematic plan has left all the players from the national to the communities overwhelmed.

From 2011 to 2013 reports of (H)PAI have been low and other national issues have taken priority. However, in 2014 there has been an alarming spike in human and animal cases – especially during November through December 2014 and it is continuing in 2015. These human cases and deaths have refocused national and international attention on Egypt and how it is responding.

In a meeting held in early January 2015 with FAO, WHO and ministers from Agriculture and Health, it appears that the government is planning to look at the policy issues that could be strengthened, enforced or put in place to address (H)PAI.

**(H)PAI Cases**

The rise in incidents of HPAI in poultry spiked in 2014; in 2013 there were 111 reported cases and in 2014 there were more than 400. In 2012-2013 there were only eight human cases but human and poultry cases began to creep up in 2014 intensifying in November of 2014 there were 23 cases reported. A total 29 human cases and 12 deaths were reported in 2014. (Avian Flu Diary and Ministry of Health) In 2015 which is only a few weeks old at this writing human cases continue to be reported.

Internationally recognized infectious diseases expert, Laurie Garrett in her *Ahead in 2015* blog wrote about the flu strikes that are appearing international and this is relevant to Egypt. US Centers for Disease Control sees the current (2015) US virus (H3N2) as similar to the 2009 H1N1 that went from swine to people and then “exploded in Mexico” and is the constant concern that could happen in Egypt. She writes:

“Surveillance has improved, so that more types of flu in animals are getting detected than was the case twenty years ago. But many scientists believe that the pace of evolution in influenza is hastening because of human movement and trade along the Asian flyway, giving more opportunities for various types of flu to comingle, jumble their RNA genetic material together, and form novel strains. This mass scale mix-and-match is making it ever harder for the WHO and scientists worldwide to predict which forms of influenza are likely to hit human populations, accurately predict what type of vaccine is likely to prove effective each year, and anticipate the zoonotic movement of flu viruses from wild birds to domestic fowl, fowl to humans, humans to swine, and swine back to human beings.”

Specifically for Egypt, Garrett writes in this same blog:

“The H5N1 avian virus, which circulated in Asia since the mid-1990s, killing 393 of the known 668 infected humans, has returned not only in China and [southeast Asia](http://www.oie.int/wahis_2/public/wahid.php/Reviewreport/Review/viewsummary?fupser=&dothis=&reportid=16728), but especially [this year](http://outbreaknewstoday.com/egypt-reports-25th-and-26th-h5n1-avian-flu-cases-for-2014/) in [Egypt](http://www.reuters.com/article/2014/12/24/us-health-birdflu-egypt-idUSKBN0K219120141224), infecting domestic birds and killing ten people so far this season, including one in [Cairo](http://www.middle-east-online.com/english/?id=69467). And in neighboring [Libya](https://m.facebook.com/story.php?story_fbid=749536575135188&id=179576752131176&__tn__=%2As) at least five people have died of H5N1 so far this season. All the current crop of H5N1 cases appear to have been bird-to-person transmission.”

**Social and Behavior Change**

The communication activities in Egypt that began in 2006 primarily have been based on an emergency response to increase public awareness and create change in individual or household behaviors. The principal behaviors the communication has promoted are hygiene and separation. While individual behavior changes are very important, those alone are not enough. The most effective and sustainable behavior change strategy is to institutionalize change through policy and regulatory actions as well as cultural and social norms with full-engagement at the highest government level and inclusive of all sectors.

For example, even if the majority of Sector 3 famers and household farmers practice correct bio-security and animal husbandry, if the transporter when he or she takes their products to market does not separate by farms and by specifies, and the market does not have separate areas by species and practices (slaughter, plucked, live), there is no running water or a place to properly dispose of waste, then the individual’s correct behaviors are negated in the supply chain and marketplace.

Communication and outreach conducted by the government’s veterinarians and community health workers have followed the protocols set in 2006 and 2009. Those activities were valid for the early days of the outbreak, however, the situation and conditions on the ground have changed and the front-line workers training and tools need to be updated to current conditions.

