**Perspective**


**Key words:**

trust; epidemic preparedness; Mongolia; COVID-19; influenza preparedness

Globally, seasonal influenza contributes to approximately 291,000-645,000 deaths each year.¹ The burden of annual influenza epidemics can be particularly high in low and middle income countries¹ such as Mongolia.² In the winter of 2018-2019, Mongolia experienced a severe outbreak of Influenza A (H1N1)pdm09. The outbreak escalated in December 2018, quickly spreading to nine districts of Ulaanbaatar City and 11 of the country’s 21 provinces. Incidence of Influenza Like Illness soared from 31/10,000 population in week 52, to a peak of 73/10,000 by week 3 of 2019, exceeding the National Influenza Center’s upper tolerance limit (90%) of 48/10,000 by approximately 50%.³ Almost 60% of cases were children < 5 years of age³, many experiencing respiratory complications exacerbated by the extreme air pollution. The health system was quickly overwhelmed, prompting the State Emergency Commission to involve key partners – including Mongolia Red Cross Society (MRCS) and its network of > 6000 volunteers – to augment government response capacity.

Across the last decade, MRCS has been engaged by the government to support prevention and control of several communicable disease outbreaks, however they had had little involvement in influenza-related activities since the 2009 H1N1 pandemic. Learning from the winter of 2018-2019, and recognising the value of
preparedness planning to inform programming, MRCS decided to develop an influenza preparedness plan in advance of the 2019-2020 winter. Planning comprised a review of seasonal influenza risk (including risk factors and vulnerability); mapping of key stakeholders and relevant policies, plans and capacities; and literature review to determine the evidence base for community focussed influenza-related interventions.

Aligned with recommendations of the WHO Global Influenza Strategy 2019-30 and structured around the ‘epidemic response cycle’ (preparedness, alert, response, evaluation), the plan sets out clear actions for MRCS to contribute to mitigating the threat of seasonal influenza, including annual training for volunteers, pre-positioning of health communication materials and hand sanitizer, and strengthening planning and collaboration with local authorities and stakeholders. Volunteer training and activities focus on non-pharmacological interventions (NPIs) – strategies that individuals or communities can adopt when well (to reduce exposure to the virus and avoid infection) or unwell (to avoid spreading the infection to others) – and promoting annual routine influenza vaccination.

The intent of the plan was to strengthen community-centred preparedness for seasonal influenza but it also provides the foundation for MRCS to contribute to broader epidemic preparedness. The benefits of this were almost immediate, with MRCS leveraging the plan in the preparedness phase of the national COVID-19 response in January 2020. Many of the routine influenza prevention messages (including hand hygiene, respiratory etiquette, and social distancing) similarly apply to COVID-19 and were rebranded for this purpose and incorporated into an online
training package that was rapidly scalable across the country. Relationships established with national and local authorities to address seasonal influenza were swiftly capitalised on for COVID-19 preparedness and response. And continuous reflection and evaluation processes are providing lessons learned to inform ongoing COVID-19 interventions as well as preparedness actions for the 2020-2021 influenza season.

The COVID-19 pandemic underscores the importance and value of investing in epidemic preparedness planning well in advance of disease outbreaks. Thus far, Mongolia has effectively contained COVID-19 through a proactive and strong public health response that acknowledges and values the role of community and community-based organisations. As we have seen with other epidemics, health literate community volunteers can play a vital role in epidemic disease prevention, detection and response. However, it takes time and resourcing to train and equip them with the necessary skills and communication materials, and for them to gain the trust and respect of their community peers and build necessary credibility to be listened to when outbreaks occur. Similarly, strong organisational partnerships do not develop overnight. When the Mongolian Health Cluster was activated for COVID-19, the established collaboration and information sharing between MRCS and the Ministry of Health as a result of the development and implementation of the influenza preparedness plan and greater recognition of the organisation’s epidemic preparedness and response ‘value add’ through its vast volunteer network resulted in MRCS being assigned responsibility for community-level health communication and psychosocial support. To date, > 2000 volunteers have been drawn on to support the COVID-19 response, including providing support to > 7000 repatriated nationals in home quarantine.
Epidemics begin and end in communities. Well-prepared, health literate, connected communities that are empowered to take action when a threat is detected are critical to determining if health risks escalate from a local containable outbreak, to national and regional threats. The COVID-19 pandemic is a reminder of the need to intensify and sustain commitment to public health preparedness. The return on investment is substantial, we must prioritise it and resource it adequately.

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3 Ministry of Health Mongolia, National Center of Communicable Diseases, National Influenza Center. http://flu.mn/eng/ [accessed 10/10/19]
5 International Federation of Red Cross and Red Crescent Societies. Epidemic Control for Volunteers, A Training Manual. 2008
8 International Federation of Red Cross and Red Crescent Societies. 2019. From words to action: Towards a community centred approach to preparedness and response in health emergencies. Geneva, Switzerland.