The common request from veterinarians was for communication materials and training to help them in their outreach activities. The materials they do have should be updated to fit the current situation on the ground.

**Multi-Sectoral Response**

Much like the Ebola Disease Virus (EDV) in West Africa, HIV and AIDS in the early days of that pandemic, and the H5N1 virus in 2005 the health situation if left unchecked could be a disruptive force in the stability (political), economic (livelihoods) and food- and nutrition-security status of the country. It is more than an animal health, or even a public health issue; it is a national issue that requires a multi-sectoral response.

FAO and WHO and the government of Egypt agree this is a multi-sectoral problem that requires a coordinated response from the public and private sector and civil society. The previous approach though intended to be integrated has continued to be in silos. Why an integrated approach has not taken hold may partly be because of uneven funding to the different sectors; 40 years of technical assistance to the human health sector as compared to limited technical support to animal health; and general ministerial competitiveness that made collaboration difficult.

In 2015 to be successful in managing the (H)PAI the approach must be a shared-ownership and responsibility for the outcomes. There needs to be expertise on animal and human health policy issues, respected partnership between industry and government officials at all levels, and creation of a network of equally trained human and animal health workers. It also must expand beyond the health sectors and engage teachers and educators, commerce and trade, gender, religious leaders, water and irrigation, and the police services.

**Poultry Industry and Economic Impact 2005-2015**

In 2005 Egypt’s multi-million dollar poultry industry was producing enough food and protein to serve the domestic market as well as developing a strong export business. These markets combined to contribute about 24 percent to the Egyptian Gross National Product. (*Poultry in the 21st Century*, 2006. FAO Report) In 2006 when (H)PAI became a global public health issue, Egypt was one of the countries that international donors focused on and provided technical assistance and financial support. The impact of (H)PAI on the poultry industry was quick and sure. The domestic and export market dropped within the first year of the virus close to 10 percent. Exports dried up, domestic consumers stopped eating poultry and overall loss of poultry through die-offs and culling were factors in the market drop. In 2015, the industry still has not recovered.

Millions of dollars from a variety of sources and donors were allocated to Egypt to curb, respond, and control the situation with a shared emphasis on animal and human health. This included technical assistance in laboratory and clinical work, capacity building of veterinarians and epidemiologists, and communication to the public. Egypt reported several human cases. In 2009 WHO called H1N1 virus a pandemic. Because of the continued threat of (H)PAI additional technical assistance was given to Egypt; health experts were concerned that the H5N1 virus and H1N1 virus could co-mingle and create an even more lethal virus.

In tandem with the 2009 pandemic the economic downturn of the world economies made public health development funds scarce and UN Agencies such as FAO and WHO were forced to make personnel and programming cuts that effected Egypt’s progress at a critical time.

**Capacity of Veterinarians, Communication and Influentials**

Within the ministry of Agriculture and Land Reclamation is the Government Office of Veterinarians Services (GOVS) that has a national network of veterinarians that work in field epidemiology, agriculture extension, and outreach (CAHO). They received training in emergency response to (H)PAI that included a communication component. The training modules being used were developed for the 2006 and 2009 outbreaks with a few modifications. The communication approach is on community outreach with an emphasis on change in individual practices. The veterinarians interviewed feel they have plateaued in changing behaviors. Farmers have returned to their previous practices and in an under-regulated environment and an underfunded program the odds of success are not good. The veterinarians asked for training in interpersonal communication and behavior change; officials within GOVS saw the need for technical training on the virus, surveillance and reporting and overall skills as field and extension veterinarians.

The communication related to (H)PAI is ad hoc. The internal and external communication needs to be focused, strategic, and informative. The lack of correct information contributes to the general disillusionment about the situation; raises questions about the lack of transparency; and provides limited access to usable tools and information. It also helps keep the schism between the different sectors alive by unevenly sharing information, having little or no dialogue, and being reactive instead of pro-active.

Major communication gaps include: lack of strategic communication plan; untrained communication professionals; guidelines and procedurals for communication; crisis management plan; communication materials; trained spokespeople; monitoring and evaluation plan; and a social media plan including updated web sites with usable information and tools on (H)PAI. An internal multi-sectoral communication plan that creates a dialogue and timely sharing of communication is not in place. Most communication is in the form of top-down alerts and bulletins.

**Gender**

Household farmers are almost exclusively women and they are amazing. They are farmers, businesswomen, negotiators, and income generators for their families and their communities. What they know about animal husbandry has been handed down from their mother (or mothers-in-law) and with some additional input by GOVS veterinarians and mass media. Their potential as successful income generators and influencers of good behaviors should be harnessed and capitalized on. Engaging the women can lead to a shift in cultural norms as well as help manage the (H)PAI virus.

The majority of veterinarians are women. In a competitive and professional field there should be an emphasis on strengthening this work force through capacity building and expanding their skills.

**Behavior Change Communication Approach**

The proposed Behavior Change Communication Strategy is an evidence-based, sustainable long-term plan. It focuses on strengthening the fundamentals and building a foundation that can effectively manage and respond to (H)PAI. (H)PAI is endemic in Egypt and this BCC plan is conceived to manage the current situation while working to change social and individual behaviors by institutionalizing policy and regulatory actions and creating shifts in social and cultural norms.

The four components of the BCC plan are:

* *Advocacy* from the national to the district level identify realistic policy and regulatory changes across sectors that can reduce opportunities for the virus to move through the supply change and possibilities to infect people.
* *Capacity building* at the national, governorate, district and community-levels of front-line responders to increase their working knowledge of correct practices in bio-security and animal husbandry, interpersonal communication, and problem-solving. A second group of audiences is the communication professionals that will design and manage the internal and external communication, the credible spokespeople for (H)PAI and social influencers.
* *Community-based communication and social mobilization* will increase adoption of correct practices among at risk target audiences with a focus on vendors, markets, transporters, slaughterers, and household and Sector 3 farmers through an integrated communication approach.
* *Public Information* that shares correct information internally and externally that is accurate, transparent, and timely.
* *Cross-cutting activities.* 
  + *Research and Monitoring and Evaluation (M&E*: The BCC is based on evidence and data and there will be a variety *of research* tools to gather data, monitor and evaluate programs such as qualitative research, Geographic Information Systems (GIS), content analysis, in-depth interviews;
  + *Gender:* almost all household farmers are women and the emphasis on building their skills as farmers and businesspeople or entrepreneurs will strengthen an underserved segment of the population;
  + *Public-private partnerships* engagement to solve this issue through a multi-sectoral approach

The most effective way for this to be success is if there is engagement at the highest government office and active participation by decision-makers and influentials from all sectors, e.g., public, private, and civil society. As in 2005 when the government of Egypt established a Multi-sectoral H5N1 Strategic Task Force that reported to the prime minister’s office, re-instituting a task force to actively focus on changing policy, setting guidelines and standards for governorates and districts, and overall planning for solutions to this situation.

Multi-sectoral should representatives from Agriculture and Health, Water/Irrigation, Interior, Solid Waste Management, Education, Gender, and Commerce and Trade. From the private sector the poultry industry, transporters, market owners, vendors, food suppliers, private doctors and veterinarians, and financial investors. Civil society includes religious leaders, trade and professional associations, and health, gender, youth non-governmental organizations.

There is no shortage of technical capabilities in Egypt’s government, civil society, and private sector. There are skills personnel available but underutilized and undertrained.

**Behavior Change Framework and Implementation Plan**

Repeatedly expressed by people at all levels and all organizations was an overwhelming sense of not knowing how or where to begin. This plan maps out a systematic approach to creating social and individual behavior change. The behavior change framework is made up of primary and secondary audiences, key behaviors, strategies and activities, and indicators or results.

The Implementation Plan Year 1 is a timeline of concurrent activities that should happen, when they should happen, and indicators that they are completed. It is proposed to conduct the work in two governorates representing Upper Egypt and Lower Egypt (al Minya and Qualibya) and four districts in these governorates. These models would be adapted in other districts and other governorates in Year Two.